

PRUmed lifelong care plan

A supplementary plan that provides core medical cover for private medical treatment – guaranteed lifetime renewable

Medical Protection



PRUDENTIAL
保誠保險

Listening. Understanding. Delivering.



PRUmed lifelong care plan

The best time to plan for illness is when you are healthy. That's the time to get cover that cuts through waiting lists and gives you access to the room level and care you want. **PRUmed lifelong care plan** provides **core protection against the costs of medical treatment**. It helps **relieve your worry about high medical costs in private hospitals or long waiting lists for health services in public hospitals**. Instead, you can just **focus on receiving treatment and achieving a speedy recovery**. What's more, this plan adapts to your **lifelong health journey**, with **lifetime guaranteed renewability** for enduring peace of mind.

Enhance your protection by adding **PRUmed major** to your plan. This includes **PRUmed network care benefit**, covering **100%** of your eligible medical expenses incurred in excess of the amount payable under **PRUmed lifelong care plan** if you receive medical services through our network providers. This allows you to **tailor your care to your specific needs and preferences**.



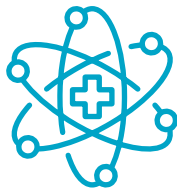
Plan highlights



Guaranteed renewal for life – accompanying your health journey



Cover before and after a hospital stay, **from diagnosis to recovery**



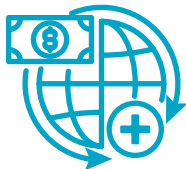
Top up with **PRUmed major** and if the eligible medical expenses exceed your plan's itemised limit, we will cover **100%** of it with **PRUmed network care benefit**, and cover **80%** with **PRUmed major (classic) benefit**



15% no claim bonus to reward good health



Value-added services to enhance your protection



Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests



Medical Green Channel – Get priority booking for outpatient and/or hospitalisation appointments at selected hospitals in Mainland China



Treatment Sure – Get back on the road to health with personalised medical advice from global experts



SmartAppointment Service – Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated



24-hour Worldwide Emergency Assistance Services

The benefits

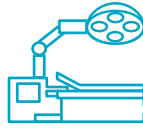


Guaranteed renewal for life – accompanying your health journey

PRUmed lifelong care plan is a **lifelong supplementary plan** that covers your (you as the life assured – the person covered by the policy) **eligible worldwide medical costs from diagnosis to recovery**, including:



hospital stay



surgery



pre- & post-hospitalisation
consultation

We **cover eligible medical expenses up to the itemised limits for each benefit item.**



Choose the coverage to fit your budget

When you enrol in the plan, you can choose from our **3 covered benefit levels** (Ward, Semi-private Room or Private Room) according to your needs.



Lifelong protection

Even if your **medical history changes** or **there is a claim** on the plan, you can **renew** the plan **every year** throughout your **lifetime – guaranteed**. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

You can find more details in the “Plan renewal/Premium structure” and “Changes to benefits” in the “More about the plan” section below.



Cover before and after a hospital stay, from diagnosis to recovery



Confinement benefits (i.e. hospitalisation benefits)

If you need hospital treatment, we will cover:



daily room and
board expenses



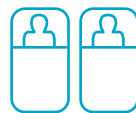
doctor's visits



specialist's visits



intensive care



daily extra bed
for family member



other hospital expenses,
such as laboratory fees,
imaging examinations,
medications, injections
and dialysis (including
the rental cost of a
kidney dialysis machine
for use at home)



Surgical benefits

If you need surgery at a hospital, we will cover your:

- surgical fees**
- anaesthetist's fees**
- operating theatre fees**



Emergency outpatient treatment benefit and death benefits

After an accident, getting treated and back to normal life again is a priority. We will **cover** your **medical expenses** if you are **injured** and **need emergency hospital outpatient treatment within 24 hours of an accident.**

The plan also provides a **compassionate death benefit** of up to **USD 5,000/HKD 40,000**, while an **accidental death** can receive an **extra USD 5,000/HKD 40,000** under the **accidental death benefit**. If you unfortunately pass away because of **medical negligence**, we will pay an **extra benefit** of up to **USD 43,000/HKD 344,000**.



Pre- & post-hospitalisation benefits

The extra costs of treatment can so easily add up. That's why we take care of your **pre-admission** and **follow-up outpatient consultation fees** too, ensuring you get the best possible care.

If you need treatment after hospitalisation, we will also cover:

- chiropractor consultation**
- physiotherapist consultation**
- post-surgery home nursing**



Prescribed non-surgical cancer treatments benefit

We cover **prescribed non-surgical cancer treatment** up to the itemised limit. You can choose to receive the treatment in **hospital** or **as an outpatient**, and we cover **specialist outpatient consultations for treatment planning**, as well as **monitoring your prognosis and development** during the treatment.

If your eligible medical expenses for **prescribed non-surgical cancer treatment** exceed the itemised limits of the **PRUmed** lifelong care plan, **PRUmed major** covers your excess expenses. The **PRUmed network care benefit even covers 100% of your excess expenses**, subject to the overall limits of **PRUmed** network care benefit and the lifetime limit under **PRUmed major** (if applicable), provided you choose to receive the medical services through our **network providers**.



