



About Liberty Insurance Limited

Liberty Insurance is a 100% U.S. - owned general insurer and a member of Liberty Mutual Insurance Group (www.LibertyMutual.com).

"Helping people live safer, more secure lives" since 1912, Boston-based Liberty Mutual Insurance is a diversified global insurer. As of December 31, 2012, Liberty Mutual Insurance

- Was the 5th largest property and casualty company in the world and 2nd in the U.S.
- Ranked 81st on the Fortune 100 list of largest corporations in the U.S.
- Had \$120.1 billion in consolidated assets and \$36.9 billion in annual consolidated revenue.
- Employed over 50,000 people in 29 countries.

Liberty Insurance has had a presence in Vietnam since 2003 when Liberty Mutual Insurance Group opened its representa-

tive office in Hanoi, and started operation in April 2007.

Liberty Insurance is operating a 24/7 customer service center **OneCall 1800 599 998** (free) to address all clients' specific needs and inquiries, from supplying information on products and services to receiving, guiding and following up claims requests in both Vietnamese and English languages. Especially, customers using the company website can communicate with Liberty Insurance using various interactive options such as voice call, live chat, call-me-back service and email exchange.

Liberty Insurance has repeatedly won the **Golden Dragon Award** since 2009 and the title of **"Best Non-life Insurer"** since 2010.

24/7 Customer Service Center

 **onecall 1800 599 998**

Hotline@LibertyInsurance.com.vn
www.LibertyInsurance.com.vn

Head Office

Kumho Asiana Plaza Saigon, 15th Floor
39 Le Duan Street, District 1, Ho Chi Minh City
T: (84-8) 38 125 125 – F: (84-8) 38 125 018

Customer Service Center

5th Floor, eTown 1 Building
364 Cong Hoa Street, Tan Binh District, Ho Chi Minh City
T: (84-8) 38 125 125 – F: (84-8) 38 125 018

Branch Office

Hoa Binh International Towers, 16th Floor
106 Hoang Quoc Viet Street, Cau Giay District, Hanoi
T: (84-4) 37 557 111 – F: (84-8) 37 557 066

Transaction Office

Da Nang

Savico Building, 2nd Floor
66 Vo Van Tan Street, Da Nang
T: (84-511) 374 9998 – 374 9999
F: (84-511) 374 9996

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HEALTHCARE
Bảo hiểm Sức khỏe

HEALTHCARE

Liberty Insurance gives you Freedom to Move

 **Liberty**
Insurance

LIBERTY HEALTHCARE

THE BEST COVERAGE FOR YOUR HEALTH



- Covering both accidents and illnesses
- Medical examination and treatment in Vietnam or overseas
- 24-hour global medical assistance by International SOS
- Free annual medical check-up/Vaccination
- No limit on hospitalization services or number of hospitalization days
- Fully covering surgical expenses, oncology treatment, local ambulance services, organ transplant and nursing at home
- Emergency medical evacuation and repatriation in Vietnam or overseas
- No waiting period for special diseases
- No limit on the number of doctor's visits or the cost of each doctor's visit
- Flexible choices for hospitalization, outpatient, maternity care and dental benefits
- 24/7 customer service  **1800 599 998** (toll free in Vietnam)



DISCOUNT

| | Number of insured members | Discount |
|------------------------|----------------------------------|----------|
| Family discount | 3 or more insured family members | 5% |
| Group discount | 5 – 10 | 10% |
| | 11 – 30 | 15% |
| | 31 – 50 | 20% |

BASIC BENEFIT SCHEDULE (Unit: VND)

