



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

Liberty Insurance is operating a 24/7 customer service center ☎ **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

15th Floor, Kumho Asiana Plaza Saigon
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

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

Transaction Offices

Da Nang

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

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MEDICARE
Bảo hiểm Sức khỏe


STANDARD HEALTH INSURANCE

Liberty Insurance gives you Freedom to Move



LIBERTY MEDICARE
PREMIUM HEALTH INSURANCE WITHIN REACH



- Paying for medical expenses resulting from both accidents and illnesses.
- No limit on hospital services or number of hospitalization days.
- Fully covering organ transplant, home nursing surgery, day care treatment, local ambulance service, and medical emergency evacuation.
- No waiting period for special diseases.
- No limit on the number of doctor's visits or the cost of each doctor's visits.
- With optional coverage for out-patient, maternity and dental services, the product can be flexibly designed to best meet the customer need and financial capability.
- Most suitable for small and medium enterprises.
- Employees can claim directly from Liberty, which reduces logistical burden for Human Resource department.
- Transparent, fast and fair claims procedure.
- 24/7 Customer Service Center  **1800 599 998**



TERRITORIAL SCOPE
Vietnam

ELIGIBILITY CRITERIA

	Plans M1 & M2 Bronze & Silver	Plans M3 & M4 Gold & Diamond
Customers	Companies and Organizations	Families, Companies and Organizations
Insured Persons	<ul style="list-style-type: none">• Full-time employees• Dependants of employees, including spouses and children• Families including wife/husband and children	
Minimum number of insured persons	20 insured persons	02 insured persons
Age at inception	<ul style="list-style-type: none">• Adults: Maximum 64 for new members and 74 for renewal members• Children: from 15 days up to 17 years old or up to 23 years old for full-time students	

DISCOUNT

	Number of insured persons	Discount
For plans M1 & M2	30 – 50	5%
	51 – 100	10%
	101 – 150	15%
	151 – 200	20%
For plans M3 & M4	Family of 3 members or more	5%
	5 – 10	10%
	11 – 30	15%
	31 – 50	20%

BASIC BENEFIT SCHEDULE (Unit: VND)

HOSPITALIZATION SERVICES	Plan M1 Bronze	Plan M2 Silver	Plan M3 Gold	Plan M4 Diamond
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 (accompanying dependent child below 18, max 10 days/year)	N/A	N/A	N/A	1,000,000
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	50,000,000	100,000,000	250,000,000	Fully Covered
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 during 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

Important note:

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

OPTIONAL BENEFIT SCHEDULE (Unit: VND)

MEDICAL SERVICES	Outpatient M1	Outpatient M2	Outpatient M3	Outpatient M4
1. OUTPATIENT SERVICES				
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 & acupuncture (Limit per visit, max 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, max 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 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 Services Removal of impacted, buried or unerupted teeth, root canal treatment, removal of solid odonomes, apicectomy				Fully Covered
3. 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

INSURANCE CHARGES (Unit: VND 1,000)

Age Band	Basic Benefits				Optional Benefits					
	Plan M1	Plan M2	Plan M3	Plan M4	Outpatient M1	Outpatient M2	Outpatient M3	Outpatient M4	Dental	Maternity
15 days - 5 years	1,675	2,345	3,350	4,664	2,519	2,939	3,778	4,198	3,350	
6 - 17	1,474	2,063	2,947	4,113	2,201	2,568	3,301	3,668	3,350	
18 - 24	1,346	1,884	2,692	3,774	1,933	2,255	2,900	3,222	3,350	4,876
25 - 29	1,474	2,063	2,947	4,155	2,175	2,538	3,263	3,625	3,350	4,876
30 - 34	1,717	2,404	3,434	4,834	2,302	2,686	3,453	3,837	3,350	4,876
35 - 39	2,205	3,087	4,410	6,190	2,900	3,384	4,351	4,834	3,350	4,876
40 - 44	2,650	3,710	5,300	7,759	3,269	3,814	4,903	5,448	3,350	4,876
45 - 49	3,466	4,852	6,932	10,176	3,956	4,615	5,934	6,593	3,350	
50 - 54	4,251	5,951	8,501	11,872	3,892	4,541	5,838	6,487	3,350	
55 - 59	5,449	7,628	10,897	15,222	4,210	4,912	6,315	7,017	3,350	
60 - 64	7,357	10,299	14,713	20,564	4,477	5,223	6,716	7,462	3,350	
65 - 69 (*)	10,229	14,321	20,458	28,599	6,271	7,316	9,407	10,452	3,350	
70 - 74 (*)	16,886	23,640	33,772	47,170	10,010	11,679	15,016	16,684	3,350	

(*) Renewal only