PRUHealth VHIS VIP Plan – Benefits

Part 1 Insuring Clause and The Policy

Insuring Clause

These Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) as certified by the Government (hereafter "Terms and Benefits") apply to the following Certified Plan under the Voluntary Health Insurance Scheme (hereafter "VHIS") offered by the Company –
Type of the Certified Plan - Flexi Plan
Name of the Certified Plan - **PRU**Health VHIS VIP Plan

During the period of time these Terms and Benefits are in force, if the Insured Person suffers from a Disability, the Company shall pay the Eligible Expenses accordingly.

All benefits payable to the Policy Holder shall be on a reimbursement basis of the actual amounts of Eligible Expenses incurred and are subject to the maximum limits and cost-sharing arrangement (if any) as stated in these Terms and Benefits and the Policy Schedule.

The Policy

The Policy Holder and the Company agree that -

1. No alteration to these Terms and Benefits shall be valid unless it is made in accordance with these Terms and Conditions.

2. All statements made by or for the Insured Person in the Application shall be treated as representations and not warranties.

3. All information provided and all statements made by or for the Insured Person as required under this Policy and the Application shall be provided to the best of his knowledge and in his utmost good faith.

4. These Terms and Benefits come into force on the Policy Effective Date as specified in the Policy Schedule on the condition that the Policy Holder has paid the first premium in full.

5. At the inception of these Terms and Benefits and at each Renewal, in the event of any inconsistency between –
   (a) the terms and benefits of this Policy; and
   (b) the Standard Plan Terms and Benefits of such version as may be determined by the Government and is referred to in Sections 1(a) to (c) of Part 4,

   then –
   (i) so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which are more favourable to the Policy Holder or the Insured Person shall prevail to the extent of such inconsistency; and
   (ii) so far as the scope of Standard Plan Terms and Benefits is concerned, the terms and benefits which impose additional restrictions or limitations to the Policy Holder or the Insured Person shall become ineffective.

   Both (i) and (ii) shall not apply to the exceptions in Section 7 of this Part 1, Sections 1(b) and 5 of Part 6 and any other exception as may be approved by the Government from time to time.

   If the relevant terms and benefits in the Standard Plan Terms and Benefits prevail, such terms and benefits shall be deemed to be incorporated into these terms and benefits of this Policy. For the avoidance of doubt, the rights, powers, benefits or entitlements of the Policy Holder or the Insured Person under the terms and benefits of this Policy shall not be less favourable than those under the Standard Plan Terms and Benefits (had

it been issued to the Policy Holder in respect of the Insured Person), save for the exceptions in Section 7 of this Part 1, Sections 1(b) and 5 of Part 6 and any other exception as may be approved by the Government from time to time.

6. At the inception of these Terms and Benefits and at each Renewal, if this Policy covers any benefits that exceed the Standard Plan Terms and Benefits and the terms and benefits applicable to such benefits differ from the terms and benefits applicable to the Standard Plan Terms and Benefits, the difference shall not amount to an inconsistency contemplated under Section 5 of this Part 1.

7. At the time these Terms and Benefits are first issued, the Company may apply Case-based Exclusion(s) due to a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to the Company in the Application.

8. The Company acknowledges that, as part of the underwriting process, it is the obligation of the Company to ask the Policy Holder and the Insured Person in the Application all requisite information for the Company to make the underwriting decision. If the Company requires the Policy Holder and/or the Insured Person to disclose any updates of or changes to such requisite information after the time of submission of Application and before the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Company must make such a request prominently to the Policy Holder and the Insured Person (including without limitation in the application form), in which case the Policy Holder and/or the Insured Person shall have the obligation to inform the Company on such updates and changes. Each of the Policy Holder and the Insured Person shall have the obligation to respond to the questions, and to disclose such material facts as requested in the questions. The Company agrees that if any such questions are not included in the Application, the Company shall be deemed to have waived the disclosure obligation of the Policy Holder and the Insured Person in respect of the information that was not requested.

9. All questions and required information included in the Application must be sufficiently specific and unambiguous, and consistent with the rules and regulations of the VHIS, so as to allow the Policy Holder and the Insured Person (as the case may be) to understand the information being requested and to provide clear and unequivocal responses. In case of dispute, the burden of proving that the questions are sufficiently specific and unambiguous shall rest with the Company.

10. If the Policy Holder or the Insured Person fails to make the relevant disclosures under Section 8 or 9 of this Part 1, and such failure has materially affected the underwriting decision of the Company, the Company shall have the right as provided in Sections 13 and 14 of Part 2.

Part 2 General Conditions

Interpretation

1. (a) Throughout these Terms and Benefits, where the context so requires, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.
   (b) Headings are for convenience only and shall not affect the interpretation of these Terms and Benefits.
   (c) A time of day is a reference to the time in Hong Kong.
   (d) Unless otherwise defined, capitalised terms used in these Terms and Benefits shall have the meanings ascribed to them under Part 8.

These Terms and Benefits have been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder.

So far as the same benefit coverage is concerned, any inconsistency in terms and amounts of benefits within this Policy shall be interpreted in favour of the Policy Holder and any restrictions or limitations imposed on these Terms and Benefits shall become ineffective, save for the exceptions in Section 7 of this Part 1, Sections 1(b) and 5 of Part 6 and any other exception as may be approved by the Government from time to time.

Cancellation within cooling-off period

2. The Policy Holder may exercise the right of cancellation of these Terms and Benefits with full refund of paid premium during the cooling-off period. The cancellation right is subject to the following conditions –

(a) The request to cancel must be signed by the Policy Holder and received directly by the Company within the cooling-off period. The cooling-off period is the period of twenty-one (21) days immediately following the day of the Delivery to the Policy Holder or the nominated representative of the Policy Holder, of -
   (i) these Terms and Benefits and the Policy Schedule; or
   (ii) the cooling-off notice;
   whichever is the earlier. For the avoidance of doubt, the day of Delivery of these Terms and Benefits and the Policy Schedule or the cooling-off notice is not included for the calculation of the twenty-one (21) day period. However, if the last day of the twenty-one (21) day period is not a working day, the period shall include the next working day; and

(b) no refund can be made if a benefit payment has been made, is to be made or impending.

The above cancellation right shall not apply at Renewal.

To exercise this cancellation right, the Policy Holder must –

(c) return the original of these Terms and Benefits and the Policy Schedule; and

(d) attach a letter, signed by the Policy Holder, requesting cancellation or in other forms acceptable by the Company.

These Terms and Benefits shall then be cancelled and the premium paid shall be fully refunded. In such event, these Terms and Benefits shall be deemed to have been void from the Policy Effective Date and the Company shall not be liable to pay any benefit.

Cancellation

3. After the cooling-off period, the Policy Holder can request cancellation of these Terms and Benefits by giving thirty (30) days prior written notice to the Company, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year.

The cancellation right under this Section shall also apply after these Terms and Benefits have been Renewed upon expiry of its first (or subsequent) Policy Year.

Benefit entitlement

4. If Eligible Expenses are incurred for Medical Services provided to the Insured Person, the Terms and Benefits applicable shall be those prevailing at the time that such Eligible Expenses are incurred. However, if this Policy has been terminated but Eligible Expenses incurred within a period of thirty (30) days after termination are covered pursuant to Section 15 of this Part 2, the Terms and Benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this Policy.

Assignment

5. The rights, benefits, obligations and duties of the Policy Holder under these Terms and Benefits shall not be assignable and the Policy Holder warrants that any amounts payable under these Terms and Benefits shall not be subject to any trust, lien or charge.

Clerical error	6.	Clerical errors in keeping the records shall neither invalidate coverage which is validly in force nor justify continuation of coverage which has been validly terminated.
Currency	7.	Any claim for Eligible Expenses made by the Insured Person in any foreign currency shall be converted to the currency denomination as specified in the Benefit Schedule of this Policy at the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of that foreign currency for the date on which the claim is settled by the Company. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, the Company shall convert the foreign currency at the rate certified as appropriate by the Company's bankers which shall be deemed to be final and binding.
Interest	8.	Save as otherwise specified, no benefit and expenses payable under these Terms and Benefits shall carry interest.
Company's obligation	9.	The Company shall at all times perform its obligations in this Policy in utmost good faith and comply with the rules and regulations of VHIS, the relevant guidelines issued by the Insurance Authority, and all applicable laws and regulations.
Governing law	10.	This Policy is issued in Hong Kong and shall be governed by and construed in accordance with the laws of Hong Kong. The Company and Policy Holder agree to be subject to the exclusive jurisdiction of the Hong Kong courts.
Dispute resolution	11.	If any dispute, controversy or disagreement arises out of this Policy, including matters relating to the validity, invalidity, breach or termination of this Policy, the Company and Policy Holder shall use their endeavours to resolve it amicably, failing which, the matter may (but is not obliged to) be referred to any form of alternative dispute resolution, including but not limited to mediation or arbitration, as may be agreed between the Company and the Policy Holder, before it is referred to a Hong Kong court. Each party shall bear its own costs of using services under alternative dispute resolution.
Liability	12.	The Company shall not accept any liability under this Policy unless the terms of this Policy relating to anything to be done or not to be done are duly observed and complied with by the Policy Holder and the Insured Person, and the information and representations made in the Application and declaration are correct. Notwithstanding the above, the Company shall not disclaim liability unless any non-observance or non-compliance with the terms of this Policy, or the inaccuracy of the information and representations made in the Application and declaration, shall materially and adversely affect the interests of the Company.
Misstatement of personal information	13.	Without prejudice to the Company's right to declare this Policy void in the case of misrepresentation on health related information or fraud as provided in Section 14 of this Part 2, if the non-health related information of the Insured Person that may impact the risk assessment by the Company (including but not limited to Age, sex or smoking habit) is misstated in the Application or in any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1), the Company may adjust the premium, for the past, current or future Policy Years, on the basis of the correct information. Where additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional required premium is not paid within a grace period of thirty (30) days after the due date as notified by the Company to the Policy Holder, the Company shall have the right to terminate this Policy with effect from such due date, in which case Section 15 of this Part 2 shall apply. Where

there has been an overpayment of premium by the Policy Holder, the Company shall refund the overpaid premium.

Where the Company, based on the correct information of the Insured Person and the Company's underwriting guidelines, considered that the application of the Insured Person should have been rejected, the Company shall have the right to declare this Policy void as from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person. In such circumstances, the Company shall have –

(a) the right to demand refund of the benefits previously paid; and
(b) the obligation to refund the premium received,

in each case for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to the Company. This refund arrangement shall be the same as that in Section 14 of this Part 2.

Misrepresentation or fraud

14. The Company has the right to declare this Policy void as from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person in case of any of the following events –

(a) any material fact relating to the health related information of the Insured Person which may impact the risk assessment by the Company is incorrectly stated in, or omitted from, the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1). The circumstances that a fact shall be considered "material" include, but not limited to, the situation where the disclosure of such fact as required by the Company would have affected the underwriting decision of the Company, such that the Company would have imposed Premium Loading, included Case-based Exclusion(s), or rejected the application. For the avoidance of doubt, this paragraph (a) shall not apply to non-health related information of the Insured Person, which shall be governed by Section 13 of this Part 2; or
(b) any Application or claim submitted is fraudulent or where a fraudulent representation is made.

The burden of proving (a) and (b) shall rest with the Company. The Company shall have the duty to make all necessary inquiries on all facts which are material to the Company for underwriting purpose as provided in Section 8 or 9 of Part 1.

In the event of (a), the Company shall have –

(i) the right to demand refund of the benefits previously paid; and
(ii) the obligation to refund the premium received,

in each case for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to the Company.

In the event of (b), the Company shall have –

(iii) the right to demand refund of the benefits previously paid; and
(iv) the right not to refund the premium received.

Termination of Policy

15. This Policy shall be automatically terminated on the earliest of the followings -

(a) where this Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of this Part 2 or Section 3 of Part 3;
(b) the day immediately following the death of the Insured Person; or
(c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy;

If this Policy is terminated pursuant to this Section 15, the termination shall be effective at 00:00 hours of the effective date of termination.

Immediately following the termination of this Policy, insurance coverage under this Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

Where this Policy is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

Where this Policy is terminated pursuant to (b) or (c), the Company shall refund the relevant premium paid for the current Policy Year on a pro rata basis.

This Policy shall also be terminated if the Policy Holder decides to cancel this Policy or not to renew this Policy in accordance with Section 3 of this Part 2 or Section 1 of Part 4, as the case may be, by giving the requisite written notice to the Company. If this Policy is terminated under Section 3 of this Part 2, the effective date of termination shall be the date as stated in the cancellation notice given by the Policy Holder. However, such date shall not be within or earlier than the notice period as required by Section 3 of this Part 2 for the cancellation. If this Policy is not renewed under Section 1 of Part 4, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which this Policy remains valid.

If this Policy is terminated under (a) or (c) of this Section 15, in the case where the Insured Person is being Confined or is undergoing Prescribed Non-surgical Cancer Treatment for a Disability suffered before such termination, then, with respect to the Confinement or treatment in relation to the same Disability, Eligible Expenses incurred shall continue to be covered under this Policy until (i) the Insured Person is discharged or the treatment is completed or (ii) thirty (30) days after the termination of this Policy, whichever is the earlier. The Terms and Benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this Policy. The Company shall have the right to deduct any outstanding premium under Section 13 of this Part 2 from any benefit payment.

For the avoidance of doubt, where this Policy includes other additional benefits beyond those under the Terms and Benefits of this Certified Plan, removal or downgrading of any such other additional benefits by the Company shall not adversely affect –

(d) the Terms and Benefits of this Certified Plan which shall continue to be in full force and effect; and

(e) the continuity of these Terms and Benefits, and shall not adversely affect the Company's compliance with the licensing requirement in order to continue to write these Terms and Benefits.

Notices to Company

16. All notices which the Company requires the Policy Holder to give shall be in writing, or in other forms acceptable by the Company, addressed to the Company.

Notices from Company

17. Any notices to be given under this Policy shall be sent by post to the latest address of the Policy Holder as notified to the Company, or sent by email to the latest email address of the Policy Holder as notified to the Company. Any notices so served shall be deemed to have been duly received by the Policy Holder as follows -

(a) if sent by post, two (2) working days after posting; or

(b) if sent by email, on the date and time transmitted.

Other insurance coverage

18. If the Policy Holder has taken out other insurance coverage besides this Certified Plan, the Policy Holder shall have the right to claim under any such other insurance coverage or this Certified Plan. However, if the Policy Holder or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, the Company shall only be liable for such

amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

Ownership and discharge under this Policy

19. The Company shall treat the Policy Holder as the absolute owner of this Policy and shall not recognise any equitable or other interest of any other party in this Policy. The payment of any benefits hereunder to the Policy Holder shall be deemed to be full and effective discharge of the Company's obligations in respect of such payment under this Policy.

Change of ownership of the Policy

20. Subject to the approval of the Company at its discretion, the Policy Holder may transfer the ownership of this Policy by completing the prescribed form and sending it to the Company. The Company shall consider application of transfer of ownership at the time of Policy renewal without any administration charge on the Policy Holder or transferee. The change of ownership shall not be effective until the Company has approved the change and notified in writing to the Policy Holder and transferee. From the effective date of the change of ownership, the transferee shall be treated as the Policy Holder, and the absolute owner of this Policy as described in Section 19 of this Part 2 and be responsible for the payment of the premiums, including any outstanding premiums.

The Company shall not reject any application by the Policy Holder for the transfer of ownership to -

(a) the Insured Person if he has reached the Age of eighteen (18) years;
(b) the parent or the Guardian of the Insured Person if he is a Minor; or
(c) any person whose familial relationship with the Insured Person is accepted by the Company according to its prevailing underwriting practices which are readily accessible by the Policy Holder.

