PRUHealth CoreChoice Medical Plan

Get the core private healthcare cover you need with no overall lifetime benefit limit, guaranteed renewable

Medical Protection

Listening. Understanding. Delivering.

Certified VHIS Standard Plan

PRUHealth CoreChoice Medical Plan

When you or your loved ones are ill or injured, the last thing you want is having to choose between private hospital treatment and being forced by money worries into treatment in a public hospital. **PRU**Health CoreChoice Medical Plan is a certified plan under the Voluntary Health Insurance Scheme (VHIS) that gives you a choice by covering the eligible medical treatment expenses. There is no overall lifetime benefit limit and we guarantee that you can renew the plan up to age 100. With this plan you can also apply for tax deductions on your qualifying premiums of up to HKD 8,000 per insured person each year.

Plan highlights

Guaranteed renewal
up to age 100

Cover from diagnosis
to recovery – no overall
lifetime benefit limit
for the plan

Cover for unknown
pre-existing conditions
including unknown
congenital conditions

Tax deductions on your
qualifying premiums

Know in advance
how much you can claim
towards treatment

Value-added services to enhance your protection

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

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

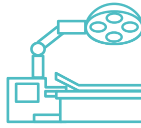
24-hour Worldwide Emergency
Assistance Services

The benefits

Guaranteed renewal up to age 100

PRUHealth CoreChoice Medical Plan covers your eligible medical costs right through from initial consultation to recovery, including:

hospital stay


surgery

rehabilitation

We cover costs up to the itemised limits (there is a dollar limit on each benefit item) and an annual limit of HKD 420,000. We **restore** your limits **each year**, so your claims in one year **do not** affect the protection in the next.

The plan is designed to give the person covered by the plan (the "insured person"), who must be a Hong Kong resident aged from **15 days – 80 years old**, **worldwide** protection against the costs of treatment for physical injury and illness **up to age 100** (except for psychiatric treatments which are covered in Hong Kong only).

Immediate coverage – no waiting period

We protect you **as soon as your plan takes effect** (except cover for unknown pre-existing conditions including unknown congenital conditions).

The security of continuous protection

Even if the insured person's medical history changes or there is a claim, you can **renew** the plan **every year** until the insured person reaches **age 100** – guaranteed. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

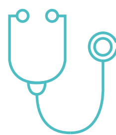
You can find the details in the "Plan renewal" and "Changes to benefits" sections in the "More about the plan" section below.

Cover from diagnosis to recovery – no overall lifetime benefit limit for the plan

Hospitalisation and surgical benefits

If the insured person needs hospital treatment, we will cover their basic hospital expenses including:

daily room and board expenses


doctor's visits

specialist's fees

surgical expenses

intensive care

other hospital expenses, such as laboratory fees, medicines and injections

surgery performed at a clinic

Prescribed non-surgical cancer treatments

Treating cancer effectively often needs expensive and prolonged care. As part of this, we cover prescribed non-surgical cancer treatments too, including **radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy**, whether the insured person chooses to have them as an **in-patient or at a clinic**.

Prescribed diagnostic imaging tests

We meet the cost-sharing requirement of VHIS by covering up to 70% of the eligible expenses (you will only need to pay 30% of the eligible expenses, i.e. coinsurance), if the insured person needs prescribed hospital or clinic-based diagnostic imaging tests (including MRI, CT and PET scans) recommended by the attending registered doctor to identify medical conditions or diseases.

Pre-admission and follow-up outpatient consultations

The extra costs of treatment can so easily add up. That's why we take care of the pre-admission and follow-up outpatient consultation costs too, ensuring the insured person is provided with the best possible care.

Psychiatric treatments

The plan covers the medical costs if the insured person has psychiatric treatments at hospital in Hong Kong, as recommended by a specialist.

Cover for unknown pre-existing conditions including unknown congenital conditions

There is no need to worry about cover for **unknown conditions** that **existed** when you applied for your policy. We partially cover eligible claims arising from **unknown pre-existing conditions**, from **the 2nd to the 3rd policy year**. From the **4th policy year onwards**, we offer **full coverage**.

