

PRUHealth FlexiChoice Medical Plan

Take control of your private healthcare choices with enhanced cover, flexible options and guaranteed renewal for life with a single supplementary benefit

Medical Protection

Certified VHIS Flexi Plan



PRUDENTIAL
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Listening. Understanding. Delivering.



PRUHealth FlexiChoice Medical Plan

When you or your loved ones are ill or injured and need treatment in a private hospital, being able to choose which type of room to stay in can make a real difference to the comfort of your recovery. By taking up **PRUHealth FlexiChoice Medical Plan**, certified under the Voluntary Health Insurance Scheme (VHIS), you can strengthen your existing protection and apply for tax deductions on your qualifying premiums of up to HKD 8,000 per insured person each year. We take care of your eligible expenses for medical treatments according to the level of cover chosen: ward, semi-private room or private room. The plan offers a greater depth and breadth of cover as well as extra protection for serious illnesses, plus an optional supplementary major medical benefit to cover large medical bills. We guarantee that you will be able to renew your plan for life.



Plan highlights



Guaranteed renewal
for life



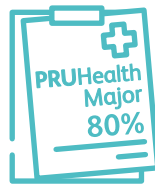
Cover from diagnosis
to recovery – no overall
lifetime benefit limit
for the plan



Protection against
cancer, kidney failure
and accidents



Cover for unknown
pre-existing conditions
including unknown
congenital conditions,
as well as pregnancy
complications



Tailor your
extra coverage with
PRUHealth Major options



15% no claim
discount to reward
good health



Tax deductions on
your qualifying
premiums



Know in advance how
much you can claim
towards treatment



Value-added services to enhance your protection



Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests



Medical Green Channel
Get priority booking for outpatient and/or hospitalisation appointments at selected hospitals in Mainland China



SmartAppointment Service
Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated



Treatment Sure
Get back on the road to health with personalised medical advice from global experts



24-hour Worldwide Emergency Assistance Services

The benefits

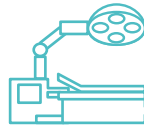


Guaranteed renewal for life

PRUHealth FlexiChoice Medical Plan covers your eligible medical costs right through from initial consultation to recovery, including:



hospital stay



surgery



rehabilitation

We cover costs up to the itemised limits (there is a dollar limit on each benefit item), but there is **no overall limit** on how much you can claim **each year and for life**.

The plan is designed to give the person covered by the plan (the “insured person”), who must be a Hong Kong resident aged from **15 days – 80 years old, lifetime and worldwide** protection against the costs of treatment for physical injury and illness (except for psychiatric treatments which are covered in Hong Kong only).

Choose your cover to fit your budget

When you enrol in the plan, you can choose from our **3 covered room levels** (Ward, Semi-private Room or Private Room) for different levels of coverage in terms of treatment and accommodation.

Immediate coverage – no waiting period

We protect you **as soon as your plan takes effect** (except cover for unknown pre-existing conditions including unknown congenital conditions, as well as pregnancy complications).

Lifelong protection

Even if the insured person’s medical history changes or there is a claim, you can **renew** the plan **every year** throughout their **lifetime – guaranteed**. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

You can find the details in the “Plan renewal” and “Changes to benefits” sections in the “More about the plan” section below.



Cover from diagnosis to recovery – no overall lifetime benefit limit for the plan



Hospitalisation and surgical benefits

If the insured person needs hospital or surgical treatment, we will cover:



daily room and board expenses



doctor’s visits



specialist’s fees



surgical expenses



intensive care



other hospital expenses, such as laboratory fees, medicines and injections



surgery performed at a clinic




Prescribed diagnostic imaging tests


We meet the cost-sharing requirement of VHIS by covering up to 70% of the eligible expenses (you will only need to pay 30% of the eligible expenses, i.e. coinsurance), if the insured person needs prescribed hospital or clinic-based diagnostic imaging tests (including MRI, CT and PET scans) recommended by the attending registered doctor to identify medical conditions or diseases.

When the insured person is recommended to have a prescribed diagnostic imaging test and if they choose to have it at our designated network imaging centres, we will waive the usual 30% coinsurance and cover the full cost of the eligible diagnostic imaging test up to its itemised limit.

You can find the details in the “Conditions for waiving coinsurance for prescribed diagnostic imaging tests” section under “More about the plan”.



Post-surgery home nursing



Companion bed to keep your family around



Protection against cancer, kidney failure and accidents

Extra protection for cancer and kidney failure
We cover prescribed non-surgical cancer treatments too to help support the insured person through expensive and prolonged care, including **radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy**, whether the insured person chooses to have them as an **in-patient or at a clinic**; as well as the costs of the **traditional Chinese medicine for specified cancers**.

To add real depth and breadth to your cover, we also give you extra protection against the costs of **dialysis at hospital or clinic due to kidney failure**.



Accidental outpatient treatment and death benefits

If the insured person is injured and needs emergency outpatient treatment in a hospital within 24 hours of an accident, we will cover their medical expenses.

The plan provides a **compassionate death benefit** which we will **double** in case of **accidental death**. If the insured person’s death is caused by medical negligence, we will pay an **additional benefit**.



