This Policy document covers the terms and conditions of the following plan.

Part One: **PRUShield Premier** and **PRUShield Plus** plans

Part Two: **PRUShield Standard Plan**

You may wish to refer to your Policy Certificate for the plan that you have bought.

PART ONE

PRUSHIELD PREMIER
PRUSHIELD PLUS

Your policy is only complete if you have this Policy document and a Policy certificate

1.1 Our agreement

1.1.1 This policy document and the following documents: -

- your Policy Certificate,
- your Proposal Form (and your Supplementary Proposal Form, if any),
- your PRUPlanner or Financial Needs Analysis,
- the questionnaires pertaining to your lifestyle, occupational and medical condition that you had submitted to us for our underwriting purposes (if any),
- our Offer of Conditional Acceptance (if any), and
- all written correspondence between yourself and us relating to your policy (if any),

shall constitute the entire agreement between you and us relating to your policy with us and supersedes all previous representations, warranties and agreements whether written or oral.

Your policy is a legal contract between you* and us. We* agree to give you the benefits set out in your Policy Certificate as explained in this Policy document for the premium paid by you.

The information you gave us in the proposal form, supplementary proposal form and any correspondence for this policy was relied on by us in deciding whether or not to insure you.

Your policy may be void if any information you give us is incomplete or inaccurate or you do not comply with the conditions of your policy.

Your policy is only for the cover and the period shown on your Policy Certificate. It is also subject to the terms and conditions contained in this Policy document.

We give you a new Policy Certificate when you make any alteration to your policy. It becomes your current Policy Certificate.

A person who is not a party to this policy has no right under the Contracts (Rights of Third Parties) Act to enforce any of the terms and conditions of this policy.

The life assured is also insured under MediShield Life operated by the Central Provident Fund ("**CPF**") Board which is governed by the Central Provident Fund Act (Chapter 36) and MediShield Life Scheme Act (No. 4 of 2015) (**Act**) and the respective subsidiary legislation made thereunder (**Regulations**), provided the life assured meets the eligibility conditions as specified in the Act and Regulations. The life assured, if insured under MediShield Life, shall enjoy all benefits of MediShield Life as provided under the Act and Regulations.

*__you__ – means the policyowner shown on your Policy Certificate
*__we__ – means Prudential Assurance Company Singapore (Pte) Limited

1.1.2 Review period

We give you a period of 21 days from the date of receipt of this Policy document, to review your policy.

If you decide this policy is not suitable for your needs, simply write to us within the 21-day review period. We will refund any premium you have paid (without interest), less medical fees, other expenses we have had to pay and any amounts you owe us in connection with the policy.

If your policy document and all other documents from us are made available electronically via PRUaccess, then they are considered delivered and received when we send you the relevant SMS and/or email notification informing you that the documents are accessible on PRUaccess.

Otherwise, your policy and all other documents from us are considered delivered and received in the ordinary course of the post, 7 days from the date of posting to the last known address notified to us.

This review period will not apply if you have done a change of plan (refer to **Clause 1.5**).

1.2 What type of benefit?

PRUShield is the enhancement plan that is offered on top of the MediShield Life tier operated by the CPF Board. It provides additional benefits to meet the needs of Singaporeans and Singapore Permanent Residents who would like more coverage and insurance protection against hospitalisation in B2 or C wards and above of restructured Hospitals or private Hospitals.

We will pay the claims according to the benefits under this enhancement plan or MediShield Life, whichever is higher.

Benefits under this policy are only payable when the life assured suffers from an Injury or Illness, which is covered under this policy and the life assured is hospitalised as an inpatient, or undergoes day surgery or selected outpatient treatment, as defined in this policy.

We do not pay under the following benefits if the medical expenses are incurred at non-MediShield Life accredited Hospitals or treatment centres:

- Inpatient and Day Surgery benefits (refer to **Clause 1.4.3**)
- Outpatient Hospital benefits (refer to **Clause 1.4.5**)

If the life assured is a foreigner who is not a Singapore Permanent Resident, then your PRUShield plan does not cover the MediShield Life tier operated by the CPF Board. We will pay the claims according to the benefits under this PRUShield plan.

We do not pay for claims where the medical expenses have been paid by other medical insurance or you have received reimbursement from any other source.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association (GIA) /Life Insurance Association (LIA) or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

1.2.1 Basic benefits offered

We provide you with 4 basic benefits that pay for Medically Necessary treatment and reimburses Reasonable and Customary Expenses incurred. They are:

1) Inpatient and Day Surgery benefits – comprising 4 sub-benefits:

a) Daily Ward and Treatment Charges:

i) **Normal Ward** – pays for ward and treatment charges, as set out in the Benefits Schedule,

ii) **Intensive Care Unit Ward** – pays the Intensive Care Unit (**"ICU"**) charges, as set out in the Benefits Schedule.

iii) **Miscellaneous Hospital Services** – pays for Medically Necessary services or materials supplied by the Hospital to the life assured while hospitalised.

