

# INTERCARE

## TABLE OF BENEFITS



### SCHEDULE OF BENEFITS (in VND)

Treatment Area

**Area 1: Vietnam**

**Area 2: Southeast Asia**

**Area 3: Asia**

**Area 4: Worldwide except USA and Canada**

**Area 5: Worldwide**

Note: The Insurer neither accepts to cover nor pay insurance benefits for all risks occurring on the territory of the embargoed and sanctioned countries including: Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Syria, Belarus, Nicaragua, North Korea, Lebanon, Liberia, Libya, Somalia, Sudan, South Sudan, Venezuela, Crime and Zimbabwe

INPATIENT BENEFITS	Select	Essential	Classic	Gold	Diamond
Area of coverage	Area 1	Area 2	Area 3	Area 4	Area 5
Maximum Aggregate Limit/Sum Insured for the whole insurance period subject to corresponding sub-limits below:	1.050.000.000	2.100.000.000	4.200.000.000	5.250.000.000	10.500.000.000

1. Room and Board/day	4.200.000	6.300.000	10.500.000	16.800.000	21.000.000
2. Intensive care unit (max 30 days/ disease)	Full cover	Full cover	Full cover	Full cover	Full cover
3. Companion Accommodation /person/day (max 10 days/year)	1.260.000	1.890.000	3.150.000	5.040.000	6.300.000
4. Hospital Miscellaneous Expenses (charges incurred for medical supplies and services during an in-patient and/or day-patient treatment) MRI, PET, CT scans, X-rays, pathology, diagnostic tests	Full cover	Full cover	Full cover	Full cover	Full cover
5. Pre-hospitalization examination within 30 days prior to the hospital admission	21.000.000 /year	42.000.000 / year	63.000.000 / year	84.000.000 / year	105.000.000 / year
6. Post hospitalization treatments immediately following hospital discharge but not exceeding 90 days from the hospital discharge	21.000.000 / year	42.000.000 / year	63.000.000 / year	84.000.000 / year	105.000.000 / year
7. Home nursing (as prescribed by Doctor) Maximum limit per year	21.000.000 / year	42.000.000 / year	63.000.000 / year	84.000.000 / year	105.000.000 / year
8. <b>Surgical Operation</b> includes - Drugs, and materials, -Necessary surgical appliances prescribed by Physician (not excluded by the Policy) - Operating theatre, surgeon, Anesthetizing fees -Fees for consultation before surgery and post-operation recovery - Redone operation (Extended day-patient surgery)	Full cover	Full cover	Full cover	Full cover	Full cover

9. Organ Transplantation of Heart, Lung, Liver, Pancreas, Kidney or Bone Marrow. Limit per lifetime (*) for each organ	630.000.000	840.000.000	1.260.000.000	1.680.000.000	2.100.000.000
10. In-hospital Specialist Consultation (max. one visit /day and 90 days/year)	4.200.000 /day	Full cover	Full cover	Full cover	Full cover
11. Emergency Accidental Pregnancy treatment immediately after an accident per policy (exl embryo trophic)	Full cover	Full cover	Full cover	Full cover	Full cover
12. Emergency Accidental Dental Inpatient Treatment (treatment received within 24 hours at the emergency room of a hospital immediately following an accident) per insurance period	21.000.000	Full cover	Full cover	Full cover	Full cover
13. Expenses for transportation in emergency case	21.000.000 /year	42.000.000 / year	63.000.000 /year	84.000.000 /year	105.000.000 /year
14. Emergency Medical Evacuation & Repatriation (including by air)	Full cover	Full cover	Full cover	Full cover	Full cover
15. Emergency Ward Treatment	Full cover	Full cover	Full cover	Full cover	Full cover
16. Acute mental disorder (in-patient only)	N/A	21.000.000 / year 105.000.000 /lifetime (*)	63.000.000 /year 210.000.000 / lifetime (*)	63.000.000 /year 210.000.000 / lifetime (*)	78.750.000 /year 262.500.000 / lifetime (*)
17. Family visit in a foreign country	N/A	N/A	N/A	01 return plane ticket	01 return plane ticket
18. Daily Allowance per night in public hospitals (Up to 20 nights/year)	210.000	420.000	630.000	840.000	1.050.000

19. AIDS/HIV

Cover for treatment occurring during the Insured Period, including the subsequent renewal year(s), provided that it manifests itself after the policy has been continuously in effect for a period of five (5) years since the Entry date.

