PRUhealth medical plus

Protect yourself with a lifetime medical insurance benefit of HKD 30,000,000

Health Insurance
When you need hospital care, PRU health medical plus is a medical insurance that offers you lifetime cover of HKD 30,000,000 (HKD 10,000,000 annually). With access to semi-private room treatment and with no limit on most eligible hospitalisation and surgical fees, you can concentrate on recovering faster without worrying about the costs. The plan also offers enhanced cancer protection as well as professional medical advisory support to get you back on the road to health.

Plan highlights

- Annual cover of HKD 10,000,000 and lifetime cover of HKD 30,000,000
- Covers eligible cost of semi-private room hospital treatment
- In-depth protection against cancer
- Waiver of premium of PRU health medical plus for you and your family for 12 months after a cancer diagnosis
- Covers before and after your hospital stay with extended benefits
- Professional, independent and personalised medical advice to get you back on the road to health
- Tailor your plan to fit you with 100% / 90% coverage, or deductibles
- If the plan is available, we guarantee lifetime renewal
The benefits

Annual cover of HKD 10,000,000 and lifetime cover of HKD 30,000,000
PRUhealth medical plus covers your eligible medical costs from initial consultation to recovery, including hospitalisation, surgery and rehabilitation, up to an annual limit of HKD 10,000,000 and a lifetime limit of HKD 30,000,000.

Covers eligible treatment cost of semi-private room hospitalisation
The plan is designed to give the person covered by the plan (the “life assured”) lifetime protection against the costs of semi-private room hospital treatment in Hong Kong and other countries in Asia as well as Australia and New Zealand. The plan covers accidental treatment costs worldwide too.

In-depth protection against cancer
Non-surgical cancer treatments
Treating cancer effectively often needs more than just surgery, and the cost of supporting treatments can quickly add up. That’s why we cover non-surgical cancer treatments too, including:

- Chemotherapy
- CyberKnife
- Gamma Knife
- Hormonal therapy
- Immunotherapy
- Proton therapy
- Radiotherapy
- Targeted therapy

Genetic testing prior to targeted therapy
Matching your treatments to the cancer and your own genetic make-up gives you a better chance of beating the disease. But the genetic testing that enables doctors to do this can be costly. We cover the expenses incurred for genetic tests prescribed for the use of specific targeted therapy drugs for the life assured.

Personalised cancer drugs
Cancer treatment is dynamic; there are constant breakthroughs with new drugs – and doctors can switch to more advanced drugs when the first line of treatment has failed. We even cover cancer drugs registered and launched overseas though not in Hong Kong; but recommended by your doctor and used solely for the purpose of cancer treatment received in Hong Kong.

Waiver of premium for you and your family for 12 months after a cancer diagnosis
A cancer diagnosis brings its own financial burdens, so if the life assured is unfortunately diagnosed with cancer, we will waive the PRUhealth medical plus premium payments due in the next 12 months.

We will also waive their family members’ premium payments of PRUhealth medical plus for 12 months too, if they are their spouse, parents, children or siblings (they will also need to fulfil other criteria) and are covered by a PRUhealth medical plus policy which has been effective for at least 1 year.

There is more information in the “Waiver of premium for you and your family after a cancer diagnosis” section under “More about PRUhealth medical plus”.

The benefits
Covers before and after your hospital stay with extended benefits
Your plan looks after you from diagnosis to recovery, the minute you are admitted to hospital – even for a pre-admission outpatient consultation – throughout your treatment and into rehabilitation.
- Pre- and post-hospitalisation benefits including outpatient consultation, home nursing and rehabilitation services
- Extended benefits for dialysis, reconstructive surgery and hospice care
- Outpatient surgery
- Treatment if you have an accident
- Traditional Chinese medicine during and after hospitalisation
- 24-hour Worldwide Emergency Assistance Services

Tailor your plan with 100% / 90% coverage, or deductibles
You can adapt PRUhealth medical plus to fit your circumstances – whether or not you have medical insurance already. That’s because it allows you the flexibility to tailor your cover and reduce your premiums. You can switch to a lower annual deductible or between plan options, 1 time in your life, on the anniversary of your policy when you reach 51, 56, 61 or 66 (age next birthday [ANB]) – with no need for a medical examination.