What else do we cover?



Pre- and post-hospitalisation outpatient consultations



Psychiatric treatments during hospitalisation in Hong Kong recommended by a specialist



Rehabilitation and post-surgery care after hospitalisation or a day case procedure including:

- chiropractic treatment
- occupational therapy
- speech therapy
- physiotherapy



Cover for unknown pre-existing conditions including unknown congenital conditions, as well as pregnancy complications

There is no need to worry about cover for **unknown conditions** that **existed** when you applied for your policy. We **fully cover** eligible claims arising from **unknown pre-existing conditions**, starting from the 31st day of your 1st policy year – a much shorter waiting period than VHIS’s minimum requirement.

The plan also covers unknown congenital conditions where the insured person has shown symptoms or been diagnosed, on or after they reached age 8.

Days after policy commences	The percentage of claim payable
First 30 days	0%
31 st day and onwards	100%

If the insured person is diagnosed with a specified pregnancy complication after 300 days from the plan’s effective date, we will cover the eligible costs of hospital treatments as recommended by her doctor.



Tailor your extra coverage with PRUHealth Major options

Healthcare needs can increase with age, so your protection does too. By paying extra premiums, you may add **PRUHealth Major**, our optional supplementary major medical benefit, to your plan.

If your eligible medical expenses of specified benefit items exceed your **PRUHealth FlexiChoice Medical Plan’s** itemised limits, **PRUHealth Major** will give you extra financial support by covering **80%** of your excess, subject to the **PRUHealth Major** limits and its applicable benefit limits.

We reset your **PRUHealth Major** limit and its applicable benefit limit:

- Each policy year; or
- Within the same policy year if you have to stay in hospital again or undergo another day case procedure for a different disability; or

- If you have to stay in hospital or undergo a day case procedure for the same disability 90 days after your last discharge from hospital or your last day case procedure.

PRUHealth Major offers **2 levels of coverage** if you choose ward or semi-private room level in your plan. You can upgrade your **PRUHealth Major** from Option 1 to Option 2 within the same room level at **age 45, 50, 55 or 60** of the insured person **without** the need to provide any medical information or undergo any medical tests.



15% no claim discount to reward good health

On each policy anniversary, if you have not claimed under your plan for the last **36 consecutive months**, we will offer you a **no claim discount** of **15%** of the plan’s total premiums for the year immediately preceding the relevant policy anniversary. You can only use your no claim discount to cover the future premiums of your plan.

Even better, you can claim for some specified surgical procedures performed in a day surgery centre or a clinic, such as colonoscopy or gastroscopy, **without** losing your eligibility for the no claim discount. Our supplementary leaflet and the relevant policy provision have the complete list of these specified surgical procedures.

Click [here](#) or scan the QR code to access the supplementary leaflet:





Tax deductions on your qualifying premiums

If you are a Hong Kong taxpayer, you can claim a concessionary deduction under salaries tax or personal assessment for the qualifying premiums you pay for yourself or your loved ones under the VHIS in Hong Kong.

You can apply for tax deductions on your qualifying premiums of up to HKD 8,000 per insured person per year, and there is no limit on the number of specified family members you can claim for tax deductions.

For example, if you take out this plan for your spouse, your parents and yourself and paid for their qualifying premiums in the same tax year, your annual tax deduction would be up to HKD 32,000, (i.e. up to HKD 8,000 for each specified family member's premium paid).

Click [here](#) or scan the QR code to see how much you could save with our tax savings calculator:



For more information on the concessionary tax deductions, please contact the Inland Revenue Department.



Know in advance how much you can claim towards treatment

To avoid unanticipated medical expenses and minimise their impact on your budget, before the insured person receives any treatment at private healthcare facilities, just send us the hospital or doctor's fee estimate and we will provide a projection for how much you can claim under the plan.





Value-added services to enhance your protection



Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests

If you need a hospital stay, day surgery or diagnostic imaging test (including CT, MRI, PET, PET-CT combined and PET-MRI combined scans), just choose the most appropriate doctor. With our pre-authorisation, we will pay your eligible medical costs directly to private hospitals, our network medical centres or network imaging centres in Hong Kong. You will also know in advance how we cover you before your visit and we will tell you any costs we don't cover.

Click [here](#) or scan the QR code for details and full terms and conditions of the Cashless Service:



Medical Green Channel – Get priority booking for outpatient and/or hospitalisation appointments at selected hospitals in Mainland China

Medical Green Channel is a one-stop booking service for medical appointment provided by our service provider Advance Medical. It gets you faster treatment by cutting out long waiting times and clumsy booking procedures.

You can get priority booking for outpatient and/or hospitalisation appointments at Medical Green Channel's selected hospitals in Mainland China, including over 900 3A-Grade hospitals in major cities such as Beijing, Shanghai, Shenzhen and Guangzhou.

Simply enrol to make your medical appointments through our 24-hour service hotline and online platform anytime. A dedicated case manager will follow up on your entire service journey with you. On your treatment day, an escort staff will go to the appointed hospital to guide and help you through the registration process for outpatient and/or hospitalisation service.

