

PRUHealth FlexiChoice Medical Plan

Take control of your private healthcare choices with enhanced cover, flexible options and guaranteed renewal for life

Medical Protection

Certified VHIS Flexi Plan



PRUDENTIAL
英國保誠

Listening. Understanding. Delivering.



PRUHealth FlexiChoice Medical Plan

When you or your loved ones are ill or injured and need treatment in a private hospital, being able to choose which type of room to stay in can make a real difference to the comfort of your recovery. **PRUHealth FlexiChoice Medical Plan** is a certified plan under the Voluntary Health Insurance Scheme (VHIS) that gives you a choice by covering the eligible expenses of medical treatment according to the level of cover you have chosen: ward, semi-private room or private room. The plan offers a greater depth and breadth of cover as well as extra cover for serious illnesses plus an optional supplementary benefit to cover large medical bills.

Plan highlights



Guaranteed renewal for life



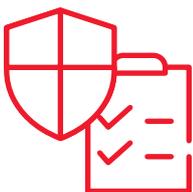
Cover from diagnosis to recovery with no lifetime benefit limit



Extra protection against cancer, kidney failure and accidents



Cover for unknown pre-existing and congenital conditions



Tailor your extra coverage with PRUHealth Major options



15% no claim discount to reward good health



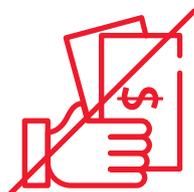
Tax relief on your premiums



Know how much you can claim towards the treatment in advance



Value-added services to enhance your protection



Cashless service for hospitalisation, day surgeries and diagnostic imaging test



24 hr

24-hour Worldwide Emergency Assistance Services

The benefits



Guaranteed renewal for life

PRUHealth FlexiChoice Medical Plan covers your eligible medical costs right through from initial consultation to recovery, including hospital stay, surgery and rehabilitation up to the itemised limits (there is a dollar limit on each benefit item). However, there is **no limit** on how much you can claim **each year and for life**.

Depending on the protection you need – and your budget – when you enrol in the plan, you can choose from our **3 covered room levels** (Ward, Semi-private or Private) for different level of coverage in terms of treatment and accommodation.

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

Immediate coverage with no waiting period

Your cover **starts as soon as** your plan takes effect (except any cover for unknown pre-existing conditions and pregnancy complications) to give you peace of mind.

The security of lifelong protection

Even if the life assured’s medical history changes or there is a claim on the plan, you have a **guaranteed right** to **renew** your plan **every year** throughout the life assured’s **lifetime**.

There are more details in the “Plan renewal” and “Changes to benefits” sections in the “More about the plan” section below.



Cover from diagnosis to recovery with no lifetime benefit limit



Hospitalisation and surgical benefits

If the life assured needs hospital treatment, we will cover their basic hospital expenses including daily room and board, doctor's visits, specialist's fees, surgical expenses, intensive care and other hospital expenses, such as laboratory fees, medicines and injections. The plan also covers surgery performed at a clinic.



Diagnostic imaging tests

To meet the cost-sharing requirement of VHIS-certification, we also cover up to 70% of the costs (you will only need to pay 30% co-insurance), if the life assured needs prescribed hospital or clinic-based diagnostic imaging tests (including MRI, CT and PET scans) recommended by registered doctor to identify medical conditions or diseases.

However, when the life assured is recommended to have a prescribed diagnostic imaging test on specified body parts and if they choose to have it at our designated network imaging centres, we will waive the usual 30% co-insurance and cover the full cost of their eligible diagnostic imaging test up to its itemised limit.

There are more details in the "Conditions for waiving co-insurance for prescribed diagnostic imaging tests" section under "More about the plan".



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 life assured gets the best possible care.



Psychiatric treatments

The plan covers the medical costs if the life assured has psychiatric treatments at hospital in Hong Kong that have been recommended by a specialist.



Rehabilitation and post-surgery care

We will cover the costs if the life assured needs treatment from a chiropractor, occupational therapist, speech therapist or physiotherapist after a hospital stay. We also pay for the post-surgery home nursing the life assured needs.



