

PRUmyhealth prestige medical plan

Global health protection tailored for your convenience

Medical Protection



PRUDENTIAL
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Listening. Understanding. Delivering.



PRUmyhealth prestige medical plan

Tailored for our most prestigious customers aged 1 to 70ⁱ (age next birthday [ANB]), **PRUmyhealth prestige medical plan** offers comprehensive medical protection with lifetime global coverage of up to USD 6,250,000 / HKD 50,000,000. The plan also offers enhanced cancer protection as well as professional medical advisory support to get you back on the road to health. What's more, you can top up your plan with the designated supplementary benefits including Outpatient, Maternity¹ and Dental Benefits².

Plan highlights



Full coverage^{3,ii} for most benefit items of hospitalisation up to USD 6,250,000 / HKD 50,000,000 per lifetime limit



Global coverage that allows worldwide hospitalisation and medical treatment



In-depth protection against cancer



If the plan is made available, lifetime renewal is guaranteed^{4,iii}



An array of extra benefits and services enhance your protection



Flexibility to choose from a range of annual deductibles⁵, coverage area and designated supplementary benefits



Value-added services to enhance your protection



Cashless Service for hospitalisation and day surgeries^{8,9}



Medical Green Channel⁸
Get priority booking for outpatient and/or hospitalisation appointment at selected hospitals in Mainland China



Treatment Sure⁸
Get back on the road to health with personalised medical advice from global experts



24-hour Worldwide Emergency Assistance Services⁸

ⁱ Issue age of Maternity Benefit¹ is 19 – 40 (ANB).

ⁱⁱ Subject to an overall annual limit of USD 2,500,000 / HKD 20,000,000, an overall lifetime limit⁶ of USD 6,250,000 / HKD 50,000,000 and the annual deductible selected. It is also subject to Reasonable and Customary Charges in relation to treatment or services which are Medically Necessary⁷.

ⁱⁱⁱ Subject to the continual availability of the plan to all policyholders already enrolled, terms and conditions applicable and the prevailing premium rates at the time of renewal. Maternity Benefit¹ (coverage ceases at the age of 45 [ANB]) and Dental Benefit² (coverage ceases at the age of 75 [ANB]) are excluded from the lifetime guaranteed renewal and subject to the terms and conditions of the policy provisions.

The benefits



Benefits at a glance

Core Benefits	<ul style="list-style-type: none">• Full cover for most benefit items of hospitalisation or day surgeries• Pre-admission and follow-up outpatient consultation
Designated Supplementary Benefits (if applicable)	<ul style="list-style-type: none">• Outpatient Benefit – including health check and vaccination• Maternity Benefit¹ – normal delivery and caesarean section• Dental Benefit² – routine and major restorative dental treatment



Full coverage^{3, ii} for most benefit items of hospitalisation

You are fully covered^{3, ii} for the Reasonable and Customary Charges in relation to treatment or services which are Medically Necessary⁷ for most benefit items including charges for room & board, doctor's visit and your miscellaneous hospital expenses during hospitalisation and surgical fees. You may rest assured that your health is sufficiently protected.

(For details of Reasonable and Customary Charges, please refer to the relevant section under the "More about the plan".)



In-depth protection against cancer

Non-surgical cancer treatments

Treating cancer effectively often needs more than just surgery, and the cost of supporting treatments can quickly add up. That's why we cover non-surgical cancer treatments too, including:

- Chemotherapy
- CyberKnife
- Gamma Knife
- Hormonal therapy
- Immunotherapy
- Proton therapy
- Radiotherapy
- Targeted therapy

Genetic testing prior to targeted therapy

Matching your treatments to the cancer and your own genetic make-up gives you a better chance of beating the disease. But the genetic testing that enables doctors to do this can be costly. We cover the expenses incurred for **genetic tests prescribed for the use of specific targeted therapy drugs** for the life assured.