There is more information in the “Medical Green Channel service” section under “More about the plan”.

Click [here](#) or scan the QR code to find out more about the service, a list of Medical Green Channel hospitals and enrolment details:



SmartAppointment Service – Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated

What happens if you become mentally incapacitated and unable to make a claim yourself? The **SmartAppointment Service** enables you to set up an instruction for a designated family member in advance to file your claim and access the claim payment on your behalf should this unfortunately occur, providing you with immediate financial relief, just when it matters the most.

Click [here](#) or scan the QR code for more details:





Treatment Sure – Get back on the road to health with personalised medical advice from global experts

Should you fall ill, medical experts' guidance can help you make the right decisions on treatment. This is why we offer the **Treatment Sure** service, including **second medical opinions** and **medical concierge** services.

Treatment Sure provides personalised second medical opinions from a network of **50,000+ global medical experts in 450+ specialities**, as well as overseas treatment arrangements. These range from providing specialist options, booking appointments and translation services to offering post-treatment guidance. What's more, **a dedicated physician case manager who speaks your language** will be by your side to answer any questions and help you through each step of your recovery journey.

Click [here](#) or scan the QR code for service and enrolment details:

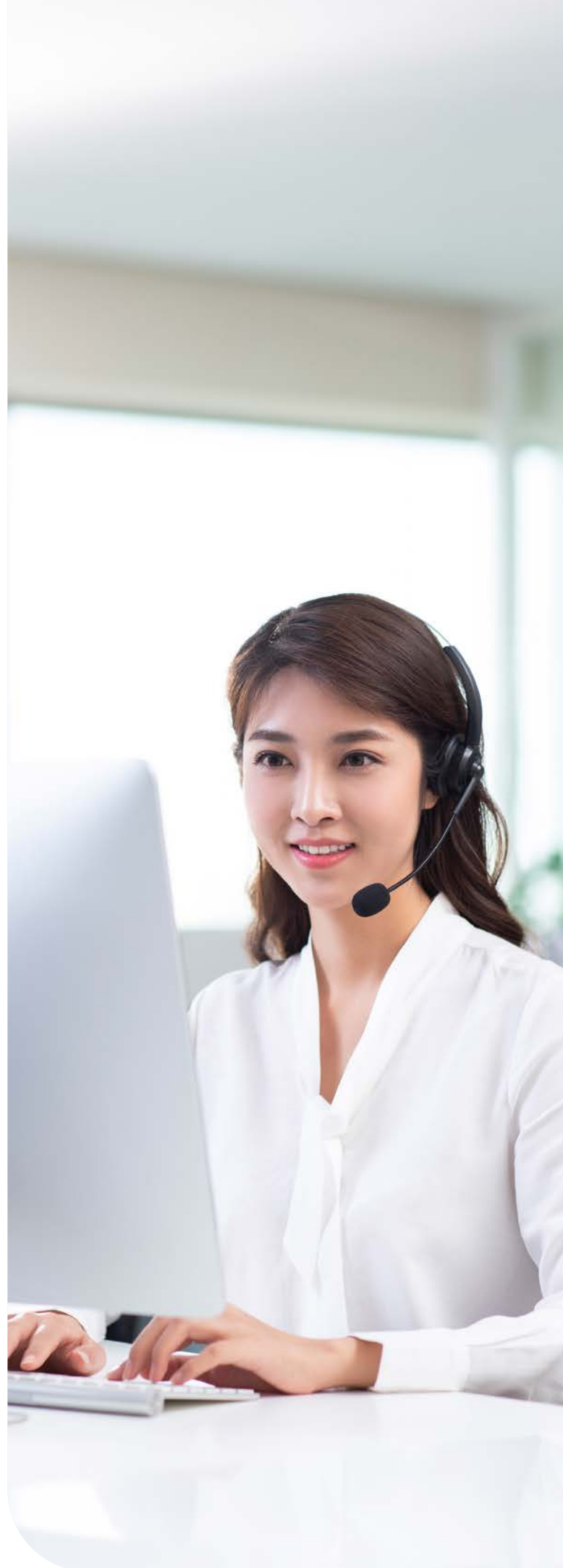


24-hour Worldwide Emergency Assistance Services

If in the unfortunate event the insured person suffers from a serious injury or illness overseas, we can arrange emergency evacuation and repatriation cover through our designated third-party service provider.

The above value-added services do not form part of **PRU**Health FlexiChoice Medical Plan, you can find more details under “More about the value-added services”.