The plan also covers unknown congenital conditions where the insured person has shown symptoms or been diagnosed, on or after they reached age 8.

Policy year	The percentage of claim payable
1st	0%
2nd	25%
3rd	50%
4th policy year onwards	100%

Tax deductions on your qualifying premiums

If you are a Hong Kong taxpayer, you can claim a concessionary deduction under salaries tax or personal assessment for the qualifying premiums you pay for yourself or your loved ones under the VHIS in Hong Kong.

You can apply for tax deductions on your qualifying premiums of up to HKD 8,000 per insured person per year, and there is no limit on the number of specified family members you can claim for tax deductions.

For example, if you take out this plan for your spouse, your parents and yourself and paid for their qualifying premiums in the same tax year, your annual tax deduction would be up to HKD 32,000, (i.e. up to HKD 8,000 for each specified family member's premium paid).

Click here or scan the QR code to see how much you could save with our tax savings calculator:

For more information on the concessionary tax deductions, please contact the Inland Revenue Department.

Know in advance how much you can claim towards treatment

To avoid unanticipated medical expenses and minimise their impact on your budget, before the insured person receives any treatment at private healthcare facilities, just send us the hospital or doctor's fee estimate and we will provide a projection for how much you can claim under the plan.

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 costs directly to private hospitals, our network medical centres or network imaging 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.

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

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 unable to make a claim yourself? The **SmartAppoint Service** enables you to set up an instruction for a designated family member in advance to file your claim and access the claim payment on your behalf should this unfortunately occur, providing you with immediate financial relief, just when it matters the most.

Click here or scan the QR code for more details:

24-hour Worldwide Emergency Assistance Services

If in the unfortunate event the insured person suffers from a serious injury or illness overseas, we can arrange emergency evacuation and repatriation cover through our designated third-party service provider.

The above value-added services do not form part of **PRU**Health CoreChoice Medical Plan, you can find more details under "More about the value-added services".

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

Benefit Schedule

PRUHealth CoreChoice Medical Plan		
Benefit items [(1)]		**Maximum benefit limit (HKD)**
Territorial scope of cover		Worldwide (except for psychiatric treatments which are covered in Hong Kong only)
Annual benefit limit (applicable to items I – III)		HKD 420,000
Lifetime benefit limit		Unlimited
I. Hospitalisation benefits		
1	Room and board (per day) - Max. no. of days per policy year: 180	750
2	Miscellaneous charges (per policy year)	14,000
3	Attending doctor's visit fee (per day) - Max. no. of days per policy year: 180	750
4	Specialist's fee [(2)] (per policy year)	4,300
5	Intensive care (per day) - Max. no. of days per policy year: 25	3,500
II. Surgical benefits		
1	Surgeon's fee (per surgery) subject to the surgical categorisation listed in the plan's Schedule of Surgical Procedures:	
	• Complex	50,000
	• Major	25,000
	• Intermediate	12,500
	• Minor	5,000
2	Anaesthetist's fee (per surgery)	35% of surgeon's fee payable [(3)]
3	Operating theatre charges (per surgery)	35% of surgeon's fee payable [(3)]
III. Other medical benefits		
1	Prescribed diagnostic imaging tests [(2)] [(4)] (per policy year)	20,000 Subject to 30% coinsurance (you have to pay 30% of the eligible expenses before we cover your remaining eligible expenses)
2	Prescribed non-surgical cancer treatments [(5)] (per policy year)	80,000
3	Pre- and post-confinement (i.e. hospitalisation) / day case procedure outpatient care [(2)] - Max. no. of prior outpatient visits or emergency consultations per hospital stay/day case procedure: 1 - Max. no. of follow-up outpatient visits per hospital stay/ day case procedure: 3 - Validity for follow-up outpatient visits: within 90 days after discharge from hospital or completion of day case procedure	Maximum benefit limit per visit 580 Maximum benefit limit per policy year 3,000
4	Psychiatric treatments (per policy year)	30,000
IV. Death benefit		
1	Compassionate death benefit (per policy)	8,000

PRUHealth CoreChoice Medical Plan		
Benefit items [(1)]		**Maximum benefit limit (HKD)**
Value-added services [(6)]		
1	Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests [(7)]	✓
2	SmartAppoint Service	✓
3	24-hour Worldwide Emergency Assistance Services	✓

Remarks

(1) Unless otherwise specified, you will not be able to recover eligible expenses for the same item under more than 1 benefit item in the table.

