

Benefit Schedule of PRUHealth VHS VIP Plan

Territorial scope of cover	Asia ⁽¹⁾
Covered room	Semi-private Room
Annual Benefit Limit for benefit items I (a) – (l), II (a) – (m) and III (a)	USD 1,000,000 per Policy Year
Lifetime Benefit Limit for benefit items I (a) – (l), II (a) – (m) and III (a)	USD 4,000,000 per Insured Person
Deductible for benefit items I (a) – (l), II (a) – (m) and III (a)	USD 0 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⁾	\$312,500 per Policy Year
(k) Pre- and post-Confinement / Day Case Procedure outpatient care ⁽⁴⁾	Full cover ⁽³⁾ <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure • 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	Full cover ⁽³⁾

II. Enhanced benefits

Benefit items ⁽²⁾	Benefit limit (in USD)
(a) Medical devices	\$18,750 per Policy Year
(b) Private nursing ⁽⁴⁾	Full cover ⁽³⁾ <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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⁾

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II. Enhanced benefits

Benefit items ⁽²⁾	Benefit limit (in USD)
(h) Ancillary services	\$125 per visit <ul style="list-style-type: none"> • Physiotherapy ⁽⁴⁾ / occupational therapy ⁽⁴⁾ / speech therapy ⁽⁴⁾ : Maximum 15 visits per Policy Year in total • Chiropractic treatment: Maximum 10 visits per Policy Year • Treatments within 90 days after discharge from Hospital or completion of Day Case Procedure and payable only if the limit on the number of visits under benefit item I (k) is exhausted (up to 1 visit per day for each type of the above therapies)
(i) Traditional Chinese medicine	\$3,750 per Policy Year <ul style="list-style-type: none"> • \$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)
(j) Reconstructive surgery for Specified Cancer ⁽⁴⁾	\$25,000 per Policy Year
(k) Rehabilitation ⁽⁴⁾	\$10,000 per Policy Year <ul style="list-style-type: none"> • Maximum 60 days per Policy Year • Stay in the Rehabilitation Centre within 90 days after discharge from Hospital
(l) Hospice care ⁽⁴⁾	\$7,500 per Policy Year
(m) 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)

III. Other benefits

Benefit items	Benefit limit (in USD)
(a) Daily hospital cash for staying below the Semi-private Room in Hong Kong ⁽⁸⁾	\$125 per day
(b) Compassionate death benefit	\$10,000 per Policy
(c) Accidental death benefit	\$10,000 per Policy

Notes -

- (1) "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. For Medical Services performed outside Asia solely and directly due to Accidents occurred outside Asia, 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 to "PRUHealth VHS VIP Plan – 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 or Registered Medical Practitioner.
- (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 to "PRUHealth VHS VIP Plan – Benefits".
- (8) 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).