



PRUDENTIAL
保誠保險

PRUHealth VHIS VIP Plan

Get high quality hospital care with premium flexible medical cover; choose cover for Asia or worldwide except the USA; no itemised benefit limit to key medical expenses and renewable for life, guaranteed

Life Insurance – Medical Protection

Listening. Understanding. Delivering.

Certified VHIS Flexi Plan



Important notes

This product is a life insurance plan and is not a bank deposit. Prudential Hong Kong Limited (Part of Prudential plc (United Kingdom)) ("Prudential" or "we") is the underwriter of this plan.

Standard Chartered Bank (Hong Kong) Limited ("Standard Chartered") is an insurance agent of Prudential.

Key risks

How may our credit risk affect your policy?

The guaranteed cash value (if applicable) and insurance benefit of your plan are subject to our credit risk, and are not guaranteed by Standard Chartered Bank (Hong Kong) Limited, Standard Chartered Bank or any of their subsidiaries or affiliates. If we become insolvent, you may lose the value of your policy and its coverage.

How may currency exchange rate risk affect your benefits?

Foreign currency exchange rates may fluctuate. As a result, you may incur a substantial loss when you choose to convert your benefits to other currencies. Additionally, the conversion of your benefits to other currencies is subject to exchange restrictions applicable at the time when the benefits are paid. You have the sole responsibility to decide if you want to convert your benefits to other currencies.

How may inflation affect the value of your plan?

We expect the cost of living to rise in the future because of inflation. That means the insurance you take out today will not have the same buying power in the future (i.e., the benefit payouts might not be able to cover your future needs) even if the plan offers increasing benefit intended to offset inflation.

What happens if you do not pay your premiums?

You should only apply for this product if you intend to pay all of its premiums. If you miss any of your premium payments, we may terminate your policy and you would lose the policy's coverage.

Why may we adjust your premiums?

We have the right to review and adjust the plan's premium rates for particular risk classes on each policy anniversary, but not for any individual customer. We may adjust premium rates because of several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Why may we change your benefits?

We have the right to revise the Benefit Schedule and the terms and conditions under this plan on each renewal by giving you 30 days' notice in writing. This is to account for any known or foreseeable changes in medical practices and claims experiences or any changes in requirements for complying with the VHIS. We will apply the revisions to all plans under PRUHealth VHIS VIP Plan. The premium will be adjusted accordingly based on the rate as determined by us.

Wherever you are in the world, high-quality medical cover is essential, not just because of the peace of mind it brings, but the security it gives those you love. **PRUHealth VHIS VIP Plan**, a **certified plan under the Voluntary Health Insurance Scheme (VHIS)**, **covers you fully for key medical expenses** with **no itemised benefit limit**. We will cover up to **HKD 12,000,000** of all your **eligible medical costs each year** with a **lifetime limit of HKD 56,000,000**. You can choose from **4 levels of deductibles** as well as **cover for Asia** or **worldwide except the USA**, and we **guarantee** the plan is **renewable for life**. You can apply for tax deductions on your qualifying premiums of up to **HKD 8,000** per insured person each year.



Plan highlights



Guaranteed lifetime protection with **annual cover of HKD 12,000,000** and **lifetime cover of HKD 56,000,000**



Choose **Asia** cover (includes Australia and New Zealand) or **worldwide except the USA** cover



Cover before and after your hospital stay plus **enhanced benefits** from prevention to recovery



Wellness benefit to help monitor your health



Extra rehabilitation benefits for **covered cancer, heart attack and stroke** to help your recovery

- Home facility enhancement for recovery at home
- Extra rehabilitation treatments tailored for you



Cover for unknown pre-existing conditions including **unknown congenital conditions**, as well as **pregnancy complications**



4 deductible options – HKD 0, HKD 20,000, HKD 50,000 and HKD 96,000



Tax deductions on your qualifying premiums



Know in advance how much you can claim towards your treatment



Value-added services to enhance your protection



Medical Expenses
Direct Billing Service
for hospitalisation, day
surgeries and diagnostic
imaging tests



Medical Green Channel –
Get priority booking
for outpatient and/
or hospitalisation
appointments at
selected hospitals in
Mainland China



Treatment Sure –
Get back on the road to
health with personalised
medical advice from
global experts



SmartAppoint Service –
Set up an instruction
for a designated family
member in advance to
file and access claims
on your behalf if you
become mentally
incapacitated



**24-hour Worldwide
Emergency Assistance
Services**

The benefits

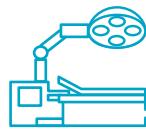


Guaranteed lifetime protection with annual cover of HKD 12,000,000 and lifetime cover of HKD 56,000,000

PRUHealth VHIS VIP Plan covers the **eligible medical costs** from **initial consultation** to **recovery**, including:



hospital stay



surgery



rehabilitation

We protect the person covered by the plan (the “insured person”) with **full cover for key medical expenses with no itemised benefit limit** up to an annual benefit limit of **HKD 12,000,000 each policy year** and a **lifetime benefit limit of HKD 56,000,000**.

The plan covers people aged between **15 days – 80 years old** who are **Hong Kong residents**.



Immediate cover – no waiting period

We protect you **as soon as your plan takes effect** (except cover for unknown pre-existing conditions including unknown congenital conditions, as well as pregnancy complications).