iv) **Daily Inpatient Physician Visit** – pays for charges incurred when a Physician who is a Registered Medical Practitioner attends and treats the life assured while hospitalised.

v) **Community Hospital** – pays for ward and treatment charges when hospitalised in a Community Hospital.

vi) **Accidental Inpatient Dental Treatment** – pays for dental procedures on the life assured's natural teeth lost or damaged through an Accident.

vii) **Inpatient Palliative Care Service (General)** – pays for medical expenses incurred for general inpatient palliative care services.

viii) **Inpatient Palliative Care Service (Specialised)** – pays for medical expenses incurred for specialised inpatient palliative care services.

b) Surgical benefit:

i) **Surgical Procedure** – pays all Medically Necessary Surgical Procedures, as set out in the Benefits Schedule.

ii) **Organ Transplant benefit** – pays when the life assured is hospitalised for a surgical transplant of the following organs due to a covered disability: kidney(s), heart, liver, cornea(s), bone marrow, skin and musculoskeletal tissue.

iii) **Stem Cell Transplant Treatment**– pays medical expenses incurred for a life assured to undergo stem cell transplant treatment due to Leukaemia, Thalassemia Major and

Lymphoma after not having responded to other treatments such as chemotherapy, radiotherapy or surgery.

iv) **Implants** – pays, as set out in the Benefits Schedule, for Medically Necessary implant(s) inserted into the body of the life assured during surgery and remains in the body of the life assured on completion of the surgery.

v) **Radiosurgery** – pays expenses incurred when the life assured undergoes Radiosurgery. Radiosurgery can be performed as an Inpatient or day surgery procedure.

c) Living Organ Donor Transplant benefit:

i) **When the life assured is the organ donor** – we pay the hospitalisation expenses, as set out in the Benefits Schedule, incurred in a Singapore Hospital, when the life assured donates specific organs.

ii) **When the life assured is the organ recipient** – we pay the hospitalisation expenses, as set out in the Benefits Schedule, incurred by the organ donor, provided the donor does not have any insurance coverage for such expenses or receive any reimbursement for expenses incurred, from another source.

d) Overseas Medical Treatment benefit:

i) **Emergency Medical Treatment outside Singapore** – pays the hospitalisation expenses as a result of emergency medical treatment while overseas.

ii) **Planned Overseas Medical Treatment** – pays the hospitalisation and day surgery expenses incurred in selected Hospitals overseas.

2) Pre and Post-hospitalisation benefits:

i) **Pre-hospitalisation Consultation and Services** – pays pre-hospitalisation expenses incurred for general practitioner consultation (including outpatient telemedicine consultation) resulting in a referral to a Specialist, Specialist consultation fees and outpatient telemedicine consultation fees, including the cost of medications and diagnostic and laboratory tests service fees, incurred within 180 days before the life assured's Hospital Confinement (including Psychiatric Treatment), confinement in a Community Hospital, Short Stay Ward or day surgery for treatment of the same Injury or Illness.

ii) **Post-hospitalisation Follow-up Treatment and Services** – pays Post-hospitalisation treatment for dressings, consultations (including outpatient telemedicine consultation), physiotherapy performed at a Hospital or Specialist clinic and diagnostic and laboratory tests services and medicines consumed within 365 days following the discharge from Hospital (including Psychiatric Treatment), Community Hospital, Short Stay Ward or day surgery for the same Injury or Illness.

iii) **Post-hospitalisation Hyperbaric Oxygen Therapy** – pays Post-hospitalisation treatment expenses incurred for hyperbaric oxygen therapy within 365 days following the discharge from Hospital, Community Hospital or day surgery for the same Injury or Illness up to the limits as set out in the Benefits Schedule.

The above benefits under point 1) and 2) are subject to the Deductible, Co-Insurance and Pro-ration as set out in the Benefits Schedule.

3) Outpatient Hospital benefits – comprising 4 sub-benefits:

a) Outpatient Cancer Treatment – reimburses, as set out in the Benefits Schedule, the Reasonable and Customary Expenses incurred for approved outpatient cancer treatment at Medisave/MediShield Life accredited cancer treatment centres.

b) Outpatient Kidney Failure Treatment – reimburses, as set out in the Benefits Schedule, the Reasonable and Customary Expenses incurred for approved outpatient kidney dialysis treatment at Medisave/MediShield Life accredited dialysis treatment centres and the cost of the Medically Necessary prescribed erythropoietin for chronic kidney failure.

c) Immunosuppressants for Organ Transplant – reimburses, as set out in the Benefits Schedule, the cost of the Medically Necessary prescribed Immunosuppressants.

d) Long-Term Parenteral Nutrition - reimburses, as set out in the Benefits Schedule, the cost of Parenteral nutrition bags and consumables necessary for administering Long-Term Parenteral Nutrition that meets the MediShield Life criteria.