Lifetime renewal guaranteed
Even if the life assured’s health condition changes or there is a claim on the plan, your plan is renewable for life as long as PRUhealth medical plus is still made available. We may adjust your premium at the time of renewal. If we no longer offer PRUhealth medical plus to all policyholders already enrolled, we will endeavour to enrol the life assured in another available medical plan.

Professional, independent and personalised medical advice to get you back on the road to health
When you’re not well, you need medical experts to guide you make the right decisions about your treatment. PRUhealth medical plus offers Treatment Sure service, which is a one-stop professional medical advisory service (including Global Expert Medical Opinion and Medical Concierge) from our designated service provider. A dedicated physician case manager, who speaks your language, will be alongside you, guiding you through each step of the way on your journey to recovery.

Global Expert Medical Opinion
Whenever you need medical advice, you can have unlimited access to a network of over 50,000 global medical experts in 450+ specialties from our designated service provider. They can validate your diagnosis as well as providing personalised medical opinions and treatment options. Your Treatment Sure physician case manager will explain the medical report you receive and answer your questions, making sure you understand your options and stay in control of your medical care.

Medical Concierge
If you want to seek treatment overseas, your Treatment Sure physician case manager will provide you with options for specialists based on your medical condition. Once you have chosen your specialist, your Treatment Sure physician case manager will arrange your appointment and translation service as well as guide you as you start on the road to recovery.

There is more information in the “Treatment Sure service” section under “More about PRUhealth medical plus”. For service and enrolment details, please visit www.prudential.com.hk/treatmentsure-e.

You can find the full list of items we cover and how we cover them in the “Benefit Schedule” section below.
### Benefit Schedule

<table>
<thead>
<tr>
<th>Benefit scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit limits</td>
</tr>
</tbody>
</table>
| Coverage area | • Hong Kong and other countries in Asia as well as Australia and New Zealand  
• Worldwide for accident claims |
| Entitled level of accommodation | Semi-private room  
(For a private room or higher grade hospital stay, we will discount your benefit with an adjustment factor. Please refer to “Room Level” in the “More about PRU health medical plus” section below.) |

### Benefit items

<table>
<thead>
<tr>
<th>Benefit items</th>
<th>Maximum benefit limit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan 1</td>
</tr>
<tr>
<td></td>
<td>100% coverage</td>
</tr>
<tr>
<td>I. Confinement benefits (i.e. Hospitalisation benefits)</td>
<td></td>
</tr>
<tr>
<td>1. Hospital daily room &amp; board</td>
<td>Full cover</td>
</tr>
<tr>
<td>2. Doctor’s visit</td>
<td></td>
</tr>
<tr>
<td>3. Miscellaneous hospital expenses</td>
<td></td>
</tr>
<tr>
<td>4. Intensive care</td>
<td></td>
</tr>
<tr>
<td>5. Specialist’s visit</td>
<td></td>
</tr>
<tr>
<td>6. Daily extra bed for family member</td>
<td></td>
</tr>
<tr>
<td>7. Private nursing</td>
<td>Full cover</td>
</tr>
<tr>
<td>Max. no. of days per policy year: 30 days</td>
<td></td>
</tr>
<tr>
<td>8. Psychiatric treatment (per policy year)</td>
<td>HKD 40,000</td>
</tr>
<tr>
<td>Max. no. of days per policy year: 30 days</td>
<td></td>
</tr>
<tr>
<td>II. Surgical benefits</td>
<td></td>
</tr>
<tr>
<td>1. Surgical fees</td>
<td>Full cover</td>
</tr>
<tr>
<td>2. Outpatient surgery fees</td>
<td></td>
</tr>
<tr>
<td>3. Anaesthetist’s fees</td>
<td></td>
</tr>
<tr>
<td>4. Operating theatre fees</td>
<td></td>
</tr>
<tr>
<td>5. Medical devices (per policy year)</td>
<td>HKD 150,000</td>
</tr>
<tr>
<td>III. Accidental treatment benefits</td>
<td></td>
</tr>
<tr>
<td>1. Accidental outpatient treatment</td>
<td>Full cover</td>
</tr>
<tr>
<td>2. Accidental dental treatment</td>
<td>Full cover</td>
</tr>
</tbody>
</table>
### Benefit scope