Provided that the Company has expressly informed the Policy Holder in writing such a requirement at the time of Policy application, the Company has the right to request the Policy Holder to transfer the ownership of this Policy to the Insured Person who has reached the Age specified by the Company.

Death of Policy Holder

21. The Policy Holder may nominate a person to be the successive Policy Holder of this Policy in the event of his death. If the Policy Holder dies, but has not named a successive Policy Holder for this Policy or the named successive Policy Holder refuses the transfer, the ownership of this Policy shall be transferred to –

(a) the Insured Person if he has reached the Age of eighteen (18) years; or
(b) the parent or the Guardian if the Insured Person is a Minor. If the parent or the Guardian refuses the transfer, the ownership of this Policy shall be transferred to the administrator or executor of the Policy Holder's estate.

The transfer of ownership of this Policy in accordance with the above paragraph shall be conditional upon the Company having received satisfactory evidence of the Policy Holder's death.

Rights of third parties

22. Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

Subrogation

23. After the Company has paid a benefit under this Policy, the Company shall have the right to proceed at its own expense in the name of the Policy Holder and/or the Insured Person against any third party who may be responsible for events giving rise to such benefit claim under this Policy. Any amount recovered from any such third party shall belong to the Company to the extent of the amount of benefits which has been paid by the Company in respect of the relevant benefit claim under this Policy. The Policy Holder and/or the Insured Person must provide full details in his possession or within his knowledge on the fault of the third party and fully cooperate with the Company in the recovery action. For the avoidance of doubt, the above subrogation

right shall only apply if the third party is not the Policy Holder or the Insured Person.

Suits against third parties

24. Nothing in this Policy shall oblige the Company to join, respond to or defend (or indemnify in respect of the costs for) any suit or alternative dispute resolution process for damages for any cause or reason which may be instituted by the Policy Holder or the Insured Person against any Registered Medical Practitioner, Hospital or healthcare services provider, including but not limited to any suit or alternative dispute resolution process for negligence, malpractice or professional misconduct or any other causes in relation to or arising out of the medical investigation or treatment of the Disability of the Insured Person under the terms of this Policy.

Waiver

25. No waiver by any party of any breach by any other party of any provisions of this Policy shall be deemed to be a waiver of any subsequent breach of that or any other provision of this Policy, and any forbearance or delay by any party in exercising any of its rights under this Policy shall not be construed as a waiver of such rights. Any waiver shall not take effect unless it is expressly agreed, and the rights and obligations of the Company and Policy Holder under this Policy shall remain in full force and effect except and only to the extent that they are waived.

Compliance with law

26. If this Policy is or becomes illegal under the law applicable to the Policy Holder or the Insured Person, the Company shall have the right to terminate this Policy from the date it becomes illegal and the Company shall refund the relevant premium paid for the Policy Year in which this Policy is terminated, on a pro rata basis.

Personal data privacy

27. The Company shall comply with the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong) and the related codes, guidelines and circulars.

Part 3 Premium Provisions

Premium payable

1. The premium payable for these Terms and Benefits shall only include –
   (a) the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company; and
   (b) the Premium Loading, if applicable.

Payment of premiums

2. The amount of premium payable is specified in the Policy Schedule and/or the notification of Renewal as specified in Section 3 of Part 4. The premium, whether paid for a Policy Year or by instalment as agreed by the Company, shall be paid in advance when due before any benefits shall be paid. Premium once paid shall not be refundable, unless otherwise specified in this Policy.

   Premium due dates, Renewal Dates and Policy Years are determined with reference to the Policy Effective Date as stated in the Policy Schedule and/or the notification of Renewal as specified in Section 3 of Part 4. The first premium is due on the Policy Effective Date.

Grace period

3. The Company shall allow a grace period of thirty (30) days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid in full at the expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due.

Part 4 Renewal Provisions

These Terms and Benefits shall be effective from the Policy Effective Date in consideration of the payment of premium and is Renewable for each Policy Year in accordance with the terms of this Part 4. Renewal is guaranteed for the whole life of the Insured Person.

Renewal

1. The Company shall Renew these Terms and Benefits in accordance with (a) to (c) below –
   (a) Unless the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write these Terms and Benefits, or has ceased to maintain its registration with the Government as a VHIS provider, or the Policy Holder decides not to Renew these Terms and Benefits by giving the Company not less than thirty (30) days prior notice in writing in accordance with Section 3 of Part 2, Renewal shall be arranged automatically with the Terms and Benefits no less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of Renewal, save for the exceptions in Section 7 of Part 1, Sections 1(b) and 5 of Part 6 and any other exceptions as may be approved by the Government from time to time.
   (b) At the time of Renewal, if the Company shall cease or has ceased to maintain its registration with the Government as a VHIS provider while maintaining the requisite authorisation under the Insurance Ordinance to write these Terms and Benefits, Renewal shall be arranged automatically with the Terms and Benefits no less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time when the Company ceased to maintain its registration as a VHIS provider, save for the exceptions in Section 7 of Part 1, Sections 1(b) and 5 of Part 6 and any other exceptions as may be approved by the Government from time to time.
   (c) After the Company has ceased to maintain its registration with the Government, if the Company subsequently re-registers with the Government as a VHIS provider, then at the Renewal Date coinciding with or immediately following such re-registration, these Terms and Benefits shall be Renewed with the Terms and Benefits no less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of the Renewal, save for the exceptions in Section 7 of Part 1, Sections 1(b) and 5 of Part 6 and any other exceptions as may be approved by the Government from time to time.

   At the time of Renewal under (a) to (c) above (as the case may be), any other revision of these Terms and Benefits by the Company shall be made on an overall Portfolio basis and shall not have the effect of contravening (a), (b) or (c) above (as applicable) or reducing the benefit limits or increasing the Coinsurance or Deductible of these Terms and Benefits which are applicable prior to Renewal.

Adjustment of premium

2. Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall have the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company on an overall Portfolio basis. For the avoidance of doubt, if the Premium Loading is set as a percentage of the Standard Premium (i.e. rate of Premium Loading), the amount of Premium Loading payable shall be automatically adjusted according to the change in Standard Premium.

   During each Policy Year and upon Renewal, the Company shall not impose any additional rate of Premium Loading (or any additional amount of Premium Loading if the Premium Loading is set in monetary terms rather than as a percentage of the Standard Premium) or Case-based Exclusion(s) on the Insured Person by reason of any change in the Insured Person's health conditions.

Notification of Renewal

3. Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall in accordance with the terms of this Section 3 give the Policy Holder a written notice of the revised Terms and Benefits to the Policy Holder of not less than thirty (30) days prior to the Renewal Date.

The written notice shall specify the premium for Renewal and Renewal Date. If the Company revises these Terms and Benefits upon Renewal, the Company shall make available the revised Terms and Benefits to the Policy Holder together with the written notice. The revised Terms and Benefits and premium for Renewal shall take effect on the Renewal Date.

No re-underwriting except in limited circumstances

4. While these Terms and Benefits are in force, the Company shall not have the right to re-underwrite these Terms and Benefits irrespective of any change in health conditions of the Insured Person after the Policy Issuance Date or the Policy Effective Date, whichever is the earlier.

The Company shall not have the right to re-underwrite these Terms and Benefits irrespective of any change in these Terms and Benefits (as permitted under Section 1 of this Part 4). This restriction applies to any change including but not limited to where there is any upgrade or downgrade of any benefits, or any addition or removal of any benefits, as permitted under these Terms and Benefits, regardless of where they are set out in these Terms and Benefits.

The Company shall have the right to re-underwrite these Terms and Benefits only under the following circumstances -

(a) Where the Policy Holder requests the Company to re-underwrite these Terms and Benefits at the time of Renewal for reduction in Premium Loading or removal of Case-based Exclusion(s) according to the Company's underwriting practices. For the avoidance of doubt, the Company shall not have the right to terminate or not to Renew these Terms and Benefits if any of the aforesaid requests is rejected by the Company or the re-underwriting result is not accepted by the Policy Holder;

(b) At any time where the Policy Holder requests to subscribe additional benefits (if any) or switch to another insurance plan which provides upgrade or addition of benefits (in which cases the re-underwriting shall be limited to such upgrade or additional benefits).

(i) However, at any time where the Policy Holder requests to unsubscribe the additional benefits (if any) in these Terms and Benefits, or switch to another insurance plan which provides downgrade or reduction of benefits, the Company shall not have the right to re-underwrite these Terms and Benefits but shall have the discretion to accept or reject the request according to its prevailing practices in handling similar requests; and

(ii) The Company shall not have the right to terminate or not to Renew these Terms and Benefits if any of the aforesaid requests is rejected by the Company or the re-underwriting result is not accepted by the Policy Holder;

The Company and Policy Holder acknowledge that -

(c) if under the terms of this Part 4, the Company has the right, or is required, to re-underwrite these Terms and Benefits based on certain factors at Renewal, the Company shall, in accordance with the terms of this Part 4 and its prevailing underwriting guidelines, take into account only such relevant factors to carry out the re-underwriting; and

(d) as a result of re-underwriting, these Terms and Benefits may be terminated, new Premium Loading may be applied, existing Premium Loading may be adjusted upwards or downwards, new Case-based Exclusion(s) may be applied, and existing Case-based Exclusion(s) may be revised or removed.

Part 5 Claim Provisions

Submission of claims

1. All claims incurred in respect of these Terms and Benefits shall be submitted to the Company within ninety (90) days after the date on which the Insured Person is discharged from the Hospital, or (where there is no Confinement) the date on which the relevant Medical Service is performed and completed. For this purpose, a claim shall be deemed not valid or complete and benefit shall not be payable unless -
   (a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to the Company; and
   (b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by the Company shall have been furnished to the Company for processing of such claim.

   The Policy Holder shall notify the Company if claims cannot be submitted within the above timeframe, otherwise the Company shall have the right to reject claims submitted after the above timeframe.

   All certificates, information and evidence that are reasonably required by the Company and which can be reasonably provided by the Policy Holder shall be furnished at the expenses of the Policy Holder. The Company shall bear all expenses incurred in obtaining further certificates, information and evidence for the purposes of verification of the claim after the Policy Holder has submitted all required information pursuant to (a) and (b) above.

Claimable amount estimate

2. Before the Insured Person receives a Medical Service, the Policy Holder may request the Company to provide an estimate on the amount that may be claimed under these Terms and Benefits. The Policy Holder shall provide the Company with the estimated fees to be incurred as furnished by the Hospital and/or attending Registered Medical Practitioner as required by the laws and regulations regulating the private healthcare facilities in Hong Kong at the time of request. Upon receiving the request, the Company shall inform the Policy Holder of the claimable amount estimate under these Terms and Benefits based on the estimation furnished by the Hospital and/or attending Registered Medical Practitioner. The Company's estimate is for reference only, and the actual amount claimable by the Policy Holder shall be subject to the final expenses as evidenced in (a) and (b) of Section 1 of this Part 5.

Legal action

3. No legal action shall be brought by the Policy Holder to recover any claim amount payable under these Terms and Benefits within the first sixty (60) days from which all proof of claims as required by these Terms and Benefits has been received by the Company.

Medical examination

4. Where a claim occurs, the Company shall have the right to require the Insured Person to be examined by a Registered Medical Practitioner appointed by the Company at the Company's cost.

Part 6 Benefit Provisions

General

1. (a) Territorial scope of cover
   Except for the psychiatric treatment as stated in Section 3(l) of this Part 6, the daily hospital cash for staying below the Semi-private Room in Hong Kong and death benefits as stated in Sections 19 and 20 of the Supplement – Benefits respectively, all benefits described in these Terms and Benefits are subject to the geographical limitation for benefit coverage as stated in Section 1 of the Supplement – Benefits and the Benefit Schedule.

   The above restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits. For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4.

(b) Lifetime Benefit Limit

Except for the death benefits and wellness benefit as stated in Sections 20 and 21 respectively of the Supplement – Benefits, all benefits described in these Terms and Benefits are subject to the Lifetime Benefit Limit as stated in the Benefit Schedule.

(c) Choice of healthcare services providers

Except for the daily hospital cash for staying below the Semi-private Room in Hong Kong as stated in Section 19 of the Supplement – Benefits, all benefits described in these Terms and Benefits are not subject to any restriction in the choice of healthcare services providers, including but not limited to Registered Medical Practitioner and Hospital.

The above restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits. For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4.

(d) Choice of ward class

The benefits described in these Terms and Benefits are subject to the restriction in the choice of ward class as stated in Section 2 of the Supplement – Benefits.

The above restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits. For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4.

Coverage of Confinement and non-Confinement services

2. Subject to these Terms and Benefits, if during the period while these Terms and Benefits are in force, the Insured Person, as a result of a Disability and upon the recommendation of a Registered Medical Practitioner,

(a) is Confined in a Hospital; or

(b) undergoes any Day Case Procedure, Prescribed Diagnostic Imaging Test, Prescribed Non-surgical Cancer Treatment, dialysis, accidental outpatient treatment or accidental dental treatment,

the Company shall reimburse the Eligible Expenses or cost charged which are Reasonable and Customary in accordance with benefit items under Section 3 of this Part 6 and Sections 5 to 18 of the Supplement – Benefits.

For the avoidance of doubt, where an Insured Person is Confined in a Hospital but the Confinement is considered not Medically Necessary, the expenses incurred as a result of such Confinement shall not be regarded as Eligible Expenses for the purpose of (a) above. However, the Policy Holder shall still have the right to claim for the relevant Eligible Expenses incurred during such Confinement on Medical Services under (b) above.

The amount of Eligible Expenses payable under these Terms and Benefits shall not exceed the actual costs for Medical Services provided to the Insured Person, subject to the limits as stated in the Benefit Schedule.

For the avoidance of doubt, the benefits covered under these Terms and Benefits shall only be payable for Eligible Expenses incurred for Medical Services provided to the Insured Person. Expenses incurred for Medical Services provided to persons other than the Insured Person shall not be covered, unless otherwise specified.

Benefits covered

3. Eligible Expenses covered under Section 2 of this Part 6 shall be payable according to the following benefit items –

(a) Room and board

This benefit shall be payable for the Eligible Expenses charged by the Hospital on the cost of accommodation and meals where the Insured Person is Confined in a Hospital or undergoes any Day Case Procedure or Prescribed Non-surgical Cancer Treatment.

(b) Miscellaneous charges

This benefit shall be payable for the Eligible Expenses charged on miscellaneous charges where the Insured Person is Confined in a Hospital or on the day he undergoes any Day Case Procedure for receiving Medical Services. These charges shall cover the following -

(i) Road ambulance service to and/or from the Hospital;
(ii) Anaesthetic and oxygen administration;
(iii) Administration charges for blood transfusion;
(iv) Dressing and plaster casts;
(v) Medicine and drug prescribed and consumed during Confinement or any Day Case Procedure;
(vi) Medicine and drug prescribed upon discharge from Confinement or completion of Day Case Procedure for use up to the ensuing four (4) weeks;
(vii) Additional surgical appliances, equipment and devices other than those inclusively paid under Section 3(h) of this Part 6, and implants, disposables and consumables used during surgical procedure;
(viii) Medical disposables, consumables, equipment and devices;
(ix) Diagnostic imaging services, including ultrasound and X-ray, and their interpretation, other than Prescribed Diagnostic Imaging Tests which shall be covered under Section 3(i) of this Part 6;
(x) Intravenous ("IV") infusions including IV fluids;
(xi) Laboratory examinations and reports, including the pathological examination performed for the surgery or procedure during the Confinement or any Day Case Procedure;
(xii) Rental of walking aids and wheelchair for Inpatients; and
(xiii) Physiotherapy, occupational therapy and speech therapy during Confinement.