The above benefits under point 3) are subject to Co-Insurance and Pro-ration as set out in the Benefits Schedule.

4) Other benefits

i) **Final Expense Provision benefit –** waives the Deductible and Co-insurance amounts up to the Final Expense limits as set out in the Benefits Schedule if the life assured dies during hospitalisation or within 30 days of discharge from the Hospital as a result of the cause of the hospitalisation.

ii) **Serious Pregnancy and Delivery-related Complications** – reimburses the medical expenses incurred when any one of the listed conditions (refer to **Clause 1.4.6.2**) is first diagnosed by an obstetrician after 10 months from the Cover Start Date of the policy or the date of reinstatement (if any), whichever is later.

iii) **Congenital Abnormalities** for**:**

a) **a life assured** – pays for hospitalisation expenses incurred for Medically Necessary treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities of the life assured, up to the limit as set out in the Benefits Schedule.

b) **a female life assured's biological child** – pays for hospitalisation expenses incurred for Medically Necessary treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities of a female life assured's biological child during the first 24 months from the birth of the child up to the limit as set out in the Benefits Schedule.

iv) **Psychiatric** – pays the medical expenses incurred, up to the limit as set out in the Benefits Schedule, if the life assured receives inpatient psychiatric treatments. Also includes Pre- and Post-hospitalisation expenses incurred for Psychiatric Treatment

v) **Short Stay Ward** – pays for charges incurred in the Short Stay Ward even if it does not result in the hospitalisation of the life assured. Also includes Pre- and Post-hospitalisation expenses incurred in the Short Stay Ward.

vi) **Future Insurance Option at life events** – allows the life assured to buy another policy at certain life events.

vii) **Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma** – reimburses the medical expenses incurred, up to the limit as set out in the Benefits Schedule, if the life assured undergoes Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma.

viii) **Inpatient and Outpatient Proton Beam Therapy** – reimburses the medical expenses incurred, up to the limit as set out in the Benefits Schedule, if the life assured undergoes Proton Beam Therapy treatment as an inpatient, outpatient or day surgery procedure

ix) **Cell Tissue and Gene Therapy Treatment** – reimburses the medical expenses incurred, up to the limit as set out in the Benefits Schedule, if the life assured undergoes inpatient hospital treatment (including day surgery) for Cell Tissue and Gene Therapy Treatment.

x) **Refresh benefit** – resets the benefit limit for inpatient hospitalisation expenses as set out in the Benefits Schedule if the life assured has exceeded the Policy Year Limit, and is subsequently hospitalised for a different medical condition.

For a detailed explanation of the above benefits, please refer to **Clause 1.4** of this Policy document.

1.3 Payment of premiums

1.3.1 Your obligations

Your Policy Certificate shows the date your first premium is due and the premium amount. Your premium for each subsequent Policy Year is due on each anniversary of the Cover Start Date (**Premium Due Date**). You must pay your premium within 90 days from each Premium Due Date (**the Grace Period**). We will send you a notice when your premium is due.

If you fail to pay your premium within the Grace Period, your policy automatically terminates. In this instance, as long as your premiums are not paid, claims submitted for an Illness or Injury incurred within the Grace Period will not be considered.

1.3.2 Premium payment from Medisave

If you pay your premium with funds from a Medisave account, we will deduct premiums annually from this Medisave account up to a maximum withdrawal limit per life assured per Policy Year as stipulated by the CPF Board. If the premium due is more than the maximum withdrawal limit or there are

insufficient funds in the Medisave account to pay the premium due, the balance premium due can be paid by cash within the Grace Period.

1.3.3 Premium payment by cash

If you pay your premiums by cash or cheque, we will send you a notice when your premium is due. You must ensure that your premiums are paid on time even if you do not receive the notice.

If you are a foreigner with an Eligible Valid Pass, you must pay your premiums via GIRO or credit card. We will renew your policy only if your premiums are paid by either of these methods.

1.3.4 Renewal premium rate

On the Premium Due Date for each Policy Year, the required renewal premium rate for the life assured will be determined based on:

- the type of plan of your policy; and
- the age next birthday of the life assured.

1.4 What type of plan?

1.4.1 Types of plan offered

The table below (**Benefits Schedule**) shows the maximum benefits offered for the various plans.