#### IV. Pre- & post-hospitalisation benefits

<table>
<thead>
<tr>
<th></th>
<th>Benefit Description</th>
<th>Full cover</th>
<th>Cost (HKD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-admission outpatient consultation (per visit)</td>
<td>Full cover</td>
<td>1,600</td>
</tr>
<tr>
<td></td>
<td>Max. no. of visits per policy year: 30 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Follow-up outpatient consultation (per visit)</td>
<td>Full cover</td>
<td>1,600</td>
</tr>
<tr>
<td></td>
<td>Max. no. of visits per policy year: 30 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Daily post-surgery home nursing (per day)</td>
<td></td>
<td>1,600</td>
</tr>
<tr>
<td></td>
<td>Max. no. of days per policy year: 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Post-hospitalisation ancillary service (per visit)</td>
<td></td>
<td>1,000</td>
</tr>
<tr>
<td></td>
<td>Max. no. of physiotherapist, occupational therapist and speech therapist visits per policy year: 15 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Max. no. of chiropractor visits per policy year: 10 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Rehabilitation (per policy year)</td>
<td></td>
<td>80,000</td>
</tr>
<tr>
<td></td>
<td>Max. no. of days per policy year: 60 days</td>
<td></td>
<td>72,000</td>
</tr>
</tbody>
</table>

#### V. Cancer benefits

<table>
<thead>
<tr>
<th></th>
<th>Benefit Description</th>
<th>Full cover</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Non-surgical Cancer Treatment</td>
<td>Full cover</td>
<td>90% coverage*</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy / CyberKnife / Gamma Knife / Hormonal therapy / Immunotherapy / Proton therapy / Radiotherapy / Targeted therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Genetic test for targeted therapy</td>
<td>Full cover</td>
<td>90% coverage*</td>
</tr>
<tr>
<td>3</td>
<td>Personalised cancer drugs</td>
<td>Full cover</td>
<td>90% coverage*</td>
</tr>
<tr>
<td>4</td>
<td>Waiver of Premium for you and your family after a cancer diagnosis</td>
<td>Available (once per lifetime)</td>
<td></td>
</tr>
</tbody>
</table>

#### VI. Extended benefits

<table>
<thead>
<tr>
<th></th>
<th>Benefit Description</th>
<th>Full cover</th>
<th>Cost (HKD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dialysis</td>
<td>Full cover</td>
<td>90% coverage*</td>
</tr>
<tr>
<td>2</td>
<td>Hospice care (per lifetime)</td>
<td></td>
<td>60,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>54,000</td>
</tr>
<tr>
<td>3</td>
<td>Pregnancy complications (300-day waiting period)</td>
<td>Full cover</td>
<td>90% coverage*</td>
</tr>
<tr>
<td>4</td>
<td>Traditional Chinese medicine (per policy year)</td>
<td></td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td>During confinement (per day)</td>
<td></td>
<td>400</td>
</tr>
<tr>
<td></td>
<td>Within 90 days after discharge/surgery (per visit)</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td>5</td>
<td>Reconstructive surgery (per policy year)</td>
<td></td>
<td>200,000</td>
</tr>
<tr>
<td>6</td>
<td>Daily hospital cash for staying below the semi-private room (per day)</td>
<td></td>
<td>1,000</td>
</tr>
</tbody>
</table>
### Benefit scope

**VII. Death benefits**

1. Compassionate death benefit  
   HKD 80,000
2. Accidental death benefit  
   HKD 80,000

**VIII. Value-added services**

1. **Treatment Sure** service  
   Available
2. 24-hour Worldwide Emergency Assistance Services  
   Available

Remarks:

* Refers to:
  
  - (a) 90% coverage of the eligible medical expenses; or
  - (b) eligible medical expenses in excess of the actual amount(s) paid by any other medical plan(s); whichever is lower.