(2) We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from the attending doctor or the registered doctor.

(3) The percentage here applies to the surgeon's fee we actually pay or the benefit limit for the surgeon's fee according to the surgical categorisation listed in the Schedule of Surgical Procedure of the plan, whichever is the lower.

(4) 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.

(5) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

(6) These value-added services do not form part of the **PRU**Health CoreChoice Medical Plan.

(7) You will need to get our pre-authorisation before your treatment.

Key exclusions

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

(i) A treatment, procedure, medication, test or service which is not Medically Necessary; or
(ii) Expenses incurred for a hospital stay solely for the purpose of diagnostic procedures or allied health services, unless it has been recommended by a registered doctor for Medically Necessary investigation or treatment of a disability which cannot be effectively carried out as a day patient; or
(iii) Expenses arising from Human Immunodeficiency Virus ("HIV") and its related disability, which is contracted or occurs before the effective date of the plan, whether or not you or the insured person knows they suffer from it when they apply. When there is no evidence of proof as to the time at which HIV is first contracted or occurs, the insured person will only be able to claim if they show symptoms after 5 years of taking out the plan. The insured person will be able to claim if their HIV and its related disability has been caused by sexual assault, medical assistance, organ transplant, blood transfusions or donation, or infection at birth; or
(iv) Medical services provided to the insured person because of any disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or any condition following from them; or
(v) Any charges in respect of services for -
    a. beautification or cosmetic purposes, unless the insured person needs them because of an injury caused by an accident and they receive the medical services within 90 days of the accident; or
    b. correcting visual acuity or refractive errors that can be corrected with spectacles or contact lenses. This includes (but is not limited to) eye refractive therapy, LASIK and any related tests, procedures and services; or
(vi) Expenses for prophylactic treatment or preventive care. This includes (but is not limited to) general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, hair mineral analysis (HMA), immunisation or health supplements; or
(vii) Dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during a hospital stay because of an accident. We will not cover follow-up dental treatment or oral surgery after the insured person has been discharged from hospital; or
(viii) Medical services and counselling services relating to maternity conditions and their complications. This includes (but is not limited to) diagnostic tests for pregnancy or childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility; or sexual dysfunction; or
(ix) Purchase of durable medical equipment or appliances (except for rental of medical equipment or appliances during a hospital stay or on the day of the day case procedure); or
(x) Traditional Chinese medicine treatment and alternative treatments, including (but not limited to) herbal treatment, bone-setting, acupuncture, acupressure, tui na, hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy and homeotherapy; or
(xi) Experimental or unproven medical technology or procedures that are outside common medical standards or not approved by the recognised authority, in the locality where the treatment, procedure, test or service takes place; or
(xii) Any charges for medical services given because of congenital conditions of which the insured person has shown symptoms or been diagnosed before they reach the age of 8; or
(xiii) Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party; or
(xiv) Treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

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

More about the plan

Plan type

Basic plan (i.e. standalone plan) or
supplementary benefit (i.e. rider)

(When this plan is a basic plan, it means you can choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time. When this plan is a supplementary benefit, it means you must attach it to a basic plan when you are enrolling in it.)

Eligibility

Hong Kong residents only

Premium term/Benefit term/Issue age/Currency

Premium term/ Benefit term	Issue age (attained age)	Currency
Until attained age 100	15 days – 80	HKD

Certification number

S00026-01-000-01

Plan renewal

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 gender and attained age of the insured person and plan type at the time of plan renewal. We will determine the relevant premium rates on a portfolio basis 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 will adjust the terms and benefits of this plan subject to the approval and/or certification by the VHIS Office when you renew or if the requirements for complying with the VHIS are changed. If we do this, we will do it to all plans with the same terms and conditions and Benefit Schedule; however, we will not reduce your benefit limits and will not raise the coinsurance level of your existing benefits.

