

PRUmyhealth prestige medical plan

By your side with comprehensive, prestige private healthcare from prevention through to diagnosis, treatment and recovery – covering you in extensive regions

Medical Protection


PRUDENTIAL
保 誠 保 險

Listening. Understanding. Delivering.



PRUmyhealth prestige medical plan

Your health is in good hands with the **PRU**myhealth prestige medical plan. We will cover your eligible private medical costs with lifetime coverage of USD 8,750,000 / HKD 70,000,000.

This includes stays in a private room with no itemised limits on your key medical expenses. And, for full medical peace of mind, you can top up your plan with our tailored outpatient benefit. This is a lifetime guaranteed renewable policy, so we are there, right with you, every step of the way from prevention, diagnosis and treatment to recovery, for life.



Lifetime protection throughout your health journey

Worldwide coverage (except the USA) with an annual limit of USD 3,750,000 / HKD 30,000,000 and a lifetime limit of USD 8,750,000 / HKD 70,000,000

When you are ill –
Diagnosis and Treatment

After treatment –
Recovery

Before illness –
Prevention

Wellness benefit to help monitor your health –

- Health screenings for diseases in –
 - Eye
 - Cervix
 - Breast
 - Prostate
 - Bone
- Vaccination protection against Shingles

Private room stay for hospital treatments

Cover on essential medical care –

- Pre-admission outpatient consultation
- Hospital stay
- Surgical treatment
- Cancer treatment
- Accidental treatment

Treatment Sure (a value-added service) –
Get back on the road to health with
personalised medical advice from
global experts

- A second medical opinion from global medical experts
- Overseas medical concierge services

Cover for –

- Follow-up outpatient consultation
- Post-surgery home nursing
- Post-hospitalisation ancillary services
- Rare-in-market** Rehabilitation benefits for covered cancer, heart attack and stroke to help your recovery –
- Home facility enhancement for recovery
- Rehabilitation treatments

+ Tailor your plan with our Designated Supplementary Benefit for outpatient 

We base our statements about the benefit of our plan being “rare-in-market” on our understanding and interpretation of current market information, by comparing with other publicly available and similar medical insurance products provided by major Hong Kong life insurance companies for individual customers as of January 2024.

The benefits

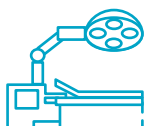


Guaranteed worldwide (except the USA) lifetime protection with annual cover of USD 3,750,000 / HKD 30,000,000 and lifetime cover of USD 8,750,000 / HKD 70,000,000

PRUmyhealth prestige medical plan covers the eligible medical costs of your **private room** hospital treatment **worldwide (except the USA)**, from **initial consultation to recovery**, including:



hospital stay



surgery



rehabilitation

We protect you as the person covered by the plan (the “life assured”) up to an **annual limit of USD 3,750,000 / HKD 30,000,000** and a **lifetime limit of USD 8,750,000 / HKD 70,000,000**.



Lifetime guaranteed renewal

The plan offers **protection for life**. Even if your medical history changes or there is a claim on the plan, the policyholder 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 it is time to 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.



In-depth protection against cancer



Non-surgical cancer treatments

Treating cancer effectively often needs more than just surgery, and the cost of supporting treatments can quickly add up. That’s why, as well as covering **surgical cancer treatments**, we cover **non-surgical cancer treatments** too, for example:

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



Genetic testing prior to targeted therapy

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



Personalised cancer drugs

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

DID YOU KNOW?

“

Regular **cervical screenings** can help **reduce** the risk of

cervical cancer by **90.4%**ⁱ

Mammography correctly spots around **85%** of women who have **breast cancer**ⁱⁱ

Shingles vaccine is **90%** effective in **preventing** shinglesⁱⁱⁱ

Osteoporosis greatly **increases** the **risk of fractures**, particularly hip breaks, that can lead to **losing mobility** and **independence** and even **death**^{iv}

”

ⁱ Cervical Cancer Screening: Pap Smear (Cervix Test) - Hong Kong Adventist Hospital – Stubbs Road (<https://www.hkah.org.hk/en/conditions-and-treatments/cervical-cancer-screening-pap-smear-cervix-test>)

ⁱⁱ How to Choose the Right Breast Cancer Detection Tool for Yourself (https://www.hkbcf.org/en/media_centre/press_releases/upload/press/79/document_en/5f6cbb7c5d394.pdf)

ⁱⁱⁱ Shingles Vaccine – Hong Kong Adventist Hospital – Stubbs Road (<https://www.hkah.org.hk/en/health-guides/shingles-vaccine-faq>)

^{iv} Low Bone Density > Fact Sheets > Yale Medicine (<https://www.yalemedicine.org/conditions/bone-density-test#:~:text=Poor%20diet%2C%20low%20in%20vitamins,parathyroid%20gland%20or%20celiac%20sprue>)

We gathered the above statistics from external sources for reference purposes only. We do not confirm or guarantee their accuracy or reliability and accept no liability, legal or otherwise, for any loss or damage incurred as a result of any inaccuracies or omissions.