	105.000.000/ lifetime(*)	210.000.000/ lifetime (*)	420.000.000/ lifetime (*)	525.000.000/ lifetime (*)	1.050.000.000/ lifetime (*)
<b>OUTPATIENT BENEFITS</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Area of coverage</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
<b>Maximum Aggregate Limit/Sum Insured for the whole insurance period</b> subject to corresponding sub-limits below:	<b>31.500.000</b>	<b>63.000.000</b>	<b>84.000.000</b>	<b>105.000.000</b>	<b>168.000.000</b>
<ul style="list-style-type: none"> <li>• General Practitioners and Specialist fees</li> <li>• Prescribed medicines</li> <li>• Laboratory test, diagnostic and treatment prescribed by a physician</li> <li>• Outpatient surgery</li> <li>• Endoscopy/treatment procedures (in-patient/day-patient/out-patient) for diagnosis purpose (not for treatment)</li> </ul>	3.200.000 /visit	5.000.000 /visit	6.700.000 /visit	7.300.000 /visit	11.800.000 /visit
<ul style="list-style-type: none"> <li>• Physiotherapy, radiotherapy, heat therapy, phototherapy by a physician. Maximum 60 days/year</li> </ul>	200.000 /day	250.000 /day	300.000 /day	400.000 /day	500.000 /day
<ul style="list-style-type: none"> <li>• Health check-up/ Vaccination per year</li> </ul>	N/A	N/A	N/A	2.000.000	3.000.000

DENTAL TREATMENT	Select	Essential	Classic	Gold	Diamond
<b>Area of coverage</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
<b>Maximum Aggregate Limit/Sum Insured for the whole insurance period</b> subject to corresponding sub-limits below:	<b>21.000.000</b>	<b>21.000.000</b>	<b>31.500.000</b>	<b>31.500.000</b>	<b>31.500.000</b>
<b>1. Routine Dental Care</b> <ul style="list-style-type: none"> <li>• Check-up and diagnosis</li> <li>• Tooth cleaning</li> </ul>	Routine dental care (including tooth cleaning): 1.000.000/year	Routine dental care (including tooth cleaning): 1.000.000/year	Routine dental care (including tooth cleaning): 2.000.000/year	Routine dental care (including tooth cleaning): 2.000.000/year	Routine dental care (including tooth cleaning): 2.000.000/year
<b>2. Dental Treatment</b> <ul style="list-style-type: none"> <li>• Normal filling (amalgam or composite)</li> <li>• Removal of decayed teeth</li> <li>• Removal of impacted, buried or unerupted teeth</li> <li>• Removal of roots</li> <li>• Removal of solid odontomes</li> <li>• Apicoectomy</li> <li>• Root canal treatment</li> <li>• Gingivitis, pyorrhea.</li> </ul>	<b>Up to Maximum limit</b>	<b>Up to Maximum limit</b>	<b>Up to Maximum limit</b>	<b>Up to Maximum limit</b>	<b>Up to Maximum limit</b>
<b>3. Special treatments, Dentures</b> New or repair of bridge work, porcelain crowns, dentures	Co-insurance 50%	Co-insurance 50%	Co-insurance 50%	Co-insurance 50%	Co-insurance 50%

Waiting period: First 30 days from the Effective date

<b>MATERNITY CARE</b> (Applicable only to the Insured Person who is female from 18 to 45 years old)	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Maximum Aggregate Limit/Sum Insured for the whole insurance period</b>	<b>21.000.000</b>	<b>31.500.000</b>	<b>63.000.000</b>	<b>84.000.000</b>	<b>105.000.000</b>
<b>Area of coverage</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>

**Benefit:**

**a) Complications of pregnancy and childbirth**

The Insurer shall pay for medical expenses arising from complications during the period of pregnancy and childbirth which need obstetric procedures or the mother's immediate pre-natal expenses within 30 days before childbirth. Coverage is provided for caesarean sections required on medical grounds. Complications of pregnancy is the abnormal condition of the fetus, complications due to pathological causes arising during the pregnancy of the insured (but not related to the treatment of infertility, premature birth, delivery) which must be treated as indicated by the doctor. Pregnancy complications include the followings:

- Miscarriage or when the fetus has died and remains with the placenta in the womb;
- Stillbirth abnormal cell growth in the womb;
- Ectopic pregnancy
- Post-partum haemorrhage;
- Retained placental membrane;
- Therapeutic abortion including abortion cases due to hereditary diseases/congenital malformation of the fetus or to save the mother's life;
- Preterm labor from week 22 to week 35 of pregnancy

**b) Normal Delivery/ Childbirth**

The Insurer will pay for medical costs arising from normal delivery/ childbirth, including but not limited to the hospital charges, specialist fee, or one examination of pre-natal care within 30 days before childbirth.

**Waiting period:**

- First 90 days from the Effective Date in case of Complications
- First 635 days from the Effective Date in case of Childbirth

<b>PERSONAL ACCIDENT</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Maximum Aggregate Limit/Sum Insured for the whole insurance period</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>
<b>Area of coverage</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>

**Benefit:**

This benefit is cover for Death, total/partial permanent disablement due to accident occurring within 104 weeks from the date of accident provided that the causes of death or disablement must incur within the insurance period and are not excluded by the Policy:

- + In case of death, total permanent disablement: The Insurer shall pay 100% of Sum Insured
- + In case of partial permanent disablement: The Insurer shall pay reimbursement in accordance with Appendix II – Table of disability percentage
- + In case an accident resulting in partial permanent disablement which has been paid by the Insurer, and within 104 weeks from the date of the accident, the insured person is death or totally permanently disabled as a result of such accident, the Insurer will pay the difference amount between the sum insured stated in the insurance policy and the amount paid earlier;
- + The total amount of reimbursement for an insured shall not exceed 100% of the Sum insured.

