

FAMILY CARE

TABLE OF BENEFITS



SCHEDULE OF BENEFITS (in VND)

	Zone 0: Vietnam				
Treatment Area	Zone 5: Vietnam, Thailand, Malaysia, Indonesia, Philippines, Laos, Cambodia, Myanmar, Brunei, Timor-Leste (loading 15% on total premium of Zone 0)				
INPATIENT BENEFITS	Plan F1 Bronze	Plan F2 Silver	Plan F3 Gold	Plan F4 Platinum	Plan F5 Diamond
Hospital Services Overall Annual Limit	150,000,000	250,000,000	500,000,000	1,000,000,000	1,500,000,000
<i>Surgeon's fee, per policy year</i>	25,000,000	50,000,000	100,000,000	Fully Covered	Fully Covered
<i>Anesthetist's fee, per policy year</i>	10,000,000	25,000,000	50,000,000	Fully Covered	Fully Covered
<i>Other hospital charges, per policy year</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
<i>Room & Board, per day (standard private room)</i>	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
<i>Intensive Care Unit, per day</i>	3,000,000	6,000,000	9,000,000	12,000,000	15,000,000
<i>Companion Bed, per day (accompany a dependent child below the age of 18, max 10 days per policy year)</i>	Not Applicable	Not Applicable	Not Applicable	1,000,000	2,000,000

Oncology Treatment <i>Treatment given for cancer received as an Inpatient or Day-patient at the Hospital, max per policy year</i>	50,000,000	125,000,000	250,000,000	500,000,000	Fully Covered
Day Case Treatment <i>Admitted to a hospital bed but does not stay overnight, including outpatient surgery</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Local Ambulance Services <i>The medically necessary road ambulance transportation services to and from a local Hospital</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Organ transplant <i>In respect of kidney, heart, liver and bone marrow transplants, max per sickness or injury</i>	Not Applicable	Not Applicable	Not Applicable	500,000,000	Fully Covered
Pre and Post Hospitalization Treatment <i>(Outpatient expenses incurred before admission & following hospital discharge, max per hospitalization)</i>	6,000,000	8,000,000	10,000,000	20,000,000	30,000,000
<i>Pre-Hospitalisation Treatment - per policy year, maximum 30 consecutive days prior to hospital admission</i>	3,000,000	4,000,000	5,000,000	10,000,000	15,000,000
<i>Post-Hospitalisation Treatment - per policy year, maximum 90 consecutive days from the day of discharge</i>	3,000,000	4,000,000	5,000,000	10,000,000	15,000,000
Emergency Ward Treatment <i>Services performed in a Hospital casualty ward or emergency room for a period of not more than 24 hours</i>	5,000,000	10,000,000	15,000,000	Fully Covered	Fully Covered
Nursing at Home <i>Max 182 days per policy year</i>	6,000,000	8,000,000	10,000,000	Fully Covered	Fully Covered
Emergency Dental Treatment <i>Immediately following an accident and the teeth repaired must have been sound and natural. Max per policy year</i>	Not Applicable	Not Applicable	Not Applicable	50,000,000	100,000,000
Public Hospital Cash - per day <i>Applicable to all inpatient treatments in public hospitals in Vietnam. Max 30 days per policy year</i>	100,000	200,000	300,000	500,000	1,000,000

Emergency Medical Evacuation/Repatriation	Not Applicable	Not Applicable	Not Applicable	Fully Covered	Fully Covered
Repatriation of Mortal Remains	Not Applicable	Not Applicable	Not Applicable	Fully Covered	Fully Covered
Final Tribute Cost	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Medical/Legal information and assistance	24/7	24/7	24/7	24/7	24/7
OUTPATIENT BENEFITS	Plan O1	Plan O2	Plan O3	Plan O4	Plan O5
Outpatient Overall Annual Limit	10,000,000	15,000,000	20,000,000	35,000,000	100,000,000
General Outpatient Services	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Specialist Outpatient Services (<i>Limit per visit</i>)	1,000,000	2,000,000	3,000,000	Fully Covered	Fully Covered
Laboratory and x-ray Services (<i>upon referral</i>)	1,000,000	2,000,000	3,000,000	Fully Covered	Fully Covered
Prescribed Drugs (<i>upon referral</i>)	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Chinese Herbalist, Bonesetter & Acupuncture (<i>Limit per visit, max 10 visits per policy year</i>)	250,000	350,000	450,000	750,000	1,250,000
Physiotherapy and Chiropractor Treatment (<i>upon referral</i>) (<i>Limit per visit, max 15 visits per policy year</i>)	250,000	350,000	450,000	750,000	1,250,000
Annual Medical Examination/ Work Permit Medical Check-up (<i>Max per policy year</i>)	Not Applicable	Not Applicable	Not Applicable	1,000,000	2,000,000
Annual Vaccination (<i>Max per policy year</i>)	500,000	500,000	500,000	1,250,000	1,250,000
Optical Care: Eye check-up (<i>Once per year, max per policy year</i>) and a pair of glasses or contact lenses (<i>per policy year</i>)	Not Applicable	Not Applicable	Not Applicable	1,000,000	2,000,000