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



Benefit Schedule

PRUHealth FlexiChoice Medical Plan							
Benefit items ⁽¹⁾		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
Territorial scope of cover		Worldwide (except for psychiatric treatments which are covered in Hong Kong only)					
Annual and lifetime benefit limit		Unlimited					
I. Hospitalisation benefits							
1	Room and board (per day) - Max. no. of days per policy year: 180	155	1,200	323	2,500	581	4,500
2	Miscellaneous charges (per policy year)	2,323	18,000	3,355	26,000	4,646	36,000
3	Attending doctor's visit fee (per day) - Max. no. of days per policy year: 180	124	960	259	2,000	491	3,800
4	Specialist's fee ⁽²⁾ (per policy year)	555	4,300	852	6,600	1,585	12,280
5	Intensive care (per day) - Max. no. of days per policy year: 90	452	3,500	800	6,200	1,239	9,600
6	Hospital companion bed (per day) - Max. no. of days per policy year: 180	78	600	104	800	130	1,000
7	Psychiatric treatments (per policy year)	3,871	30,000	4,517	35,000	5,162	40,000
II. Surgical benefits							
Surgeon's fee (per surgery) subject to the surgical categorisation listed in the plan's Schedule of Surgical Procedures:							
1	• Complex	6,452	50,000	9,678	75,000	14,194	110,000
	• Major	3,226	25,000	4,839	37,500	7,097	55,000
	• Intermediate	1,613	12,500	2,420	18,750	3,549	27,500
	• Minor	646	5,000	968	7,500	1,420	11,000
2	Anaesthetist's fee (per surgery)	35% of surgeon's fee payable ⁽³⁾					
3	Operating theatre charges (per surgery)	35% of surgeon's fee payable ⁽³⁾					
III. Accidental treatment benefit							
1	Accidental outpatient treatment (per injury)	723	5,600	1,239	9,600	1,755	13,600
IV. Pre- and post-hospitalisation benefits							
1	Pre- and post-confinement (i.e. hospitalisation)/day case procedure outpatient care ⁽²⁾ - Max. no. of prior outpatient visits or emergency consultations per hospital stay/day case procedure: 1 - Max. no. of follow-up outpatient visits per hospital stay/day case procedure: 3 - Validity for follow-up outpatient visits: within 90 days after discharge from hospital or completion of day case procedure	Maximum benefit limit per visit					
		142	1,100	181	1,400	259	2,000
		Maximum benefit limit per policy year					
		568	4,400	723	5,600	1,033	8,000
2	Post-surgery home nursing ⁽²⁾ (per visit) - Max. no. of visits per policy year: 15 - Validity: within 31 days after discharge from hospital or completion of day case procedure - Max. no. of visits per day: 1	78	600	124	960	176	1,360

PRUHealth FlexiChoice Medical Plan

Benefit items ⁽¹⁾		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
3	Ancillary services (Physiotherapy ⁽²⁾ /occupational therapy ⁽²⁾ /speech therapy ⁽²⁾ /chiropractic treatment) (per visit) - Max. no. of prior visits per hospital stay/day case procedure: 1 - Max. no. of visits per policy year: 10 - Validity for follow-up visits: within 90 days after discharge from hospital or completion of day case procedure	97	750	149	1,150	194	1,500
4	Traditional Chinese medicine for specified cancer ⁽⁴⁾ (per visit) - Max. no. of visits per policy year: 15 - Validity: within 90 days after discharge from hospital or prescribed non-surgical cancer treatment - Max. no. of visits per day: 1	52	400	78	600	104	800
V. Extended benefits							
1	Pregnancy complications	Covered ⁽⁵⁾					
2	Prescribed diagnostic imaging tests ⁽²⁾ ⁽⁶⁾ (per policy year)	2,581	20,000	3,871	30,000	5,162	40,000
		Subject to 30% coinsurance, unless for a prescribed diagnostic imaging test which is conducted at our designated network imaging centre					
3	Prescribed non-surgical cancer treatments ⁽⁷⁾ (per policy year)	12,904	100,000	19,355	150,000	29,033	225,000
4	Dialysis ⁽²⁾ (per policy year)	11,613	90,000	17,420	135,000	25,807	200,000
VI. Death benefits							
1	Compassionate death benefit (per policy)	1,033	8,000	2,581	20,000	5,162	40,000
2	Accidental death benefit (per policy)	1,033	8,000	2,581	20,000	5,162	40,000
3	Medical accident and incident extension benefit (per policy)	11,355	88,000	22,710	176,000	44,388	344,000
Value-added services ⁽⁸⁾							
1	Cashless service for hospitalisation, day surgeries and diagnostic imaging test ⁽⁹⁾	✓					
2	Medical Green Channel	✓					
3	SmartAppoint Service	✓					
4	Treatment Sure (Second medical opinion and medical concierge services)	✓					
5	24-hour Worldwide Emergency Assistance Services	✓					