<b>TERM LIFE</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Maximum Aggregate Limit/ Sum Insured for the whole insurance period</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>	<b>Up to 1.000.000.000</b>
<b>Area of coverage</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>

**Benefit:**

- Cover for Death, Total Permanent Disablement due to any cause other than accidents and not excluded by the Policy: The Insurer shall pay 100% of Sum Insured

**Waiting period**

- Normal illness: 90 days from the Effective Date
- Maternity/Childbirth/Special diseases/Pre-existing diseases/diseases as defined in the Wording: 365 days from the Effective Date

<b>OVERSEAS STUDENT PROTECTION</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Area of coverage</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
<b>Study Interruptions</b>	<b>N/A</b>	50.000.000	70.000.000	100.000.000	150.000.000
<b>Sponsor protection</b>					
<b>Terrorism insurance</b>					

**Important Note**

**1. Below sub limits are applicable for Core Plans, Optional Plans and Term Life (if any):**

<b>Item</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
Limit per lifetime for special disease (1), critical illness (2)/disease	210.000.000	420.000.000	840.000.000	1.050.000.000	2.100.000.000

*(1) Special diseases: applied according to the list defined in the term "special diseases" in Section 1 - Definitions attached to the Insurance Wording*

*(2) Critical illness: Aplastic Anemia/Coagulopathy, Stroke, Brain surgery due to brain diseases, Coma, Apallic Syndrome, Systemic Lupus Erythematosus with Lupus Nephritis, Encephalitis/Meningitis, Poliomyelitis, Brain injury classified with Glasgow Coma Scale (GCS) less than 8, Burns classified as third degree and above due to accident, End stage liver failure, Fulminant Hepatitis, End stage lung disease, Multiple organ failure*

**2. Limit per lifetime (\*):** shall refer to the maximum amount payable to the Insured during the insured's lifetime from first joining date with the Insurer to the date of death of the insured (regardless whether the Insured renews continuously with the Insurer)



## PREMIUM RATES (UNIT: VND)

AGE GROUP		0-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-64	65-69	70-75*
<b>INPATIENT</b>	<b>Select</b>	6.200.000	6.000.000	6.400.000	7.100.000	9.300.000	11.200.000	11.700.000	17.300.000	19.600.000	24.300.000	28.600.000	34.500.000
	<b>Essential</b>	7.200.000	6.800.000	8.300.000	8.700.000	10.000.000	11.500.000	13.700.000	19.400.000	22.000.000	27.100.000	39.200.000	47.700.000
	<b>Classic</b>	8.500.000	8.700.000	10.300.000	11.400.000	13.300.000	15.700.000	17.600.000	20.500.000	23.300.000	27.300.000	44.700.000	54.100.000
	<b>Gold</b>	11.300.000	11.600.000	13.700.000	15.200.000	17.700.000	20.900.000	23.500.000	25.700.000	29.200.000	34.200.000	55.900.000	67.600.000
	<b>Diamond</b>	15.300.000	22.200.000	24.800.000	26.100.000	27.400.000	30.000.000	32.600.000	39.500.000	44.800.000	56.600.000	77.300.000	100.500.000
<b>OUTPATIENT</b>	<b>Select</b>	5.800.000	5.300.000	5.300.000	5.300.000	5.600.000	5.900.000	6.200.000	6.400.000	7.400.000	8.400.000	12.500.000	16.200.000
	<b>Essential</b>	6.600.000	6.100.000	6.100.000	6.200.000	6.500.000	6.800.000	7.200.000	7.700.000	8.900.000	10.300.000	14.000.000	18.200.000
	<b>Classic</b>	7.900.000	7.000.000	7.100.000	7.300.000	7.700.000	8.000.000	8.300.000	9.200.000	10.600.000	12.100.000	19.600.000	25.400.000
	<b>Gold</b>	9.000.000	8.300.000	8.300.000	8.500.000	8.900.000	9.300.000	9.700.000	10.500.000	12.200.000	13.800.000	24.000.000	29.300.000
	<b>Diamond</b>	12.100.000	11.900.000	11.900.000	12.200.000	12.700.000	13.300.000	13.900.000	15.000.000	17.400.000	19.700.000	34.400.000	44.800.000

\* Renewal only

## PREMIUM RATES ( IN VND)

<b>Plan</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Maternity Care</b>	4.800.000	5.500.000	7.900.000	11.000.000	12.100.000
<b>Dental Care</b>	6.600.000	7.000.000	8.300.000	8.800.000	9.300.000
<b>Overseas Student Protection</b>	N/A	350.000	490.000	700.000	1.050.000
<b>Term Life</b>	0.2% x level of responsibility clients request to join	0.21% x level of responsibility clients request to join	0.22% x level of responsibility clients request to join	0.24% x level of responsibility clients request to join	0.27% x level of responsibility clients request to join
<b>Personal Accident</b>	0.1% x level of responsibility clients request to join	0.11% x level of responsibility clients request to join	0.115% x level of responsibility clients request to join	0.12% x level of responsibility clients request to join	0.125% x level of responsibility clients request to join

**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](http://www.yourinsurance24h.com)

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