Outpatient surgery benefits

If you choose a **day surgery centre** or a **clinic** for a **surgical procedure** or **operation**, we will cover:



surgical fees



anaesthetist's fees



operating theatre fees



daily room and board expenses



pre- and post-surgery consultations



chiropractor consultation



physiotherapist consultation



post-surgery home nursing



other eligible medical expenses





Top up with PRUmed major and if the eligible medical expenses exceed your plan's itemised limit, we will cover 100% of it with PRUmed network care benefit, and cover 80% with PRUmed major (classic) benefit







By paying additional premiums, you may add **PRUmed major** to your **PRUmed lifelong care plan**, to **top up your plan's cover** and help to **reduce your out-of-pocket medical expenses**.

PRUmed major consists of the **PRUmed major (classic) benefit** and **PRUmed network care benefit**. If your eligible medical expenses of specified benefit items exceed your **PRUmed lifelong care plan's** itemised limits, **PRUmed major gives you extra financial support of your excess**, subject to the applicable benefit limits under **PRUmed major**, the overall limits of **PRUmed major (classic) benefit** and **PRUmed network care benefit** and the lifetime limit under **PRUmed major** (if applicable).



PRUmed major (classic) benefit







If your eligible medical expenses incurred are over the benefit limits of your **PRUmed lifelong care plan**, the **PRUmed major (classic) benefit** covers **up to 80%** of the excess. The amount payable must be within the maximum benefit limit and overall limit under **PRUmed major (classic) benefit**, as well as the lifetime limit under **PRUmed major** (if applicable), for the following services:

-  hospitalisation
-  surgical
-  prescribed non-surgical cancer treatments
-  emergency outpatient treatment benefit
-  pre- & post-hospitalisation benefits
-  network diagnostic imaging benefit



PRUmed network care benefit

Even if there is still an excess, there is no need to worry. **PRUmed network care benefit** will **fully cover your excess** if you receive treatment from one of our **network providers**, as well as the amount payable is within the overall limit under **PRUmed network care benefit** and the lifetime limit under **PRUmed major** (if applicable), for the following services:

-  hospitalisation
-  surgical
-  prescribed non-surgical cancer treatments
-  pre-admission and follow-up outpatient consultation under pre- & post-hospitalisation benefits
-  network diagnostic imaging benefit
-  PRUmed major (classic) benefit

Good to know

You will need to get our pre-authorization before we offer the **network diagnostic imaging benefit** and **PRUmed network care benefit**.

Your network provider can send in your pre-authorization request for you – just let them know during your initial consultation.



15% no claim bonus to reward good health

On each policy anniversary of the basic plan to which this plan is attached, if you have not claimed under this plan for the last **36 consecutive months**, we will offer you a **no claim bonus** of **15%** of this plan's previous policy year's premiums. We will put this bonus into your premium deposit account so you can settle the plan's future premium payment with it if you wish.

Even better, you can claim for some **specified surgical procedures** performed in a day surgery centre or a clinic, such as **colonoscopy** or **gastroscopy, without losing your eligibility for the no claim bonus**. Furthermore, **any outpatient surgical procedure** you receive from our **network providers will not affect your no claim bonus**. Our supplementary leaflet and the relevant policy provision have the complete list of these specified surgical procedures.

Click [here](#) or scan the QR code to access the supplementary leaflet:





Value-added services to enhance your protection



Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests

If you need a **hospital stay, day surgery** or **diagnostic imaging test** (including CT, MRI, PET, PET-CT combined and PET-MRI combined scans), just choose the most appropriate doctor. With our **pre-authorisation**, we will **pay** your eligible medical expenses **directly** to our **network providers**. You will also know in advance how we cover you before your visit and we will tell you any costs we don't cover.

Click [here](#) or scan the QR code for details and full terms and conditions of the Medical Expenses Direct Billing Service:



Medical Green Channel – Get priority booking for outpatient and/or hospitalisation appointments at selected hospitals in Mainland China

Medical Green Channel is a **one-stop booking service** for **medical appointments** at Medical Green Channel's selected hospitals in Mainland China. It gets you faster treatment by cutting out long waiting times and clumsy booking procedures.



Faster treatment by cutting out long waiting times and clumsy booking procedures

Priority booking for outpatient and/or hospitalisation at about 1,200 hospitals in major cities such as Beijing, Shanghai, Shenzhen and Guangzhou.



Hassle-free access along the journey

Make your appointments through the 24-hour service hotline or online anytime. Our dedicated case manager will follow up with you and, on your treatment day, one of the team will guide and help you through the registration process at your hospital.

You can find more details in the “Medical Green Channel – More about the value-added services” section below.

Click [here](#) or scan the QR code to find out more about the service, a list of Medical Green Channel hospitals and enrolment details:





Treatment Sure – Get back on the road to health with personalised medical advice from global experts

If you are ill, medical experts' guidance can help you make the right treatment decisions. This is why we offer the **Treatment Sure**, including **second medical opinions** and **overseas medical concierge** services.



Support from the dedicated physician case manager

A dedicated physician case manager will answer questions throughout the medical journey.



Professional team of physician case managers

Access to over 3,000 doctors who speak more than 30 languages, so they can communicate in yours.



Comprehensive network

A network of over 50,000 global medical experts, covering more than 450 specialties and sub-specialties.

Click [here](#) or scan the QR code for service and enrolment details:



SmartAppoint Service – Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated

What happens if you become **mentally incapacitated** and are unable to make a claim yourself?