Companion bed to keep your family around

We help keep your family close by covering their accommodation charges if the life assured needs to receive treatment in hospital.



Extra protection against cancer, kidney failure and accidents



Extra protection for cancer and kidney failure

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 life assured chooses to have them as an **in-patient or at a clinic**; as well as the costs of the **traditional Chinese medicine for specified cancers**.

To add real depth and breadth to your cover, we give you extra protection against the costs of **dialysis at hospital or clinic due to kidney failure**. With us covering the costs of the treatment, the life assured can focus on getting well again.



Accidental outpatient treatment and death benefits

If the life assured is injured and needs emergency outpatient treatment in a hospital within 24 hours of an accident, we will cover their medical expenses.

The plan provides a **compassionate death benefit** which we will **double** in case of **accidental death**. If the life assured's death is caused by medical negligence, we will pay an **additional benefit** on top of the compassionate death benefit.



Cover for unknown pre-existing and congenital conditions as well as pregnancy complications



Unknown pre-existing and congenital conditions

We understand that you may be worried about the life assured not being covered for **unknown conditions** that have existed before we issue the policy, so we offer **full coverage** against eligible claims arising from **unknown pre-existing conditions**, starting from the 31st day of your 1st policy year – a much shorter waiting period than the minimum requirement under VHIS.

The above requirements also apply to congenital conditions of which the life assured has shown symptoms or been diagnosed on or after they reached the age of 8.

Days after policy commences	The percentage of claim payable
First 30 days	0%
31 st day and onwards	100%



Complications in pregnancy

If the life assured is diagnosed with a specified pregnancy complication after 300 days from the plan's effective date, we will cover the costs of the treatments at hospital as recommended by her doctor.



Tailor your extra coverage with PRUHealth Major options

Healthcare needs can increase with age, so your protection does too. By paying extra premiums, you may add **PRUHealth Major**, our optional supplementary major medical benefit, to your plan.

If your eligible medical expenses of specified benefit items exceed the itemised limits of your **PRUHealth FlexiChoice Medical Plan**, **PRUHealth Major** will cover **80%** of the excess, subject to the **PRUHealth Major** limit and its applicable benefit limits.

Not only do we reset the **PRUHealth Major** limit and its applicable benefit limits each policy year, we even reset them within the same policy year if you have to stay in hospital again or undergo another day case procedure for a different disability. We also reset them if you have to stay in hospital or undergo a day case procedure for the same disability 90 days after your last discharge from hospital or your last day case procedure, so there's no need to worry about your cover.

PRUHealth Major offers **2 levels of coverage** if you choose ward or semi-private room level in your plan. You can upgrade your **PRUHealth Major** from Option 1 to Option 2 within the same room level at **age 45, 50, 55 or 60** of the life assured **without** the need to provide any medical information or undergo any medical tests.



15% no claim discount to reward good health

On each policy anniversary, if you have not claimed under your plan for the last **36 consecutive months**, we will offer you a **no claim discount** of **15%** of the plan's total premiums for the year immediately preceding the relevant policy anniversary. You can only use your no claim discount to cover the future premiums of your plan.

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 no claim discount. Our supplementary leaflet (available at www.prudential.com.hk/OPSurgery or scan the QR code at below) and the relevant policy provision have the complete list of these specified surgical procedures.

Scan the QR code to access the supplementary leaflet:





Tax relief on your premiums

If you are a tax payer in Hong Kong, 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. For more information on the concessionary tax deduction, please contact the Inland Revenue Department.



Know how much you can claim towards the treatment in advance

Unplanned medical bills can have a real impact on your finances. To avoid unanticipated medical expenses and minimise their impact on your budget, before the life assured receives any treatment at private healthcare facilities, you can 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



Cashless service for hospitalisation, day surgeries and diagnostic imaging test

If you need a hospital stay, day surgery or prescribed 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. You will also know in advance how we cover you before your visit and we will tell you any costs we don't cover.

Please visit www.prudential.com.hk/medical-network for details and full terms and conditions of the cashless service.