PRUHealth Major (Optional)							
Benefit items ⁽¹⁾	Maximum benefit limit						
	Ward		Semi-private Room		Private Room		
	USD	HKD	USD	HKD	USD	HKD	
PRUHealth Major limit (per disability ⁽¹⁰⁾ per policy year) (only applicable to items I – V listed below)	Option 1 ⁽¹¹⁾				59,355	460,000	
	14,839	115,000	29,678	230,000			
	Option 2 ⁽¹¹⁾						
	29,678	230,000	44,517	345,000			
Lifetime benefit limit under PRUHealth Major	Unlimited						
I. Hospitalisation benefits							
1	Room and board (per day) - 80% of the eligible expenses incurred starting from the 181 st day of hospitalisation within a policy year	155	1,200	323	2,500	581	4,500
2	Miscellaneous charges	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan within a policy year					
3	Attending doctor's visit fee (per day) - 80% of the eligible expenses incurred starting from the 181 st day of hospitalisation within a policy year	124	960	259	2,000	491	3,800
4	Specialist's fee ⁽²⁾	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan within a policy year					
5	Intensive care (per day) - 80% of the eligible expenses incurred starting from the 91 st day of hospitalisation within a policy year	452	3,500	800	6,200	1,239	9,600
6	Hospital companion bed (per day) - 80% of the eligible expenses incurred starting from the 181 st day of hospitalisation within a policy year	78	600	104	800	130	1,000
II. Surgical benefits							
1	Surgeon's fee (per surgery)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					
2	Anaesthetist's fee (per surgery)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					
3	Operating theatre charges (per surgery)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					
III. Accidental treatment benefit							
1	Accidental outpatient treatment (per injury)	80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan					

PRUHealth Major (Optional)							
Benefit items ⁽¹⁾	Maximum benefit limit						
	Ward		Semi-private Room		Private Room		
	USD	HKD	USD	HKD	USD	HKD	
IV. Pre- and post-hospitalisation benefits							
1	Pre- and post-confinement (i.e. hospitalisation)/day case procedure outpatient care ⁽²⁾ - 80% of the eligible expenses incurred in excess of the amount payable under PRUHealth FlexiChoice Medical Plan within a policy year - 80% of the eligible expenses incurred for 1 additional pre-hospitalisation/day case procedure outpatient care and 3 additional post-hospitalisation/day case procedure outpatient care for each disability ⁽¹⁰⁾ in a policy year - Validity for follow-up outpatient visits: within 90 days after discharge from hospital or completion of day case procedure	Maximum benefit limit per visit					
		142	1,100	181	1,400	259	2,000
		Maximum benefit limit per disability ⁽¹⁰⁾ per policy year					
		568	4,400	723	5,600	1,033	8,000
2	Post-surgery home nursing (per visit) ⁽²⁾ - 80% of the eligible expenses incurred starting from the 16 th visit within a policy year, for a maximum of 16 additional visits for each disability ⁽¹⁰⁾ in a policy year - Validity: within 31 days after discharge from hospital or completion of day case procedure - Max. no. of visits per day: 1	78	600	124	960	176	1,360
3	Ancillary services (Physiotherapy ⁽²⁾ / occupational therapy ⁽²⁾ / speech therapy ⁽²⁾ /chiropractic treatment) (per visit) - 80% of the eligible expenses incurred starting from the 11 th visit within a policy year, for a maximum of 21 additional visits for each disability ⁽¹⁰⁾ in a policy year - Validity: within 90 days after discharge from hospital or completion of day case procedure	97	750	149	1,150	194	1,500
4	Traditional Chinese medicine for specified cancer ⁽⁴⁾ (per visit) - 80% of the eligible expenses incurred starting from the 16 th visit within a policy year, for a maximum of 16 additional visits for each disability ⁽¹⁰⁾ in a policy year - Validity: within 90 days after discharge from hospital or prescribed non-surgical cancer treatment - Max. no. of visits per day: 1	52	400	78	600	104	800
V. Extended benefits							
1	Pregnancy complications	Covered ⁽¹²⁾					

Remarks

- (1) Unless otherwise specified, you will not be able to recover eligible expenses for the same item under more than 1 benefit item in the table.
- (2) We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from the attending doctor or the registered doctor.
- (3) The percentage here applies to the surgeon's fee we actually pay or the benefit limit for the surgeon's fee according to the surgical categorisation listed in the Schedule of Surgical Procedure of the plan, whichever is the lower.
- (4) Specified cancer does not include (a) 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; (b) any Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion; (c) any tumour in the presence of any Human Immunodeficiency Virus ("HIV"); (d) chronic lymphocytic leukaemia classified as Stages 0, I or II according to Rai staging system; (e) any skin cancer other than malignant melanoma; (f) any thyroid tumour which is histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and (g) any prostate tumour which is histologically classified as T1a or T1b or a lower stage according to the TNM classification system.
- (5) We will cover these under benefit items I.1-I.6, II.1-II.3, IV.1-IV.2 and V.2 listed in the Benefit Schedule, subject to their respective individual benefit limits and a waiting period of 300 days from the effective date of the plan.
- (6) 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. Please see more details on waiving coinsurance in the "Conditions for waiving coinsurance for prescribed diagnostic imaging tests" section under "More about the plan".
- (7) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (8) These value-added services do not form part of the **PRU**Health FlexiChoice Medical Plan.
- (9) Pre-authorisation is required.
- (10) (a) If you are confined or receive a day case procedure involving more than 1 disability within the same policy year, the benefit payable incurred for all disabilities involved in the same confinement or day case procedure will be subject to 1 **PRU**Health Major limit and/or 1 benefit limit under the corresponding benefit item(s) (if any).
(b) We will reset the **PRU**Health Major limit and its applicable benefit limits (as set out in the Benefit Schedule above) for the benefit payable incurred within the same policy year concerning more than 1 confinement or day case procedure for the same disability if you are confined or receive a day case procedure after 90 consecutive days from the discharge date of the previous confinement or the date of the previous day case procedure for the same disability.
- (11) You have the right to upgrade your **PRU**Health Major from Option 1 to Option 2 of the same room level at the policy anniversary that falls on or immediately follows age 45, 50, 55 or 60 of the insured person without the need to provide any medical information or undergo any medical tests. You can do this once only for the entire lifetime of the insured person.
- (12) We will cover these under benefit items I.1-I.6, II.1-II.3 and IV.1-IV.2 of **PRU**Health Major listed in the Benefit Schedule, subject to their respective individual benefit limits and a waiting period of 300 days from the effective date of the plan.