Simple to apply and claim

Simple & free application and claims procedures – no more legal processes.



In control & peace-of-mind

Set up an advance instruction to make a family member of your choice the designated person.



Immediate financial relief

Immediate financial relief to your family with access to claims by your designated person.

Click [here](#) or scan the QR code for more details:



24-hour Worldwide Emergency Assistance Services

If, unfortunately, you suffer from a serious injury or illness overseas, we can arrange **emergency evacuation** and **repatriation cover** through our **designated third-party service provider**.

You can find the full list of items we cover and how we cover them in the “Benefit Schedule” section below.

Benefit Schedule

PRUmed lifelong care plan							
Benefit items		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
I. Confinement benefits (i.e. hospitalisation benefits)							
1	Hospital daily room & board ⁽¹⁾ (per day) Max. no. of days per hospital stay ⁽²⁾ : 90	125	1,000	250	2,000	475	3,800
2	Doctor's visit (per day) Max. no. of days per hospital stay ⁽²⁾ : 90	100	800	225	1,800	450	3,600
3	Miscellaneous hospital expenses (per hospital stay ⁽²⁾)	1,250	10,000	2,500	20,000	3,300	26,400
4	Intensive care (per day) Max. no. of days per hospital stay ⁽²⁾ : 90	400	3,200	700	5,600	1,100	8,800
5	Specialist's visit ⁽³⁾ (per hospital stay ⁽²⁾)	350	2,800	700	5,600	1,300	10,400
6	Daily extra bed for family member (per day) Max. no. of days per hospital stay ⁽²⁾ : 90	75	600	100	800	125	1,000
II. Surgical benefits							
7	Surgical fees ^{(3) (4)} (per hospital stay ⁽²⁾)	5,000	40,000	7,500	60,000	11,000	88,000
8	Anaesthetist's fees (per hospital stay ⁽²⁾)	35% of surgical fees payable					
9	Operating theatre fees (per hospital stay ⁽²⁾)	35% of surgical fees payable					
III. Prescribed non-surgical cancer treatments							
10	Prescribed non-surgical cancer treatments ⁽⁵⁾ (per hospital stay ⁽²⁾) • for treatment performed during hospital stay or on an outpatient basis	1,875	15,000	3,750	30,000	5,625	45,000
IV. Emergency outpatient treatment benefit							
11	Emergency outpatient treatment benefit (per injury) • for treatment within 24 hours of an accident	700	5,600	1,200	9,600	1,700	13,600
V. Pre- & post-hospitalisation benefits							
12	Pre-admission and follow-up outpatient consultation ⁽³⁾ (per hospital stay ⁽²⁾) • No. of consultations per day: 1 • Max. no. of pre-admission outpatient consultation: 1 • Max. no. of follow-up outpatient consultations: 3 • Validity for follow-up outpatient consultations: within 60 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor	175	1,400	275	2,200	375	3,000

PRUmed lifelong care plan

Benefit items		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
13	Daily post-surgery home nursing ⁽³⁾ (per day) <ul style="list-style-type: none"> No. of visits per day by a licensed nurse: 1 Max. no. of visits: 15 Validity: within 31 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	75	600	75	600	170	1,360
14	Chiropractor ⁽³⁾ /physiotherapist consultation ⁽³⁾ (per day) <ul style="list-style-type: none"> No. of visits per day to a licensed chiropractor or physiotherapist: 1 Max. no. of visits: 10 Validity: within 90 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	50	400	70	560	90	720
VI. Network diagnostic imaging benefit							
15	Network diagnostic imaging benefit ^{(3) (6) (7) (8)} (per illness or injury) <ul style="list-style-type: none"> for specified diagnostic imaging test performed on an outpatient basis 	1,250	10,000	2,500	20,000	3,300	26,400
VII. Death benefits							
16	Compassionate death benefit	1,000	8,000	2,500	20,000	5,000	40,000
17	Accidental death benefit	1,000	8,000	2,500	20,000	5,000	40,000
18	Medical accident and incident extension benefit	11,000	88,000	22,000	176,000	43,000	344,000
Value-added services							
1	Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests ⁽⁹⁾	✓					
2	Medical Green Channel	✓					
3	Treatment Sure (Second medical opinion and overseas medical concierge services)	✓					
4	SmartAppoint Service	✓					
5	24-hour Worldwide Emergency Assistance Services	✓					