| HOSPITAL SERVICES | Plan H1 Classic | Plan H2 Executive | Plan H3 Premier |
|---|---|---|--------------------------|
| Hospital Services Overall Annual Limit | 2,200,000,000 | 6,600,000,000 | 22,000,000,000 |
| All Hospital Services Including surgeon fee, operation room, surgical appliances, investigations, nursing and hospital charges, etc | Fully Covered | Fully Covered | Fully Covered |
| Room and Board – per day | Standard Private Room up to VND 5,500,000 | Standard Private Room up to VND 7,150,000 | Standard Private Room |
| Intensive Care Unit – per day | 16,500,000 | 16,500,000 | Fully Covered |
| Companion Bed – per day | 2,200,000 | 3,960,000 | Fully Covered |
| Oncology Treatment (A waiting period may apply for individual customers) Treatment given for cancer received as an In-patient or Day-patient at the Hospital Max per policy year | Fully Covered | Fully Covered | Fully Covered |
| Day Case Treatment Admitted to a Hospital bed but does not stay overnight Max per policy year | 110,000,000 | 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 |
| Organ Transplant In respect of kidney, heart, liver and bone marrow transplants Max per Sickness or Injury | 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 | 33,000,000 | 44,000,000 | 110,000,000 |
| Emergency Ward Treatment Services performed in a Hospital casualty ward or emergency room for a period of not more than 24 hours | Fully Covered | Fully Covered | Fully Covered |
| Nursing at Home Max 182 days per policy year | Fully Covered | Fully Covered | Fully Covered |
| Psychiatric Treatment For a maximum of thirty days hospitalization per policy year after 24 months cover Max per policy year | N/A | N/A | 220,000,000 |
| Emergency Dental Treatment Immediately following an accident and the teeth repaired must have been sound and natural Max per policy year | 220,000,000 | 440,000,000 | 1,100,000,000 |
| AIDS/HIV Occurring during the Period of Insurance of this Policy, including the subsequent renewal year(s) and manifests itself after five years of continuous coverage under the Policy from the first Effective Date. | 10% of Annual Overall Limit/lifetime | 10% of Annual Overall Limit/lifetime | 10% of Annual Overall Limit/lifetime |
| Emergency Medical Evacuation / Repatriation | Fully Covered | Fully Covered | Fully Covered |
| Repatriation of Mortal Remains | Fully Covered | Fully Covered | Fully Covered |
| Medical / Legal information and assistance | 24-hour access | 24-hour access | 24-hour access |
| Compassionate Visit | 1 Economy Class Return Ticket | 1 Economy Class Return Ticket | 1 Economy Class Return Ticket |
| Return of Minor Child | 1 Economy Class One Way Ticket | 1 Economy Class One Way Ticket | 1 Economy Class One Way Ticket |

OPTIONAL BENEFIT SCHEDULE (Unit: VND)

| MEDICAL SERVICES | Plan H1 Classic | Plan H2 Executive | Plan H3 Premier |
|--|---------------------------|---------------------------|--|
| 1. OUTPATIENT SERVICES | | | |
| Outpatient Annual Overall Limit | 110,000,000 | 110,000,000 | Fully Covered inclusive in the Basic Cover Overall Limit |
| General Outpatient Services | Fully Covered | Fully Covered | Fully Covered |
| Specialist Outpatient Services | Fully Covered | Fully Covered | Fully Covered |
| Laboratory and X-ray Services (upon referral) | Fully Covered | Fully Covered | Fully Covered |
| Prescribed Drugs (upon referral) | Fully Covered | Fully Covered | Fully Covered |
| Chinese Herbalist, Bonesetter & Acupuncture (Limit per visit, max 10 visits per policy year) | 990,000 per visit limit | 990,000 per visit limit | 990,000 per visit limit |
| Physiotherapy and Chiropractor Treatment (upon referral) (Limit per visit, max 15 visits per policy year) | 1,320,000 per visit limit | 1,320,000 per visit limit | 1,320,000 per visit limit |
| Hormone Replacement Therapy Max per policy year | 44,000,000 | 44,000,000 | 44,000,000 |
| Annual Medical Examination / Vaccination/ Work Permit Medical Check-up Max per policy year | 3,000,000 | 3,000,000 | 3,000,000 |
| 2. DENTAL SERVICES | | | |
| Available when applying together with optional outpatient | | | |
| Dental Overall Annual Limit | 33,000,000 | 33,000,000 | 33,000,000 |
| Routine Oral Examination (including scaling & polishing) (Once per year, max per policy year) | 2,200,000 | 2,200,000 | 2,200,000 |

| | | | |
|--|--------------------|--------------------|--------------------|
| Basic Dental Services (Extraction, amalgam fillings, x-rays, periodontal scaling) | Fully Covered | Fully Covered | Fully Covered |
| Major Dental Services After 9 months' insurance cover: Removal of impacted, buried or unerupted teeth, Root Canal Treatment, Removal of Solid Odontomes, Apicectomy After 12 months' insurance cover: Crown and Bridges, Dentures | Fully Covered | Fully Covered | Fully Covered |
| 3. MATERNITY CARE Available when applying together with Hospitalization Plan H3 | | | |
| Maternity Overall Annual Limit | 110,000,000 | 110,000,000 | 110,000,000 |
| Pre-natal, postnatal services, cost of delivery including all hospital and profession fees and up to 30 days for new-born baby care (subject to 12 months waiting period) | Fully Covered | Fully Covered | Fully Covered |
| Additional Limit for new-born baby care due to medical reasons (within the limit of 30 days as above) | 44,000,000 | 44,000,000 | 44,000,000 |