Key exclusions

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

- (i) A treatment, procedure, medication, test or service which is not Medically Necessary; or
- (ii) Expenses incurred for a hospital stay solely for the purpose of diagnostic procedures or allied health services, unless it has been recommended by a registered doctor for Medically Necessary investigation or treatment of a disability which cannot be effectively carried out as a day patient; or
- (iii) Expenses arising from HIV and its related disability, which is contracted or occurs before the effective date of the plan, whether or not you or the insured person knows they suffer from it when they apply. When there is no evidence of proof as to the time at which HIV is first contracted or occurs, the insured person will only be able to claim if they show symptoms after 5 years of taking out the plan. The insured person will be able to claim if their HIV and its related disability has been caused by sexual assault, medical assistance, organ transplant, blood transfusions or donation, or infection at birth; or
- (iv) Medical services provided to the insured person because of any 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 any condition following from them; or
- (v) Any charges in respect of services for –
 - a. beautification or cosmetic purposes, unless the insured person needs them because of an injury caused by an accident and they receive the medical services within 90 days of the accident; or
 - b. correcting visual acuity or refractive errors that can be corrected with spectacles or contact lenses. This includes (but is not limited to) eye refractive therapy, LASIK and any related tests, procedures and services; or
- (vi) Expenses for prophylactic treatment or preventive care. This includes (but is 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; or
- (vii) Dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during a hospital stay because of an accident. We will not cover follow-up dental treatment or oral surgery after the insured person has been discharged from hospital; or
- (viii) Medical services and counselling services relating to maternity conditions and their complications. This includes (but is not limited to) diagnostic tests for pregnancy or childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility; or sexual dysfunction, except for services arising from specified pregnancy complications of the plan; or
- (ix) Purchase of durable medical equipment or appliances (except for rental of medical equipment or appliances during a hospital stay or on the day of the day case procedure); or
- (x) Traditional Chinese medicine treatment and alternative treatments, including (but not limited to) herbal treatment, bone-setting, acupuncture, acupressure, tui na, hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy and homeotherapy, unless such traditional Chinese medicine treatment are covered by traditional Chinese medicine for specified cancer benefit of the plan; or
- (xi) Experimental or unproven medical technology or procedures that are outside common medical standards or not approved by the recognised authority, in the locality where the treatment, procedure, test or service takes place; or
- (xii) Any charges for medical services given because of congenital conditions of which the insured person has shown symptoms or been diagnosed before they reach the age of 8; or
- (xiii) Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party; or
- (xiv) 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.

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

More about the plan

Plan type

Supplementary benefit (i.e. rider)

Eligibility

Hong Kong residents only

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age (attained age)	Currency option [^]
Whole life	15 days – 80	HKD/USD

[^] The currency of the plan should correspond with the currency of the basic plan.

Certification numbers and covered room level

Covered room level	Currency option	Certification numbers (Without PRUHealth Major)
Ward	HKD	F00013-01-000-05
Semi-private Room	HKD	F00013-02-000-05
Private Room	HKD	F00013-03-000-05
Ward	USD	F00013-04-000-05
Semi-private Room	USD	F00013-05-000-05
Private Room	USD	F00013-06-000-05

Covered room level	Currency option	Certification numbers (With PRUHealth Major)
Ward	HKD	Option 1: F00013-01-001-05 Option 2: F00013-01-002-05
Semi-private Room	HKD	Option 1: F00013-02-001-05 Option 2: F00013-02-002-05
Private Room	HKD	F00013-03-001-05
Ward	USD	Option 1: F00013-04-001-05 Option 2: F00013-04-002-05
Semi-private Room	USD	Option 1: F00013-05-001-05 Option 2: F00013-05-002-05
Private Room	USD	F00013-06-001-05

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.

You can also choose to convert your plan to the Certified VHIS Standard Plan that we offered at that time of renewal, without further underwriting.

Premium rates are not guaranteed and are yearly adjustable based on the gender and attained age of the insured person, room level, attachment of **PRUHealth Major** and its level of coverage at the time of plan renewal. We will determine the relevant premium rates on a portfolio basis 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 will adjust the terms and benefits of this plan subject to the approval and/or certification by the VHIS Office when you renew or if the requirements for complying with the VHIS are changed. If we do this, we will do it to all plans with the same terms and conditions and Benefit Schedule; however, we will not reduce your benefit limits and will not raise the coinsurance level of your existing benefits.