We can revise the Benefit Schedule at each renewal. The changes shall include but not limited to alterations to all items shown in the Benefit Schedule. We will adjust the premium based on the rate we determine.
Flexible cover that fits your needs

If you already have medical insurance, you may still want to consider taking up PRUhealth medical plus with a deductible or 90% coverage to benefit from enhanced protection and lower premiums.

Alternatively, you can consider the 100% coverage with no deductible for extended cover and peace of mind.

<table>
<thead>
<tr>
<th>Plan options</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% coverage with no deductibles</td>
</tr>
<tr>
<td>A HKD 20,000 annual deductible</td>
</tr>
<tr>
<td>A HKD 50,000 annual deductible</td>
</tr>
<tr>
<td>90% coverage – you need to pay 10% of any eligible claim</td>
</tr>
</tbody>
</table>

How deductibles work
An annual deductible is the amount you pay each year for your eligible medical expenses before PRUhealth medical plus begins to pay its share of your costs. Each year we automatically re-set your deductible.

In addition, you can use your existing medical insurance to offset your deductibles – we have added examples below...
How the plan could work for you

**Example 1**: Mr Lee

Mr Lee already has a group medical plan. He decides to take out a PRU health medical plus to reinforce his protection. He chooses the option with an annual deductible of HKD 20,000.

He has inpatient surgery in the second year which costs HKD 150,000 and all of which is eligible medical expenses.

<table>
<thead>
<tr>
<th>If he only claims on his PRU health medical plus</th>
<th>If he claims on his group medical plan first, followed by PRU health medical plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>His claim will require an annual deductible amount.</td>
<td><strong>1st claim</strong>&lt;br&gt;Mr Lee’s group medical plan covers HKD 50,000. This offsets the HKD 20,000 deductible.</td>
</tr>
<tr>
<td><strong>Mr Lee needs to pay</strong>&lt;br&gt;HKD 20,000</td>
<td><strong>2nd claim</strong>&lt;br&gt;PRU health medical plus covers the remainder of his treatment costs and pays him HKD 100,000.</td>
</tr>
<tr>
<td></td>
<td><strong>Mr Lee pays</strong>&lt;br&gt;HKD 0</td>
</tr>
</tbody>
</table>

**Example 2**: Ms Chan

Ms Chan already has a group medical plan. She decides to take out a PRU health medical plus with 90% coverage.

3 years later, Ms Chan has an inpatient surgery which costs HKD 150,000 and all of which is eligible medical expenses.

<table>
<thead>
<tr>
<th>If she only claims on her PRU health medical plus</th>
<th>If she claims on her group medical plan first, followed by PRU health medical plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Chan needs to be responsible for 10% of her medical expenses.</td>
<td><strong>1st claim</strong>&lt;br&gt;Ms Chan’s group medical plan covers HKD 50,000. This offsets the 10% payment (i.e. HKD 15,000) required by PRU health medical plus.</td>
</tr>
<tr>
<td><strong>Ms Chan needs to pay</strong>&lt;br&gt;HKD 15,000</td>
<td><strong>2nd claim</strong>&lt;br&gt;PRU health medical plus covers the remainder of her treatment costs and pays her HKD 100,000.</td>
</tr>
<tr>
<td></td>
<td><strong>Ms Chan pays</strong>&lt;br&gt;HKD 0</td>
</tr>
</tbody>
</table>

* The above examples are for illustrative purpose only.
We will not provide coverage under this plan under any of the following circumstances:

(I) Injury or illness (or signs and symptoms of which) existed before the effective date of this plan, or the effective date of reinstatement, whichever is later; or

(II) The illness of the life assured is diagnosed by a registered doctor or the signs and symptoms of which appeared within 30 days from the effective date of this plan or the effective date of reinstatement, whichever is later (except for treatment due to accident; and those specified diseases listed under (III)p. below); or

