

MASTER CARE



TABLE OF BENEFITS

SCHEDULE OF BENEFITS (in USD)

Treatment Area

Area of coverage 1: Worldwide excluding USA

Area of coverage 2: Worldwide excluding USA, Hong Kong, Mainland China, Brazil, Switzerland

Area of coverage 3: Asia excluding Singapore

Area of coverage 3 includes Indonesia, Malaysia, Philippines, Thailand, Brunei, Vietnam, Laos, Myanmar and Cambodia

The benefits under the plan can be claimed

- in the selected area of coverage as well as the lower areas
- worldwide in case of accident and unexpected illness during temporary trips of less than 90 consecutive days outside your area of coverage

BASE PLAN

Maximum annual limit

Benefits are per insured and per policy year unless stated otherwise

Primary

Vitality

Serenity

Prestige

USD 500.000

USD 500.000

USD 1.000.000

USD 2.500.000

INPATIENT BENEFITS

Direct billing within the medical providers network

Yes

Inpatient treatment charges

Treatments provided when admitted to hospital for one or more nights: specialist, surgeon & anesthetist fees, drugs & dressings, general nursing, intensive care unit, medical appliances and surgical implants, operating theatre, ancillary services (laboratory, radiology, imaging, etc.), purchase or rental of mobility aids, physiotherapy and complementary therapies (if prescribed by a specialist as part of the insured's hospital stay but are not the primary treatment which they are in hospital to receive).

Fully covered

Outpatient Surgery

This covers expenses for procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a Medical Practitioner and does not require an overnight hospital stay

Fully covered

Hospital Accommodation

This covers up to Standard private room with standard patient meals. Extra costs of a superior, deluxe, executive or VIP suite are not covered. The total eligible hospital expenses (excluding Hospital Accommodation) will be subjected to a co-insurance of 20%, should a higher category room be selected.

Fully covered

Parent Hospital Accommodation

This covers the cost of one parent staying in hospital overnight with a child under 18 years of age if the child is eligible to receive medical treatment under the plan.

Up to USD 100 per night
up to 30 days

Daily Cash Benefit

A cash payment is given to the insured if they receive inpatient treatment for an eligible medical condition in hospital and stay in a hospital overnight, at no cost for accommodation and treatment.

Up to USD 200
per day
up to 30 days

Up to USD 200
per day
up to 30 days

Up to USD 400
per day
up to 30 days

Up to USD 400
per day
up to 30 days

Reconstructive Surgery

Reconstructive surgery is covered when it aims to restore natural function/appearance after an accident or cancer surgery, providing the accident or surgery occurred during the period of cover. We do not cover cosmetic treatments to enhance appearance.

Palliative Care

If the insured is given a Terminal Diagnosis, and there is no available treatment which will be effective in aiding recovery, we pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.

Inpatient Psychiatric Treatment

Waiting period 12 months

Inpatient treatment received in a recognized psychiatric unit of a hospital.

All treatment must be administered under the direct control of a registered psychiatrist.

Emergency Dental Work

Emergency treatment provided during hospitalisation as a result of an accidental external traumatic injury to the mouth. Any tooth injury sustained while eating or chewing is not considered external trauma and repair of the tooth is not covered.

Organ transplant

(i) Medical treatment costs incurred for the transplantation of organ, such as bone marrow, cornea, intestines, kidney, pancreas, liver, heart or lungs.

(ii) Direct cost of surgery to remove the organ for transplantation from donor up to USD 20,000.

We do not cover costs associated with the research and acquisition of an organ.

Fully covered			
Up to USD 40,000 Lifetime limit	Up to USD 60,000 Lifetime limit	Up to USD 80,000 Lifetime limit	Up to USD 100,000 Lifetime limit
N/A	Up to 15 days	Up to 30 days	Up to 30 days
Fully covered			
(i) Up to USD 300,000 (ii) Up to USD 20,000	(i) Up to USD 300,000 (ii) Up to USD 20,000	(i) Up to USD 500,000 (ii) Up to USD 20,000	(i) Fully covered (ii) Up to USD 20,000

Kidney dialysis

This covers inpatient and outpatient charges for kidney dialysis, peritoneal or hemodialysis-related procedures. This does not cover travel and accommodation costs incurred with such treatments.