PRUmed major (Optional)⁽¹⁰⁾

Lifetime limit under PRUmed major ⁽¹¹⁾ (Applies from the policy anniversary immediately after the life assured reaches age 75 [age next birthday {ANB}])		USD 150,000/HKD 1,200,000											
		(a) PRUmed major (classic) benefit ^{(10) (12)}						(b) PRUmed network care benefit ^{(8) (10)}					
		Ward		Semi-private Room		Private Room		Ward		Semi-private Room		Private Room	
		Overall limit (per illness/injury/hospital stay ⁽²⁾)						Overall limit ⁽¹³⁾ (per illness/injury/hospital stay ⁽²⁾)					
		USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
		12,500	100,000	22,500	180,000	42,000	336,000	25,000	200,000	45,000	360,000	80,000	640,000
Benefit items		Maximum Benefit Limit (USD/HKD)											
I. Hospitalisation benefits													
1	Hospital daily room & board (per day)	80% of excess expenses starting from the 91 st day of hospital stay ⁽²⁾ , subject to the per day limit below:						100% ⁽¹⁴⁾ of excess expenses starting from the 1 st day of hospital stay					
		125	1,000	250	2,000	475	3,800						
2	Doctor's visit (per day)	80% of excess expenses starting from the 91 st day of hospital stay ⁽²⁾ , subject to the per day limit below:											
		100	800	225	1,800	450	3,600						
3	Miscellaneous hospital expenses (per hospital stay ⁽²⁾)	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan						100% ⁽¹⁴⁾ of excess expenses					
4	Intensive care (per day)	80% of excess expenses starting from the 91 st day of hospital stay ⁽²⁾ , subject to the per day limit below:						100% ⁽¹⁴⁾ of excess expenses starting from the 1 st day of hospital stay					
		400	3,200	700	5,600	1,100	8,800						
5	Specialist's visit ⁽³⁾ (per hospital stay ⁽²⁾)	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan						100% ⁽¹⁴⁾ of excess expenses					
6	Daily extra bed for family member (per day)	80% of excess expenses starting from the 91 st day of hospital stay ⁽²⁾ , subject to the per day limit below:						100% ⁽¹⁴⁾ of excess expenses starting from the 1 st day of hospital stay					
		75	600	100	800	125	1,000						

PRUmed major (Optional)⁽¹⁰⁾

Lifetime limit under PRUmed major ⁽¹¹⁾ (Applies from the policy anniversary immediately after the life assured reaches age 75 [age next birthday {ANB}])		USD 150,000/HKD 1,200,000											
		(a) PRUmed major (classic) benefit ^{(10) (12)}						(b) PRUmed network care benefit ^{(8) (10)}					
		Ward		Semi-private Room		Private Room		Ward		Semi-private Room		Private Room	
		Overall limit (per illness/injury/hospital stay ⁽²⁾)						Overall limit ⁽¹³⁾ (per illness/injury/hospital stay ⁽²⁾)					
		USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
		12,500	100,000	22,500	180,000	42,000	336,000	25,000	200,000	45,000	360,000	80,000	640,000
Benefit items		Maximum Benefit Limit (USD/HKD)											
II. Surgical benefits													
7	Surgical fees ⁽³⁾⁽⁴⁾ (per hospital stay ⁽²⁾)	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan						100% ⁽¹⁴⁾ of excess expenses					
8	Anaesthetist's fees (per hospital stay ⁽²⁾)												
9	Operating theatre fees (per hospital stay ⁽²⁾)												
III. Prescribed non-surgical cancer treatments benefit													
10	Prescribed non-surgical cancer treatments ⁽⁵⁾ (per hospital stay ⁽²⁾)	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan, subject to the per hospital stay ⁽²⁾ limit below:						100% ⁽¹⁴⁾ of excess expenses					
		1,875	15,000	3,750	30,000	5,625	45,000						
IV. Emergency outpatient treatment benefit													
11	Emergency outpatient treatment benefit (per injury)	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan						Nil					

PRUmed major (Optional)⁽¹⁰⁾

Lifetime limit under PRUmed major ⁽¹¹⁾ (Applies from the policy anniversary immediately after the life assured reaches age 75 [age next birthday {ANB}])	USD 150,000/HKD 1,200,000											
	(a) PRUmed major (classic) benefit ^{(10) (12)}						(b) PRUmed network care benefit ^{(8) (10)}					
	Ward		Semi-private Room		Private Room		Ward		Semi-private Room		Private Room	
	Overall limit (per illness/injury/hospital stay ⁽²⁾)						Overall limit ⁽¹³⁾ (per illness/injury/hospital stay ⁽²⁾)					
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
12,500	100,000	22,500	180,000	42,000	336,000	25,000	200,000	45,000	360,000	80,000	640,000	

Benefit items	Maximum Benefit Limit (USD/HKD)											
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V. Pre- & post-hospitalisation benefits

12	Pre-admission and follow-up outpatient consultation ⁽³⁾ (per hospital stay ⁽²⁾) <ul style="list-style-type: none"> No. of consultations per day: 1 Validity for follow-up outpatient consultations: within 60 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	<ul style="list-style-type: none"> For amount of expenses in excess of pre-admission and follow-up outpatient consultation; and For the number of visits in excess of pre-admission and follow-up outpatient consultation; <ul style="list-style-type: none"> – 1 additional pre-admission outpatient consultation – 3 additional follow-up outpatient consultations 											
		80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan, subject to the per visit limit below:						100% ⁽¹⁴⁾ of excess expenses (Only available for outpatient visits with registered doctor.)					
		175	1,400	275	2,200	375	3,000						

