FOUNDATION SERIES



TABLE OF BENEFITS

SCHEDULE OF BENEFITS (in VND)	Plan M1+	Plan M2	Plan M3			
Treatment Area	WORLDWIDE					
Maximum Benefit For Any ONE Disability and Sequelae Covers normal, usual and customary charges, per disability per lifetime for:	500,000,000	1,000,000,000	2,000,000,000			
INPATIENT BENEFITS – Covers normal, usual and customary c	harges for:					
Room and Board (standard room)	Semi-Private up to 2,000,000/day (Private in Vietnam)	Semi-Private up to 3,000,000/day (Private in Vietnam)	Semi-Private up to 4,000,000/day (Private in Vietnam)			
Parent Accommodation – An extra bed in the same room for a parent accompanying an insured child under 18 years old	Up to limit of Room & Board of the Insured Person					
Intensive Care Unit, Coronary Care Unit – 15 days maximum per disability per year	3,000,000/day	5,000,000/day	7,000,000/day			
Physician's Daily Hospital Visit		As Charged				
Specialist's Fee		As Charged				
Operating Room	20,000,000 per operation	As Charged	As Charged			

Surgeon's Fee – Includes pre-surgical assessment and normal post-surgical care for each operation	100,000,000 per operation	200,000,000 per operation	240,000,000 per operation			
Anesthetist's Fee	Up to 30% of eligible Surgeon's Fee					
Pre and Post Hospitalization (including Rehabilitation) – Within 30 days before admission and 90 days after discharge up to	10,000,000 per disability per year	15,000,000 per disability per year	20,000,000 per disability per year			
Organ Transplant – Fees for kidney, heart, lung, liver and bone marrow transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of This benefit is a lump sum maximum per organ per lifetime and no other policy benefits are payable in respect of Organ Transplant.	100,000,000	200,000,000	300,000,000			
Home Nursing – Immediately after hospitalization and certified to be medically necessary by the attending physician for up to 30 days per disability per year	400,000/day	600,000/day	1,000,000/day			
Miscellaneous Inpatient Charges – For required diagnostic laboratory tests, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)	80,000,000 per disability per year	140,000,000 per disability per year	210,000,000 per disability per year			
Maternity Benefit – Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to When both husband and wife are insured, the limit shall be increased by 50%	No	10,000,000	15,000,000			
Free New Born cover —A child of an Insured Person is eligible for the same medical plan as the Insured Person (or the lower benefit level if both the parents of such child are insured persons and are insured for different levels of benefits) 15 days after the date of birth or the date of discharge - whichever is later. Eligibility is contingent on submission of an application form to the Company. Free New Born Cover extends until the Insured Person's next renewal, free of charge, provided that the Insured Person has been insured under this Policy at least 12 consecutive months and such child qualifies for insurance.	No	Included	Included			

Preventive Health Benefit – Annual limit for routine check-up, vaccinations, appliances, vitamins	1,500,000	2,000,000	3,000,000			
Burial and Funeral	6,000,000	10,000,000				
Personal Accident Benefits	30,000,000	60,000,000				
EMERGENCY BENEFITS – Subject to the overall maximum limit	per disability					
Accidental Damage to Teeth – Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	10,000,000 per 15,000,000 per 20,000,000 accident accident accident					
Accidental Emergency Outpatient Treatment (for covered accident which has been treated within 24 hours of the accident by the outpatient department of hospital, clinic, doctor's office)	As Charged					
mergency Local Ambulance Service As Charged						
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Included					
Additional Travel Expenses (following Evacuation) - One economy class airline ticket to return an Insured Person to the Country of Residence	Included					
OUTPATIENT BENEFITS: Client can choose any plan						
Maximum Benefit Per Year	24,000,000	36,000,000	48,000,000			
Outpatient Benefit - Physician and specialists' fees for office visits, physiotherapist, and chiropractor when referred by the attending physician; and, for required diagnostic laboratory tests, x-rays and prescribed medicines	1,500,000/visit	2,000,000/visit	2,500,000/visit			
Alternative Medicines - Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner and prescribed herbs up to an annual limit of	5,000,000					
OPTIONAL RENEFITS						

OPTIONAL BENEFITS

Benefit 1 – Covers 80% of normal, usual and customary charges for Eligible Expenses per year up to VND5,000,000

Benefit 2 – Covers 80% of normal, usual and customary charges for Eligible Expenses per year up to VND10,000,000

	PREMIUM RATES (UNIT: VND1,000)													
A	GE GROUP	0-5	6-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75
NT	STANDARD	4,261	3,984	5,517	6,053	6,513	7,024	7,509	8,684	9,833	12,311	15,323	22,985	34,478
INPATIENT	EXECUTIVE	5,244	4,904	6,717	7,279	7,841	8,480	9,118	10,676	12,260	15,044	20,024	30,036	45,054
Z	PREMIER	6,473	6,053	10,931	11,851	12,796	13,818	14,303	16,244	18,517	22,476	29,627	44,441	66,662
ENT	STANDARD	3,933	3,678	2,760	3,044	3,217	3,983	4,191	4,427	4,628	4,838	5,085	7,627	11,441
OUTPATIENT	EXECUTIVE	6,039	5,647	4,776	5,722	6,085	6,389	7,970	8,352	8,787	9,172	9,579	14,369	21,553
OUT	PREMIER	7,430	6,948	6,309	7,560	8,020	8,482	10,551	11,036	11,597	12,132	12,673	19,010	28,515

OPTIONAL BENEFITS				
Dental Benefit 1	2,100			
Dental Benefit 2	3,780			

DISCOUNT	
3 – 4 Insured Persons	05%
5 – 10 Insured Persons	10%
11 – 20 Insured Persons	15%
21 Insured Persons and above	20%

NOTE

- Smoker has 15% loading.
- These medical plans are available for residents of Vietnam only. Residents in other countries will be subject to individual consideration.

Please contact us for a free consultation!

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