Provided by

HUNG VUONG INSURANCE

Administered by

PACIFIC CROSS

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.

CARE ELITE

Leading Peace of Mind Reaching a Life of Distinction

Elite protection for a life of distinction



HEALTH INSURANCE

PACIFIC CROSS



CARE ELITE

Care Elite is ideal for:

- Customers who want a proactive, unlimited, and premium health protection

Care Elite is the pinnacle of the journey to peace of mind where health protection becomes an exclusive privilege that befits your lifestyle.

BENEFIT LIMITS

Plan	CE1	CE2
Main Benefit		
Inpatient Benefit	10 billion VND/year	20 billion VND/year
Optional Benefits		
Outpatient Benefit	1 billion VND/year	2 billion VND/year
Maternity Benefit	80 million VND/year	100 million VND/year
Dental Benefit	30 million VND/year	40 million VND/year
Personal Accident Benefit	Cover from 20 million VND/year to 10 billion VND/year	

PRODUCT HIGHLIGHTS

Hospital Cash Benefit

Financial Support for Cancer Diagnosis

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

Companion Bed for insured child under 18 years old

Covered for Emergency Assistance benefits (such as Additional Travel Expenses, Repatriation of Mortal Remains, etc.)

Fast and convenient claims procedure



Easy claims tracking via mobile app

30 mins — Outpatient direct billing within 30 minutes

3 days — Claims settlement within 3 days

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

Wide worldwide direct billing network

Nationwide direct billing network
See our network details here

BENEFITS

INPATIENT BENEFITS (MAIN BENEFIT)

Unit: VND

Plan	CE1	CE2
Maximum Benefit/Policy Year	**10 billion**	**20 billion**
Coverage Area	**Worldwide (*)**	**Worldwide (*)**
Room and Board Expenses (Maximum 60 days/Policy Year)	Paid in full (**)	Paid in full (**)
Daily Doctor's Visit and Specialist Consultation Expenses (Maximum 30 visits/Policy Year)	6,000,000 /visit	7,000,000 /visit
Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Unit (HDU) Room Expenses (Maximum 30 days/Policy Year)	Paid in full	Paid in full
Pre-Hospitalization Treatment (Within 30 days before admission)	Paid in full	Paid in full
Post-Hospitalization Treatment (Within 90 days after discharge)	Paid in full	Paid in full
Home Nursing Care (Within 60 days after discharge)	Paid in full	Paid in full
Ambulance Services (Maximum 5 times/Policy Year)	Paid in full	Paid in full

Plan	CE1	CE2
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.	Paid in full	Paid in full
Inpatient Surgery Expenses: Expenses for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care	Paid in full	Paid in full
Cancer Treatment: (Maximum 5 visits[1]/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	Paid in full	Paid in full
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	Paid in full	Paid in full
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	3,000,000 /day	3,500,000 /day
Periodic Hemodialysis (Maximum 30 times/Policy Year)	400,000,000 /Policy Year	500,000,000 /Policy Year
Day Surgery (One time/Policy Year)	80,000,000 /Policy Year	100,000,000 /Policy Year
Emergency Expenses (Maximum 5 visits/Policy Year)	15,000,000 /Policy Year	20,000,000 /Policy Year
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	2,000,000 /day	2,300,000 /day

[1] "One time" in cancer treatment shall mean a treatment course, commencing from the first day the insured person receives the therapy until the completion of the full treatment dosage in accordance with the treatment regimen prescribed by the doctor.

Plan	CE1	CE2
Financial Support for Cancer Diagnosis: The Insured Person will be reimbursed for this benefit if diagnosed with end-stage cancer but excluding thyroid cancer. The payout amount will be based on the Sum Insured and the remaining months of the Policy Year. This benefit is not renewable if already claimed	15,000,000 /month	20,000,000 /month
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Include	Include
Additional Travel Costs: (Post-Evacuation) One economy-class air ticker to return the Insured Person to their country of residence	5,000,000 /Policy Year	5,000,000 /Policy Year
Repatriation of Mortal Remains	Paid in full	Paid in full
Accidental Dental Injury: Emergency dental treatment within 7 days of the accident for loss or damage to natural healthy teeth	Paid in full	Paid in full

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.
(**) Applicable at 8,000,000 VND/day (CE1) and 9,000,000 VND/day (CE2) for Insured Persons with Southeast Asia Coverage (excluding Singapore).

OUTPATIENT BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Plan	CE1	CE2
Maximum Benefit/Policy Year	**1 billion**	**2 billion**
Coverage Area	**Worldwide (*)**	**Worldwide (*)**
Outpatient Treatment (non-surgery): Expenses for Doctor, diagnostic tests, diagnostic imaging as prescribed by a Doctor, Prescription Drugs, medical supplies, and other related expenses	50,000,000 /visit	60,000,000 /visit

Plan	CE1	CE2
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	60,000,000 /visit	70,000,000 /visit
Expense for Physiotherapy, Chiropractic in Outpatient Treatment: (Maximum 30 days/Policy Year)	5,000,000 /day	10,000,000 /day
Free Health Check-up (One time/Policy Year) The cost shall be paid if no claimable insurance event occurred in the preceding Policy Year	5,000,000	5,000,000
Vaccination (One time/Policy Year) The Company pay 60%	4,000,000	5,000,000
Cancer screening package (One time/Policy Year) The Company pay 60%	3,000,000	3,000,000

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.