Up to
USD 20.000

Up to
USD 50.000

Up to
USD 100.000

Fully covered

Cancer treatment

This covers inpatient and outpatient treatments, including chemotherapy, radiotherapy, oncology, immunotherapy, consultations, diagnostic tests and drugs. Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations are covered.

Fully covered

HIV/AIDS

Waiting period 12 months

This covers treatments arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC). Diagnosis and treatment are covered on an inpatient or outpatient basis.

N/A

up to
USD 60.000
Lifetime limit

up to
USD 80.000
Lifetime limit

up to
USD 100.000
Lifetime limit

Complications of Pregnancy

Waiting period 12 months

This covers inpatient treatment of an eligible medical condition which arises during antenatal stages of pregnancy or child birth but exclude delivery expenses, conditions include but are not limited to: ectopic pregnancy, medically prescribed abortion, hydatidiform mole, retained placenta, placenta praevia, eclampsia, pre-eclampsia, diabetes during pregnancy, post-partum hemorrhage, miscarriage requiring immediate surgical treatment, any costs for investigations and/or treatments, relating to or arising from complications of maternity, that threaten the life of the insured mother. False labour, morning sickness and similar conditions associated with the management of a difficult pregnancy is deemed as covered under Maternity Coverage where applicable.

Up to
USD 25.000

Up to
USD 50.000

Up to
USD 100.000

Fully covered

Newborn cover

Inpatient expenses incurred by a new born baby during the first 90 days after birth, subject to enrollment within 30 days from birth. Thereafter, expenses are considered under the main benefits of the insured baby’s plan.

A declaration of health is required with respect to all dependants who are born following infertility treatment (assisted conception).

Up to
USD 50.000

Up to
USD 100.000

Up to
USD 150.000

Fully covered

Land Ambulance

This is covered when it is medically necessary to transport the insured from their home to a hospital; when transporting the insured from the scene of an accident or injury to a hospital; or when transporting the insured from one hospital to another.

Fully covered

Pre-hospitalization treatment

This covers Medical Practitioners’ and specialists’ fees, prescribed drugs and dressings, MRI, PET and CT scans, X-rays and other diagnostic tests and procedures prior to a scheduled Hospitalization or Outpatient Surgery related to the same medical condition.

Up to USD 2.000
Treatment
within 30 days
before a covered
admission /
hospitalization
and 30 days
after discharged
from a covered
hospitalization

Up to USD 4.000
Treatment
within 30 days
before a covered
admission/
hospitalization
and 30 days
after discharged
from a covered
hospitalization

Treatment
within 30 days
before a covered
admission/
hospitalization

Treatment
within 30 days
before a covered
admission/
hospitalization

Post-hospitalization treatment

This covers Medical Practitioners’ and specialists’ fees, prescribed drugs and dressings, physiotherapy, speech therapy, occupational therapy, MRI, PET and CT scans, and X-rays after a Hospitalization or Outpatient Surgery related to the same medical condition.

Treatment
within 60 days
after discharged
from a covered
hospitalization

Treatment
within 60 days
after discharged
from a covered
hospitalization

Rehabilitation

This covers rehabilitation treatment you receive as an inpatient, carried out under the control and supervision of a Medical Practitioner in a recognised rehabilitation hospital or unit following your treatment in hospital for a condition which is covered by your plan. This benefit is payable only when the admission is prescribed by your attending Medical Practitioner.

Up to 30 days

Up to 30 days

Up to 60 days

Up to 60 days

Home nursing

This is covered if it is in lieu of an extended hospital stay, it is prescribed by a Medical Practitioner following a hospitalization covered by this policy, and if it starts immediately after you leave the hospital. We will only pay for home nursing if it is provided in your home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing that only provides non-medical care or personal assistance.

Up to 30 days

Up to 30 days

Up to 60 days

Up to 60 days

OUTPATIENT BENEFITS**Primary****Vitality****Serenity****Prestige****ANNUAL LIMIT**

N/A

Up to USD 4,000

Up to USD 6,000

Up to max annual limit

Direct billing within the medical provider network for general practitioner, specialist, radiology, laboratory tests, prescribed drugs.