24-hour Worldwide Emergency Assistance Services

If in the unfortunate event the life assured 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 FlexiChoice Medical Plan, you can find more details under "More about the value-added services".

Benefit Schedule

PRUHealth FlexiChoice Medical Plan						
Benefit items ⁽¹⁾	Maximum benefit limit					
	Ward		Semi-private Room		Private Room	
	USD	HKD	USD	HKD	USD	HKD
Coverage area	Worldwide (except for psychiatric treatments which are covered in Hong Kong only)					
Annual and lifetime benefit limit	Unlimited					
I. Hospitalisation benefits						
1. Room and board (per day) - Max. no. of days per policy year: 180	142	1,100	284	2,200	517	4,000
2. Miscellaneous charges (per policy year)	2,323	18,000	3,355	26,000	4,646	36,000
3. Attending doctor's visit fee (per day) - Max. no. of days per policy year: 180	124	960	259	2,000	491	3,800
4. Specialist's fee ⁽²⁾ (per policy year)	555	4,300	852	6,600	1,585	12,280
5. Intensive care (per day) - Max. no. of days per policy year: 90	452	3,500	800	6,200	1,239	9,600
6. Hospital companion bed (per day) - Max. no. of days per policy year: 180	78	600	104	800	130	1,000
7. Psychiatric treatments (per policy year)	3,871	30,000	4,517	35,000	5,162	40,000
II. Surgical benefits						
1. Surgeon's fee (per surgery) subject to the surgical categorisation listed in the plan's Schedule of Surgical Procedures:						
• Complex	6,452	50,000	9,678	75,000	14,194	110,000
• Major	3,226	25,000	4,839	37,500	7,097	55,000
• Intermediate	1,613	12,500	2,420	18,750	3,549	27,500
• Minor	646	5,000	968	7,500	1,420	11,000
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. Accidental treatment benefit						
1. Accidental outpatient treatment (per injury)	723	5,600	1,239	9,600	1,755	13,600
IV. Pre- and post-hospitalisation benefits						
1. 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					
	97	750	149	1,150	194	1,500
	Maximum benefit limit per policy year					
	388	3,000	594	4,600	775	6,000

PRUHealth FlexiChoice Medical Plan

Benefit items ⁽¹⁾	Maximum benefit limit					
	Ward		Semi-private Room		Private Room	
	USD	HKD	USD	HKD	USD	HKD
2. Post-surgery home nursing ⁽²⁾ (per visit) - Max. no. of visits per policy year: 15 - Validity: within 31 days after discharge from hospital or completion of day case procedure - Max. no. of visits per day: 1	78	600	124	960	176	1,360
3. Ancillary services (Physiotherapy ⁽²⁾ / occupational therapy ⁽²⁾ /speech therapy ⁽²⁾ / chiropractic treatment) (per visit) - Max. no. of prior visits per hospital stay/ day case procedure: 1 - Max. no. of visits per policy year: 10 - Validity for follow-up visits: within 90 days after discharge from hospital or completion of day case procedure	97	750	149	1,150	194	1,500
4. Traditional Chinese medicine for specified cancer ⁽⁴⁾ (per visit) - Max. no. of visits per policy year: 15 - Validity: within 90 days after discharge from hospital or prescribed non-surgical cancer treatment - Max. no. of visits per day: 1	52	400	78	600	104	800

V. Extended benefits

1. Pregnancy complications	Covered ⁽⁵⁾					
2. Prescribed diagnostic imaging tests ^{(2) (6)} (per policy year)	2,581	20,000	3,871	30,000	5,162	40,000
	Subject to 30% co-insurance, unless for a prescribed diagnostic imaging test on specified body parts which is conducted at our designated network imaging centre					
3. Prescribed non-surgical cancer treatments ⁽⁷⁾ (per policy year)	10,323	80,000	15,484	120,000	20,646	160,000
4. Dialysis ⁽²⁾ (per policy year)	10,323	80,000	15,484	120,000	20,646	160,000

VI. Death benefits

1. Compassionate death benefit (per policy)	1,033	8,000	2,581	20,000	5,162	40,000
2. Accidental death benefit (per policy)	1,033	8,000	2,581	20,000	5,162	40,000
3. Medical accident and incident extension benefit (per policy)	11,355	88,000	22,710	176,000	44,388	344,000

