





### Table of Benefits

BASE PLAN	1-Primary	2-Vitality	3-Serenity	4-Prestige
<b>Maximum annual limit</b> Benefits are per insured and per policy year unless stated otherwise.	USD 500 000	USD 500 000	USD 1 000 000	USD 2 500 000
<b>Chronic Conditions</b>	Covered under applicable policy limits			
<b>INPATIENT BENEFITS</b> 				
<b>Direct billing</b> within the Henner medical providers network.	Yes			
<b>Inpatient treatment charges</b> Treatments provided when admitted to hospital for one or more nights: <ul style="list-style-type: none"> <li>Specialist</li> <li>Surgeon &amp; anesthetist fees</li> <li>Drugs &amp; dressings</li> <li>General nursing</li> <li>Intensive care unit</li> <li>Medical appliances &amp; surgical implants</li> <li>Operating theatre</li> <li>Ancillary services (laboratory, radiology, imaging, etc.)</li> <li>Purchase or rental of mobility aids</li> <li>Physiotherapy &amp; complementary therapies (if prescribed by a specialist as part of the insured's hospital stay but are not the primary treatment which they are in hospital to receive).</li> </ul>	Fully covered			
<b>Outpatient Surgery</b> This covers expenses for procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a Medical Practitioner and does not require an overnight hospital stay.	Fully covered			
<b>Hospital Accommodation</b> This covers up to Standard private room with standard patient meals. Extra costs of a superior, deluxe, executive or VIP suite are not covered. The total eligible hospital expenses (excluding Hospital Accommodation) will be subjected to a co-insurance of 20%, should a higher category room be selected.	Fully covered			
<b>Parent Hospital Accommodation</b> This covers the cost of one parent staying in hospital overnight with a child under 18 years of age if the child is eligible to receive medical treatment under the plan.	Up to USD 100 per day up to 30 days			

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<b>Daily Cash Benefit</b> A cash payment is given to the insured if they receive inpatient treatment for an eligible medical condition in hospital and stay in a hospital overnight, at no cost for accommodation and treatment.	Up to USD 200 per day up to 30 days	Up to USD 200 per day up to 30 days	Up to USD 400 per day up to 30 days	Up to USD 400 per day up to 30 days
<b>Reconstructive Surgery</b> Reconstructive surgery is covered when it aims to restore natural function/appearance after an accident or cancer surgery, providing the accident or surgery occurred during the period of cover. We do not cover cosmetic treatments to enhance appearance.	Fully covered			
<b>Palliative Care</b> If the insured is given a Terminal Diagnosis, and there is no available treatment which will be effective in aiding recovery, we pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.	Up to USD 40 000 Lifetime limit	Up to USD 60 000 Lifetime limit	Up to USD 80 000 Lifetime limit	Up to USD 100 000 Lifetime limit
<b>Inpatient Psychiatric Treatment 12 ☺</b> Inpatient treatment received in a recognized psychiatric unit of a hospital. All treatment must be administered under the direct control of a registered psychiatrist.	-	Up to 15 days	Up to 30 days	Up to 30 days
<b>Emergency Dental Work</b> Emergency treatment provided during a hospitalisation as a result of an accidental external traumatic injury to the mouth. Any tooth injury sustained while eating or chewing is not considered external trauma and repair of the tooth is not covered. Follow up outpatient dental treatment after discharge from the hospital is covered under Post-hospitalisation Benefit. This benefit excludes Dental Prostheses.	Fully covered			
<b>Organ transplant</b> (i) Medical treatment costs incurred for the transplantation of organ, such as bone marrow, cornea, intestines, kidney, pancreas, liver, heart or lungs. (ii) Direct cost of surgery to remove the organ for transplantation from donor up to USD 20 000. We do not cover costs associated with the research and acquisition of an organ.	(i) Up to USD 300 000 (ii) Up to USD 20 000	(i) Up to USD 300 000 (ii) Up to USD 20 000	(i) Up to USD 500 000 (ii) Up to USD 20 000	(i) Fully covered (ii) Up to USD 20 000
<b>Kidney dialysis</b> This covers inpatient and outpatient charges for kidney dialysis, peritoneal or hemodialysis-related procedures. This does not cover travel and accommodation costs incurred with such treatments.	Up to USD 20 000	Up to USD 50 000	Up to USD 100 000	Fully covered
<b>Cancer treatment</b> This covers inpatient and outpatient treatments, including chemotherapy, radiotherapy, oncology, immunotherapy, consultations, diagnostic tests and drugs. Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations are covered.	Fully covered			
<b>HIV/AIDS 12 ☺</b> This covers treatments arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC). Diagnosis and treatment are covered on an inpatient or outpatient basis.	-	up to USD 60 000 Lifetime limit	up to USD 80 000 Lifetime limit	up to USD 100 000 Lifetime limit

