

# MASTER SERIES



[www.pacificcross.com.vn](http://www.pacificcross.com.vn)

**PACIFIC  
CROSS**

# MASTER SERIES

**Master Series** is designed for discerning people who want full service medical plans at an affordable price and worldwide coverage in times of need. Master Series has many optional benefits so you can tailor the coverage to your requirements and budget. Our goal is to give you peace of mind from the financial burden of future medical costs.



**TWO LIFESTYLE UPGRADES**  
Options cover Dental, Personal accident, Medical Check-up, Vaccination and vitamins



**COMPREHENSIVE**



**FREE TRAVEL BENEFITS**  
For people with Out-patient coverage



**WORLDWIDE COVERAGE**

## SCHEDULE OF BENEFITS (in VND)

### Maximum Benefit For Any ONE Disability and Sequelae

Covers normal, usual and customary charges, per disability per lifetime for:

#### Treatment Area

M1+	M2	M3
5,000,000,000	10,000,000,000	20,000,000,000
WORLDWIDE		

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

#### Room and Board (standard room)

Private in Vietnam, Semi-Private in other countries	Private in ASEAN countries, Semi-Private in other countries	Semi-Private in E.U/ HK/ N. America/ Switzerland. Private in other countries
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**Parent Accommodation** – An extra bed in the same room for a parent accompanying an insured child under 18 years old

As Charged

#### Intensive Care Unit, Coronary Care Unit, and Operating Room

As Charged

**Surgeon's Fee** – Includes pre-surgical assessment and normal post-surgical care for each operation

600,000,000 per operation (1,000,000,000 upgrade)

As Charged

As Charged

#### Anaesthetist's Fee

Up to 35% of eligible Surgeon's Fee

As Charged

As Charged

**Pre and Post Hospitalization (including Rehabilitation)** – Within 30 days before admission and 90 days after discharge up to

30,000,000 per disability per year

40,000,000 per disability per year

50,000,000 per disability per year

**Organ Transplant** – Fees for kidney, heart, lung, liver and bone marrow transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of

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

500,000,000

1,000,000,000

4,000,000,000

**HIV/AIDS** – Coverage will apply when HIV and/or its related illnesses present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of

500,000,000

1,000,000,000

2,000,000,000

**Home Nursing** – Immediately after hospitalization and certified to be medically necessary by the attending physician for up to 30 days per disability per year

As Charged

**Miscellaneous Inpatient Charges** – For required diagnostic laboratory tests, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)

As Charged

**Hospice Care** – For terminal illnesses with lifetime limit of

100,000,000

100,000,000

200,000,000

**Psychiatric and Mental Disorders** – Hospital charges of 50,000,000 (applicable to M1+ and M2) or 100,000,000 (applicable to M3) per year with lifetime limit of

100,000,000

150,000,000

200,000,000

**Maternity Benefit** – Maximum limit per pregnancy after 270 days waiting period (90 days for miscarriage and therapeutic abortion) up to

Limit per pregnancy

- Delivery

- Miscarriage and therapeutic abortion

40,000,000  
20,000,000

60,000,000  
30,000,000

100,000,000

When both husband and wife are insured, the limit shall be increased by 50%

**Free New Born cover** – A child of an Insured Person is eligible for the same medical plan as the Insured Person (or the lower benefit level if both the parents of such child are insured persons and are insured for different levels of benefits) 15 days after the date of birth or the date of discharge - whichever is later. Eligibility is contingent on submission of an application form to the Company. Free New Born Cover extends until the Insured Person's next renewal, free of charge, provided that the Insured Person has been insured under this Policy at least 270 consecutive days and such child qualifies for insurance.

Included

**Mortal Remains** – Repatriation to Home Country or Country of Residence

As Charged

## EMERGENCY BENEFITS

**Accidental Damage to Teeth** – Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth

As Charged

**Accidental Emergency Outpatient Treatment** (for covered accident which has been treated within 24 hours of the accident by the outpatient department of hospital, clinic, doctor's office)

As Charged

**Emergency Local Ambulance Service**

As Charged

**24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service**

Included

**Additional Travel Expenses** (following Evacuation) – One economy class airline ticket to return an Insured Person to the Country of Residence

Included

	M1+	M2	M3
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OUTPATIENT BENEFITS

