

it with financial strength and nearly 100 years of **helping people live safer, more secure lives.**
HealthCare is a special product designed for the Vietnam market which provides you a worry free day:
With a unique feature of no surgical sub-limit, geographical zone rating structure available and preventive care benefits, to name just a few, Liberty HealthCare has become a superior product.

ptional Cover (Unit: VND)

OUTPATIENT SERVICES	
Outpatient Annual Overall Limit: Plan H1 and H2	100,000,000
Outpatient Annual Overall Limit: Plan H3	Fully Covered (inclusive in the Basic Cover Overall Limit)
General Outpatient Services	Fully Covered
Specialist Outpatient Services	Fully Covered
Laboratory and x-ray Services (upon referral)	Fully Covered
Prescribed Drugs (upon referral)	Fully Covered
Chinese Herbalist, Bonesetter & Acupuncture - (Limit per visit, max 10 visits per policy year)	900,000 per visit limit
Physiotherapy and Chiropractor Treatment (upon referral) - (Limit per visit, max 10 visits per policy year)	1,200,000 per visit limit
Hormone Replacement Therapy (max per policy year)	40,000,000
Annual Medical Examination / Vaccination/ Work Permit Medical Check-up (max per policy year)	2,400,000
DENTAL SERVICES (available when applying together with optional outpatient)	
Dental Overall Annual Limit	30,000,000
Routine Oral Examination (including scaling & polishing) - (once per year, max per policy year)	2,000,000
Dental Services (Extraction, amalgam fillings, x-rays, periodontal scaling)	Fully Covered
Dental Services after 9 months' insurance cover: Removal of impacted, buried or unerupted teeth, Root Canal Treatment, Removal of Solid Odonomes, Apicectomy after 12 months' insurance cover: Crown and Bridges, Dentures	Fully Covered
MATERNITY CARE (available when applying together with Hospitalization Plan H3)	
Maternity Overall Annual Limit	100,000,000
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 months waiting period)	100,000,000
Additional Limit for new-born baby care due to medical reasons (within the limit of 30 days as above)	40,000,000

Persons permanently residing in USA, Canada, citizens of Cuba, Iraq, Iran, Liberia, North Korea, Myanmar, Sudan, Syria and Zimbabwe are not eligible.

- Flexibility and saving with the setting of 3 levels of comprehensive coverage matching individual and family financial needs.
- Optional covers of outpatient, dental services and maternity care allow you to pay only for benefits you want.
- Group and family discount has made this superior product becomes very affordable.

>> Annual Premium Rate Table (Unit: 1,000 VND)

Age (last birthday)	Zone 2				Zone 4			
	Classic Plan H1	Executive Plan H2	Premier Plan H3	Optional Out-patient (*)	Classic Plan H1	Executive Plan H2	Premier Plan H3	Optional Out-patient (*)
15 days-5 years	8,077	8,936	13,229	12,349	9,031	10,589	15,656	14,448
6 - 17	7,123	7,833	11,575	10,812	7,961	9,264	13,780	12,900
18 - 24	5,936	7,717	11,798	8,607	6,773	9,264	14,119	9,593
25 - 29	6,530	8,713	13,229	9,710	7,367	10,473	15,773	10,695
30 - 34	7,600	9,710	15,222	10,261	8,438	11,575	18,190	11,469
35 - 39	9,741	12,678	16,324	12,900	10,929	15,105	19,515	14,331
40 - 44	12,232	15,550	20,182	14,554	13,653	18,529	24,041	16,207
45 - 49	16,027	19,515	23,702	17,638	17,935	23,267	28,334	19,631
50 - 54	20,543	25,143	29,108	19,080	22,917	29,881	34,620	21,168
55 - 59	26,362	32,637	37,482	23,596	29,447	38,701	44,541	26,129
60 - 64	35,616	43,545	54,569	31,535	39,538	51,378	64,384	34,726
65 - 69 (**)	49,513	59,975	80,369	39,135	54,855	70,893	94,923	42,994
70 - 74 (***)	81,684	97,234	130,200	59,095	90,471	114,766	153,785	65,042

(*) Standard Outpatient deductible is VND500,000 per visit, which can be removed with a loading of 20%
(**) Renewal only
Zone 1: Worldwide subject to VND 40,000,000 deductible for any Disability in USA and Canada (Loading 10% on Total Premium of Zone 2: Vietnam, China, Thailand, Singapore, Taiwan, South Korea, Japan, Malaysia, Indonesia and Philippines
Zone 3: Worldwide (Loading 20% on Total Premium of Zone 4)
Zone 4: 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	11,543	14,458	14,458	12,709	12,709

Basic Cover	Optional Cover
H1 - Hospital Plan H1 – Classic	01 - Outpatient
H2 - Hospital Plan H2 – Executive	02 - Outpatient + Dental Benefit
H3 - Hospital Plan H3 – Premier	03 - Outpatient with Deductible (*)
H4 - Hospital Plan H3 – Premier + Maternity	04 - Outpatient with Deductible (*) + Dental Benefit

>> Discount / Surcharges

FAMILY DISCOUNT	
Three or more insured family members	5%
GROUP DISCOUNT	
5 - 10 adult members	10%
11 - 30 adult members	15%
31 - 50 adult members	20%

Important notes:
• Premium Rates effective from 01 July 2011 applicable to Occupati Class I and II and for standard risks.
• This summary has been prepared to assist you in evaluating t benefits provided by Liberty HealthCare Plan. All benefits shall paid at Reasonable and Customary Charges for the jurisdiction whe services are rendered.
• This brochure is for reference only. For complete details of p benefits, conditions, limitations, and exclusions, you should refer policy, schedules, and endorsements, copies of which will provided upon request.