

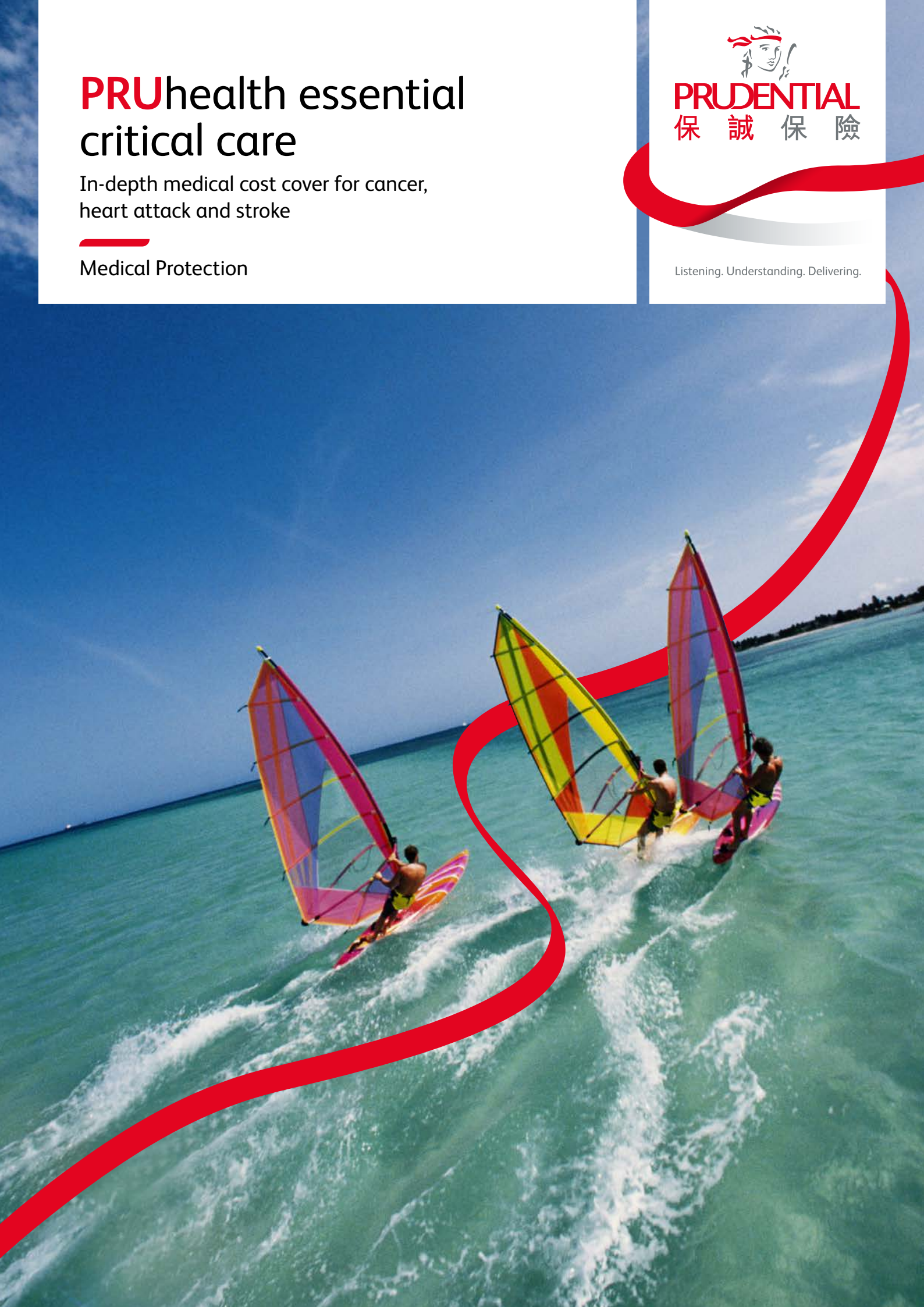
PRUhealth essential critical care

In-depth medical cost cover for cancer,
heart attack and stroke

Medical Protection



Listening. Understanding. Delivering.



PRUhealth essential critical care

Medical costs should never be a barrier to getting the treatment you need when you are diagnosed with a serious illness. **PRU**health essential critical care covers all your eligible medical expenses for cancer, heart attack and stroke treatments. You can get up to HKD 18,000,000 of cover – for life – at an affordable premium.