Comprehensive cover before and after your hospital stay plus enhanced benefits from prevention to recovery



Wellness benefit to help monitor your health

Prevention is better than cure and spotting a problem early often means simpler and easier treatment. That's why we cover the eligible expenses of any one of these health screening tests or vaccination once in your 4th, 7th, 10th, etc. policy years (i.e. in the policy year immediately after every 3rd renewal of your policy) when you reach the ages below:

Health screening tests or vaccination	Applicable ages
Eye examination and cross-sectional ocular scan	4 or above
Pap smear	18 or above
Prostate test	25 or above
Mammogram	40 or above
Bone densitometry	50 or above
Zoster vaccine	50 or above



Enhanced protection to take care of you from diagnosis to recovery

We also look after you from **diagnosis to recovery**, the minute you are admitted to hospital – throughout your treatment and into rehabilitation.

- **Pre-admission outpatient consultation**
- **Post-hospitalisation benefits:**



outpatient consultation



designated therapies



post-surgery home nursing



rehabilitation

- **Hospitalisation and surgical benefits:**



hospitalisation expenses



inpatient and outpatient surgical expenses

- **Extended benefits:**



traditional Chinese medicine treatments during and after hospitalisation



dialysis



reconstructive surgery



hospice care



accidental treatments



Rehabilitation benefits for covered cancer, heart attack and stroke to help your recovery

Because it takes time to recover from cancer, heart attack and stroke, you will often need rehabilitation. That's why we offer extra help when you are diagnosed with these diseases.



Home facility enhancement

After treatment, you may want to recover in the comfortable and familiar surroundings of your home, with loved ones nearby. That's why we offer up to USD 6,250 / HKD 50,000 for each incident, to help cover the costs of adapting your home to help you live a normal life when recommended by a registered occupational therapist. Some of these could be:



widening doorways and passageways



moving light switches, door handles, doorbells and entry phones to convenient heights



installing grab rails for support



installing ramps to avoid using steps



setting up alert devices



Rehabilitation treatments

Diseases like these often need targeted treatments for better rehabilitation, so we provide extra protection to cover the eligible expenses for visiting a registered:

- Neurosurgeon
- Neurologist
- Orthopaedic surgeon
- Psychiatrist
- Dietitian
- Chinese medicine practitioner
- Clinical psychologist



If the worst happens...

Should the life assured unfortunately pass away, we will pay a **compassionate death benefit**. If the life assured sadly dies within 90 days from an accident, we will pay an **accidental death benefit on top of the compassionate death benefit**.



Tailor your plan with a range of annual deductibles plus Designated Supplementary Benefit

Whether you are looking for full cover of your eligible medical expenses or a plan to supplement your other medical plans, you can choose from **5 annual deductible options** to fit your budget and needs.

- **USD 0 / HKD 0**
- **USD 1,000 / HKD 8,000**
- **USD 3,125 / HKD 25,000**
- **USD 7,500 / HKD 60,000**
- **USD 12,000 / HKD 96,000**

The annual deductible is the fixed amount you pay for the eligible medical expenses in a policy year before your plan starts to pay for any benefit (except wellness benefit and Death Benefits). We **automatically re-set** your **annual deductible** at the policy anniversary in each policy year. This way, you can gear up your protection in preparation for your retirement **by reducing your deductible once in your lifetime**. You can do this at the policy anniversary which falls on, or immediately after, your 55th, 60th or 65th birthday. There is **no need for a medical examination**.

Make your plan work even better by **adding extra cover**. Based on your insurance needs, you can opt for our Designated Supplementary Benefit to bolster your **outpatient protection** by paying additional premiums.

Designated Supplementary Benefit	Coverage	Coverage area
Outpatient Benefit	• Outpatient consultation • Ancillary service • Psychiatric treatment • Laboratory tests and diagnostic imaging • Prescribed medicines and drugs • Health check-up and vaccination	Worldwide coverage except the USA* * If you have an accident in the USA, we will cover the eligible medical costs you need there.



