

SUMMARY OF COVERAGE BENEFITS AND EXCLUSIONS

CARE STUDENT

STANDARD CARE - PREMIER CARE

The product's premium rating methodology and basis were approved by the Ministry of Finance under Official Letter No. 9291/BTC-QLBH dated June 26, 2025.

The Terms and Conditions were issued under the Decision No. 166/2025/QĐ-BHV-TGD dated July 30, 2025 by the General Director of Hung Vuong Insurance Corporation.





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PLANS AND BENEFITS OF CARE STUDENT





1.1. Insurance Benefits

The following table shows the maximum benefit limits for the Insurance Plans and Coverage Benefits of the product

PLAN	STANDARD CARE	PREMIER CARE
Inpatient benefit	100 million/Policy Year	
Outpatient benefit	Not include	10 million/Policy Year
Personal Accident benefit	100 million/Policy Year	

1.2. Schedule of Benefit

1.2.1. Inpatient Benefit

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

PLAN	STANDARD CARE	PREMIER CARE
Maximum Benefit/Policy Year	100,000,000	100,000,000
Co-payment 80/20 (The Company will reimburse 80% of the Customary and Reasonable Expenses)		
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
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

1.2.2. Outpatient Benefit

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

OUTPATIENT	STANDARD CARE	PREMIER CARE
Maximum Benefit/Policy Year	Not Include	10,000,000
Co-payment 80/20 (The Company will reimburse 80% of the Customary and Reasonable Expenses)		
Coverage Area	Not include	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	Not include	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	Not include	2,000,000/visit
Expense for Physiotherapy, Chiropractic in Outpatient Treatment (Maximum 30 days/Policy Year)	Not include	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	Not include	500,000
Vaccination (One time/Policy Year) The Company pay 60%.	Not include	500,000
Cancer screening package (One time/Policy Year) The Company pay 60%	Not include	500,000

1.2.3. Personal Accident Benefit

Sum Insured: From VND 20,000,000 to VND 10,000,000,000.

PERSONAL ACCIDENT BENEFITS	STANDARD CARE	PREMIER CARE
Sum insured	100,000,000	
Death due to Accident	100% of Sum Insured	
Total and irrecoverable loss of use of one eye or one limb	50% of Sum Insured	
Total and irrecoverable loss of use of both eyes or more than two limbs	100% of Sum Insured	
Total and irrecoverable loss of use of one eye and one limb	100% of Sum Insured	
Permanent Total Disablement	100% of Sum Insured	
Burial and Funeral Expenses	VND 5,000,000	

II | EXCLUSIONS





2.1. Exclusions applicable to Inpatient Benefits and Outpatient Benefits

The Company has no liability to pay the Inpatient Benefits and Outpatient Benefits in the following circumstances and/or arising from the following causes:

a) Insured person conducts of suicide, self-inflicted Injury, regardless of any mental status or intentionally fails to take necessary actions to avoid risk occurrence;

b) Sexual transmitted diseases and their complications and sequelae; HIV testing and treatment of HIV related Illnesses including Acquired Immune Deficiency Syndrome (“AIDS”), AIDS Related Complex and/or any mutation, derivation, or variation thereof;

c) Pre-existing Illness, Pre-existing Injuries, Congenital Conditions unless expressly disclosed and accepted for coverage by the Company;

d) Conditions, diseases caused by or treatments related to addiction or abuse of drugs, tobacco, alcohol, or any other addictive or psychoactive substances;

e) Contraception, sterilization, miscarriage, abortion, and pre-/post-natal care, infertility treatment, subfertility treatment, and artificial insemination;

f) Cosmetic surgery, beauty-related treatments, beauty enhancements, and complications arising from such surgeries and treatments; skin-related treatments such as folliculitis (acne), melasma, freckles, skin tags, moles, hyper/hypo/dyspigmentation; and other elective surgeries;

g) Routine health check-ups, medical assessments, vaccinations, immunotherapy, and screening tests (unless specifically covered under the insurance plan);

h) Treatment of refractive eye conditions, vision examination, treatment for medical conditions related to contact lens use, treatment for strabismus by any method; hearing aids or hearing restoration;

i) Experimental medical technologies, procedures, therapies; unorthodox medical treatments; new treatment drugs, pharmaceuticals, stem cell therapies not yet approved by competent authorities;



