

Provided by



Pacific Cross Vietnam operates in the field of insurance agency activities, providing insurance auxiliary services and supporting insurance companies and reinsurers in relevant areas, to develop and administer health insurance and travel insurance products to people living in Vietnam. We are part of the Pacific Cross Group of companies operating in Hong Kong, the Philippines, Indonesia, Thailand, and Vietnam.

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This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.

Effective from August 1st, 2025

CARE FIRST

Leading Peace of Mind Reaching a Life of Distinction

Solid start for a confident journey



HEALTH INSURANCE



CARE FIRST

Care First is ideal for

- Independent young people, newly employed office workers
- Young couples

Care First welcomes your first steps to the beginning of protection.



BENEFIT LIMITS

Plan	CF1	CF2	CF3
Main Benefit			
Inpatient Benefit	100 million VND/year	250 million VND/year	500 million VND/year
Optional Benefit			
Outpatient Benefit	10 million VND/year	25 million VND/year	50 million VND/year
Maternity Benefit	10 million VND/year	15 million VND/year	20 million VND/year
Dental Benefit	Not Applicable	Not Applicable	5 million VND/year
Personal Accident Benefit	Cover from 20 million VND/year to 10 billion VND/year		

PRODUCT HIGHLIGHTS

Hospital Cash Benefit

Fast and convenient claims procedure

Covers most critical illnesses such as Cancer, Periodic Hemodialysis, Organ Transplants, etc.

Easy claims tracking via mobile app

Companion Bed for insured child under 18 years old

30 mins Outpatient direct billing

Nationwide direct billing network. See our network details [here](#)

3 days Claims settlement

24/7 24/7 support hotline, always ready to assist you when needed

BENEFITS

INPATIENT BENEFIT (MAIN BENEFIT)

Unit: VND

Plan	CF1	CF2	CF3
Maximum Benefit/Policy Year	100 million	250 million	500 million
Coverage Area	Vietnam	Vietnam	Vietnam
Room and Board Expenses (Maximum 60 days/Policy Year)	600,000 /day	1,250,000 /day	2,500,000 /day
Daily Doctor's Visit and Specialist Consultation Expenses (Maximum 30 visits/Policy Year)	500,000 /visit	1,000,000 /visit	1,500,000 /visit
Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Unit (HDU) Room Expenses (Maximum 30 days/Policy Year)	1,200,000 /day	2,500,000 /day	5,000,000 /day
Pre-Hospitalization Treatment (Within 30 days before admission)	3,000,000 /Policy Year	6,000,000 /Policy Year	10,000,000 /Policy Year
Post-Hospitalization Treatment (Within 90 days after discharge)	3,000,000 /Policy Year	6,000,000 /Policy Year	10,000,000 /Policy Year
Home Nursing Care (Within 60 days after discharge)	3,000,000 /Policy Year	6,000,000 /Policy Year	10,000,000 /Policy Year
Ambulance Services (Maximum 5 times/Policy Year)	5,000,000 /Policy Year	10,000,000 /Policy Year	15,000,000 /Policy Year

Plan	CF1	CF2	CF3
Miscellaneous Inpatient Expenses: Expenses for diagnostic tests, diagnostic imaging as prescribed by a Doctor, prescribed medications, Doctor's expenses, blood, plasma, wheelchair rental within the Medical Facility, medical supplies, surgical instruments and equipment, medical devices placed/implanted inside the body, etc.	6,000,000 /Policy Year	15,000,000 /Policy Year	30,000,000 /Policy Year
Inpatient Surgery Expenses: Expenses for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care	50,000,000 /Policy Year	125,000,000 /Policy Year	250,000,000 /Policy Year
Cancer Treatment: (Maximum 5 visits/Policy Year) Expenses for radiotherapy, chemotherapy and targeted therapy (excluding surgical methods) prescribed by a Doctor. This benefit does not cover medication prescribed for home use	50,000,000 /Policy Year	125,000,000 /Policy Year	250,000,000 /Policy Year
Organ Transplant: (1 organ/lifetime) Covers the cost of kidney, heart, lung, liver and bone marrow transplants for the recipient Insured Person (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person); The Company does not pay for the cost of acquiring an organ; This benefit is a lump sum maximum per organ per lifetime and no other policy benefits are payable by Company in respect of Insured Person's organ transplant	50,000,000 /Policy Year	125,000,000 /Policy Year	250,000,000 /Policy Year
Companion Bed: (Maximum 30 days/Policy Year) An extra bed in the same room for a parent or legal guardian accompanying an insured child under 18 years old	500,000 /day	800,000 /day	1,000,000 /day
Periodic Hemodialysis (Maximum 30 times/Policy Year)	25,000,000 /Policy Year	50,000,000 /Policy Year	75,000,000 /Policy Year
Day Surgery (One time/Policy Year)	5,000,000 /Policy Year	10,000,000 /Policy Year	15,000,000 /Policy Year
Emergency Expenses (Maximum 5 visits/Policy Year)	1,700,000 /visit	3,500,000 /visit	4,000,000 /visit