(III) Confinement/stay, treatment and/or charges incurred which are related to or arise as a direct or indirect result of:

   a. pregnancy, surrogacy, childbirth or termination of pregnancy (other than for pregnancy complications specified in the Pregnancy Complications coverage under Extended Benefits), birth control, infertility or human assisted reproduction, or sterilisation of either sex; or

   b. war, hostilities (whether war is declared or not), rebellion, insurrection, riot, or civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or the life assured’s participation in any criminal offence; or

   c. attempted suicide or self-inflicted injuries while sane or insane; use of narcotics, abuse of drug or alcohol, scuba diving or engaging in or taking part in any kind of race other than on foot, mountaineering involving the use of ropes or guides by the life assured; or

   d. cosmetic treatment/corrective aids and treatment of refractive errors performed on the life assured unless necessitated by injury caused by an accident and the cosmetic treatment plan is approved by us in advance within 90 days of the accident; or specified in the Reconstructive Surgery coverage under Extended Benefits/the life assured receives the corrective aids treatment of refractive errors within 90 days of the accident; or

   e. procurement or use of medical appliances and medical devices (except for medical appliances and/or devices as specified in the Medical Devices coverage under Surgical Benefits) for the benefit of the life assured; or experimental and/or unconventional medical technology/procedure/therapy performed on the life assured; or novel drugs/medicines/ stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality; or

   f. convalescence or physical examinations, or health check-ups; or vaccination and immunisation; or

   g. dental treatment or surgery (unless specified in the Accidental Dental Treatment coverage under the Accidental Treatment Benefits); or

   h. congenital or inherited disorder; or developmental conditions (only applicable before the life assured reaches age 17 [ANB]); or treatment or tests that relate to AIDS, HIV or AIDS-related complexes; or genetic testing or genetic counselling (unless specified in the Genetic test for targeted therapy coverage under Cancer Benefits); or

   i. mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the life assured (unless specified in the Psychiatric Treatment coverage under Confinement Benefits); or

   j. any confinement primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
k. any treatment, investigation, services or supplies which are not Medically Necessary; or non-medical services; or charges which exceed the Reasonable and Customary Charges, or treatment or tests which are not consistent with customary medical treatment or diagnosis; or

l. sleep disorders; or treatment of obesity (including morbid obesity), or weight control programmes, or bariatric surgery; or

m. costs incurred for identifying and procuring a replacement organ or removal of the organ from the donor, all associated transportation costs and administrative costs in relation to the transplant service; or

n. treatment of sexually transmitted diseases; or sexual problems, gender issues or sex changes, or gender re-assignments; or

o. any treatment whilst staying in hospital for more than 90 consecutive days if the life assured is in a vegetative state; or

p. investigation, treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs within 120 days from the effective date of this plan or the effective date of reinstatement, whichever is later.

For more details on exclusions, please refer to relevant policy provisions.
More about PRUhealth medical plus

Plan type
Basic plan or supplementary benefit

Premium term/Benefit term/Issue age/ Currency option

<table>
<thead>
<tr>
<th>Premium term/Benefit term</th>
<th>Issue age (ANB)</th>
<th>Currency option</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Whole life (applies if this plan is a basic plan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Benefit term of basic plan (applies if this plan is a supplementary benefit)</td>
<td>1-70</td>
<td>HKD/USD</td>
</tr>
</tbody>
</table>

(please refer to “Termination of this plan” below for details)

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

Room Level
For hospital stays, we will cover the eligible cost of accommodation in a semi-private room. If you stay in a higher category of accommodation than a semi-private room (whether the upgrade is voluntary or involuntary), we will pay a percentage of the cost only: 50% of the benefit payable if you stay in a private room, or 25% of the benefit payable if you stay in a higher category than a private room, such as a suite, a deluxe room or a VIP room.

Plan renewal
We guarantee that you will be able to renew your plan at each policy anniversary subject to the premium rate, terms and conditions and Benefit Schedule that applies at that time.