Plan highlights



Covers all eligible treatment costs for cancer, heart attack and stroke



Covers up to HKD 3,000,000 for each disease the plan covers and HKD 18,000,000 for life



Covers from diagnosis to post-treatment monitoring, before and after your hospital stay



Tailor your plan with 4 different cover levels



If the plan is made available, lifetime renewal is guaranteed

The benefits



Covers all your eligible treatment costs for cancer, heart attack and stroke for up to HKD 18,000,000 for life

To get the care you need without worrying about the medical costs, **PRU**health essential critical care covers you against Covered Cancer (including Carcinoma-in-situ and Cancer), Heart Attack and Stroke. The plan pays you back your eligible treatment costs up to HKD 3,000,000 for each diagnosis of covered disease (the “Per Covered Disease Limit”) and you can make multiple claims until you reach the Lifetime Limit of up to HKD 18,000,000.

You can choose from 4 plan levels, each with different premiums and levels of cover:

Plan Level	Eligible Room Level	Per Covered Disease Limit	Lifetime Limit
Plan 1	Ward	HKD 500,000	HKD 3,000,000
Plan 2	Semi-private	HKD 1,000,000	HKD 6,000,000
Plan 3	Semi-private	HKD 2,000,000	HKD 12,000,000
Plan 4	Semi-private	HKD 3,000,000	HKD 18,000,000



Covers from diagnosis to post-treatment monitoring, before and after your hospital stay

We cover you from your initial consultation right through to recovery, including your stay in hospital, through surgery and into rehabilitation. You can choose to be treated by the best oncologists, doctors or surgeons in Hong Kong or anywhere in the world.



Diagnostic tests

As soon as you are diagnosed, we cover the costs of your biopsies, as well as scans, such as MRI and CT scans needed to identify your condition. We also pay you back your medical costs whether you need to receive treatments in a hospital or in a clinic.



Hospitalisation, surgery and outpatient treatments

We cover all your essential surgical treatments for Covered Cancer, Heart Attack and Stroke, as well as hospital or clinic-based therapies, including chemotherapy, targeted therapy and hormonal therapy – and reconstructive surgery too.

We also cover the costs of prescription medication during your treatment, including anti-platelet, anti-coagulant and anti-rejection drugs.



Monitoring

Once you have recovered, we cover the costs of monitoring your well-being for 5 years from the date you finish your Active Treatment of Covered Cancer. The costs include consultations for checking the progress of your recovery.

We also cover the costs of monitoring against Heart Attack and Stroke once you finish your Active Treatment of these 2 diseases.



Extended care

You can choose treatments under traditional Chinese medicine. Or, if you prefer, you can also be treated by a physiotherapist or a psychologist to make your recovery easier.



Renewable for life guaranteed

No matter your claim history or how your health changes, you can renew your plan for life as long as we are still offering PRUhealth essential critical care. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

Benefit schedule

Plan Level	Plan 1	Plan 2	Plan 3	Plan 4
Covered Diseases	- Cancer and Carcinoma-in-situ (“Covered Cancer”) - Heart Attack - Stroke			
Coverage Area	Worldwide			
Eligible Room Level	Ward	Semi-private	Semi-private	Semi-private
Benefit Limit (HKD)				
Per Covered Disease Limit	500,000	1,000,000	2,000,000	3,000,000
Lifetime Limit	3,000,000	6,000,000	12,000,000	18,000,000
Benefit Items	Maximum Benefit Limit (HKD)			
I. Diagnostic Benefit	Full cover (subject to the Per Covered Disease Limit and the Lifetime Limit)			
II. Hospitalisation and Treatment Benefit				
III. Pre- or Post-treatment Consultation Benefit (1 visit per day)				
IV. Reconstructive Surgery Benefit				
V. Monitoring Benefit				
VI. Extended Care Benefits				
1. Hospital Cash for Intensive Care Unit stays*				
Daily amount	520	1,000	2,000	3,000
Max. no. of days per covered disease	15	15	15	15
2. Hospital Cash for on-ward stays in a Hong Kong public hospital (for Hong Kong residents only)				
Daily amount	1,000	1,000	1,000	1,000
Max. no. of days per covered disease	60	60	90	90
3. Ancillary Services				
3 types of consultations by:				
i) Registered Chinese medicine practitioner; or				
ii) Registered physiotherapist*/ occupational therapist*/ speech therapist*; or				
iii) Registered dietitian*				
Limit per visit	720	720	720	720
Max. total visits per covered disease	30	60	90	120
(1 visit per day for each type of consultation)				

Plan Level	Plan 1	Plan 2	Plan 3	Plan 4
4. Psychological Counselling (for the person covered by the policy [the “life assured”] and one of their immediate family members)				
Limit per visit	1,200	1,200	1,200	1,200
Max. visits per covered disease for each person	10	20	30	40
5. Home Nursing*				
Limit per day	1,200	1,200	1,200	1,200
Max. no. of days per covered disease	30	60	90	120
6. Medical Appliances* (for purchasing and renting)				
Limit per covered disease	4,800	10,000	20,000	30,000
7. Complementary Therapy# (including chiropractic, aromatherapy, homeopathic therapy or art therapy)				
Limit per visit	720	720	720	720
Max. total visits per covered disease (1 visit per day for all of the therapies)	10	20	30	40
VII. Compassionate Death Benefit	10,000	20,000	40,000	60,000
Service				
Second Medical Opinion Service^	Up to 3 times under the plan (for Cancer#/Heart Attack/Stroke diagnosis)			

USD 1 = HKD 8

* This requires a written recommendation from a registered doctor.