Personalised cancer drugs

Cancer treatment is dynamic; there are constant breakthroughs with new drugs – and doctors can switch to more advanced drugs when the first line of treatment has failed. We even cover **cancer drugs registered and launched overseas though not in Hong Kong; but recommended by your doctor** and used solely for the purpose of cancer treatment received in Hong Kong.



Lifetime guaranteed renewal^{4, iii}

With **PRU**myhealth prestige medical plan, we assure protection for life. Furthermore, regardless of any change in your health conditions and claims history, you have a guaranteed right to renew your plan for life. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.



An array of extra benefits and services

We take care of your well-being by extending coverage to include a variety of benefits and services, giving you an all-round protection in your moment of need:

- Dialysis on both inpatient and outpatient basis
- Surgical fees of organ transplant on the person covered by the plan (the “life assured”) as recipient
- Pregnancy complications¹⁰ coverage
- Hospice care



Flexibility to choose from a range of annual deductibles⁵, coverage area and Designated Supplementary Benefits

Whether you are looking for full cost cover or only significant medical cost cover, we offer you the freedom to choose from different levels of annual deductibles⁵ upon application, or at each policy anniversary. This can help you manage the cost of your plan and still receive protection against the unknown. To give you additional flexibility, you can reduce your existing annual deductible without having to undergo any medical underwriting once per lifetime at the policy anniversary that immediately follows the 55th, 60th or 65th birthday of the life assured. This allows you to gear up your protection in preparation for your retirement.

While this plan offers excellent worldwide coverage, we understand you may not intend to seek medical care in the USA; thus, we also offer you an alternative option – worldwide coverage excluding the USA. This way, without reducing your benefits items and limits, we can lower your premium.

Subject to relevant underwriting eligibility requirements, you may attach the Designated Supplementary Benefits including Outpatient Benefit, Maternity Benefit¹ and Dental Benefit² to the plan to suit your personal needs.

Coverage area

Benefits	Coverage area
<ul style="list-style-type: none">• Core Benefits• Outpatient Benefit	<ul style="list-style-type: none">• Worldwide coverage except USA; or• Worldwide coverage
<ul style="list-style-type: none">• Maternity Benefit¹• Dental Benefit²	<ul style="list-style-type: none">• Worldwide coverage

Notes

Coverage area of Outpatient Benefit must follow the same coverage area as Core Benefits.

For coverage area of “worldwide coverage except USA”, we will cover medical expenses incurred by the life assured anywhere in the world except the USA. We will only cover the eligible medical expenses in the USA arising from accidents that occur in the USA.

Persons who have resided in the USA or have stayed/studied in the USA for 183 days or more in the past 12 months; or persons planning to stay/study in the USA for 183 days or more in the next 12 months; or USA citizens with HKID are only eligible to select “worldwide coverage except USA” as the coverage area of the Core Benefits and the Outpatient Benefit.

For the Core Benefits and the Outpatient Benefit, we reserve the right to change the coverage area from “worldwide coverage” to “worldwide coverage except USA” if the life assured has resided in the USA for 183 days or more in the past 12 months, otherwise we may not renew the plan and Outpatient Benefit.



Value-added services to enhance your protection



Cashless Service for hospitalisation and day surgeries^{8,9}

If you need a hospital stay or day surgery, just choose the most appropriate doctor. With our pre-authorisation, we will pay your eligible medical costs directly to private hospitals in Hong Kong and Macau and our designated network medical centres in Hong Kong. You will also know in advance how we cover you before your visit and we will tell you any costs we don't cover.

You can use the Cashless Service in most private hospitals in major cities around the world (except the USA). In addition, you can also use our 24-hour hotline (7 days a week) to answer any questions you have about the Cashless Service.

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



Medical Green Channel⁸ – Get priority booking for outpatient and/or hospitalisation appointment at selected hospitals in Mainland China

Medical Green Channel is a one-stop booking service for medical appointment provided by our service provider Advance Medical. It gets you faster treatment by cutting out long waiting times and clumsy booking procedures.