Value-added services⁽⁸⁾

1. Cashless service for hospitalisation, day surgeries and diagnostic imaging test ⁽⁸⁾	✓					
2. 24-hour Worldwide Emergency Assistance Services ⁽⁸⁾	✓					

PRUHealth Major (Optional)						
Benefit items ⁽¹⁾	Maximum benefit limit					
	Ward		Semi-private Room		Private Room	
	USD	HKD	USD	HKD	USD	HKD
PRUHealth Major limit (per disability ⁽⁹⁾ per policy year) (only applicable to items I – V listed below)	Option 1 ⁽¹⁰⁾				51,613	400,000
	12,904	100,000	25,807	200,000		
	Option 2 ⁽¹⁰⁾					
	25,807	200,000	38,710	300,000		
Lifetime benefit limit under PRUHealth Major	Unlimited					
I. Hospitalisation benefits						
1. Room and board (per day) - 80% of the eligible expenses incurred starting from the 181 st day of hospitalisation within a policy year	142	1,100	284	2,200	517	4,000
2. Miscellaneous charges	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan within a policy year					
3. Attending doctor's visit fee (per day) - 80% of the eligible expenses incurred starting from the 181 st day of hospitalisation within a policy year	124	960	259	2,000	491	3,800
4. Specialist's fee ⁽²⁾	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan within a policy year					
5. Intensive care (per day) - 80% of the eligible expenses incurred starting from the 91 st day of hospitalisation within a policy year	452	3,500	800	6,200	1,239	9,600
6. Hospital companion bed (per day) - 80% of the eligible expenses incurred starting from the 181 st day of hospitalisation within a policy year	78	600	104	800	130	1,000
II. Surgical benefits						
1. Surgeon's fee (per surgery)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					
2. Anaesthetist's fee (per surgery)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					
3. Operating theatre charges (per surgery)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					
III. Accidental treatment benefit						
1. Accidental outpatient treatment (per injury)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					

PRUHealth Major (Optional)

Benefit items ⁽¹⁾	Maximum benefit limit					
	Ward		Semi-private Room		Private Room	
	USD	HKD	USD	HKD	USD	HKD

IV. Pre- and post-hospitalisation benefits

1. Pre- and post-confinement (i.e. hospitalisation)/day case procedure outpatient care ⁽²⁾ - 80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan within a policy year; - 80% of the eligible expenses incurred for 1 additional pre-hospitalisation/day case procedure outpatient care and 3 additional post-hospitalisation/day case procedure outpatient care for each disability ⁽⁹⁾ in a policy year - Validity for follow-up outpatient visits: within 90 days after discharge from hospital or completion of day case procedure	Maximum benefit limit per visit					
	97	750	149	1,150	194	1,500
	Maximum benefit limit per disability ⁽⁹⁾ per policy year					
	388	3,000	594	4,600	775	6,000
2. Post-surgery home nursing (per visit) ⁽²⁾ - 80% of the eligible expenses incurred starting from the 16 th visit within a policy year, for a maximum of 16 additional visits for each disability ⁽⁹⁾ in a policy year - Validity: within 31 days after discharge from hospital or completion of day case procedure - Max. no. of visits per day: 1	78	600	124	960	176	1,360
3. Ancillary services (Physiotherapy ⁽²⁾ /occupational therapy ⁽²⁾ /speech therapy ⁽²⁾ /chiropractic treatment) (per visit) - 80% of the eligible expenses incurred starting from the 11 th visit within a policy year, for a maximum of 21 additional visits for each disability ⁽⁹⁾ in a policy year - Validity: within 90 days after discharge from hospital or completion of day case procedure	97	750	149	1,150	194	1,500
4. Traditional Chinese medicine for specified cancer ⁽⁴⁾ (per visit) - 80% of the eligible expenses incurred starting from the 16 th visit within a policy year, for a maximum of 16 additional visits for each disability ⁽⁹⁾ in a policy year - Validity: within 90 days after discharge from hospital or prescribed non-surgical cancer treatment - Max. no. of visits per day: 1	52	400	78	600	104	800