This excludes Carcinoma-in-situ, Early Thyroid or Prostate Cancer and Less Aggressive Malignancy.

^ This service is provided by our designated service provider, and we reserve the right to review and revise the details, the terms and conditions, and the provider of the service at any time.

Key exclusions

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

- (I) The covered disease existed before the effective date of the plan, or before the effective date of reinstatement, whichever is the later; or
- (II) Any pre-existing conditions that may be the cause or triggering condition of a covered disease before the effective date of the plan, or before the effective date of reinstatement, whichever is the later; or
- (III) Diagnosis by a registered specialist of a covered disease or signs or symptoms of any illness or disease that may be the cause or triggering condition of a covered disease within 90 days of the effective date of the plan, or from the effective date of reinstatement; or
- (IV) Where charges are incurred as a result of:
 - a. convalescence, physical examinations, or health check-ups; or
 - b. treatment or tests are not consistent with customary medical treatment or diagnosis; or
 - c. vaccination and immunisation injections for the prevention of a covered disease; or
 - d. narcotics unless prescribed by a registered doctor; abuse of drug or alcohol; or
 - e. treatment or tests related to Acquired Immune Deficiency Syndrome (AIDS), any human immunodeficiency virus or AIDS-related complex; or
 - f. mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder unless such occurrence is covered by Psychological Counselling under the Extended Care Benefits; or
 - g. congenital or inherited covered disease (applicable only to diagnosis before the life assured reaches age 17 [age next birthday {ANB}]); or
 - h. services primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures unless they are covered by Diagnostic Benefit; or
 - i. treatment, investigation, services or supplies that are not Medically Necessary or charges that exceed the Reasonable and Customary Charges; or
 - j. non-medical services; or
 - k. experimental and/or unconventional medical technology/procedure/therapy; or novel drugs/medicines/stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality; or
 - l. war (declared or not), hostilities, rebellion, insurrection, riot, civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or
 - m. genetic testing to test for a genetic predisposition to covered disease; or
 - n. treatment modality undergone without a definite diagnosis of the presence of a covered disease; or
 - o. over-the-counter medication and nutrient supplement not prescribed by a registered doctor, and any of the following traditional Chinese medicines: cordyceps sinensis, seahorse, bezoar, amber, ganoderma, antelope horn, antler, agate, musk, saffron, bird's nest and ginseng.

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

More about the plan

Plan type

- Plan 1: Supplementary benefit (i.e. rider)
- Plan 2 – 4: Basic plan/supplementary benefit (i.e. rider)

(When this plan is a basic plan, it means you can choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time. When this plan is a supplementary benefit, it means you must attach it to a basic plan when you are enrolling in it.)

Premium term/Benefit term

- Whole life (applies if the plan is a basic plan); or
- Benefit term of basic plan (applies if the plan is a supplementary benefit).

Issue age/Currency option

Issue age (ANB)	Currency option
1 – 65	HKD/USD

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

Plan renewal

- We guarantee that you will be able to renew your plan at each policy anniversary subject to the premium rate, terms and conditions and benefit schedule that applies at that time.
- We guarantee this provided that **PRU**health essential critical care is still made available to all policyholders already enrolled.
- If we no longer offer **PRU**health essential critical care to all policyholders already enrolled, we will endeavour to enrol the life assured in another available medical plan at that time without any new individual terms or personal exclusions.
- Premium rates are yearly adjustable based on the risk class (including but not limited to age, gender, smoking status, plan level, nationality and country of residence) and attained age of the life assured at the time of policy application/renewal which are not guaranteed. We will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Changes to benefits

- We have the absolute right to revise all terms and conditions (including the benefit schedule and all other provisions) under this plan on each renewal by giving you 30 days' notice in writing.
- The changes will apply automatically unless you tell us in writing that you want to cancel your plan within 30 days of the renewal date. If you do this, we will refund the premium you have paid since the renewal if you have not made (and do not make) any claims.
- The changes shall include but not limited to alterations to all items shown in the benefit schedule of this plan. The changes will reflect any past or foreseeable changes in medical practice and claims experience.
- We will adjust the premium based on the rate we determine.

Active treatment

- Active Treatment of Covered Cancer, such as:
 - Radiotherapy;
 - Chemotherapy;
 - Targeted Therapy;
 - Hormonal Therapy; and
 - Surgery.
- Active Treatment of Heart Attack and Stroke includes:
 - Surgery or treatment to restore the loss of function caused by these diseases.

