

# MY HEALTH

## TABLE OF BENEFITS



**YOUR  
INSURANCE24H**  
*We save your time*

SCHEDULE OF BENEFITS (in VND)	Essential	Extensive	Elite
<b>Treatment Area</b>	<b>Area 1: Worldwide</b> <b>Area 2: Worldwide excluding USA</b> <b>Area 3: Asian excluding Singapore</b>		
<b>Out of Area Cover</b> Applicable only for services rendered due Sudden illness or injury occurring within the first 30 days of any trip outside the area of cover	\$50,000		
<b>The overall limit per person</b>	\$100,000 or \$500,000	\$1,000,000	\$2,000,000
<b>INPATIENT BENEFITS</b> Pre-authorisation is required for the following services:	Essential	Extensive	Elite
Hospital room and board	Standard private room Fully Covered		
Intensive Care Unit	Fully Covered		

Parental accommodation	Fully Covered		
Theatre fees	Fully Covered		
Blood, dressings, medicines and drugs	Fully Covered		
Surgical implants	Fully Covered		
Diagnostic scans and tests	Fully Covered		
Rental of mobility aids	Fully Covered		
Professional fees	Fully Covered		
Hospital treatment of mental and nervous conditions	Fully Covered Up to 10 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days
<b>PRE-HOSPITALISATION BENEFITS</b>			
Pre-hospitalisation benefits before admission for a covered confinement	\$500 Up to 30 days before a covered confinement	\$1,000 Up to 60 days before a covered confinement	Fully Covered Up to 60 days before a covered confinement
<b>POST-HOSPITALISATION BENEFITS</b>			
Post-hospitalisation benefits after discharge from a covered confinement	\$500 Up to 30 days after a covered confinement	\$1,000 Up to 60 days after a covered confinement	Fully Covered Up to 90 days after a covered confinement

## ORGAN TRANSPLANTATION

	\$50,000	\$150,000	\$250,000
Organ transplantation (including donor costs)	Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits sections apply		

## PRIVATE NURSING, HOME NURSING

Private nursing in hospital when certified necessary by attending physician	Fully Covered		
Home nursing prescribed by attending physician	No Cover		\$135 per day Up to 30 days

## HOSPITAL AND SURGERY PLANS

<b>HOSPITAL CASH BENEFITS</b>	ESSENTIAL	EXTENSIVE	ELITE
Where you are hospitalised for a covered confinement at no cost to us	No Cover	\$100 per night	\$200 per night
Hospital cash benefit is not available if you claim for services rendered during the hospitalization		Up to a maximum of 30 nights	Up to a maximum of 30 nights
(Subject to deductible)			

## REHABILITATION TREATMENT

Rehabilitation treatment received while an inpatient at a rehabilitation center. Admission to the rehabilitation center must take place within 2 weeks after discharge from hospital for a covered confinement	Up to 30 days	Up to 30 days	Up to 90 days
Pre-authorisation is required for this benefit			

## EXTERNAL PROSTHESIS

External prosthesis and any services associated with selection, fitting or repair

\$500

\$1,000

\$2,000

## SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE

Pre-authorisation is required for this benefit

Professional fees including one post-surgical follow up

Also covers the following on the day of, and directly related to, the surgery or endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants

This benefit does not cover the following unless Outpatient Benefits are purchased: laryngoscopy, nasopharyngoscopy, otoscopy, any surgery on the skin and subcutaneous tissue for illness other than surgery following a confirmed diagnosis of cancer

Fully Covered

## CANCER TREATMENT

The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer

Hospital treatment of cancer

Hospital Benefits section applies

Specialist consultations; diagnostic scans and tests; medicines and drugs; chemotherapy and radiotherapy related to active cancer treatment

Fully Covered

## KIDNEY DIALYSIS

Kidney dialysis received while admitted to hospital or out of hospital

\$5,000

\$50,000

Fully Covered

## HIV/AIDS

All-inclusive lifetime limit for services rendered in connection with HIV/AIDS including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS

