

PRUHealth CoreChoice Medical Plan

Get the core private healthcare cover you need with
no lifetime benefit limit, guaranteed renewable

Medical Protection

Certified VHIS Standard Plan



PRUDENTIAL
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Listening. Understanding. Delivering.



PRUHealth CoreChoice Medical Plan

When you or your loved ones are ill or injured, the last thing you want is having to choose between private hospital treatment and being forced by money worries into treatment in a public hospital. **PRUHealth CoreChoice Medical Plan** is a certified plan under the Voluntary Health Insurance Scheme (VHIS) that gives you a choice by covering the eligible medical treatment expenses. There is no lifetime benefit limit and we guarantee that you can renew the plan up to age 100.

Plan highlights



Guaranteed renewal
up to age 100



Cover from
diagnosis to recovery
with no lifetime benefit limit



Cover for
unknown pre-existing and
congenital conditions



Tax relief on
your premiums



Know how much
you can claim towards
the treatment in advance

The benefits



Guaranteed renewal up to age 100

PRUHealth CoreChoice Medical Plan covers your eligible medical costs right through from initial consultation to recovery, including hospital stay, surgery and rehabilitation up to the itemised limits (there is a dollar limit on each benefit item) and an annual limit of HKD 420,000. We **restore** your limits **each year**, so your claims in one year **do not** affect the protection in the next.

The plan is designed to give the person covered by the plan (the “life assured”), who must be a Hong Kong resident aged from **15 days – 80 years old**, worldwide protection against the costs of treatment for physical injury and illness **up to age 100** (except for psychiatric treatments which are covered in Hong Kong only).

Immediate coverage with no waiting period

Your cover **starts as soon as** your plan takes effect (except any cover for unknown pre-existing conditions) to give you peace of mind.

The security of continuous protection

Even if the life assured’s medical history changes or there is a claim on the plan, you have a **guaranteed right to renew** your plan **every year** until the life assured reaches **age 100**.

There are more details in the “Plan renewal” and “Changes to benefits” sections in the “More about the plan” section below.



Cover from diagnosis to recovery with no lifetime benefit limit



Hospitalisation and surgical benefits

If the life assured needs hospital treatment, we will cover their basic hospital expenses including daily room and board, doctor’s visits, specialist’s fees, surgical expenses, intensive care and other hospital expenses, such as laboratory fees, medicines and injections. The plan also covers surgery performed at a clinic.



Diagnostic imaging tests

To meet the cost-sharing requirement of VHIS-certification, we also cover up to 70% of the costs if the life assured needs prescribed hospital or clinic-based diagnostic imaging tests (including MRI, CT and PET scans) to identify medical conditions or diseases.



Non-surgical cancer treatments

Treating cancer effectively often needs expensive and prolonged care. As part of this, we cover prescribed non-surgical cancer treatments too, including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy, whether the life assured chooses to have them as an in-patient or at a clinic.



Pre-admission and follow-up outpatient consultations

The extra costs of treatment can so easily add up. That’s why we take care of the pre-admission and follow-up outpatient consultation costs too, ensuring the life assured is provided with the best possible care.



Psychiatric treatments

The plan covers the medical costs if the life assured has psychiatric treatments at hospital in Hong Kong, as recommended by a specialist.



Cover for unknown pre-existing and congenital conditions

We understand that you may be worried about the life assured not being covered for **unknown conditions** that have existed **before** we issue the policy, so from the **2nd to the 3rd policy year**, we give you **partial cover** for them. From the **4th policy year onwards**, we offer **full coverage** against eligible claims arising from **unknown pre-existing conditions**.

These include congenital conditions of which the life assured has shown symptoms or been diagnosed on or after they reached the age of 8.

| Policy year | The percentage of claim payable |
|-------------------------------------|---------------------------------|
| 1 st | 0% |
| 2 nd | 25% |
| 3 rd | 50% |
| 4 th policy year onwards | 100% |



Tax relief on your premiums

If you are a tax payer in Hong Kong, 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. For more information on the concessionary tax deduction, please contact the Inland Revenue Department.



