

HEALTHCARE

TABLE OF BENEFITS



SCHEDULE OF BENEFITS (in VND)

Treatment Area

Zone 1: Worldwide subject to VND44,000,000 deductible any Disability in USA and Canada (Loading 10% on Total Premium of Zone 4).

Zone 2: Vietnam, China, Thailand, Singapore, Taiwan, South Korea, Japan, Malaysia, Indonesia and Philippines.

Zone 3: Worldwide (Loading 20% on Total Premium of Zone 4).

Zone 4: Worldwide excluding USA and Canada.

INPATIENT BENEFITS

Hospital Services Overall Annual Limit

All hospital services

Including surgeon fee, operation room, surgical appliances, investigations, nursing and hospital charges, etc.

Room and Board – per day

	Plan H1 Classic	Plan H2 Executive	Plan H3 Premier
Hospital Services Overall Annual Limit	2,200,000,000	6,600,000,000	22,000,000,000
All hospital services Including surgeon fee, operation room, surgical appliances, investigations, nursing and hospital charges, etc.	Fully Covered	Fully Covered	Fully Covered
Room and Board – per day	Standard Private Room up to VND 5,500,000	Standard Private Room up to VND 7,150,000	Standard Private Room

Intensive Care Unit – per day	16.500.000	16.500.000	Fully Covered
Companion Bed – per day	2.200.000	3.960.000	Fully Covered
Oncology Treatment Treatment given for cancer received as an In-patient or Day-patient at the Hospital Max per policy year	Fully Covered	Fully Covered	Fully Covered
Day Case Treatment Admitted to a Hospital bed but does not stay overnight Max per policy year	110.000.000	Fully Covered	Fully Covered
Local Ambulance Services The medically necessary road ambulance transportation services to and from a local Hospital	Fully Covered	Fully Covered	Fully Covered
Organ Transplant In respect of kidney, heart, liver and bone marrow transplants Max per Sickness or Injury	Fully Covered	Fully Covered	Fully Covered
Pre and Post Hospitalization Treatment Outpatient expenses incurred within 30 days before admission & 90 days following hospital discharge Max per hospitalization	33.000.000	44.000.000	110.000.000
Emergency Ward Treatment Services performed in a Hospital casualty ward or emergency room for a period of not more than 24 hours	Fully Covered	Fully Covered	Fully Covered
Nursing at Home Max 182 days per policy year	Fully Covered	Fully Covered	Fully Covered
Psychiatric Treatment For a maximum of thirty days hospitalization per policy year after 24 months cover Max per policy year	N/A	N/A	220.000.000

Emergency Dental Treatment Immediately following an accident and the teeth repaired must have been sound and natural Max per policy year	220.000.000	440.000.000	1.100.000.000
AIDS/HIV Occurring during the Period of Insurance of this Policy, including the subsequent renewal year(s) and manifests itself after five years of continuous coverage under Policy from the first Effective Date.	10% of Annual Overall Limit/ lifetime	10% of Annual Overall Limit/ lifetime	10% of Annual Overall Limit/ lifetime
Emergency Medical Evacuation/ Repatriation	Fully Covered	Fully Covered	Fully Covered
Repatriation of Mortal Remains	Fully Covered	Fully Covered	Fully Covered
Medical/ Legal information and assistance	24-hour access	24-hour access	24-hour access
Compassionate Visit	1 Economy Class Return Ticket	1 Economy Class Return Ticket	1 Economy Class Return Ticket
Return of Minor Child	1 Economy Class One Way Ticket	1 Economy Class One Way Ticket	1 Economy Class One Way Ticket
OUTPATIENT BENEFITS	Plan H1 Classic	Plan H2 Executive	Plan H2 Premier
Outpatient Annual Overall Limit	110.000.000	110.000.000	Fully Covered in clusive in the Basic Cover Overall Limit
General Outpatient Services	Fully Covered	Fully Covered	Fully Covered
Specialist Outpatient Services	Fully Covered	Fully Covered	Fully Covered
Laboratory and X-ray Services (upon referral)	Fully Covered	Fully Covered	Fully Covered
Prescribed Drugs (upon referral)	Fully Covered	Fully Covered	Fully Covered

Chinese Herbalist, Bonesetter & Acupuncture (Limit per visit , max 10 visits per policy year)	990.000 per visit limit	990.000 per visit limit	990.000 per visit limit
Physiotherapy and Chiropractor Treatment (upon referral) (Limit per visit , max 15 visits per policy year)	1.320.000 per visit limit	1.320.000 per visit limit	1.320.000 per visit limit
Hormone Replacement Therapy Max per policy year	44.000.000	44.000.000	44.000.000
Annual Medical Examination/ Vaccination/ Work Permit Medical check up Max per policy year	3.000.000	3.000.000	3.000.000