N/A

No

No

Yes

General Practitioner Fees

This covers consultation by the Medical Practitioner and other services rendered during the visit

N/A

Up to USD 60 per visit

Up to USD 90 per visit

Fully covered

Specialist Fees

This covers consultation by the Medical Practitioner and other services rendered during the visit

N/A

Up to USD 90 per visit

Up to USD 150 per visit

Fully covered

Prescribed medicines and Mandatory vaccines

N/A

Fully covered

Fully covered

Fully covered

Prescribed Diagnostic Radiology and Laboratory Tests

This covers blood and urine tests, X-rays, ultrasound scans, electrocardiograms (ECG), MRI and CAT (CT) scans and PET scans, where they are medically necessary and prescribed by a Medical Practitioner.

N/A

Fully covered

Fully covered

Fully covered

Prescribed Physiotherapy, Speech Therapy, Occupational Therapy

Referral letter from a Medical Practitioner is required. This covers outpatient physiotherapy and occupational therapy that are deemed medically necessary and restorative to help you to carry out the normal activities of daily living. We also pay for speech therapy if it is medically necessary to restore impaired speech function and prescribed immediately following a treatment that is covered under this policy. We do not cover speech therapy that is educational in nature, or help to improve speech skills that are not fully developed

Psychiatric Consultation with A Registered Psychiatrist

Waiting period 10 months

Psychologist Consultation with A Registered Psychologist

Waiting period 10 months

Referral letter from a Medical Practitioner is required

Hormone replacement therapy

This covers hormone replacement therapy when prescribed by a Medical Practitioner following a diagnosis of premature ovarian failure or as a consequence of a hysterectomy.

This excludes vitamins and supplements. For the purpose of this benefit, premature ovarian failure shall mean where initial onset takes place in a woman under the age of 40.

Prescribed Medical Prostheses, Orthopaedic and Mobility Aids

Waiting period 06 months

These benefits cover the purchase or rental of crutches, braces or wheelchairs; durable medical equipment like glucometers; hearing aids; orthoses and orthopaedic and non orthopaedic prostheses. This does not cover the maintenance of the item; modification or fitting of furniture, or any modification to your personal or work environment.

N/A	Up to USD 60 per session Max 20 sessions	Up to USD 90 per session Max 30 sessions	Up to USD 120 per session
N/A	N/A	Up to USD 150 per visit Max 5 visits	Up to USD 210 per visit Max 10 visits
N/A	N/A	N/A	Up to USD 210 per visit Max 5 visits
N/A	N/A	Up to USD 500	Up to USD 1.000
N/A	Up to USD 750	Up to USD 1.000	Up to USD 2.000

Complementary Therapies and Medicines

This covers a combined maximum number of visits to orthoptists, chiropractors, osteopaths, homeopaths, podiatrists and practitioners of Traditional Chinese Medicine and medication prescribed. The treatment must be carried out by a qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.

Routine Health Check-up

This includes but is not limited to urine analysis, blood samples (diabetes, cholesterol, etc.), hearing tests, biometric assessments (size, weight, BMI measurement), sight tests, electrocardiogram at rest, memory tests, lung capacity measurements, cancer screenings, hemoccul tests and HIV tests.

Non Mandatory Vaccinations

This covers the cost of all immunizations and booster injections that are not mandatory in your Country of Usual Residence and the country you are travelling to.

N/A	Up to USD 60 per session Max 10 sessions	Up to USD 90 per session Max 15 sessions	Up to USD 120 per session Max 20 sessions
N/A	N/A	Up to USD 300	Up to USD 500
N/A	N/A	N/A	

DENTAL TREATMENT

Primary	Vitality	Serenity	Prestige
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Routine Dental Treatment

Waiting period 06 months

This covers dental check-ups, X-rays/bitewing/single view/Orthopantomogram (OPG), Gum shields/mouth guards, Fillings, Root canal treatment, Tooth extraction, Tooth cleaning, Non-surgical periodontal treatment, Anaesthetic.

