

PRUmed lifelong care plan



PRUDENTIAL
保誠保險

Listening. Understanding. Delivering.

Core cover for private medical treatment – guaranteed lifetime renewable

Medical Protection

Hong Kong Edition

PRUmed lifelong care plan

The best time to plan for being ill is when you are healthy. That's the time to get cover that cuts through waiting lists and gives you access to the room level and care you want. **PRU**med lifelong care plan provides core protection against the costs of medical treatment. It helps relieve your worry about high medical costs in private hospitals or the waiting lists for health services in public hospitals. Instead, you just focus on getting treated and a speedy recovery. The plan is guaranteed renewable for life and you can attach it as a supplementary plan to your existing savings or critical illness cover to strengthen your protection.



Plan highlights



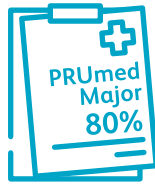
Guaranteed renewal
for life



Cover before and after
a hospital stay, from
diagnosis to recovery



Quality medical network
with enhanced benefits



Tailor your
extra coverage with
PRUmed major



15% no claim bonus



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



24-hour Worldwide Emergency
Assistance Services

The benefits

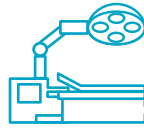


Guaranteed renewal for life

PRUmed lifelong care plan is a lifelong supplementary plan that covers your (you as the life assured – the person covered by the policy) eligible worldwide medical costs from initial consultation to recovery, including:



hospital stay



surgery



pre- & post-hospitalisation
consultation

We cover costs up to the itemised limits for each benefit item.

Choose the coverage that fits your needs and budget

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

Lifetime renewal guaranteed

Even if your medical history changes or there is a claim on the plan, you can renew the plan **every year** throughout your **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/Premium Structure” and “Changes to benefits” sections in the “More about the plan” section below.



Cover before and after a hospital stay, from diagnosis to recovery



Confinement benefits (i.e. hospitalisation benefits)

If you need hospital treatment, we will cover:



daily room and
board expenses



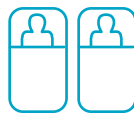
doctor's visits



specialist's visits



intensive care



daily extra bed
for family member



other hospital expenses,
such as laboratory fees,
imaging examinations,
medications and
injections



Surgical benefits

If you need surgery at a hospital, we will cover



surgical fees



anaesthetist's fees



operating theatre fees



Emergency outpatient treatment benefit and death benefits

After an accident, getting treated and back to normal life again is a priority. We will cover your medical expenses if you are injured and need emergency hospital outpatient treatment within 24 hours of an accident.

The plan also provides a **compassionate death benefit** of up to USD 5,000/HKD 40,000, while an **accidental death** can receive an **extra** USD 5,000/HKD 40,000 under the **accidental death benefit**. If you unfortunately pass away because of **medical negligence**, we will pay an **extra** benefit of up to USD 43,000/HKD 344,000.



Pre- & post-hospitalisation benefits

The extra costs of treatment can so easily add up. That's why we take care of your pre-admission and follow-up outpatient consultation fees too, ensuring you are provided with the best possible care.

If you need treatment after hospitalisation, we will also cover:



chiropractor consultation



physiotherapist consultation



post-surgery home nursing



Outpatient surgery benefits

If you choose a day surgery centre or a clinic for a surgical procedure or operation, we will cover:



surgical fees



anaesthetist's fees



operating theatre fees



daily room and board expenses



pre- and post- surgery consultations



chiropractor consultation



physiotherapist consultation



post-surgery home nursing



other eligible expenses



Quality medical network with enhanced benefits



Quality medical network

We offer a medical network of highly experienced doctors and well-equipped network healthcare facilities including private hospitals and medical centres, so you can get access to quality healthcare services as soon as possible.



Dedicated benefits offered within our medical network

Network diagnostic imaging benefit

If one of our network doctors recommends you to have an outpatient specified diagnostic imaging test and you have it at one of our network imaging centres, we will provide coverage for it. This includes CT, MRI, PET, PET-CT combined and PET-MRI combined scans.

PRUmed network care benefit

For greater peace of mind, you can choose our **PRUmed** major, with **PRUmed** network care benefit as part of it, for an extra premium. There are more details about **PRUmed** network care benefit in the "Tailor your extra coverage with **PRUmed** major" section below.