Lifelong protection

Even if the insured person’s **medical history changes** or **there is a claim**, you can **renew** your plan **every year** throughout their **lifetime – guaranteed**. We regularly review our premiums and we may adjust yours based on our premium rate when you renew your plan.

You can find more details in the “Plan renewal” and “Changes to benefits” under the “Product summary” section below.



Choose Asia cover (includes Australia and New Zealand) or worldwide except the USA cover

The plan gives you the flexibility to take your cover with you when you travel – or even if you decide to move abroad.

Choose between cover for **Asia** (including Australia and New Zealand) or **worldwide except the USA**. We take care of the eligible costs of your **semi-private room** hospital treatment in **Mainland China, Hong Kong and Macau** or your **private room** hospital treatment in **anywhere else within the territorial scope of cover**. And, no matter which option you choose, we will cover your medical treatment if you have an accident **anywhere in the world**.

You can find more about the benefit limitations in “Limitations on room level choice” and “Limitations on hospital stays outside the territorial scope of cover” under the “Product summary” section below.



Cover before and after your hospital stay plus enhanced benefits from prevention to recovery



Wellness benefit

We understand prevention is better than cure, so we cover the **eligible expenses of any one of these health screening tests or vaccination once** within the year after every 3rd policy renewal (i.e. in your 4th, 7th, 10th etc. policy years), upon reaching the applicable ages below:

Health screening tests or vaccination	Applicable ages
(i) Eye examination and cross-sectional ocular scan	4 or above
(ii) Pap smear	18 or above
(iii) Prostate test	25 or above
(iv) Mammogram	40 or above
(v) Bone densitometry	50 or above
(vi) Zoster vaccine	50 or above



Hospitalisation and surgical benefits

If the insured person needs hospital or surgical treatment, we will cover:



daily room and board expenses



doctor's visits



specialist's fees



surgical expenses



intensive care



surgery performed at a clinic



Prescribed diagnostic imaging tests

Inpatient and outpatient diagnostic imaging tests, including CT, MRI, PET, PET-CT combined and PET-MRI combined scans.



Pre- and post-hospitalisation outpatient consultations

No limit on outpatient visits within 30 days before hospital stay and 90 days after hospital stay, and up to 365 days after major or complex surgery.



Rehabilitation benefits for covered cancer, heart attack and stroke to help your recovery

We understand that it takes time to recover from **covered cancer, heart attack and stroke** and you will often need **rehabilitation**. That's why we offer extra help when you are diagnosed with these diseases.



Home facility enhancement

After treatment, you may want to recover in the comfortable and familiar surroundings of your home, with loved ones nearby. That's why we offer **HKD 50,000 for each incident**, to help **cover the costs of adapting your home** to help you live a normal life when **recommended by a registered occupational therapist**. Some of these could be:



widening doorways and passageways



moving light switches, door handles, doorbells and entry phones to convenient heights



installing grab rails for support



Rehabilitation treatments

Diseases like these often need **targeted treatments** for better rehabilitation, so we provide **extra protection to cover** your **eligible expenses** for visiting a registered:

- Neurosurgeon
- Neurologist
- Orthopaedic surgeon
- Psychiatrist
- Dietitian
- Chinese medicine practitioner
- Clinical psychologist

Enhanced benefits:



A companion bed in hospital



Rehabilitation in rehabilitation centre



Post-surgery home nursing



Traditional Chinese medicine treatments during and after hospital stay/day case procedure



Reconstructive surgery for specified cancer and hospice care



Daily hospital cash payment if you stay in a room below semi-private room level in Hong Kong private hospital



Protection against cancer, kidney failure and accidents



Prescribed non-surgical cancer treatments

Treating cancer effectively is often complex and needs more than just surgery. That means the cost of supporting treatments can quickly add up. So we fully cover **prescribed non-surgical cancer treatments** to offer a complete treatment package up to the plan's annual benefit limit and lifetime benefit limit. The **prescribed non-surgical cancer treatments** that we cover include:

- Chemotherapy
- Radiotherapy
- Targeted therapy
- Immunotherapy
- Hormonal therapy



Protection for kidney failure

To add real depth and breadth to your cover, we **protect you against the costs of dialysis in hospital or a clinic because of kidney failure**.



Outpatient and dental treatment after an accident

After an accident, getting treated and back to normal life again is a priority. We will cover your medical expenses if you are injured and need **emergency hospital outpatient treatment** within 24 hours of an accident.

Likewise, if you need **emergency dental treatment** within 2 weeks of an accident, we will look after your dental clinic or hospital medical expenses.



If the worst happens...

Should the insured person unfortunately pass away, we pay a **compassionate death benefit** which we will **double** if the **death is because of an accident**.



Cover for unknown pre-existing conditions including unknown congenital conditions, as well as pregnancy complications

There is no need to worry about cover for **unknown conditions** that **existed** when you applied for your policy. We **fully cover** eligible claims arising from **unknown pre-existing conditions**, starting from the 31st day of your 1st policy year – **a much shorter waiting period than VHIS's minimum requirement**.

The plan also covers **unknown congenital conditions** where the insured person has shown symptoms or been diagnosed on or after they reached age 8.

Days after policy commences	The percentage of claim payable
First 30 days	0%
31 st day and onwards	100%

If the insured person is diagnosed with a **specified pregnancy complication** after 300 days from the plan's effective date, we will cover the **eligible costs of hospital treatments** as recommended by her doctor.



