

Supplement to “PRUHealth FlexiChoice Medical Plan - Benefits”

This Supplement shall form part of the Terms and Benefits of the **PRUHealth FlexiChoice Medical Plan**. The Terms and Benefits of the policy document named “**PRUHealth FlexiChoice Medical Plan – Benefits**” shall be supplemented as follows. Save as amended by this Supplement, all other Terms and Benefits contained in the policy document named “**PRUHealth FlexiChoice Medical Plan – Benefits**” shall be unchanged and remain in full force and effect.

No claim discount

(Section 1 below is to supplement Part 3 Premium Provisions of the Terms and Benefits.)

No claim discount

1. On each Renewal Date after the following conditions are met, a no claim discount will be deposited into the premium deposit account of the Policy solely for the future premium payment of the **PRUHealth FlexiChoice Medical Plan** and cannot be withdrawn from the account:
 - (i) these Terms and Benefits have been in force and effective during the relevant Renewal Date's previous thirty-six (36) consecutive months (“Relevant Period”); and
 - (ii) no benefit has been paid under these Terms and Benefits during the same Relevant Period.

Notwithstanding the above condition (ii), any benefits paid under benefit items I (a), I (b), I (f), I (g), I (h) and I (k) of the Benefit Schedule and under **PRUHealth Major** (if applicable) for the selected Day Case Procedures performed on the Insured Person during the Relevant Period will not affect the eligibility of no claim discount.

The selected Day Case Procedures are listed in the “Selected Day Case Procedure Schedule of **PRUHealth FlexiChoice Medical Plan**”.

No claim discount is equal to 15% of the total premiums paid (including Standard Premium and Premium Loading (if applicable)) under the **PRUHealth FlexiChoice Medical Plan** and **PRUHealth Major** (if applicable) during the year immediately preceding the relevant Renewal Date.

If any claim relating to any of the Relevant Period under these Terms and Benefits becomes subsequently payable after a no claim discount has been paid, the no claim discount shall be re-calculated by taking into account of the relevant claim payable, and the Policy Holder shall return to the Company the difference between the re-calculated amount and the no claim discount actually paid to the Policy Holder, failing which the Company will recover this amount from the Policy Holder in full as a debt.

Enhanced benefits

(Sections 2 to 8 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Hospital companion bed

2. Addition of benefit item II (a) hospital companion bed:

If room and board or intensive care is payable under benefit item I (a) or I (e) of the Benefit Schedule respectively, this benefit shall be payable for the cost charged for one (1) extra bed for the Insured Person's immediate family member where the Insured Person is Confined as an Inpatient.

- Post-surgery home nursing 3. Addition of benefit item II (b) post-surgery home nursing:
- If Surgeon's fee is payable under benefit item I (f) of the Benefit Schedule, this benefit shall be payable for the Eligible Expenses charged on post-surgery home nursing service provided that such service is Medically Necessary and recommended by the Insured Person's attending Registered Medical Practitioner, and is provided at the Insured Person's home by a Registered Nurse as part of the Insured Person's rehabilitation treatment within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure.
- For the purpose of this benefit, "Registered Nurse" shall mean a person who is legally authorised by the government of the geographical area of his/her practice to render nursing services.
- Dialysis 4. Addition of benefit item II (c) dialysis:
- This benefit shall be payable for the Eligible Expenses charged for haemodialysis or peritoneal dialysis performed on the Insured Person due to chronic and irreversible kidney failure during the Confinement or in a setting for providing Medical Services to a Day Patient, which must be Medically Necessary and recommended in writing by the Insured Person's attending Registered Medical Practitioner.
- For the avoidance of doubt, the Eligible Expenses for all dialysis shall only be payable under this benefit.
- Accidental outpatient treatment 5. Addition of benefit item II (d) accidental outpatient treatment:
- If the Insured Person sustains an Injury as a result of an Accident and is treated in the outpatient department of a Hospital within twenty-four (24) hours of the Accident, this benefit shall be payable for Eligible Expenses charged on treatments which are Medically Necessary. When the Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of the Terms and Benefits, such Eligible Expenses shall be payable in the following order:
- (i) this accidental outpatient treatment;
 - (ii) Section 3 of Part 6.
- Ancillary services 6. Addition of benefit item II (e) ancillary services:
- If room and board, intensive care or Surgeon's fee is payable under benefit items I (a), I (e) or I (f) of the Benefit Schedule respectively, this benefit shall be payable for the Eligible Expenses or cost charged for physiotherapy, occupational therapy, speech therapy or chiropractic treatment by a Registered Physiotherapist, Registered Occupational Therapist, Registered Speech Therapist or Registered Chiropractor respectively,
- (i) prior to such Confinement or Day Case Procedure; and / or
 - (ii) within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure.
- Such visit must be directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.
- Physiotherapy, occupational therapy and speech therapy must be Medically Necessary and recommended in writing by the attending Registered Medical Practitioner as part of the Insured Person's rehabilitation treatment.
- For the avoidance of doubt, the Eligible Expenses or cost charged for all physiotherapies, occupational therapies, speech therapies or chiropractic treatments shall only be payable under this benefit.