Value-added services to enhance your protection



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

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



Support from the dedicated physician case manager

A dedicated physician case manager will answer questions throughout the medical journey.



Professional team of physician case managers

Access to over 3,000 doctors who speak more than 30 languages, so they can communicate in yours.



Comprehensive network

A network of over 50,000 global medical experts, covering more than 450 specialties and sub-specialties.

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



Medical Expenses Direct Billing Service for hospitalisation and day surgeries

If you need a hospital stay or surgery in a day case centre, just choose the most appropriate doctor. With our pre-authorisation, we will pay your eligible medical costs directly to private hospitals in Hong Kong and Macau and our designated network medical 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.

You can use the Medical Expenses Direct Billing Service in most private hospitals in major cities around the world (except the USA). In addition, you can also use our 24-hour hotline (7 days a week) to answer any questions you have about the Medical Expenses Direct Billing Service.

Click [here](#) or scan the QR code for details and full terms and conditions of the Medical Expenses Direct Billing 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** at Medical Green Channel's selected hospitals in Mainland China. It gets you faster treatment by cutting out long waiting times and clumsy booking procedures.



Faster treatment by cutting out long waiting times and clumsy booking procedures

Priority booking for outpatient and / or hospitalisation at about 1,200 hospitals in major cities such as Beijing, Shanghai, Shenzhen and Guangzhou.



Hassle-free access along the journey

Make your appointments through our 24-hour service hotline or online anytime. A dedicated case manager will follow up with you and, on your treatment day, one of the team will guide and help you through the registration process at your hospital.

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:



24-hour Worldwide Emergency Assistance Services

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



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 are unable to make a claim yourself?



Simple to apply and claim

Simple and free application and claims procedures – no more legal processes.



In control and peace-of-mind

Set up an advance instruction to make a family member of your choice the designated person.



Immediate financial relief

Immediate financial relief to your family with access to claims by your designated person.

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



Benefit Schedule

Benefit scope	
Overall annual limit of PRU myhealth prestige medical plan and the Designated Supplementary Benefit ¹ (if applicable) (applicable to all benefit items except wellness benefit and Death Benefits)	USD 3,750,000 / HKD 30,000,000
Overall lifetime limit ² of PRU myhealth prestige medical plan and the Designated Supplementary Benefit ¹ (if applicable) (applicable to all benefit items except wellness benefit and Death Benefits)	USD 8,750,000 / HKD 70,000,000
Coverage area	Worldwide except the USA ³
Covered room ⁴	Private room ⁵ or below
Annual deductible (applicable to all benefit items except wellness benefit and Death Benefits)	USD 0 / HKD 0; or USD 1,000 / HKD 8,000; or USD 3,125 / HKD 25,000; or USD 7,500 / HKD 60,000; or USD 12,000 / HKD 96,000
Benefit items	Maximum benefit limit ⁶
I. Confinement Benefits (i.e. Hospitalisation Benefits)	
1 Hospital daily room and board	Full cover ⁸
2 Doctor's visit	
3 Miscellaneous hospital expenses ⁷	
4 Intensive care ⁷	
5 Specialist's visit ⁷	
6 Private nursing ⁷ (per policy year) • Max. no. of days per policy year: 90	
7 Daily extra bed for family member	
8 Psychiatric treatment ⁹ (per policy year) • Max. no. of days per policy year: 30	USD 7,500 / HKD 60,000
II. Surgical Benefits	
1 Surgical fees ⁷	Full cover ⁸
2 Outpatient surgery fees ⁷	
3 Anaesthetist's fees	
4 Operating theatre fees	
5 Medical devices (per policy year)	Specified items ¹⁰ : Full cover ⁸ Other items: USD 43,750 / HKD 350,000

Benefit scope		
Benefit items		Maximum benefit limit ⁶
III. Accidental Treatment Benefits		
1	Accidental outpatient treatment	Full cover ⁸
2	Accidental dental treatment	
IV. Pre- and Post-hospitalisation Benefits		
1	Pre-admission and follow-up outpatient consultation ⁷ - All pre-admission outpatient consultations / emergency consultations before hospital stay / surgery in a day case centre for the same cause of injury or illness (within 30 days before such admission / surgery in a day case centre): up to 1 visit per day 1 pre-admission outpatient consultation / emergency consultation before hospital stay / surgery in a day case centre for the same cause of injury or illness (more than 30 days before such admission / surgery in a day case centre) - All follow-up outpatient consultations after hospital stay / surgery in a day case centre for the same cause of injury or illness (within 90 days after hospital stay / surgery in a day case centre): up to 1 visit per day	Full cover ⁸
2	Daily post-surgery home nursing ⁷ - Within 60 days after hospital stay / surgery in a day case centre - Max. no. of days per policy year: 30	Full cover ⁸
3	Post-hospitalisation and surgery ancillary service ⁷ - For consultations / medical treatments provided by registered chiropractor / registered occupational therapist / registered physiotherapist / registered speech therapist - Within 90 days after hospital stay / surgery in a day case centre - Up to 1 visit per day for each type of the above medical professionals	Full cover ⁸
4	Rehabilitation ⁷ (per policy year) - Within 90 days after hospital stay - Max. no. of days per policy year: 60	USD 10,000 / HKD 80,000