Benefits Schedule (please refer to **Clauses 1.4.3** to **1.4.6** for the details of these benefits)

	PRUShield Premier	**PRUShield Plus**
	Singapore Private Hospital	**Singapore Restructured Hospital** (Class A Ward)
Inpatient and Day Surgery Benefits **Daily Ward and Treatment Charges:** Normal Ward Intensive Care Unit Ward Miscellaneous Hospital Services Daily Inpatient Physician Visit Community Hospital (Rehabilitative) Community Hospital (Sub-acute) Accidental Inpatient Dental Treatment Inpatient Palliative Care Service (General) Inpatient Palliative Care Service (Specialised)	As charged	As charged
Surgical benefits: (including Day Surgery) Surgical Procedure Organ Transplant benefit Stem Cell Transplant Treatment Implants Radiosurgery	As charged	As charged

	PRUShield Premier	PRUShield Plus
	Singapore Private Hospital	**Singapore Restructured Hospital** (Class A Ward)
Living Organ Donor Transplant Benefit Life assured is the organ donor Life assured is the organ recipient	$60,000 per Policy Year	$40,000 per Policy Year
Overseas Medical Treatment Emergency Medical Treatment outside Singapore Planned Overseas Medical Treatment	As charged (paying the lower of: - the overseas charges; or - in accordance with a Singapore Private Hospital's charges)	As charged (paying the lower of: - the overseas charges; or - in accordance with a Singapore Restructured Hospital's charges)
Pre & Post-Hospitalisation benefit:		
Pre-hospitalisation Consultation and Diagnostic Laboratory Services incurred 180 days preceding confinement or day surgery	As charged	As charged
Post-hospitalisation Follow-up Treatment and Diagnostic / Laboratory Services incurred within 365 days after confinement or day surgery	As charged	As charged
Post-hospitalisation Hyperbaric Oxygen Therapy incurred within 365 days after confinement or day surgery	$10,000 per Policy Year	$5,000 per Policy Year

Outpatient Hospital benefits:
Outpatient Cancer Treatment
- Radiotherapy for Cancer
  - External (except Hemi-Body)
  - Brachytherapy
  - Hemi-Body
  - Stereotactic
	As charged	As charged

- Chemotherapy and Immunotherapy
  - Cancer Drug Treatment (monthly limit)
  - Cancer Drug Services (yearly limit)
Refer to the Cancer Drug List on the MOH's website for the claim limits.
	5x
	5x
	This is the multiple of the MediShield Life limit
		5x
		5x
		This is the multiple of the MediShield Life limit

Outpatient Kidney Failure Treatment - Kidney Dialysis - Erythropoietin for Chronic Kidney Failure	As charged	As charged
Immunosuppressants for Organ Transplant	As charged	As charged
Long-Term Parenteral Nutrition	As charged	As charged
Other benefits:		
Final Expense Provision	$5,000	$3,000
Serious Pregnancy and Delivery-related Complications	As charged	As charged

	PRUShield Premier	PRUShield Plus
	Singapore Private Hospital	**Singapore Restructured Hospital** (Class A Ward)
Congenital Abnormalities of the life assured - First diagnosed or symptoms first appear within 24 months from the Cover Start Date or reinstatement date (if any), whichever is later	$20,000 per Policy Year	$15,000 per Policy Year
- First diagnosed or symptoms first appear after 24 months from the Cover Start Date or reinstatement date (if any), whichever is later	As charged	As charged
Congenital Abnormalities of a female life assured's biological child - First diagnosed or symptoms first appear within 24 months from the date of birth of the child	$20,000 per lifetime (limited to $5,000 per child)	$16,000 per lifetime (limited to $4,000 per child)
Psychiatric (including Pre- and Post-hospitalisation expenses incurred)	$8,000 per Policy Year	$7,000 per Policy Year
Short Stay Ward (including Pre- and Post-hospitalisation expenses incurred in a Short Stay Ward in a Singapore Restructured Hospital)	As charged	As charged
Future Insurance Option at life events	$100,000	$100,000
Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	$25,000 per Policy Year	$25,000 per Policy Year
Inpatient and Outpatient Proton Beam Therapy	$50,000 per Policy Year	$50,000 per Policy Year
Cell Tissue and Gene Therapy Treatment	$75,000 per Policy Year	$75,000 per Policy Year
Deductible per Policy Year:[1]		
Restructured C Ward	$1,500	$1,500
Restructured B2 Ward	$2,000	$2,000
Restructured B1 Ward	$2,500	$2,500
Restructured A Ward	$3,500	$3,500
Private Hospital	$3,500	$3,500
Day Surgery – Subsidised	$1,500	$1,500
Day Surgery – Non-Subsidised	$2,000	$2,000
Short Stay Ward – Subsidised	$1,500	$1,500
Short Stay Ward – Non-Subsidised	$2,000	$2,000
[1] *Deductibles will be increased by 50% depending on ward class when life assured is above age 85.*		
Co-Insurance	10%	10%

	PRUShield Premier	PRUShield Plus
	Singapore Private Hospital	**Singapore Restructured Hospital** (Class A Ward)
Pro-Ration: [2] Private Hospital Higher-class wards Private clinics or medical institutions *[2] Pro-ration factors are applied to reduce expenses in higher-class wards, private Hospitals, private clinics or treatment centres in the claims computation to suit the lower plan's coverage. Overseas Government Hospitals are considered private Hospitals and Pro-ration will apply.*	N.A.	65%
Limits of Cover: Policy Year Limit Lifetime Limit Refresh Benefit (resets the Policy Year Limit when it is reached)	 $1,200,000 Unlimited $1,200,000	 $600,000 Unlimited $600,000
Age Limits: Maximum Entry Age (for Singaporeans / Singapore Permanent Residents) (for foreigners) Maximum Renewal Age	 75 75 Lifetime	 75 75 Lifetime

1.4.2 What plan do you have?

Your Policy Certificate shows the type of plan you have.