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<p><b>Complications of Pregnancy</b> 12 ☺</p> <p>This covers inpatient treatment of an eligible medical condition which arises during antenatal stages of pregnancy or child birth but exclude delivery expenses, conditions include but are not limited to:</p> <ul style="list-style-type: none"> <li>Ectopic pregnancy</li> <li>Medically prescribed abortion</li> <li>Hydatidiform mole</li> <li>Retained placenta</li> <li>Placenta praevia</li> <li>Eclampsia</li> <li>Pre-eclampsia</li> <li>Diabetes during pregnancy</li> <li>Post-partum hemorrhage</li> <li>Any costs for investigations and/ or treatments, relating to or arising from complications of maternity, that threaten the life of the insured mother.</li> <li>False labour, morning sickness and similar conditions associated with the management of a difficult pregnancy is deemed as covered under Maternity Coverage where applicable.</li> </ul>	Up to USD 25 000	Up to USD 50 000	Up to USD 100 000	Fully covered
<p><b>Congenital Abnormalities</b></p> <p>This covers inpatient and outpatient treatments arising from or related to any genetic or non-genetic abnormality, defects, disease, disorder, illness or malformation present at birth, whether diagnosed or not. Medical expenses related to Congenital Abnormalities cannot be claimed from any other parts of the plan.</p>	Up to USD 50 000 Lifetime limit	Up to USD 100 000 Lifetime limit	Up to USD 150 000 Lifetime limit	Up to USD 250 000 Lifetime limit
<p><b>Newborn cover</b></p> <p>Applicable only if the completed application form of the new born is received and accepted by Henner within the first 30 days after birth with premium payable. This covers inpatient medical expenses incurred by a new born baby during the first 90 days after birth. Thereafter, Medical Expenses are considered under the main benefits of the insured baby's plan. Medical Expenses related to congenital abnormalities is deemed to be covered under Congenital Abnormalities benefit. A declaration of health is required with respect to all dependants who are born following fertility treatment (assisted conception).</p>	Up to USD 50 000 Lifetime limit	Up to USD 100 000 Lifetime limit	Up to USD 150 000 Lifetime limit	Up to USD 250 000 Lifetime limit
<p><b>Land Ambulance</b></p> <p>This is covered when it is medically necessary to transport the insured from their home to a hospital; when transporting the insured from the scene of an accident or injury to a hospital; or when transporting the insured from one hospital to another.</p>	Fully covered			
<b>PRE &amp; POST HOSPITALISATION BENEFITS</b>				
<p><b>Pre-hospitalisation treatment</b></p> <p>This covers Medical Practitioners' and specialists' fees, prescribed drugs and dressings, MRI, PET and CT scans, X-rays and other diagnostic tests and procedures prior to a scheduled Hospitalisation or Outpatient Surgery related to the same medical condition.</p>	Up to USD 2 000  Treatment within 30 days before a covered admission / hospitalisation and 30 days after discharged from a covered hospitalisation	Up to USD 4 000  Treatment within 30 days before a covered admission/ hospitalisation and 30 days after discharged from a covered hospitalisation	Treatment within 30 days before a covered admission/ hospitalisation  Treatment within 60 days after discharged from a covered hospitalisation	Treatment within 30 days before a covered admission/ hospitalisation  Treatment within 60 days after discharged from a covered hospitalisation
<p><b>Post-hospitalisation treatment</b></p> <p>This covers Medical Practitioners' and specialists' fees, prescribed drugs and dressings, physiotherapy, speech therapy, occupational therapy, MRI, PET and CT scans, and X-rays after a Hospitalisation or Outpatient Surgery related to the same medical condition.</p>				