Benefit scope		
Benefit items		Maximum benefit limit ⁶
5	Rehabilitation benefits for covered cancer, heart attack and stroke (i) Home facility enhancement ⁷ (ii) Rehabilitation treatments ⁷ - For consultations / medical treatments provided by registered neurosurgeon / registered neurologist / registered orthopaedic surgeon / registered psychiatrist / registered dietitian / registered Chinese medicine practitioner / registered clinical psychologist - Max. no. of visits per policy year: 15 - Up to 1 visit per day for each type of the above medical professionals	(i) USD 6,250 / HKD 50,000 per incident (ii) USD 125 / HKD1,000 per visit / USD 12,500 / HKD 100,000 per incident
V. Cancer Benefit		
1	Non-surgical cancer treatment ⁷ (For example: Chemotherapy / CyberKnife / Gamma Knife / Hormonal therapy / Immunotherapy / Proton therapy / Radiotherapy / Targeted therapy)	Full cover ⁸
2	Genetic test for targeted therapy ⁷	
3	Personalised cancer drugs ^{7,11}	
VI. Extended Benefits		
1	Dialysis ⁷	Full cover ⁸
2	Hospice care (once per lifetime)	USD 25,000 / HKD 200,000
3	Pregnancy complications ^{7,12} Waiting period: 300 days	Full cover ⁸
4	Traditional Chinese medicine (per policy year) - During hospital stay (per day) - Within 90 days after hospital stay / surgery in a day case centre - Up to 1 visit per day (per visit)	USD 6,250 / HKD 50,000 USD 65 / HKD 520 USD 100 / HKD 800
5	Reconstructive surgery ^{7,13} (per policy year)	USD 30,000 / HKD 240,000
6	Daily hospital cash for staying below the private room (per day)	USD 187.5 / HKD 1,500

Benefit scope				
Benefit items		Maximum benefit limit ⁶		
7	Wellness benefit	Choose 1 of the following items in each policy year immediately following every 3 rd renewal at policy anniversary:		
		Health screening tests or vaccination	Applicable ages	Per relevant policy year
		Eye examination and cross-sectional ocular scan*	4 or above	USD 100 / HKD 800
		Pap smear	18 or above	USD 100 / HKD 800
		Prostate test	25 or above	USD 100 / HKD 800
		Mammogram	40 or above	USD 150 / HKD 1,200
		Bone densitometry	50 or above	USD 150 / HKD 1,200
		Zoster vaccine	50 or above	USD 150 / HKD 1,200
		* Excluding eye examinations / tests for visual acuity and / or refraction.		
VII. Death Benefits				
1	Compassionate death benefit	USD 10,000 / HKD 80,000		
2	Accidental death benefit (in addition to compassionate death benefit) Within 90 days of an accident	USD 10,000 / HKD 80,000		
VIII. Value-added services ¹⁴				
1	Medical Expenses Direct Billing Service for hospitalisation and day surgeries ¹⁵	✓		
2	Medical Green Channel	✓		
3	SmartAppoint Service	✓		
4	Treatment Sure (Second medical opinion and overseas medical concierge services)	✓		
5	24-hour Worldwide Emergency Assistance Services	✓		

Benefit scope		
Benefit items		Maximum benefit limit ⁶
Designated Supplementary Benefit		
Outpatient Benefit (waiting period ¹⁶ : 30 days except for treatment due to accident)		
1	Outpatient consultation Max. no. of visits per policy year: 50	Full cover ⁸
2	Ancillary service (per policy year) - For medical treatments performed by registered Chinese medicine practitioner / registered chiropractor / registered physiotherapist⁷ - Up to 1 visit per day for each type of treatments	USD 1,200 / HKD 9,600
3	Psychiatric treatment (per policy year) - Max. no. of visits per policy year: 15 - Up to 1 visit per day	USD 2,500 / HKD 20,000
4	Laboratory tests and diagnostic imaging ⁷	Full cover ⁸
5	Prescribed medicines and drugs ⁷ (per policy year)	USD 12,500 / HKD 100,000
6	Health check-up and vaccination (waiting period ¹⁶ : 90 days) 1 health check-up and 1 course of vaccination per policy year	USD 500 / HKD 4,000