(c) Attending doctor's visit fee

If on any day of Confinement, the Insured Person is treated by a Registered Medical Practitioner, this benefit shall be payable for the Eligible Expenses charged by the attending Registered Medical Practitioner for such visit or consultation.

(d) Specialist's fee

If on any day of Confinement, the Insured Person is treated by a Specialist (not being the attending Registered Medical Practitioner under Section 3(c) of this Part 6) as recommended in writing by the attending Registered Medical Practitioner, this benefit shall be payable for the Eligible Expenses charged by the Specialist for such visit or consultation.

(e) Intensive care

If on any day of Confinement, the Insured Person is admitted to an Intensive Care Unit, this benefit shall be payable for the Eligible Expenses charged on the intensive care services.

For the avoidance of doubt, the Eligible Expenses so incurred and payable under this benefit shall not be payable under Section 3(a) of this Part 6.

(f) Surgeon's fee

This benefit shall be payable for the Eligible Expenses charged by the attending Surgeon on a surgical procedure performed during Confinement or in a setting for providing Medical Services to a Day Patient.

This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures as categorised and reviewed from time to time by the Government. If a surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category according to the gazette published by the Government or any other relevant publication or information including but

not limited to the schedule of fees recognised by the government, relevant authorities and medical association in the locality where the surgical procedure is performed.

(g) Anaesthetist's fee
If Surgeon's fee is payable under Section 3(f) of this Part 6, this benefit shall be payable for the Eligible Expenses charged by the Anaesthetist in relation to the surgical procedure.

(h) Operating theatre charges
If Surgeon's fee is payable under Section 3(f) of this Part 6, this benefit shall be payable for the Eligible Expenses charged for the use of operating theatre (including but not limited to a treatment room and a recovery room) during the surgical procedure.

For the avoidance of doubt, the Eligible Expenses for any additional surgical appliances, equipment and devices used in the operating theatre that are separately charged shall be payable under Section 3(b) of this Part 6.

(i) Prescribed Diagnostic Imaging Tests
This benefit shall be payable for the Eligible Expenses charged on Prescribed Diagnostic Imaging Test performed during Confinement or in a setting for providing Medical Services to a Day Patient recommended in writing by the attending Registered Medical Practitioner for the investigation or treatment of a Disability, subject to the Coinsurance as specified in Section 5 of this Part 6 and the Benefit Schedule.

(j) Prescribed Non-surgical Cancer Treatments
This benefit shall be payable for the Eligible Expenses charged on the Prescribed Non-surgical Cancer Treatment performed during Confinement or in a setting for providing Medical Services to a Day Patient, outpatient consultation by a Specialist in treatment planning, and monitoring of prognosis and development during the course of Prescribed Non-surgical Cancer Treatment.

For the avoidance of doubt, the Eligible Expenses for the Prescribed Diagnostic Imaging Tests shall be payable under Section 3(i) of this Part 6.

(k) Pre- and post-Confinement/Day Case Procedure outpatient care
This benefit shall be payable for the Eligible Expenses for –
(i) outpatient visit or Emergency consultation resulting in a Confinement or Day Case Procedure (including but not limited to consultation, western medication prescribed or diagnostic test); and
(ii) follow-up outpatient visit (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test) to, or recommended in writing by, the attending Registered Medical Practitioner, within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure, provided that such outpatient visit is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

For the purpose of (i) and (ii) above, Prescribed Diagnostic Imaging Tests and Prescribed Non-surgical Cancer Treatments shall be payable under Sections 3(i) and 3(j) of this Part 6 respectively.

(l) Psychiatric treatments
This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist.

This benefit shall be payable in lieu of other benefit items under Sections 3(a) to (k) of this Part 6. For the avoidance of doubt, where a Confinement is not solely for the purpose of psychiatric treatments, this benefit shall only be payable for the Eligible Expenses charged on the Medical Services related to psychiatric treatments. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatment, the expenses in entirety shall be payable under Section 3(a) to (k) above.

Pre-existing Condition(s)

4. Eligible Expenses arising from Pre-existing Condition(s) that are notified to the Company in the Application and subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1), subject to the Case-based Exclusion(s) (if any), shall be payable in accordance with these Terms and Benefits. The Company may impose Case-based Exclusion(s) to these Terms and Benefits by reason of a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to the Company in the Application and any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1). After the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Company shall not have the right to impose any additional Case-based Exclusion(s), save for the limited circumstances stated in Section 4 of Part 4.

Eligible Expenses arising from Pre-existing Condition(s) that the Policy Holder and/or Insured Person was not aware and would not reasonably have been aware of at the time of submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 8 of Part 1), shall be payable in accordance with these Terms and Benefits, subject to the following waiting period and reimbursement arrangement –

First 30 days of the first Policy Year	no coverage
31st day of the first Policy Year onwards	full coverage

For the avoidance of doubt, the Company shall not have the right to re-underwrite or terminate these Terms and Benefits where the Policy Holder and/or Insured Person was not aware and would not reasonably have been aware of the Pre-existing Condition(s) at the time of submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 8 of Part 1).

If the Policy Holder or the Insured Person is requested but fails to disclose to the Company upon submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 8 of Part 1), that the Insured Person is suffering from a Pre-existing Condition, and such Pre-existing Condition has been treated or diagnosed or has manifested signs or symptoms of which the Policy Holder or the Insured Person is aware or should have reasonably been aware of at the time of submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 8 of Part 1), the Company has the right to declare these Terms and Benefits void, demand repayment of any benefits paid and/or refuse to provide coverage under these Terms and Benefits. In such event, the Company shall refund the premium in accordance with Section 14 of Part 2. The burden of proving the above shall rest with the Company.

Cost-sharing requirement

5. The Policy Holder is required to pay Coinsurance and/or Deductible as stated in these Terms and Benefits and the Policy Schedule. For the avoidance of doubt, Coinsurance and Deductible do not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under these Terms and Benefits.

Part 7 General Exclusions

Under these Terms and Benefits, the Company shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.

2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.

3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

   However, the exclusion under this entire Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.

4. Expenses incurred for Medical Services as a result of 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 its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).

5. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless they are (i) necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; (ii) reconstructive surgery for Specified Cancer covered under Section 13 of the Supplement – Benefits, (iii) medical devices used during such reconstructive surgery which are covered under Section 5 of the Supplement – Benefits, or (iv) Prescribed Diagnostic Imaging Tests relating to such reconstructive surgery which are covered under Section 3(i) of Part 6 above; or

(b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.

6. Expenses incurred for prophylactic treatment or preventive care, including but 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. For the avoidance of doubt, this Section 6 does not apply to –
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions;
   (c) treatment for prevention of recurrence or complication of a previous Disability; and
   (d) health screening tests and vaccination covered under Section 21 of the Supplement – Benefits.

7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist unless they are (i) for Emergency Treatment and surgery during Confinement arising from an Accident; or (ii) covered under Section 11 of the Supplement – Benefits. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.

8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause; unless they are covered under Section 16 of the Supplement – Benefits.

9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use; unless they are covered under Section 17(i) of the Supplement – Benefits. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments; unless they are covered under Sections 12 or 17(ii) of the Supplement – Benefits.

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.

12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.

13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.

14. Expenses incurred for 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.

Part 8 Definitions

Under these Terms and Benefits, words and expressions used shall have the following meanings –

"Accident" shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.

"Age" shall mean the attained age of the Insured Person.

"Annual Benefit Limit" shall mean the maximum amount of benefits paid by the Company to the Policy Holder in a Policy Year irrespective of whether any limits of any benefit items stated in the Benefit Schedule have been reached. The Annual Benefit Limit is counted afresh in a new Policy Year.

"Application" shall mean the application submitted to the Company in respect of this Certified Plan, including the application form, questionnaires, evidence of insurability, any documents or information submitted and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1).

"Benefit Schedule" shall mean a schedule of benefits attached to these Terms and Benefits which sets out, among others, the benefit items and maximum benefits covered.

"Case-based Exclusion" shall mean the exclusion of a particular Sickness or Disease from the coverage of these Terms and Benefits that may be applied by the Company based on a Pre-existing Condition or factors affecting the insurability of the Insured Person.

"Certified Plan" shall mean all the terms and benefits (including any Supplement(s)) that form an insurance plan certified by the Government to be compliant with the requirements of the VHIS. This Certified Plan comprises these Terms and Conditions, the Benefit Schedule and the followings –

- Supplement – Benefits;
- Supplement – Inclusion of VAT and GST as Eligible Expenses; and
- Supplement – Inclusion of public hospitals and private hospitals in Hong Kong in the definition of Hospital.

"Coinsurance" shall mean a percentage of Eligible Expenses the Policy Holder must contribute after paying the Deductible (if any) in a Policy Year. For the avoidance of doubt, Coinsurance does not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under these Terms and Benefits.

"Company" shall mean Prudential Hong Kong Limited.

"Confinement" or "Confined" shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition for a period of no less than six (6) consecutive hours.

No minimum period is required for Confinement in connection with any Emergency Treatment in a Hospital as a result of an Emergency for the performance of a surgical procedure or other Medical Service in a Hospital. Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

"Congenital Condition(s)" shall mean (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within six (6) months of birth.

"Day Case Procedure" shall mean a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.

"Day Patient" shall mean an Insured Person receiving Medical Services or treatments given in a medical clinic, day case procedure centre or Hospital where the Insured Person is not in Confinement.

"Deductible" shall mean a fixed amount of Eligible Expenses that, in a Policy Year, the Policy Holder must pay before the Company shall reimburse the remaining Eligible Expenses.

"Delivery" shall mean the delivery of these Terms and Benefits and the Policy Schedule or the cooling-off notice as stated in Section 2(a) of Part 2 to the Policy Holder, or to nominated representative of the Policy Holder, by any the following means:
(a) by hand;
(b) by post (including registered post); or
(c) by electronic means.
Regardless of the means of delivery is used, it is the responsibility of the Company, to have sufficient proof of delivery and the timing of delivery.

"Disability" shall mean a Sickness or Disease or Injury, including any and all complications arising therefrom.

"Eligible Expenses" shall mean expenses incurred for Medical Services rendered with respect to a Disability.

"Emergency" shall mean an event or situation that Medical Service is needed immediately in order to prevent death, permanent impairment or other serious consequences of the Insured Person's health.

"Emergency Treatment" shall mean Medical Service required in an Emergency. The Emergency event or situation, and the required Medical Service cannot be and are not separated by an unreasonable period of time.

"Flexi Plan" shall mean any individual indemnity hospital insurance plan under the VHIS framework with enhancement(s) to any or all of the protections or terms and benefits that the Standard Plan provides to the Policy Holder and the Insured Person, subject to certification by the Government. Such plan shall not contain terms and benefits which are less favourable than those in the Standard Plan, save for the exception as may be approved by the Government from time to time.

"Government" shall mean the Hong Kong Special Administrative Region Government.

"Guardian" in respect of a Minor shall mean the person(s) appointed as the guardian(s) under or acting by virtue of the Guardianship of Minors Ordinance (Cap 13. of the Laws of Hong Kong).

"HKD" shall mean Hong Kong dollars.

"Hong Kong" shall mean the Hong Kong Special Administrative Region of the People's Republic of China.

"Hospital" shall mean an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which is for providing Medical Service for sick and injured persons as Inpatients, and which –

(a) has facilities for diagnosis and major operations;
(b) provides twenty-four (24) hours nursing services by licensed or registered nurses;
(c) has one (1) or more Registered Medical Practitioners; and
(d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.

"Injury" shall mean any bodily damage (with or without a visible wound) solely caused by an Accident independent of any other causes.

"Inpatient" shall mean an Insured Person who is Confined.

"Insurance Authority" shall mean the Insurance Authority of Hong Kong established pursuant to section 4AAA of the Insurance Ordinance.

"Insurance Ordinance" shall mean the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong).

"Insured Person" shall mean any person whose risks are covered by these Terms and Benefits, and named as the "Insured Person" in the Policy Schedule.

"Intensive Care Unit" shall mean that part or unit of a Hospital established for and devoted to providing intensive medical and nursing care for Inpatients.

"Lifetime Benefit Limit" shall mean the maximum amount of benefits paid by the Company to the Policy Holder cumulatively since the inception of these Terms and Benefits, irrespective whether any limits of any benefit items stated in the Benefit Schedule have been reached or whether the Annual Benefit Limit in a Policy Year has been reached.

"Medical Services" shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability.

"Medically Necessary" shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –

(a) require the expertise of, or be referred by, a Registered Medical Practitioner;
(b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
(c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
(d) be rendered 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
(e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to -

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family,
caretaker or the attending Registered Medical Practitioner; and
(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

"Minor" shall mean a person below the Age of eighteen (18) years.

"Policy" shall mean this policy underwritten and issued by the Company, which is the contract between the Policy Holder(s) and the Company in respect of this Certified Plan including but not limited to these Terms and Conditions, Benefit Schedule, Application, declarations, Policy Schedule and any Supplement(s) attached to this policy, if applicable. Where this Policy contains additional terms and benefits other than those of this Certified Plan, the meaning of Policy shall also cover such additional terms and benefits.

"Policy Effective Date" shall mean the commencement date of these Terms and Benefits which is specified as "Policy Effective Date" in the Policy Schedule.

"Policy Holder" shall mean the person who is a legal holder of this Policy and is named as the “Policy Holder” in the Policy Schedule.

"Policy Issuance Date" shall mean the date of first issuance of these Terms and Benefits.

"Policy Schedule" shall mean a schedule attached to these Terms and Benefits, which sets out, among others, the Policy Effective Date, Renewal Date, the name and the relevant particulars of the Policy Holder and the Insured Person, the eligible benefits, premium and other relevant details in respect of these Terms and Benefits.

"Policy Year" shall mean the period of time these Terms and Benefits are in force. The first Policy Year shall be the period from the Policy Effective Date to the day immediately preceding the first Renewal Date as specified in the

Policy Schedule (both days inclusive) within one (1) year period; and each subsequent Policy Year shall be the one (1) year period from each Renewal Date.

"Portfolio" shall mean all policies of the same terms and conditions and the benefit schedule as certified by the Government as a Certified Plan under VHIS.

"Pre-existing Condition(s)" shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where -

(a) it has been diagnosed;
(b) it has manifested clear and distinct signs or symptoms; or
(c) medical advice or treatment has been sought, recommended or received.

"Premium Loading" shall mean the additional premium on top of the Standard Premium charged by the Company to the Policy Holder according to the additional risk assessed for the Insured Person.

"Prescribed Diagnostic Imaging Tests" shall mean computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

"Prescribed Non-surgical Cancer Treatments" shall mean chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy for cancer treatment.

"Reasonable and Customary" shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable) -

(a) treatment or service fee statistics and surveys in the insurance or medical industry;
(b) internal or industry claim statistics;
(c) gazette published by the Government; and/or
(d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

"Registered Medical Practitioner", "Specialist", "Surgeon" and "Anaesthetist" shall mean a medical practitioner of western medicine,

(a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
(b) legally authorised for rendering relevant Medical Service in Hong Kong or the relevant jurisdiction outside Hong Kong where the Medical Service is provided to the Insured Person,

but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws

of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

"Renewal", "Renew", "Renewed" or "Renewable" shall mean renewal of these Terms and Benefits in accordance with their terms without any discontinuance.

