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.


## PACIFIC CROSS VIETNAM

**Ho Chi Minh Office**

6th Floor, VNPT Building,
1487 Nguyen Van Linh Street,
Tan Hung Ward,
Ho Chi Minh City
**Hotline:** (+84 28) 3821 6699

**Hanoi Office**

12A Floor, Geleximco Building,
36 Hoang Cau,
O Cho Dua Ward,
Hanoi
**Tel:** (+84 24) 7308 6699

**Email:** inquiry@pacificcross.com.vn | **Website:** pacificcross.com.vn



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 FIRST

## Leading Peace of Mind
## Reaching a Life of Distinction

**Solid start for a confident journey**




## HEALTH INSURANCE

PACIFIC CROSS

# 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 Benefits** | | | |
| 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 | 3 million VND/year | 5 million VND/year |
| Personal Accident Benefit | Cover from 20 million VND/year to 10 billion VND/year | | |

## PRODUCT HIGHLIGHTS

**Hospital Cash Benefit**

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

**Companion Bed** for insured child under 18 years old

**Nationwide direct billing network**
See our network details here

**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

## BENEFITS

### INPATIENT BENEFITS (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:**<br>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<br>/Policy Year | 15,000,000<br>/Policy Year | 30,000,000<br>/Policy Year |
| **Inpatient Surgery Expenses:**<br>Expenses for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care | 50,000,000<br>/Policy Year | 125,000,000<br>/Policy Year | 250,000,000<br>/Policy Year |
| **Cancer Treatment:**<br>(Maximum 5 visits[1]/Policy Year)<br>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<br>/Policy Year | 125,000,000<br>/Policy Year | 250,000,000<br>/Policy Year |
| **Organ Transplant:**<br>(1 organ/lifetime)<br>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).<br>The Company does not pay for the cost of acquiring an organ;<br>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<br>/Policy Year | 125,000,000<br>/Policy Year | 250,000,000<br>/Policy Year |
| **Companion Bed:**<br>(Maximum 30 days/Policy Year)<br>An extra bed in the same room for a parent or legal guardian accompanying an insured child under 18 years old | 500,000<br>/day | 800,000<br>/day | 1,000,000<br>/day |
| **Periodic Hemodialysis**<br>(Maximum 30 times/Policy Year) | 25,000,000<br>/Policy Year | 50,000,000<br>/Policy Year | 75,000,000<br>/Policy Year |
| **Day Surgery**<br>(One time/Policy Year) | 5,000,000<br>/Policy Year | 10,000,000<br>/Policy Year | 15,000,000<br>/Policy Year |
| **Emergency Expenses**<br>(Maximum 5 visits/Policy Year) | 1,700,000<br>/visit | 3,500,000<br>/visit | 4,000,000<br>/visit |

[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 | CF1 | CF2 | CF3 |
|---|---|---|---|
| **Hospital Cash**<br>(Maximum 30 days/Policy Year)<br>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<br>/day | 300,000<br>/day | 500,000<br>/day |
| **24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service** | Include | Include | Include |

## OUTPATIENT BENEFITS (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):**<br>Expenses for Doctor, diagnostic tests, diagnostic imaging as prescribed by a Doctor, Prescription Drugs, medical supplies, and other related expenses | 1,000,000<br>/visit | 2,000,000<br>/visit | 5,000,000<br>/visit |
| **Outpatient Treatment (with surgery):**<br>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<br>/visit | 5,000,000<br>/visit | 7,500,000<br>/visit |
| **Expense for Physiotherapy, Chiropractic in Outpatient Treatment:**<br>(Maximum 30 days/Policy Year) | 100,000<br>/day | 200,000<br>/day | 300,000<br>/day |
| **Free Basic Screening Package**<br>(One time/Policy Year)<br>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**<br>(One time/Policy Year)<br>The Company pay 60% | 500,000 | 750,000 | 1,000,000 |
| **Cancer screening package**<br>(One time/Policy Year)<br>The Company pay 60% | 500,000 | 750,000 | 1,000,000 |

## MATERNITY BENEFITS (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:**<br>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:**<br>(Within 30 days from the date of birth or within the expired Policy Year)<br>Routine health check-ups, vaccinations, equipment, and vitamins | 2,500,000 | 3,750,000 | 5,000,000 |
| **Maternity Gift:**<br>(Per delivery)<br>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 BENEFITS (OPTIONAL BENEFIT)

Unit: VND

| Plan | CF1 | CF2 | CF3 |
|---|---|---|---|
| **Maximum Benefit/Policy Year** | Not Applicable | **3 million** | **5 million** |
| **Coverage Area** | | Vietnam | Vietnam |
| **Dental Treatment:**<br>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:**<br>(Maximum 2 times/Policy Year)<br>Company pay 100% | | 500,000 /visit | 500,000 /visit |

## 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 | 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 BENEFITS (OPTIONAL BENEFIT)

Unit: VND

| Age Band | 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 BENEFITS (OPTIONAL BENEFIT)

Unit: VND

| Age Band | CF1 | CF2 | CF3 |
|---|---|---|---|
| 18 – 50 | 2,650,000 | 4,050,000 | 5,450,000 |

## DENTAL BENEFITS (OPTIONAL BENEFIT)

Unit: VND

| Age Band | CF1 | CF2 | CF3 |
|---|---|---|---|
| 0 – 3 | Not Applicable | 1,526,000 | 2,365,000 |
| 4 – 5 | | 2,289,000 | 3,546,000 |
| 6 – 18 | | 1,526,000 | 2,365,000 |
| 19 – 25 | | 1,526,000 | 2,365,000 |
| 26 – 30 | | 1,526,000 | 2,365,000 |
| 31 – 35 | | 1,526,000 | 2,365,000 |
| 36 – 40 | | 1,526,000 | 2,365,000 |
| 41 – 45 | | 2,289,000 | 3,546,000 |
| 46 – 50 | | 2,289,000 | 3,546,000 |
| 51 – 55 | | 2,289,000 | 3,546,000 |
| 56 – 60 | | 2,289,000 | 3,546,000 |

## 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 Benefit)

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

### 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