We will give you 30 days' notice in writing on the changes which will apply automatically unless you tell us in writing that you want to cancel your plan within 30 days of the renewal date. If you do this, we will refund the premium you have paid since the renewal if you have not made (and do not make) any claims.

Underwriting factors

When we receive your application, we will assess the risk based on the information you give us. This includes (but is not limited to) the insured person's occupation, their hobbies, where they live, as well as their traveling pattern and health condition. We use this to decide whether to accept your application on standard terms, accept it with increased premiums and/or exclusions or reject it. When we look at the insured person's occupation, our underwriting decision depends on factors such as what their job involves, where they work and the nature of the business. When we look at where they live, the decision depends on factors such as the location of their home and how long they have lived there.

Reasonable and Customary Charges

We will only cover charges or expenses which we believe are Reasonable and Customary. That means that they must be Medically Necessary (there are more details below) and do not exceed the general range of charges by service providers where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar age, for a similar disability, as we reasonably determine in utmost good faith.

The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. We may exercise our right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference but not limited to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the government; and/or other source of reference where the treatments, services or supplies are provided.

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

Medically Necessary

A medical service, including treatment and diagnostic procedure, is Medically Necessary if:

- it requires the expertise of, or be referred by, a registered doctor;
- it is consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- it conforms to the standards of good and prudent medical practice, and not rendered primarily for the convenience or the comfort of the insured person, their family, caretaker or the attending registered doctor;
- it is performed in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- it is performed at the most appropriate level which, in the prudent professional judgment of the registered doctor, can be safely and effectively provided to the insured person.

These are some of the circumstances in which we believe a hospital stay is Medically Necessary. It is not an exclusive list:

- the insured person is having an emergency that needs urgent hospital treatment;
- surgery is performed under general anaesthesia;
- equipment for surgery/procedure is available in hospital and the procedure cannot be done on a day patient basis;
- the insured person is concurrently suffering from another severe disease or injury; and
- the attending registered doctor believes, in their professional judgement, that the insured person needs hospital-based medical service; and that the length of hospital stay is appropriate for the medical service concerned.

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 insured person dies; or
- you fail to pay your premium within 30 days from its due date; or
- we are no longer authorised under the Insurance Ordinance to write or continue to write this plan; or
- if this plan is a supplementary benefit, the basic plan to which this plan attached is cancelled or surrendered. If you wish to continue this plan, you may notify us in writing before it expires.

More about the value-added services

SmartAppoint Service

- It is an advanced policy instruction, and not an enduring power of attorney ("EPA") or guardianship order and 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 policy holder and the insured person must be the same person.
- The designated person must be a family member of you who has reached the age of 18, and must be your spouse, parent, child, sibling, grandparent, grandchildren, or any other relationship as approved by us.
- 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**Health CoreChoice Medical Plan.

Third-party service

- Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests 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 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 service 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 and 24-hour Worldwide Emergency Assistance Services do not form part of this **PRU**Health CoreChoice Medical 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, 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 or any changes in requirements for complying with the VHIS. We will apply the revisions to all plans under **PRU**Health CoreChoice Medical Plan. The premium will be adjusted accordingly based on the rate as determined by us.

Important information

Tax deduction under the VHIS

The issuance of this plan does not necessarily mean you are eligible for any tax deduction for the premiums you have paid for this plan. For further information on tax deduction under the VHIS, please contact the Inland Revenue Department. We cannot provide you with any tax advice. If you have doubts, you should seek professional advice.

Suicide clause

If the insured person commits suicide whether sane or insane within 1 year from the effective date of the plan, we will limit 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

PRUHealth CoreChoice 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 policy holder and/or insured person in the application.

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

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