N/A	N/A	Up to USD 500	Up to USD 800
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Major Restorative Dental treatments

Waiting period 06 months

This covers dentures (acrylic/synthetic, metal and metal/acrylic), crowns, inlays and onlays, dental implants, new or repair bridge work, removal of solid odontomes, apicetomy, orthodontic work for children up to 16 years old, with treatment period limited to 3 consecutive years.

N/A	N/A	Up to USD 800	Up to USD 1.500
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VISION Waiting period 06 months	Primary	Vitality	Serenity	Prestige
Spectacle lenses (excluding sunglasses) Frames (every two years) Contact lenses This covers an eye examination carried out by an optician or optometrist as well as corrective lenses or glasses. A copy of a prescription or corresponding invoice indicating the corrective value for each eye is needed as supporting document for claims purposes.	N/A	N/A	N/A	Up to USD 500
EMERGENCY ASSISTANCE, EVACUATION & REPATRIATION	Primary	Vitality	Serenity	Prestige
Emergency medical evacuation	Unlimited			
Emergency medical repatriation	Unlimited			
Round-trip economy airfare for your spouse or next of kin in the event of hospitalisation	Unlimited for hospitalization lasting 7 consecutive days			
One-way economy airfare to the assignment country after recovery: (i) Return ticket (ii) Accommodation costs	One-way economy airfare to the assignment country after recovery: (i) Return ticket (ii) Accommodation costs			
Repatriation of mortal remains & related expenses	Unlimited per Casket up to USD 4.000			
Compassionate visit - Round-trip economy airfare in the event of the death of a Member	Unlimited			
Dispatch of medicines unavailable locally	Unlimited no. of requests. per Cost of medicines & related charges to be borne by Member			
Legal assistance: (i) Legal fees (ii) Bail (by way of advance only)	(i) up to USD 1.500 (ii) up to USD 10.000			

Transmission of urgent messages to the family

Unlimited

Second medical opinion

Up to 2 requests per member per year. Limit to different medical condition per request

OUT OF AREA EMERGENCY COVER

Out of area emergency cover includes short-term medical coverage when you are visiting a location outside of your selected area of coverage during temporary business or holiday trips.

Coverage is limited to a maximum of 90 consecutive days per trip only if directly caused by an accident, sudden illness or injury.

Emergency inpatient treatment

Covered under inpatient benefits

Emergency outpatient treatment

Covered under outpatient benefits

MATERNITY BENEFITS

Primary

Vitality

Serenity

Prestige

Natural Delivery, Elective Caesarean including Pre and Post-natal care

Waiting period 12 months

This covers inpatient treatment relating to natural or elective caesarean delivery. Home birth and assisted water birth by the attending doctor or doula are also covered. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments.

Pre and post-natal expenses including but not limited to: Routine obstetricians' and midwives fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), non-invasive pre-natal testing (NIPT) for high risk individuals, antenatal classes, Pre-natal vitamins and supplements prescribed by a medical practitioner and any fees as a result of post-natal care required immediately following routine childbirth. Please note that pre- and post-natal care are not subject to Prior Approval.

N/A

N/A

Up to USD 5.000 per pregnancy

Up to USD 8.000 per pregnancy

Emergency caesarean delivery, Non-elective Caesarean including Pre & Post-natal care

Waiting period 12 months

This covers inpatient treatment relating to emergency or non-elective caesarean. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Pre and post-natal expenses including but not limited to: Routine obstetricians' and midwives' fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), noninvasive pre-natal testing (NIPT) for high risk individuals, antenatal classes, Pre-natal vitamins and supplements prescribed by a medical practitioner and any fees as a result of post-natal care required immediately following routine childbirth. Please note that pre- and post-natal care are not subject to Prior Approval.

N/A

N/A

Up to USD 7.500 per pregnancy

Up to USD 12.000 per pregnancy

LIFE INSURANCE

Death or Total Permanent Disability (all causes)

Waiting period 12 months

Choose the lump sum benefit

USD 25.000
USD 50.000
USD 100.000

Accidental Death

Choose the lump sum benefit

USD 25.000
USD 50.000
USD 100.000
USD 250.000

Please contact us for a free consultation!

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