

CAREPLUS

TABLE OF BENEFITS



CARE PLUS - PLAN A & B

SCHEDULE OF BENEFITS (in VND)	A1	A2	B1	B2
Treatment Area	Worldwide excluding USA	South East Asia	Worldwide excluding USA	South East Asia
Outside area of cover (Emergency treatment only)	Worldwide cover - up to 10,000,000,000 đ per policy year and limited to 90 days per trip	Worldwide excluding USA cover - up to 6,000,000,000 đ per policy year and limited to 90 days per trip	Worldwide cover - up to 6,000,000,000 đ per policy year and limited to 90 days per trip	Worldwide excluding USA cover - up to 4,000,000,000 đ per policy year and limited to 90 days per trip
Overall yearly maximum up to	42,000,000,000 đ	11,000,000,000 đ	32,000,000,000 đ	8,000,000,000 đ
I. INPATIENT BENEFITS	A1	A2	B1	B2
Daily accommodation charges	Standard Single Room		Standard Single Room	

Hospital Charges

- diagnostic procedures
- surgical procedures
- operating theatre charges
- nursing care, drugs and dressings
- surgeon and anaesthetist charges
- intensive care unit charges
- consultations and physiotherapy while admitted for treatment of an eligible medical condition and when such treatment directly relates to it
- radiotherapy and/or chemotherapy
- computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques
- special nursing in hospital

Organ transplant up to
(Kidney, heart, liver, lung or bone marrow)

Reconstructive surgery

Surgical implants

Companion accommodation up to
(applicable to the insured person's plan for companion's accommodation when he/she is staying either in the same hospital room with the insured person or at a hotel/motel near the hospital within the area of cover)

Cash benefit

In-patient Treatment for HIV / AIDS as a result of occupational accident or blood transfusion up to
(a waiting period of 48 consecutive months will apply)

Government hospital allowance

Included		Included	
Included		Included	
Included		Included	
Included		Included	
3,000,000 đ per night		3,000,000 đ per night	
8,500,000 đ per night up to 45 nights	1,600,000 đ per night	8,500,000 đ per night up to 45 nights	1,600,000 đ per night
212,000,000 đ		212,000,000 đ	
1,100,000 đ per night	550,000 đ per night	1,100,000 đ per night	550,000 đ per night

Pre-hospitalization treatment (within 90 days before admission) up to covers one consultation, prescribed investigations and essential medications for an eligible in-patient treatment

Included

Included

Post hospitalization treatment (within 90 days after discharge) up to we will pay for follow-up out-patient consultation and treatment following an eligible in-patient treatment or day surgery

Included

Included

II. OUTPATIENT BENEFITS

A1

A2

B1

B2

Emergency out-patient treatment arising from an accident within twenty-four (24) hours) following bodily injury arising from an accident

Included

Included

Radiotherapy and/or chemotherapy (out-patient)

Included

Included

Kidney dialysis (out-patient)

Included

Included

Out-patient Surgical Procedure

Included

Included

General Practitioner and Specialist Care

- We will pay for the medical practitioner’s charges for consultations, prescriptions and diagnostic tests. Diagnostic tests include and are limited to laboratory, X-ray and ultrasound.
- Second opinion for the same medical condition: pre-approval is recommended

Included

Included

Computerized tomography, magnetic resonance imaging, positron emission tomography and gait scans

Included

Included

Hormone replacement therapy

We will pay for the consultations and the cost of the implants, injections, patches or tablets