Tailor your plan with or without deductibles to suit you

Whether you are looking for comprehensive cover of your eligible medical expenses or a plan to supplement your other medical plans, you can choose from **4 deductible options – HKD 0, HKD 20,000, HKD 50,000 and HKD 96,000** to fit your budget and needs. Deductible is the fixed amount you pay for the eligible medical expenses in a policy year before your plan starts to pay.

We know your protection needs can change over time, so **you can reduce your deductible once in your lifetime**; you can do this on your policy renewal date when you reach age 50, 55, 60, 65, 70, 75, 80 or 85, with **no need for a medical examination**.



Tax deductions on your qualifying premiums

If you are a **Hong Kong taxpayer**, you can claim a concessionary deduction under salaries tax or personal assessment for the qualifying premiums you pay for yourself or your loved ones under the VHIS in Hong Kong.

You can apply for tax deductions on your qualifying premiums of up to **HKD 8,000 per insured person per year**, and there is **no limit on the number of specified family members** you can claim for tax deductions.

For example, if you take out this plan for your spouse, your parents and yourself and paid for their qualifying premiums in the same tax year, your annual tax deduction would be up to HKD 32,000, (i.e. up to HKD 8,000 for each specified family member's premium paid).

Click [here](#) or scan the QR code to see how much you could save with our tax savings calculator:



For more information on concessionary tax deductions, please contact the Inland Revenue Department.



Know in advance how much you can claim towards your treatment

To avoid unanticipated medical expenses and minimise their impact, **before** you receive any treatment at private healthcare facilities, just send us the hospital or doctor's fee estimate and **we will provide a projection** for how much you can claim under the plan.



Value-added services to enhance your protection



Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests

If you need a **hospital stay, day surgery or diagnostic imaging test** (including CT, MRI, PET, PET-CT combined and PET-MRI combined scans), just choose the most appropriate doctor. With our **pre-authorisation**, we will **pay** your eligible medical costs **directly to private hospitals**, our **network medical centres** or **network imaging centres**. You will also know in advance how we cover you before your visit and we will tell you any costs we don't cover.

The Medical Expenses Direct Billing Service is available in most private hospitals of major cities around the world (except the USA), including all of the private hospitals, our network medical centres and network imaging centres in Hong Kong. In addition, a hotline is also provided to answer any questions you may have regarding the Medical Expenses Direct Billing Service.

Click [here](#) or scan the QR code for details and full terms and conditions of the Medical Expenses Direct Billing Service.



Medical Green Channel – Get priority booking for outpatient and/or hospitalisation appointments at selected hospitals in Mainland China

Medical Green Channel is a **one-stop booking service** for **medical appointment** at Medical Green Channel's selected hospitals in Mainland China. It gets you faster treatment by cutting out long waiting times and clumsy booking procedures.



Faster treatment by cutting out long waiting times and clumsy booking procedures

Priority booking for outpatient and/or hospitalisation at about 1,200 hospitals in major cities such as Beijing, Shanghai, Shenzhen and Guangzhou.



Hassle-free access along the journey

Make your appointments through the 24-hour service hotline or online anytime. A dedicated case manager will follow up with you and, on your treatment day, one of the team will guide and help you through the registration process at your hospital.

You can find more details in the “Medical Green Channel – More about the value-added services” section below.

Click [here](#) or scan the QR code to find out more about the service, a list of Medical Green Channel hospitals and enrolment details.





Treatment Sure – Get back on the road to health with personalised medical advice from global experts

If you are ill, medical experts' guidance can help you make the right treatment decisions. This is why we offer the **Treatment Sure**, including **second medical opinions** and **overseas medical concierge** services.



Support from the dedicated physician case manager

A dedicated physician case manager will answer questions throughout the medical journey.



Professional team of physician case managers

Access to over 3,000 doctors who speak more than 30 languages, so they can communicate in yours.



Comprehensive network

A network of over 50,000 global medical experts, covering more than 450 specialties and sub-specialties.

Click [here](#) or scan the QR code for service and enrolment details:



SmartAppoint Service – Set up an instruction for a designated family member in advance to file and access claims on your behalf if you become mentally incapacitated

What happens if you become **mentally incapacitated** and are unable to make a claim yourself?



Simple to apply and claim

Simple & free application and claims procedures – no more legal processes.



In control & peace-of-mind

Set up an advance instruction to make a family member of your choice the designated person.



Immediate financial relief

Immediate financial relief to your family with access to claims by your designated person.

Click [here](#) or scan the QR code for more details:



24-hour Worldwide Emergency Assistance Services

If, unfortunately, you suffer from a serious injury or illness overseas, we can arrange **emergency evacuation** and **repatriation cover** through our designated third-party service provider.

The above value-added services do not form part of the **PRUHealth VHIS VIP Plan**, you can find more details under “More about the value-added services” section below.

You can find the full list of items we cover and how we cover them in the “Benefit Schedule” section below.

