

# HEALTH FIRST



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

## TABLE OF BENEFITS

### SCHEDULE OF BENEFITS (in VND)

	HF1	HF2	HF3
<b>Coverage Area</b>	<b>WORLDWIDE</b>		
<b>Maximum Benefit per Policy Year</b>	150,000,000	250,000,000	450,000,000

### INPATIENT BENEFITS – Covers normal, usual and customary charges for:

<b>Inpatient Treatment Room Cost:</b> maximum 60 days/policy year	800,000/day	1,200,000/day	1,800,000/day
<b>ICU:</b> maximum 15 days/policy year	1,600,000/day	2,400,000/day	3,600,000/day
<b>Inpatient Surgery Fee:</b> Fees for surgeon, operating room, anesthesiologist, pre-surgical assessment and normal post-surgical care	15,000,000/hospitalization	25,000,000/hospitalization	45,000,000/hospitalization
<b>Miscellaneous Inpatient Charges:</b> Fees for required diagnostic, laboratory tests, imaging, prescribed medicines, doctor fees, blood, plasma, wheel chair rental for using in hospital, medical supplies, surgical appliances and devices, medical device to be placed inside the body.	9,000,000/hospitalization	15,000,000/hospitalization	30,000,000/hospitalization

**Outpatient Endoscopic Surgery:** Fees for surgeon, operating room, anesthetist, lab tests, imaging, medical supplies, surgical appliances and devices, prescribed medicines, and other related

**Pre-Hospitalization Treatment** (within 30 days before admission)

**Post-Hospitalization Treatment** (within 30 days after discharge)

**Home Nursing:** Maximum 20 days/policy year

**Ambulance Service**

**Oncology Treatment**

Fees for radiotherapy and chemotherapy received as inpatient or outpatient treatment.

**Organ Transplant**

Fees for kidney, heart, lung, liver and bone marrow transplants for the recipient Insured Person (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person). The Company does not pay for the cost of acquiring an organ.

This benefit is a lump sum maximum per organ per lifetime and no other policy benefits are payable in respect of Organ Transplant

**Maternity Benefit**

Expenses for maternity check-up, delivery, New born baby care (within 7 days of delivery), treatment of maternity complications

**Accidental Outpatient Treatment in Emergency Ward:**

Services in emergency ward of hospital /clinic for covered accident which has been treated within 24 hours of the accident

**Treatment of Accidental Damage to Teeth:** Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth. Teeth replacement is excluded

15,000,000/surgery	25,000,000/surgery	45,000,000/surgery
3,000,000/policy year	5,000,000/policy year	10,000,000/policy year
3,000,000/policy year	5,000,000/policy year	10,000,000/policy year
80,000/day	120,000/day	180,000/day
2,000,000/policy year	4,000,000/policy year	5,000,000/policy year
150,000,000/policy year	250,000,000/policy year	450,000,000/policy year
100,000,000/organ	150,000,000/organ	200,000,000/organ
6,000,000/pregnancy	7,000,000/pregnancy	9,000,000/pregnancy
1,200,000/accident	1,500,000/accident	3,000,000/accident
1,200,000/accident	1,500,000/accident	3,000,000/accident

## OUTPATIENT BENEFIT (Optional)

**Outpatient Treatment (non-surgery):** Fees for doctor, required diagnostic laboratory tests, imaging, prescribed medicines, medical supplies, and other related charges.

**Outpatient Surgery Fee:** Fees for surgeon, operating room, anesthetist, lab tests, imaging, medical supplies, surgical appliances and devices, prescribed medicines, and other related charges.

**Fee for Physiotherapy, Chiropractic in Outpatient Treatment:**  
Maximum 30 days/policy year

Maximum 5,000,000/policy year, 800,000/visit	Maximum 7,000,000/policy year, 1,000,000/visit	Maximum 15,000,000/policy year, 2,000,000/visit
7,000,000/policy year	12,000,000/policy year	22,000,000/policy year
50,000/day	70,000/day	100,000/day

## DENTAL BENEFIT (Optional)

**Maximum benefit**

**Covers the costs of:**

- Examination, X-rays
- Treatment of gingivitis, periodontitis
- Root tip resection, Removal of calculus under gums
- Tooth filling
- Root canal treatment
- Extraction (including surgery)
- Tooth cleaning (maximum 1 time/policy year)

5,000,000/policy year	7,000,000/policy year	10,000,000/policy year
Co-payment 80/20 (the Company pays 80%)	Co-payment 80/20 (the Company pays 80%)	Co-payment 80/20 (the Company pays 80%)

## PERSONAL ACCIDENT BENEFIT (Optional): Sum Insured: 100,000,000 - 1,000,000,000 /policy year

*This benefit is only available to Insured Persons aged from fifteen (15) days to (70) seventy years. This benefit will not be renewed if the insured person has reached the age of 71 years upon the renewal date.*

<b>Accidental death</b>	100%
<b>Total and irrecoverable loss of sight in one or both eyes</b>	100%
<b>Total loss of one or more limbs</b>	100%
<b>Total and irremediable loss of use of two or more limbs</b>	100%
<b>Permanent Total Disablement</b>	100%
<b>Total and irremediable loss of use of one limb</b>	50%

**GROUP DISCOUNT** (applicable to Inpatient benefits and Outpatient medical benefit only)

Group 3 - 4 persons	5%
Group 5 - 10 persons	10%
Group 11 - 20 persons	15%
Group over 20 persons	20%

## PREMIUM RATES (UNIT: VND1,000)

AGE GROUP		0-3	4-5	6-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65
INPATIENT BENEFIT	HF1	6,143	2,560	1,892	2,020	2,102	2,131	2,197	2,298	2,496	2,674	3,007	3,338
	HF2	9,063	3,777	2,791	2,891	3,010	3,051	3,145	3,290	3,573	3,945	4,436	4,925
	HF3	15,095	6,291	4,648	4,719	4,913	4,980	5,133	5,370	5,832	6,571	7,388	8,202
OUTPATIENT BENEFIT	HF1	5,483	2,477	1,857	1,785	1,821	1,846	1,903	1,951	2,002	2,186	2,284	2,500
	HF2	8,366	3,778	2,834	2,723	2,778	2,816	2,903	2,976	3,054	3,334	3,485	3,814
	HF3	13,304	6,009	4,507	4,331	4,417	4,478	4,616	4,732	4,856	5,303	5,542	6,066

25% loading is applied to all policies in which children aged 0-3 are insured alone (without their parents)

DENTAL BENEFIT	AGE GROUP	HF1	HF2	HF3
	0-3	907	1,016	1,451
	6-65	1,270	1,422	2,031

PERSONAL ACCIDENT BENEFIT: 0.09% PREMIUM RATES FOR CLASS 1 OCCUPATION

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

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

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