You can get priority booking for outpatient and/or hospitalisation appointment at Medical Green Channel's selected hospitals in Mainland China, including over 1,000 3A-Grade hospitals in major cities such as Beijing, Shanghai, Shenzhen and Guangzhou.

Simply enrol to make your medical appointments through our 24-hour service hotline and online platform anytime. A dedicated case manager will follow up on your entire service journey with you. On your treatment day, an escort staff will go to the appointed hospital to guide and help you through the registration process for outpatient and/or hospitalisation service.

There is more information in the “Medical Green Channel” section under “More about the plan”.

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





Value-added services to enhance your protection (Con't)



Treatment Sure⁸ – Get back on the road to health with personalised medical advice from global experts

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

Treatment Sure provides personalised second medical opinions from a network of **50,000+ global medical experts in 450+ specialities**, as well as overseas treatment arrangements. These range from providing specialist options, booking appointments and translation services to offering post-treatment guidance. What's more, **a dedicated physician case manager who speaks your language** will be by your side to answer any questions and help you through each step of your recovery journey.

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



24-hour Worldwide Emergency Assistance Services⁸

If in the unfortunate event 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

Benefit Items	Maximum Benefit Limit ³
Overall annual limit of PRU myhealth prestige medical plan and the Designated Supplementary Benefits (if applicable)	USD 2,500,000 / HKD 20,000,000
Overall lifetime limit ⁶ of PRU myhealth prestige medical plan and the Designated Supplementary Benefits (if applicable)	USD 6,250,000 / HKD 50,000,000
Annual deductible for Core Benefits (except Death Benefits)	USD 0 / 1,000 / 3,125 / 7,500 / 12,000 HKD 0 / 8,000 / 25,000 / 60,000 / 96,000
Core Benefits	Entitled Level of Accommodation
	Private Room ¹¹
I. Confinement Benefits (waiting period: 30 days except for treatment due to accident)	
1. Hospital Daily Room & Board	Full cover
2. Doctor's Visit	Full cover
3. Miscellaneous Hospital Expenses	Full cover
4. Intensive Care [^]	Full cover
5. Specialist's Visit [^]	Full cover
6. Private Nursing [^] Max. no. of days per policy year	Full cover 90 days
7. Daily Extra Bed for Family Member	Full cover
8. Psychiatric Treatment [^] (per policy year) Max. no. of days per policy year	USD 7,500 / HKD 60,000 30 days
II. Surgical Benefits	
1. Surgical Fees [^]	Full cover
2. Anaesthetist's Fee	Full cover
3. Operating Theatre Fees	Full cover
4. Medical Devices (per policy year)	USD 43,750 / HKD 350,000
III. Accidental Treatment Benefits	
1. Accidental Outpatient Treatment	Full cover
2. Accidental Dental Treatment	Full cover

[^] Recommendation by a registered doctor or a specialist (if applicable) in writing is required.