Good to know

You will need to get our pre-authorization before we offer the **network diagnostic imaging benefit** and **PRUmed** network care benefit.

Your network doctor can send in your pre-authorization request for you – just let them know during your initial consultation.



Tailor your extra coverage with PRUmed major

By paying additional premiums, you can add the PRUmed major to your PRUmed lifelong care plan. This gives you the benefits of PRUmed major (classic) as well as PRUmed network care.

PRUmed major (classic) benefit

If your overall eligible medical expenses are more than your PRUmed lifelong care plan's limit, PRUmed major (classic) benefit will pay **up to 80%** of the excess of the amount payable for hospitalisation, surgical, emergency outpatient treatment, pre- & post-hospitalisation and network diagnostic imaging benefits (as long as this is within the respective maximum benefit limits and lifetime limit under PRUmed major).

PRUmed network care benefit

Even if there is still an excess there is no need to worry. If you receive treatment that is recommended and provided by our network providers, PRUmed network care benefit **fully covers** your excess for hospitalisation, surgical and network diagnostic imaging benefits as long as they are within the overall limit under PRUmed network care benefit and lifetime limit under PRUmed major.



15% no claim bonus

On each policy anniversary of the basic plan to which this plan is attached, if you have not claimed under this plan for the last **36 consecutive months**, we will offer you a **no claim bonus** of **15%** of this plan's previous policy year's premiums. We will put this bonus into your premium deposit account so you can settle the plan's future premium payment with it if you wish.

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 bonus. 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:





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 from our medical network. 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 1,000 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" 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:





SmartAppoint 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 **SmartAppoint 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.

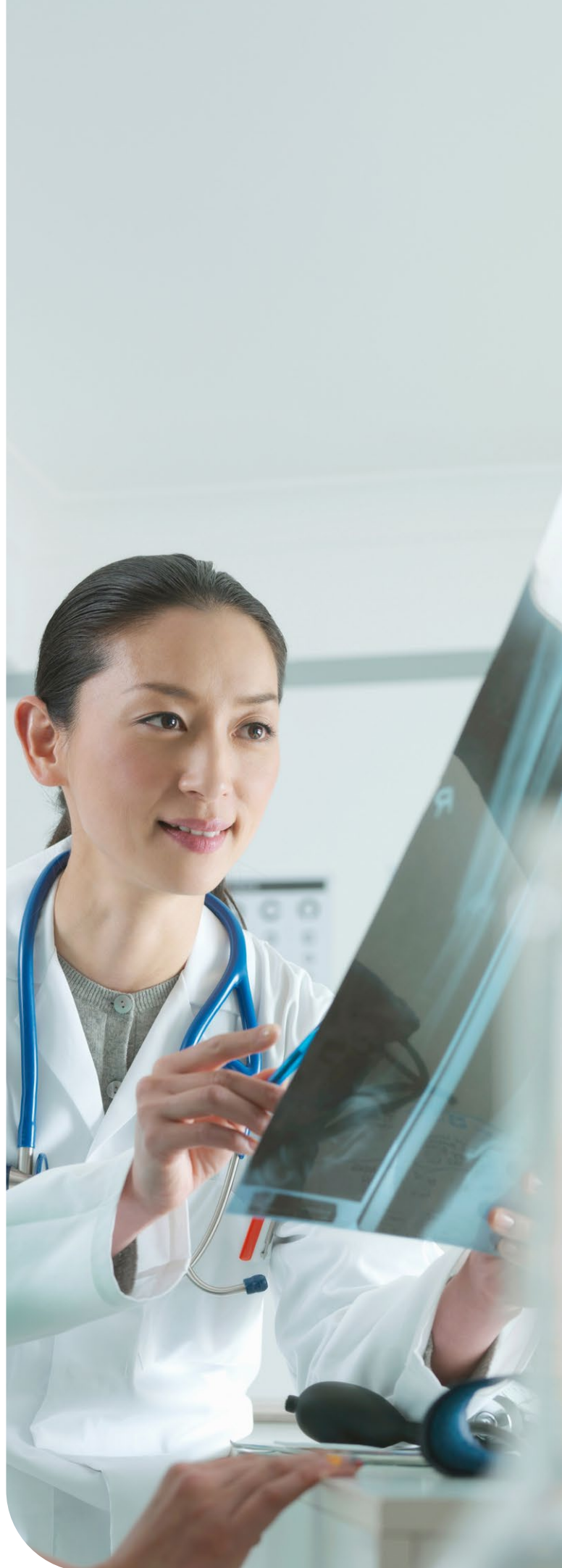
Click [here](#) or scan the QR code for more details:



24-hour Worldwide Emergency Assistance Services

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

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



Benefit Schedule

PRUmed lifelong care plan							
Coverage		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
I. Confinement benefits (i.e. hospitalisation benefits)							
1	Hospital daily room & board ¹ (per day) Max. no. of days per hospital stay ² : 90	100	800	225	1,800	450	3,600
2	Doctor's visit (per day) Max. no. of days per hospital stay ² : 90	100	800	225	1,800	450	3,600
3	Miscellaneous hospital expenses (per hospital stay ²)	1,250	10,000	2,500	20,000	3,300	26,400
4	Intensive care (per day) Max. no. of days per hospital stay ² : 90	400	3,200	700	5,600	1,100	8,800
5	Specialist's visit ³ (per hospital stay ²)	350	2,800	700	5,600	1,300	10,400
6	Daily extra bed for family member (per day) Max. no. of days per hospital stay ² : 90	75	600	100	800	125	1,000
II. Surgical benefits							
7	Surgical fees ^{3,4} (per hospital stay ²)	5,000	40,000	7,500	60,000	11,000	88,000
8	Anaesthetist's fees (per hospital stay ²)	35% of surgical fees payable					
9	Operating theatre fees (per hospital stay ²)	35% of surgical fees payable					
III. Emergency outpatient treatment benefit							
10	Emergency outpatient treatment benefit (per injury) • for treatment within 24 hours of an accident	700	5,600	1,200	9,600	1,700	13,600
IV. Pre- & post-hospitalisation benefits							
11	Pre-admission and follow-up outpatient consultation ³ (per hospital stay ²) • No. of consultations per day: 1 • Max. no. of pre-admission outpatient consultation: 1 • Max. no. of follow-up outpatient consultations: 3 • Validity for follow-up outpatient consultations: within 60 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor	175	1,400	275	2,200	375	3,000

PRUmed lifelong care plan

Coverage		Maximum benefit limit						
		Ward		Semi-private Room		Private Room		
		USD	HKD	USD	HKD	USD	HKD	
12	Daily post-surgery home nursing ³ (per day) <ul style="list-style-type: none"> No. of visits per day by a licensed nurse: 1 Max. no. of visits: 15 Validity: within 31 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	75	600	75	600	170	1,360	
13	Chiropractor ³ /physiotherapist consultation ³ (per day) <ul style="list-style-type: none"> No. of visits per day to a licensed chiropractor or physiotherapist: 1 Max. no. of visits: 10 Validity: within 90 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	50	400	70	560	90	720	
V. Other benefit								
14	Network diagnostic imaging benefit ^{3,5,6,7} (per illness or injury) <ul style="list-style-type: none"> for specified diagnostic imaging test performed on an outpatient basis 	1,250	10,000	2,500	20,000	3,300	26,400	
VI. Death benefits								
15	Compassionate death benefit	1,000	8,000	2,500	20,000	5,000	40,000	
16	Accidental death benefit	1,000	8,000	2,500	20,000	5,000	40,000	
17	Medical accident and incident extension benefit	11,000	88,000	22,000	176,000	43,000	344,000	
Value-added services								
1	Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests ⁸					✓		
2	Medical Green Channel					✓		
3	SmartAppoint Service					✓		
4	24-hour Worldwide Emergency Assistance Services					✓		

PRUmed major (Optional)

Coverage		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
Lifetime limit under PRUmed major ⁹ (Applies from the policy anniversary immediately after the life assured reaches age 75 [age next birthday {ANB}])		USD 150,000/HKD 1,200,000					
A. PRUmed major (classic) benefit¹⁰							
Total amount payable under PRUmed major (classic) benefit (per illness or injury or hospital stay ²)		12,500	100,000	22,500	180,000	42,000	336,000
I. Confinement benefits (i.e. hospitalisation benefits)							
1	Hospital daily room & board (per day)	100	800	225	1,800	450	3,600
		80% of excess expenses starting from the 91 st day of hospital stay ²					
2	Doctor's visit (per day)	100	800	225	1,800	450	3,600
		80% of excess expenses starting from the 91 st day of hospital stay ²					
3	Miscellaneous hospital expenses	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan					
4	Intensive care (per day)	400	3,200	700	5,600	1,100	8,800
		80% of excess expenses starting from the 91 st day of hospital stay ²					
5	Specialist's visit ³	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan					
6	Daily extra bed for family member (per day)	75	600	100	800	125	1,000
		80% of excess expenses starting from the 91 st day of hospital stay ²					
II. Surgical benefits							
7	Surgical fees ³	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan					
8	Anaesthetist's fees						
9	Operating theatre fees						
III. Emergency outpatient treatment benefit							
10	Emergency outpatient treatment benefit	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan					