Remarks

1. Designated Supplementary Benefit means Outpatient Benefit (if applicable).
2. Overall lifetime limit means the absolute cap on all benefits paid and payable in aggregate for the lifetime of the life assured (except wellness benefit and Death Benefits) under all in-force and terminated plans of **PRU**myhealth prestige medical plan and the Designated Supplementary Benefit (if applicable) covering the same life assured during his / her lifetime, regardless of where we issued the policy(ies).
3. Under the **PRU**myhealth prestige medical plan,
 - a. If the life assured has an accident in the USA and needs medical services there, we will pay their eligible claim in line with their plan's Benefit Schedule, subject to its annual deductible.
 - b. For hospitalisation, stay, medical treatment and / or services performed in the USA not because of an accident, we will not pay any benefits.

Besides, we will pay the Death Benefits in accordance with the benefit limits listed in the Benefit Schedule when the life assured dies regardless of geographical location, including compassionate death benefit and accidental death benefit.

4. If the life assured stays in a higher room level than a private room, we will adjust their benefit with an adjustment factor. Please refer to "Limitations on room level choice" in the "More about the plan" section below.
5. A private room is (1) a room categorised as a private room by a hospital in Hong Kong or Macau; or (2) for hospitals without the corresponding ward class categorisation or any hospitals outside Hong Kong or Macau, a private room is a room for the life assured's private use during their hospital stay with its own private facilities including a bedroom and bath / shower room(s) only. A private room excludes any room with its own kitchen, dining or sitting room(s).
6. No benefits (except Death Benefits) shall be payable for any hospitalisation, stay, medical treatment and / or service which is performed in the USA except solely for the purpose of such hospitalisation, stay, medical treatment and / or service directly due to accidents occurred in the USA. If the life assured has taken up residence in the USA for at least 183 days in the past 12 months at the time of hospitalisation, stay, medical treatment and / or service in the USA directly due to accidents, we will reduce the amount of benefit payable (except Death Benefits) by 50%.
7. We have the right to ask for proof of recommendation (for miscellaneous hospital expenses, only non-surgical cancer treatment is applicable), such as a written referral or testifying statement on the claim form by the attending registered doctor, registered doctor or registered occupational therapist, if applicable, except:
 - a. the consultation and / or medical treatment is performed by a registered chiropractor and is payable under post-hospitalisation and surgery ancillary service; and
 - b. the consultation and / or medical treatment is performed by a registered Chinese medicine practitioner, or registered clinical psychologist, and is payable under rehabilitation benefits for covered cancer, heart attack, and stroke.
8. Full cover means no itemised benefit sub-limit, and the benefit we pay will be subject to the overall annual limit and overall lifetime limit.
9. We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from a specialist in psychiatry.
10. Specified items include: (i) pacemaker; (ii) stents for percutaneous transluminal coronary angioplasty; (iii) monofocal or multifocal intraocular lens; (iv) artificial cardiac valve; (v) metallic or artificial joints for joint replacement; (vi) prosthetic ligaments for replacement or implantation between bones; and (vii) prosthetic intervertebral disc.
11. Personalised cancer drugs refer to the cancer drugs which are not yet registered in Hong Kong but are recommended in writing by the life assured's attending registered doctor in Hong Kong to import these drugs (which are approved by Department of Health on named-patient basis together with their associated treatment protocol approval and marketing authorisation obtained from the government, relevant authorities and recognised medical association in the locality where the drugs have been launched in the market) to be used solely on the life assured for the purpose of cancer treatment to be received in Hong Kong only.
12. The covered pregnancy complications only include ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy. The diagnosis date of the pregnancy complication must be at least 300 days after the effective date of this plan or in case of reinstatement, the effective date of such reinstatement, whichever is later.

13. For hospitalisation charges incurred due to plastic or cosmetic surgery for the treatment of facial or breast disfigurement within 12 months from the date of diagnosis of the carcinoma-in-situ or cancer which necessitates such surgery.
14. These value-added services do not form part of this **PRU**myhealth prestige medical plan.
15. You will need to get our pre-authorisation before your treatment.
16. Waiting period shall be counted from the effective date of the Designated Supplementary Benefit, or in case of reinstatement, from the date of such reinstatement, whichever is later. You can find more details in the “Key exclusions” section below.