We guarantee this provided that PRUhealth medical plus is still made available to all policyholders already enrolled.

If we no longer offer PRUhealth medical plus to all policyholders already enrolled, we will endeavour to enrol the life assured in another available medical plan at that time without any new individual terms or personal exclusions.

Premium rates are not guaranteed and are yearly adjustable based on the risk class (including but not limited to age, annual deductible, plan level, nationality and country of residence) and attained age of the life assured at the time of plan renewal. We will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Changes to benefits
We have the absolute right to revise all terms and conditions (including the Benefit Schedule and all other provisions) under this plan on each renewal by giving you 30 days’ notice in writing.

The changes will apply automatically unless you tell us in writing that you want to cancel your plan within 30 days of the renewal date. If you do this, we will refund the premium you have paid since the renewal if you have not made (and do not make) any claims.

The changes shall include but not limited to alterations to all items shown in the Benefit Schedule of this plan. The changes will reflect any past or foreseeable changes in medical practice and claims experience.

We will adjust the premium based on the rate we determine.

Reasonable and Customary Charges
We will only cover charges or expenses which we believe are Reasonable and Customary. That means that they must be Medically Necessary (there are more details below) and do not exceed the general range of charges by service providers where the charge is incurred.

We may exercise our right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary Charges with reference but not limited to a combination of our global experience and any relevant publication or information available, such as the schedule of fees published by the government, relevant authorities and recognised medical association where the expense is incurred.

We may exercise our right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.
Medically Necessary
Confinement/stay, medical treatment and/or service is Medically Necessary if it is consistent with the diagnosis and customary medical treatment for the condition. The confinement/stay, medical treatment and/or service should also conform to the standards of generally accepted medical practice and not just for the convenience of the life assured, his/her relatives or the registered doctor.

In case of hospital confinement, the medical treatment and/or service should be performed on the basis of the medical symptoms or conditions of the life assured that cannot be safely provided without hospital confinement.

Waiver of premium for you and your family after a cancer diagnosis
- If the life assured is diagnosed with cancer after this plan has become effective for at least 30 days on the date of diagnosis, we will waive the premium of this plan for 12 months starting from the next premium due date following the date of diagnosis.
- Also, if these family member(s) of the life assured are also insured under PRUhealth medical plus with policies effective for at least 12 months when the life assured is diagnosed with cancer, we will waive the premium of their PRUhealth medical plus for 12 months from the next premium due date following the date of diagnosis:
  - the life assured’s immediate parents
  - the life assured’s spouse
  - the life assured’s adopted, step or natural children who are under the age of 18 (or aged over 18 but under 25 and in full time education) on the date of diagnosis
  - the life assured’s siblings, only if both the siblings and the life assured are under the age of 18 (or aged over 18 but under 25 and in full time education) on the date of diagnosis
- We only offer this benefit once during the life assured’s lifetime, whether directly or through a family member’s illness.

Treatment Sure service
- The Treatment Sure service is provided by a third party service provider we have designated and this service offers Global Expert Medical Opinion and Medical Concierge services for the life assured of PRUhealth medical plus.
- The Treatment Sure service is suitable for any non-emergency medical conditions (e.g. cancer, gastroenteric diseases and orthopaedic issues) that may require a second opinion, but excludes:
  - Accidents and medical emergencies
  - Urgent or life-threatening conditions
  - Daily or common medical issues (such as colds, fever, flu and occasional rashes)
  - Chronic diseases management (such as chronic hepatitis, diabetes and high blood pressure), except for any complications of chronic diseases
- The Global Expert Medical Opinion report is intended to supplement the information the life assured has already received from their attending doctor. The report should not be used to replace their attending doctor’s recommendations. The final decision on the medical treatment arrangement must be made solely by the life assured.
- The Medical Concierge is only available after the life assured has completed the Global Expert Medical Opinion. If the life assured chooses to receive treatment abroad, they will be responsible for all fees and charges required for travel and accommodation and related items.
- We may change both the scope of Treatment Sure service and the service provider from time to time at our sole discretion without prior notice. We may cease and/or suspend the Treatment Sure service at our sole discretion.
- We are not the service provider or the agent of the service provider. We make no representation, warranty or undertaking as to the quality and availability of the service and shall not accept any responsibility or liability for the services provided by the service provider(s). Under no circumstance shall we be responsible or liable for the acts or omissions or services of the service provider.
**Termination of this plan**