For the purpose of this benefit, “Registered Chiropractor / Registered Physiotherapist / Registered Speech Therapist / Registered Occupational Therapist” shall mean a person who is legally authorised by the government of the geographical area of his/her practice to perform chiropractic treatment / physiotherapy / speech therapy / occupational therapy services respectively.

Traditional Chinese
medicine for Cancer

7. Addition of benefit item II (f) traditional Chinese medicine for Cancer:

This benefit shall be payable for the cost charged for treatment provided by Registered Chinese Medicine Practitioner within the period stated in the Benefit Schedule after discharge from Hospital or the date of Prescribed Non-surgical Cancer Treatment, provided that such traditional Chinese medicine treatment is directly related to and as a result of the condition arising from Cancer (including any and all complications therefrom) necessitating such Confinement or Prescribed Non-surgical Cancer Treatment.

For the purpose of this benefit, “Cancer” shall mean a malignant tumour characterised by the uncontrolled growth of malignant cells and the invasion of tissue. This includes leukaemia but excludes any of the following:

- (i) any tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential;
- (ii) any Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion;
- (iii) any tumour in the presence of any Human Immunodeficiency Virus;
- (iv) chronic lymphocytic leukaemia less than RAI Stage III;
- (v) any skin cancer other than malignant melanoma;
- (vi) any thyroid tumour which is histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and
- (vii) any prostate tumour which is histologically classified as T1a or T1b or a lower stage according to the TNM classification system.

The diagnosis of Cancer must always be confirmed by a histopathology report.

For the purpose of this benefit, “Registered Chinese Medicine Practitioner” shall mean a person who is registered with the Chinese Medicine Council of Hong Kong or legally authorised by the government of the geographical area of his/her practice to practise Chinese medicine on the basis of traditional Chinese medicine in general practice, acupuncture or bone-setting.

Pregnancy complications

8. Eligible Expenses or cost arising from the Insured Person’s Confinement and/or surgical procedure performed by Surgeon in a Hospital due to the Covered Pregnancy Complications as recommended in writing by a Registered Medical Practitioner shall be payable in accordance with these Terms and Benefits provided that the date of diagnosis of such complications must be at least three hundred (300) days after the Policy Effective Date.

For the purpose of this benefit, “Covered Pregnancy Complications” shall mean 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, or pulmonary embolism of pregnancy.