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

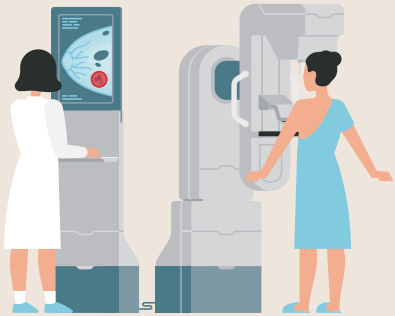
How does the plan work?#

Noel, a 40-year-old entrepreneur, is devoted to her career as well as being health conscious. She wants a plan that gives her **comprehensive medical cover** and allows her to stay in a **private room** if she needs treatment. She has a group medical plan from her own firm, but she wants a supplementary plan to cover the gaps. She decides to take out a **PRUmyhealth prestige medical plan** with **worldwide (except the USA) coverage** and an **annual deductible of USD 3,125 / HKD 25,000**.

Prevention

Scenario

- When Noel is aged 43, she has a mammogram test via the plan's wellness benefit and a suspicious lump was discovered.



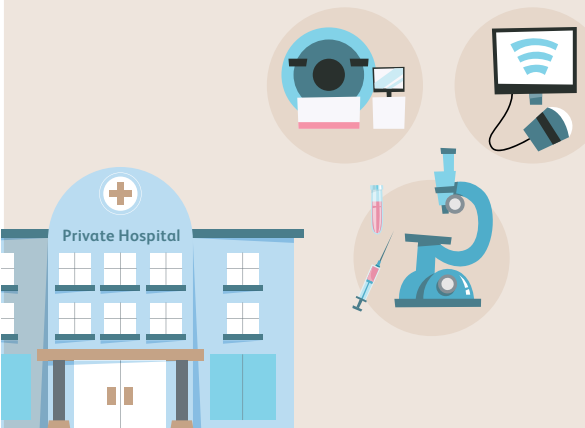
Benefit items payable

- Wellness benefit

Diagnosis

Scenario

- To further evaluate her condition, Noel has an ultrasound scan, a core needle biopsy and a Positron Emission Tomography (PET) scan at a private hospital in Hong Kong, and is ultimately diagnosed with stage 2 breast cancer.



Benefit items payable

- Pre-admission outpatient consultations
- Laboratory tests and diagnostic imaging

Treatment

Scenario

- Through our Treatment Sure, Noel obtains a second medical opinion from global medical experts in the United Kingdom.
- On her experts' recommendations, she decides to receive treatment in the United Kingdom with the following procedures:
 - Mastectomy (breast removal surgery)
 - Breast reconstruction
 - Postoperative radiotherapy



Benefit items payable

- Hospital daily room and board
- Doctor's visit
- Miscellaneous hospital expenses
- Specialist's visit
- Surgical fees
- Anaesthetist's fees
- Operating theatre fees
- Non-surgical cancer treatment
- Reconstructive surgery

Recovery

Scenario

- After completing treatment in the United Kingdom and being discharged, Noel returns to Hong Kong and undergoes 8 follow-up outpatient consultations with a registered physiotherapist and a registered Chinese medicine practitioner.
- She also arranges for a registered home nurse to provide care for 10 days.
- Finally, Noel makes a complete recovery and is now in good health.



Benefit items payable

- Follow-up outpatient consultations
- Daily post-surgery home nursing
- Post-hospitalisation and surgery ancillary service
- Rehabilitation benefits for covered cancer, heart attack and stroke – rehabilitation treatments



Noel pays
USD 0 / HKD 0

=

A

Total treatment expenses incurred:
USD 120,000 /
HKD 960,000

-

B

1st claim

Noel's group medical plan **offsets** the annual deductible of USD 3,125 / HKD 25,000.

-

C

2nd claim

PRUmyhealth prestige medical plan **covers** the rest of her treatment costs from prevention, diagnosis, treatment to recovery in both the United Kingdom and Hong Kong, and pays her USD 116,875 / HKD 935,000.

#The example above is for illustrative purposes and general reference only.