Benefit Schedule

Benefit scope		
Benefit limits (Applicable to all benefit items except accidental death benefit, compassionate death benefit and wellness benefit)	<ul style="list-style-type: none"> • Annual benefit limit – HKD 12,000,000 • Lifetime benefit limit – HKD 56,000,000 	
Territorial scope of cover options	<ul style="list-style-type: none"> • Asia (including Australia and New Zealand)⁽¹⁾⁽²⁾⁽³⁾ 	<ul style="list-style-type: none"> • Worldwide except the USA⁽²⁾⁽³⁾
Entitled room level ⁽⁴⁾		<p>Within the territorial scope of cover</p> <ul style="list-style-type: none"> • Hospital stay in Mainland China, Hong Kong or Macau: Semi-private room • Hospital stay anywhere else except Mainland China, Hong Kong or Macau: Private room <p>Outside the territorial scope of cover</p> <ul style="list-style-type: none"> • Hospital stay due to accidents occurred outside the territorial scope of cover: Private room⁽³⁾
Deductible options (per policy year, applicable to all benefit items except accidental death benefit, compassionate death benefit and wellness benefit)	<ul style="list-style-type: none"> • HKD 0 • HKD 20,000 • HKD 50,000 • HKD 96,000 	
Benefit items ⁽⁴⁾⁽⁵⁾	Maximum benefit limit ⁽⁶⁾	
I. Hospitalisation benefits		
1 Room and board	Full cover ⁽⁷⁾	
2 Miscellaneous charges ⁽⁸⁾	Full cover ⁽⁷⁾	
3 Attending doctor's visit fee	Full cover ⁽⁷⁾	
4 Specialist's fee ⁽⁹⁾	Full cover ⁽⁷⁾	
5 Intensive care	Full cover ⁽⁷⁾	
6 Private nursing ⁽⁹⁾ • Max. no. of days per policy year: 30 • Max. no. of time slots per day: 2	Full cover ⁽⁷⁾	
7 Hospital companion bed	Full cover ⁽⁷⁾	
8 Psychiatric treatments ⁽²⁾	Full cover ⁽⁷⁾	
II. Surgical benefits		
1 Surgeon's fee	Full cover ⁽⁷⁾	
2 Anaesthetist's fee	Full cover ⁽⁷⁾	
3 Operating theatre charges	Full cover ⁽⁷⁾	
4 Medical devices ⁽¹⁰⁾	Specified items: Full cover ⁽⁷⁾ Other items: HKD 250,000 (per policy year)	

Benefit items ⁽⁴⁾⁽⁵⁾		Maximum benefit limit ⁽⁶⁾
III. Pre- and post-hospitalisation benefits		
1	<p>Pre- and post-confinement (i.e. hospitalisation)/day case procedure outpatient care⁽⁹⁾</p> <ul style="list-style-type: none"> • Max. no. of prior outpatient visits or emergency consultations per hospital stay/day case procedure <ul style="list-style-type: none"> (i) within 30 days before each hospital stay/day case procedure: unlimited (ii) more than 30 days before each hospital stay/day case procedure: 1 • Max. no. of follow-up outpatient visits per hospital stay/day case procedure <ul style="list-style-type: none"> (i) within 90 days after discharge from hospital or completion of day case procedure: unlimited (ii) within 365 days after major or complex surgery⁽¹¹⁾: unlimited 	Full cover ⁽⁷⁾
2	<p>Post-surgery home nursing⁽⁹⁾</p> <ul style="list-style-type: none"> • Max. no. of days per policy year: 30 • Max. no. of time slots per day: 2 • Validity for post-surgery home nursing: within 60 days after discharge from hospital/completion of day case procedure 	HKD 1,600 (per day)
3	<p>Traditional Chinese medicine</p> <ul style="list-style-type: none"> • Max. no. of visits per day: 1 • Validity for follow-up visits: within 90 days after discharge from hospital/completion of day case procedure 	HKD 30,000 (per policy year) <ul style="list-style-type: none"> • HKD 400 per day during hospital stay • HKD 600 per visit after discharge/day case procedure
4	<p>Rehabilitation⁽⁹⁾</p> <ul style="list-style-type: none"> • Max. no. of days per policy year: 60 • Validity for stay in a rehabilitation centre: within 90 days after discharge from hospital 	HKD 80,000 (per policy year)
5	<p>Rehabilitation benefits for covered cancer, heart attack and stroke</p> <ul style="list-style-type: none"> (i) Home facility enhancement⁽⁹⁾ (ii) Rehabilitation treatments⁽⁹⁾ <ul style="list-style-type: none"> • Max. no. of visits per policy year: 15 visits (up to 1 visit per day for each type of covered treatments) 	<ul style="list-style-type: none"> (i) HKD 50,000 per incident (ii) HKD 1,000 per visit/Max. HKD 45,000 per incident
IV. Cancer benefits		
1	Prescribed non-surgical cancer treatments ⁽¹²⁾	Full cover ⁽⁷⁾

