

Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Ward - without PRUHealth Major

I. Basic benefits

| Benefit items ⁽¹⁾ | Benefit limit (in USD) |
|---|--|
| (a) Room and board | \$124 per day Maximum 180 days per Policy Year |
| (b) Miscellaneous charges | \$2,323 per Policy Year |
| (c) Attending doctor's visit fee | \$124 per day Maximum 180 days per Policy Year |
| (d) Specialist's fee ⁽²⁾ | \$555 per Policy Year |
| (e) Intensive care | \$452 per day Maximum 90 days per Policy Year |
| (f) Surgeon's fee | Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures - <ul style="list-style-type: none"> • Complex \$6,452 • Major \$3,226 • Intermediate \$1,613 • Minor \$646 |
| (g) Anaesthetist's fee | 35% of Surgeon's fee payable ⁽⁵⁾ |
| (h) Operating theatre charges | 35% of Surgeon's fee payable ⁽⁵⁾ |
| (i) Prescribed Diagnostic Imaging Tests ⁽²⁾⁽³⁾ | \$2,581 per Policy Year Subject to 30% Coinsurance |
| (j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾ | \$10,323 per Policy Year |
| (k) Pre- and post-Confinement / Day Case Procedure outpatient care ⁽²⁾ | \$97 per visit, up to \$388 per Policy Year <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure • 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) |
| (l) Psychiatric treatments | \$3,871 per Policy Year |

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- (3) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

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II. Enhanced benefits

| Benefit items ⁽¹⁾ | Benefit limit (in USD) |
|---|--|
| (a) Hospital companion bed | \$78 per day Maximum 180 days per Policy Year |
| (b) Post-surgery home nursing ⁽²⁾ | \$78 per visit Maximum 15 visits per Policy Year (1 visit per day) • Within 31 days after discharge from Hospital or completion of Day Case Procedure |
| (c) Dialysis | \$10,323 per Policy Year |
| (d) Accidental outpatient treatment | \$723 per Injury |
| (e) Ancillary services (Physiotherapy ⁽²⁾ / occupational therapy ⁽²⁾ / speech therapy ⁽²⁾ / chiropractic treatment) | \$97 per visit Maximum 10 visits per Policy Year • Maximum 1 prior visit per Confinement / Day Case Procedure • Treatments within 90 days after discharge from Hospital or completion of Day Case Procedure |
| (f) Traditional Chinese medicine for Cancer | \$52 per visit Maximum 15 visits per Policy Year (1 visit per day) • Within 90 days after discharge from Hospital or Prescribed Non-surgical Cancer Treatment |
| (g) Pregnancy complications | Payable according to the benefit limits of respective benefit items I (a) – I (i), I (k), II (a) and II (b) |
| Other limits | |
| Annual Benefit Limit for benefit items I (a) – I (l) and II (a) – II (g) | Nil |
| Lifetime Benefit Limit for benefit items I (a) – I (l) and II (a) – II (g) | Nil |

III. Other benefits – death benefits

| Benefit items | Benefit limit (in USD) |
|---|------------------------|
| (i) Compassionate death benefit | \$1,033 per Policy |
| (ii) Accidental death benefit | \$1,033 per Policy |
| (iii) Medical accident and incident extension benefit | \$11,355 per Policy |

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.