PRUmed major (Optional)

Coverage		Maximum benefit limit					
		Ward		Semi-private Room		Private Room	
		USD	HKD	USD	HKD	USD	HKD
IV. Pre- & post-hospitalisation benefits							
11	Pre-admission and follow-up outpatient consultation ³ (per hospital stay ²) <ul style="list-style-type: none"> No. of consultations per day: 1 Validity for follow-up outpatient consultations: within 60 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	175	1,400	275	2,200	375	3,000
		<ul style="list-style-type: none"> 80% of excess expenses of the same benefit under the benefit schedule of PRUmed lifelong care plan above; and 80% of the expenses incurred for 1 additional pre-admission outpatient consultation and 3 additional follow-up outpatient consultations 					
12	Daily post-surgery home nursing ³ (per day) <ul style="list-style-type: none"> No. of visits per day by a licensed nurse: 1 Max. no. of additional visits: 16 Validity: within 31 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	75	600	75	600	170	1,360
		80% of excess expenses starting from the 16 th visit					
13	Chiropractor ³ /physiotherapist consultation ³ (per day) <ul style="list-style-type: none"> No. of visits per day to a licensed chiropractor or physiotherapist: 1 Max. no. of additional visits: 21 Validity: within 90 days after hospital stay, or a surgical procedure or operation performed in a day surgery centre or in a clinic of a registered doctor 	50	400	70	560	90	720
		80% of excess expenses starting from the 11 th consultation					
V. Other benefit							
14	Network diagnostic imaging benefit ^{3,5,7}	80% of the eligible expenses incurred in excess of the amount payable under PRUmed lifelong care plan					
B. PRUmed network care benefit⁷							
PRUmed network care benefit⁷		Full cover¹¹					
		For eligible expenses incurred in excess of the amount payable for hospital stay, surgical and network diagnostic imaging benefits					
Overall limit under PRUmed network care benefit ¹² (per illness or injury or hospital stay ²)		25,000	200,000	45,000	360,000	80,000	640,000

Remarks

1. We limit cover for daily meal expenses to 30% of the daily maximum benefit limit under hospital daily room and board. The maximum amount we will reimburse for each day of hospital daily room and board (including any meal expenses) will not be more than the daily maximum benefit limit we have specified in the benefit schedule of the plan.
2. "Hospital stay" is the life assured's inpatient admission by a hospital on the recommendation of a registered doctor for medically necessary services or treatments for a minimum of 6 consecutive hours which incurs a charge for hospital daily room and board or intensive care. If the life assured has to stay in hospital twice or more for the same or directly related injury or illness and there is less than 90 days between the stays, we count these hospitalisations as one hospital stay. We also count a surgical procedure or operation either in a day surgery centre or a clinic of a registered doctor that occurs within 90 days before or after a hospitalisation for the same or directly related injury or illness as one hospital stay.
3. We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from the registered doctor.
4. You can work out the maximum surgical fees payable under the policy for a surgical procedure or operation by multiplying the maximum benefit limit per hospital stay by the specific percentage listed for that operation in the Surgical Procedure Schedule of the policy. The percentage depends on the degree of complexity of the operation.
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. We will also count the benefit paid or payable under network diagnostic imaging benefit towards the benefit limit of miscellaneous hospital expenses benefit if the life assured is hospitalised for the same injury or illness within 90 days before or after they have the specified diagnostic imaging test.
7. We will only pay these benefits for network services recommended and provided by the network providers after you have successfully obtained pre-authorization. Please visit <https://pruhk.co/medical-network-en> for the latest updates and full terms and conditions.
8. You will need to get our pre-authorization before your treatment.
9. **PRU**med major has a lifetime limit which applies to both **PRU**med major (classic) benefit and **PRU**med network care benefit. This lifetime limit is a cap on the total amount we pay from **PRU**med major and it applies from the policy anniversary immediately after the life assured reaches age 75 (ANB). Once it reaches the limit, we will terminate the **PRU**med major.
10. Coverage under **PRU**med major (classic) benefit is subject to the respective maximum benefit limits and the lifetime limit in the benefit schedule of the plan.
11. Full cover means no itemised benefit sub-limit, and the benefit we pay will be subject to the overall limit under **PRU**med network care benefit and lifetime limit under **PRU**med major.
12. When all the plan's benefits (including both **PRU**med major (classic) benefit and **PRU**med network care benefit) paid or payable for the same injury, illness or hospital stay reaches the overall limit, we will not pay any more benefits under the **PRU**med network care benefit.