1.4.3 Inpatient and Day Surgery benefits

These benefits below are subject to the Deductible, Co-insurance and Pro-ration.

1.4.3.1 What do we pay for Normal Ward?

If the life assured is hospitalised in a Standard Room of a Hospital as a result of Injury or Illness, we pay the normal ward charges for each day of Hospital Confinement that are Reasonable and Customary Expenses. This may include meals, in-patient prescriptions, professional charges, investigations, laboratory tests, high dependency ward stay and charges for other medical services.

For PRUShield Plus, the normal ward entitlement is any Standard Room of a Singapore Restructured Hospital.

If a Hospital Confinement flows over to the next Policy Year, the benefits will be processed based on the previous Policy Year's benefits, limits and Deductible when the life assured was first admitted for hospitalisation.

If the life assured changes ward of stay during Hospital Confinement, the Deductible applicable to the claim will be based on the highest ward class the life assured had stayed in.

1.4.3.2 What do we pay for Intensive Care Unit (ICU) Ward?

We pay the ICU ward charges if the life assured is confined in the ICU ward because of Injury or Illness. Charges may include meals and other medical services.

1.4.3.3 What do we pay for Miscellaneous Hospital Services?

We pay for the services or materials supplied by the Hospital to the life assured during his hospitalisation, provided they are Medically Necessary and deemed to be Reasonable and Customary Expenses.

The services and materials include Inpatient drugs, dressing or medicines prescribed for treatment, diagnostic and investigative procedures, laboratory tests and other miscellaneous medical charges during the life assured's hospitalisation.

1.4.3.4 What do we pay for Daily Inpatient Physician Visit?

We pay for the professional charges and consultation fees when a Physician who is a Registered Medical Practitioner attends to and treats the life assured during his hospitalisation.

1.4.3.5 What do we pay for Community Hospital?

Upon discharge from the Hospital or upon a referral from a Restructured Hospital's emergency department, if the life assured is immediately hospitalised in a Standard Room of a Community Hospital to continue treatment for Rehabilitative care or for Sub-acute care, we pay the actual normal ward charges including meals, Inpatient prescriptions, professional charges, investigations, laboratory tests, charges for high dependency wards and other medical services.

Hospice and convalescent centres/hospitals/homes are not covered.

We also reimburse the Reasonable and Customary expenses incurred for Community Hospital if the life assured is referred from the Emergency Department of a restructured Acute Hospital.

1.4.3.6 What do we pay for Accidental Inpatient Dental Treatment?

We pay for dental procedures performed by a duly qualified dental surgeon during Hospital Confinement to remove, replace or restore natural teeth lost or damaged because of an Accident.

We pay if the treatment is within one year from the date of Accident.

1.4.3.7 What do we pay for Inpatient Hospice Palliative Care Service?

We pay for Reasonable and Customary Expenses incurred for inpatient palliative care services in a Hospice if the life assured is suffering from a Terminal Illness. This inpatient stay in a Hospice must be referred by a Registered Medical Practitioner or Specialist and must be for a continuous period of at least six hours.

1.4.3.7.1 What do we pay for Inpatient Palliative Care Service (General)?

We pay for the medical expenses incurred if the life assured receives General Inpatient Palliative Care, up to the limits as set out in the Benefits Schedule.

The life assured must be admitted for General Inpatient Palliative Care by a Registered Medical Practitioner, according to the relevant guidelines from MOH

1.4.3.7.2 What do we pay for Inpatient Palliative Care Service (Specialised)?

We pay for the medical expenses incurred if the life assured receives Specialised Inpatient Palliative Care, up to the limits as set out in the Benefits Schedule.

The life assured must be admitted for Specialised Inpatient Palliative Care by a Registered Medical Practitioner, according to the relevant guidelines from MOH.

1.4.3.8 What do we pay for Surgical Procedure?

We pay if the life assured undergoes a Medically Necessary Surgical Procedure during his Hospital Confinement. Charges may include operating theatre and anaesthesia fees.

If the life assured undergoes day surgery where normal ward charges may not be applicable, we will still pay the Surgical Procedure benefit.

1.4.3.8.1 What do we pay for Organ Transplant benefit?

We pay if the life assured is hospitalised for an Injury or Illness and undergoes a surgical transplant of the following organs – kidney(s), heart, liver, cornea(s), bone marrow, skin and musculoskeletal tissue.

We will also pay for the Reasonable and Customary Expenses of acquiring any one of the above listed organs from a deceased donor but only if the transplantation is Medically Necessary.