Calculating benefits for more than 1 covered disease in the same category

- Per Covered Disease Limit and Lifetime Limit refer to the absolute maximum amount of all benefits paid under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Pre- or Post-treatment Consultation Benefit, Reconstructive Surgery Benefit and Monitoring Benefit in respect of 1 covered disease and the lifetime cap respectively under all in-force and terminated **PRU**health essential critical care covering the same life assured.
- If you make more than 1 claim for covered diseases in the same category under the following circumstances, we will calculate your Diagnostic Benefit, Hospitalisation and Treatment Benefit, Pre- or Post-treatment Consultation Benefit, Reconstructive Surgery Benefit and Monitoring Benefit under a separate Per Covered Disease Limit for the latest covered disease. We will also calculate all your Extended Care Benefits under a separate limit based on the maximum number of visits/days and the maximum amount per visit/day/Covered Disease for the latest covered disease:

Covered Cancer

- The latest Covered Cancer and the one immediately before it is of different histopathology; or
- The latest Covered Cancer is not a recurrence or metastasis of the one immediately before it but both share the same histopathology; or
- The latest Covered Cancer is a recurrence or metastasis of the one immediately before it and both share the same histopathology, but the immediately preceding Covered Cancer was first diagnosed at least 3 years before the diagnosis of the latest Covered Cancer and has been once in complete remission within that period.

Heart Attack

- The date of diagnosis of the immediately preceding Heart Attack is at least 1 year before that of the latest Heart Attack.

Stroke

- The date of diagnosis of the immediately preceding Stroke is at least 1 year before that of the latest Stroke.

Covered Complications

- **Covered Cancer or Heart Attack**
 - We cover any further hospitalisation or outpatient consultation after discharge due to complications solely and directly arising from the same Covered Cancer or Heart Attack.
- **Stroke**
 - We cover any further hospitalisation or outpatient consultation within 90 days after discharge due to complications solely and directly arising from the same Stroke.

Benefit limitation

- For Plan 4 covering the same life assured, we will pay a maximum of HKD 2,000,000 per covered disease towards the total claimed amount incurred in the USA paid for the benefits under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Pre- or Post-treatment Consultation Benefit, Reconstructive Surgery Benefit and Monitoring Benefit under all in-force and terminated **PRU**health essential critical care.
- Inpatient claims under Diagnostic Benefit, Hospitalisation and Treatment Benefit, Reconstructive Surgery Benefit and Monitoring Benefit are subject to the plan level you choose. If you stay in a room of level higher than the eligible room level, we will adjust the benefit amount we pay you.

Reasonable and Customary Charges

- We will only cover charges or expenses which we specify as Reasonable and Customary. That means the charges for treatment, medical services and/or supplies must be Medically Necessary (there are more details below) and do not exceed the usual level of charges where the expense is incurred.
- We may determine whether the charges for treatment, medical services and supplies are Reasonable and Customary Charges with reference to, but not limited to, a combination of our global experience and any relevant publications or information available, such as the schedule of fees published by the government, relevant authorities and recognised medical association where the expense is incurred.
- We may adjust any benefit payable in relation to any charges which are not Reasonable and Customary Charges.

Medically Necessary

- Hospital stay, medical treatment and/or service that is Medically Necessary for the diagnosis and customary medical treatment of your condition. The hospital stay, medical treatment and/or service should also conform to the standards of generally accepted medical practice and not be simply for the convenience of the life assured, their relatives or their registered doctor.
- In case of hospital stay, the medical treatment and/or service should be performed on the basis of the medical symptoms or conditions of the life assured that cannot be safely provided without hospital stay.

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 the plan when the first of these happens:

- the life assured dies; or
- if you fail to pay the premium within the grace period of 1 calendar month from its due date; or
- if the plan is a supplementary benefit, the basic plan to which this plan attached is expired, cancelled or surrendered; or
- once the total claimed amount under the Diagnostic Benefit, Hospitalisation and Treatment Benefit, Pre- or Post-treatment Consultation Benefit, Reconstructive Surgery Benefit and Monitoring Benefit under all in-force and terminated **PRU**health essential critical care reaches the Lifetime Limit; or
- on benefit expiry date of the 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 (i.e., the benefit payouts might not be able to cover your future needs), 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

Suicide clause

If the life assured commits suicide whether sane or insane, within 1 year from the effective date of the policy or from the date of any reinstatement, whichever is later, 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 essential critical care 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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Prudential Hong Kong Limited

(Part of Prudential plc (United Kingdom))

8/F, Prudential Tower

The Gateway, Harbour City, 21 Canton Road

Tsim Sha Tsui, Kowloon, Hong Kong

Customer Service Hotline: 2281 1333

Corporate Website

www.prudential.com.hk