How does the plan work*

Mr. Chan decides to take out a **PRUmed** lifelong care plan together with **PRUmed** major (room level: Ward) for more comprehensive cover.

Mr. Chan is a smoker and has had a serious and persistent cough for a month with blood streak and sputum and is recommended by the network doctor to have an outpatient PET-CT scan. The scan shows that Mr. Chan has an early stage lung tumour. He is advised to undergo a video assisted thoracoscopic surgery to remove the tumour and ends up staying at a network hospital for 6 days.

2 days after Mr. Chan is discharged from the hospital, he suffers from shortness of breath and has fever, so he is advised to have a bronchoscopy and ends up staying at the network hospital for another 4 days.



Mr. Chan's treatment expenses include:		Benefits payable under PRUmed lifelong care plan and PRUmed major:
Network diagnostic imaging test (PET-CT scan)#: HKD 14,800		HKD 14,800
Hospital daily room & board: HKD 10,000		HKD 185,200
Doctor's visit: HKD 10,000		
Miscellaneous hospital expenses: HKD 57,800		
Surgical fees^: HKD 64,500		
Anaesthetist's fee^: HKD 20,000		
Operating theatre fees^: HKD 25,400		
Total treatment expenses incurred: HKD 202,500	-	

Mr. Chan needs to pay: HKD 2,500



Conclusion

Mr. Chan only needs to pay **HKD 2,500** if he opts for **PRUmed major** and decides to have the PET-CT scan and hospitalisation within our medical network. However, Mr. Chan needs to pay **HKD 115,300** if he doesn't.

* The following example is for illustration only; the actual claim amount would vary from case to case depends on the actual medical treatment received and the relevant expenses incurred.

We will also count the benefit paid or payable under network diagnostic imaging benefit towards the benefit limit of miscellaneous hospital expenses benefit if the life assured is hospitalised for the same injury or illness within 90 days before or after they have the specified diagnostic imaging test.

^ The specific percentages applied on the maximum benefit limit of surgical benefits for thoracoscopic surgery and bronchoscopy for this case are 90% and 10% respectively as listed in the Surgical Procedure Schedule of the policy.

~ When all the plan's benefits (including both **PRUmed major** (classic) benefit and **PRUmed network care** benefit) paid or payable for the same injury, illness or hospital stay reaches the overall limit (i.e. HKD 200,000 for this case), we will not pay any more benefits under the **PRUmed network care** benefit.

Key exclusions

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

- (i) if the injury, illness, or the signs or symptoms of the illness existed before the effective date of the plan or the effective date of reinstatement, whichever is later; or
- (ii) if the illness is diagnosed or the signs and symptoms of the illness appeared within 30 days from the effective date of the plan or the effective date of reinstatement; or
- (iii) if the hospital stay, treatment and/or charges incurred are related to or arise as a direct or indirect result of:
 - a. pregnancy, childbirth, termination of pregnancy, birth control, infertility or human assisted reproduction; or
 - b. war, hostilities (whether war is declared or not), rebellion, insurrection, riot, civil commotion or the life assured's participation in any criminal offence; or
 - c. suicide, self-inflicted injuries while sane or insane, drug abuse, consumption of alcohol, scuba diving or engaging in or taking part in any kind of race other than on foot; or
 - d. cosmetic treatment or corrective aids and treatment of refractive errors performed on the life assured unless necessitated by an injury caused by an accident and the life assured sustains the injury within 90 days of the accident; or
 - e. procurement or use of appliances for the benefit of the life assured; or experimental and/or unconventional medical technology/procedure performed on the life assured; or
 - f. vaccination, convalescence, dental treatment or surgery (except for emergency treatment arising from an accident and cannot be done on an outpatient basis), health check-ups, treatment or tests that relate to AIDS, HIV or AIDS related complex; or
 - g. mental disorder, psychological or psychiatric conditions; or
 - h. congenital or inherited disorder or developmental conditions (only applicable before the life assured reaches age 17 [ANB]); or
 - i. any services primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - j. any treatment, investigation, services or supplies which are not medically necessary; or non-medical services; or charges of which exceed the reasonable and customary charges.