Benefit items ⁽⁴⁾⁽⁵⁾		Maximum benefit limit ⁽⁶⁾																					
V. Accidental treatment benefits																							
1	Accidental outpatient treatment	Full cover ⁽⁷⁾																					
2	Accidental dental treatment	Full cover ⁽⁷⁾																					
VI. Extended benefits																							
1	Dialysis ⁽⁹⁾	Full cover ⁽⁷⁾																					
2	Reconstructive surgery for specified cancer ⁽⁹⁾	HKD 200,000 (per policy year)																					
3	Hospice care ⁽⁹⁾	HKD 60,000 (per policy year)																					
4	Pregnancy complications ⁽⁹⁾ • Waiting period for pregnancy complications: 300 days	Covered ⁽¹³⁾																					
5	Prescribed diagnostic imaging tests ⁽⁹⁾⁽¹⁴⁾	Full cover ⁽⁷⁾																					
VII. Other Benefits																							
1	Daily hospital cash for staying below semi-private room in Hong Kong ⁽²⁾⁽¹⁵⁾	HKD 1,000 (per day)																					
2	Compassionate death benefit	HKD 80,000 (per policy)																					
3	Accidental death benefit	HKD 80,000 (per policy)																					
4	Wellness benefit	<p>Choose 1 of the following items within the year after every 3rd policy renewal:</p> <table border="1"> <thead> <tr> <th>Health screening tests or vaccination</th> <th>Applicable ages</th> <th>Per relevant policy year</th> </tr> </thead> <tbody> <tr> <td>(i) Eye examination and cross-sectional ocular scan*</td> <td>4 or above</td> <td>HKD 500</td> </tr> <tr> <td>(ii) Pap smear</td> <td>18 or above</td> <td>HKD 500</td> </tr> <tr> <td>(iii) Prostate test</td> <td>25 or above</td> <td>HKD 500</td> </tr> <tr> <td>(iv) Mammogram</td> <td>40 or above</td> <td>HKD 1,000</td> </tr> <tr> <td>(v) Bone densitometry</td> <td>50 or above</td> <td>HKD 1,000</td> </tr> <tr> <td>(vi) Zoster vaccine</td> <td>50 or above</td> <td>HKD 1,000</td> </tr> </tbody> </table> <p>* Excluding eye examinations/tests for visual acuity and/or refraction.</p>	Health screening tests or vaccination	Applicable ages	Per relevant policy year	(i) Eye examination and cross-sectional ocular scan*	4 or above	HKD 500	(ii) Pap smear	18 or above	HKD 500	(iii) Prostate test	25 or above	HKD 500	(iv) Mammogram	40 or above	HKD 1,000	(v) Bone densitometry	50 or above	HKD 1,000	(vi) Zoster vaccine	50 or above	HKD 1,000
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Value-added services⁽¹⁶⁾

1	Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests ⁽¹⁷⁾	✓
2	Medical Green Channel	✓
3	Treatment Sure (Second medical opinion and overseas medical concierge services)	✓
4	SmartAppoint Service	✓
5	24-hour Worldwide Emergency Assistance Services	✓



Remarks

1. "Asia" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
2. Psychiatric treatments and daily hospital cash for staying below semi-private room in Hong Kong will only be covered in Hong Kong.
3. For medical services performed outside the territorial scope of cover for an accident that occurred outside the territorial scope of cover, we will pay for the eligible expenses and/or costs charged in accordance with the benefit limits listed in the Benefit Schedule, subject to your plan's deductible. For medical services performed outside the territorial scope of cover not because of an accident, we will pay for the eligible expenses and/or costs charged in accordance with the benefit limits of the terms and conditions and the Benefit Schedule of the Standard Plan published by the government of Hong Kong (VHIS Standard Plan Terms and Benefits), subject to your plan's deductible. Please refer to "Limitations on hospital stays outside the territorial scope of cover" in the "Product summary" section below. Besides, we will pay the death benefit in accordance with the benefit limits listed in the Benefit Schedule upon the death of the insured person regardless of geographical location, including compassionate death benefit and accidental death benefit.
4. For hospital stay in a room level higher than your entitled room level, we will adjust your benefit with an adjustment factor. Please refer to "Limitations on room level choice" in the "Product summary" section below.
5. Unless otherwise specified, you will not be able to recover eligible expenses for the same item under more than 1 benefit item in the table.
6. The maximum benefit limits listed in the Benefit Schedule are shown in HKD. The exchange rate will be USD 1 to HKD 8 if you choose USD as your plan's currency.
7. Full cover means no itemised benefit sub-limit, and the benefit payable will be subject to the annual benefit limit and lifetime benefit limit.
8. We will not cover eligible expenses for medical devices under this benefit item if they are covered under benefit item II 4 listed in the Benefit Schedule (regardless of whether such eligible expenses have exceeded the benefit limit under benefit item II 4).
9. We have the right to ask for proof of recommendation, such as a written referral or testifying statement on the claim form from the attending doctor, registered doctor or registered occupational therapist (if applicable), except for (1) the consultation and/or medical treatment performed by a registered chiropractor and is payable under benefit item III 1 listed in the Benefit Schedule; and (2) the consultation and/or medical treatment performed by a registered Chinese medicine practitioner or registered clinical psychologist and is payable under rehabilitation treatments of benefit item III(5)(ii) of the Benefit Schedule. We will only pay for the rehabilitation treatments incurred in a rehabilitation centre under benefit item III 4 listed in the Benefit Schedule.
10. Specified items include: (1) pacemaker; (2) stents for percutaneous transluminal coronary angioplasty; (3) monofocal or multifocal intraocular lens; (4) artificial cardiac valve; (5) metallic or artificial joints for joint replacement; (6) prosthetic ligaments for replacement or implantation between bones; and (7) prosthetic intervertebral disc. Other items refer to other medical devices that are not mentioned above.
11. For surgical procedure performed that is not categorised as complex or major in the schedule of surgical procedures, we will cover the eligible expenses when such surgical procedure is categorised as complex or major and payable under benefit item II 1 listed in the Benefit Schedule.
12. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
13. We will cover this benefit under benefit items I 1-7, II 1-4, III 1-2 and VI 5 listed in the Benefit Schedule, subject to their respective individual limits.
14. 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.
15. We will only provide the benefit for a hospital stay of a level below a semi-private room in a Hong Kong private hospital. We will only pay for this benefit when the benefit amount payable for benefit items I – VI listed in the Benefit Schedule is greater than zero.
16. These value-added services do not form part of this **PRUHealth VHIS VIP Plan**.
17. You will need to get our pre-authorisation before your treatment.