PRUmed major (Optional)⁽¹⁰⁾

Lifetime limit under PRUmed major ⁽¹¹⁾ (Applies from the policy anniversary immediately after the life assured reaches age 75 [age next birthday {ANB}])		USD 150,000/HKD 1,200,000											
		(a) PRUmed major (classic) benefit ^{(10) (12)}						(b) PRUmed network care benefit ^{(8) (10)}					
		Ward		Semi-private Room		Private Room		Ward		Semi-private Room		Private Room	
		Overall limit (per illness/injury/hospital stay ⁽²⁾)						Overall limit ⁽¹³⁾ (per illness/injury/hospital stay ⁽²⁾)					
		USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
		12,500	100,000	22,500	180,000	42,000	336,000	25,000	200,000	45,000	360,000	80,000	640,000
Benefit items		Maximum Benefit Limit (USD/HKD)											
13	Daily post-surgery home nursing ⁽³⁾ (per day) <ul style="list-style-type: none"> No. of visits per day by a licensed nurse: 1 Max. no. of additional visits: 16 Validity: within 31 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	80% of excess expenses starting from the 16 th visit, subject to the per day limit below:						Nil					
		75	600	75	600	170	1,360						

PRUmed major (Optional) ⁽¹⁰⁾													
Lifetime limit under PRUmed major ⁽¹¹⁾ (Applies from the policy anniversary immediately after the life assured reaches age 75 [age next birthday {ANB}])		USD 150,000/HKD 1,200,000											
		(a) PRUmed major (classic) benefit ^{(10) (12)}						(b) PRUmed network care benefit ^{(8) (10)}					
		Ward		Semi-private Room		Private Room		Ward		Semi-private Room		Private Room	
		Overall limit (per illness/injury/hospital stay ⁽²⁾)						Overall limit ⁽¹³⁾ (per illness/injury/hospital stay ⁽²⁾)					
		USD		HKD		USD		HKD		USD		HKD	
		12,500		100,000		22,500		180,000		42,000		336,000	
25,000		200,000		45,000		360,000		80,000		640,000			
Benefit items		Maximum Benefit Limit (USD/HKD)											
14	Chiropractor ⁽³⁾ / physiotherapist consultation ⁽³⁾ (per day) <ul style="list-style-type: none"> No. of visits per day to a licensed chiropractor or physiotherapist: 1 Max. no. of additional visits: 21 Validity: within 90 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	80% of excess expenses starting from the 11 th consultation, subject to the per day limit below:						Nil					
		50		400		70							560
VI. Network diagnostic imaging benefit													
15	Network diagnostic imaging benefit ^{(3) (6) (7) (8)} (per illness/injury)	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan						100% ⁽¹⁴⁾ of excess expenses					

Remarks

1. We limit cover for daily meal expenses to 30% of the daily maximum benefit limit under hospital daily room and board. The maximum amount we will reimburse for each day of hospital daily room and board (including any meal expenses) will not be more than the daily maximum benefit limit we have specified in the Benefit Schedule of the plan.
2. "Hospital stay" is the life assured's inpatient admission by a hospital on the recommendation of a registered doctor for medically necessary services or treatments for a minimum of 6 consecutive hours which incurs a charge for hospital daily room and board or intensive care. If the life assured has to stay in hospital twice or more for the same or directly related injury or illness and there is less than 90 days between the stays, we count these hospitalisations as one hospital stay. We also count a surgical procedure or operation either in a day surgery centre or a clinic of a registered doctor that occurs within 90 days before or after a hospitalisation for the same or directly related injury or illness as one hospital stay.
3. We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from the registered doctor.
4. You can work out the maximum surgical fees payable under the policy for a surgical procedure or operation by multiplying the maximum benefit limit per hospital stay by the specific percentage listed for that operation in the Surgical Procedure Schedule of the policy. The percentage depends on the degree of complexity of the operation.
5. Where the following are caused by the same or a directly related illness, and the treatments, hospital stay and/or surgical procedures or operations below are not more than 90 days apart, we will treat this as a single hospital stay under the prescribed non-surgical cancer treatments benefit:
 - I. 2 or more prescribed non-surgical cancer treatments, or
 - II. 2 or more events involving both (i) prescribed non-surgical cancer treatment(s) and (ii) hospital stay(s), or
 - III. 2 or more events involving both (i) prescribed non-surgical cancer treatment(s) and (ii) surgical procedure(s) or operation(s) either in a day surgery centre or a registered doctor's clinic, or
 - IV. 2 or more events involving (i) prescribed non-surgical cancer treatment(s), (ii) hospital stay(s), and (iii) surgical procedure(s) or operation(s) either in a day surgery centre or a registered doctor's clinic.
6. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
7. We will also count the benefit paid or payable under network diagnostic imaging benefit towards the benefit limit of miscellaneous hospital expenses benefit if the life assured is hospitalised for the same injury or illness within 90 days before or after they have the specified diagnostic imaging test.
8. We will only pay these benefits for network services recommended and provided by the network providers after you have successfully obtained pre-authorisation. Please visit <https://pruhk.co/medical-network-en> for the latest updates and full terms and conditions.
9. You will need to get our pre-authorisation before your treatment.
10. **PRUmed** major (classic) benefit shall cover any eligible expenses that exceed the amount payable under **PRUmed** lifelong care plan. For treatments, medical services and/or supplies provided by network providers, any remaining excess after **PRUmed** major (classic) benefit is payable or has been paid will be covered by the **PRUmed** network care benefit, subject to its overall and lifetime limits (if applicable).
11. **PRUmed** major has a lifetime limit which applies to both **PRUmed** major (classic) benefit and **PRUmed** network care benefit. This lifetime limit is a cap on the total amount we pay from **PRUmed** major and it applies from the policy anniversary immediately after the life assured reaches age 75 (ANB). Once the limit is reached, we will terminate the **PRUmed** major.
12. Coverage under **PRUmed** major (classic) benefit is subject to the overall limit and the lifetime limit (if applicable) in the Benefit Schedule of the plan.
13. When all the plan's benefits (including both **PRUmed** major (classic) benefit and **PRUmed** network care benefit) paid or payable for the same injury, illness or hospital stay reach the overall limit, we will not pay any further benefits under the **PRUmed** network care benefit.
14. 100% means there is no itemised benefit sub-limit, and the benefit we pay will be subject to the overall limit under **PRUmed** network care benefit and lifetime limit under **PRUmed** major (if applicable).