Optional benefit – **PRUHealth Major**

(Section 9 below is to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

PRUHealth Major

9. 9.1 If the optional **PRUHealth Major** is selected and it is shown on the Policy Schedule and Benefit Schedule, the Company shall reimburse the Policy Holder up to 80% of the Relevant Benefit Payable (such 80% of reimbursement is equivalent to 20% of Coinsurance) subject to the annual limit for **PRUHealth Major** and respective benefit limits as shown in the Benefit Schedule. "Relevant Benefit Payable" shall mean the Eligible Expenses or cost charged in excess of the amounts payable under benefit items I (a) to I (h), I (k), II (a), II (b) and II (d) to II (g) of the Benefit Schedule.

- 9.2 If the Insured Person's Confinement is of a higher level than Covered Room under the Terms and Benefits upon voluntary choice, the Relevant Benefit Payable will be multiplied by the following percentage before the application of 80% of reimbursement:

Type of room of Confinement	Covered Room		
	Ward	Semi-private Room	Private Room
Ward	Not applicable	Not applicable	Not applicable
Semi-private Room	50%	Not applicable	Not applicable
Private Room	25%	50%	Not applicable
Above Private Room	25%	25%	Not applicable

For the avoidance of doubt, no benefit adjustment will be applied to benefit items I (a) to I (l) and II (a) to II (g) of the Benefit Schedule. Besides, no benefit adjustment will be applied if the ward upgrade arises from (i) shortage of Covered Room while in need of Emergency Treatment, or (ii) isolation reasons that require a specific class of accommodation, or (iii) other reasons not involving individual preference (e.g. by the Policy Holders or the Insured Person).

"Covered Room" shall mean the type of room in a Hospital corresponding to the benefit level chosen as shown in the Policy Schedule and the Benefit Schedule, which includes Private Room, Semi-private Room and Ward.

"Private Room" shall mean a room for Insured Person's private use during the Confinement with its own private facilities including a bedroom and bath/shower room(s) only, but excluding any room of upper class with its own kitchen, dining or sitting room(s).

"Semi-private Room" shall mean a single or two-bedded, or a room with maximum double occupancy and with a shared bath / shower room in a Hospital but excluding any room of upper class with its own kitchen, dining or sitting room(s).

"Ward" shall mean a room in a Hospital with more than two (2) patient beds (not including hospital companion bed).

- 9.3 Under these Terms and Benefits with **PRUHealth Major** and Covered Room as either Ward or Semi-private Room, the Policy Holder has an option to upgrade the annual limit of **PRUHealth Major** at the same level of Covered Room by changing from Option 1 to Option 2, without providing further evidence of the Insured Person's health. This upgrade option can only be exercised once (1) during the lifetime of the Insured Person, subject to the fulfillment of all of the following conditions:

- (i) the option can only be exercised upon the Renewal Date immediately on or after the respective Ages of forty-five (45), fifty (50), fifty-five (55) and sixty (60) of the Insured Person and within thirty-one (31) days before or after the relevant Renewal Date; and
- (ii) the Policy Holder must complete and submit the appropriate application form as prescribed by the Company and meet all the administrative rules as determined by the Company from time to time.

Other benefits - death benefits

(Sections 10 to 14 below are to supplement Part 6 Benefit Provisions of the Terms and Benefits.)

Death benefits

10. The Company shall pay the death benefits including compassionate death benefit, accidental death benefit and medical accident and incident extension benefit upon the death of the Insured Person according to the following Terms and Benefits:
 - (i) **Compassionate death benefit**
If the Insured Person dies due to any cause other than suicide committed within one (1) year from the Policy Effective Date, the compassionate death benefit shall be payable according to the Benefit Schedule.
 - (ii) **Accidental death benefit**
If the Insured Person dies as a result of and within ninety (90) days of an Accident, the accidental death benefit shall be payable according to the Benefit Schedule in addition to (i) above.
 - (iii) **Medical accident and incident extension benefit**
If the Insured Person dies directly as a consequence of any erroneous or negligent action, omission or failure to observe reasonable and customary standards by a healthcare professional of a Hospital during the course of any Medical Services in a Hospital, provided that:
 - the death occurs within thirty (30) days of such recorded and proven incident; and
 - a public admission of such incident and liability is made by the Hospital concerned and verified and confirmed by the relevant government authority, a court of law, coroner's inquest, The Medical Council of Hong Kong, or the equivalent authorities or medical associations which oversees the authorisation or registration of healthcare professionals in the locality; and
 - the death is independent of any cause other than the termination of life support system after brain death has been established;
 the medical accident and incident extension benefit shall be payable according to the Benefit Schedule, in addition to (i) above.