Benefit Items	Maximum Benefit Limit ³
Core Benefits	Entitled Level of Accommodation
	Private Room¹¹
IV. Pre- and Post-hospitalisation Benefits	
1. Pre-admission & Follow-up [^] Outpatient Consultation	Full cover (1 visit per day)
2. Daily Post-Surgery Home Nursing [^] Max. no. of days per policy year	Full cover 30 days
3. Post-hospitalisation Ancillary Service	
<ul style="list-style-type: none"> by registered physiotherapist[^]/occupational therapist[^]/speech therapist[^] Max. no. of total visits per policy year 	Full cover 30 visits (1 visit for each type of treatment per day)
<ul style="list-style-type: none"> by registered chiropractor (per visit) Max. no. of visits per policy year 	USD 200 / HKD 1,600 15 visits (1 visit per day)
4. Rehabilitation [^] (per policy year) Max. no. of days per policy year	USD 10,000 / HKD 80,000 60 days
V. Cancer Benefits	
1. Non-surgical Cancer Treatment [^] Chemotherapy / CyberKnife / Gamma Knife / Hormonal therapy / Immunotherapy / Proton therapy / Radiotherapy / Targeted therapy	Full cover
2. Genetic test for targeted therapy	Full cover
3. Personalised cancer drugs	Full cover
VI. Extended Benefits	
1. Dialysis [^]	Full cover
2. Hospice Care (per lifetime)	USD 25,000 / HKD 200,000
3. Pregnancy Complications ^{^,10} (waiting period: 300 days)	Full cover
4. Traditional Chinese Medicine (per policy year)	USD 6,250 / HKD 50,000
<ul style="list-style-type: none"> during hospital stay 	USD 65 / HKD 520 per day
<ul style="list-style-type: none"> after hospital stay or day-surgery 	USD 100 / HKD 800 per visit (1 visit per day)
5. Reconstructive Surgery [^] (per policy year)	USD 30,000 / HKD 240,000
6. Daily Hospital Cash for staying below the Private Room (per day)	USD 187.5 / HKD 1,500
VII. Death Benefits	
1. Compassionate Death Benefit	USD 10,000 / HKD 80,000
2. Accidental Death Benefit (in addition to Compassionate Death Benefit)	USD 10,000 / HKD 80,000
VIII. Value-added services⁸	
1. Cashless Service for hospitalisation and day surgeries ⁹	✓
2. Medical Green Channel	✓
3. Treatment Sure (Second medical opinion and overseas medical concierge services)	✓
4. 24-hour Worldwide Emergency Assistance Services [°]	✓

[^] Recommendation by a registered doctor or a specialist (if applicable) in writing is required.

[°] Services will cease when the life assured reaches age 86 (ANB).

Benefit Items	Maximum Benefit Limit ³
Designated Supplementary Benefits	
I. Outpatient Benefit (waiting period: 30 days except for treatment due to accident)	
1. Outpatient Consultation Max. no. of visits per policy year	Full cover 50 visits
2. Ancillary Service (per policy year) by registered Chinese medicine practitioner/ chiropractor/physiotherapist [^]	USD 1,200 / HKD 9,600 (1 visit for each type of treatment per day)
3. Psychiatric Treatment (per policy year) Max. no. of visits per policy year	USD 2,500 / HKD 20,000 15 visits (1 visit per day)
4. Laboratory Tests and Diagnostic Imaging [^]	Full cover
5. Prescribed Medicines and Drugs [^] (per policy year)	USD 12,500 / HKD 100,000
6. Health Check-up and Vaccination (per policy year) (waiting period: 90 days)	USD 500 / HKD 4,000 (1 health check-up and 1 course of vaccination)
II. Maternity Benefit¹ (waiting period: 300 days)	
Maximum Benefit Limit³ per Pregnancy	
1. Normal Delivery	USD 6,250 / HKD 50,000
2. Caesarean Section	USD 12,500 / HKD 100,000
III. Dental Benefit² (waiting period: 180 days)	
Maximum Benefit Limit³ per Policy Year	
1. Routine Dental Treatment	USD 950 / HKD 7,600
2. Major Restorative Treatment	USD 1,800 / HKD 14,400

[^] Recommendation by a registered doctor or a specialist (if applicable) in writing is required.

All expenses are subject to the terms and conditions of the plan and the Designated Supplementary Benefits (if applicable), including Reasonable and Customary Charges. Please refer to the policy provisions for full details of the benefits.