"Renewal Date" shall mean the effective date of Renewal. The first Renewal Date shall be the date as specified in the Policy Schedule (which shall not be later than the first anniversary of the Policy Effective Date) and the subsequent Renewal Date(s) shall be the anniversary(ies) of the first Renewal Date. The relevant Renewal Date shall be specified in the notification of Renewal in accordance with Section 3 of Part 4.

"Schedule of Surgical Procedures" shall mean the list of surgical procedures attached to the Benefit Schedule which sets out the surgical category of different surgical procedures according to their relative degree of complexity, which is from time to time published and subject to regular review by the Government.

"Sickness" or "Disease" shall mean a physical, mental or medical condition arising from a pathological deviation from the normal healthy state, including but not limited to the circumstances where signs and symptoms occur to the Insured Person and whether or not any diagnosis is confirmed.

"Standard Plan" shall mean the insurance plan with terms and conditions and the benefit schedule equivalent to the minimum compliant product requirements of VHIS, which are from time to time published and subject to regular review by the Government.

"Standard Plan Terms and Benefits" shall mean the terms and conditions and the benefit schedule of the Standard Plan, which are from time to time published and subject to regular review by the Government [https://www.vhis.gov.hk/doc/en/information_centre/e_standard_plan_template.pdf].

"Standard Premium" shall mean the basic premium for the coverage under this Certified Plan, as charged by the Company to the Policy Holder on an overall Portfolio basis, which may be adjusted in accordance with the Age, gender and/or lifestyle factors of the Insured Person.

"Supplement(s)" shall mean any document which may add, delete, amend or replace the terms and benefits of this Policy. Supplement(s) shall include but is not limited to endorsement, rider, annex, schedule or table attached and issued with this Policy.

"Terms and Benefits" shall mean the Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) as certified by the Government under this Certified Plan.

"Terms and Conditions" shall mean Part 1 to Part 9 of this Certified Plan.

"USD" shall mean United States dollars.

Part 9 Provisions for Multiple Policy Holders (if applicable)

Definitions

1. In this Part 9, words and expressions used shall have the following meanings –

"Representative Policy Holder" Where there is more than one person named as the "Policy Holder" in the Policy Schedule and/or any subsequent Supplement(s), shall mean the Policy

Holder who has been jointly designated by the other Policy Holders in the Company's prescribed form, to be authorised to give instructions or notices to the Company, and receive notices or benefits from the Company on behalf of all the Policy Holders.

Application

2. This Part 9 shall apply if this Policy has more than one Policy Holder.

Where a Representative Policy Holder is appointed, all references in Part 1 to Part 8 to the "Policy Holder" giving instructions or notices to the Company, and receiving notices or benefits from the Company shall be construed as a reference to the "Representative Policy Holder" giving instructions or notices to the Company, and receiving notices or benefits from the Company.

Where no Representative Policy Holder is appointed, any instructions or notices to the Company shall be given jointly by all Policy Holders, and any notices or benefits from the Company shall be given or paid to all Policy Holders.

Joint Policy Holders

3. All Policy Holders shall be jointly and severally liable and responsible for the Policy Holders' obligations under these Terms and Benefits.

Save for the circumstances in Section 20 of Part 2 (as replaced by Section 4 below), where a Representative Policy Holder is appointed, the Company shall not be obliged to receive any instructions or notices from, or issue any notices or pay any benefits to, any Policy Holder who is not the Representative Policy Holder. The Company shall be entitled to rely and act upon any instructions or notices received from the Representative Policy Holder, and shall not be required to verify whether any such instructions or notices have been duly authorised and agreed by other Policy Holders.

All Policy Holders may jointly designate another Policy Holder to become the new Representative Policy Holder to replace an existing Representative Policy Holder by completing the prescribed form and sending it to the Company. The form shall be jointly signed by all Policy Holders. The change of Representative Policy Holder shall not be effective until the Company has approved the change and notified in writing the new Representative Policy Holder. From the effective date of the change of Representative Policy Holder, the Company shall issue all notices and pay any benefits to the new Representative Policy Holder.

Change of ownership of the Policy

4. Section 20 of Part 2 shall be deleted in its entirety and replaced with the followings –

Subject to the approval of the Company at its discretion, any Policy Holder may transfer his ownership of the Policy by completing the prescribed form and sending it to the Company together with the consent of other Policy Holders. The Company shall consider application of transfer of ownership at the time of Policy renewal without any administration charge on the Policy Holder or transferee. The ownership of any other Policy Holders shall not be affected. The change of ownership shall not be effective until the Company has approved the change and notified in writing to the transferee Policy Holder. From the effective date of the change of ownership, the transferee Policy Holder, together with all other Policy Holders, shall be treated as the absolute owners of this Policy as described in Section 19 of Part 2 and be responsible for the payment of the premiums including any outstanding premiums. If the Representative Policy Holder transfers his ownership to a transferee Policy Holder, all the Policy Holders shall designate a new Representative Policy Holder and notify the Company in its prescribed form.

The Company shall not reject any application by a Policy Holder for the transfer of ownership to -

(a) the Insured Person if he has reached the Age of eighteen (18) years;
(b) the parent or the Guardian of the Insured Person if he is a Minor; or
(c) any person whose familial relationship with the Insured Person is accepted by the Company according to its prevailing underwriting

practices which are readily accessible by the Policy Holders.

Provided that the Company has expressly informed the Policy Holder in writing such a requirement at the time of Policy application, the Company has the right to request the Policy Holder to transfer the ownership of this Policy to the Insured Person who has reached the Age specified by the Company.

Death of a Policy Holder

5. Section 21 of Part 2 shall be deleted in its entirety and replaced with the followings –

If any of the Policy Holders dies, he shall be removed as a Policy Holder and the remaining Policy Holder(s) shall be the sole Policy Holder(s), unless the relevant Policy Holder has nominated a person to be the successive Policy Holder of the Policy in the event of his death.

If all of the Policy Holders die and the named successive Policy Holder refuses the transfer, the ownership of this Policy shall be transferred to -

(a) the Insured Person if he has reached the Age of eighteen (18) years; or
(b) the parent or the Guardian if the Insured Person is a Minor. If the parent or the Guardian refuses the transfer, the ownership of this Policy shall be transferred to the administrator or executor of the Policy Holder's estate.

The transfer of ownership of this Policy in accordance with the above paragraph shall be conditional upon the Company having received satisfactory evidence of the Policy Holder's death.

If the Representative Policy Holder dies, all the remaining Policy Holders and the named successive Policy Holder if any shall jointly designate a new Representative Policy Holder and notify the Company in its prescribed form.

Supplement - Benefits

This Supplement shall form part of the Terms and Benefits of the **PRU**Health VHIS VIP Plan. The Terms and Conditions shall be supplemented as follows. Save as amended by this Supplement, all other Terms and Conditions shall be unchanged and remain in full force and effect. For the avoidance of doubt, Part 7 (General Exclusions) of these Terms and Benefits shall be subject to this Supplement.

Benefit limitations and benefit calculation

(Sections 1 to 4 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Territorial scope of cover 1.

1.1 For any Medical Services or other covered services performed other than in the circumstances of Section 1.2 below, Eligible Expenses and/or costs charged shall be payable in accordance with the Benefit Schedule of these Terms and Benefits.

1.2 For any Medical Services or other covered services performed outside the territorial scope of cover as specified in the Benefit Schedule (i.e. Asia or Worldwide except USA) not solely and directly due to Accidents occurred outside such territorial scope of cover, the Eligible Expenses and/or costs charged shall be payable in accordance with the Standard Plan Terms and Benefits as stated in Section 3.2 below and are not subject to the benefit adjustment as stated in Section 2.1 below. For the avoidance of doubt, no benefit shall be payable under Sections 5 to 19 and 21 below.

1.3 **"Asia"** shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.

1.4 The benefit payable under Section 19 below shall only be applicable to the Confinement in Hong Kong private Hospitals in accordance with these Terms and Benefits.

1.5 The benefit payable under Section 20 below shall be applicable to the death at any territorial location in accordance with these Terms and Benefits.

Choice of ward class and adjustment for voluntary upgrade 2.

2.1 If the Insured Person's Confinement is of a higher level than the covered room as specified in Benefit Schedule upon voluntary choice, then for the purpose of Section 3.1 below, any benefits payable in respect of such Confinement will be multiplied by the following adjustment percentage, except for the ward upgrade arises from (i) shortage of the covered room specified in the Benefit Schedule while in need of Emergency Treatment, or (ii) isolation reasons that require a specific class of accommodation, or (iii) other reasons not involving individual preference (e.g. by the Policy Holder(s) or the Insured Person).

Type of room of Confinement	Covered room	Adjustment percentage
Private Room	Semi-private Room	50%
Above Private Room		25%
Above Private Room	Private Room	25%

"Private Room" shall mean a room categorised as a private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Private Room shall mean a room for Insured Person's private use during the Confinement with its own private facilities including a bedroom and bath/shower room(s) only. In any case mentioned above, a Private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).

"Semi-private Room" shall mean a room categorised as a semi-private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Semi-private Room shall mean (i) a single or two-bedded room; or (ii) a room with maximum double occupancy, and with a shared bath / shower room in a Hospital. In any case mentioned above, a Semi-private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).

2.2 If the benefits payable under these Terms and Benefits after applying the above adjustment percentage calculated in accordance with Section 3.1 below is lower than the benefits payable according to the Standard Plan Terms and Benefits calculated in accordance with Section 3.2 below, the Company shall pay the higher payable amount.

Overall benefit limit and benefit payable (not applicable to the daily hospital cash for staying below the Semi-private Room in Hong Kong, death benefits and wellness benefit)

3. 3.1 Subject to these Terms and Benefits, the benefit amount payable under these Terms and Benefits, except for Sections 1.2 above and 19 to 21 below, shall be calculated as set out below:

The benefit amount payable
= (A – B) x C, subject to the Annual Benefit Limit and Lifetime Benefit Limit

where:

A = amount of Eligible Expenses and/or costs payable in accordance with the Terms and Benefits, after applying the exclusion and respective remaining balance of benefit limits (the benefit limits are as stated in the Benefit Schedule, less the benefit amount(s) previously paid)

B = the higher of:
- (i) the Balance of Deductible; and
- (ii) the Eligible Expenses and/or costs that have been reimbursed in respect of the concerned claim under any other insurance coverage or as otherwise described in Section 13 of Part 7 of these Terms and Benefits,

if applicable

C = adjustment percentage as specified under Section 2.1 above, if applicable

"**Balance of Deductible**" shall mean the remaining amount of Deductible for which the Policy Holder must pay before the Company shall reimburse within the relevant Policy Year. It equals to the full amount of Deductible reduced by any

Deductible used as a result of previous claims under Sections 3(a) to 3(l) of Part 6 of these Terms and Benefits and Sections 5 to 18 below (including those defined in the next paragraph) during the relevant Policy Year. The Balance of Deductible will not be less than zero (0).

Any Eligible Expenses and/or costs paid under any other insurance coverage or as otherwise described in Section 13 of Part 7 of these Terms and Benefits, which would have been paid under these Terms and Benefits if there is no such other insurance coverage, shall be counted towards and reduced from the Balance of Deductible for the subsequent claim calculation in the same Policy Year.

3.2 The benefit amount payable in accordance with the Standard Plan Terms and Benefits as a result of the limitations stated in Section 1.2 above shall be calculated as set out below:

The benefit amount payable
= D – B, subject to the Annual Benefit Limit and Lifetime Benefit Limit

where:
D = amount of Eligible Expenses payable in accordance with the Standard Plan Terms and Benefits, after applying the exclusion and respective remaining balance of benefit limits (the benefit limits are as stated in the benefit schedule of Standard Plan, less the benefit amount(s) previously paid)
B = the higher of:
(i) the Balance of Deductible; and
(ii) the Eligible Expenses and/or costs that have been reimbursed in respect of the concerned claim under any other insurance coverage or as otherwise described in Section 13 of Part 7 of these Terms and Benefits,
if applicable

For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of these Terms and Benefits.

3.3 Any actual benefits reimbursed in accordance with Section 3.2 above shall be counted towards the applicable benefit limits, Annual Benefit Limit and Lifetime Benefit Limit of the relevant Policy Year as specified in the Benefit Schedule.

3.4 For the avoidance of doubt, the daily hospital cash for staying below the Semi-private Room in Hong Kong, death benefits and wellness benefit shall be payable in accordance with Sections 19, 20 and 21 below subject to these Terms and Benefits.

Change of Deductible

4. 4.1 The Policy Holder has the right to reduce the Deductible without providing further evidence of the Insured Person's health upon written request to the Company provided that such written request is submitted within thirty-one (31) days before or after the Renewal Date on or immediately following the respective Ages of fifty (50), fifty-five (55), sixty (60), sixty-five (65), seventy (70), seventy-five (75), eighty (80) and eighty-five (85) of the Insured Person. The amount payable for Eligible Expenses, costs and/or hospital cash incurred on or after the relevant Renewal Date shall be subject to the reduced Deductible.

4.2 This right can only be exercised once during the lifetime of the Insured Person, subject to the Deductible options available at that time (including a guaranteed zero (0) Deductible option). The Policy Holder must complete and submit the appropriate application form as prescribed by the Company and meet all the administrative rules as determined by the Company from time to time.

4.3 The Policy Holder's right to increase the Deductible is not affected. Upon any Renewal Date, the Policy Holder has the right to increase the Deductible, subject to the Deductible options available at that time, without providing further evidence of the Insured Person's health.

4.4 Upon reduction or increase of the Deductible, the premium shall be adjusted according to the prevailing Standard Premium schedule and the Age of the Insured Person on the relevant Renewal Date. Any Premium Loading imposed at the inception of the Terms and Benefits shall remain applicable to the calculation of premium.

Enhanced benefits

(Sections 5 to 18 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Medical devices (benefit item II (a) in the Benefit Schedule)

5. This benefit shall be payable according to the Benefit Schedule for the Eligible Expenses charged for the following medical devices placed inside or on the surface of the Insured Person's body during the surgical procedure by a Registered Medical Practitioner provided that such medical devices must be non-transferable medical devices:

(i) Specified items
- (a) pacemaker;
- (b) stents for percutaneous transluminal coronary angioplasty;
- (c) monofocal or multifocal intraocular lens;
- (d) artificial cardiac valve;
- (e) metallic or artificial joints for joint replacement;
- (f) prosthetic ligaments for replacement or implantation between bones; and
- (g) prosthetic intervertebral disc.

(ii) Other items
Other medical devices that are not mentioned under Section 5 (i) above.

If reconstructive surgery is payable under Section 13 below, this Section 5 shall be payable for the Eligible Expenses charged for the medical devices used during such reconstructive surgery.

For the avoidance of doubt, the Eligible Expenses so incurred and payable under this Section 5 shall not be payable under Section 3(b) of Part 6 of these Terms and Benefits.

Private nursing (benefit item II (b) in the Benefit Schedule)

6. This benefit shall be payable for the Eligible Expenses charged for nursing services provided to the Insured Person by a Registered Nurse following the surgery or discharge from an Intensive Care Unit and while the Insured Person is still Confined in a Hospital, provided that such service is recommended by the Insured Person's attending Registered Medical Practitioner in writing in addition to the general nursing services provided by the Hospital.

This benefit is restricted to nursing services provided by a maximum of one (1) Registered Nurse during any given time slot; and up to two (2) time slots per day. Regardless of whether nursing services are provided for all or part of one (1) particular day, that day will be counted as one (1) day for the purpose of counting the maximum number of days per Policy Year allowed for this benefit. In the event that more than one (1) Registered Nurse provides nursing services in the same time slot, the one (1) with the highest Eligible Expenses shall be payable; and if there are more than two (2) time slots on the same day, the two (2) time slots with the highest Eligible Expenses shall be payable.