j) Treatment, surgery for diseases or group of diseases: mental illness, psychological disorders, personality disorders, disorders related to sleep, depression, epilepsy, autism, attention deficit hyperactivity disorder (ADHD), mental and physical developmental disorders, communication disorders, behavioral disorders, dementia, Alzheimer's disease; Asthenia, neurasthenia, spinal degeneration, disc degeneration, joint degeneration;

k) Nursing care, convalescence, rehabilitation, physiotherapy (excluding physiotherapy covered under Outpatient treatment benefit, if applicable);

l) Non-Western medical treatments such as folk medicine, traditional medicine, acupuncture, steam healthcare centers, spas, naturopathic clinics, fitness centers, even if these facilities are registered as a Medical Facility;

m) Any treatment requested by the Insured Person that is not Medically Necessary as prescribed by a Doctor, treatment that does not meet the definitions in these Terms and Conditions; examinations, tests, diagnostic imaging without a conclusive diagnosis of Illness or Doctor's conclusion that no treatment is necessary;

n) Treatments related to weight loss, weight gain, weight management programs or bariatric surgery;

o) Treatments or preventive care aimed at relieving common symptoms related to aging, menopause, perimenopause, or precocious puberty; treatment of sexual dysfunction; or gender reassignment treatment including surgery, hormone therapy, psychotherapy, and similar services;

p) Costs of renting, purchasing, maintaining, repairing, or replacing devices, orthopedic aids, rehabilitation equipment, prosthetic devices (such as dentures, artificial limbs, intraocular lenses...); replacement material, artificial implants (such as artificial heart valves, artificial blood vessels, stents, artificial bone/cartilage/joint/tendon, patches, grafts, balloons, spinal discs, pacemakers...), surgical knives, external support devices (such as crutches, wheelchairs, hearing or vision aids, prescription glasses, cardiac support devices...), cosmetic orthopedic devices, and other similar medical support devices;

q) Costs for cosmetic products, dietary supplements, tonics, vitamins, minerals, or nutritional additives for dieting or special dietary purposes;

r) Injuries resulting from war (whether declared or undeclared), civil war, terrorism, riots, rebellion, or any war-like events; strikes or demonstrations;



s) The Insured Person participates in hazardous sports or recreational activities such as skydiving, aerial acrobatics, mountaineering, car/motorbike/bicycle racing, horse racing, hunting, boxing, scuba diving, bungee jumping, or similar high-risk sports or recreational activities;

t) The Insured Person is concluded by a Competent authority to have committed or participated in criminal acts or other legal violations, except for unintentional violations.

2.2. Exclusions applicable to Personal Accident Benefits

The Company has no liability to pay the Personal Accident Benefits for any loss of the Insured Person in the following circumstances and/or arising from the following causes:

a) Intentionally self-inflicted Injury, suicide or attempted suicide despite being in any status;

b) Use of alcohol, drugs, narcotics, stimulants, solvents or medicines unless using as prescribed by a treating Doctor;

c) All forms of poisoning, intoxication, or contamination;

d) Pregnancy, childbirth, abortion, or postnatal conditions;

e) Human Immunodeficiency Virus (“HIV”) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (“AIDS”), AIDS-related complex, and/or any mutations, evolutions, or variations thereof;

f) Radioactive contamination, chemical contamination;

g) Injuries arising from or contributed by any physical or mental defect or infirmity of the Insured Person which is not previously declared or is excluded from insurance by the Company;



h) Training for or participation in professional sports, any racing (excluding walking, jogging, or swimming), dangerous sports or activities including hunting, horse riding, any form of motor vehicle trialing, roller-skating, skating, skiing, snowboarding, skateboarding, skydiving, parachuting, parasailing, paragliding, hang-gliding, flying or riding in any vehicle or device for aerial navigation (other than as a fare-paying passenger on a commercial aircraft of a duly licensed scheduled airline), boarding or traveling in a hot air balloon, caving, rock or mountain climbing (With or without the use of ropes or other equipment), bungee jumping, scuba diving or diving with the use of compressed air, boxing, martial arts, wrestling, rugby, polo;

i) Injuries sustained while serving as a member of a ship's crew or flight crew or as an airline personnel; or while serving in the military, police, or armed forces;

j) Injuries resulting from terrorism, declared or undeclared war, invasion, act of foreign enemy, hostilities, civil war, military uprising, insurrection, rebellion, revolution, military or usurped power, riot, civil commotion;

k) Participation in fights, involvement in any unlawful activities or legal violations, or resisting arrest by Competent authorities;

l) The Insured Person is concluded by a Competent authority to have committed or participated in criminal acts or other legal violations, except for unintentional violations.

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