However, we will not pay:
- for the expense of acquiring the organ from a living donor; or
- if the transplantation is illegal or arises from any illegal transaction or practice.

This benefit does not cover organ transplant surgery if the life assured is the donor of the organ.

1.4.3.8.2 What do we pay for Stem Cell Transplant Treatment?

We pay for the medical expenses incurred if the life assured undergoes stem cell transplant treatment because of Leukaemia, Thalassemia Major and Lymphoma after not responding to other treatments such as chemotherapy, radiotherapy or surgery.

We do not pay for Inpatient and Outpatient Proton Beam Therapy and Cell Tissue & Gene Therapy Treatment under this benefit.

1.4.3.8.3 What do we pay for Implants?

We pay if the life assured undergoes surgery and an implant is inserted into the body of the life assured and remains in the body on completion of the surgery.

We pay for approved medical consumables which may include intravascular electrodes used for electrophysiological procedures, Percutaneous Transluminal Coronary Angioplasty (**PTCA**) and intra-aortic balloons (or balloon catheters).

The implants and approved medical consumables must be Medically Necessary and deemed to be Reasonable and Customary Expenses.

1.4.3.8.4 What do we pay for Radiosurgery?

We pay for the expenses incurred when the life assured undergoes Radiosurgery. Radiosurgery can be performed as an Inpatient or day surgery procedure.

The applicable Deductible and Pro-ration factor for Radiosurgery procedure will depend on its classification as an Inpatient or day surgery procedure.

We do not pay for Inpatient and Outpatient Proton Beam Therapy and Cell Tissue & Gene Therapy Treatment under this benefit.

1.4.3.9 What do we pay for the Living Organ Donor Transplant benefit?

The benefits below are subject to the deductible, co-insurance limits and pro-ration.

1.4.3.9.1 When the life assured is the organ donor

We pay for the hospitalisation expenses, as set out in the Benefits Schedule, if the life assured donates his organ(s) – kidney and/or liver, provided the transplantation is carried out in a Hospital in Singapore.

The recipient must have been first diagnosed by a Registered Medical Practitioner, or the symptoms of the organ failure must have first appeared after 24 months from the:
- Cover Start Date of this policy; or
- date of reinstatement (if any),

whichever is later.

We will pay for the following:
- charges for any pre-hospitalisation treatment incurred within 180 days before the life assured is hospitalised for the organ transplant, provided the claim on the Living Organ Donor Transplant benefit is payable. We pay Specialist consultations, medications, diagnostic and laboratory tests, pre-harvesting laboratory tests and investigations;
- charges for the life assured's Hospital Confinement in a Standard Room or Intensive Care Unit (ICU);
- charges for the Surgical Procedure to remove the specified organ from the life assured's body;
- charges for the storage and transportation of the specified organ after the organ is removed from the life assured's body; and

- charges for any post-hospitalisation treatment and/or tests, as covered under **Clause 1.4.4**, incurred within 365 days following the life assured's discharge from the Hospital for the organ transplant including any post-transplant complications that may arise following the organ transplantation surgery of the life assured, provided the claim on the Living Organ Donor Transplant benefit is payable.

We will not pay for charges incurred for any counselling service done.

Payment for all eligible expenses incurred under the Living Organ Donor Transplant benefit shall be accumulated and paid up to the respective limit as set out in the Benefits Schedule.

1.4.3.9.2 When the life assured is the organ recipient

If the life assured undergoes a transplant of the following organs – kidney and/or liver, we pay the hospitalisation expenses, as set out in the Benefits Schedule, incurred by the organ donor, provided the donor does not have any insurance coverage for such expenses or receive any reimbursement for expenses incurred, from another source.

The organ transplant must be carried out in a Hospital in Singapore.

The life assured's organ failure must have been first diagnosed by a Registered Medical Practitioner, or the symptoms of the organ failure must have first appeared after 24 months from the:
- Cover Start Date of the policy; or
- date of reinstatement (if any),

whichever is later.

We will assess this benefit together with the life assured's Inpatient hospitalisation claims. This benefit is payable only if the Inpatient hospitalisation claim for the same Illness or Injury is payable.
We will pay for the following:
- charges for the organ donor's Hospital Confinement in a Standard Room or Intensive Care Unit (ICU);
- charges for the Surgical Procedure to remove the specified organ from the organ donor's body; and
- charges for the storage and transportation of the specified organ after the organ is removed from the organ donor's body.

We will not pay for any pre- or post-hospitalisation and any counselling service expenses incurred by the organ donor.

Payment for all eligible expenses incurred under the Living Organ Donor Transplant benefit shall be accumulated and paid up to the respective limit as set out in the Benefits Schedule.

1.4.3.10 What do we pay for the Overseas Treatment benefit?

The benefits below are subject to the Deductible, Co-insurance and Pro-ration.

1.4.3.10.1 Emergency Medical Treatment while overseas

We pay for the hospitalisation expenses incurred by the life assured as a result of Emergency Medical Treatment while overseas.