For the purpose of this benefit, **"Registered Nurse"** shall mean a person who is legally authorised by the government of the geographical area of his practice to render nursing services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the nurse is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall

exercise reasonable judgment to determine whether such nurse shall nonetheless be considered qualified and registered.

Hospital companion bed (benefit item II (c) in the Benefit Schedule)

7. If room and board or intensive care is payable under Section 3(a) or 3(e) of Part 6 of these Terms and Benefits respectively, this benefit shall be payable for the costs charged for one (1) extra bed for the Insured Person's immediate family member where the Insured Person is Confined.

Post-surgery home nursing (benefit item II (d) in the Benefit Schedule)

8. If Surgeon's fee is payable under Section 3(f) of Part 6 of these Terms and Benefits, this benefit shall be payable for the Eligible Expenses charged for post-surgery home nursing service provided that such service:

(i) is recommended by the Insured Person's attending Registered Medical Practitioner in writing;

(ii) is provided at the Insured Person's home by a Registered Nurse within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure; and

(iii) must be directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

This benefit is restricted to nursing services provided by a maximum of one (1) Registered Nurse during any given time slot; and up to two (2) time slots per day. Regardless of whether nursing services are provided for all or part of one (1) particular day, that day will be counted as one (1) day for the purpose of counting the maximum number of days per Policy Year allowed for this benefit. In the event that more than one (1) Registered Nurse provides nursing services in the same time slot, the one (1) with the highest Eligible Expenses shall be payable; and if there are more than two (2) time slots on the same day, the two (2) time slots with the highest Eligible Expenses shall be payable.

For the purpose of this benefit, **"Registered Nurse"** shall mean a person who is legally authorised by the government of the geographical area of his practice to render nursing services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the nurse is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such nurse shall nonetheless be considered qualified and registered.

Dialysis (benefit item II (e) in the Benefit Schedule)

9. This benefit shall be payable for the Eligible Expenses charged for haemodialysis or peritoneal dialysis performed on the Insured Person due to chronic and irreversible kidney failure during the Confinement or in a setting for providing Medical Services to a Day Patient, which must be recommended in writing by the Insured Person's attending Registered Medical Practitioner.

For the avoidance of doubt, the Eligible Expenses for all dialysis as a result of chronic and irreversible kidney failure shall only be payable under this benefit.

Accidental outpatient treatment (benefit item II (f) in the Benefit Schedule)

10. If the Insured Person sustains an Injury as a result of an Accident and is treated in the outpatient department of a Hospital within twenty-four (24) hours of the Accident, this benefit shall be payable for the Eligible Expenses charged for such treatments.

For the avoidance of doubt, when the Eligible Expenses under this Section 10 are also covered under Section 3 of Part 6 of these Terms and Benefits, such Eligible Expenses shall not be payable under this benefit.

Accidental dental treatment
(benefit item II (g) in the Benefit Schedule)

11. If the Insured Person sustains an Injury as a result of an Accident and receives Emergency Treatment which is necessitated to natural tooth / teeth within two (2) weeks of the Accident, this benefit shall be payable for the costs charged for dental treatment provided by a Registered Dentist performed in a dental clinic or Hospital including staunch bleeding, X-ray, tooth extraction and root canal work. This benefit shall not cover any restorative treatment for the purpose other than Emergency Treatment, the use of any precious metals and orthodontic treatment.

For the avoidance of doubt, when the costs under this Section 11 are also covered under Section 3 of Part 6 of these Terms and Benefits, such costs shall not be payable under this benefit.

For the purpose of this benefit, **"Registered Dentist"** shall mean a person qualified by degree in dentistry and legally authorised by the government of the geographical area of his practice to render dental services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dentist is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such dentist shall nonetheless be considered qualified and registered.

Traditional Chinese medicine
(benefit item II (h) in the Benefit Schedule)

12. This benefit shall be payable for the costs charged for traditional Chinese medicine treatment:

(i) during the Insured Person's Confinement by a Registered Chinese Medicine Practitioner who is arranged by the Hospital; or

(ii) within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure by a Registered Chinese Medicine Practitioner as part of the Insured Person's rehabilitation treatment; provided that such traditional Chinese medicine treatment is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

For the avoidance of doubt, when the Eligible Expenses or costs under this benefit that are also covered under Section 17(ii) below, such Eligible Expenses or costs shall be payable in the following order:
(1) Rehabilitation treatments under Section 17(ii) below;
(2) this traditional Chinese medicine.

For the purpose of this benefit, **"Registered Chinese Medicine Practitioner"** shall mean a person who is registered with the Chinese Medicine Council of Hong Kong or legally authorised by the government of the geographical area of his practice to practise Chinese medicine on the basis of traditional Chinese medicine in general practice, acupuncture or bone-setting but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder

and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

Reconstructive surgery for Specified Cancer (benefit item II (i) in the Benefit Schedule)

13. This benefit shall be payable for the Eligible Expenses or costs charged for the reconstructive surgery on the Insured Person during Confinement provided that such surgery:

(i) is recommended in writing by a Registered Medical Practitioner to restore the appearance of organs or regions above the neck (defined as above the inferior margin of mandible) or of the breast(s) that were damaged previously due to the Specified Cancer and its treatment; and

(ii) must be completed within twelve (12) months from the date of surgical procedure to remove the Specified Cancer from the Insured Person.

For the avoidance of doubt, surgery for restoring appearance solely performed on or below the neck (except for the breasts); or for isolated dental restorations is excluded. Notwithstanding the above, if the reconstructive surgery is performed due to damage caused by Specified Cancer arising from regions above the neck, with extension to the neck or beyond the neck, the Eligible Expenses or costs charged for such surgery shall also be covered under this benefit.

This benefit shall cover the Eligible Expenses or costs that are:

(a) charged by the Hospital for the accommodation and meals in relation to such surgery;

(b) charged for the doctor's visit fee by the attending Surgeon in relation to such surgery;

(c) charged for the below miscellaneous charges in relation to such surgery:

- anaesthetic and oxygen administration;
- administration charges for blood transfusion;
- dressing;
- medicine and drug prescribed and consumed;
- medical disposables and consumables;
- diagnostic imaging services, including ultrasound and X-ray, and their interpretation, other than Prescribed Diagnostic Imaging Tests which shall be covered under Section 3(i) of Part 6 of these Terms and Benefits;
- intravenous ("IV") infusions including IV fluids;
- laboratory examinations and reports necessary for such surgery; and
- rental of walking aids and wheelchair for Inpatients;

(d) charged for the private nursing after such surgery;

(e) charged by the attending Surgeon in respect of such surgery;

(f) charged by the Anaesthetist in relation to such surgery; and

(g) charged for the use of operating theatre (including but not limited to a treatment room and a recovery room) in relation to such surgery.

For the purpose of this benefit, **"Specified Cancer"** shall mean a malignant tumour characterised by the uncontrolled growth of malignant cells and the Invasion of tissue. This includes leukaemia (other than chronic lymphocytic leukaemia of Rai Stage 0) but excludes non-invasive cancers in situ, tumours in the presence of any Human Immunodeficiency Virus and any non melanoma skin cancer of AJCC stage I or below. The diagnosis must always be confirmed by a histopathology report. **"Invasion"** hereinabove means an infiltration beyond the epithelial basement membrane.

For the avoidance of doubt, the Eligible Expenses or costs incurred relating to reconstructive surgery due to the Specified Cancer shall only be payable under this Section 13, except for (1) the medical devices used during such reconstructive surgery which shall be payable under Section 5 above; and (2) Prescribed Diagnostic Imaging Tests relating to such reconstructive surgery which shall be payable under Section 3(i) of Part 6 of these Terms and Benefits.

Rehabilitation (benefit item II (j) in the Benefit Schedule)

14. This benefit shall be payable for the Eligible Expenses or costs charged for a Stay in a Rehabilitation Centre and for rehabilitation treatment provided to the Insured Person during such Stay in a Rehabilitation Centre as recommended in writing by the attending Registered Medical Practitioner within the period stated in the Benefit Schedule after discharge from Hospital for the same cause (including any complications therefrom) necessitating such Confinement.

For the purpose of this benefit,

- **"Rehabilitation Centre"** shall mean an institution (other than a Hospital) registered to lawfully provide rehabilitation service in the locality or a rehabilitation unit in a Hospital which provides physiotherapy, occupational therapy and other rehabilitative treatment for Disability aimed at restoring full function following a Disability.
- **"Stay in a Rehabilitation Centre"** shall mean that the Insured Person is admitted into a Rehabilitation Centre as a resident bed patient for Medical Service under the recommendation of a Registered Medical Practitioner for a minimum period of six (6) consecutive hours and continuously stays in the Rehabilitation Centre whereby prior to his discharge a daily room and board is charged by the Rehabilitation Centre.

For the avoidance of doubt, the Eligible Expenses or costs incurred relating to rehabilitation during the Stay in a Rehabilitation Centre shall only be payable under this benefit.

Hospice care (benefit item II (k) in the Benefit Schedule)

15. This benefit shall be payable for the Eligible Expenses or costs charged for a Stay in a Registered Hospice and for such care and nursing services provided by the hospice during such Stay in a Registered Hospice if the Insured Person is diagnosed with a terminal illness, in the opinion of the attending Registered Medical Practitioner that the advent of death of the Insured Person is highly likely within twelve (12) months. The Insured Person's admission to the registered hospice must be recommended in writing by the attending Registered Medical Practitioner.

For the purpose of this benefit, **"Stay in a Registered Hospice"** shall mean that the Insured Person is admitted into a registered hospice as a resident bed patient for Medical Service under the recommendation of a Registered Medical Practitioner for a minimum period of six (6) consecutive hours and continuously stays in the registered hospice whereby prior to his discharge a daily room and board is charged by the registered hospice.

For the avoidance of doubt, the Eligible Expenses or costs incurred relating to hospice care shall only be payable under this benefit.

Pregnancy complications (benefit item II (l) in the Benefit Schedule)

16. This benefit shall be payable under Sections 3(a) to (i) and 3(k) of Part 6 of these Terms and Benefits and Sections 5 to 8 above for the Eligible Expenses or costs arising from the Insured Person's Confinement and/or surgical procedure performed by a Surgeon in a Hospital due to the Covered Pregnancy Complications, provided that:

(i) such Confinement and/or surgical procedure is recommended in writing by a Registered Medical Practitioner; and
(ii) the date of diagnosis of such complications must be at least three hundred (300) days after the Policy Effective Date.

For the purpose of this benefit, **"Covered Pregnancy Complications"** shall mean ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism, or pulmonary embolism of pregnancy.

Rehabilitation benefits for Covered Cancer, Heart Attack and Stroke (benefit item II (m) in the Benefit Schedule)

17. This benefit shall be payable with respect to each Incident if the Insured Person is diagnosed with Covered Cancer, Heart Attack or Stroke with the following benefit items:

(i) Home facility enhancement

This benefit shall be payable for the cost charged for home facility enhancement recommended in writing by a Registered Occupational Therapist for the purpose of assisting the Insured Person in his daily life. Home facility enhancement includes but not limited to:

(a) widening doorways and passageways;
(b) moving light switches, door handles, doorbells and entry phones to convenient heights;
(c) installing grab rails for support;
(d) adapting bathroom facilities (including but not limited to raising toilet, installing a back rest against the toilet cistern, installing a level deck shower, installing a bath hoist and installing hand basin at appropriate height);
(e) locating bathroom or bedroom facilities at ground-floor level;
(f) installing ramps to avoid using steps;
(g) installing a stair lift or elevator;
(h) provision of specialised furniture (including but not limited to adjustable beds or support chairs); and
(i) setting up alert devices.

For the purpose of this benefit, **"Registered Occupational Therapist"** shall mean a person who is legally authorised by the government of the geographical area of his practice to perform occupational therapy services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the therapist is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such therapist shall nonetheless be considered qualified and registered.

(ii) Rehabilitation treatments
This benefit shall be payable for the Eligible Expenses or costs charged for the rehabilitation treatments provided to the Insured Person including:
(a) consultation with and / or medical treatment performed by and / or western medication prescribed by, if applicable, a Registered Neurosurgeon, Registered Neurologist, Registered Orthopaedic Surgeon, Registered Psychiatrist or Registered Dietitian as recommended in writing by the attending Registered Medical Practitioner; and
(b) consultation with and / or medical treatment, if applicable, performed by a Registered Chinese Medicine Practitioner or Registered Clinical Psychologist in which recommended in writing by the attending Registered Medical Practitioner is not required.

For Eligible Expenses or costs under this benefit that are also covered under Section 3 of Part 6 of these Terms and Benefits or under Section 12 above, such Eligible Expenses or costs shall be payable in the following order:
(1) Pre- and post-Confinement/Day Case Procedure outpatient care under Section 3(k) of Part 6 of these Terms and Benefits;
(2) this rehabilitation treatments;
(3) Traditional Chinese medicine under Section 12 above.

For the purpose of this benefit,

- **"Covered Cancer"** shall mean a malignant tumour characterised by the uncontrolled growth of malignant cells and the invasion of tissue. This includes leukaemia but excludes any of the following:
  (i) any tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential;
  (ii) any Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion;
  (iii) any tumour in the presence of any Human Immunodeficiency Virus;
  (iv) chronic lymphocytic leukaemia classified as Stages 0, I or II according to Rai staging system;
  (v) any skin cancer other than malignant melanoma;
  (vi) any thyroid tumour which is histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and
  (vii) any prostate tumour which is histologically classified as T1a or T1b or a lower stage according to the TNM classification system.
  The diagnosis of Covered Cancer must always be confirmed by a histopathology report.

- "**Heart Attack**" shall mean the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:
  (i) a history of typical chest pain; and
  (ii) new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
  (iii) the characteristic rise of cardiac enzymes CK-MB or troponin T > 0.6ng/ml or troponin I > 0.5ng/ml.
  Angina is specifically excluded.

- "**Incident**", for the purpose of counting per Incident as specified in the Benefit Schedule, a new Incident in relation to –

  (i) Covered Cancer, shall mean -

  (a) Primary cancer

  Insured Person is newly diagnosed with a Covered Cancer which is at the original site where it first began; or

  (b) Separate primary cancer

  Insured Person had cancer(s) in the past and is diagnosed with another Covered Cancer that is of different histological origins from all preceding Covered Cancer(s) and is not an extension, recurrence or metastasis; or

  (c) Cancer of the same histological origins

  Insured Person had cancer(s) in the past and is diagnosed with another Covered Cancer that is of the same histological origins of a preceding Covered Cancer and is -

  (1) not a recurrence or metastasis of such preceding Covered Cancer (meaning no preceding Covered Cancer of the same histological origins has come back nor has spread to a different body part from where it started), which has to be verified by a Specialist and supported by clinical, imaging or other laboratory investigations; or

  (2) a recurrence or metastasis of such preceding Covered Cancer (meaning a preceding Covered Cancer of the same histological origins has come back or has spread to a different body part from where it started), where -

  - the dates of the first diagnosis of such immediately preceding Covered Cancer of the same histological origins and the latest Covered Cancer are separated by at least three (3) years ("Specified Period"), and
  - such immediately preceding Covered Cancer of the same histological origins has been once in complete remission within the Specified Period (such state is verified by a Specialist and supported by clinical, imaging or other laboratory investigations).