Key exclusions

We will not provide coverage under this plan under any of the following circumstances:

- (i) A treatment, procedure, medication, test or service which is not Medically Necessary; or
- (ii) Expenses incurred for a hospital stay solely for the purpose of diagnostic procedures or allied health services, unless it has been recommended by a registered doctor for Medically Necessary investigation or treatment of a disability which cannot be effectively carried out as a day patient; or
- (iii) Expenses arising from Human Immunodeficiency Virus ("HIV") and its related disability, which is contracted or occurs before the effective date of the plan, whether or not you or the insured person knows they suffer from it when they apply. When there is no evidence of proof as to the time at which HIV is first contracted or occurs, the insured person will only be able to claim if they show symptoms after 5 years of taking out the plan. The insured person will be able to claim if their HIV and its related disability has been caused by sexual assault, medical assistance, organ transplant, blood transfusion or donation, or infection at birth; or
- (iv) Medical services provided to the insured person because of any disability directly or indirectly arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or any condition following from them; or
- (v) Any charges in respect of services for –
 - a. beautification or cosmetic purposes, unless the insured person needs them because of an injury caused by an accident and they receive the medical services within 90 days of the accident, or unless they are covered under reconstructive surgery for specified cancer of the plan, any medical devices used during that reconstructive surgery or prescribed diagnostic imaging tests relating to that reconstructive surgery; or
 - b. correcting visual acuity or refractive errors that can be corrected with spectacles or contact lenses. This includes (but is not limited to) eye refractive therapy, LASIK and any related tests, procedures and services; or
- (vi) Expenses for prophylactic treatment or preventive care. This includes (but is not limited to) general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, hair mineral analysis (HMA), immunisation or health supplements (except for health screening tests and vaccination under wellness benefit of the plan); or
- (vii) Dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during a hospital stay because of an accident, or such treatment and surgery that are covered under accidental dental treatment of the plan. We will not cover follow-up dental treatment or oral surgery after the insured person has been discharged from hospital; or
- (viii) Medical services and counselling services relating to maternity conditions and their complications. This includes (but is not limited to) diagnostic tests for pregnancy or childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility; or sexual dysfunction, except for services arising from specified pregnancy complications of the plan; or
- (ix) Purchase of durable medical equipment or appliances, except for the costs covered under the home facility enhancement of the rehabilitation benefit for covered cancer, heart attack and stroke of the plan. This exclusion shall not apply to the rental of medical equipment or appliances during a hospital stay or on the day of the day case procedure; or
- (x) Traditional Chinese medicine treatment and alternative treatments, including (but not limited to) herbal treatment, bone-setting, acupuncture, acupressure, tui na, hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy and homeotherapy, unless such traditional Chinese medicine treatments are covered under traditional Chinese medicine or the rehabilitation treatments under the rehabilitation benefits for covered cancer, heart attack and stroke of the plan; or
- (xi) Experimental or unproven medical technology or procedures that are outside common medical standards or not approved by the recognised authority, in the locality where the treatment, procedure, test or service takes place; or
- (xii) Any charges for medical services given because of congenital conditions of which the insured person has shown symptoms or been diagnosed before they reach the age of 8; or
- (xiii) Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party; or
- (xiv) Treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

For more details on exclusions, please refer to relevant policy provisions.

Product summary

Plan type

Basic plan (i.e. standalone plan) or supplementary benefit (i.e. rider)

(When this plan is a basic plan, it means you can choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time. When this plan is a supplementary benefit, it means you must attach it to a basic plan when you are enrolling in it.)

Eligibility

Hong Kong residents only

Premium term/Benefit term/Issue age/ Currency option

Premium term/ Benefit term	Issue age (attained age)	Currency option
Whole life	15 days – 80 years old	HKD/USD

Certification numbers

Territorial scope of cover options	Deductible options	Certification numbers
Asia	HKD 0	F00050-01-000-04
	HKD 20,000	F00050-02-000-04
	HKD 50,000	F00050-03-000-04
	HKD 96,000	F00050-07-000-01
	USD 0	F00050-04-000-04
	USD 2,500	F00050-05-000-04
	USD 6,250	F00050-06-000-04
	USD 12,000	F00050-08-000-01
Worldwide except the USA	HKD 0	F00050-09-000-01
	HKD 20,000	F00050-10-000-01
	HKD 50,000	F00050-11-000-01
	HKD 96,000	F00050-12-000-01
	USD 0	F00050-13-000-01
	USD 2,500	F00050-14-000-01
	USD 6,250	F00050-15-000-01
	USD 12,000	F00050-16-000-01

Plan renewal

We guarantee that you will be able to renew your plan at each policy anniversary subject to the premium rate, terms and conditions and Benefit Schedule that applies at that time.

You can also choose to convert your plan to the Certified VHIS Standard Plan that we offer at that time of renewal, without further underwriting.

Premium rates are not guaranteed and are yearly adjustable based on the territorial scope of cover, deductible, plan type and attained age of the insured person at the time of plan renewal. We will determine the relevant premium rates on a portfolio basis based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.

