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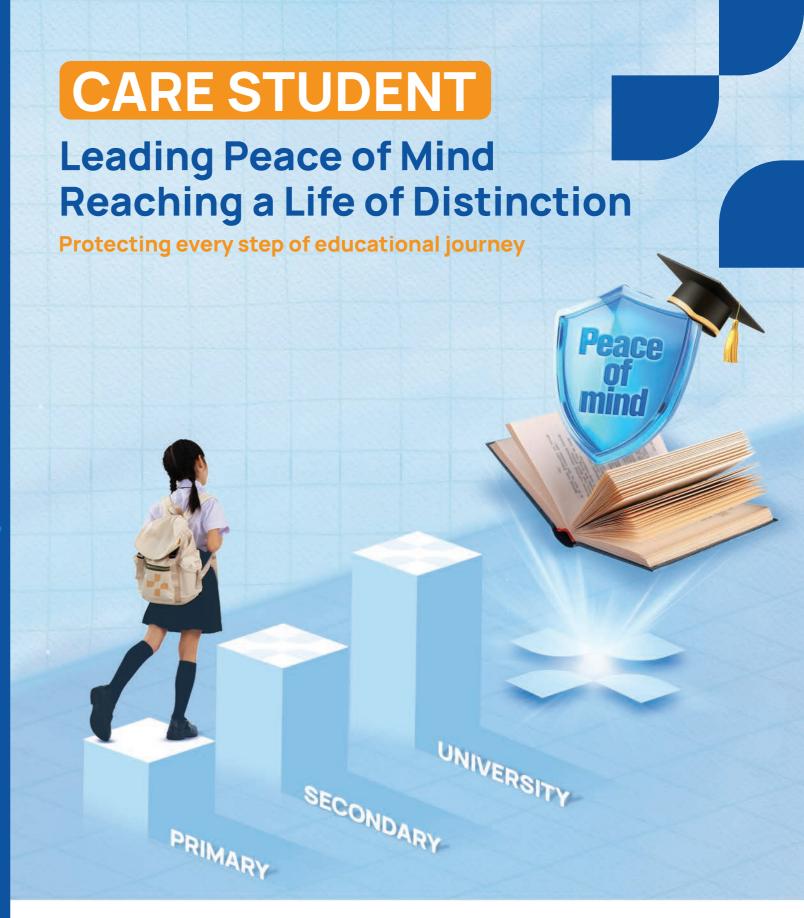
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This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.



HEALTH INSURANCE





BENEFIT LIMITS

Plan	☼ Standard Care	T Premier Care
Inpatient Benefit	100 million VND/Policy Year	100 million VND/Policy Year
Personal Accident Benefit	100 million VND/Policy Year	100 million VND/Policy Year
Outpatient Benefit	Not Applicable	10 million VND/Policy Year

PREMIUM TABLE

19-25

The Company shall insure and pay 80% of the reasonable and customary expenses

 Age Band
 ☼ Standard Care
 ☼ Premier Care

 6 - 18
 864,000
 2,166,000

942,000

PRODUCT HIGHLIGHTS



Flexible options for medical visits from public, private, or international medical facilities



Hospital Cash Benefit



Companion Bed for insured child under 18 years old



No upfront payment required with our nationwide direct billing network
See our network details here



Other comprehensive benefits: Vaccination, Hospitalization, Surgery, Basic Screening Package, High-quality medical services, etc.

Fast and convenient claims procedure



Easy claims tracking via mobile app



Outpatient direct billing within 30 minutes



Claims settlement within 3 days

247

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

BENEFITS

☐ INPATIENT BENEFITS - APPLICABLE TO BOTH STANDARD & PREMIER CARE

The Company shall insure and pay 80% of the reasonable and customary expenses

Unit: VND

Unit: VND

2,374,500

Plan	Benefit Limits
Maximum Benefit/Policy Year	100 million
Coverage Area	Vietnam
Room and Board Expenses (Maximum 60 days/Policy Year)	600,000 /day
Daily Doctor's Visit and Specialist Consultation Expenses (Maximum 30 visits/Policy Year)	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
Pre-Hospitalization Treatment (Within 30 days before admission)	3,000,000 /Policy Year
Post-Hospitalization Treatment (Within 90 days after discharge)	3,000,000 /Policy Year
Home Nursing Care (Within 60 days after discharge)	3,000,000 /Policy Year
Ambulance Services (Maximum 5 times/Policy Year)	5,000,000 /Policy Year

Plan	Benefit Limits
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
Inpatient Surgery Expenses: Expenses for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care	50,000,000 /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
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
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
Periodic Hemodialysis (Maximum 30 times/Policy Year)	25,000,000 /Policy Year
Day Surgery (One time/Policy Year)	5,000,000 /Policy Year
Emergency Expenses (Maximum 5 visits/Policy Year)	1,700,000 /visit
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
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Include

OUTPATIENT BENEFITS - APPLICABLE TO STANDARD CARE

The Company shall insure and pay 80% of the reasonable and customary expenses

Unit: VND

Plan	Benefit Limits
Maximum Benefit/Policy Year	10 million
Coverage Area	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
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
Expense for Physiotherapy, Chiropractic in Outpatient Treatment: (Maximum 30 days/Policy Year)	100,000 /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
Vaccination (One time/Policy Year) The Company pay 60%	500,000
Cancer screening package (One time/Policy Year) The Company pay 60%	500,000

PERSONAL ACCIDENT BENEFITS - APPLICABLE TO BOTH STANDARD & PREMIER CARE

Unit: VND

Sum Insured

100,000,000