<b>Outpatient Benefit</b> – Physician and specialists’ fees for office visits, physiotherapist, and chiropractor when referred by the attending physician; and, for required diagnostic laboratory tests, x-rays and prescribed medicines <b>Alternative Medicines</b> – Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner and prescribed herbs up to an annual limit of	As Charged		
	5,000,000	10,000,000	20,000,000

TRAVEL BENEFIT (is included if Outpatient benefit is selected)  
Covers the following eligible expenses worldwide when travelling outside the Insured’s country of residence on trips lasting up to 90 days

Curtailment of Trip or Cancellation Charges	50,000,000	Baggage & Travel Documents	15,000,000	Travel Delay	13,000,000
Hospital Cash Income	12,000,000	Personal Money	10,000,000	Baggage Delay	2,500,000

OPTIONAL BENEFITS

Dental Benefit – Covers 80% of normal, usual and customary charges for Eligible Expenses per year up to 20,000,000  
Personal Accident Benefit – Option from 1,000,000,000 up to 10,000,000,000. Children (0-18 ages) only have 10% Personal Accident Sum Insured of their parents

OPTIONAL BENEFITS	LIFESTYLE UPGRADE 1	LIFESTYLE UPGRADE 2
MEDICAL CHECK-UP	2,600,000	4,000,000
VACCINATION	1,000,000	2,000,000
DENTAL BENEFIT	5,000,000 (you pay 20% and we pay 80% of eligible expenses)	10,000,000 (you pay 20% and we pay 80% of eligible expenses)
PERSONAL ACCIDENT	200,000,000 (the benefit of Child (0-18 ages) is 20,000,000 only)	500,000,000 (the benefit of Child (0-18 ages) is 50,000,000 only)

PREMIUM RATES (UNIT: VND 1,000)

AGE GROUP		0-5	6-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90*
PLAN	M1+	33,191	29,778	42,244	45,441	48,709	52,066	55,485	62,200	69,045	85,034	102,048	153,106	211,304	291,561	402,326	555,186
	M2	35,532	30,892	50,308	54,080	57,853	61,847	64,954	73,489	82,383	101,404	121,685	182,507	251,898	347,640	479,750	662,028
	M3	40,684	35,370	63,673	68,214	72,818	77,372	83,436	88,107	101,342	114,037	157,692	212,894	298,967	415,869	582,216	815,102
OPTIONAL BENEFITS	Upgrade Benefit: 1,000,000 Surgeon's Fee	1,772	1,541	1,890	2,064	2,239	2,413	2,558	2,704	2,995	3,168	3,488					
	DENTAL BENEFIT	3,339	6,122														
	PERSONAL ACCIDENT BENEFIT	for Class 1 Occupation: 28.350 per 20,000															
	LIFESTYLE UPGRADE 1	4,764															
	LIFESTYLE UPGRADE 2	7,457															

\* Renew Only

DISCOUNTS are not applicable to Optional Benefits and Discount for Outpatient Exclusion is not applicable to Upgrade Benefit.

Discount Option “50,000,000 Inpatient Benefits Deductible” is only available if a client takes Inpatient Benefits only. In this case, they can choose between two discount options - “50,000,000 Inpatient Benefits Deductible” or “20% Co-payment”.

Outpatient Exclusion	30%	NUMBER OF LIVES		
Treatment Area Limit (TAL): option limits coverage to 30 cumulative days of cover per policy year in North America, Japan and Hong Kong to emergency Inpatient treatment only (please refer to policy itself).	25%		3 – 4 Insured Persons	5%
20% Co-payment: you pay 20% and we pay 80% of eligible expenses.	25%		5 – 10 Insured Persons	10%
50,000,000 Inpatient Benefits Deductible: you pay the first 50,000,000 of eligible Inpatient treatment expenses in each policy year.	20%		11 – 20 Insured Persons	15%
			21 Insured Persons and above	20%

NOTE

- Smoker has 15% loading.
- These medical plans are available for residents of Vietnam only. Residents in other countries will be subject to individual consideration.

This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy please refer to the policy itself.

Effective from April 1st, 2024



**PACIFIC CROSS VIETNAM (PCV)** is part of Pacific Cross Group of Companies and specializing in TPA services for life and non-life insurance companies, including the development and management of health & travel insurance projects, and reinsurance support for insurers and reinsurers.

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

Provided by:  
**HUNG VUONG  
INSURANCE CORPORATION**



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