Changes to benefits

We will adjust the terms and benefits of this plan subject to the approval and/or certification by the VHIS Office when you renew or if the requirements for complying with the VHIS are changed. If we do this, we will do it to all plans with the same terms and conditions and Benefit Schedule; however, we will not reduce your benefit limits and will not raise the co-insurance level of your existing benefits.

The changes will apply automatically unless you tell us in writing that you want to cancel your plan within 30 days of the renewal date. If you do this, we will refund the premium you have paid since the renewal if you have not made (and do not make) any claims.

Limitations on room level choice

If you stay in a higher category of room level than your entitled room level, we will apply an adjustment factor and will only pay a percentage of such cost:

- 50% of the benefit payable if you stay in a private room when your entitled room level is a semi-private room; or
- 25% of the benefit payable if you stay in a higher category of room level than a private room, such as a suite, a deluxe room or a VIP room.

We will not apply the above adjustment factor if you stay in a higher category of room level than your entitled room level if, for example, there is a shortage of the entitled room in case of an emergency, or if you need treatment in an isolation ward, or other reasons not involving individual preference.

Limitations on hospital stays outside the territorial scope of cover

For hospital stays, we will cover the eligible medical costs of staying in your entitled room level in the territorial scope of cover (except for psychiatric treatments and daily hospital cash for staying below semi-private room in Hong Kong, which will only be covered in Hong Kong).

If you have an accident occurred outside the territorial scope of cover and need medical services outside the territorial scope of cover, we will pay your claim (if it is eligible) in line with your plan's Benefit Schedule.

We will also pay for treatments performed outside the territorial scope of cover for any non-accidents as well as accidents that occurred within the territorial scope of cover, subject to your plan's deductible and up to the benefit limits of the VHIS Standard Plan Terms and Benefits.

Underwriting factors

When we receive your application, we will assess the risk based on the information you give us. This includes (but is not limited to) the insured person's occupation, their hobbies, where they live, as well as their travelling pattern and health condition. We use this to decide whether to accept your application on standard terms, accept it with increased premiums and/or exclusions or reject it. When we look at the insured person's occupation, our underwriting decision depends on factors such as what their job involves, where they work and the nature of the business. When we look at where they live, the decision depends on factors such as the location of their home and how long they have lived there.

Reasonable and Customary Charges

We will only cover charges or expenses which we believe are Reasonable and Customary. That means that they must be Medically Necessary (there are more details below) and do not exceed the general range of charges by service providers where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar age, for a similar disability, as we reasonably determine in utmost good faith.

The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. We may exercise our right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference but not limited to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the government; and/or another source of reference where the treatments, services or supplies are provided.

We may exercise our right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.

Medically Necessary

A medical service, including treatment and diagnostic procedure, is Medically Necessary if:

- it requires the expertise of, or be referred by, a registered doctor;
- it is consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- it conforms to the standards of good and prudent medical practice, and not rendered primarily for the convenience or the comfort of the insured person, their family, caretaker or the registered doctor;
- it is performed in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- it is performed at the most appropriate level which, in the prudent professional judgement of the registered doctor, can be safely and effectively provided to the insured person.

These are some of the circumstances in which we believe a hospital stay is Medically Necessary. It is not an exclusive list:

- the insured person is having an emergency that needs urgent hospital treatment;
- surgery is performed under general anaesthesia;
- equipment for surgery/procedure is available in hospital and the procedure cannot be done on a day patient basis;
- the insured person is concurrently suffering from another severe disease or injury; and
- the attending doctor believes, in their professional judgement, that the insured person needs hospital-based medical service; and that the length of hospital stay is appropriate for the medical service concerned.

VAT and GST

Eligible expenses shall include the value-added taxes ("VAT") and goods and services taxes ("GST") (if any) charged or imposed on the expenses incurred for medical services.

Termination of this plan

We will terminate this plan when the first of these happens:

- the insured person dies; or
- you fail to pay your premium within 30 days from its due date; or
- we are no longer authorised under the Insurance Ordinance to write or continue to write this plan; or
- if this plan is a supplementary benefit, the basic plan to which this plan attached is cancelled or surrendered.

If you wish to continue this plan, you may notify us in writing before it expires.

More about the value-added services

Medical Green Channel

- Medical Green Channel is provided by an independent third-party service provider. This service offers priority booking for outpatient and/or hospitalisation appointment at Medical Green Channel's selected hospitals in Mainland China for the insured person of the **PRUHealth VHIS VIP Plan**.
- Medical Green Channel's case managers and escort staff are appointed by the service provider.
- The insured person is responsible for all registration fees, diagnosis/treatment fees, examination fees, prescription fees, hospitalisation fees, and all administration fees and medical expenses incurred on their outpatient and/or hospitalisation services. The medical expenses the insured person can claim are subject to the terms and conditions, and the benefit limit of the insured person's medical insurance plan.
- Medical Green Channel is not suitable for an insured person who has an acute medical condition, has been involved in an accident, or has conditions requiring emergency or immediate medical assistance.

Treatment Sure

- The Treatment Sure offers Global Expert Medical Opinion and Medical Concierge services for the insured person of **PRUHealth VHIS VIP Plan**. The service is suitable for any non-emergency medical conditions (e.g. cancer, gastroenteric diseases and orthopaedic issues) that needs a second opinion, **but excludes**:
 - Accidents and medical emergencies
 - Urgent or life-threatening conditions
 - Daily or common medical issues (such as colds, fever, flu and occasional rashes)
 - Chronic diseases management (such as chronic hepatitis, diabetes and high blood pressure), except for any complications of chronic diseases
- The Global Expert Medical Opinion report is intended to supplement the information the insured person has already received from their attending doctor. It should not be used to replace their attending doctor's recommendations. The final decision on the medical treatment arrangement must be made solely by the insured person.
- The Medical Concierge is only available after the insured person has completed the Global Expert Medical Opinion. If the insured person chooses to receive treatment abroad, they will be responsible for all fees and charges required for travel and accommodation and related items. The amount you can claim for treatment expenses is subject to the benefit limit of your plan.