For avoidance of doubt, when the cause of death of the Insured Person fulfils both conditions of (ii) and (iii), only (iii) shall be payable.

For making a death benefit claim under these Terms and Benefits, the Policy Holder or, in case the Policy Holder is the Insured Person, the claimant must submit to the Company within a reasonable timeframe all of the following: (a) a completed claim form; (b) a medical report, at the expense of the Policy Holder or the claimant, issued by the attending Registered Medical Practitioner; (c) evidence that the claimant is entitled to receive the payment of death benefit proceeds (e.g. birth certificate, identity card, letter of administration or probate); (d) evidence of the Age of the Insured Person (e.g. birth certificate or identity card); and (e) the death certificate of the Insured Person.

Beneficiary

11. 11.1 Subject to the Terms and Benefits, the beneficiary(ies) named in the proposal form or any new beneficiary(ies) named subsequently ("Beneficiary") shall receive the death benefit proceeds payable in share percentage as specified by the Policy Holder under this Policy upon the death of the Insured Person.
- 11.2 During the lifetime of the Insured Person and while the Policy is in force, the Policy Holder may change the Beneficiary by completing and submitting the prescribed appointment form to the Company. Such request shall not be effective until it is recorded and endorsed on this Policy by the Company. Once the Company has endorsed the request for change of Beneficiary, such change will be effective from the date when the appointment form is signed, whether or not the Insured Person is alive at the time when the Company endorses such change. However, the Company shall not be responsible for the validity or legality of any designation of Beneficiary. The Company shall pay the death benefit proceeds to the Beneficiary(ies) named on the Company's latest record, subject to the Terms and Benefits.
- 11.3 Unless otherwise provided in this Policy or in a written request submitted to the Company by the Policy Holder, if any Beneficiary dies before the Insured Person dies, or if any Beneficiary is revoked for any reasons, such Beneficiary's share of the death benefit proceeds will be paid in equal shares to other surviving Beneficiaries in the same Beneficiary classification, subject to the Terms and Benefits. The Company shall pay the death benefit proceeds to the secondary Beneficiary(ies) if both of the following conditions are met:
- (i) the Policy Holder has designated both primary and secondary Beneficiaries on the prescribed appointment form; and
 - (ii) no primary Beneficiary survives the Insured Person.
- 11.4 If any Beneficiary dies simultaneously with the Insured Person, subject to the Terms and Benefits, the Company shall pay the death benefit proceeds as if the person who is older by age had died before the person who is younger by age as follows:
- (i) In case the Beneficiary is older than the Insured Person, the share of the death benefit proceeds for the deceased Beneficiary shall be paid to the other surviving Beneficiary(ies) according to Section 11.3, or the Policy Holder according to Section 14.2.
 - (ii) In case the Insured Person is older than the Beneficiary, the share of the death benefit proceeds for the deceased Beneficiary shall be paid to the estate of such Beneficiary.