Key exclusions

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

- (I) Injury or illness (or signs and symptoms of which) existed before (a) the respective effective date of this plan or the Designated Supplementary Benefits (as the case may be), or (b) the effective date of reinstatement, whichever is later; or
- (II) The illness of the life assured is diagnosed by a registered doctor or the signs and symptoms of which appeared within 30 days from (a) the respective effective date of this plan or the Designated Supplementary Benefits (as the case may be), or (b) the effective date of reinstatement, whichever is later (except for treatment due to accident); or
- (III) Hospital stay, treatment and/or charges incurred which are related to or arise as a direct or indirect result of:
 - a. pregnancy, surrogacy, childbirth or termination of pregnancy (other than for pregnancy complications¹⁰ specified in the Pregnancy Complications coverage under Extended Benefits), birth control, infertility or human assisted reproduction, or sterilisation of either sex; or
 - b. war, hostilities (whether war is declared or not), rebellion, insurrection, riot, or civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or
 - c. the life assured's participation in any criminal offence; or attempted suicide or self-inflicted injuries while sane or insane; use of narcotics, abuse of drug or alcohol, scuba diving or engaging in or taking part in any kind of race other than on foot, mountaineering involving the use of ropes or guides by the life assured; or
 - d. cosmetic treatment/corrective aids and treatment of refractive errors performed on the life assured unless necessitated by injury caused by an accident and the cosmetic treatment plan is approved by us in advance within 90 days of the accident; or specified in the Reconstructive Surgery coverage under Extended Benefits/the life assured receives the corrective aids treatment of refractive errors within 90 days of the accident; or
 - e. procurement or use of medical appliances and medical devices (except for medical appliances and/or devices as specified in the Medical Devices coverage under Surgical Benefits) for the benefit of the life assured; or experimental and/or unconventional medical technology/procedure/therapy performed on the life assured; or novel drugs/medicines/stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality; or
 - f. convalescence or physical examinations, or health check-ups; or vaccination and immunisation; or
 - g. dental treatment or surgery (unless specified in the Accidental Dental Treatment coverage under Accidental Treatment Benefits); or
 - h. congenital or inherited disorder; or developmental conditions (only applicable before the life assured reaches age 17 [ANB]); or treatment or tests that relate to AIDS, HIV or AIDS-related complexes; or genetic testing or genetic counselling (unless specified in the genetic test for targeted therapy coverage under Cancer Benefits); or
 - i. mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the life assured (unless specified in the Psychiatric Treatment coverage under Confinement Benefits); or
 - j. any hospital stay primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - k. any treatment, investigation, services or supplies which are not Medically Necessary⁷; or non-medical services; or charges which exceed the Reasonable and Customary Charges; or treatment or tests which are not consistent with customary medical treatment or diagnosis; or
 - l. sleep disorders; or treatment of obesity (including morbid obesity), or weight control programmes, or bariatric surgery; or
 - m. costs incurred for identifying and procuring a replacement organ or removal of the organ from the donor, all associated transportation costs and administrative costs in relation to the transplant service; or
 - n. treatment of sexually transmitted diseases; or sexual problems, gender issues or sex changes, or gender re-assignments; or
 - o. any treatment whilst staying in hospital for more than 90 consecutive days if the life assured is in a vegetative state.

Applicable to Outpatient Benefit only

- All the key exclusions listed above except item (III)f and (III)i where the occurrence is covered by the Outpatient Benefit.

Applicable to Maternity Benefit¹ only

- All the key exclusions listed above except item (I), (II) and (III)a where the occurrence is covered by the Maternity Benefit¹.
- Any medical expenses incurred on account of the pregnancy within 300 days from the effective date of this Maternity Benefit¹, or in case of reinstatement, from the date of such reinstatement, whichever is later.
- Hospital stay, treatment and/or charges incurred relates to or arises as a direct or indirect result of the life assured's surrogacy, birth control, infertility or human assisted reproduction, or sterilisation of either sex; or
- the infant is being given birth in a place where neither parent of the infant is a legal resident or citizen of the place of birth; or
- any medical expenses or fees for nursery care incurred by the infant during the hospital stay.

Applicable to Dental Benefit² only

- All the key exclusions listed above except item (I), (II) and (III)g where the occurrence is covered by the Dental Benefit².
- Any benefit for the dental treatment expenses incurred within 180 days from the effective date of the Dental Benefit², or in case of reinstatement, from the date of such reinstatement, whichever is later.