How does the plan work*

Mr. Chan decides to take out a **PRUmed** lifelong care plan together with **PRUmed** major (room level: Ward) for more comprehensive cover.

Mr. Chan is a smoker and has had a serious and persistent cough for a month with blood streak and sputum and is recommended by the registered doctor to have an outpatient PET-CT scan. The scan shows that Mr. Chan has an early-stage lung tumour. He is advised to undergo a video assisted thoracoscopic surgery to remove the tumour and ends up staying at a network hospital for 6 days.

2 days after Mr. Chan is discharged from the hospital, he suffers from shortness of breath and has fever, so he is advised to have a bronchoscopy and ends up staying at the network hospital for another 4 days.



Mr. Chan's treatment expenses include:		Benefits payable under PRUmed lifelong care plan and PRUmed major:
Network diagnostic imaging test (PET-CT scan) [#] :	HKD 14,800	HKD 185,200
Hospital daily room & board:	HKD 10,000	
Doctor's visit:	HKD 10,000	
Miscellaneous hospital expenses:	HKD 57,800	
Surgical fees [^] :	HKD 64,500	
Anaesthetist's fee:	HKD 20,000	
Operating theatre fees:	HKD 25,400	
Total treatment expenses incurred:	HKD 202,500	

Mr. Chan needs to pay: HKD 2,500



Conclusion

Mr. Chan only needs to pay **HKD 2,500** if he opts for **PRUmed** major and decides to have the PET-CT scan and hospitalisation within our medical network. However, Mr. Chan needs to pay **HKD 115,300** if he doesn't.

* The above example is for illustration only; the actual claim amount would vary from case to case depends on the actual medical treatment received and the relevant expenses incurred.

We will also count the benefit paid or payable under network diagnostic imaging benefit towards the benefit limit of miscellaneous hospital expenses benefit if the life assured is hospitalised for the same injury or illness within 90 days before or after they have the specified diagnostic imaging test.

[^] The specific percentages applied on the maximum benefit limit of surgical benefits for thoracoscopic surgery and bronchoscopy for this case are 90% and 10% respectively as listed in the Surgical Procedure Schedule of **PRUmed** lifelong care plan of the policy.

[~] When all the plan's benefits (including both **PRUmed** major (classic) benefit and **PRUmed** network care benefit) paid or payable for the same injury, illness or hospital stay reaches the overall limit (i.e. HKD 200,000 for this case), we will not pay any more benefits under the **PRUmed** network care benefit.

Key exclusions

We will not provide coverage under the plan under any of the following circumstances:

- (i) if the injury, illness, or the signs or symptoms of the illness existed before the effective date of the plan or the effective date of reinstatement, whichever is later; or
- (ii) if the illness is diagnosed or the signs and symptoms of the illness appeared within 30 days from the effective date of the plan or the effective date of reinstatement; or
- (iii) if the hospital stay, treatment and/or charges incurred are related to or arise as a direct or indirect result of:
 - a. pregnancy, childbirth, termination of pregnancy, birth control, infertility or human assisted reproduction; or
 - b. war, hostilities (whether war is declared or not), rebellion, insurrection, riot, civil commotion or the life assured's participation in any criminal offence; or
 - c. suicide, self-inflicted injuries while sane or insane, drug abuse, consumption of alcohol, scuba diving or engaging in or taking part in any kind of race other than on foot; or
 - d. cosmetic treatment or corrective aids and treatment of refractive errors performed on the life assured unless necessitated by an injury caused by an accident and the life assured sustains the injury within 90 days of the accident; or
 - e. procurement or use of appliances for the benefit of the life assured including but not limited to braces, pacemaker, spectacles, contact lenses, intraocular lenses, hearing aids or wheelchairs (except for the rental of a kidney dialysis machine under miscellaneous hospital expenses); or
 - f. vaccination, convalescence, dental treatment or surgery (except for emergency treatment arising from an accident and cannot be done on an outpatient basis), health check-ups, treatment or tests that relate to AIDS, HIV or AIDS related complex; or
 - g. mental disorder, psychological or psychiatric conditions; or
 - h. congenital or inherited disorder or developmental conditions (only applicable before the life assured reaches age 17 [ANB]); or
 - i. any services primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - j. any treatment, investigation, services or supplies which are not medically necessary; or non-medical services; or charges of which exceed the reasonable and customary charges.

For more details on exclusions, please refer to relevant policy provisions.

More about the plan

Plan type

Supplementary plan (i.e. rider)

(When this plan is a supplementary plan, it means you must attach it to a basic plan when you are enrolling in it.)