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<b>Rehabilitation</b>  <p>This covers rehabilitation treatment you receive as an inpatient, carried out under the control and supervision of a Medical Practitioner in a recognised rehabilitation hospital or unit following your treatment in hospital for a condition which is covered by your plan. This benefit is payable only when the admission is prescribed by your attending Medical Practitioner.</p>	Up to 30 days	Up to 30 days	Up to 60 days	Up to 60 days
<b>Home nursing</b>  <p>This is covered if it is in lieu of an extended hospital stay, it is prescribed by a Medical Practitioner following a hospitalisation covered by this policy, and if it starts immediately after you leave the hospital. We will only pay for home nursing if it is provided in your home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing that only provides non-medical care or personal assistance.</p>	Up to 30 days	Up to 30 days	Up to 60 days	Up to 60 days
<b>OUTPATIENT BENEFITS</b>				
<b>ANNUAL LIMIT</b>	-	Up to USD 4 000	Up to USD 6 000	Up to max annual limit
<b>Direct billing</b> within the Henner medical provider network for general practitioner, specialist, radiology, laboratory tests, prescribed drugs.	-	Yes	Yes	Yes
<b>General Practitioner Fees</b> This covers consultation by the Medical Practitioner and other services rendered during the visit.	-	Up to USD 60 per visit	Up to USD 90 per visit	Fully covered
<b>Specialist Fees</b> This covers consultation by the Medical Practitioner and other services rendered during the visit.	-	Up to USD 90 per visit	Up to USD 150 per visit	Fully covered
<b>Telemedicine by DA</b>  This covers Telemedicine expenses by a General Medical Practitioner or a Specialist for an eligible medical condition. <p>(i) Video Consultation</p> <p>(ii) Prescribed medications</p>	Not Covered	Up to the applicable Medical Practitioner fees and Prescribed Medicines and Mandatory Vaccines limits.		
<b>Prescribed medicines and Mandatory vaccines</b>	-	Fully covered		
<b>Prescribed Diagnostic Radiology and Laboratory Tests</b> This covers <ul style="list-style-type: none"> <li>• Blood and urine tests</li> <li>• X-rays</li> <li>• Ultrasound scans</li> <li>• Electrocardiograms (ECG)</li> <li>• MRI and CAT (CT) scans</li> <li>• PET scans</li> </ul> Where they are medically necessary and prescribed by a Medical Practitioner.	-	Fully covered		

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<p><b>Prescribed Physiotherapy, Speech Therapy, Occupational Therapy</b>  Referral letter from a Medical Practitioner is required. This covers outpatient physiotherapy and occupational therapy that are deemed medically necessary and restorative to help you to carry out the normal activities of daily living. We also pay for speech therapy if it is medically necessary to restore impaired speech function and prescribed immediately following a treatment that is covered under this policy. We do not cover speech therapy that is educational in nature, or help to improve speech skills that are not fully developed.</p>	-	Up to USD 60 per session Max 20 sessions	Up to USD 90 per session Max 30 sessions	Up to USD 120 per session
<p><b>Psychiatric Consultation With A Registered Psychiatrist</b> 12 ☺</p>	-	-	Up to USD 150 per visit Max 5 visits	Up to USD 210 per visit Max 10 visits
<p><b>Psychologist Consultation With A Registered Psychologist</b> 12 ☺  Referral letter from a Medical Practitioner is required.</p>	-	-	-	Up to USD 210 per visit Max 5 visits
<p><b>Hormone replacement therapy</b> ☒  This covers hormone replacement therapy when prescribed by a Medical Practitioner following a diagnosis of premature ovarian failure or as a consequence of a hysterectomy. This excludes vitamins and supplements. For the purpose of this benefit, premature ovarian failure shall mean where initial onset takes place in a woman under the age of 40.</p>	-	-	Up to USD 500	Up to USD 1 000
<p><b>Prescribed Medical Prostheses, Orthopaedic and Mobility Aids</b> ☒ 6 ☺  These benefits cover the purchase or rental of crutches, braces or wheelchairs; durable medical equipment like glucometers; hearing aids; orthoses and orthopaedic and non-orthopaedic prostheses. This does not cover the maintenance of the item; modification or fitting of furniture, or any modification to your personal or work environment.</p>	-	Up to USD 750	Up to USD 1 000	Up to USD 2 000
<p><b>Complementary Therapies and Medicines</b>  This covers a combined maximum number of visits to</p> <ul style="list-style-type: none"> <li>• Orthoptists</li> <li>• Chiropractors</li> <li>• Osteopaths</li> <li>• Homeopaths</li> <li>• Podiatrists</li> <li>• Practitioners of Traditional Chinese Medicine and medication prescribed.</li> </ul> <p>The treatment must be carried out by a qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.</p>	-	Up to USD 60 per session Max 10 sessions	Up to USD 90 per session Max 15 sessions	Up to USD 120 per session Max 20 sessions