SmartAppoint Service

- The SmartAppoint Service is an advanced policy instruction, and not an enduring power of attorney ("EPA") or guardianship order. It does not appoint the designated person as your attorney or guardian/committee. If you have an EPA or a guardian/committee appointed, you must not apply for this service.
- The policy holder and the insured person must be the same person.
- The designated person must be a member of your family who is age 18 or over, and must be your spouse, parent, child, sibling, grandparent, grandchild, or any other relation we approve.
- You must notify the designated person of the instruction/change of instruction under this service.
- When submitting a claim, the designated person needs to provide medical reports from 2 registered medical practitioners (1 from your attending doctor) confirming your mental incapacity to our satisfaction, and any other documents or evidence we may require.
- SmartAppoint Service does not form part of this **PRUHealth VHIS VIP Plan**.

Third-party services

- Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services are provided by third-party service provider(s) we have designated, and are subject to their respective terms and conditions. We will not be responsible for the accuracy of any third-party information quoted above.
- We maintain sole discretion to change the scope of these services (including the list of Medical Green Channel hospitals) and the service provider(s) from time to time without advance notice. We may also cease and/or suspend these services at our sole discretion.
- We are not the service provider(s) for these services. The relevant service provider(s) is(are) not our agent, and vice versa. We make no representation, warranty or undertaking as to the quality and availability of the service and shall not accept any responsibility or liability for the services provided by the service provider(s). Under no circumstance shall we be responsible or liable for the acts or omissions of the service provider(s) in the provision of such services.
- Medical Expenses Direct Billing Service for hospitalisation, day surgeries and diagnostic imaging tests, Medical Green Channel, Treatment Sure and 24-hour Worldwide Emergency Assistance Services do not form part of this **PRUHealth VHIS VIP Plan**.

Important information

Tax deduction under the VHIS

The issuance of this plan does not necessarily mean you are eligible for any tax deduction for the premiums you have paid for this plan. For further information on tax deduction under the VHIS, please contact the Inland Revenue Department. We cannot provide you with any tax advice. If you have doubts, you should seek professional advice.

Suicide clause

If the insured person commits suicide, whether sane or insane, within 1 year from the effective date of the plan, we will limit the death benefit to a refund of the premiums paid without interest. We will deduct any amounts we have already paid and any amounts you owe us under the policy.

Cancellation right

A customer who has bought the life insurance plans has a right to cancel the policy within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid less any withdrawals. Provided that no claim has been made, the customer may cancel the policy by giving written notice to us within 21 calendar days immediately following either the day of delivery of (1) the policy or (2) the notice (informing the availability of the policy and expiry date of the cooling-off period) to the customer or his/her nominated representative, whichever is earlier. Such notice must be signed by the customer and received directly by Prudential Hong Kong Limited at 8/F, Prudential Tower, The Gateway, Harbour City, 21 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong within the cooling-off period.

The premium and levy will be refunded in the currency of premium and levy payment at the time of application for this policy. If the currency of premium and levy payment is not the same as the plan currency, the refundable premium and levy amount in plan currency under this policy will be converted to the currency of premium and levy payment at the prevailing currency exchange rate as determined by us in our absolute discretion from time to time upon payment. After the cooling-off period expires, if a customer cancels the policy before the end of benefit term, the actual cash value (if applicable) may be substantially less than the total amount of premiums paid.

Need more details? Get in touch

Please contact your consultant or call our Customer Service Hotline at 2281 1333 for more details.

Notes

PRUHealth VHIS VIP Plan is underwritten by Prudential Hong Kong Limited (“Prudential”). You can always choose to take out this plan as a standalone plan without enrolling with other type(s) of insurance product at the same time, unless such plan is only available as a supplementary benefit which needs to be attached to a basic plan. This brochure does not contain the full terms and conditions of this plan and is for reference only. It does not represent a contract between Prudential and anyone else. You should read carefully the risk disclosures and key exclusions (if any) contained in this brochure. Whether to apply for insurance coverage is your own individual decision. For further details and the full terms and conditions of this plan, please ask Prudential for a sample of the policy document.

Prudential has the right to accept or decline any application based on the information provided by the policy holder and/or insured person in the application.

Some life insurance plans may have a savings element, in which case, part of the premium will be used to pay for the insurance and related costs.

As the issuer of the life insurance plans, Prudential will be responsible for all protection and claims issues. Prudential is not an associate or subsidiary company of Standard Chartered. This brochure is not a contract of insurance and is intended to be a general summary for reference purpose only. Please refer to the policy for full terms and conditions. Standard Chartered does not accept any responsibility regarding any statements provided by Prudential or any discrepancies or omissions in the contract of insurance nor shall Standard Chartered be held liable in any manner whatsoever in relation to your contract of insurance.

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In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between Standard Chartered and the customer out of the selling process or processing of the related transaction, Standard Chartered is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the product should be resolved directly between Prudential and the customer.



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