

Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Ward - with PRUHealth Major (Option 1)

I. Basic benefits

Benefit items ⁽¹⁾	Benefit limit (in USD)
(a) Room and board	\$142 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$2,323 per Policy Year
(c) Attending doctor's visit fee	\$124 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$555 per Policy Year
(e) Intensive care	\$452 per day Maximum 90 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures - <ul style="list-style-type: none"> • Complex \$6,452 • Major \$3,226 • Intermediate \$1,613 • Minor \$646
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁵⁾
(i) Prescribed Diagnostic Imaging Tests ^{(2) (3)}	\$2,581 per Policy Year Subject to 30% Coinsurance (Coinsurance shall be 0% if the conditions stated in Section 2 of the Supplement to "PRUHealth FlexiChoice Medical Plan - Benefits" are fully satisfied)
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$10,323 per Policy Year
(k) Pre- and post-Confinement / Day Case Procedure outpatient care ⁽²⁾	\$97 per visit, up to \$388 per Policy Year <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure • 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	\$3,871 per Policy Year

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- (3) 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.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

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II. Enhanced benefits

Benefit items ⁽¹⁾	Benefit limit (in USD)
(a) Hospital companion bed	\$78 per day Maximum 180 days per Policy Year
(b) Post-surgery home nursing ⁽²⁾	\$78 per visit Maximum 15 visits per Policy Year (1 visit per day) <ul style="list-style-type: none"> • Within 31 days after discharge from Hospital or completion of Day Case Procedure
(c) Dialysis	\$10,323 per Policy Year
(d) Accidental outpatient treatment	\$723 per Injury
(e) Ancillary services (Physiotherapy ⁽²⁾ / occupational therapy ⁽²⁾ / speech therapy ⁽²⁾ / chiropractic treatment)	\$97 per visit Maximum 10 visits per Policy Year <ul style="list-style-type: none"> • Maximum 1 prior visit per Confinement / Day Case Procedure • Treatments within 90 days after discharge from Hospital or completion of Day Case Procedure
(f) Traditional Chinese medicine for Specified Cancer	\$52 per visit Maximum 15 visits per Policy Year (1 visit per day) <ul style="list-style-type: none"> • Within 90 days after discharge from Hospital or Prescribed Non-surgical Cancer Treatment
(g) Pregnancy complications	Payable according to the benefit limits of respective benefit items I (a) – I (i), I (k), II (a) and II (b)
Other limits	
Annual Benefit Limit for benefit items I (a) – I (l) and II (a) – II (g)	Nil
Lifetime Benefit Limit for benefit items I (a) – I (l) and II (a) – II (g)	Nil

III. Optional benefit – PRUHealth Major

Benefit items ⁽¹⁾	Benefit limit (in USD)
Annual limit for PRUHealth Major	Option 1: \$12,904 per Policy Year
(i) Room and board	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (a) starting from the 181 st day of Confinement in a Policy Year, subject to \$142 per day
(ii) Miscellaneous charges	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (b) in a Policy Year
(iii) Attending doctor's visit fee	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (c) starting from the 181 st day of Confinement in a Policy Year, subject to \$124 per day
(iv) Specialist's fee ⁽²⁾	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (d) in a Policy Year
(v) Intensive care	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (e) starting from the 91 st day of Confinement in a Policy Year, subject to \$452 per day

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- (3) "Relevant Benefit Payable" shall mean the Eligible Expenses or cost charged in excess of the amounts payable under benefit items I (a) to I (h), I (k), II (a), II (b) and II (d) to II (g) of this Benefit Schedule.
- (4) Such 80% of reimbursement is equivalent to 20% of Coinsurance.

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Benefit items ⁽¹⁾	Benefit limit (in USD)
(vi) Surgeon's fee	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (f)
(vii) Anaesthetist's fee	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (g)
(viii) Operating theatre charges	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item I (h)
(ix) Pre- and post-Confinement / Day Case Procedure outpatient care ⁽²⁾	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ <ul style="list-style-type: none"> • Under the benefit item I (k) in a Policy Year; and • For 1 additional pre-Confinement / Day Case Procedure outpatient care and 3 additional post-Confinement / Day Case Procedure outpatient care (within 90 days after discharge from Hospital or completion of Day Case Procedure), subject to \$97 per visit and up to \$388 per Policy Year
(x) Hospital companion bed	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item II (a) starting from the 181 st day of Confinement in a Policy Year, subject to \$78 per day
(xi) Post-surgery home nursing ⁽²⁾	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item II (b) starting from the 16 th visit, for a maximum of 16 visits (1 visit per day) in a Policy Year, subject to \$78 per visit (Within 31 days after discharge from Hospital or completion of Day Case Procedure)
(xii) Accidental outpatient treatment	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item II (d)
(xiii) Ancillary services (Physiotherapy ⁽²⁾ / occupational therapy ⁽²⁾ / speech therapy ⁽²⁾ / chiropractic treatment)	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item II (e) starting from the 11 th visit, for a maximum of 21 visits in a Policy Year, subject to \$97 per visit (Within 90 days after discharge from Hospital or completion of Day Case Procedure)
(xiv) Traditional Chinese medicine for Specified Cancer	80% ⁽⁴⁾ of Relevant Benefit Payable ⁽³⁾ under the benefit item II (f) starting from the 16 th visit, for a maximum of 16 visits (1 visit per day) in a Policy Year, subject to \$52 per visit (Within 90 days after discharge from Hospital or Prescribed Non-surgical Cancer Treatment)
(xv) Pregnancy complications	Payable according to the benefit limits of respective benefit items III (i) – III (xi)

IV. Other benefits – death benefits

Benefit items	Benefit limit (in USD)
(i) Compassionate death benefit	\$1,033 per Policy
(ii) Accidental death benefit	\$1,033 per Policy
(iii) Medical accident and incident extension benefit	\$11,355 per Policy

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- (3) "Relevant Benefit Payable" shall mean the Eligible Expenses or cost charged in excess of the amounts payable under benefit items I (a) to I (h), I (k), II (a), II (b) and II (d) to II (g) of this Benefit Schedule.
- (4) Such 80% of reimbursement is equivalent to 20% of Coinsurance.