Included

Included

Physiotherapy, occupational therapy and speech therapy

Included

Included

III. OTHER BENEFITS	A1	A2	B1	B2
<p>Alternative Treatment up to</p> <ul style="list-style-type: none"> ○ Consultation and treatment provided and prescribed by a qualified and registered chiropractor, dietician, nutritionist, naturopath, acupuncturist, homeopath, physiotherapist and traditional Chinese medicine practitioner ○ vitamins, supplements, and Chinese traditional medicine when such are prescribed by the alternative practitioner or medical practitioner 	42,000,000 đ	16,000,000 đ	32,000,000 đ	10,000,000 đ
Wellness Benefit				
Health screen up to	17,000,000 đ	4,000,000 đ	2,500,000 đ	No benefit
Vaccination up to Consultation charge made in conjunction with vaccination	4,000,000 đ		No benefit	
Dental Treatment				
Accidental damage to natural teeth	Included		Included	
Oral and maxillofacial surgery <ul style="list-style-type: none"> ○ Surgical removal of impacted / un-erupted teeth and buried teeth which are diseased or causing symptoms; ○ Surgical removal of complicated buried roots which are diseased or causing symptoms; ○ Enucleation (removal) of cysts of the jaw; ○ Treatment of cancers (For lesion or lump in the mouth). Pre-existing condition limitations do not apply to this benefit.	Included		Included	

<p>Routine dental / Preventive dental care up to (Dental examination, extraction, fillings, scaling/polishing, x-ray, sealant and fluoride treatment) Pre-existing condition limitations do not apply to this benefit.</p>	<p>15,000,000 đ. 20% co-insurance applies</p>		<p>7,500,000 đ. 20% co-insurance applies</p>
<p>Restorative dental up to (Available only after 6 months membership) Root canal treatment, implants, bridgework, crowns, treatment of gum disease, dentures, inlays, onlays Pre-existing condition limitations do not apply to this benefit.</p>	<p>32,000,000 đ. 20% co-insurance applies.</p>		<p>25,000,000 đ. 20% co-insurance applies.</p>
<p>Optical Benefit</p>			
<p>Routine Optical Care up to The fees charged for eye examinations, corrective spectacle lenses, contact lenses and associated spectacle frames Pre-existing condition limitations do not apply to this benefit.</p>	<p>6,000,000 đ</p>	<p>4,000,000 đ</p>	<p>No benefit</p>
<p>Evacuation and Repatriation</p>			
<p>International Emergency Medical Assistance Evacuation, when medically necessary, will always be to the nearest place where appropriate treatment can be given. The insured person evacuated in an emergency will subsequently be returned to his/her principal country of residence. Repatriation of mortal remains if the insured person is away from his/her principal country of residence is included – this may be to the insured person’s principal country of residence or to their home country.</p>	<p>Included</p>		<p>Included</p>
<p>Travel cost (economy fare) for planned eligible in-patient treatment We will reimburse a maximum of one (1) return airfare trip on economy class per policy year per insured person for an eligible inpatient treatment This benefit will also pay for a return airfare trip on economy class for one (1) accompanying person while the insured person is evacuated: (a) when the insured person is under sixteen (16) years old; or</p>	<p>Included</p>		<p>Included</p>

(b) when in the opinion of our appointed medical practitioner, the need for such accompanying person is medically necessary.

Maternity Benefits

Investigation into infertility up to
(investigation and treatment of the cause of infertility)

42,000,000 đ in an insured person's
lifetime.
Available only after 18 months
membership

No benefit

Pre- and post-natal complications

- Antiphospholipid syndrome,
- Cervical incompetence,
- Ectopic pregnancy,
- Gestational diabetes,
- Hydatidiform mole – molar pregnancy,
- Hyperemesis gravidarum,
- Obstetric cholestasis,
- Pre-eclampsia / Eclampsia,
- Rhesus (RH) factor,
- Threatened miscarriage,
- Post-partum haemorrhage,
- Retained placental membrane.

(Available only after 12 months membership)

Included

Included

Pregnancy and delivery up to

- pre-natal care,
- delivery of baby,
- post-natal care

(Available only after 12 months membership)

360,000,000 đ.

275,000,000 đ.

Optional for Groups *
106,000,000 đ.

