Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Private Room - with **PRU**Health Major

I. Basic benefits

Benefit items [1]	Benefit limit (in USD)
(a) Room and board	$491 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	$4,646 per Policy Year
(c) Attending doctor's visit fee	$491 per day Maximum 180 days per Policy Year
(d) Specialist's fee [2]	$1,585 per Policy Year
(e) Intensive care	$1,239 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 $14,194 • Major $7,097 • Intermediate $3,549 • Minor $1,420
(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]	$5,162 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments [4]	$20,646 per Policy Year
(k) Pre- and post-Confinement / Day Case Procedure outpatient care [2]	$194 per visit, up to $775 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	$5,162 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: Private Room - with **PRU**Health Major

II. Enhanced benefits

Benefit items [1]	**Benefit limit (in USD)**
(a) Hospital companion bed	$130 per day Maximum 180 days per Policy Year
(b) Post-surgery home nursing [2]	$176 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	$20,646 per Policy Year
(d) Accidental outpatient treatment	$1,755 per Injury
(e) Ancillary services (Physiotherapy [2] / occupational therapy [2] / speech therapy [2] / chiropractic treatment)	$194 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	$104 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. Optional benefit – PRUHealth Major

Benefit items [1]	**Benefit limit (in USD)**
Annual limit for **PRU**Health Major	$51,613 per Policy Year
(i) Room and board	80%[4] of Relevant Benefit Payable[3] under the benefit item I (a) starting from the 181st day of Confinement in a Policy Year, subject to $491 per day
(ii) Miscellaneous charges	80%[4] of Relevant Benefit Payable[3] under the benefit item I (b) in a Policy Year
(iii) Attending doctor's visit fee	80%[4] of Relevant Benefit Payable[3] under the benefit item I (c) starting from the 181st day of Confinement in a Policy Year, subject to $491 per day
(iv) Specialist's fee [2]	80%[4] of Relevant Benefit Payable[3] under the benefit item I (d) in a Policy Year
(v) Intensive care	80%[4] of Relevant Benefit Payable[3] under the benefit item I (e) starting from the 91st day of Confinement in a Policy Year, subject to $1,239 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.

Benefit Schedule of PRUHealth FlexiChoice Medical Plan

Covered Room: Private Room - with **PRU**Health Major

Benefit items [1]	Benefit limit (in USD)
(vi) Surgeon's fee	80%[4] of Relevant Benefit Payable[3] under the benefit item I (f)
(vii) Anaesthetist's fee	80%[4] of Relevant Benefit Payable[3] under the benefit item I (g)
(viii) Operating theatre charges	80%[4] of Relevant Benefit Payable[3] under the benefit item I (h)
(ix) Pre- and post-Confinement / Day Case Procedure outpatient care [2]	80%[4] of Relevant Benefit Payable[3] • Under the benefit item I (k) in a Policy Year; and • 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 $194 per visit and up to $775 per Policy Year
(x) Hospital companion bed	80%[4] of Relevant Benefit Payable[3] under the benefit item II (a) starting from the 181st day of Confinement in a Policy Year, subject to $130 per day
(xi) Post-surgery home nursing [2]	80%[4] of Relevant Benefit Payable[3] under the benefit item II (b) starting from the 16th visit, for a maximum of 16 visits (1 visit per day) in a Policy Year, subject to $176 per visit (Within 31 days after discharge from Hospital or completion of Day Case Procedure)
(xii) Accidental outpatient treatment	80%[4] of Relevant Benefit Payable[3] under the benefit item II (d)
(xiii) Ancillary services (Physiotherapy [2] / occupational therapy [2] / speech therapy [2] / chiropractic treatment)	80%[4] of Relevant Benefit Payable[3] under the benefit item II (e) starting from the 11th visit, for a maximum of 21 visits in a Policy Year, subject to $194 per visit (Within 90 days after discharge from Hospital or completion of Day Case Procedure)
(xiv) Traditional Chinese medicine for Cancer	80%[4] of Relevant Benefit Payable[3] under the benefit item II (f) starting from the 16th visit, for a maximum of 16 visits (1 visit per day) in a Policy Year, subject to $104 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	$5,162 per Policy
(ii) Accidental death benefit	$5,162 per Policy
(iii) Medical accident and incident extension benefit	$44,388 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.