Key exclusions

Applicable to the PRUmyhealth prestige medical plan

- We will not provide coverage under the plan under any of the following circumstances:
 - (I) Injury or illness (or signs and symptoms of which) existed before (a) the respective effective date of this plan or the Designated Supplementary Benefit (as the case may be), or (b) the effective date of reinstatement, whichever is later ("Effective Date"); or
 - (II) The illness of the life assured is diagnosed by a registered doctor or the signs and symptoms of which appeared within 30 days from the Effective Date (except for treatment due to accident); or
 - (III) Hospital stay, treatment and / or charges incurred which are related to or arise as a direct or indirect result of:
 - a. pregnancy, surrogacy, childbirth or termination of pregnancy (other than for pregnancy complications covered under the pregnancy complications coverage under Extended Benefits), birth control, infertility or human assisted reproduction, or sterilisation of either sexes; or
 - b. war, hostilities (whether war is declared or not), rebellion, insurrection, riot, or civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination; or
 - c. the life assured's participation in any criminal offence; or attempted suicide or self-inflicted injuries while sane or insane; use of narcotics, abuse of drug or alcohol; or
 - d. cosmetic treatment / corrective aids and treatment of refractive errors performed on the life assured unless necessitated by injury caused by an accident and the cosmetic treatment plan is approved by us in advance within 90 days of the accident; or covered under the reconstructive surgery coverage under Extended Benefits / the life assured receives the corrective aids and treatment of refractive errors within 90 days of the accident; or
 - e. procurement or use of medical appliances and medical devices (except for medical appliances and / or devices as covered under the medical devices coverage under Surgical Benefits) for the benefit of the life assured; or experimental and / or unconventional medical technology / procedure / therapy performed on the life assured; or novel drugs / medicines / stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality; or
 - f. convalescence or physical examinations, or health check-ups; or vaccination and immunisation (unless the health screening tests, and vaccination are covered by wellness benefit under Extended Benefits of this plan); or genetic testing (unless covered under the genetic test for targeted therapy coverage under Cancer Benefit) or counselling; or
 - g. dental treatment or surgery (unless covered under the accidental dental treatment coverage under Accidental Treatment Benefits); or
 - h. congenital or inherited disorder; or developmental conditions (only applicable before the life assured reaches age 8); or
 - i. expenses arising from Human Immunodeficiency Virus and its related illnesses including any and all complications arising therefrom ("HIV and related illnesses") of the life assured manifested within the first 5 years from the Effective Date, unless such HIV and related illnesses is proven with evidence that its first contraction or occurrence was after the Effective Date. For the avoidance of doubt, HIV and related illnesses caused by the followings after the Effective Date is covered under this plan: sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or an accident during the course of carrying out normal occupational duties and with seroconversion to positive HIV antibody occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us within 30 days of the accident and supported by a negative HIV antibody test taken within 72 hours after the accident; or
 - j. mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the life assured (unless covered under the psychiatric treatment coverage under Confinement Benefits and rehabilitation benefits for covered cancer, heart attack and stroke under Pre- and Post-hospitalisation Benefits); or
 - k. any hospital stay primarily for physiotherapy or for the investigation of signs and / or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
 - l. any treatment, investigation, services or supplies which are not medically necessary; or non-medical services; or charges which exceed the reasonable and customary charges; or treatment or tests which are not consistent with customary medical treatment or diagnosis; or
 - m. costs incurred for identifying and procuring a replacement organ or removal of the organ from the donor, all associated transportation costs and administrative costs in relation to the transplant service; or
 - n. treatment of sexually transmitted diseases (except covered HIV and related illnesses, where (i) applies); or sexual problems, gender issues or sex changes, or gender re-assignments; or
 - o. hospital stay whilst the life assured (a) stayed for more than 180 consecutive days, and (b) was in a persistent vegetative state characterised by wakefulness without awareness of the life assured for more than 28 consecutive days during hospital stay.

Applicable to Outpatient Benefit only

- All the key exclusions listed under the **PRU**myhealth prestige medical plan above except item (III)i; and (III)f and (III)j to the extent where the occurrence is covered by the Outpatient Benefit.
- Treatment and / or charges incurred relates to or arises as a direct or indirect result of:
 - Human Immunodeficiency Virus and its related illnesses including any and all complications arising therefrom (“HIV and related illnesses”) of the life assured manifested within the first 5 years from the Effective Date, unless such HIV and related illnesses is proven with evidence that its first contraction or occurrence was after the Effective Date. For the avoidance of doubt, HIV and related illnesses caused by the followings after the Effective Date is covered under this Outpatient Benefit: sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or an accident during the course of carrying out normal occupational duties and with seroconversion to positive HIV antibody occurring within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us within 30 days of the accident and supported by a negative HIV antibody test taken within 72 hours after the accident; or
 - any kind of sleep disorder; or
 - treatment of obesity (including morbid obesity), weight control programmes or bariatric surgery (except when bariatric surgery is necessary as confirmed by a specialist after failure of conventional treatments and approved by us in advance).

