



# MediCare

Get yourself a relief from financial anxiety of medical bills with Liberty MediCare Insurance





### Relieve the worry of hospital fees

Health is the most precious present for ourselves and those we love. Liberty MediCare Insurance is a meaningful and valuable gift, designed to suit individuals, groups, small and medium-sized businesses with many attractive benefits and incentives, ensuring customers' peace of mind. You are always protected against any unexpected risks, reducing your worries about hospital fees when hospitalized.

## **Key Benefits**



Cover for both illnesses and accidents



Full cover for surgery, organ transplant, home nursing, day care treatment, local ambulance service and domestic medical emergency evacuation



No limit on hospital services or the number of hospitalisation days



No waiting period for special disease



Transparent, fast and fair claims procedure

# HOSPITAL SERVICES (Unit: VND)

Hospital Services	Plan M1 - Bronze	Plan M2 - Silver	Plan M3 - Gold	Plan M4 - Diamond
Overall annual limit	120,000,000	250,000,000	500,000,000	1,000,000,000
All hospital service (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 (accompanied dependent child below 18, max 10 days per year)	Not applicable	Not applicable	Not applicable	1,000,000
Oncology Treatment Treatment given for cancer received as an In-patient or Day-patient at the Hospital Maximum per policy year	50,000,000	100,000,000	250,000,000	Fully covered
Day Case Treatment Admitted to a Hospital bed but does not stay overnight Maximum per policy year	Fully covered	Fully covered	Fully covered	Fully covered
Local Ambulance Services The medically necessary road ambulance transpor- tation 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 narrow transplants Maximum per Sickness or Injury	Fully covered	Fully covered	Fully covered	Fully covered
Pre and Post Hospitalisation Treatment Outpatient expenses incurred within 30 days before admission and 90 days following hospital discharge Maximum per hospitalisation	6,000,000	8,000,000	10,000,000	20,000,000

# HOSPITAL SERVICES (Unit: VND)

Hospital Services	Plan M1 - Bronze	Plan M2 - Silver	Plan M3 - Gold	Plan M4 - Diamond
Nursing at Home Maximum 182 days per policy year	Fully covered	Fully covered	Fully covered	Fully covered
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
Emergency Dental Treatment Immediately following an accident and the teeth repaired must have been sound and natural Maximum per policy year-	Not applicable	Not applicable	20,000,000	50,000,000
AIDS/HIV occurring during the Period of Insurance of this Policy, including the subsequent renewal year(s) and mani- fests itself after five years of continuous coverage under the Policy from the first Effective Date	Not applicable	Not applicable	Not applicable	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

# **OPTIONAL COVERAGE**

Hospital Services	01	O2	О3	04
1. OUTPATIENT SERVICE				
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

# **OPTIONAL COVERAGE**

Hospital Services	01	02	03	04
1. OUTPATIENT SERVICE				
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 & Acupuncture (Limit per visit, maximum 10 visits per policy year)	150,000 per visit limit	150,000 per visit limit	200,000 per visit limit	300,000 per visit limit
Physiotherapy and Chiropractor Treatment (upon referral) (Limit per visit, maximum 15 visits per policy year)	200,000 per visit limit	300,000 per visit limit	400,000 per visit limit	600,000 per visit limit
2. DENTAL SERVICES  Available when applying together with optional outpatient and subject to 20% co-payment				
Dental Overall Annual Limit	10,000,000	10,000,000	10,000,000	10,000,000
Routine Oral Examination (including scaling & polishing) (once per year, maximum per policy year)	2,000,000	2,000,000	2,000,000	2,000,000
Basic Dental Services (Extraction, amalgam fillings, x-rays, periodontal scaling)	Fully covered	Fully covered	Fully covered	Fully covered
Major Dental Services (Removal of impacted, buried or unerupted teeth, Root Canal Treatment, Removal of Solid Odonomes, Apicectomy)	Fully covered	Fully covered	Fully covered	Fully covered
3. MATERNITY CARE Available when applying together with hospitalisation services				
Annual limit			40,000,000	
Pre-natal, post-natal 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**

	M1 & M2 120 million & 250 million VND	M3 & M4 500 million & 1 billion VND
Insured people	<ul> <li>Full-time employees at company/organization</li> <li>Spouse, child(ren) of employees</li> </ul>	<ul> <li>Family includes spouse and child(ren)</li> <li>Full-time employees at company/organization</li> <li>Spouse, child(ren) of employees</li> </ul>
Age limit	<ul> <li>New customer: From 15 days old to 64 years old</li> <li>Renewal: Up to 74 years old</li> </ul>	<ul> <li>New customer: From 15 days old to 64 years old</li> <li>Renewal: Up to 74 years old</li> </ul>
Minimum number of insured people	20 people	2 people

#### AREA OF APPLICATION

	Number of insured people	Discount rate (%)
M1 & M2	30 - 50	5%
	51 - 100	10%
	101 - 150	15%
	151 - 200	20%
M3 & M4	Family of 3 members and above	5%
	Group of 5 – 10	10%
	Group of 11 – 30	15%
	Group of 31 – 50	20%

- The summary in this brochure supports customers to evaluate the benefits of Liberty 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, limitations, and exclusions, please refer to the policy schedule, wording and endorsement (if any), copies of which will be provided upon request.