We will terminate this plan when the first of these happens:

- death of the life assured; or
- you fail to pay your premium within 1 calendar month from its due date; or
- the basic plan to which this plan is attached terminates (applicable if this plan is a supplementary benefit); or
- if the total benefits paid or payable under all PRU health medical plus covering the life assured reach the lifetime limit.

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**24-hour Worldwide Emergency Assistance Services**

- 24-hour Worldwide Emergency Assistance Services is provided by a third party service provider we have designated. We may change both the scope of 24-hour Worldwide Emergency Assistance Services and the service provider from time to time at our sole discretion without prior notice. We may cease and/or suspend the 24-hour Worldwide Emergency Assistance Services at our sole discretion.

- We are not the service provider or the agent of the service provider. We make no representation, warranty or undertaking as to the quality and availability of the service and shall not accept any responsibility or liability for the services provided by the service provider(s). Under no circumstance shall we be responsible or liable for the acts or omissions or services of the service provider.
Key risks

How our credit risk may affect your policy?
The guaranteed cash value (if applicable) and insurance benefit of your plan are subject to our credit risk. If we become insolvent, you may lose the value of your policy and its coverage.

How currency exchange rate risk affects your return?
Foreign currency exchange rates may fluctuate. As a result, you may incur a substantial loss when you choose to convert your benefits to other currencies. Additionally, the conversion of your benefits to other currencies is subject to exchange restrictions applicable at the time when the benefits are paid. You have the sole responsibility to decide if you want to convert your benefits to other currencies.

How inflation affects the value of your plan?
We expect the cost of living to rise in the future because of inflation. That means the insurance you take out today will not have the same buying power in the future, even if the plan offers increasing benefit intended to offset inflation.

What happens if you do not pay your premiums?
You should only apply for this product if you intend to pay all of its premiums. If you miss any of your premium payments, we may terminate your policy and you would lose the policy's coverage.

Why may your premiums be adjusted?
We have the right to review and adjust the plan’s premium rates for particular risk classes on each policy anniversary, but not for any individual customer. We may adjust premium rates because of several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Why may your benefits be changed?
We have the right to revise the Benefit Schedule and the terms and conditions under this plan on each renewal by giving you 30 days’ notice in writing. This is to account for any known or foreseeable changes in medical practices and claims experiences. We will apply the revisions to all policies under the plan. The premium will be adjusted accordingly based on the rate as determined by us.
Important information

Suicide clause
If the life assured commits suicide regardless of sane or insane within 1 year from the effective date of the policy or from the date of any reinstatement, whichever is later, the death benefit will be limited to a refund of the premiums paid without interest subject to the deduction of any amounts we have already paid and any indebtedness you owe us under the policy.

Cancellation right
A customer who has bought the life insurance plans has a right to cancel the policy within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid less any withdrawals. Provided that no claim has been made, the customer may cancel the policy by giving written notice to us within 21 days after: (1) the delivery of the policy or (2) the issuance of a notice (informing the availability of the policy and expiry date of the cooling-off period) to the customer/his/her representative, whichever is earlier. The premium and levy will be refunded in the currency of premium and levy payment at the time of application for this policy. If the currency of premium and levy payment is not the same as the plan currency, the refundable premium and levy amount in plan currency under this policy will be converted to the currency of premium and levy payment at the prevailing currency exchange rate as determined by us in our absolute discretion from time to time upon payment. After the cooling-off period expires, if a customer cancels the policy before the end of benefit term, the actual cash value (if applicable) may be substantially less than the total amount of premiums paid.
Need more details? Get in touch
Please contact your consultant or call our Customer Service Hotline at 2281 1333 for more details.

Notes
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