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

More about the plan

Plan type

PRUmyhealth prestige medical plan: Basic plan and / or 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.)

The Outpatient Benefit is only available as an additional Designated Supplementary Benefit when you take out the **PRUmyhealth** prestige medical plan.

Premium term / Benefit term / Issue age / Currency option

Premium term / Benefit term		Issue age	Currency option [^]
PRUmyhealth prestige medical plan	• Whole life (applies if this plan is a basic plan) • Benefit term of basic plan (applies if this plan is a supplementary benefit) (please refer to "Termination of this plan" below for details)	0 – 69	HKD / USD
Outpatient Benefit	Whole life or benefit term of basic plan, whichever is earlier	0 – 69	

- The life assured must be at least 15 days old when the proposal document is signed.
- [^] The currency of the supplementary benefit and the basic plan it attaches to should be the same.

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. We guarantee this provided that **PRUmyhealth** prestige medical plan is still made available to all policyholders already enrolled.

If we no longer offer **PRUmyhealth** prestige medical plan 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 of **PRUmyhealth** prestige medical plan and Outpatient Benefit are not guaranteed and are yearly adjustable based on the risk class (including but not limited to age, annual deductible, nationality and country of residence) and attained age of the life assured at the time of plan renewal. We will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Changes to benefits

We have the absolute right to revise all terms and conditions (including the Benefit Schedule and all other provisions) under this plan and the Designated Supplementary Benefit (if applicable) 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 will include but are not limited to alterations to all items shown in this plan's Benefit Schedule. 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.

Limitations on room level choice

If the life assured stays in a higher category of room level than their entitled room level (i.e. a private room), we will pay only 25% of the relevant benefit. For example, if they stay in a room such as a suite, a deluxe room or a VIP room.

Limitations on treatments outside the coverage area

- For hospital stays, we will cover the eligible medical costs of staying in a private room in the plan's coverage area.
- If the life assured has an accident in the USA and needs medical services there, we will pay their eligible claim in line with the plan's Benefit Schedule, subject to its annual deductible.
- For hospitalisation, medical treatment and / or services performed in the USA not because of an accident, we will not pay any benefits.

Reasonable and customary charges

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

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

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

Medically necessary

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

In case of a 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 a 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 this 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
- if this plan is a supplementary benefit, the basic plan to which this plan is attached expires, is cancelled or surrendered; or
- the aggregate benefits paid (except wellness benefit and Death Benefits) and payable under all in-force and terminated plans of **PRU**myhealth prestige medical plan and the Designated Supplementary Benefit (if applicable) covering the same life assured (regardless of where such policy(ies) were issued) reach the overall lifetime limit.

For more details on termination of this plan, please refer to the policy provisions.

Termination of Designated Supplementary Benefit

We will terminate your Designated Supplementary Benefit if your **PRU**myhealth prestige medical plan terminates.

More about the value-added services

Treatment Sure

- The Treatment Sure offers Global Expert Medical Opinion and Medical Concierge services for the life assured of the **PRUmyhealth** prestige medical plan. 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 life assured has already received from their attending doctor. It should not be used to replace their attending doctor's recommendations. The final decision on their medical treatment arrangements must be made solely by the life assured.
- The Medical Concierge is only available after the life assured has completed the Global Expert Medical Opinion. If the life assured chooses to receive treatment abroad, they will be responsible for all fees and charges for travel and accommodation and related items. The amount you can claim for treatment expenses is subject to the benefit limit of your plan.

Medical Green Channel

- Medical Green Channel is provided by an independent third-party service provider. Their 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 **PRUmyhealth** prestige medical plan.
- Medical Green Channel's case managers and escort staff are appointed by the service provider.
- 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 their outpatient and / or hospitalisation services. The medical expenses the life assured can claim are 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.

SmartAppointment Service

- The SmartAppointment Service is an advanced policy instruction, and not an enduring power of attorney ("EPA") or guardianship order. It 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 member of your family who is age 18 or over, and must be your spouse, parent, child, sibling, grandparent, grandchild, or any other relationship we approve.
- 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

- Medical Expenses Direct Billing Service for hospitalisation and day surgeries, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated, and are subject to their respective terms and conditions. We will not be responsible for the accuracy of any third-party information quoted above.
- 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 service and shall not accept any responsibility or liability for the services provided by the service provider(s). Under no circumstance shall we be responsible or liable for the acts or omissions 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 (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 all 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

PRUmyhealth prestige medical plan and the Designated Supplementary Benefit are 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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