We will give you 30 days' notice in writing on the changes which 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.

Underwriting factors

When we receive your application, we will assess the risk based on the information you give us. This includes (but is not limited to) the insured person's occupation, their hobbies, where they live, as well as their travelling pattern and health condition. We use this to decide whether to accept your application on standard terms, accept it with increased premiums and/or exclusions or reject it. When we look at the insured person's occupation, our underwriting decision depends on factors such as what their job involves, where they work and the nature of the business. When we look at where they live, the decision depends on factors such as the location of their home and how long they have lived there.

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 for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar age, for a similar disability, as we reasonably determine in utmost good faith.

The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. We may exercise our right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference but not limited to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the government; and/or other source of reference where the treatments, services or supplies are provided.

We may exercise our right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.

Medically Necessary

A medical service, including treatment and diagnostic procedure, is Medically Necessary if:

- it requires the expertise of, or be referred by, a registered doctor;
- it is consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- it conforms to the standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, their family, caretaker or the attending registered doctor;
- it is performed 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
- it is performed at the most appropriate level which, in the prudent professional judgement of the registered doctor, can be safely and effectively provided to the insured person.

These are some of the circumstances in which we believe a hospital stay is Medically Necessary. It is not an exclusive list:

- the insured person is having an emergency that needs urgent hospital treatment;
- surgery is performed under general anaesthesia;
- equipment for surgery/procedure is available in hospital and the procedure cannot be done on a day patient basis;
- the insured person is concurrently suffering from another severe disease or injury; and
- the attending registered doctor believes, in their prudent professional judgement, that the insured person needs hospital-based medical service; and that the length of hospital stay is appropriate for the medical service concerned.

Benefit adjustment under PRUHealth Major

If the insured person chooses to stay in higher level room than they are entitled to under the PRUHealth FlexiChoice Medical Plan, we will adjust the amount we pay under PRUHealth Major by multiplying the eligible expenses incurred in excess of the amount payable under the respective benefits of PRUHealth FlexiChoice Medical Plan by the following percentage and then by 80%, subject to the PRUHealth Major limit and its applicable benefit limits:

- for an upgrade from ward level to semi-private level; or from semi-private level to private level: 50%
- for an upgrade from ward level to private level or above; or from semi-private level to above private level: 25%

We will not apply the above adjustment factor if the insured person stays in a higher level room than their plan covers because, for example, there is a shortage of beds in the ward type they have chosen in their plan in case of an emergency or, they need treatment in an isolation ward.

Conditions for waiving coinsurance for prescribed diagnostic imaging tests

- We waive the usual 30% coinsurance (where you would have to pay 30% of the eligible expenses) if all the below conditions are fulfilled.
 - The attending registered doctor recommends the insured person in writing to perform the prescribed diagnostic imaging tests;
 - such test is conducted at our designated network imaging centre;
 - the insured person presents their identity document and the electronic medical card issued by us along with a written referral upon registration at our designated network imaging centre; and
 - the original receipt issued by the designated network imaging centre indicating the use of our network must be submitted for processing such claim.
- The acceptance of our electronic medical card at the network imaging centre upon registration does not represent such test is eligible for claim.
- We are not the operator or agent of the network imaging centres. We make no representation, warranty or undertaking as to the quality and availability of the services and shall not accept any responsibility or liability for the services provided by the network imaging centres. Under no circumstance shall we be responsible or liable for the acts or omissions or services of the network imaging centres.
- We are not responsible for maintaining any medical information of the insured person in relation to services provided by network imaging centres. Any information disclosed to the network imaging centres by you or the insured person shall not constitute any actual, constructive, or deemed knowledge by us of the same, and shall not affect our right to contest any other policy(ies) we issued/issue to the life assured, unless such information has actually been disclosed to us or we have actual knowledge of such information.

VAT and GST

Eligible expenses shall include the value-added taxes ("VAT") and goods and services taxes ("GST") (if any) charged or imposed on the expenses incurred for medical services.

Termination of this plan

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

- the insured person dies; or
- you fail to pay your premium within 30 days from its due date; or
- we are no longer authorised under the Insurance Ordinance to write or continue to write this plan; or
- the basic plan to which this plan attached is cancelled or surrendered. If you wish to continue this plan, you may notify us in writing before it expires.

More about the value-added services

Medical Green Channel service

- Medical Green Channel is provided by Advance Medical, an independent third-party service provider we have designated. This service offers priority booking for outpatient and/or hospitalisation appointment at Medical Green Channel's selected hospitals in Mainland China for the insured person of the **PRUHealth FlexiChoice Medical Plan**.
- Medical Green Channel's case managers and escort staff are appointed by Advance Medical.
- The insured person is responsible for all registration fees, diagnosis/treatment fees, examination fees, prescription fees, hospitalisation fees, and all administration fees and medical expenses incurred on the relevant outpatient and/or hospitalisation services at the relevant hospital. The amount of medical expenses the insured person can claim is subject to the terms and conditions, and the benefit limit of the insured person's medical insurance plan.
- Medical Green Channel is not suitable for an insured person who has an acute medical condition, has been involved in an accident, or has conditions requiring emergency or immediate medical assistance.
- It is subject to the terms and conditions of the relevant service provider.