Know how much you can claim towards the treatment in advance

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

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

Benefit Schedule

| Benefit items* | Maximum benefit limit (HKD) |
|--|--|
| Coverage area | Worldwide (except for psychiatric treatments which are covered in Hong Kong only) |
| Annual benefit limit (applicable to items I – III) | HKD 420,000 |
| Lifetime benefit limit | Unlimited |
| I. Hospitalisation benefits | |
| 1. Room and board (per day) - Max. no. of days per policy year: 180 | 750 |
| 2. Miscellaneous charges (per policy year) | 14,000 |
| 3. Attending doctor's visit fee (per day) - Max. no. of days per policy year: 180 | 750 |
| 4. Specialist's fee# (per policy year) | 4,300 |
| 5. Intensive care (per day) - Max. no. of days per policy year: 25 | 3,500 |
| II. Surgical benefits | |
| 1. Surgeon's fee (per surgery) subject to the surgical categorisation listed in the plan's Schedule of Surgical Procedures: | |
| • Complex | 50,000 |
| • Major | 25,000 |
| • Intermediate | 12,500 |
| • Minor | 5,000 |
| 2. Anaesthetist's fee (per surgery) | 35% of surgeon's fee payable ~ |
| 3. Operating theatre charges (per surgery) | 35% of surgeon's fee payable ~ |
| III. Other medical benefits | |
| 1. Prescribed diagnostic imaging tests#^ (per policy year) | 20,000 30% co-insurance (you have to pay 30% of the eligible expenses before we cover your remaining eligible expenses) |
| 2. Prescribed non-surgical cancer treatments^ (per policy year) | 80,000 |
| 3. Pre- and post-confinement (i.e. hospitalisation) / day case procedure outpatient care# | Maximum benefit limit per visit |
| - Max. no. of prior outpatient visits or emergency consultations per hospital stay / day case procedure: 1 | 580 |
| - Max. no. of follow-up outpatient visits per hospital stay / day case procedure: 3 | Maximum benefit limit per policy year |
| - Validity for follow-up outpatient visits: within 90 days after discharge from hospital or completion of day case procedure | 3,000 |
| 4. Psychiatric treatments (per policy year) | 30,000 |
| IV. Death benefit | |
| 1. Compassionate death benefit | 8,000 |

Remarks

- * You will not be able to recover eligible expenses for the same item under more than 1 benefit item in the table.
- # 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.
- ~ 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.
- ^ 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.
- Δ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

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 directly or indirectly arising from Human Immunodeficiency Virus (“HIV”) and its related disability, which is contracted or occurs before the effective date of the plan, whether or not you or the life assured 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 life assured will only be able to claim if they show symptoms after 5 years of taking out the plan. The life assured 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 life assured because of any disability directly or indirectly 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 life assured 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 life assured 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 life assured 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; 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, qigong, aromatherapy and homeotherapy; 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 life assured 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

Basic plan (i.e. standalone plan) or 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 |
|-------------------------------|-----------------------------|-----------------|
| Until attained age 100 | 15 days – 80 | HKD |

Certification number

S00026-01-000-01

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.

Premium rates are not guaranteed and are yearly adjustable based on the gender and attained age of the life assured and plan type 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 will adjust the terms and benefits of this plan when you renew if the requirements for complying with the VHIS are changed. If we do this, we will do it to all other 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.

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

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 life assured's occupation, their hobbies, where they live, as well as their traveling 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 life assured'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 rendered primarily for the convenience or the comfort of the life assured, their family, caretaker or the 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 judgment of the registered doctor, can be safely and effectively provided to the life assured.

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

- the life assured 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 life assured is concurrently suffering from another severe disease or injury; and
- the attending doctor believes, in their professional judgement, that the life assured needs hospital-based medical service; and that the length of hospital stay is appropriate for the medical service concerned.

Termination of this plan

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

- the life assured dies; or
- you fail to pay your premium within 30 days from its due date; or
- if this plan is a supplementary benefit, the basic plan to which this plan attached is cancelled or surrendered; or
- we are no longer authorised under the Insurance Ordinance to write or continue to write this 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 changes in requirements for complying with the VHIS. We will apply the revisions to all plans under PRUHealth CoreChoice 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 life assured commits suicide regardless of sane or insane within 1 year from the effective date of the plan, the death benefit will be limited to a refund of the premiums paid without interest subject to the deduction of any amounts we have already paid and any indebtedness you owe us under the policy.

Cancellation right

A customer who has bought the life insurance plans has a right to cancel the policy within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid less any withdrawals. Provided that no claim has been made, the customer may cancel the policy by giving written notice to us within 21 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 CoreChoice 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 policyholder and/or life assured in the application.

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

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