INSURANCE CHARGE (Unit: VND 1,000)

| Age (last birthday) | Zone 2 | | | | Zone 4 | | | |
|------------------------|--------------------|----------------------|--------------------|-----------------------------|--------------------|----------------------|--------------------|-----------------------------|
| | Plan H1 Classic | Plan H2 Executive | Plan H3 Premier | Optional Out-patient (*) | Plan H1 Classic | Plan H2 Executive | Plan H3 Premier | Optional Out-patient (*) |
| 15 days - 5 year | 8,268 | 9,819 | 13,436 | 12,971 | 9,260 | 10,997 | 15,048 | 14,345 |
| 6 - 17 | 7,656 | 9,092 | 12,441 | 11,582 | 8,575 | 10,183 | 13,934 | 12,808 |
| 18 - 24 | 7,675 | 9,115 | 12,473 | 8,613 | 8,597 | 10,208 | 13,969 | 9,525 |
| 25 - 29 | 8,020 | 9,524 | 13,033 | 9,601 | 8,983 | 10,667 | 14,597 | 10,618 |
| 30 - 34 | 8,947 | 10,625 | 14,539 | 10,296 | 10,021 | 11,899 | 16,283 | 11,387 |
| 35 - 39 | 11,467 | 13,617 | 18,634 | 12,866 | 12,843 | 15,251 | 20,870 | 14,228 |
| 40 - 44 | 14,400 | 17,100 | 23,400 | 14,550 | 16,128 | 19,152 | 26,208 | 16,091 |
| 45 - 49 | 17,789 | 21,124 | 28,907 | 17,624 | 19,923 | 23,659 | 32,376 | 19,491 |
| 50 - 54 | 22,081 | 26,221 | 35,881 | 19,005 | 24,730 | 29,367 | 40,187 | 21,017 |
| 55 - 59 | 28,335 | 33,648 | 46,045 | 23,458 | 31,736 | 37,686 | 51,571 | 25,942 |
| 60 - 64 | 38,283 | 45,461 | 62,209 | 31,176 | 42,877 | 50,916 | 69,674 | 34,477 |
| 65 - 69 (**) | 53,220 | 63,199 | 86,483 | 38,600 | 59,607 | 70,783 | 96,861 | 42,687 |
| 70 - 74 (**) | 87,799 | 104,261 | 142,673 | 58,393 | 98,335 | 116,773 | 159,794 | 64,576 |

(*) Standard Outpatient deductible is VND550,000 per visit, which can be removed with a loading of 30%.

(**) Renewal only.

Zone1 - Z1: Worldwide subject to VND44,000,000 deductible for any Disability in USA and Canada (Loading 10% on Total Premium of Zone 4).

Zone2 - Z2: Vietnam, China, Thailand, Singapore, Taiwan, South Korea, Japan, Malaysia, Indonesia and Philippines.

Zone3 - Z3: Worldwide (Loading 20% on Total Premium of Zone 4).

Zone4 - Z4: Worldwide excluding USA and Canada.

| OPTIONAL DENTAL BENEFITS (To be taken with optional Out-patient) | | | | | |
|---|--|---------|---------|---------|---------|
| Per insured | 7,632 | | | | |
| OPTIONAL MATERNITY BENEFITS (To be taken with optional Out-patient) | | | | | |
| Age (last birthday) | 18 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 |
| Per adult female | 12,120 | 15,181 | 15,181 | 13,344 | 13,344 |
| BASIC COVER | OPTIONAL COVER | | | | |
| H1 - Hospital Plan H1 – Classic | O1 - Outpatient | | | | |
| H2 - Hospital Plan H2 – Executive | O2 - Outpatient + Dental Benefit | | | | |
| H3 - Hospital Plan H3 – Premier | O3 - Outpatient with Deductible (*) | | | | |
| H4 - Hospital Plan H3 – Premier + Maternity | O4 - Outpatient with Deductible (*) + Dental Benefit | | | | |

Important note:

The premium rates are effective from 01/09/2013 and are applicable to Occupation class I and II and for standard risks.

The summary in this brochure supports customers to evaluate the benefits of Liberty HealthCare insurance. Reasonable and customary charges will apply to any benefit payment.

This policy is only available to Vietnamese citizens and permanent residents in Vietnam. Citizens of countries such as Afghanistan, Cuba, Congo, Iran, Iraq, Liberia, Sudan, Syria, Zimbabwe and Lebanon are not eligible.

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(s), copies of which will be provided upon request.