Plan	CF1	CF2	CF3
Hospital Cash (Maximum 30 days/Policy Year) The total payout amount for Hospital Cash, Companion Bed, and Room and Board Expenses under Inpatient treatment shall not exceed the maximum limit of the Room and Board Expenses benefit under Inpatient Treatment	100,000 /day	300,000 /day	500,000 /day
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Include	Include	Include

OUTPATIENT BENEFIT (OPTIONAL BENEFIT)

Unit: VND

Plan	CF1	CF2	CF3
Maximum Benefit/Policy Year	10 million	25 million	50 million
Coverage Area	Vietnam	Vietnam	Vietnam
Outpatient Treatment (non-surgery): Expenses for Doctor, diagnostic tests, diagnostic imaging as prescribed by a Doctor, Prescription Drugs, medical supplies, and other related expenses	1,000,000 /visit	2,000,000 /visit	5,000,000 /visit
Outpatient Treatment (with surgery): Surgical Doctor expenses, operating room expenses, anesthesia/analgesia expenses, laboratory testing, diagnostic imaging, medical supplies expenses, surgical instruments and equipment expenses, prescription drugs, and other related expenses	2,000,000 /visit	5,000,000 /visit	7,500,000 /visit
Expense for Physiotherapy, Chiropractic in Outpatient Treatment: (Maximum 30 days/Policy Year)	100,000 /day	200,000 /day	300,000 /day
Free Basic Screening Package (One time/Policy Year) The cost shall be paid if no reimbursed claims occurred in the previous Policy Year. The Insured Person is entitled to a basic health screening package including: Abdominal Ultrasound, Urinalysis, Complete Blood Count (CBC), Lipid Profile, Electrocardiogram (ECG), Liver Enzyme Test, Lung X-ray	500,000	750,000	1,000,000

Plan	CF1	CF2	CF3
Vaccination (One time/Policy Year) The Company pay 60%	500,000	750,000	1,000,000
Cancer screening package (One time/Policy Year) The Company pay 60%	500,000	750,000	1,000,000

MATERNITY BENEFIT (OPTIONAL BENEFIT)

Unit: VND

Plan	CF1	CF2	CF3
Maximum Benefit/Policy Year	10 million	15 million	20 million
Coverage Area	Vietnam	Vietnam	Vietnam
Maternity Benefit: Expenses for prenatal examinations; normal delivery or cesarean section due to medical necessity; treatment for newborns related to illness arising within thirty (30) days after birth, provided that the mother remains hospitalized	Paid in full	Paid in full	Paid in full
Newborn Care: (Within 30 days from the date of birth or within the expired Policy Year) Routine health check-ups, vaccinations, equipment, and vitamins	2,500,000	3,750,000	5,000,000
Maternity Gift: (Per delivery) Applicable when the Insured Person gives birth at a Public Hospital in Vietnam, excluding private-service departments	500,000	1,000,000	1,500,000



DENTAL BENEFIT (OPTIONAL BENEFIT)

Dental Benefit will apply co-payment. The Insured Person shall pay 20% and the Company shall cover 80% of the eligible treatment expenses.

Unit: VND

Plan	CF1	CF2	CF3
Maximum Benefit/Policy Year			5 million
Coverage Area			Vietnam
Dental Treatment: Examination, pathological dental X-rays, treatment of gingivitis, periodontitis, apicoectomy (deep subgingival tartar removal), pathological tooth filling, root canal treatment, extraction of pathological tooth (including surgery)	Not Applicable	Not Applicable	Paid in full
Tooth cleaning: (Maximum 2 times/Policy Year) Company pay 100%			500,000 /visit

PERSONAL ACCIDENT BENEFIT (OPTIONAL BENEFIT)

Sum Insured	From VND 20 million to VND 10 billion
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Note: The sum insured for the child's Personal Accident Benefit is limited to a Maximum of 20% of the Personal Accident Benefit sum insured of the parent(s). If the parents have different sum insured levels, the child's coverage will be based on the higher sum insured amount.