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

More about the plan

Plan type

PRUmyhealth prestige medical plan: Basic plan or supplementary benefit

Designated Supplementary Benefits including
Outpatient Benefit/Maternity Benefit¹/
Dental Benefit²: Supplementary benefit

Premium term/Benefit term/Issue age/ Currency option

	Premium term/ Benefit term	Issue age (ANB)	Currency option ^Δ
PRU myhealth prestige medical plan	<ul style="list-style-type: none"> • Whole life (applies if this plan is a basic plan) • Benefit term of basic plan (applies if this plan is a supplementary benefit) <p>(please refer to “Termination of this plan” below for details)</p>	1 – 70	HKD/USD
Outpatient Benefit	Whole life or benefit term of basic plan, whichever is earlier	1 – 70	
Maternity Benefit ¹	Until 45 (ANB) or benefit term of basic plan, whichever is earlier	19 – 40	
Dental Benefit ²	Until 75 (ANB) or benefit term of basic plan, whichever is earlier	1 – 70	

The Designated Supplementary Benefits including Outpatient Benefit, Maternity Benefit¹ and Dental Benefit² are only available as additional supplementary benefits when you take out the **PRU**myhealth prestige medical plan.

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

^Δ The currency of the supplementary benefit plan should correspond with the currency of the basic plan.

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.

We will only cover charges or expenses which we believe are Reasonable and Customary Charges. That means that they must be Medically Necessary⁷ and do not exceed the general range of charges by service providers where the charge is incurred.

We may exercise our right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary Charges with reference but not limited to a combination of our global experience and any relevant publication or information available, such as the schedule of fees published by the government, relevant authorities and recognised medical association where the expense is incurred.

We may exercise our right to adjust any benefit payable in relation to any charges which are not reasonable and customary.

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 this plan

We will terminate this 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
- if this plan is a supplementary benefit, the basic plan to which this plan is attached expires, is cancelled or surrendered; or
- the aggregate benefits paid or payable under all in-force and terminated plans under **PRU**myhealth prestige medical plan and the Designated Supplementary Benefits (if applicable) including Dental Benefit², Maternity Benefit¹ and Outpatient Benefit covering the same life assured reach the Overall Lifetime Limit⁶.

For more details on termination of this plan, please refer to the relevant policy provisions.

Termination of Designated Supplementary Benefits Outpatient Benefit

We will immediately terminate your Outpatient Benefit if your **PRU**myhealth prestige medical plan terminates.

Maternity Benefit¹

We will immediately terminate your Maternity Benefit¹ when the first of these happens:

- your **PRU**myhealth prestige medical plan terminates; or
- the Outpatient Benefit and/or the Dental Benefit² terminate(s); or
- this benefit reaches its end of benefit term.

Dental Benefit²

We will immediately terminate your Dental Benefit² when the first of these happens:

- your **PRU**myhealth prestige medical plan terminates; or
- the Outpatient Benefit terminates; or
- this benefit reaches its end of benefit term.

More about the value-added services

Medical Green Channel

- Medical Green Channel is provided by Advance Medical, an independent third-party service provider we have designated. This 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 **PRUmyhealth** prestige medical plan.
- Medical Green Channel's case managers and escort staff are appointed by Advance Medical.
- 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 the relevant outpatient and/or hospitalisation services at the relevant hospital. The amount of medical expenses the life assured can claim is 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.
- It is subject to the terms and conditions of the relevant service provider.

Treatment Sure

- The Treatment Sure offers Global Expert Medical Opinion and Medical Concierge services for the life assured of **PRUmyhealth** prestige medical plan. 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. The report 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.

Third party services

- Cashless Service for hospitalisation and day surgeries, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated.
- 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 service 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.