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<p><b>Routine Health Check-up</b> This includes but is not limited to</p> <ul style="list-style-type: none"> <li>Urine analysis</li> <li>Blood samples (diabetes, cholesterol, etc.)</li> <li>Hearing tests</li> <li>Biometric assessments (size, weight, BMI measurement)</li> <li>Sight tests</li> <li>Electrocardiogram at rest</li> <li>Memory tests</li> <li>Lung capacity measurements</li> <li>Cancer screenings</li> <li>Hemoccul tests</li> <li>HIV tests</li> </ul>	-	-	Up to USD 500	Up to USD 750
<p><b>Non Mandatory Vaccinations</b> This covers the cost of all immunisations and booster injections that are not mandatory in your Country of Usual Residence and the country you are travelling to.</p>	-	-		
<b>DENTAL BENEFITS</b>				
<p><b>Routine Dental Treatment 6 Ⓞ</b> This covers</p> <ul style="list-style-type: none"> <li>Dental check-ups</li> <li>X-rays/bitewing/single view/Orthopantomogram (OPG)</li> <li>Gum shields/mouth guards</li> <li>Fillings</li> <li>Root canal treatment</li> <li>Tooth extraction</li> <li>Tooth cleaning</li> <li>Non-surgical periodontal treatment</li> <li>Anaesthetic</li> </ul>	-	-	Up to USD 500	Up to USD 800
<p><b>Major Restorative Dental treatments 6 Ⓞ</b> This covers</p> <ul style="list-style-type: none"> <li>Dentures (acrylic/synthetic, metal and metal/acrylic)</li> <li>Crowns</li> <li>Inlays and onlays</li> <li>Dental implants</li> <li>New or repair bridge work</li> <li>Removal of solid odontomes</li> <li>Apicetomy</li> <li>orthodontic work for children up to 16 years old, with treatment period limited to 3 consecutive years.</li> </ul>	-	-	Up to USD 800	Up to USD 1 500

**VISION 6**
**Spectacle lenses (excluding sunglasses)**
**Frames (every two years)**
**Contact lenses**

This covers an eye examination carried out by an optician or optometrist as well as corrective lenses or glasses. A copy of a prescription or corresponding invoice indicating the corrective value for each eye is needed as supporting document for claims purposes.

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Up to USD 500

**EMERGENCY ASSISTANCE, EVACUATION & REPATRIATION**
**Emergency medical evacuation**

Unlimited

**Emergency medical repatriation**

Unlimited

**Round-trip economy airfare for your spouse or next of kin** in the event of hospitalisation

Unlimited for hospitalisation lasting 7 consecutive days

**One-way economy airfare** to the assignment country after recovery:

(i) Return ticket

(ii) Accommodation costs

Unlimited

(i) Limited to one ticket

(ii) During 10 days, up to USD 150 per day

**Repatriation of mortal remains & related expenses**

Unlimited per Casket up to USD 4 000

**Compassionate visit** - Round-trip economy airfare in the event of the death of a Member

Unlimited

**Dispatch of medicines unavailable locally**

Unlimited no. of requests. per Cost of medicines &amp; related charges to be borne by Member

**Legal assistance:**

(i) Legal fees

(ii) Bail (by way of advance only)

(i) up to USD 1 500

(ii) up to USD 10 000

**Transmission of urgent messages to the family**

Unlimited

**Second medical opinion**

Up to 2 requests per member per year. Limit to different medical condition per request

**OUT OF AREA EMERGENCY COVER**

Out of area emergency cover includes short-term medical coverage when you are visiting a location outside of your selected area of coverage during temporary business or holiday trips. Coverage is limited to a maximum of 90 consecutive days per trip only if directly caused by an accident, sudden illness or injury.