PREMIUM TABLE

INPATIENT BENEFIT (MAIN BENEFIT)

Unit: VND

Inpatient Benefit	CF1	CF2	CF3
0 – 3	1,920,000	4,404,000	8,360,000
4 – 5	1,150,000	2,638,000	5,004,000
6 – 18	1,032,000	2,366,000	4,488,000
19 – 25	1,136,000	2,604,000	4,940,000
26 – 30	1,286,000	2,948,000	5,594,000
31 – 35	1,354,000	3,102,000	5,888,000
36 – 40	1,420,000	3,258,000	6,182,000
41 – 45	1,512,000	3,468,000	6,580,000
46 – 50	1,736,000	3,982,000	7,556,000
51 – 55	2,024,000	4,640,000	8,806,000
56 – 60	2,454,000	5,626,000	10,678,000
61 – 65	2,950,000	6,768,000	12,844,000

OUTPATIENT BENEFIT (OPTIONAL BENEFIT)

Unit: VND

Outpatient Benefit	CF1	CF2	CF3
0 – 3	3,234,000	6,408,000	12,500,000
4 – 5	1,936,000	3,836,000	7,484,000
6 – 18	1,736,000	3,440,000	6,712,000
19 – 25	1,910,000	3,786,000	7,386,000
26 – 30	2,164,000	4,288,000	8,364,000
31 – 35	2,278,000	4,512,000	8,804,000
36 – 40	2,392,000	4,738,000	9,244,000
41 – 45	2,546,000	5,044,000	9,840,000
46 – 50	2,922,000	5,792,000	11,298,000
51 – 55	3,406,000	6,748,000	13,166,000
56 – 60	4,130,000	8,184,000	15,968,000
61 – 65	4,968,000	9,844,000	19,206,000

MATERNITY BENEFIT (OPTIONAL BENEFIT)

Unit: VND

Maternity Benefit	CF1	CF2	CF3
18 – 50	2,650,000	4,050,000	5,450,000

DENTAL BENEFIT (OPTIONAL BENEFIT)

Unit: VND

Dental Benefit	CF1	CF2	CF3
0 – 3	Not Applicable	Not Applicable	3,310,000
4 – 5			4,964,000
6 – 18			3,310,000
19 – 25			3,310,000
26 – 30			3,310,000
31 – 35			3,310,000
36 – 40			3,310,000
41 – 45			4,964,000
46 – 50			4,964,000
51 – 55			4,964,000
56 – 60			4,964,000

PERSONAL ACCIDENT BENEFIT (OPTIONAL BENEFIT)

Insurance Premium = Insurance Premium Rate by Occupational Classification x Sum Insured

Occupational Classification	Premium Rate
Class 1: Professional and administrative duties performed in an office environment or other sedentary occupations	0.0900%
Class 2: Occupations that do not involve manual labor but carry a higher risk of accidental injury due to the working environment or require frequent travel. This class also includes occupations involving primary supervisory duties	0.1035%
Class 3: Occupations with a higher likelihood of accidents or involving light manual labor, as well as manual work that is not considered hazardous	0.1190%
Class 4: High-risk occupations, heavy industries, and any jobs not classified under Class 1 to Class 3	Not Insured

Note: Children under 18 years of age are subject to the annual premium rate of Class 1.



ELIGIBLE AGE



Renewal is possible up to 70 years old for Inpatient Benefit, Outpatient Benefit, and Personal Accident Benefit.

DISCOUNTS AND ADDITIONAL OPTIONS

(Applied only to Inpatient and Outpatient Benefit)

Note: The applicable total premium must be at least 60% of the premium after underwriting.

NO CLAIMS DISCOUNT

1 year* prior

10%
DISCOUNT

2 consecutive years* prior

15%
DISCOUNT

3 or more consecutive years* prior

20%
DISCOUNT

(*) Policy Year



GROUP DISCOUNT

3 – 4 Insured Persons

5%
DISCOUNT

5 – 10 Insured Persons

10%
DISCOUNT

11 – 20 Insured Persons

15%
DISCOUNT

Above 20 Insured Persons

20%
DISCOUNT

CO-PAYMENT OPTION

Insured persons aged 4 and above
pay 20% of the cost

25%
DISCOUNT