V. Extended benefits

1. Pregnancy complications	Covered ⁽¹¹⁾					
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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 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⁾ Specified cancer does not include (a) tumour classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential; (b) Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion; (c) tumour in the presence of any HIV; (d) chronic lymphocytic leukaemia less than RAI stage III; (e) skin cancer other than malignant melanoma; (f) thyroid tumour classified as T1N0M0 or a lower stage according to the TNM classification system; and (g) prostate tumour classified as T1a or T1b or a lower stage according to the TNM classification system.
- ⁽⁵⁾ We will cover these under benefit items I.1-I.6, II.1-II.3, IV.1-IV.2 and V.2 listed in the Benefit Schedule, subject to their respective individual benefit limits.
- ⁽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. Please see more details on waiving co-insurance in the "Conditions for waiving co-insurance for prescribed diagnostic imaging tests" section under "More about the plan".
- ⁽⁷⁾ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- ⁽⁸⁾ These value-added services do not form part of the **PRU**Health FlexiChoice Medical Plan.
- ⁽⁹⁾
 - (a) If you are confined or receive a day case procedure involving more than 1 disability within the same policy year, the benefit payable incurred for all disabilities involved in the same confinement or day case procedure will be subject to 1 **PRU**Health Major limit and/or 1 benefit limit under the corresponding benefit item(s) (if any).
 - (b) We will reset the **PRU**Health Major limit and its applicable benefit limits (as set out in the Benefit Schedule above) for the benefit payable incurred within the same policy year concerning more than 1 confinement or day case procedure for the same disability if you are confined or receive a day case procedure after 90 consecutive days from the discharge date of the previous confinement or the date of the previous day case procedure for the same disability.
- ⁽¹⁰⁾ You have the right to upgrade your **PRU**Health Major from Option 1 to Option 2 of the same room level at the policy anniversary that falls on or immediately follows age 45, 50, 55 or 60 of the life assured without the need to provide any medical information or undergo any medical tests. You can do this once only for the entire lifetime of the life assured.
- ⁽¹¹⁾ We will cover these under benefit items I.1-I.6, II.1-II.3 and IV.1-IV.2 of **PRU**Health Major listed in the Benefit Schedule, subject to their respective individual benefit limits.

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 directly or indirectly 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 life assured 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 life assured will only be able to claim if they show symptoms after 5 years of taking out the plan. The life assured 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 life assured because of any disability directly or indirectly 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 life assured 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 life assured 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 life assured 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, except for services arising from specified pregnancy complications of the plan; 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 is not limited to) herbal treatment, bone-setting, acupuncture, acupressure, tui na, qigong, aromatherapy and homeotherapy, unless such traditional Chinese medicine treatment are covered by traditional Chinese medicine for specified cancer benefit of the plan; 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 life assured 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)

Eligibility

Hong Kong residents only

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age (attained age)	Currency option
Whole life	15 days – 80	HKD/USD

Certification numbers and covered room level

Covered room level	Currency option	Certification numbers (Without PRUHealth Major)
Ward	HKD	F00013-01-000-04
Semi-private Room	HKD	F00013-02-000-04
Private Room	HKD	F00013-03-000-04
Ward	USD	F00013-04-000-04
Semi-private Room	USD	F00013-05-000-04
Private Room	USD	F00013-06-000-04

Covered room level	Currency option	Certification numbers (With PRUHealth Major)
Ward	HKD	Option 1: F00013-01-001-04 Option 2: F00013-01-002-04
Semi-private Room	HKD	Option 1: F00013-02-001-04 Option 2: F00013-02-002-04
Private Room	HKD	F00013-03-001-04
Ward	USD	Option 1: F00013-04-001-04 Option 2: F00013-04-002-04
Semi-private Room	USD	Option 1: F00013-05-001-04 Option 2: F00013-05-002-04
Private Room	USD	F00013-06-001-04

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.

You can also choose to convert your plan to the Certified VHIS Standard Plan that we offered at that time of renewal, without further underwriting.