DENTAL SERVICES

Available when applying together with optional outpatient and subject to 20% co-payment

Dental Overall Annual Limit	10,000,000
Routine Oral Examination <i>(including scaling and polishing, once per year, max per policy year)</i>	2,000,000
Basic Dental Services (Extraction, amalgam fillings, x-rays, periodontal scaling)	Fully Covered
Major Dental Services (Removal of impacted, buried or unerupted teeth, Root Canal Treatment, Removal of Solid Odonomes, Apicectomy)	Fully Covered

MATERNITY CARE

Available when applying together with hospitalization service

Maternity Overall Annual Limit	50,000,000
Pre-natal, postnatal services, cost of delivery including all hospital and profession fees arise due to miscarriage, pregnancy complications, medically required abortion and up to 30 days for new-born baby care (subject to 12 months waiting period (*) and payout scheme as following):	Fully Covered
First year overall annual limit (from the first effective date of Maternity benefit)	0
Second year overall annual limit (from the first effective date of Maternity benefit)	25,000,000
Third year & thereafter overall annual limit (from the first effective date of Maternity benefit)	50,000,000

(*) The waiting period for Maternity benefit is 12 consecutive months starting from the first effective date of the Maternity benefit of the Insured. Under any circumstances, conception date of the Insured as confirmed by OB/GYN shall be after the period of 12 consecutive months from the first effective date of the Insured's Maternity benefit.

PREMIUM RATES (UNIT: VND 1,000)										
Zone 0										
AGE GROUP	Inpatient					Optional Outpatient				
	Plan F1 Bronze	Plan F2 Silver	Plan F3 Gold	Plan F4 Platinum	Plan F5 Diamond	Plan O1	Plan O2	Plan O3	Plan O4	Plan O5
15 days - 01 year	2,043	3,268	5,106	6,638	8,936	4,437	5,119	6,826	8,988	11,919
02 - 05	1,634	2,614	4,085	5,311	7,149	3,549	4,095	5,461	7,500	10,036
06 - 17	1,389	2,222	3,472	4,514	6,077	2,916	3,364	4,485	6,437	8,690
18 - 24	1,307	2,092	3,268	4,249	5,719	2,408	2,779	3,705	5,586	7,613
25 - 29	1,471	2,353	3,677	4,780	6,434	2,535	2,925	3,900	5,799	7,883
30 - 34	1,634	2,614	4,085	5,311	7,149	2,535	2,925	3,900	5,799	7,883
35 - 39	1,804	2,887	4,510	5,863	7,893	2,799	3,230	4,306	6,242	8,443
40 - 44	1,992	3,187	4,980	6,474	8,714	3,090	3,566	4,755	6,730	9,061
45 - 49	2,199	3,519	5,498	7,147	9,622	3,412	3,937	5,249	7,269	9,744
50 - 54	2,428	3,885	6,070	7,891	10,623	3,767	4,347	5,796	7,865	10,498
55 - 59	2,681	4,289	6,702	8,713	11,729	4,159	4,799	6,399	8,523	11,331
60 - 64	2,960	4,736	7,400	9,619	12,949	4,592	5,299	7,065	9,249	12,250
65 - 69	3,268	5,229	8,170	10,621	14,297	5,070	5,850	7,800	10,050	13,265
70 - 74	3,608	5,773	9,020	11,726	15,785	5,598	6,459	8,612	10,935	14,385

OPTIONAL DENTAL BENEFIT <i>(to be taken with optional Outpatient)</i>		Zone 0
Premium		3,518
OPTIONAL MATERNITY BENEFIT <i>(to be taken with Inpatient): for each female insured</i>	Age	Zone 0
	18 - 24	5,364
	25 - 29	5,364
	30 - 34	5,364
	35 - 39	5,364
	40 - 44	5,364

ELIGIBILITY

	Plan F1 & F2		Plan F3, F4 & F5	
Insured	Individual	Family	Individual	Family
Eligible age	New customer: 18-49 years old. Renewal customer: up to 74 years old.	New customer: 15 days to 49 years old. Renewal customer: up to 74 years old.	New customer: 18 – 64 years old. Renewal customer: up to 74 years old.	New customer: 15 days to 64 years old. Renewal customer: up to 74 years old

Family means wife and/or husband and child(ren) (up to 18 years old or up to 23 as full time student)

DISCOUNT

	Number of insured members	Discount
Family discount	3 or more insured family members	5%

Important note:

- The premium rates are effective from March 25, 2021 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 States of America, the European Union or the United Kingdom.
- This brochure is for reference only. For complete details of plan benefits, conditions, 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!

YOUR INSURANCE24H - HUYEN GIA SERVICES CO LTD

Address : A Dong Building - 76 D1 Street, Ward 25, Binh Thanh District, HCMC.

Website: www.yourinsurance24h.com

Facebook : www.facebook.com/yourinsurance24h

We are Insurance Agent of :



" We compare and choose the best product for your personal and business needs."