\$10,000 lifetime benefit

Please refer to waiting period in terms and conditions

## EMERGENCY ROOM TREATMENT

Emergency Room Treatment

Fully Covered

## EMERGENCY DENTAL TREATMENT

Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident

Fully Covered

## LOCAL TRANSPORT BY AMBULANCE

Transport by ambulance to and from hospital prescribed by an attending physician

Fully Covered

Hospice or palliative treatment

No Cover

\$25,000 lifetime benefit

\$50,000 lifetime benefit

Complications of pregnancy

\$50,000 lifetime benefit

Fully Covered

Congenital conditions lifetime per person

No Cover

\$50,000 lifetime benefit

\$100,000 lifetime benefit

Neonatal disabilities lifetime per person (applicable only to children added under Section 9.1)

No Cover

\$50,000 lifetime benefit

\$100,000 lifetime benefit

## OUTPATIENT BENEFITS

The following Outpatient modules are optional and can be combined with any *Hospital* and *Surgery* Module

**Essential**

**Extensive**

**Elite**

Annual cumulative limit for all benefits shown in the Outpatient Benefits section

\$5,000

Up to overall limit

## OUTPATIENT CO-INSURANCE

Co-insurance applies to all services under the outpatient module if rendered at a non-panel network provider

Co-insurance does not apply to medical checkup and vaccinations

Choice of Nil or 20%  
Co-insurance percentage waived at panel network providers  
Panel network currently has facilities in Hong Kong and Vietnam only.  
Cashless access is not available if you select the 20% Co-insurance option

## GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES

General Practitioner consultation fees

Fully Covered

Specialist consultation fees

Fully Covered

Physiotherapy

A referral for physiotherapy must be submitted at the same time as your claim. Treatment is limited to 10 sessions per referral after which a new referral and medical report from your attending physician must be submitted

Fully Covered

## OUTPATIENT PSYCHIATRIC

Physician consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for mental and nervous conditions

No Cover

\$3,500 lifetime benefit

\$5,000 lifetime benefit

**MEDICINES AND DRUGS**

Medicines and drugs

Fully Covered

**DIAGNOSTIC SCANS AND TESTS**

Diagnostic scans and tests

Fully Covered

**MEDICAL APPLIANCES AND MOBILITY AIDS**

Purchase or rental of mobility aids  
Slings and bandages  
Purchase or rental of medical appliances

\$500  
Up to two mobility  
aids  
per disability

\$2,000  
Up to two mobility  
aids  
per disability

\$3,500  
Up to two mobility aids  
per disability

**COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE**

Combined limit for all benefits listed in the Complementary Medicine and Traditional Chinese Medicine section

\$500

\$1,000

\$2,000

Physiotherapy

\$50 per visit  
3 visits  
Up to the combined  
limit

\$75 per visit  
3 visits  
Up to the combined  
limit

\$100 per visit  
3 visits  
Up to the combined  
limit

No referral required

Consultation fees for the following complementary medicine practitioners, upon referral:

Chiropractor, dietician, homeopath, osteopath, podiatrist, speech therapist

Fully Covered  
Up to the combined limit

A referral from your attending physician must be submitted at the same time as your claim

Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment:

Acupuncturist, bone setter, Chinese medicine practitioner

No referral required

\$50 per visit  
One consultation per day  
Up to the combined limit

\$75 per visit  
One consultation per day  
Up to the combined limit

\$100 per visit  
One consultation per day  
Up to the combined limit

### FOLLOW UP CANCER CARE

These services shall be covered following the completion of active cancer treatment:

Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations

Fully Covered

### MEDICAL CHECKUP AND VACCINATIONS

Medical checkup

No referral required

Vaccinations

No referral required

No Cover

\$400

\$600

No Cover

\$100

\$100

### DENTAL AND OPTICAL BENEFIT

Available to anyone who has selected a *Hospital* and *Surgery* module

**Essential**

**Extensive**

**Elite**

Minor dental treatment

Major dental treatment, including orthodontic

Waiting period applies

Eye tests, prescription lenses and contact lenses

\$700

No Cover

\$1,500

No Cover

\$500



## MATERNITY MODULE

Available to women between 19 to 45 years of age who have selected an Extensive or Elite *Hospital and Surgery* on a nil deductible basis, plus an optional Outpatient module