  (ii) Heart Attack, shall mean

  (a) a first-time Heart Attack that occurs in the Insured Person who has never had Heart Attack; or

  (b) a recurrent Heart Attack occurs in the Insured Person who has a history of previous Heart Attack, provided that the date of diagnosis of such recurrent Heart Attack and the date of diagnosis of the immediately preceding Heart Attack is separated by at least one (1) year.

  (iii) Stroke, shall mean

  (a) a first-time Stroke that occurs in the Insured Person who has never had Stroke; or

  (b) a recurrent Stroke occurs in the Insured Person who has a history of previous Stroke, provided that the date of diagnosis of such recurrent Stroke and the date of diagnosis of the immediately preceding Stroke is separated by at least one (1) year.

All diagnoses should be confirmed by a Specialist. For the avoidance of doubt,

- when a Covered Cancer cannot be categorised as a new Incident, such Covered Cancer shall share the same Incident limit of the immediately preceding Incident of Covered Cancer;
- when a Heart Attack cannot be categorised as a new Incident, such Heart Attack shall share the same Incident limit of the immediately preceding Incident of Heart Attack; and
- when a Stroke cannot be categorised as a new Incident, such Stroke shall share the same Incident limit of the immediately preceding Incident of Stroke.

- "**Registered Chinese Medicine Practitioner**" shall mean a person who is registered with the Chinese Medicine Council of Hong Kong or legally authorised by the government of the geographical area of his practice to practise Chinese medicine on the basis of traditional Chinese medicine in general practice, acupuncture or bone-setting but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

- "**Registered Clinical Psychologist / Registered Psychiatrist**" shall mean a person who is legally authorised by the government of the geographical area of his practice to perform clinical psychological / psychiatric services respectively but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the clinical psychologist / psychiatrist is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such clinical psychologist / psychiatrist shall nonetheless be considered qualified and registered.

- "**Registered Dietitian**" shall mean a person who is legally authorised by the government of the geographical area of his practice to offer dietetic practice and nutrition health but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dietitian is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such dietitian shall nonetheless be considered qualified and registered.

- "**Registered Neurologist**" shall mean a Registered Medical Practitioner who is legally authorised by the government of the geographical area of his practice to perform diagnosis and treatment of diseases or conditions of the brain and other parts of the nervous system but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the neurologist is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such neurologist shall nonetheless be considered qualified and registered.

- "**Registered Neurosurgeon**" shall mean a Registered Medical Practitioner who is legally authorised by the government of the geographical area of his practice to perform surgical procedures on the brain and other parts of the nervous system but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the neurosurgeon is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such neurosurgeon shall nonetheless be considered qualified and registered.

- "**Registered Orthopaedic Surgeon**" shall mean a Registered Medical Practitioner who is legally authorised by the government of the geographical area of his practice to perform treatment of diseases on musculoskeletal system but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the Orthopaedic Surgeon is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such Orthopaedic Surgeon shall nonetheless be considered qualified and registered.

- "**Stroke**" shall mean any cerebrovascular incident producing neurological sequelae lasting more than twenty-four (24) hours and including infarction of brain tissue, intracerebral haemorrhage and strokes caused by embolisation from an extra-cranial source.

  This incident must result in neurological functional impairment with objective neurological abnormal sign of the Insured Person confirmed by a Registered Neurologist or Registered Neurosurgeon in a physical examination performed at least four (4) weeks after the incident.

The followings are excluded:

(i) Transient ischemic attack (TIA);

(ii) brain damage due to migraine; and

(iii) vascular disease affecting the eye, optic nerve or vestibular function.

Pre- and post-Confinement/Day Case Procedure outpatient care (benefit item I (k) in the Benefit Schedule)	18.	Notwithstanding Section 3(k)(ii) of Part 6 of these Terms and Benefits, the recommendation in writing by the attending Registered Medical Practitioner is not required for the follow-up outpatient visit in relation to consultation with and / or medical treatment performed by a Registered Chiropractor. If a surgical procedure performed is not categorised as complex or major in the Schedule of Surgical Procedures, the benefit is payable for the Eligible Expenses for the follow-up outpatient visits within three hundred sixty-five (365) days after discharge from Hospital or completion of Day Case Procedure when such surgical procedure is categorised as complex or major and payable under Section 3(f) of Part 6 of these Terms and Benefits. For the purpose of this benefit, **"Registered Chiropractor"** shall mean a person who is legally authorised by the government of the geographical area of his practice to perform chiropractic services but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the chiropractor is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such chiropractor shall nonetheless be considered qualified and registered.

Other benefits

(Sections 19 to 25 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Daily hospital cash for staying below the Semi-private Room in Hong Kong
(benefit item III (a) in the Benefit Schedule)

19. If the room and board under Section 3(a) of Part 6 of these Terms and Benefits is payable, in addition to such Eligible Expenses, this benefit shall be payable for each day of Confinement which the Insured Person is Confined in a room of a class lower than Semi-private Room of a private Hospital in Hong Kong.

For the avoidance of doubt, this Section 19 shall only be payable for Confinement in Hong Kong and when the benefit amount payable in accordance with Section 3.1 above is greater than zero (0). This Section 19 shall not be payable for Confinement in Hong Kong's public Hospitals.

Death benefits
(benefit items III (b) and (c) in the Benefit Schedule)

20. The Company shall pay the death benefits including compassionate death benefit and accidental death benefit upon the death of the Insured Person according to the following Terms and Benefits regardless of the territorial location of death:

(i) Compassionate death benefit
If the Insured Person dies due to any cause other than suicide committed within one (1) year from the Policy Effective Date, the compassionate death benefit shall be payable according to the Benefit Schedule.

(ii) Accidental death benefit
If the Insured Person dies as a result of and within ninety (90) days of an Accident, the accidental death benefit shall be payable according to the Benefit Schedule in addition to (i) above.

Annual Benefit Limit, Lifetime Benefit Limit and Deductible are not applicable to this benefit. For making a death benefit claim under these Terms and Benefits, the Policy Holder or, in case the Policy Holder is the Insured Person, the claimant must submit to the Company within a reasonable timeframe all of the following: (a) a completed claim form; (b) a medical report, at the expense of the Policy Holder or the claimant, issued by the attending Registered Medical Practitioner; (c) evidence that the claimant is entitled to receive the payment of death benefit proceeds (e.g. birth certificate, identity card, letter of administration or probate); (d) evidence of the Age of the Insured Person (e.g. birth certificate or identity card); and (e) the death certificate of the Insured Person.

Wellness benefit
(benefit item III (d) in the Benefit Schedule)

21. This benefit shall be reimbursable for the costs charged for one (1) of the following health screening tests or vaccination within the territorial scope of cover as specified under the Benefit Schedule in the following Policy Year –

(i) the fourth (4^{th}) Policy Year, and
(ii) each Policy Year immediately following every third (3^{rd}) Renewal after the fourth (4^{th}) Policy Year,

provided that the applicable Age specified in the table below has been met at the time the Insured Person receives such service.

Health screening tests or vaccination	Applicable Ages
(a) Eye examination and cross-sectional ocular scan*	4 or above
(b) Pap smear	18 or above
(c) Prostate test	25 or above
(d) Mammogram	40 or above
(e) Bone densitometry	50 or above
(f) Zoster vaccine	50 or above

*For the avoidance of doubt, eye examination which is solely a visual acuity and/or refraction test is excluded.

Annual Benefit Limit, Lifetime Benefit Limit and Deductible are not applicable to this benefit. All claims incurred in respect of this benefit shall be submitted to the Company within ninety (90) days after the date on which the covered service is performed and completed. For this purpose, a claim shall be deemed not valid or complete and benefit shall not be payable unless all original receipts and/or original itemised bills together with the proof of services provided shall have been submitted to the Company.

The Policy Holder shall notify the Company if claims cannot be submitted within the above timeframe, otherwise the Company shall have the right to reject claims submitted after the above timeframe.

All information and evidence that are reasonably required by the Company and which can be reasonably provided by the Policy Holder shall be furnished at the expenses of the Policy Holder. The Company shall bear all expenses incurred in obtaining further information and evidence for the purposes of verification of the claim after the Policy Holder has submitted all required information above.

Beneficiary

22. 22.1 Subject to these Terms and Benefits, the beneficiary(ies) named in the proposal form or any new beneficiary(ies) named subsequently ("Beneficiary") shall receive the death benefit proceeds payable in share percentage as specified by the Policy Holder under this Policy upon the death of the Insured Person.

22.2 During the lifetime of the Insured Person and while the Policy is in force, the Policy Holder may change the Beneficiary by completing and submitting the prescribed appointment form to the Company. Such request shall not be effective until it is recorded and endorsed on this Policy by the Company. Once the Company has endorsed the request for change of Beneficiary, such change will be effective from the date when the appointment form is signed, whether or not the Insured Person is alive at the time when the Company endorses such change. However, the Company shall not be responsible for the validity or legality of any designation of Beneficiary. The Company shall pay the death benefit proceeds to the Beneficiary(ies) named on the Company's latest record, subject to these Terms and Benefits.

22.3 Unless otherwise provided in this Policy or in a written request submitted to the Company by the Policy Holder, if any Beneficiary dies before the Insured Person dies, or if any Beneficiary is revoked for any reasons, such Beneficiary's share of the death benefit proceeds will be paid in equal shares to other surviving Beneficiaries in the same Beneficiary classification, subject to these Terms and Benefits. The Company shall pay the death benefit proceeds to the secondary Beneficiary(ies) if both of the following conditions are met:

(i) the Policy Holder has designated both primary and secondary Beneficiaries on the prescribed appointment form; and
(ii) no primary Beneficiary survives the Insured Person.

22.4 If any Beneficiary dies simultaneously with the Insured Person, subject to these Terms and Benefits, the Company shall pay the death benefit proceeds as if the person who is older by age had died before the person who is younger by age as follows:
(i) In case the Beneficiary is older than the Insured Person, the share of the death benefit proceeds for the deceased Beneficiary shall be paid to the other surviving Beneficiary(ies) according to Section 22.3, or the Policy Holder according to Section 25.2.
(ii) In case the Insured Person is older than the Beneficiary, the share of the death benefit proceeds for the deceased Beneficiary shall be paid to the estate of such Beneficiary.

Minor Beneficiary and trustee for minor Beneficiary

23. 23.1 Notwithstanding Sections 22.1 to 22.3 as shown in above, in case the Beneficiary appointed is a minor (i.e. below the age of majority as defined under the Age of Majority (Related Provisions) Ordinance (Cap 410. of the Laws of Hong Kong) as then in force) and such Beneficiary is still a minor by the time when the death benefit proceeds are paid, the death benefit proceeds will be paid to:
(i) the appointed trustee for minor Beneficiary if trustee has been appointed for the purposes of receiving the death benefit proceeds on behalf of the minor Beneficiary; or
(ii) the Guardian of the minor Beneficiary in case no trustee has been appointed or the appointment of trustee for minor Beneficiary has been revoked.

23.2 However, if the Beneficiary attains the age of majority by the time when the death benefit proceeds are paid, the death benefit proceeds will be paid according to Section 22.1 as shown in above.

23.3 During the lifetime of the Insured Person and while the Policy is in force, if the Policy Holder wishes to appoint an individual as the trustee for a minor Beneficiary, he/she may make such appointment by naming the trustee in the appointment form prescribed by the Company.

23.4 Such request under Section 23.3 shall not be effective until it is recorded and endorsed on this Policy by the Company. Once the Company has endorsed the request for the appointment of individual trustee of a minor Beneficiary, such appointment will be effective from the date when the prescribed appointment form is signed, whether or not the Insured Person is alive at the time when the Company endorses such appointment. However, the Company shall not be responsible for the validity or legality of any designation of trustee.

23.5 The appointment of trustee(s) for minor Beneficiary(ies) will be revoked automatically when:
(i) the Beneficiary(ies) attain(s) the age of majority by the time the death benefit proceeds are paid; or
(ii) there is a subsequent change of Beneficiary(ies) such that the appointment of such minor Beneficiary is no longer valid (as described in Section 22.2 as shown in above); or
(iii) the trustee(s) for minor Beneficiary(ies) do(es) not submit a claim for the death benefit proceeds within one hundred and eighty (180) days from the date of death of the Insured Person; or

(iv) the trustee(s) is(are) not living at the date of death of the Insured Person.

Suicide

24. If the Insured Person commits suicide while sane or insane within one (1) year from the Policy Effective Date, the death benefit proceeds will be limited to a refund of the premiums paid under these Terms and Benefits without interest less any claims paid and any outstanding indebtedness including interest under these Terms and Benefits.

Payment of the death benefit proceeds

25. 25.1 The Company shall pay the death benefit proceeds to:

(i) the Beneficiary(ies) named on the Company's latest record in accordance with the respective share percentage. If the Beneficiary is a minor at the time when the death benefit proceeds are paid, such death benefit proceeds shall be paid to the appointed trustee or Guardian of the minor Beneficiary in accordance with Section 23.1 as shown in above; or

(ii) the trustee of Beneficiary(ies) if the Company has been notified of a trust. Such notification shall not be effective against the Company until it is recorded and endorsed on this Policy by the Company. The Company shall not be responsible for the validity of the trust.

25.2 If no Beneficiary has been designated, or the last surviving Beneficiary has died before the Insured Person dies, the Company shall pay the death benefit proceeds as follows:

(i) if the Policy Holder is not the Insured Person, the Company shall pay the death benefit proceeds to the Policy Holder; or

(ii) if the Policy Holder is the Insured Person, the Company shall pay the death benefit proceeds to

- the Policy Holder's executor if he/she has a will; or
- the Policy Holder's administrator if he/she has no will.

25.3 Subject to these Terms and Benefits, the Company shall pay out the death benefit proceeds within one (1) month after the Company has received all required documents and reasonably satisfactory evidence of entitlement to the benefits under this Policy in accordance with Section 20 as shown in above. The Company will not pay interest on the death benefit proceeds in respect of the period between the notification of the death claim and the date of claim payment.

Multiple Policy Holders

(Section 26 below is to supplement Part 9 Provisions for Multiple Policy Holders of the Terms and Benefits.)

Multiple Policy Holders

26. In case the **PRU**Health VHIS VIP Plan is attached to a basic plan as a supplementary benefit, Part 9 of the policy document named "**PRU**Health VHIS VIP Plan – Benefits" is not applicable.

Supplement

Inclusion of VAT and GST as Eligible Expenses

This Supplement shall be attached to and form part of the Terms and Benefits. Unless otherwise defined, words and expressions used in the Terms and Benefits shall have the same meanings when they are used in this Supplement.

This Supplement shall take effect from the Policy Effective Date.

With effect from the Policy Effective Date, the following terms and conditions shall be applied to the Terms and Benefits –

1. With respect to any Eligible Expenses incurred on or after the Policy Effective Date, the terms and conditions in this Supplement shall be applicable, and Eligible Expenses shall include the VAT and GST (if any) charged or imposed on the expenses incurred for Medical Services rendered with respect to a Disability.

2. For the purpose of Section 13 of Part 7 of the Terms and Benefits, any VAT and GST which is refunded to the Policy Holder or Insured Person (as the case may be) shall be excluded pursuant to such Section 13, and shall not be recoverable under the Terms and Benefits.

Definition

"VAT and GST" shall mean value added taxes, goods and services taxes or other taxes, duties or levies of a similar nature, which may be charged or imposed by the relevant tax or similar authorities or governmental departments on the expenses incurred for Medical Services rendered with respect to a Disability.

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Supplement

Inclusion of public hospitals and private hospitals in Hong Kong in the definition of Hospital

This Supplement shall be attached to and form part of the Terms and Benefits. Unless otherwise defined, words and expressions used in the Terms and Benefits shall have the same meanings when they are used in this Supplement.