MATERNITY BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Plan	CE1	CE2
Maximum Benefit/Policy Year	**80 million**	**100 million**
Coverage Area	**Worldwide (*)**	**Worldwide (*)**
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
Newborn Care: (Within 30 days from the date of birth or within the expired Policy Year) Routine health check-ups, vaccinations, equipment, and vitamins	20,000,000	25,000,000
Mother Care: (Within 30 days after delivery or within an expired Policy Year, Maximum 2 times/Policy Year) Postnatal follow-up visits	2,500,000 /visit	3,000,000 /visit
Financial Support: (Maximum 5 days/Delivery) The Company provides financial support during the period the Insured Person is hospitalized for childbirth at a Medical Facility	1,500,000 /day	2,000,000 /day

Plan	CE1	CE2
Maternity Gift (Per delivery) Applicable when the Insured Person gives birth at a Public Hospital in Vietnam, excluding private-service departments	6,000,000	7,000,000

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.



DENTAL BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Plan	CE1	CE2
Maximum Benefit/Policy Year	**30 million**	**40 million**
Coverage Area	**Worldwide (*)**	**Worldwide (*)**
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)	Co-payment 20:80 (the Company pay 80%)	Co-payment 20:80 (the Company pay 80%)
Tooth cleaning (Maximum 2 times/Policy Year) Company pay 100%	4,000,000 /visit	5,000,000 /visit

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.

PERSONAL ACCIDENT BENEFITS (OPTIONAL BENEFIT)

Sum Insured	From VND 20 million to VND 10 billion

Note: Children aged 0 - 18 are eligible to purchase this benefit only when enrolled together with their parent(s). 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 BENEFITS (MAIN BENEFIT)

Unit: VND

Age Band	CE1	CE2
0 – 3	36,642,000	47,208,000
4 – 5	21,934,000	28,260,000
6 – 18	19,672,000	25,346,000
19 – 25	21,652,000	27,896,000
26 – 30	24,514,000	31,584,000
31 – 35	25,804,000	33,246,000
36 – 40	27,094,000	34,908,000
41 – 45	28,842,000	37,160,000
46 – 50	33,118,000	42,668,000
51 – 55	38,594,000	49,724,000
56 – 60	46,806,000	60,304,000
61 – 65	56,298,000	72,534,000

OUTPATIENT BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Age Band	CE1	CE2
0 – 3	30,572,000	36,266,000
4 – 5	18,300,000	21,710,000
6 – 18	16,414,000	19,472,000
19 – 25	18,066,000	21,430,000
26 – 30	20,454,000	24,264,000
31 – 35	21,530,000	25,540,000
36 – 40	22,606,000	26,818,000
41 – 45	24,064,000	28,548,000
46 – 50	27,632,000	32,778,000
51 – 55	32,200,000	38,198,000
56 – 60	39,052,000	46,328,000
61 – 65	46,974,000	55,724,000



MATERNITY BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Age Band	CE1	CE2
18 – 50	23,726,000	29,650,000

DENTAL BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Age Band	CE1	CE2
0 – 3	8,822,000	11,405,000
4 – 5	13,232,000	17,106,000
6 – 18	8,822,000	11,405,000
19 – 25	8,822,000	11,405,000
26 – 30	8,822,000	11,405,000
31 – 35	8,822,000	11,405,000
36 – 40	8,822,000	11,405,000
41 – 45	13,232,000	17,106,000
46 – 50	13,232,000	17,106,000
51 – 55	13,232,000	17,106,000
56 – 60	13,232,000	17,106,000

PERSONAL ACCIDENT BENEFITS (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

INPATIENT, OUTPATIENT, PERSONAL ACCIDENT

MATERNITY

DENTAL

0 (From 15 days of age) ››› **18** ››› **50** ››› **60** ››› **65** ›››**70**

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

NO CLAIMS DISCOUNT

1 year* prior	2 consecutive years* prior	3 or more consecutive years* prior
10% DISCOUNT	15% DISCOUNT	20% DISCOUNT

(*) Policy Year

COVERAGE AREA OPTIONS

Asia excluding Singapore, Hong Kong, Japan	Southeast Asia excluding Singapore
10% DISCOUNT	20% DISCOUNT

GROUP DISCOUNT

3 – 4 Insured Persons	5 – 10 Insured Persons
5% DISCOUNT	10% DISCOUNT
11 – 20 Insured Persons	**Above 20 Insured Persons**
15% DISCOUNT	20% DISCOUNT

CO-PAYMENT OPTION

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

25% DISCOUNT