Minor Beneficiary and trustee for minor Beneficiary

12. 12.1 Notwithstanding Sections 11.1 to 11.3 as shown in above, in case the Beneficiary appointed is a minor (i.e. below the age of majority as defined under the Age of Majority (Related Provisions) Ordinance (Cap 410. of the Laws of Hong Kong) as then in force) and such Beneficiary is still a minor by the time when the death benefit proceeds are paid, the death benefit proceeds will be paid to:
- (i) the appointed trustee for minor Beneficiary if trustee has been appointed for the purposes of receiving the death benefit proceeds on behalf of the minor Beneficiary; or
 - (ii) the Guardian of the minor Beneficiary in case no trustee has been appointed or the appointment of trustee for minor Beneficiary has been revoked.
- 12.2 However, if the Beneficiary attains the age of majority by the time when the death benefit proceeds are paid, the death benefit proceeds will be paid according to Section 11.1 as shown in above.
- 12.3 During the lifetime of the Insured Person and while the Policy is in force, if the Policy Holder wishes to appoint an individual as the trustee for a minor Beneficiary, he/she may make such appointment

by naming the trustee in the appointment form prescribed by the Company.

12.4 Such request under Section 12.3 shall not be effective until it is recorded and endorsed on this Policy by the Company. Once the Company has endorsed the request for the appointment of individual trustee of a minor Beneficiary, such appointment will be effective from the date when the prescribed appointment form is signed, whether or not the Insured Person is alive at the time when the Company endorses such appointment. However, the Company shall not be responsible for the validity or legality of any designation of trustee.

12.5 The appointment of trustee(s) for minor Beneficiary(ies) will be revoked automatically when:

- (i) the Beneficiary(ies) attain(s) the age of majority by the time the death benefit proceeds are paid; or
- (ii) there is a subsequent change of Beneficiary(ies) such that the appointment of such minor Beneficiary is no longer valid (as described in Section 11.2 as shown in above); or
- (iii) the trustee(s) for minor Beneficiary(ies) do(es) not submit a claim for the death benefit proceeds within one hundred and eighty (180) days from the date of death of the Insured Person; or
- (iv) the trustee(s) is(are) not living at the date of death of the Insured Person.

Suicide

13. If the Insured Person commits suicide while sane or insane within one (1) year from the Policy Effective Date, the death benefit proceeds will be limited to a refund of the premiums paid under these Terms and Benefits without interest less any claims paid and any outstanding indebtedness including interest under these Terms and Benefits.

Payment of the death benefit proceeds

14. 14.1 The Company shall pay the death benefit proceeds to:

- (i) the Beneficiary(ies) named on the Company's latest record in accordance with the respective share percentage. If the Beneficiary is a minor at the time when the death benefit proceeds are paid, such death benefit proceeds shall be paid to the appointed trustee or Guardian of the minor Beneficiary in accordance with Section 12.1 as shown in above; or
- (ii) the trustee of Beneficiary(ies) if the Company has been notified of a trust. Such notification shall not be effective against the Company until it is recorded and endorsed on this Policy by the Company. The Company shall not be responsible for the validity of the trust.

14.2 If no Beneficiary has been designated, or the last surviving Beneficiary has died before the Insured Person dies, the Company shall pay the death benefit proceeds as follows:

- (i) if the Policy Holder is not the Insured Person, the Company shall pay the death benefit proceeds to the Policy Holder; or
- (ii) if the Policy Holder is the Insured Person, the Company shall pay the death benefit proceeds to
 - the Policy Holder's executor if he/she has a will; or
 - the Policy Holder's administrator if he/she has no will.

14.3 Subject to the Terms and Benefits, the Company shall pay out the death benefit proceeds within one (1) month after the Company has received all required documents and reasonably satisfactory evidence of entitlement to the benefits under this Policy in accordance with Section 10 as shown in above. The Company will not pay interest on the death benefit proceeds in respect of the period between the notification of the death claim and the date of claim payment.

Multiple Policy Holders

(Section 15 below is to supplement Part 9 Provisions for Multiple Policy Holders of the Terms and Benefits.)

Multiple Policy Holders

15. In case the **PRU**Health FlexiChoice Medical Plan is attached to a basic plan as a supplementary benefit, Part 9 of the policy document named “**PRU**Health FlexiChoice Medical Plan – Benefits” is not applicable.

Specimen