New born cover

New born accommodation
(pay for the child who stay in the hospital with the mother (being an insured person) while she is receiving eligible in-patient treatment at such hospital)

Included

Included

Acute medical condition (excluding congenital conditions) include neonatal jaundice, colic, diarrhoea, constipation, vomiting and ear infection	Included		Included	
Home nursing	Included		Included	
Local Road Ambulance transport	Included		Included	
Pre-existing conditions up to	42,000,000 ₺. Available after 9 months membership		No benefit	
Congenital conditions up to				
Psychiatric treatment up to	212,000,000 ₺	106,000,000 ₺	In-patient treatment only up to 30 days	No benefit
Medical aids and durable medical equipment , artificial limbs				
Artificial limbs up to The costs associated with fitting artificial limbs, including the artificial limbs, its maintenance, consultations and necessary medical or surgical procedures	63,000,000 ₺ every 3 years	21,000,000 ₺ every 3 years	No benefit	
Medical aids and durable medical equipments up to compression stockings, hearing aids, speaking aids (electronic larynx), wheelchairs, crutches, corrective splint and orthopaedic supports	21,000,000 ₺	10,000,000 ₺	No benefit	
Hospice and Palliative up to the insured person is suffering from an eligible terminal medical condition and its associated medical conditions (12 months waiting period)	1,100,000,000 ₺ lifetime limit		640,000,000 ₺ lifetime limit	

Note: Pre-existing condition exclusions/limitations will apply to all benefits unless otherwise stated in the benefits table or the policy schedule.

CARE PLUS - PLAN C & D

SCHEDULE OF BENEFITS (in VND)	C1	C2	D1	D2
Treatment Area	Worldwide excluding USA	South East Asia	Vietnam	Vietnam
Outside area of cover (Emergency treatment only)	Worldwide cover - up to 4,000,000,000 đ per policy year and limited to 90 days per trip	Worldwide excluding USA cover - up to 2,000,000,000 đ per policy year and limited to 90 days per trip	Asia cover - up to 2,000,000,000 đ per policy year, limited to 30 days per trip	South East Asia cover - up to 1,000,000,000 đ per policy year, limited to 30 days per trip
Overall yearly maximum up to	21,000,000,000 đ	6,000,000,000 đ	2,100,000,000 đ	1,100,000,000 đ

I. INPATIENT BENEFITS	C1	C2	D1	D2
Daily accommodation charges	Standard Single Room		Standard Single Room	Standard Single Room up to 4,400,000 đ per day
Hospital Charges <ul style="list-style-type: none"> ○ diagnostic procedures ○ surgical procedures ○ operating theatre charges ○ nursing care, drugs and dressings ○ surgeon and anaesthetist charges ○ intensive care unit charges ○ consultations and physiotherapy while admitted for treatment of an eligible medical condition and when such treatment directly relates to it ○ radiotherapy and/or chemotherapy ○ computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques ○ special nursing in hospital 	Included		Included	

Organ transplant up to (Kidney, heart, liver, lung or bone marrow)	Included		Included	
Reconstructive surgery	Included		Included	
Surgical implants	Included		Included	
Companion accommodation up to	3,000,000 đ per night (applicable to the insured person's plan for companion's accommodation when he/she is staying either in the same hospital room with the insured person or at a hotel/motel near the hospital within the area of cover)		Companion bed in the same hospital room with the insured person is fully covered for one person	Companion bed in the same hospital room with the insured person is fully covered for one person
Cash benefit	6,400,000 đ per night	1,500,000 đ per night	1,100,000 đ per night	1,100,000 đ per night
In-patient Treatment for HIV / AIDS as a result of occupational accident or blood transfusion up to (a waiting period of 48 consecutive months will apply)	212,000,000 đ		No benefit	
Government hospital allowance	1,100,000 đ per night	550,000 đ per night	550,000 đ per night	550,000 đ per night
Pre-hospitalization treatment (within 90 days before admission) up to covers one consultation, prescribed investigations and essential medications for an eligible in-patient treatment	Included		Included	
Post hospitalization treatment (within 90 days after discharge) up to we will pay for follow-up out-patient consultation and treatment following an eligible in-patient treatment or day surgery	Included		Included	