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age (ANB)	Currency option [^]
Whole life or benefit term of the attached basic plan, whichever is earlier	1 – 75	HKD/USD

The life assured must be at least 15 days old when the proposal document is signed.

[^] The currency of the plan should correspond with the currency of the basic plan.

Plan renewal/Premium structure

We guarantee that you will be able to renew your plan at each policy anniversary subject to the premium rate, terms and conditions and Benefit Schedule that applies at that time.

Premium rates are not guaranteed and are yearly adjustable based on the risk class (including but not limited to age, gender, room level and attachment of **PRU**med major cover) and the attained age of the life assured at the time of plan renewal. We will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Changes to benefits

We have the right to change any of the plan's terms and conditions (including the Benefit Schedule and all other provisions) if we give you 30 days' notice in writing before each renewal.

We will adjust the premium based on the rate we determine.

Reasonable and customary charges

"Reasonable and customary charges" are charges for treatments, medical services and/or supplies that are in line with the usual level of charges for similar treatments, medical services and/or supplies in the locality where the expenses are incurred.

Medically necessary

Medical service is medically necessary if it is consistent with the diagnosis and customary medical treatment for the condition. The medical service should also conform to the standards of generally accepted medical practice and not just for the convenience of the life assured, their relatives or the registered doctor.

In case of hospital stay, the medical service should be performed on the basis of the medical symptoms or conditions of the life assured that cannot be safely provided without hospital stay.

Benefit adjustment under **PRU**med major

PRUmed network care benefit:

We will not pay any further benefit under **PRU**med network care benefit for the same injury, illness or hospital stay once the total benefit paid or payable reaches the overall limit of **PRU**med network care benefit shown in the "Benefit Schedule" section above.

PRUmed major (classic) benefit:

If you stay in a higher category of accommodation than your plan's benefit level entitles you to, we will apply an adjustment factor to the amount we pay for hospitalisation benefits and surgical benefits under **PRU**med major (classic) benefit, whether the upgrade was voluntary or involuntary. We will do this by multiplying the expenses in excess of the amount payable under the **PRU**med lifelong care plan by the percentages below and then by 80%:

- if you upgrade from ward level to semi-private level or from semi-private to private level or above: 50%
- if you upgrade from ward level to private level or above: 25%

The amounts we pay under the **PRU**med major (classic) benefit cannot exceed its the maximum benefit limits and overall limit of **PRU**med major (classic) benefit shown in the "Benefit Schedule" section above.

From the 1st policy anniversary immediately after you reach age 75 [ANB], a lifetime limit applies to the total amount payable under **PRU**med major. This lifetime limit is a cap on the total amount we pay from **PRU**med major and once you reach this limit, we will terminate the **PRU**med major.

Network provider

“Network provider” is a registered doctor, a specialist, a hospital or a medical service provider that has entered into a valid written agreement with us to provide treatments, medical services and/or supplies to you. You can log in to myPrudential to see the list of network providers. We may change the list from time to time without advance notice.

Conditions for providing network benefits

We will only provide coverage for the network diagnostic imaging benefit and/or **PRU**med network care benefit when:

- you undergo imaging from a network provider as an outpatient (this applies to the network diagnostic imaging benefit only);
- your imaging and/or treatments is/are recommended by and received from a network provider; and
- you get our pre-authorisation before your imaging and/or treatments.

VAT and GST

Eligible expenses shall include the value-added taxes (“VAT”) and goods and services taxes (“GST”) (if any) charged or imposed on the expenses incurred for medical services.

Termination of **PRU**med lifelong care plan

We will terminate your **PRU**med lifelong care plan when the first of these happens:

- the life assured dies; or
- you fail to pay your premium within 1 calendar month from its due date; or
- the basic plan to which this plan is attached terminates.

Termination of **PRU**med major

We will terminate **PRU**med major when the first of these happens:

- termination of **PRU**med lifelong care plan; or
- the total benefit amounts payable under **PRU**med major covering the life assured reach its lifetime limit.

More about the value-added services

Medical Green Channel

- Medical Green Channel is provided by an independent third-party service provider. Their service offers priority booking for outpatient and/or hospitalisation appointment at Medical Green Channel's selected hospitals in Mainland China for the life assured of the **PRU**med lifelong care plan.
- Medical Green Channel's case managers and escort staff are appointed by the service provider.
- The life assured is responsible for all registration fees, diagnosis/treatment fees, examination fees, prescription fees, hospitalisation fees, and all administration fees and medical expenses incurred on their outpatient and/or hospitalisation services. The medical expenses the life assured can claim are subject to the terms and conditions, and the benefit limit of the life assured's medical insurance plan.
- Medical Green Channel is not suitable for a life assured who has an acute medical condition, has been involved in an accident, or has conditions requiring emergency or immediate medical assistance.

Treatment Sure

- The Treatment Sure offers Global Expert Medical Opinion and Medical Concierge services for the plan's life assured. The service is suitable for any non-emergency medical conditions (e.g. cancer, gastroenteric diseases and orthopaedic issues) that needs a second opinion, **but excludes**:
 - Accidents and medical emergencies
 - Urgent or life-threatening conditions
 - Daily or common medical issues (such as colds, fever, flu and occasional rashes)
 - Chronic diseases management (such as chronic hepatitis, diabetes and high blood pressure), except for any complications of chronic diseases
- The Global Expert Medical Opinion report is intended to supplement the information the life assured has already received from their attending doctor. It should not be used to replace their attending doctor's recommendations. The final decision on the medical treatment arrangement must be made solely by the life assured.
- The Medical Concierge is only available after the life assured has completed the Global Expert Medical Opinion. If the life assured chooses to receive treatment abroad, they will be responsible for all fees and charges required for travel and accommodation and related items. The amount you can claim for treatment expenses is subject to the benefit limit of your plan.

