

MEDI CARE



TABLE OF BENEFITS

SCHEDULE OF BENEFITS (in VND)

Treatment Area	Viet Nam			
	Plan M1 Bronze	Plan M2 Silver	Plan M3 Gold	Plan M4 Diamond
INPATIENT BENEFITS				
Hospital Services Overall Annual Limit	120,000,000	250,000,000	500,000,000	1,000,000,000
Including surgeon fee, operation room, surgical appliances, investigations, nursing and hospital charges, etc.	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Room and Board – per day	1,000,000	1,500,000	2,500,000	4,000,000
Intensive Care Unit – per day	2,500,000	4,000,000	6,000,000	15,000,000
Companion Bed – per day	N/A	N/A	N/A	1,000,000
(Accompanying dependent child below 18, max 10 days/year)				
Oncology Treatment				
Treatment given for cancer received as an in-patient or Day-patient at the Hospital	50,000,000	100,000,000	250,000,000	Fully Covered
Max per policy year				

Day Case Treatment

Admitted to a Hospital bed but does not stay overnight
Max per policy year

Fully Covered

Fully Covered

Fully Covered

Fully Covered

Local Ambulance Services

The medically necessary road ambulance transportation services
to and from a local Hospital

Fully Covered

Fully Covered

Fully Covered

Fully Covered

Organ Transplant

In respect of kidney, heart, liver and bone marrow transplants
Max per Sickness or injury

Fully Covered

Fully Covered

Fully Covered

Fully Covered

Pre and Post Hospitalization Treatment

Outpatient expenses incurred within 30 days before admission &
90 days following hospital discharge
Max per hospitalization

6,000,000

8,000,000

10,000,000

20,000,000

Emergency Ward Treatment

Services performed in a Hospital casualty ward or
Emergency room for a period of not more than 24 hours

6,000,000

10,000,000

15,000,000

Fully Covered

Nursing at Home

Max 182 days per policy year

Fully Covered

Fully Covered

Fully Covered

Fully Covered

Emergency Dental Treatment

Immediately following an accident and the teeth repaired must
have been sound and natural
Max per policy year

N/A

N/A

20,000,000

50,000,000

AIDS/HIV

Occurring the Period of Insurance of this Policy, including the
subsequent renewal year(s) and manifesting itself after five years
of continuous coverage under the Policy from the first Effective
Date

N/A

N/A

N/A

10% of Annual
Overall
Limit/lifetime**Emergency Medical Evacuation / Repatriation**

Fully Covered

Fully Covered

Fully Covered

Fully Covered

Repatriation of Mortal Remains	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Medical / Legal information and assistance	24-hour access	24-hour access	24-hour access	24-hour access
OUTPATIENT BENEFITS	Plan M1 Bronze	Plan M2 Silver	Plan M3 Gold	Plan M4 Diamond
Outpatient Annual Overall Limit	10,000,000	15,000,000	20,000,000	30,000,000
General outpatient services	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Specialist outpatient services	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Laboratory and X-ray services (upon referral)	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Prescribed drugs (upon referral)	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Chinese herbalist, bonesetter and acupuncture (limit per visit, max 10 visits per policy year)	150,000/ visit limit	150,000/ visit limit	200,000/ visit limit	300,000/ visit limit
Physiotherapy and chiropractor treatment (upon referral) (Limit per visit, max 15 visits per policy year)	200,000/ visit limit	300,000/ visit limit	400,000/ visit limit	600,000/ visit limit

DENTAL SERVICES

Available when applying together with optional outpatient services and subject to 20% co-payment

Dental Overall Annual Limit	10,000,000
Routine Oral Examination (including scaling & polishing) (Once per year, max per policy year)	2,000,000
Basic Dental Services (Extraction, amalgam fillings, x-rays, periodontal scaling)	Fully Covered
Major Dental Service Removal of impacted, buried or unerupted teeth, root canal treatment, removal of solid odonomes, apicectomy	Fully Covered

MATERNITY CARE

Available when applying together with hospitalization services

Maternity Overall Annual Limit

40,000,000

Pre-natal, postnatal services, cost of delivery including all hospital and professional fees and up to 30 days for new-born baby care (Subject to 12 month waiting period)

Fully Covered

ELIGIBILITY CRITERIA

	Plans M1 & M2 Bronze & Silver	Plans M3 & M4 Gold & Diamond
Insured person	<ul style="list-style-type: none"> • Full-time employees • Dependants of employees, including spouse and children 	<ul style="list-style-type: none"> • Families including wife/husband and children • Full-time employees • Dependants of employees, including spouse and children
Age of inception	<ul style="list-style-type: none"> • New members: from 15 days up to 64 years old • Renewal members: maximum 74 years old 	
Minimum number of Insured Person	20 insured Persons	02 insured Persons

PREMIUM RATES (UNIT: VND 1,000)

AGE GROUP	Basic Benefits				Optional Benefits					
	Plan M1	Plan M2	Plan M3	Plan M4	Outpatient M1	Outpatient M2	Outpatient M3	Outpatient M4	Dental	Maternity
15 days – 1 years	2,010	2,814	4,020	5,597	3,023	3,527	4,543	5,038	3,350	
2 years – 5 years	1,843	2,580	3,685	5,130	2,771	3,233	4,156	4,618	3,350	
6 - 17	1,621	2,269	3,242	4,524	2,421	2,825	3,631	4,035	3,350	
18 - 24	1,481	2,072	2,961	4,151	2,126	2,481	3,190	3,544	3,350	4,876
25 - 29	1,621	2,269	3,242	4,571	2,393	2,792	3,589	3,988	3,350	4,876
30 - 34	1,889	2,644	3,777	5,317	2,532	2,955	3,798	4,221	3,350	4,876
35 - 39	2,426	3,396	4,851	6,809	3,190	3,722	4,786	5,317	3,350	4,876
40 - 44	2,915	4,081	5,830	8,535	3,596	4,195	5,393	5,993	3,350	4,876
45 - 49	3,813	5,337	7,625	11,194	4,352	5,077	6,527	7,252	3,350	
50 - 54	4,676	6,546	9,351	13,059	4,281	4,995	6,422	7,136	3,350	
55 - 59	5,994	8,391	11,987	16,744	4,631	5,403	6,947	7,719	3,350	
60 - 64	8,093	11,329	16,184	22,620	4,925	5,745	7,388	8,208	3,350	
65 - 69 (*)	11,252	15,753	22,504	31,459	6,898	8,048	10,348	11,497	3,350	
70 - 74 (*)	18,575	26,004	37,149	51,887	11,011	12,847	16,518	18,352	3,350	

(*) Renewal only

DISCOUNT

	Number of Insured Persons	Discount
Plan M1 & M2	30 - 15	5%
	51 - 100	10%
	101 - 150	15%
	151 - 200	20%
Plan M3 & M4	Families of 3 members or more	5%
	Group from 5 - 10	10%
	11 - 30	15%
	31 - 50	20%

Important note:

- The premium rates are effective from September 15, 2015 and are applicable to Occupation I and II and for standard risks.
- The summary in this brochure supports customers to evaluate the benefits of Medicare Insurance. Reasonable and customary charges will apply to any benefit payment.
- This insurance policy is only available to Vietnamese citizens and permanent residents in Vietnam, excluding citizens of countries under sanctions or embargoes by the United Nations, The United States of America, the European Union or the United Kingdom.
- This brochure is for reference only. For complete details of plan benefits, conditions, and exclusions, please refer to the policy schedule, wording and endorsement (if any), copies of which will provided upon request.

Please contact us for a free consultation!

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