**Emergency inpatient treatment**

Covered under inpatient benefits

**Emergency outpatient treatment**

Covered under outpatient benefits

## Additional Options

	1-Primary	2-Vitality	3-Serenity	4-Prestige
<b>MATERNITY BENEFITS</b> 				
<p><b>Natural Delivery, Elective Caesarean including Pre and Post natal care</b> 12 </p> <p>This covers inpatient treatment relating to natural or elective caesarean delivery. Home birth and assisted water birth by the attending doctor or doula are also covered. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Pre and post-natal expenses including but not limited to: Routine obstetricians' and midwives' fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), non-invasive pre-natal testing (NIPT) for high risk individuals, antenatal classes, Pre-natal vitamins and supplements prescribed by a medical practitioner and any fees as a result of post-natal care required immediately following routine childbirth. Please note that pre- and post-natal care are not subject to Prior Approval.</p>	-	-	Up to USD 5 000 per pregnancy	Up to USD 8 000 per pregnancy
<p><b>Emergency caesarean delivery, Non-elective Caesarean including Pre &amp; Post-natal care</b> 12 </p> <p>This covers inpatient treatment relating to emergency or non-elective caesarean. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Pre and post-natal expenses including but not limited to: Routine obstetricians' and midwives' fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), non-invasive pre-natal testing (NIPT) for high risk individuals, antenatal classes, Pre-natal vitamins and supplements prescribed by a medical practitioner and any fees as a result of post-natal care required immediately following routine childbirth. Please note that pre- and post-natal care are not subject to Prior Approval.</p>	-	-	Up to USD 7 500 per pregnancy	Up to USD 12 000 per pregnancy



# Options to reduce costs

<p><b>Areas of coverage</b></p>	<p>Area of coverage 1: Worldwide excluding USA            Area of coverage 2: Worldwide excluding the USA ,Hong Kong, Mainland China,Brazil, Switzerland            Area of coverage 3: ASEAN excluding Singapore</p> <p>Area of coverage 3 includes Indonesia, Malaysia, Philippines, Thailand, Brunei, Vietnam, Laos, Myanmar and Cambodia.</p> <p>The benefits under the plan can be claimed</p> <ul style="list-style-type: none"> <li>• in the selected area of coverage as well as the lower areas</li> <li>• worldwide in case of accident and unexpected illness during temporary trips of less than 90 consecutive days outside your area of coverage</li> </ul>
<p><b>Annual inpatient deductible</b></p>	<p>A USD 1 000, USD 2 500, USD 5 000 or USD 8 000 annual inpatient deductible options are available for selection. It is the total amount that you will have to pay per policy year for any one or more claims related to inpatient, day patient and pre&amp;post hospitalisation treatments that would otherwise be covered under your plan. The annual deductible applies separately to each person covered. Depending on the design of your plan the discount can go up to 55%</p>
<p><b>Outpatient co-insurance</b></p>	<p>A 10% or 20% co-insurance option is available for the following benefits: Outpatient Services and Medical Prostheses, Preventive &amp; Wellness, Maternity, Dental &amp; Vision. The same level of co-insurance selected will apply to these benefits. The total amount payable for an eligible claim will be either 100%, 90% or 80% of the expense, up to the benefit limit shown under your plan, depending on the co-insurance you have selected. The coinsurance will not apply to treatment regarding renal dialysis, cancer and HIV.</p>

*The benefits stated are per beneficiary and per policy year (12 months after the inception of the policy), unless stated otherwise in the benefit table. Stated age restrictions refer to age attained on the 1st day of the policy period. Refer to the Membership Guide and Policy Terms and Conditions for detailed terms of application, waiting periods and exclusions.*

📄 These benefits are subject to prior agreement.

🕒 Applicable waiting period (corresponding number denotes length of waiting period in months)

**Any persons and/or their eligible dependents, who at the point of application, is employed or seeking employment in the following occupations are not eligible for coverage under the plan:** Airplane Pilots or Co-Pilot, Boiler Operator, Chemical Plant and System Operator, Embalmer, Flight Attendants, Flight Engineer, Metal-Refining Furnace Operator, Nuclear Medicine Technologist, Nuclear Power Plant Worker, Professional Athlete, Radiologist, Stationary Engineer, Water and Wastewater Treatment Plant and System Operator.

Administered by:



GMC Services (Asia-pacific) Pte Ltd. (wholly owned subsidiary of Henner SAS) - A Private Company Limited by Shares, with a share capital of S\$ 100 000, registered in Singapore under number 199901918D - 137 Telok Ayer Street #07-01/02/03, Singapore 068602

Insured by:



Post and Telecommunication Joint Stock Insurance Corporation (PTI) was established on August 1, 1998 under the laws of Vietnam and registered with the Ministry of Finance under No. 41A/GP/KDBH date 01/02/2007, amendment to establishment and operation license No 41A/GPDDC4/KDBH date 30/06/2010, whose registered office is at: 8 floor, Harec building 4A Láng Hạ Street, Ba Đình District, Hanoi City, Vietnam | www.pti.com.vn

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