II. OUTPATIENT BENEFITS	C1	C2	D1	D2
Emergency out-patient treatment arising from an accident within twenty-four (24) hours) following bodily injury arising from an accident	Included		Included	
Radiotherapy and/or chemotherapy (outpatient)	Included		Included	
Kidney dialysis (out-patient)	Included		Included	
Out-patient Surgical Procedure	Included		Included	
General Practitioner and Specialist Care <ul style="list-style-type: none"> ○ We will pay for the medical practitioner’s charges for consultations, prescriptions and diagnostic tests. Diagnostic tests include and are limited to laboratory, X-ray and ultrasound. ○ Second opinion for the same medical condition: pre-approval is recommended 	Optional for Groups * 75,000,000 ₺	Optional for Groups * 60,000,000 ₺	Optional for Groups * 50,000,000 ₺	Optional for Groups * 30,000,000 ₺
Computerized tomography, magnetic resonance imaging, positron emission tomography and gait scans	Pre-hospitalization and/or post hospitalization treatment only. Subject to the benefit limit and terms and conditions applied for 'Pre-hospitalization treatment' / 'Post hospitalization treatment'.		Pre-hospitalization and/or post hospitalization treatment only. Subject to the benefit limit and terms and conditions applied for 'Pre-hospitalization treatment' / 'Post hospitalization treatment'.	
Hormone replacement therapy We will pay for the consultations and the cost of the implants, injections, patches or tablets	Post hospitalization treatment only. Subject to the benefit limit and terms and conditions applied for 'Post hospitalization treatment'.		Post hospitalization treatment only. Subject to the benefit limit and terms and conditions applied for 'Post hospitalization treatment'.	
Physiotherapy, occupational therapy and speech therapy	Post hospitalization treatment only. Subject to the benefit limit and terms and conditions applied for 'Post hospitalization treatment'.		Post hospitalization treatment only. Subject to the benefit limit and terms and conditions applied for 'Post hospitalization treatment'.	

III. OTHER BENEFITS	C1	C2	D1	D2
Alternative Treatment up to	No benefit		No benefit	
Wellness Benefit				
Health screen up to	No benefit		No benefit	
Vaccination up to	No benefit		No benefit	
Dental Treatment				
Accidental damage to natural teeth	Included		Included	
Oral and maxillofacial surgery <ul style="list-style-type: none"> ○ Surgical removal of impacted / unerupted teeth and buried teeth which are diseased or causing symptoms; ○ Surgical removal of complicated buried roots which are diseased or causing symptoms; ○ Enucleation (removal) of cysts of the jaw; ○ Treatment of cancers (For lesion or lump in the mouth). Pre-existing condition limitations do not apply to this benefit.	Included		Included	
Routine dental / Preventive dental care up to (Dental examination, extraction, fillings, scaling/polishing, x-ray, sealant and fluoride treatment) Pre-existing condition limitations do not apply to this benefit.	Optional for Groups * Routine dental / Preventive dental care 5,000,000 đ. 20% co-insurance applies		Optional for Groups * Routine dental / Preventive dental care 5,000,000 đ. 20% co-insurance applies	
Restorative dental up to (Available only after 6 months membership) Root canal treatment, implants, bridgework, crowns, treatment of gum disease, dentures, inlays, onlays Pre-existing condition limitations do not apply to this benefit.	Restorative dental 15,000,000 đ. 20% co-insurance applies. Available only after 6 months membership (waiting period can be waived for large groups)		Restorative dental 15,000,000 đ. 20% co-insurance applies. Available only after 6 months membership (waiting period can be waived for large groups)	

Optical Benefit

Routine Optical Care up to
Pre-existing condition limitations do not apply to this benefit.

No benefit

No benefit

Evacuation and Repatriation

International Emergency Medical Assistance Evacuation, when medically necessary, will always be to the nearest place where appropriate treatment can be given. The insured person evacuated in an emergency will subsequently be returned to his/her principal country of residence.

Repatriation of mortal remains if the insured person is away from his/her principal country of residence is included – this may be to the insured person’s principal country of residence or to their home country.