SmartAppoint Service

- It is an advanced policy instruction, and not an enduring power of attorney ("EPA") or guardianship order and does not appoint the designated person as your attorney or guardian/committee. If you have an EPA or a guardian/committee appointed, you must not apply for this service.
- The policy holder and the insured person must be the same person.
- The designated person must be a family member of you who has reached the age of 18, and must be your spouse, parent, child, sibling, grandparent, grandchildren, or any other relationship as approved by us.
- You must notify the designated person of the instruction/change of instruction under this service.
- When submitting a claim, the designated person needs to provide medical reports from 2 registered medical practitioners (1 from your attending doctor) confirming your mental incapacity to our satisfaction, and any other documents or evidence we may require.
- SmartAppoint Service does not form part of this **PRUHealth FlexiChoice Medical Plan**.

Treatment Sure service

- The Treatment Sure service offers Global Expert Medical Opinion and Medical Concierge services for the plan's insured person. The service is suitable for any non-emergency medical conditions (e.g. cancer, gastroenteric diseases and orthopaedic issues) that needs 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 insured person 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 insured person.
- The Medical Concierge is only available after the insured person has completed the Global Expert Medical Opinion. If the insured person chooses to receive treatment abroad, they will be responsible for all fees and charges required for travel and accommodation and related items. The amount you can claim for treatment expenses is subject to the benefit limit of your plan.

Third-party services

- Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel service, Treatment Sure service and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated.
- We maintain sole discretion to change the scope of these services (including the list of Medical Green Channel hospitals) and the service provider(s) from time to time without advance notice. We may also cease and/or suspend these services at our sole discretion.
- We are not the service provider(s) for these services. The relevant service provider(s) is(are) not our agent, and vice versa. We make no representation, warranty or undertaking as to the quality and availability of the services 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 of the service provider(s) in the provision of such services.
- Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel service, Treatment Sure service and 24-hour Worldwide Emergency Assistance Services do not form part of this **PRUHealth FlexiChoice Medical Plan**.

Key risks

How may our credit risk affect your policy?

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

How may currency exchange rate risk affect your benefits?

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

How may inflation affect the value of your plan?

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

What happens if you do not pay your premiums?

You should only apply for this product if you intend to pay all of its premiums. If you miss any of your premium payments, we may terminate your policy and you would lose the policy's coverage.

Why may we adjust your premiums?

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

Why may we change your benefits?

We have the right to revise the Benefit Schedule and the terms and conditions under this plan on each renewal by giving you 30 days' notice in writing. This is to account for any known or foreseeable changes in medical practices and claims experiences or any changes in requirements for complying with the VHIS. We will apply the revisions to all plans under **PRU**Health FlexiChoice Medical Plan. The premium will be adjusted accordingly based on the rate as determined by us.

Important information

Tax deduction under the VHIS

The issuance of this plan does not necessarily mean you are eligible for any tax deduction for the premiums you have paid for this plan. For further information on tax deduction under the VHIS, please contact the Inland Revenue Department. We cannot provide you with any tax advice. If you have doubts, you should seek professional advice.

Suicide clause

If the insured person commits suicide, whether sane or insane, within 1 year from the effective date of the plan, we will limit the death benefit to a refund of the premiums paid without interest. We will deduct any amounts we have already paid and any amounts 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 calendar days immediately following either the day of delivery of (1) the policy or (2) the notice (informing the availability of the policy and expiry date of the cooling-off period) to the customer or his/her nominated representative, whichever is earlier. Such notice must be signed by the customer and received directly by Prudential Hong Kong Limited at 8/F, Prudential Tower, The Gateway, Harbour City, 21 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong within the cooling-off period.

The premium and levy will be refunded in the currency of premium and levy payment at the time of application for this policy. If the currency of premium and levy payment is not the same as the plan currency, the refundable premium and levy amount in plan currency under this policy will be converted to the currency of premium and levy payment at the prevailing currency exchange rate as determined by us in our absolute discretion from time to time upon payment. After the cooling-off period expires, if a customer cancels the policy before the end of benefit term, the actual cash value (if applicable) may be substantially less than the total amount of premiums paid.

Need more details? Get in touch

Please contact your consultant or call our Customer Service Hotline at 2281 1333 for more details.

Notes

PRUHealth FlexiChoice Medical Plan is underwritten by Prudential Hong Kong Limited (“Prudential”). You can always choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time, unless such plan is only available as a supplementary benefit which needs to be attached to a basic plan. This brochure does not contain the full terms and conditions of this plan and is for reference only. It does not represent a contract between Prudential and anyone else. You should read carefully the risk disclosures and key exclusions (if any) contained in this brochure. For further details and the full terms and conditions of this plan, please ask Prudential for a sample of the policy document.

Prudential has the right to accept or decline any application based on the information provided by the policy holder and/or insured person in the application.

Please cross your cheque and make it payable to “Prudential Hong Kong Limited”.

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