This Supplement shall take effect from the Policy Effective Date ("Effective Date").

With effect from the Effective Date, the definition of "Hospital" in Part 8 "Definition" shall include public hospitals and private hospitals in Hong Kong, as set out below:

"Hospital" shall mean an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which is for providing Medical Service for sick and injured persons as Inpatients, and which –

(a) has facilities for diagnosis and major operations, or is a public hospital as defined in the Hospital Authority Ordinance (Cap. 113 of the Laws of Hong Kong) or a hospital for which a licence is issued under the Private Healthcare Facilities Ordinance (Cap. 633 of the Laws of Hong Kong);

(b) provides twenty-four (24) hours nursing services by licensed or registered nurses;

(c) has one (1) or more Registered Medical Practitioners; and

(d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.

Benefit Schedule of PRUHealth VHIS VIP Plan

Territorial scope of cover	Worldwide except USA [1]
Covered room	Worldwide except USA: (a) Confinement in Hong Kong, Macau or mainland China: Semi-private Room (b) Confinement in anywhere else in the world except USA, Hong Kong, Macau or mainland China: Private Room In USA: (c) Confinement in USA (for Accidents occurred in USA only): Private Room
Annual Benefit Limit for benefit items I (a) – (l), II (a) – (m) and III (a)	USD 1,500,000 per Policy Year
Lifetime Benefit Limit for benefit items I (a) – (l), II (a) – (m) and III (a)	USD 7,000,000 per Insured Person
Deductible for benefit items I (a) – (l), II (a) – (m) and III (a)	USD 6,250 per Policy Year

I. Basic benefits

Benefit items [2]	**Benefit limit (in USD)**
(a) Room and board	Full cover [3]
(b) Miscellaneous charges	Full cover [3] [7]
(c) Attending doctor's visit fee	Full cover [3]
(d) Specialist's fee [4]	Full cover [3]
(e) Intensive care	Full cover [3]
(f) Surgeon's fee	Full cover [3] regardless of the surgical category
(g) Anaesthetist's fee	Full cover [3]
(h) Operating theatre charges	Full cover [3]
(i) Prescribed Diagnostic Imaging Tests [4] [5]	Full cover [3] Coinsurance: 0%
(j) Prescribed Non-surgical Cancer Treatments [6]	Full cover [3]
(k) Pre- and post-Confinement / Day Case Procedure outpatient care [4]	Full cover [3] • All prior outpatient visits or Emergency consultations per Confinement / Day Case Procedure (within 30 days before such admission or Day Case Procedure) • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure (more than 30 days before such admission or Day Case Procedure) • All follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) • All follow-up outpatient visits per Confinement / Day Case Procedure (within 365 days after discharge from Hospital or completion of Day Case Procedure for performing the surgical procedure [8] categorised as complex or major in the Schedule of Surgical Procedures)
(l) Psychiatric treatments	Full cover [3]

Benefit Schedule of PRUHealth VHIS VIP Plan

II. Enhanced benefits

Benefit items [2]	Benefit limit (in USD)
(a) Medical devices	Specified items: full cover [3] Other items: $31,250 per Policy Year
(b) Private nursing [4]	Full cover [3] • Maximum 30 days per Policy Year (up to 2 time slots per day)
(c) Hospital companion bed	Full cover [3]
(d) Post-surgery home nursing [4]	$200 per day • Maximum 30 days per Policy Year (up to 2 time slots per day) • Within 60 days after discharge from Hospital or completion of Day Case Procedure
(e) Dialysis [4]	Full cover [3]
(f) Accidental outpatient treatment	Full cover [3]
(g) Accidental dental treatment	Full cover [3]
(h) Traditional Chinese medicine	$3,750 per Policy Year • $50 per day during Confinement • $75 per visit within 90 days after discharge from Hospital or completion of Day Case Procedure (up to 1 visit per day)
(i) Reconstructive surgery for Specified Cancer [4]	$25,000 per Policy Year
(j) Rehabilitation [4]	$10,000 per Policy Year • Maximum 60 days per Policy Year • Stay in the Rehabilitation Centre within 90 days after discharge from Hospital
(k) Hospice care [4]	$7,500 per Policy Year
(l) Pregnancy complications [4]	Payable according to the benefit limits of respective benefit items of I (a) – I (i), I (k) and II (a) - II (d)
(m) Rehabilitation benefits for Covered Cancer, Heart Attack and Stroke (i) Home facility enhancement [4] (ii) Rehabilitation treatments [4]	 $6,250 per Incident $125 per visit • Maximum 15 visits per Policy Year (up to 1 visit per day for each type of covered treatments) • Maximum $5,625 per Incident

Benefit Schedule of PRUHealth VHIS VIP Plan

III. Other benefits

<table>
<tr><th>Benefit items</th><th>Benefit limit (in USD)</th></tr>
<tr><td>(a) Daily hospital cash for staying below the Semi-private Room in Hong Kong (9)</td><td>$125 per day</td></tr>
<tr><td>(b) Compassionate death benefit</td><td>$10,000 per Policy</td></tr>
<tr><td>(c) Accidental death benefit</td><td>$10,000 per Policy</td></tr>
<tr><td>(d) Wellness benefit</td><td>One of the following items can be selected for each Policy Year immediately following every 3rd Renewal:
<table>
<tr><th>Health screening tests or vaccination</th><th>Applicable Ages</th><th>Per relevant Policy Year</th></tr>
<tr><td>(i) Eye examination and cross-sectional ocular scan*</td><td>4 or above</td><td>$63</td></tr>
<tr><td>(ii) Pap smear</td><td>18 or above</td><td>$63</td></tr>
<tr><td>(iii) Prostate test</td><td>25 or above</td><td>$63</td></tr>
<tr><td>(iv) Mammogram</td><td>40 or above</td><td>$125</td></tr>
<tr><td>(v) Bone densitometry</td><td>50 or above</td><td>$125</td></tr>
<tr><td>(vi) Zoster vaccine</td><td>50 or above</td><td>$125</td></tr>
</table>
* Not including the eye examination which is solely a visual acuity and / or refraction test.</td></tr>
</table>

Notes -

(1) For Medical Services or other covered services performed in USA solely and directly due to Accidents occurred in USA, the Eligible Expenses and/or costs charged shall be payable in accordance with this Benefit Schedule. For details of territorial scope of cover, please refer to Section 1(a) of Part 6 of these Terms and Benefits and Section 1 of the Supplement – Benefits.

(2) 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.

(3) Full cover shall mean no itemised benefit sub-limit, and the benefit payable shall be subject to the Annual Benefit Limit and Lifetime Benefit Limit.

(4) 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, Registered Medical Practitioner or Registered Occupational Therapist, if applicable, except for:
   (i) the consultation and / or medical treatment is performed by a Registered Chiropractor and is payable under Pre- and post-Confinement / Day Case Procedure outpatient care of Section 3(k) of Part 6 of these Terms and Benefits and Section 18 of the Supplement – Benefits; and
   (ii) the consultation and / or medical treatment is performed by a Registered Chinese Medicine Practitioner or Registered Clinical Psychologist and is payable under Rehabilitation treatments of benefit item II(m)(ii) of this Benefit Schedule and Section 17(ii) of the Supplement – Benefits.

(5) 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.

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

(7) Save and except for the benefit item listed under Section 5 of the Supplement – Benefits.

(8) If a surgical procedure performed is not categorised as complex or major in the Schedule of Surgical Procedures, the benefit is payable when such surgical procedure is categorised as complex or major and payable under Section 3(f) of Part 6 of these Terms and Benefits.

(9) This benefit shall only be payable when the benefit amount payable for benefit items I and II of this Benefit Schedule is greater than zero (0).

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
ABDOMINAL AND DIGESTIVE SYSTEM		
Oesophageal / stomach / duodenum	Excision of oesophageal lesion / destruction of lesion or tissue of oesophagus, cervical approach	Major
	Highly selective vagotomy	Major
	Laparoscopic fundoplication	Major
	Laparoscopic repair of hiatal hernia	Major
	Oesophagogastroduodenoscopy (OGD) +/- biopsy and / or polypectomy	Minor
	OGD with removal of foreign body	Minor
	OGD with ligation / banding of oesophageal / gastric varices	Intermediate
	Oesophagectomy	Complex
	Total oesophagectomy and interposition of intestine	Complex
	Percutaneous gastrostomy	Minor
	Permanent gastrostomy / gastroenterostomy	Major
	Partial gastrectomy +/- jejunal transposition	Major
	Partial gastrectomy with anastomosis to duodenum / jejunum	Major
	Partial gastrectomy with anastomosis to oesophagus	Complex
	Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition	Complex
	Suture of laceration of duodenum / patch repair, duodenal ulcer	Major
	Vagotomy and / or pyloroplasty	Major
Jejunum, ileum and large intestine	Appendicectomy, open or laparoscopic	Intermediate
	Anal fissurectomy	Minor
	Anal fistulotomy / fistulectomy	Intermediate
	Incision & drainage of perianal abscess	Minor
	Delorme operation for repair of prolapsed rectum	Major
	Colonoscopy +/- biopsy	Minor
	Colonoscopy with polypectomy	Minor
	Sigmoidoscopy	Minor
	Haemorrhoidectomy, internal or external	Intermediate
	Injection / banding of haemorrhoid	Minor
	Ileostomy or colostomy	Major
	Anterior resection of rectum, open or laparoscopic	Complex
	Abdominoperineal resection, open or laparoscopic	Complex
	Colectomy, open or laparoscopic	Complex
	Low anterior resection of rectum, open or laparoscopic	Complex
	Reduction of volvulus or intussusception	Intermediate
	Resection of small intestine and anastomosis	Major
Biliary tract	Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor
	Liver transplantation	Complex
	Marsupialization of lesion / cyst of liver or drainage of liver abscess, open approach	Major
	Removal of liver lesion, open or laparoscopic	Major
	Sub-segmentectomy of liver, open or laparoscopic	Major
	Segmentectomy of liver, open or laparoscopic	Complex
	Wedge resection of liver, open or laparoscopic	Major
Pancreas	Closed biopsy of pancreatic duct	Intermediate
	Excision / destruction of lesion of pancreas or pancreatic duct	Major
	Pancreaticoduodenectomy (Whipple's Operation)	Complex
Abdominal wall	Exploratory laparotomy	Major
	Laparoscopy / peritoneoscopy	Intermediate
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate
	Bilateral repair of inguinal hernia, open or laparoscopic	Major
	Unilateral herniotomy / herniorrhaphy, open or laparoscopic	Intermediate
	Bilateral herniotomy / herniorrhaphy, open or laparoscopic	Major
BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major
	Burr hole(s)	Intermediate
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate
	Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
	Clipping of intracranial aneurysm	Complex
	Wrapping of intracranial aneurysm	Complex
	Excision of arteriovenous malformation, intracranial	Complex
	Excision of acoustic neuroma	Complex
	Excision of brain tumour or brain abscess	Complex
	Excision of cranial nerve tumour	Complex
	Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate
	Closed trigeminal rhizotomy using radiofrequency	Major
	Decompression of trigeminal nerve root / open trigeminal rhizotomy	Complex
	Excision of brain, including lobectomy	Complex
	Hemispherectomy	Complex
Spine	Lumbar puncture or cisternal puncture	Minor
	Decompression of spinal cord or spinal nerve root	Major
	Cervical sympathectomy	Intermediate
	Thoracoscopic or lumbar sympathectomy	Major
	Excision of intraspinal tumour, extradural or intradural	Complex
CARDIOVASCULAR SYSTEM		
Heart	Cardiac catheterization	Intermediate
	Coronary artery bypass graft (CABG)	Complex
	Cardiac transplantation	Complex
	Insertion of cardiac pacemaker	Intermediate
	Pericardiocentesis	Minor
	Pericardiotomy	Major
	Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major
	Pulmonary valvotomy, Balloon / Transluminal laser / Transluminal radiofrequency	Major
	Percutaneous valvuloplasty	Major
	Balloon aortic / mitral valvotomy	Major
	Closed heart valvotomy	Complex
	Open heart valvuloplasty	Complex
	Valve replacement	Complex
Vessels	Intra-abdominal venous shunt / spleno-renal shunt / portal-caval shunt	Complex
	Resection of abdominal vessels with replacement / anastomosis	Complex
ENDOCRINE SYSTEM		
Adrenal Gland	Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major
	Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex
Pineal gland	Total excision of pineal gland	Complex
Pituitary Gland	Operation of pituitary tumour	Complex
Thyroid Gland	Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor
	Hemithyroidectomy / partial thyroidectomy / subtotal thyroidectomy / parathyroidectomy	Major
	Total thyroidectomy / complete parathyroidectomy / robotic-assisted total thyroidectomy	Major
	Excision of thyroglossal cyst	Intermediate
EAR / NOSE / THROAT / RESPIRATORY SYSTEM		
Ear	Canaloplasty for aural atresia / stenosis	Major
	Excision of preauricular cyst / sinus	Minor
	Haematoma auris, drainage / buttoning / excision	Minor
	Meatoplasty	Intermediate
	Removal of foreign body	Minor
	Excision of middle ear tumour via tympanotomy	Major
	Myringotomy +/- insertion of tube	Minor
	Myringoplasty / tympanoplasty	Major
	Ossiculoplasty	Major
	Labyrinthectomy, total / partial excision	Major
	Mastoidectomy	Major
	Operation on cochlea and / or cochlear implant	Complex
	Operation on endolymphatic sac / decompression of endolymphatic sac	Major
	Repair of round window or oval window fistula	Intermediate
	Tympanosympathectomy	Major
	Vestibular neurectomy	Intermediate
Nose, mouth and pharynx	Antral puncture and lavage	Minor
	Cauterization of nasal mucosa / control of epistaxis	Minor
	Closed reduction for fracture nasal bone	Minor

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
	Closure of oro-antral fistula	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lesion of nose	Minor
	Nasopharyngoscopy / rhinoscopy +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
	Polypectomy of nose	Minor
	Caldwell-Luc operation / Maxillary sinusectomy with Caldwell-Luc approach	Intermediate
	Endoscopic sinus surgery on ethmoid / maxillary / frontal / sphenoid sinuses	Intermediate
	Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major
	Frontal sinusotomy or ethmoidectomy	Intermediate
	Frontal sinusectomy	Major
	Functional endoscopic sinus surgery (FESS)	Major
	Functional endoscopic sinus surgery (FESS) bilateral	Complex
	Maxillary / sphenopalatine / ethmoid artery ligation	Intermediate
	Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate
	Rhinoplasty	Intermediate
	Resection of nasopharyngeal tumour	Intermediate
	Sinoscopy +/- biopsy	Minor
	Septoplasty +/- submucous resection of septum	Intermediate
	Submucous resection of nasal septum	Intermediate
	Turbinectomy / submucous turbinectomy	Intermediate
	Adenoidectomy	Minor
	Tonsillectomy +/- adenoidectomy	Intermediate
	Excision of pharyngeal pouch / diverticulum	Intermediate
	Pharyngoplasty	Intermediate
	Sleep related breathing disorder – hyoid suspension, maxilla / mandible / tongue advancement, laser suspension / resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate
	Marsupialization / excision of ranula	Intermediate
	Parotid gland removal, superficial	Intermediate
	Parotid gland removal / parotidectomy	Major
	Removal of submandibular salivary gland	Intermediate
	Submandibular duct relocation	Intermediate
	Submandibular gland excision	Intermediate
Respiratory system	Arytenoid subluxation – laryngoscopic reduction	Minor
	Bronchoscopy +/- biopsy	Minor
	Bronchoscopy with foreign body removal	Minor
	Laryngoscopy +/- biopsy	Minor
	Laryngeal / tracheal stenosis – endolaryngeal / open operation with stenting / reconstruction	Major
	Laryngeal diversion	Intermediate
	Laryngectomy +/- radical neck resection	Complex
	Microlaryngoscopy +/- Biopsy +/- excision of nodule / polyp / Reinke's edema	Minor
	Partial / total resection of laryngeal tumour	Intermediate
	Removal of vallecular cyst	Intermediate
	Repair of laryngeal fracture	Major
	Injection for vocal cord paralysis	Minor
	Tracheoesophageal puncture for voice rehabilitation	Minor
	Thyroplasty for vocal cord paralysis	Intermediate
	Vocal cord operation, including use of laser (excluding carcinoma)	Minor
	Tracheostomy, temporary / permanent / revision	Minor
	Lobectomy of lung / pneumonectomy	Complex
	Pleurectomy	Major
	Segmental resection of lung	Major
	Thoracocentesis / insertion of chest tube for pneumothorax	Minor
	Thoracoscopy +/- biopsy	Intermediate
	Thoracoplasty	Major
	Thymectomy	Major
EYE		
Eye	Excision / curettage / cryotherapy of lesion of eyelid	Minor
	Blepharorrhaphy / tarsorrhaphy	Minor
	Repair of entropion or ectropion +/- wedge resection	Minor
	Reconstruction of eyelid, partial-thickness	Intermediate
	Excision / destruction of lesion of conjunctiva	Minor
	Excision of pterygium	Minor