Remarks

- 1 Outpatient Benefit and Dental Benefit² are pre-requisites for attaching Maternity Benefit. Maternity Benefit covers until 45 (ANB) or benefit term of basic plan, whichever is earlier.
- 2 Outpatient Benefit is a pre-requisite for attaching Dental Benefit. Dental Benefit covers until 75 (ANB) or benefit term of basic plan, whichever is earlier.
- 3 The benefit amount payable (except Death Benefits) will be reduced by 50% in the event that: (1) the life assured has taken up residence in the USA for at least 183 days in the past 12 months at the time of hospital stay, receiving medical treatment and/or service in the USA; and/or (2) the life assured does not get pre-authorisation from us for the hospital stay or day surgery received in the USA under Core Benefits, unless it is directly due to an accident.
- 4 Lifetime guaranteed renewal is subject to conditions including the continual availability of the plan to all policyholders already enrolled, terms and conditions applicable and the prevailing premium rates at the time of renewal. We reserve the right to review the premium rates on each policy anniversary and adjust the premium rates accordingly across a particular risk class. Also, we have the right to revise the terms and conditions and/or the Benefit Schedule of the plan on each policy anniversary to reflect any past or foreseeable changes in medical practice and claims experience, and will apply the respective changes to all plans under the **PRU**myhealth prestige medical plan, Dental Benefit, Maternity Benefit and Outpatient Benefit (to the extent applicable). If we decide to no longer offer **PRU**myhealth prestige medical plan to all policyholders already enrolled, we will endeavour to enrol the life assured in another available medical plan at that time without any new individual terms or personal exclusions.
- 5 Except at the policy anniversary that immediately follows the 55th, 60th or 65th birthday of the life assured, you are required to undergo medical underwriting procedures if you request to reduce the annual deductible after policy issuance.
- 6 Overall lifetime limit means the absolute cap on all benefits paid and payable in aggregate under all in-force and terminated plans under **PRU**myhealth prestige medical plan and the Designated Supplementary Benefits (if applicable) including Dental Benefit, Maternity Benefit and Outpatient Benefit covering the same life assured during his/her lifetime.
- 7 Hospital stay, medical treatment and/or service is Medically Necessary if it is consistent with the diagnosis and customary medical treatment for the condition. The hospital stay, medical treatment and/or service should also conform to the standards of generally accepted medical practice and not just for the convenience of the life assured, his/her relatives or the registered doctor. In case of hospital stay, the medical treatment and/or 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.
- 8 Services including Cashless Service for hospitalisation and day surgeries, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated. We may change both the scope of services (including the list of Medical Green Channel hospitals) and the service provider(s) from time to time at our sole discretion without advance notice. We may cease and/or suspend the 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 service 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.
- 9 You will need to get our pre-authorisation before your treatment.
- 10 The covered pregnancy complications only include ectopic pregnancy, molar-pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum haemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy. The diagnosis date of the pregnancy complication must be after the Maternity Benefit has been in force for at least 300 days from the effective date of the plan or reinstatement date, whichever is later.
- 11 Private room refers to a room for life assured's private use during the hospital stay with its own private facilities including a bedroom and bath/shower room(s) only, but excluding any room of upper class with its own kitchen, dining or sitting room(s) or otherwise. The benefit payable will be adjusted if the hospital stay is in a room of class higher than private room.

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, 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

Suicide clause

If the life assured commits suicide whether sane or insane, within 1 year from the effective date of the policy or from the date of any reinstatement, whichever is later, we will limit all the death benefit to a refund of the premiums paid without interest. We will deduct any amounts we have already paid and any amounts you owe us under the policy.

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

PRUmyhealth prestige medical 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”.

This brochure is for distribution in Hong Kong only. It is not an offer to sell or solicitation to buy or provide any insurance product outside Hong Kong. Prudential does not offer or sell any insurance product in any jurisdictions outside Hong Kong where such offering or sale of the insurance product is illegal under the laws of such jurisdictions.



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