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

More about the plan

Plan type

Supplementary benefit (i.e. rider)

- Each life assured is eligible to have only 1 in-force policy of the plan underwritten by Prudential Hong Kong Limited or Prudential Hong Kong Limited (Macau Branch).

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age (ANB)	Currency option**
Whole life or benefit term of the attached basic plan, whichever is earlier	1 – 75	HKD/USD

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

** The currency of the plan should correspond with the currency of the basic plan.

Plan renewal/Premium structure

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.

Premium rates are not guaranteed and are yearly adjustable based on the risk class (including but not limited to age, gender, room level and attachment of **PRU**med major cover) and the 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 right to change any of the plan's terms and conditions (including the Benefit Schedule and all other provisions) if we give you 30 days' notice in writing before each renewal.

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

Reasonable and customary charges

"Reasonable and customary charges" are charges for treatments, medical services and/or supplies that are in line with the usual level of charges for similar treatments, medical services and/or supplies in the locality where the expenses are incurred.

Medically necessary

Medical service is medically necessary if it is consistent with the diagnosis and customary medical treatment for the condition. The medical service should also conform to the standards of generally accepted medical practice and not just for the convenience of the life assured, their relatives or the registered doctor.

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

Benefit adjustment under **PRU**med major (classic) benefit

If you stay in a higher category of accommodation than your plan's benefit level entitles you to, we will apply an adjustment factor to the amount we pay for confinement benefits and surgical benefits under **PRU**med major (classic) benefit, whether the upgrade was voluntary or involuntary. We will do this by multiplying the expenses in excess of the amount payable under the **PRU**med lifelong care plan by the percentages below and then by 80%:

- if you upgrade from ward level to semi-private level or from semi-private to private level or above: 50%
- if you upgrade from ward level to private level or above: 25%

Conditions for providing network benefits

We will only provide coverage for the network diagnostic imaging benefit and/or **PRU**med network care benefit when:

- you undergo imaging from a network provider as an outpatient (this applies to the network diagnostic imaging benefit only);
- your imaging and/or treatments is/are recommended by and received from a network provider; and
- you get our pre-authorisation before your imaging and/or treatments.

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 **PRU**med lifelong care plan

We will terminate your **PRU**med lifelong care plan when the first of these happens:

- the life assured dies; 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.

Termination of **PRU**med major

We will terminate **PRU**med major when the first of these happens:

- termination of **PRU**med lifelong care plan; or
- the total benefit amounts payable under **PRU**med major covering the life assured reach its lifetime limit.

More about the value-added services

Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests

You can use our Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests when:

- your treatment is recommended and provided by a network doctor and received at a network healthcare facility; and
- you get our pre-authorisation before your treatment.

Medical Green Channel

- 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 life assured of the **PRU**med lifelong care plan.
- Medical Green Channel's case managers and escort staff are appointed by Advance Medical.
- The life assured 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 life assured can claim is subject to the terms and conditions, and the benefit limit of the life assured's medical insurance plan.
- Medical Green Channel is not suitable for a life assured 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 policyholder and the life assured must be the same person.
- The designated person must be a family member of you who has reached the age of 19 (ANB), and must be your spouse, parent, child, sibling, grandparent, grandchild, 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.

Third-party services

- Cashless Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel 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.

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. 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

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

PRUmed lifelong care 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 policyholder and/or life assured in the application.

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

This brochure is for distribution in Hong Kong only. It is not an offer to sell or solicitation to buy or provide any insurance product outside Hong Kong. Prudential does not offer or sell any insurance product in any jurisdictions outside Hong Kong where such offering or sale of the insurance product is illegal under the laws of such jurisdictions.



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