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
	Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major
	Laser removal / destruction of corneal lesion	Intermediate
	Removal of corneal foreign body	Minor
	Repair of cornea	Intermediate
	Suture / repair of corneal laceration or wound with conjunctival flap	Intermediate
	Aspiration of lens	Intermediate
	Capsulotomy of lens, including use of laser	Intermediate
	Extracapsular / intracapsular extraction of lens	Intermediate
	Intraocular lens / explant removal	Intermediate
	Chorioretinal lesion operations	Intermediate
	Phacoemulsification and implant of intraocular lens	Intermediate
	Pneumatic retinopexy	Intermediate
	Retinal Photocoagulation	Intermediate
	Repair of retinal detachment / tear	Intermediate
	Repair of retinal tear / detachment with buckle	Major
	Scleral buckling / encircling of retinal detachment	Major
	Cyclodialysis	Intermediate
	Trabeculectomy, including use of laser	Intermediate
	Surgical treatment for glaucoma including insertion of implant	Intermediate
	Diagnostic aspiration of vitreous	Minor
	Injection of vitreous substitute	Intermediate
	Mechanical vitrectomy / removal of vitreous	Major
	Biopsy of iris	Minor
	Excision of lesion of iris / anterior segment of eye / ciliary body	Intermediate
	Excision of prolapsed iris	Intermediate
	Iridotomy	Intermediate
	Iridectomy	Intermediate
	Iridoplasty +/- coreoplasty by laser	Intermediate
	Iridencleisis and iridotasis	Intermediate
	Scleral fistulization +/- iridectomy	Intermediate
	Thermocauterization of sclera +/- iridectomy	Intermediate
	Diminution of ciliary body	Intermediate
	Biopsy of extraocular muscle or tendon	Minor
	Operation on one extraocular muscle	Intermediate
	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major
	Enucleation of eye	Intermediate
	Evisceration of eyeball / ocular contents	Intermediate
	Repair of eyeball or orbit	Intermediate
	Conjunctivocystorhinostomy	Intermediate
	Conjunctivorhinostomy with insertion of tube / stent	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lacrimal sac and passage	Minor
	Excision of lacrimal gland / dacryoadenectomy	Intermediate
	Probing +/- syringing of lacrimal canaliculi / nasolacrimal duct	Minor
	Repair of canaliculus	Intermediate
	Coreoplasty	Intermediate
FEMALE GENITAL SYSTEM		
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision / cryosurgery / cauterization / laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Minor
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix / uterus / vagina	Intermediate
Fallopian tubes and ovaries^	Dilatation / insufflation of fallopian tube	Minor
	Excision / destruction of lesion of fallopian tube, open or laparoscopic	Major
	Repair of fallopian tube	Major
	Salpingostomy / salpingotomy	Intermediate
	Total or partial salpingectomy	Intermediate

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	^ *The category applies to both unilateral and bilateral procedures unless otherwise specified.*	
Uterus	Dilatation and curettage of Uterine (D&C)	Minor
	Hysteroscopy +/- biopsy	Minor
	Hysteroscopy with excision or destruction of uterus and supporting structures	Intermediate
	Hysterotomy	Major
	Laparoscopic assisted vaginal hysterectomy (LAVH)	Major
	Vaginal hysterectomy +/- repair of cystocele and / or rectocele	Major
	Total / subtotal abdominal hysterectomy +/- bilateral salpingo-oophorectomy, open or laparoscopic	Major
	Radical abdominal hysterectomy	Complex
	Myomectomy, open or laparoscopic	Major
	Uterine myomectomy, vaginal or hysteroscopic	Intermediate
	Laparoscopic drainage of female pelvic abscess	Intermediate
	Colposuspension	Major
	Pelvic floor repair	Major
	Pelvic exenteration	Complex
	Uterine suspension	Intermediate
Vagina	Destruction of lesion of vagina by excision / cryosurgery / cauterization / laser	Minor
	Insertion / removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocoele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdocentesis	Minor
	Culdotomy	Minor
	Excision of transverse vaginal septum	Minor
	McCall's culdeplasty / culdoplasty	Intermediate
	Vaginal reconstruction	Major
Vulva and introitus	Destruction of lesion of vulva by excision / cryosurgery / cauterization / laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations / repair of vulva and / or perineum	Minor
	Vulvectomy	Intermediate
	Radical vulvectomy	Major
HEMIC AND LYMPHATIC SYSTEM		
Lymph Nodes	Drainage of lesion / abscess of lymph node	Minor
	Biopsy / excision of superficial lymph nodes / simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node / fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node / lymphangioma / cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective / radical / functional neck dissection	Major
	Wide excision of axillary lymph node	Major
Spleen	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex
Penis	Circumcision	Minor
	Release of chordee	Major
	Repair of buried / avulsion of penis	Intermediate
Testicles^	Epididymectomy	Intermediate
	Exploration of testis	Intermediate
	Exploration for undescended testis, laparoscopic	Major
	Orchidopexy	Intermediate
	Orchidectomy or orchidopexy, laparoscopic	Major
	Reduction of torsion of testis and fixation	Intermediate
	Testicular biopsy	Minor
	High ligation of hydrocoele	Intermediate
	Tapping of hydrocele	Minor
	Excision of varicocoele and hydrocoele of spermatic cord	Intermediate
	Varicocelectomy (microsurgical)	Major
	^ *The category applies to both unilateral and bilateral procedures unless otherwise specified.*	
Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM		
Bone	Amputation of finger(s) / toe(s) of one limb	Intermediate
	Amputation of one arm / hand / leg / foot	Intermediate
	Bunionectomy	Intermediate
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major
	Excision of radial head	Intermediate
	Mandibulectomy for benign disease	Intermediate
	Patellectomy	Major
	Partial ostectomy of facial bone	Intermediate
	Sequestrectomy of facial bone	Intermediate
	Wedge osteotomy of bone of wrist / hand / leg	Major
	Wedge osteotomy of bone of upper arm / lower arm / thigh	Major
	Wedge osteotomy of scapula / clavicle / sternum	Major
Joint	Arthroscopic drainage and debridement	Intermediate
	Arthroscopic removal of loose body from joints	Intermediate
	Arthroscopic examination of joint +/- biopsy	Intermediate
	Arthroscopic assisted ligament reconstruction	Major
	Arthroscopic Bankart repair	Major
	Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
	Arthroscopic rotator cuff repair	Major
	Acromioplasty	Major
	Arthrodesis of shoulder	Major
	Arthrodesis of Elbow / Triple arthrodesis	Major
	Arthrodesis of knee / hip	Complex
	Arthroplasty of hand / finger / foot / Toe joint with implant	Major
	Fusion of wrist	Major
	Synovectomy of wrist	Intermediate
	Interphalangeal joint fusion of toes	Intermediate
	Interphalangeal fusion of finger	Major
	Excisional arthroplasty shoulder / hemiarthroplasty of shoulder	Major

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
	Excisional arthroplasty of hip / knee / Wrist / Elbow	Major
	Excisional arthroplasty of hip / knee with local antibiotic delivery	Complex
	Temporomandibular arthroplasty +/- autograft	Major
	Joint aspiration / injection	Minor
	Manipulation of joint under anesthesia	Minor
	Metal femoral head insertion	Major
	Anterior cruciate ligament reconstruction	Major
	Meniscectomy, open or arthroscopic	Major
	Posterior cruciate ligament reconstruction	Major
	Repair of the collateral ligaments	Major
	Repair of the cruciate ligaments	Major
	Suture of capsule or ligament of ankle and foot	Major
	Total shoulder replacement	Complex
	Total knee replacement	Complex
	Total hip replacement	Complex
	Partial hip replacement	Major
Muscle / Tendon	Achilles tendon repair	Intermediate
	Achillotenotomy	Intermediate
	Change in muscle or tendon length (except hand) / excision of lesion of muscle	Intermediate
	Change in muscle or tendon length of hand	Major
	Excision of lesion of muscle	Intermediate
	Lengthening of tendon, including tenotomy	Intermediate
	Open biopsy of muscle	Minor
	Release of De Quervain's disease	Minor
	Release of trigger finger	Minor
	Release of tennis elbow	Minor
	Transfer / transplantation / reattachment of muscle	Major
	Tendon repair / Suture of tendon not involving hand	Intermediate
	Tendon repair / Suture of tendon of hand	Major
	Tenosynovectomy / synovectomy	Intermediate
	Transposition of tendon of wrist / hand	Major
	Secondary repair of tendon, including graft, transfer and / or prosthesis	Major
Fracture / dislocation	Closed reduction of dislocation of temporomandibular / interphalangeal / acromioclavicular joint	Minor
	Closed reduction of dislocation of shoulder / elbow / wrist / ankle	Intermediate
	Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
	Closed reduction for fracture of arm / leg / patella / pelvis with internal fixation	Major
	Close reduction for mandibular fracture with internal fixation	Intermediate
	Closed reduction for fracture of clavicle / scapula / phalanges / patella without internal fixation	Minor
	Closed reduction for fracture of upper arm / lower arm / wrist / hand / leg / foot bone without internal fixation	Intermediate
	Closed reduction for fracture of clavicle / hand / ankle / foot with internal fixation	Intermediate
	Closed reduction for fracture of femur +/- internal fixation	Major
	Closed / open reduction of fracture of acetabulum with internal fixation	Complex
	Open reduction for mandibular fracture with internal fixation	Major
	Open reduction for clavicle / hand / foot (except carpal / talus / calcaneus) +/- internal fixation	Intermediate
	Open reduction for arm / leg / patella / scapula +/- internal fixation	Major
	Open reduction for femur / calcaneus / talus / +/- internal fixation	Major
	Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate
	Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor
Spine	Artificial cervical disc replacement	Complex
	Anterior spinal fusion, cervical / cervicothoracic / C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical / cervicothoracic / C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy / diskectomy	Major
	Laminectomy with diskectomy	Complex
	Posterior spinal fusion, thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor
	Spinal fusion +/- foraminotomy +/- laminectomy +/- diskectomy	Complex
	Spine osteotomy	Complex
	Vertebroplasty / kyphoplasty	Intermediate

Schedule of Surgical Procedures of PRUHealth VHIS VIP Plan

Procedure / Surgery		Category
Others	Excision of ganglion / bursa	Minor
	Closed / Percutaneous needle fasciotomy for Dupuytren disease	Minor
	Radical (or total) fasciectomy for Dupuytren disease	Major
	Release of carpal / tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
	Sliding / reduction genioplasty	Intermediate
SKIN AND BREAST		
Skin	Curettage / cryotherapy / cauterization / laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and / or drainage of skin abscess	Minor
	Incision and / or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor
	Wedge resection of toenail	Minor
Breast	Breast tumour / lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major
	Duct papilloma excision	Intermediate
	Gynaecomastia excision	Intermediate
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy / pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial / lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter / transurethral bladder clearance	Minor
	Cystoscopy with electro-cauterisation / laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral / ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical / total cystectomy, open or laparoscopic	Complex
	Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
	Repair of rupture of urethra	Major
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
	Ileal or colonic replacement of ureter	Major
	Unilateral reimplantation of ureter into bowel or bladder	Major
	Bilateral reimplantation of ureter into bowel or bladder	Major
DENTAL		
	Any kind of dental surgery due to injury caused by an Accident	Minor

Policy Schedule

for Certified Plan under Voluntary Health Insurance Scheme (VHIS)

POLICY NUMBER	XXXXXXXXXXXX
POLICYOWNER	XXXXXXXXXXXX (Representative Policyowner)
	XXXXXXXXXXXX
	XXXXXXXXXXXX
LIFE ASSURED	XXXXXXXXXXXX
LIFE ASSURED'S GENDER	XXXXXXXXXXXX
LIFE ASSURED'S ISSUE AGE	XX, Age Next Birthday
FREQUENCY OF PAYMENT	XXXXXXXXXXXX
CURRENCY	XXXXXXXXXXXX
VHIS CERTIFIED PLAN	PRUHealth VHIS VIP Plan
VHIS CERTIFICATION NUMBER	XXXXXX-XX-XXX-XX
TERRITORIAL SCOPE OF COVER	Asia / Worldwide except USA
DEDUCTIBLE	XXXXXXXXXXXX per Policy Year
POLICY ISSUANCE DATE	XXXXXXXXXXXX
POLICY EFFECTIVE DATE	XXXXXXXXXXXX
FIRST RENEWAL DATE	XXXXXXXXXXXX
FIRST POLICY YEAR	XXXXXXXXXXXX – XXXXXXXXXXXX
FOR FIRST POLICY YEAR	
• STANDARD PREMIUM	XXX.XX
• PREMIUM LOADING	X.XX (XX% of Standard Premium and this percentage is applicable to all Policy Years)
• TOTAL PREMIUM PAYABLE	XXX.XX

Premium Loading information will only be displayed when additional premium is charged at the issuance of the VHIS Certified Plan.

Glossary for VHIS Certified Plan

The words and expressions on the left and right columns shall carry the same meanings.

Policy Schedule	**Terms and Benefits for VHIS Certified Plan**
Life Assured	Insured Person
Policyowner	Policy Holder
Representative Policyowner	Representative Policy Holder

Remarks #4-5 will only be displayed when the VHIS plan is attached to a basic plan as a supplementary benefit.

Remarks :

1. For the Modal Premium of the above-mentioned VHIS Certified Plan, please refer to the Certificate of Life Assurance.
2. The Total Premium Payable above does not include the levy to Insurance Authority. For the actual premium and levy paid, please refer to Official Receipt.
3. The Renewal premium and levy payable will be indicated in the Anniversary Statement.
4. The words and expressions in the Policy Schedule and the Terms and Benefits of the above-mentioned VHIS Certified Plan shall only be used within this plan. They may carry different meanings with the ones used in the Certificate of Life Assurance and other policy documents.
5. For details of the other coverage(s) apart from the above-mentioned VHIS Certified Plan, please refer to the Certificate of Life Assurance.

---End of Policy Schedule---

Print Date: XXXXXXXXXXXX