The following pre-natal and post-natal services up to 45 days following birth: Physician consultation fees, diagnostic scans and tests, medicines and drugs, midwifery and doula services, vitamins and supplements, complementary therapies (without referral)

Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care

Complications of pregnancy following assisted conception

Therapeutic abortions

Please refer to waiting period in terms and conditions

**Essential**

**Extensive**

**Elite**

\$5,000 per pregnancy

\$8,000 per pregnancy

\$15,000 per pregnancy

## REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED

In the event of an emergency, the Member may call-collect our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services. All limits and monetary amounts are stated in US\$ and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

### IN THE EVENT OF ACCIDENT OR SUDDEN SEVERE ILLNESS OF THE MEMBER

(To a combined limit of US\$1,000,000):

Emergency medical evacuation and medically required repatriation

Included in every plan

Return of the member to the country of residence after recovery

Fully Covered

Compassionate visit (if the member is unaccompanied and hospitalization is reasonably expected to be more than 7 days)

Return economy class airline ticket

Economy round trip transportation & hotel accommodation  
Up to \$150 per night for a maximum of 7 nights

Supply and delivery of medication not available locally	Fully Covered
Return of member's family members	One-way economy class airline ticket
Return of dependants	One-way economy class airline ticket
Round the clock telephone access	Trained multilingual personnel including a medical team will be on-hand to assist

**IN THE EVENT OF THE DEATH OF THE MEMBER  
(To a combined limit of US\$30,000):**

Repatriation of mortal remains	Fully Covered
Cost of a transport coffin for repatriation of the body by air	Up to \$5,000
Presence of a person to accompany the deceased	Economy round trip transportation & hotel accommodation Up to US\$150 per night for a maximum of 7 nights
Return of member's family members	One-way economy class airline ticket

**IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD:**

Cash advance outside your home country or country of residence	Up to \$2,500
Sending urgent messages	Included

**IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD:**

Advance of legal expenses occurred while abroad	Up to \$2,500 per event
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Advance of cost of bail while abroad	Up to \$25,000 per event
Assistance with translation of legal or administrative documents	Up to \$500 per event
Referral to local legal advisors	Included

**IN THE EVENT OF THE DEATH OR CRITICAL ILLNESS OF A FAMILY MEMBER:**

Compassionate Home Travel	Return economy class airline ticket up to US\$1,000
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**OTHER TRAVEL ASSISTANCE SERVICES**

Our Assistance will provide the following travel-related information:	<p>Visa and inoculation requirements for foreign countries</p> <p>Lost luggage and passport assistance while the member is traveling outside his/her Home Country or Usual Country of Residence</p>
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**MEDICAL ASSISTANCE**

Medical Referral Service	Access to a global network of appointed and credentialed doctors, specialists and hospitals
Hospital Admission including Admission Deposits	In the event of an emergency admission, we will make arrangements to issue a hospital letter of guarantee
Tele-medicine Consultation and Evaluation of the Member's Condition	Our Assistance's duty doctors will provide help over the phone
Medical Monitoring	Our Assistance will monitor a Member's condition if hospitalized abroad

## PREMIUM RATES (UNIT: USD)

### AREA OF COVER : ASIA EXCLUDING SINGAPORE

AGE GROUP		0-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75
INPATIENT	Essential 100K	555	627	725	816	930	1,127	1,249	1,638	1,995	2,068	3,247	4,046
	Essential 500K	693	784	905	1,019	1,162	1,409	1,561	2,048	2,494	2,585	4,058	5,057
	Extensive	751	848	981	1,103	1,259	1,526	1,695	2,217	2,704	2,813	4,398	5,479
	Elite	900	1,015	1,173	1,320	1,507	1,827	2,030	2,591	3,239	3,368	5,266	6,562
OUTPATIENT	Essential	469	573	706	822	940	1,101	1,171	1,541	1,900	2,505	3,252	3,805
	Extensive	544	658	815	943	1,084	1,271	1,364	1,779	2,201	2,898	3,751	4,398
	Elite	742	903	1,115	1,297	1,485	1,741	1,857	2,407	3,009	3,962	5,140	6,019
MATERNITY	Essential	-	1,197	1,887	1,887	1,331	1,331	-	-	-	-	-	-
	Extensive	-	1,994	3,146	3,146	2,220	2,220	-	-	-	-	-	-
	Elite	-	2,791	4,403	4,403	3,109	3,109	-	-	-	-	-	-
DENTAL	Essential	190	247	247	247	247	247	247	247	247	247	294	294
	Extensive	238	321	321	321	321	321	321	321	321	321	380	380
	Elite	352	436	436	436	436	436	436	436	436	436	495	495