DENTAL SERVICES

Available when applying together with optional outpatient

Dental Overall Annual Limit	33.000.000	33.000.000	33.000.000
Routine Oral Examination (including scaling & polishing) (One per year, max per policy year)	2.200.000	2.200.000	2.200.000
Basic Dental Services (Extraction, amalgam fillings, X-ray, periodontal scaling)	Fully Covered	Fully Covered	Fully Covered
Major Dental Services After 9 months' insurance cover: Removal of impacted, Buried or unerupted teeth, Root Canal Treatment, Removal of Solid Odonomes, Apicectomy After 12 months' insurance cover: Crown and Bridges, Dentures	Fully Covered	Fully Covered	Fully Covered

MATERNITY CARE

Available when applying together with Hospitalization Plan

Maternity Overall Annual Limit	110.000.000	110.000.000	110.000.000
Pre-natal, postnatal services, cost of delivery including all hospital and professional fees and up t 30 days for new-born baby care (subject to 12 months waiting period)	Fully Covered	Fully Covered	Fully Covered
Additional Limit for new-born baby care due to medical reasons (within the limit of 30 days as above)	44.000.000	44.000.000	44.000.000

ELIGIBILITY CRITERIA

	Individual and Families	Companies and Organizations
Insured Persons	<ul style="list-style-type: none"> - Individual - Families including wife/husband and children 	<ul style="list-style-type: none"> - Full-time employees - Dependents of employees, including spouses and children
Age of inception	<ul style="list-style-type: none"> - New members: from 15 days up to 64 years old - Renewal members: maximum 74 years old 	

PREMIUM RATES (UNIT: VND 1,000)

	Zone 2				Zone 4			
AGE GROUP	Plan H1 Classic	Plan H2 Executive	Plan H3 Premier	Optional Out-patient(*)	Plan H1 Classic	Plan H2 Executive	Plan H3 Premier	Optional Out-patient(*)
15 days – 5 years	9,095	10,801	14,780	14,268	10,186	12,097	16,553	15,780
6-17	8,422	10,001	13,685	12,740	9,433	11,201	15,327	14,089
18-24	8,443	10,027	13,720	9,474	9,457	11,229	15,366	10,487
25-29	8,822	10,476	14,336	10,561	9,881	11,734	16,057	11,680
30-34	9,842	11,688	15,993	11,326	11,023	13,089	17,911	12,526
35-39	12,614	14,979	20,497	14,153	14,127	16,776	22,957	15,651
40-44	15,840	18,810	25,740	16,005	17,741	21,067	28,829	17,700
45-49	19,568	23,236	31,798	19,386	21,915	26,025	35,614	21,440
50-54	24,289	28,843	39,469	20,906	27,203	32,304	44,206	23,119
55-59	31,169	37,013	50,650	25,804	34,910	41,455	56,728	28,536
60-64	42,111	50,007	68,430	34,294	47,165	56,008	76,641	37,925
65-69 (**)	58,542	69,519	95,131	42,460	65,568	77,861	106,547	46,956
70-74 (**)	96,579	114,687	156,940	64,232	108,169	128,450	175,773	71,034

(*) Standard Outpatient deductible is VND550,000 per visit, which can be removed with a loading of 30%

(**) Renewal only.

OPTIONAL DENTAL BENEFITS (To be taken with optional Out-patient)

Per insured	7,632
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OPTIONAL MATERNITY BENEFITS (Applying for Group only)

Age group (last birthday)	18-24	25-29	30-34	35-39	40-44
Per adult female	12,120	15,181	15,181	13,344	13,344

DISCOUNT

	Number of insured members	Discount
Family discount	3 or more insured family members	05%
Group discount	5-10 members	10%
	11-30 members	15%
	31-50 members	20%

Important note:

- The premium rates are effective from September 15,2015 and are applicable to Occupation I and II and for standard risks.
- The summary in this brochure supports customers to evaluate the benefits of Insurance. Reasonable and customary charges will apply to any benefit payment.
- This insurance policy is only available to Vietnamese citizens and permanent residents in Vietnam, excluding citizens of countries under sanctions or embargoes by the United Nations, the United State of American, the European Union or the United Kingdom.
- This brochure is for reference only. For complete details of plan benefits, condition, Limitations, and exclusions, please refer to the policy schedule, Wording and endorsement (if any), copies of which will be provided upon request.

Please contact us for a free consultation!

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