Emergency Medical Treatment means urgent remedial treatment to avoid death, or serious impairment to the life assured's health as a result of a Serious Illness or the onset of a serious condition.

The Pre and Post-hospitalisation benefit, incurred in Singapore or overseas, covered under **Clause 1.4.4** is payable only if the overseas hospitalisation claim for Emergency Medical Treatment is payable.

We do not pay for the following:
- Day surgery;
- Outpatient Hospital benefits;
- Stem Cell Transplant treatment;
- Organ Transplant;
- Living Organ Donor Transplant;
- Psychiatric Treatment;
- Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma;

- Inpatient and Outpatient Proton Beam Therapy; and
- Cell Tissue and Gene Therapy Treatment;

We will reimburse the lower of the actual Medically Necessary expenses incurred, or such amount that would be deemed Reasonable and Customary Expenses charged by a Hospital in Singapore for the same treatment.

We will convert bills for Hospital Confinement denominated in a foreign currency to our Singapore currency at our banker's exchange rate as at the date of such bills.

This **Clause 1.4.3.10.1** is subject to the exclusions stated in **Clause 1.8.**

1.4.3.10.2 Planned Overseas Medical Treatment

We pay for the hospitalisation or surgical (including day surgery) expenses incurred by the life assured for a planned medical treatment overseas in a Standard Room that is deemed to be Reasonable and Customary Expenses.

The life assured must obtain referrals for each hospitalisation or surgical procedure (including day surgery) from a Medisave-accredited institution/referral centre in Singapore for approved overseas hospitalisation as covered by Medisave. The list of Medisave-accredited institutions/referral centres can be found on our website <www.prudential.com.sg> and the overseas hospitals must have an approved working arrangement with the Medisave-accredited institution / referral centre in Singapore. To confirm the countries and respective hospitals where treatment would be allowed, please contact an approved Medisave-accredited institution/referral centre in Singapore.

We reserve the right to review and change the approved institution/referral centre as required, from time to time.

The Pre- and Post-hospitalisation expenses incurred in Singapore that are covered under **Clause 1.4.4** is payable only if the overseas hospitalisation or day surgery claim for Planned Overseas Medical Treatment is payable.

We do not pay for the following:
- Outpatient Hospital benefits;
- Living Organ Donor Transplant;
- Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma;
- Inpatient and Outpatient Proton Beam Therapy; and
- Cell Tissue and Gene Therapy Treatment.

We will reimburse the lower of the actual Medically Necessary expenses incurred, or such amount that would be deemed Reasonable and Customary Expenses charged by a Hospital in Singapore for the same treatment.

We will convert bills for Hospital Confinement or day surgery, denominated in a foreign currency to our Singapore currency at our banker's exchange rate as at the date of such bills

1.4.4 Pre and Post-Hospitalisation Benefits

These benefits below are subject to the Deductible, Co-insurance and Pro-ration.

We will assess these benefits together with the related Inpatient hospitalisation or day surgery claim submitted. These benefits are payable only if the Inpatient hospitalisation or day surgery claim for the same Injury or Illness is payable.

1.4.4.1 What do we pay for Pre-hospitalisation Consultation and Diagnostic and Laboratory Services?

We pay pre-hospitalisation expenses incurred for general practitioner consultation (including outpatient telemedicine consultation*) resulting in a referral to a Specialist, Specialist consultation fees and outpatient telemedicine consultation fees*, including the cost of medications and diagnostic and laboratory tests service fees, incurred within 180 days before the life assured's Hospital Confinement (including Psychiatric Treatment), confinement in a Community Hospital, Short Stay Ward^{+} or day surgery for treatment of the same Injury or Illness.

If there is more than one referral from one or more general practitioners, we will only pay one medical bill and this would be the last one before the Hospital Confinement (including Psychiatric Treatment), confinement in a Community Hospital, Short Stay Ward+ or day surgery for treatment of the same Injury or Illness.

We do not pay pre-hospitalisation expenses incurred prior to the diagnosis of Serious Pregnancy and Delivery-related Complications.

*We will only reimburse outpatient telemedicine consultation fees conducted by telemedicine consultation providers (i) that are approved as active MOH sandbox providers under the MOH Licensing Experimentation and Adaptation Programme or (ii) from Restructured Hospitals. We will not pay for the cost of delivery or courier of medication.

+We pay for Pre-hospitalisation expenses incurred only if the Short Stay Ward is under a Singapore Restructured Hospital and the stay is a continuous period of at least 6 hours.

1.4.4.2 What do we pay for Post-hospitalisation Follow-up Treatment and Services?

We pay for the Post-hospitalisation expenses incurred for dressing, consultations (including outpatient telemedicine consultation*), physiotherapy performed at a Hospital or Specialist Clinic, diagnostic and laboratory test services and medications consumed within 365 days following the life assured's discharge from Hospital Confinement (including Psychiatric Treatment), confinement in a Community Hospital, Short Stay Ward+ or day surgery for treatment of the same Injury or Illness.

