

PRUmyhealth cancer protector

Complete coverage for medical costs of cancer

Medical Protection



PRUDENTIAL
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Listening. Understanding. Delivering.



PRUmyhealth cancer protector

More patients are surviving and recovering from cancer. To fight this tough battle, the last thing you need to worry is money. With **PRU**myhealth cancer protector, we offer comprehensive protection to reimburse all eligible expenses that might be required in a cancer treatment so that you can focus on getting well.

Plan highlights



Reimbursement of cancer treatment costs up to HKD 6,000,000 / USD 750,000 over lifetime, subject to the plan selected



Comprehensive protection, from diagnostic tests to post-treatment monitoring, both inpatient and outpatient



Access to cancer therapies including chemotherapy, radiotherapy, targeted therapy and hormonal therapy



Lifetime guaranteed renewable¹

Coverage at a glance

PRUmyhealth cancer protector provides customers with comprehensive protection, coverage includes:



1. Diagnostic tests

The costs of diagnostic tests for establishing the positive diagnosis of Covered Cancer. Tests include laboratory tests, X-rays, computerised tomography, magnetic resonance imaging, positron emission tomography, fine-needle aspiration for cytology or histopathology, or excisional biopsy for histopathology and any other diagnostic tests.



2. Hospitalisation, Surgery & Outpatient Treatment

The costs of the treatment of Covered Cancer on both inpatient and outpatient basis. Reconstructive surgery above the neck or on the breast and palliative treatment will also be covered.



3. Chemotherapy, radiotherapy, targeted therapy & hormonal therapy

The costs of non-surgical treatment including chemotherapy, radiotherapy, targeted therapy and hormonal therapy.



4. Monitoring

The costs of consultation of monitoring the response and progress of recovery for a maximum of 5 years from the date of completion of Active Treatments².

5. Extended care

A variety of treatments/services



Hospital cash[^] for admission to intensive care unit



Follow-up outpatient consultation



Ancillary services (Chinese medicine practitioner consultation, physiotherapist consultation[^] or dietician[^] consultation)



Psychological counselling



Home nursing[^]



Purchase of medical appliances[^] (e.g. crutch, wheelchair, external artificial limb, etc.)

6. Value-added services³

Preventive cancer screening at preferential rate

Access to any of the following cancer screening tests at a discounted price at our designated clinics once per policy year:

- Pap Smear (Thin Prep)
- Ultrasound of Breasts
- Epstein Barr Virus Antibody (nasopharyngeal carcinoma screening)
- Mammogram
- Colonoscopy

Second medical opinion⁴

A second medical opinion provided by leading medical experts (once per cancer, max. 3 times per plan)

The description mentioned above aims only to give you a general idea of the benefits coverage available throughout the cancer recovery journey and may not synchronise with the exact names of benefits covered under the plan. For the exact benefit names and details of benefits, please refer to the Benefit Schedule in this leaflet and the policy provision.

[^] Recommendation by a registered doctor in writing is required.

Overview of the benefits



Reimbursement of cancer treatment costs up to HKD 6,000,000 / USD 750,000 over lifetime, subject to the plan selected

With **PRU**myhealth cancer protector, we offer reimbursement benefits for cancer treatment at a choice of 3 different benefit levels. At an affordable premium rate, we cover the costs of your cancer treatments up to a Per Covered Cancer Limit⁵ of HKD 2,000,000 / USD 250,000 and a Lifetime Limit⁵ of HKD 6,000,000 / USD 750,000, alleviating the financial distress cancer can bring. Covered Cancer includes carcinoma-in-situ and cancer.

	Plan 1	Plan 2	Plan 3
Per Covered Cancer Limit ⁵ (HKD)	500,000	1,000,000	2,000,000
Lifetime Limit ⁵ (HKD)	1,500,000	3,000,000	6,000,000

USD 1 = HKD 8



Comprehensive protection, from diagnostic tests to post-treatment monitoring, both inpatient and outpatient

The financial cost of treatment of all stages of cancer will be well covered under **PRU**myhealth cancer protector. From carcinoma-in-situ to late-stage cancer (where cancer has spread to other organs), and even for the treatment costs of complications due to the same Covered Cancer, the plan will reimburse eligible medical expenses up to the limits and benefits specified in the Benefit Schedule.

Upon an unfortunate detection of cancer signs, we will cover the costs of diagnostic tests such as biopsy, scanning and pathological report to help identify the medical condition, a critical phase helping the patient to determine the subsequent treatments needed. Whether these treatments are performed on an outpatient or inpatient basis, they will be eligible for reimbursement.

If you need reconstructive surgery, we cover that too.

After Active Treatments², the plan will also provide a Monitoring Benefit that helps keep track of your health conditions.



Access to cancer therapies including chemotherapy, radiotherapy, targeted therapy and hormonal therapy

Besides essential surgical treatments, cancer therapy may include chemotherapy, radiotherapy, targeted therapy or hormonal therapy. **PRU**myhealth cancer protector protects beyond traditional medical insurance and will cover the costs of chemotherapy, radiotherapy, targeted therapy and hormonal therapy. The plan also covers charges incurred for medication commonly prescribed during the course of cancer treatment, such as anti-nausea drugs, anti-vertigo drugs and anti-rejection drugs.



