Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Semi-private Room - without **PRU**Health Major

I. Basic benefits

Benefit items [1]	Benefit limit (in USD)
(a) Room and board	$259 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	$3,355 per Policy Year
(c) Attending doctor's visit fee	$259 per day Maximum 180 days per Policy Year
(d) Specialist's fee [2]	$852 per Policy Year
(e) Intensive care	$800 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 - • Complex $9,678 • Major $4,839 • Intermediate $2,420 • Minor $968
(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]	$3,871 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments [4]	$15,484 per Policy Year
(k) Pre- and post-Confinement / Day Case Procedure outpatient care [2]	$149 per visit, up to $594 per Policy Year • 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	$4,517 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.

Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Semi-private Room - without **PRU**Health Major

II. Enhanced benefits

Benefit items [1]	**Benefit limit (in USD)**
(a) Hospital companion bed	$104 per day Maximum 180 days per Policy Year
(b) Post-surgery home nursing [2]	$124 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	$15,484 per Policy Year
(d) Accidental outpatient treatment	$1,239 per Injury
(e) Ancillary services (Physiotherapy [2] / occupational therapy [2] / speech therapy [2] / chiropractic treatment)	$149 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	$78 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	$2,581 per Policy
(ii) Accidental death benefit	$2,581 per Policy
(iii) Medical accident and incident extension benefit	$22,710 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.