

## Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Ward - with PRUHealth Major (Option 2)

### I. Basic benefits

Benefit items <sup>(1)</sup>	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 <sup>(2)</sup>	\$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"> <li>• Complex \$6,452</li> <li>• Major \$3,226</li> <li>• Intermediate \$1,613</li> <li>• Minor \$646</li> </ul>
(g) Anaesthetist's fee	35% of Surgeon's fee payable <sup>(5)</sup>
(h) Operating theatre charges	35% of Surgeon's fee payable <sup>(5)</sup>
(i) Prescribed Diagnostic Imaging Tests <sup>(2) (3)</sup>	\$2,581 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments <sup>(4)</sup>	\$10,323 per Policy Year
(k) Pre- and post-Confinement / Day Case Procedure outpatient care <sup>(2)</sup>	\$97 per visit, up to \$388 per Policy Year <ul style="list-style-type: none"> <li>• 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure</li> <li>• 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)</li> </ul>
(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 <sup>(1)</sup>	Benefit limit (in USD)
(a) Hospital companion bed	\$78 per day Maximum 180 days per Policy Year
(b) Post-surgery home nursing <sup>(2)</sup>	\$78 per visit Maximum 15 visits per Policy Year (1 visit per day) <ul style="list-style-type: none"> <li>• Within 31 days after discharge from Hospital or completion of Day Case Procedure</li> </ul>
(c) Dialysis	\$10,323 per Policy Year
(d) Accidental outpatient treatment	\$723 per Injury
(e) Ancillary services (Physiotherapy <sup>(2)</sup> / occupational therapy <sup>(2)</sup> / speech therapy <sup>(2)</sup> / chiropractic treatment)	\$97 per visit Maximum 10 visits per Policy Year <ul style="list-style-type: none"> <li>• Maximum 1 prior visit per Confinement / Day Case Procedure</li> <li>• Treatments within 90 days after discharge from Hospital or completion of Day Case Procedure</li> </ul>
(f) Traditional Chinese medicine for Cancer	\$52 per visit Maximum 15 visits per Policy Year (1 visit per day) <ul style="list-style-type: none"> <li>• Within 90 days after discharge from Hospital or Prescribed Non-surgical Cancer Treatment</li> </ul>
(g) Pregnancy complications	Payable according to the benefit limits of respective benefit items I (a) – I (i), I (k), II (a) and II (b)
<b>Other limits</b>	
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. Optional benefit – PRUHealth Major

Benefit items <sup>(1)</sup>	Benefit limit (in USD)
Annual limit for PRUHealth Major	Option 2: \$25,807 per Policy Year
(i) Room and board	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (a) starting from the 181 <sup>st</sup> day of Confinement in a Policy Year, subject to \$124 per day
(ii) Miscellaneous charges	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (b) in a Policy Year
(iii) Attending doctor's visit fee	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (c) starting from the 181 <sup>st</sup> day of Confinement in a Policy Year, subject to \$124 per day
(iv) Specialist's fee <sup>(2)</sup>	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (d) in a Policy Year
(v) Intensive care	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (e) starting from the 91 <sup>st</sup> day of Confinement in a Policy Year, subject to \$452 per day

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) "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 this Benefit Schedule.
- (4) Such 80% of reimbursement is equivalent to 20% of Coinsurance.

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Benefit items <sup>(1)</sup>	Benefit limit (in USD)
(vi) Surgeon's fee	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (f)
(vii) Anaesthetist's fee	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (g)
(viii) Operating theatre charges	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item I (h)
(ix) Pre- and post-Confinement / Day Case Procedure outpatient care <sup>(2)</sup>	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> <ul style="list-style-type: none"> <li>• Under the benefit item I (k) in a Policy Year; and</li> <li>• For 1 additional pre-Confinement / Day Case Procedure outpatient care and 3 additional post-Confinement / Day Case Procedure outpatient care (within 90 days after discharge from Hospital or completion of Day Case Procedure), subject to \$97 per visit and up to \$388 per Policy Year</li> </ul>
(x) Hospital companion bed	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item II (a) starting from the 181 <sup>st</sup> day of Confinement in a Policy Year, subject to \$78 per day
(xi) Post-surgery home nursing <sup>(2)</sup>	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item II (b) starting from the 16 <sup>th</sup> visit, for a maximum of 16 visits (1 visit per day) in a Policy Year, subject to \$78 per visit (Within 31 days after discharge from Hospital or completion of Day Case Procedure)
(xii) Accidental outpatient treatment	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item II (d)
(xiii) Ancillary services (Physiotherapy <sup>(2)</sup> / occupational therapy <sup>(2)</sup> / speech therapy <sup>(2)</sup> / chiropractic treatment)	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item II (e) starting from the 11 <sup>th</sup> visit, for a maximum of 21 visits in a Policy Year, subject to \$97 per visit (Within 90 days after discharge from Hospital or completion of Day Case Procedure)
(xiv) Traditional Chinese medicine for Cancer	80% <sup>(4)</sup> of Relevant Benefit Payable <sup>(3)</sup> under the benefit item II (f) starting from the 16 <sup>th</sup> visit, for a maximum of 16 visits (1 visit per day) in a Policy Year, subject to \$52 per visit (Within 90 days after discharge from Hospital or Prescribed Non-surgical Cancer Treatment)
(xv) Pregnancy complications	Payable according to the benefit limits of respective benefit items III (i) – III (xi)

#### IV. 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.
- (3) "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 this Benefit Schedule.
- (4) Such 80% of reimbursement is equivalent to 20% of Coinsurance.