Lifetime guaranteed renewable¹

PRUmyhealth cancer protector is a yearly renewable plan that protects you against cancer threats. Regardless of your health conditions and claims history, your plan is guaranteed for renewal¹, subject to the applicable terms and conditions and the prevailing premium rates for the age of the life assured at the time of renewal. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

Benefit Schedule

Plan Level	Maximum Benefit Limit (HKD)		
Benefit Items*	Plan 1	Plan 2	Plan 3
I. Diagnostic Benefit	Full cover subject to Per Covered Cancer Limit ⁵ and Lifetime Limit ⁵		
II. Hospitalisation and Treatment Benefit			
III. Reconstructive Surgery Benefit			
IV. Monitoring Benefit (Max. 5 years from the date of completion of Active Treatment²)			
V. Extended Care Benefits			
1. Hospital Cash for Intensive Care Unit [^] Limit per day Max. no. of days per Covered Cancer	520 15	1,000 15	2,000 15
2. Follow-up Outpatient Consultation Limit per visit 1 visit per day, max. visits per Covered Cancer	1,600 10	1,600 20	1,600 30
3. Ancillary Services			
• Registered Chinese medicine practitioner consultation Limit per visit 1 visit per day, max. visits per Covered Cancer	600 10	600 20	600 30
• Registered physiotherapist consultation [^] Limit per visit 1 visit per day, max. visits per Covered Cancer	600 10	600 20	600 30
• Registered dietician consultation [^] Limit per visit 1 visit per day, max. visits per Covered Cancer	600 10	600 20	600 30
4. Psychological Counselling (for the life assured and 1 immediate family member) Limit per visit Max. visits per Covered Cancer for each person	1,000 10	1,000 20	1,000 30
5. Home Nursing [^] Limit per day Max. no. of days per Covered Cancer	1,000 30	1,000 60	1,000 90
6. Medical Appliances [^] Limit per Covered Cancer	2,400	5,000	10,000
VI. Compassionate Death Benefit	10,000	20,000	40,000

USD 1 = HKD 8

[^] Recommendation by a registered doctor in writing is required.

* Inpatient claims under Diagnostic Benefit, Hospitalisation and Treatment Benefit, Reconstructive Surgery Benefit and Monitoring Benefit are subject to the plan level chosen. For Plan 1, eligible hospitalisation level is ward, while for Plan 2 and 3, it is semi-private. If the patient stays in a room of level higher than the eligible room level, the benefit amount payable will be adjusted.

Note

The plan only covers charges or expenses that are regarded as Reasonable and Customary Charges, which means that the charges for treatment, medical services and/or supplies received must be Medically Necessary and do not exceed the usual level of charges for such treatment, medical services and/or supplies in the locality where the expenses are incurred. Please refer to the policy provisions for full details of the benefits and the definition of Reasonable and Customary Charges and Medically Necessary.

Key exclusions

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

- (I) The Covered Cancer existed before the effective date of the plan, or before the effective date of reinstatement, whichever is the later; or
- (II) Any pre-existing conditions that may be the cause or triggering condition of a Covered Cancer before the effective date of this plan, or before the effective date of reinstatement, whichever is the later; or
- (III) Diagnosis by a registered specialist of a Covered Cancer or signs or symptoms of any illness or disease that may be the cause or triggering condition of a Covered Cancer within 90 days of the effective date of the plan, or from the effective date of reinstatement; or
- (IV) Where charges are incurred as a result of:
 - a. routine physical examinations, or health check-ups not related to the Covered Cancer; or
 - b. treatment or tests are not consistent with customary medical treatment or diagnosis; or
 - c. vaccination and immunisation injections for the prevention of a Covered Cancer; or
 - d. narcotics unless prescribed by a registered doctor; or
 - e. treatment or tests related to Acquired Immune Deficiency Syndrome (AIDS), any human immunodeficiency virus or AIDS-related complex; or
 - f. mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder unless such occurrence is covered by Psychological Counselling under the Extended Care Benefits; or
 - g. congenital or inherited Covered Cancer (applicable only to diagnosis before the life assured reaches age 17 [age next birthday]); or
 - h. any services primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures unless they are covered by Diagnostic Benefit; or
 - i. treatment, investigation, services or supplies that are not Medically Necessary or charges that exceed the Reasonable and Customary Charges;
 - j. non-medical services; or
 - k. experimental and/or unconventional medical technology/procedure/therapy; or novel drugs/medicines/stem cell therapy not yet approved by the government, relevant authorities and recognised medical association; or
 - l. war (declared or not), hostilities, rebellion, insurrection, riot, civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or
 - m. genetic testing to test for a genetic predisposition to Covered Cancer; or
 - n. treatment modality undergone without a definite diagnosis of the presence of a Covered Cancer; or
 - o. over-the-counter medication and nutrient supplement not prescribed by a registered doctor, and any of the following traditional Chinese medicines: cordyceps sinensis, seahorse, bezoar, amber, ganoderma, antelope horn, antler, agate, musk, saffron, bird's nest and ginseng.

