

Hotline: 0931 497 627
BaohiemSuckhoeLiberty.com



FAMILY HEALTH INSURANCE

Embrace today, pursue tomorrow



FAMILYCARE
Bảo hiểm Sức khỏe Gia đình



**SOLID FOUNDATION
SECURE FUTURE**

FamilyCare | Walk Alongside Vietnamese Families

The comprehensive FamilyCare medical insurance plan covers all insurance benefits, compensating for medical expenses in the unfortunate events of diseases and accidents occurred to a family member, especially critical illnesses such as cardiovascular, diabetes, cancer... The insurance plans are designed for all families with two generations, including parents and children, with a commitment to walk alongside our clients in building their families, all at an affordable premium. This product, by Liberty, is a practical health care solution to all family members, in ensuring a financial stability and a secure future for all Vietnamese families.

- ✔ Insurance coverage up to VND 1.5B, among the most attractive benefits in the market.
- ✔ Cover both accidents and illnesses, including medical expenses for common diseases such as cardiovascular, diabetes, cancer...
- ✔ Flexible hospital cash allowance benefit, unlimited hospitalization days, and companion bed benefits.
- ✔ Family members are taken a better care with annual check-up, vaccination, dental and optical benefits.
- ✔ Practical maternity care for families.
- ✔ 5 flexible insurance plans, fitting with each person, meeting the insurance need of you and your family.
- ✔ Enjoy international medical services with treatments in Vietnam and overseas.
- ✔ Emergency medical evacuation and repatriation in Vietnam and overseas.
- ✔ Renewal guarantee is a promise to stand by your family through years.
- ✔ Transparent and fast claim procedure responding to claim request in 7 working days
- ✔ 24/7 customer service hotline



BASIC BENEFIT SCHEDULE (unit: VND)

HOSPITALIZATION SERVICES	Plan F1 Bronze	Plan F2 Silver	Plan F3 Gold	Plan F4 Platinum	Plan F5 Diamond
Hospital Services Overall Annual Limit	150,000,000	250,000,000	500,000,000	1,000,000,000	1,500,000,000
Hospital Services					
<i>Surgeon's fee, per policy year</i>	25,000,000	50,000,000	100,000,000	Fully Covered	Fully Covered
<i>Anesthetist's fee, per policy year</i>	10,000,000	25,000,000	50,000,000	Fully Covered	Fully Covered
<i>Other hospital charges, per policy year</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
<i>Room & Board, per day (standard private room)</i>	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
<i>Intensive Care Unit, per day</i>	3,000,000	6,000,000	9,000,000	12,000,000	15,000,000
<i>Companion Bed, per day (accompany a dependent child below the age of 18, max 10 days per policy year)</i>	Not Applicable	Not Applicable	Not Applicable	1,000,000	2,000,000
Oncology Treatment					
<i>Treatment given for cancer received as an Inpatient or Day-patient at the Hospital, max per policy year</i>	50,000,000	125,000,000	250,000,000	500,000,000	Fully Covered
Day Case Treatment					
<i>Admitted to a hospital bed but does not stay overnight, including outpatient surgery</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Local Ambulance Services					
<i>The medically necessary road ambulance transportation services to and from a local Hospital</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Organ transplant					
<i>In respect of kidney, heart, liver and bone marrow transplants, max per sickness or injury</i>	Not Applicable	Not Applicable	Not Applicable	500,000,000	Fully Covered
Pre and Post Hospitalization Treatment					
<i>(Outpatient expenses incurred before admission & following hospital discharge, max per hospitalization)</i>	6,000,000	8,000,000	10,000,000	20,000,000	30,000,000
<i>Pre-Hospitalisation Treatment - per policy year, maximum 30 consecutive days prior to hospital admission</i>	3,000,000	4,000,000	5,000,000	10,000,000	15,000,000
<i>Post-Hospitalisation Treatment - per policy year, maximum 90 consecutive days from the day of discharge</i>	3,000,000	4,000,000	5,000,000	10,000,000	15,000,000
Emergency Ward Treatment					
<i>Services performed in a Hospital casualty ward or emergency room for a period of not more than 24 hours</i>	5,000,000	10,000,000	15,000,000	Fully Covered	Fully Covered
Nursing at Home					
<i>Max 182 days per policy year</i>	6,000,000	8,000,000	10,000,000	Fully Covered	Fully Covered
Emergency Dental Treatment					
<i>Immediately following an accident and the teeth repaired must have been sound and natural. Max per policy year</i>	Not Applicable	Not Applicable	Not Applicable	50,000,000	100,000,000
Public Hospital Cash - per day					
<i>Applicable to all inpatient treatments in public hospitals in Vietnam. Max 30 days per policy year</i>	100,000	200,000	300,000	500,000	1,000,000
Emergency Medical Evacuation/Repatriation					
	Not Applicable	Not Applicable	Not Applicable	Fully Covered	Fully Covered
Repatriation of Mortal Remains					
	Not Applicable	Not Applicable	Not Applicable	Fully Covered	Fully Covered
Final Tribute Cost					
	500,000	1,000,000	2,000,000	3,000,000	5,000,000
Medical/Legal information and assistance					
	24/7	24/7	24/7	24/7	24/7