## PREMIUM RATES (UNIT: USD)

### AREA OF COVER : WORLDWIDE EXCLUDING USA

AGE GROUP		0-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75
INPATIENT	Essential 100K	693	784	905	1,019	1,162	1,409	1,561	2,048	2,494	2,585	4,058	5,057
	Essential 500K	867	981	1,132	1,273	1,452	1,761	1,952	2,560	3,118	3,232	5,074	6,322
	Extensive	939	1,060	1,225	1,378	1,573	1,908	2,119	2,772	3,380	3,515	5,498	6,848
	Elite	1,125	1,269	1,467	1,650	1,884	2,284	2,537	3,240	4,049	4,210	6,583	8,202
OUTPATIENT	Essential	585	716	883	1,027	1,175	1,376	1,465	1,927	2,375	3,131	4,064	4,758
	Extensive	680	823	1,018	1,179	1,354	1,589	1,704	2,223	2,751	3,624	4,690	5,498
	Elite	927	1,130	1,396	1,621	1,857	2,175	2,322	3,009	3,762	4,953	6,424	7,523
MATERNITY	Essential	-	1,408	2,220	2,220	1,567	1,567	-	-	-	-	-	-
	Extensive	-	2,346	3,700	3,700	2,612	2,612	-	-	-	-	-	-
	Elite	-	3,285	5,180	5,180	3,658	3,658	-	-	-	-	-	-
DENTAL	Essential	237	309	309	309	309	309	309	309	309	309	367	367
	Extensive	297	402	402	402	402	402	402	402	402	402	476	476
	Elite	440	545	545	545	545	545	545	545	545	545	620	620

## PREMIUM RATES (UNIT: USD)

### AREA OF COVER : WORLDWIDE

AGE GROUP		0-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75
INPATIENT	Essential 100K	1,040	1,175	1,359	1,529	1,743	2,114	2,342	3,071	3,741	3,879	6,088	7,586
	Essential 500K	1,301	1,471	1,697	1,910	2,177	2,641	2,928	3,839	4,677	4,847	7,611	9,484
	Extensive	1,409	1,590	1,838	2,067	2,360	2,861	3,180	4,157	5,072	5,273	8,247	10,274
	Elite	1,688	1,903	2,200	2,476	2,826	3,426	3,806	4,861	6,074	6,315	9,875	12,303
OUTPATIENT	Essential	879	1,073	1,324	1,540	1,764	2,064	2,197	2,890	3,564	4,696	6,098	7,136
	Extensive	1,020	1,235	1,527	1,771	2,032	2,384	2,556	3,334	4,128	5,435	7,035	8,247
	Elite	1,389	1,694	2,093	2,432	2,786	3,264	3,482	4,513	5,641	7,430	9,637	11,286
MATERNITY	Essential	-	1,548	2,441	2,441	1,723	1,723	-	-	-	-	-	-
	Extensive	-	2,580	4,070	4,070	2,874	2,874	-	-	-	-	-	-
	Elite	-	3,613	5,697	5,697	4,023	4,023	-	-	-	-	-	-
DENTAL	Essential	261	339	339	339	339	339	339	339	339	339	404	404
	Extensive	325	441	441	441	441	441	441	441	441	441	523	523
	Elite	484	599	599	599	599	599	599	599	599	599	682	682

**Please contact us for a free consultation!**

## **YOUR INSURANCE24H - HUYEN GIA SERVICES CO LTD**

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