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

More about the plan

Plan type

Supplementary benefit

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age (age next birthday)	Currency option
Whole life	1 – 65	USD/HKD

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

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 when the first of these happens:

- the life assured dies; or
- you fail to pay your premium within 1 calendar month from its due date; or
- the basic plan to which this plan is attached terminates; or
- all amounts paid or payable under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Reconstructive Surgery Benefit and Monitoring Benefit reach the Lifetime Limit⁵.

Remarks

- 1 This plan is guaranteed for lifetime renewal, subject to the applicable terms and conditions, the prevailing premium rates for the age of the life assured at the time of renewal and benefit term of the basic plan that **PRU**myhealth cancer protector is attached to. We reserve the right to review the premium rates on each policy anniversary and adjust the premium rates accordingly across a particular risk class (including but not limited to age, gender, smoking status, plan level, nationality and country of residence) but not to any particular individual customer. Also, we have the right to revise the terms and conditions and/or the Benefit Schedule of this plan on each policy anniversary to reflect any past or foreseeable changes in medical practice and claims experience, and will apply the revision to all **PRU**myhealth cancer protector plans.
- 2 “Active Treatment” means any therapeutic intervention with the aim of improving the length of the life assured’s survival including radiotherapy, chemotherapy, targeted therapy, hormonal therapy and surgery for carcinoma-in-situ and/or cancer.
- 3 Preventive cancer screening is not a benefit included in the policy provision. Value-added services are provided by our designated service provider(s). We make no representation, warranty or undertaking as to the quality and availability of the aforesaid services, and shall not accept any responsibility or liability for the services provided by the designated service provider(s) concerned. Under no circumstance shall Prudential Hong Kong Limited (“Prudential”) be responsible or liable for the acts or omissions or services of the designated service provider(s). Prudential reserves the right to replace any of the designated service provider(s) and review, revise and change the details, the terms and conditions of the aforesaid services to be provided from time to time, as well as to cease and/or suspend the provision of such services at any time at its sole and absolute discretion without giving prior notice. The provision of such services by the designated service provider(s) and/or the acceptance thereof by you shall constitute a contract between you and the service provider(s) concerned which is separate and independent from the plan.
- 4 The second medical opinion service is provided by medical experts who practise in leading US hospitals and medical centres without cost. In addition, a registered doctor or specialist in Hong Kong can be arranged to provide an explanation of medical report.
- 5 Per Covered Cancer Limit and Lifetime Limit mean the absolute cap in respect of 1 Covered Cancer and the absolute lifetime cap respectively on all amounts paid and payable under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Reconstructive Surgery Benefit and Monitoring Benefit in aggregate under all in force and terminated **PRU**myhealth cancer protector plans covering the same life assured for the lifetime of life assured.

In the event that there is more than 1 Covered Cancer, and it is not eligible for a separate limit as provided in the following paragraph, the latest Covered Cancer will be considered as the same illness as the immediately preceding Covered Cancer for the purpose of calculating the benefits payable under the plan. All benefits paid and payable in respect of the latest Covered Cancer:

- under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Reconstructive Surgery Benefit and Monitoring Benefit are subject to the Per Covered Cancer Limit of the immediately preceding Covered Cancer; and
- under Extended Care Benefits are subject to the same limit on the maximum number of visits/days and the maximum amount per visit/day/Covered Cancer of the immediately preceding Covered Cancer.

In the following events, all benefits paid and payable in respect of the latest Covered Cancer under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Reconstructive Surgery Benefit and Monitoring Benefit shall be subject to a separate Per Covered Cancer Limit, and, all benefits paid and payable in respect of the latest Covered Cancer under Extended Care Benefits shall be subject to a separate limit on the maximum number of visits/days and the maximum amount per visit/day/ Covered Cancer:

- a. The latest Covered Cancer and the immediately preceding Covered Cancer are of different histopathology; or
- b. The latest Covered Cancer and the immediately preceding Covered Cancer are of the same histopathology, and the latest Covered Cancer is not a recurrence or metastasis of the immediately preceding Covered Cancer (which has to be verified by a registered specialist and supported by Tissue Of Origin tests as well as clinical, imaging or other laboratory investigations); or
- c. The latest Covered Cancer and the immediately preceding Covered Cancer are of the same histopathology,
 - the latest Covered Cancer is a recurrence or metastasis of the immediately preceding Covered Cancer; and
 - the dates of first diagnosis of the immediately preceding Covered Cancer and the latest Covered Cancer are separated by at least 5 years ("Specified Period"); and
 - the immediately preceding Covered Cancer has been once in Complete Remission within the Specified Period (such state is verified by a registered specialist and supported by clinical, imaging or other laboratory investigations).

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

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 cancer protector 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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