Premium rates are not guaranteed and are yearly adjustable based on the gender and attained age of the life assured, room level, plan type, attachment of PRUHealth Major and its level of coverage 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 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 other plans with the same terms and conditions and Benefit Schedule; however, we will not reduce your benefit limits and will not raise the co-insurance level of your existing benefits.

The changes 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 life assured'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 life assured'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 life assured, their family, caretaker or the 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 judgement of the registered doctor, can be safely and effectively provided to the life assured.

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

- the life assured 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 life assured is concurrently suffering from another severe disease or injury; and
- the attending doctor believes, in their professional judgement, that the life assured needs hospital-based medical service; and that the length of hospital stay is appropriate for the medical service concerned.

Benefit adjustment under PRUHealth Major

If the life assured chooses to stay in higher level room than they are entitled to under the PRUHealth FlexiChoice Medical Plan, we will adjust the amount we pay under PRUHealth Major by multiplying the eligible expenses incurred in excess of the amount payable under the respective benefits of PRUHealth FlexiChoice Medical Plan by the following percentage and then by 80%, subject to the PRUHealth Major limit and its applicable benefit limits:

- for an upgrade from ward level to semi-private level; or from semi-private level to private level: 50%
- for an upgrade from ward level to private level or above; or from semi-private level to above private level: 25%

We will not apply the above adjustment factor if the life assured stays in a higher level room than their plan covers because, for example, there is a shortage of beds in the ward type they have chosen in their plan in case of an emergency or, they need treatment in an isolation ward.

Conditions for waiving co-insurance for prescribed diagnostic imaging tests

- We waive the usual 30% co-insurance (where you would have to pay 30% of the eligible expenses) if all the below conditions are fulfilled.
 - A registered doctor recommends the life assured in writing to perform any of the following prescribed diagnostic imaging tests :
 - > CT scan on coronary arteries;
 - > MRI scan on brain, cervical spine, lumbar spine & abdomen (including whole abdomen, upper abdomen or lower abdomen); and
 - > PET scan or PET-CT combined (on any body part).
 - such test is conducted at our designated network imaging centre;
 - the life assured presents their identity document and the electronic medical card issued by us along with a written referral upon registration at our designated network imaging centre; and
 - the original receipt issued by the designated network imaging centre indicating the use of our network must be submitted for processing such claim.
- The acceptance of our electronic medical card at the network imaging centre upon registration does not represent such test is eligible for claim.
- We are not the agent of the network imaging centre. We make no representation, warranty or undertaking as to the quality and availability of the tests and shall not accept any responsibility or liability for the tests provided by the network imaging centre. Under no circumstance shall we be responsible or liable for the acts or omissions or tests of the network imaging centre.
- We are not responsible for maintaining any medical information of the life assured in relation to services provided by network imaging centres. Any information disclosed to the network imaging centres by you or the life assured shall not constitute any actual, constructive, or deemed knowledge by us of the same, and shall not affect our right to contest any other policy(ies) we issued/issue to the life assured, unless such information has actually been disclosed to us or we have actual knowledge of such information.

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 30 days from its due date; or
- if this plan is a supplementary benefit, the basic plan to which this plan attached is cancelled or surrendered; or
- we are no longer authorised under the Insurance Ordinance to write or continue to write this plan.

More about the value-added services

Third-party services

- Cashless service for hospitalisation, day surgeries and diagnostic imaging test 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 these services and the service provider(s) from time to time at our sole discretion without prior notice. We may cease and/or suspend these services at our sole discretion.
- We are not the service provider(s) or the agent of the service provider(s). 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 or services of the service provider(s).
- Cashless service for hospitalisation, day surgeries and diagnostic imaging test and 24-hour Worldwide Emergency Assistance Services do not form part of this **PRU**Health FlexiChoice 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 FlexiChoice 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 life assured commits suicide regardless of sane or insane within 1 year from the effective date of the plan, the death benefit will be limited to a refund of the premiums paid without interest subject to the deduction of any amounts we have already paid and any indebtedness 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 FlexiChoice 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”.

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