SmartAppoint Service

- The SmartAppoint Service is an advanced policy instruction, and not an enduring power of attorney ("EPA") or guardianship order. It does not appoint the designated person as your attorney or guardian/committee. If you have an EPA or a guardian/committee appointed, you must not apply for this service.
- The policyholder and the life assured must be the same person.
- The designated person must be a member of your family who is age 18 or over, and must be your spouse, parent, child, sibling, grandparent, grandchild, or any other relationship we approve.
- You must notify the designated person of the instruction/change of instruction under this service.
- When submitting a claim, the designated person needs to provide medical reports from 2 registered medical practitioners (1 from your attending doctor) confirming your mental incapacity to our satisfaction, and any other documents or evidence we may require.
- SmartAppoint Service does not form part of this **PRU**med lifelong care plan.

Third-party services

- Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated, and are subject to their respective terms and conditions. We will not be responsible for the accuracy of any third-party information quoted above.
- We maintain sole discretion to change the scope of these services (including the list of Medical Green Channel hospitals) and the service provider(s) from time to time without advance notice. We may also cease and/or suspend these services at our sole discretion.
- We are not the service provider(s) for these services. The relevant service provider(s) is(are) not our agent, and vice versa. We make no representation, warranty or undertaking as to the quality and availability of the services and shall not accept any responsibility or liability for the services provided by the service provider(s). Under no circumstance shall we be responsible or liable for the acts or omissions of the service provider(s) in the provision of such services.
- Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services do not form part of this **PRU**med lifelong care plan.

Key risks

How may our credit risk affect your policy?

The guaranteed cash value (if applicable) and insurance benefit of your plan are subject to our credit risk. If we become insolvent, you may lose the value of your policy and its coverage.

How may currency exchange rate risk affect your benefits?

Foreign currency exchange rates may fluctuate. As a result, you may incur a substantial loss when you choose to convert your benefits to other currencies. Additionally, the conversion of your benefits to other currencies is subject to exchange restrictions applicable at the time when the benefits are paid. You have the sole responsibility to decide if you want to convert your benefits to other currencies.

How may inflation affect the value of your plan?

We expect the cost of living to rise in the future because of inflation. That means the insurance you take out today will not have the same buying power in the future (i.e., the benefit payouts might not be able to cover your future needs), even if the plan offers increasing benefit intended to offset inflation.

What happens if you do not pay your premiums?

You should only apply for this product if you intend to pay all of its premiums. If you miss any of your premium payments, we may terminate your policy and you would lose the policy's coverage.

Why may we adjust your premiums?

We have the right to review and adjust the plan's premium rates for particular risk classes on each policy anniversary, but not for any individual customer.

We may adjust premium rates because of several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Why may we change your benefits?

We have the right to revise the Benefit Schedule and the terms and conditions under this plan on each renewal by giving you 30 days' notice in writing. This is to account for any known or foreseeable changes in medical practices and claims experiences. We will apply the revisions to all policies under the plan. The premium will be adjusted accordingly based on the rate as determined by us.

Important information

Cancellation right

A customer who has bought the life insurance plans has a right to cancel the policy within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid less any withdrawals. Provided that no claim has been made, the customer may cancel the policy by giving written notice to us within 21 calendar days immediately following either the day of delivery of (1) the policy or (2) the notice (informing the availability of the policy and expiry date of the cooling-off period) to the customer or his/her nominated representative, whichever is earlier. Such notice must be signed by the customer and received directly by Prudential Hong Kong Limited at 8/F, Prudential Tower, The Gateway, Harbour City, 21 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong within the cooling-off period.

The premium and levy will be refunded in the currency of premium and levy payment at the time of application for this policy. If the currency of premium and levy payment is not the same as the plan currency, the refundable premium and levy amount in plan currency under this policy will be converted to the currency of premium and levy payment at the prevailing currency exchange rate as determined by us in our absolute discretion from time to time upon payment. After the cooling-off period expires, if a customer cancels the policy before the end of benefit term, the actual cash value (if applicable) may be substantially less than the total amount of premiums paid.

Need more details? Get in touch

Please contact your consultant or call our Customer Service Hotline at 2281 1333 for more details.

Notes

PRUmed lifelong care plan is underwritten by Prudential Hong Kong Limited (“Prudential”). You can always choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time, unless such plan is only available as a supplementary benefit which needs to be attached to a basic plan. This brochure does not contain the full terms and conditions of this plan and is for reference only. It does not represent a contract between Prudential and anyone else. You should read carefully the risk disclosures and key exclusions (if any) contained in this brochure. For further details and the full terms and conditions of this plan, please ask Prudential for a sample of the policy document.

Prudential has the right to accept or decline any application based on the information provided by the policyholder and/or life assured in the application.

Please cross your cheque and make it payable to “Prudential Hong Kong Limited”.

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