Included

Included when
travelling outside
of Vietnam

Included when
travelling outside
of Vietnam

Travel cost (economy fare) for planned eligible in-patient treatment

We will reimburse a maximum of one (1) return airfare trip on economy class per policy year per insured person for an eligible inpatient treatment

This benefit will also pay for a return airfare trip on economy class for one (1) accompanying person while the insured person is evacuated:

- (a) when the insured person is under sixteen (16) years old; or
- (b) when in the opinion of our appointed medical practitioner, the need for such accompanying person is medically necessary

Included

No benefit

Maternity Benefits

Investigation into infertility up to

No benefit

No benefit

Pre- and post-natal complications

- Antiphospholipid syndrome,
- Cervical incompetence,
- Ectopic pregnancy,
- Gestational diabetes,
- Hydatidiform mole – molar pregnancy,
- Hyperemesis gravidarum,
- Obstetric cholestasis,
- Pre-eclampsia / Eclampsia,
- Rhesus (RH) factor,
- Threatened miscarriage,
- Post-partum haemorrhage,
- Retained placental membrane

(Available only after 12 months membership)

Optional for Groups *
Included.
Available only after 12 months
membership

Optional for Groups *
Included.
Available only after 12 months
membership

Pregnancy and delivery up to

- pre-natal care,
- delivery of baby,
- post-natal care

(Available only after 12 months membership)

Optional for Groups *
106,000,000 đ.
Available only after 12 months
membership

Optional for Groups *
106,000,000 đ.
Available only after 12 months
membership

New born cover

New born accommodation

No benefit

No benefit

Acute medical condition (excluding congenital conditions) include neonatal jaundice, colic, diarrhoea, constipation, vomiting and ear infection

Included

Included

Home nursing

Included

Included

Local Road Ambulance transport

Included

Included

Pre-existing conditions up to	No benefit		No benefit
Congenital conditions up to	No benefit		No benefit
Psychiatric treatment up to	In-patient treatment only up to 30 days	No benefit	No benefit
Medical aids and durable medical equipment , artificial limbs			
Artificial limbs up to	No benefit		No benefit
Medical aids and durable medical equipments up to	No benefit		No benefit
Hospice and Palliative up to the insured person is suffering from an eligible terminal medical condition and its associated medical conditions (12 months waiting period)	320,000,000 ₺ lifetime limit		320,000,000 ₺ lifetime limit

Note: Pre-existing condition exclusions/limitations will apply to all benefits unless otherwise stated in the benefits table or the policy schedule.

Group Declaration

- Is anyone to be insured under this policy currently in hospital or requires frequent admission (e.g. more than 2 times a year) to hospital or has an upcoming surgery?
- During the last 5 years has anyone to be insured experienced any symptoms or been diagnosed with or under treatment or are currently investigation for the following conditions:
 - Cancer
 - Kidney failure
 - Organ transplant
 - Liver cirrhosis
 - Chronic obstructive pulmonary disease
 - Diabetes
 - Mental illness
 - Drug or alcohol problems

PREMIUM RATES (in VND)

AGE GROUP		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-80
PLAN	A1	36,600,000	35,580,000	44,380,000	68,670,000	104,760,000	153,550,000	282,880,000	457,250,000
	A2	25,040,000	24,340,000	30,370,000	46,990,000	71,680,000	105,060,000	193,540,000	312,840,000
	B1	23,290,000	22,640,000	28,240,000	43,700,000	66,670,000	97,710,000	180,020,000	290,980,000
	B2	16,840,000	16,370,000	20,420,000	31,600,000	48,210,000	70,650,000	130,160,000	210,390,000
	C1	12,650,000	12,290,000	15,330,000	23,730,000	36,190,000	53,040,000	97,720,000	157,960,000
	C2	9,500,000	9,230,000	11,520,000	17,820,000	27,180,000	39,830,000	73,380,000	118,610,000
	D1	6,110,000	5,940,000	6,950,000	9,330,000	12,390,000	15,860,000	21,720,000	28,140,000
	D2	5,230,000	5,090,000	5,950,000	7,990,000	10,610,000	13,580,000	18,600,000	24,090,000

Please contact us for a free consultation!

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