OPTIONAL BENEFIT SCHEDULE (Unit: VND)

MEDICAL SERVICES					
1. Outpatient Services	Plan 01	Plan 02	Plan 03	Plan 04	Plan 05
Outpatient Overall Annual Limit	10,000,000	15,000,000	20,000,000	35,000,000	100,000,000
General Outpatient Services	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Specialist Outpatient Services <i>(Limit per visit)</i>	1,000,000	2,000,000	3,000,000	Fully Covered	Fully Covered
Laboratory and x-ray Services <i>(upon referral)</i>	1,000,000	2,000,000	3,000,000	Fully Covered	Fully Covered
Prescribed Drugs <i>(upon referral)</i>	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Chinese Herbalist, Bonesetter & Acupuncture <i>(Limit per visit, max 10 visits per policy year)</i>	250,000	350,000	450,000	750,000	1,250,000
Physiotherapy and Chiropractor Treatment <i>(upon referral)</i> <i>(Limit per visit, max 15 visits per policy year)</i>	250,000	350,000	450,000	750,000	1,250,000
Annual Medical Examination/ Work Permit Medical Check-up <i>(Max per policy year)</i>	Not Applicable	Not Applicable	Not Applicable	1,000,000	2,000,000
Annual Vaccination <i>(Max per policy year)</i>	500,000	500,000	500,000	1,250,000	1,250,000
Optical Care: Eye check-up <i>(Once per year, max per policy year) and a pair of glasses or contact lenses (per policy year)</i>	Not Applicable	Not Applicable	Not Applicable	1,000,000	2,000,000
2. Dental Services <i>(Available when applying together with optional outpatient and subject to 20% co-payment)</i>					
Dental Overall Annual Limit					10,000,000
Routine Oral Examination <i>(including scaling and polishing, once per year, max per policy year)</i>					2,000,000
Basic Dental Services <i>(Extraction, amalgam fillings, x-rays, periodontal scaling)</i>					Fully Covered
Major Dental Services <i>(Removal of impacted, buried or unerupted teeth, Root Canal Treatment, Removal of Solid Odonomes, Apicectomy)</i>					Fully Covered
3. Maternity Care <i>(Available when applying together with hospitalization service)</i>					
Maternity Overall Annual Limit					50,000,000
<i>Pre-natal, postnatal services, cost of delivery including all hospital and profession fees arise due to miscarriage, pregnancy complications, medically required abortion and up to 30 days for new-born baby care (subject to 12 months waiting period (*) and payout scheme as following):</i>					Fully Covered
<i>First year overall annual limit (from the first effective date of Maternity benefit)</i>					0
<i>Second year overall annual limit (from the first effective date of Maternity benefit)</i>					25,000,000
<i>Third year & thereafter overall annual limit (from the first effective date of Maternity benefit)</i>					50,000,000

(*) The waiting period for Maternity benefit is 12 consecutive months starting from the first effective date of the Maternity benefit of the Insured. Under any circumstances, conception date of the Insured as confirmed by OB/GYN shall be after the period of 12 consecutive months from the first effective date of the Insured's Maternity benefit.