All alternative and traditional treatments are excluded. Examples of alternative and traditional treatments are, but not limited to, Traditional Chinese Medicine treatment, Chiropractic treatment and Osteopathic treatment.

*We will only reimburse outpatient telemedicine consultation fees conducted by telemedicine consultation providers (i) that are approved as active MOH sandbox providers under the MOH Licensing Experimentation and Adaptation Programme or (ii) from Restructured Hospitals. We will not pay for the cost of delivery or courier of medication.

+We pay for Post-hospitalisation expenses incurred only if the Short Stay Ward is under a Singapore Restructured Hospital and the stay is a continuous period of at least 6 hours.

1.4.4.3 What do we pay for Post-hospitalisation Hyperbaric Oxygen Therapy?

We pay for the Post-hospitalisation treatment expenses incurred for hyperbaric oxygen therapy within 365 days following the life assured's discharge from Hospital Confinement, confinement in a Community Hospital or day surgery for treatment of the same Injury or Illness, up to the limit as set out in the Benefits Schedule.

1.4.5 Outpatient Hospital benefits

These benefits cater to outpatient treatments (which do not require Hospital Confinement) as specified in the Benefits Schedule.

The Deductible is not applicable to this benefit, but it is still subject to Co-insurance and Pro-ration.

1.4.5.1 What do we pay for Outpatient Cancer Treatment?

We reimburse you for the Reasonable and Customary Expenses incurred for approved outpatient cancer treatment at Medisave /MediShield Life accredited cancer treatment centres up to the maximum limit set out in the Benefits Schedule for your plan. Treatment refers to chemotherapy, immunotherapy and radiotherapy for external (except hemi-body), brachytherapy, hemi-body and stereotactic. We will also pay consultation fees, diagnostic and laboratory tests if it is ordered by the Registered Medical Practitioner before such treatment.

We do not pay for Inpatient and Outpatient Proton Beam Therapy and Cell Tissue & Gene Therapy Treatment under this benefit.

1.4.5.1.1 What do we pay for Cancer Drug Treatment?

We pay for cancer drug treatments that are on the Cancer Drug List (CDL), up to the treatment-specific claim limits. Cancer drug treatments not listed or not administered exactly as described in

the CDL, are considered non-CDL and will not be claimable under PRUShield, unless otherwise stated in this Policy.

You can find the CDL on the MOH's website and it currently covers most cancer drug treatments approved by the Health Sciences Authority (HSA).

For CDL treatments that involve more than one drug, we allow drug omission or replacement with another CDL drug with the indication "for cancer treatment", only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply.

For cases where multiple cancer drug treatments are administered in a month, if any of the CDL treatments have an indication that states "monotherapy", only CDL treatments with the indication "for cancer treatment" will be claimable in that month. Else, the following will apply:

(a) If more than one of the cancer drug treatments administered in a month have an indication other than "for cancer treatment", only CDL treatments with the indication "for cancer treatment" will be claimable in that month.

(b) If one or none of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all CDL treatments will be claimable in that month.

We will pay up to the highest limit among the CDL treatments that are claimable in that month.

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified in the CDL on MOH's website. Non-CDL treatments will be considered as having an indication other than "for cancer treatment".

If multiple cancer drug treatments (on the CDL) for multiple primary cancers are used within a month, the maximum claim payable from a PRUShield plan for that month will be up to the sum of the highest claim limits among the treatments prescribed according to the indications listed on the CDL for each primary cancer. Multiple primary cancers are cancers arising from different sites and/or are of a totally different histology or morphology group.

A patient with cancer that has spread (metastasised) from the place where it first started to another part of the body will be considered as having a single primary cancer as the cancer in the other part of the body started from the original cancer. For example, cancer cells may spread from the breast (primary cancer) to form new tumours in the lung (secondary cancer / metastatic cancer). The new tumour in the lung will not be considered as another primary cancer.

1.4.5.1.2 What do we pay for Cancer Drug Services?

We pay for services that are part of a cancer drug treatment (including treatments not on the CDL), such as consultations, scans, laboratory investigations, treatment preparation and administration, supportive care drugs and blood transfusions, up to specified claim limits. Cancer drug services incurred before the cancer is diagnosed, after the cancer has gone into remission, or once the course of treatment has ceased, will not be covered.

This limit does not only apply to services related to treatments on the CDL, meaning we will also pay even if the service was for a non-CDL treatment. Supportive drugs should be claimed under this limit.

1.4.5.2 What do we pay for Outpatient Kidney Failure Treatment?

We reimburse you for the Reasonable and Customary Expenses incurred for approved outpatient kidney dialysis treatment at Medisave/MediShield Life accredited dialysis treatment centres and the cost of the Medically Necessary prescribed erythropoietin for chronic kidney failure.

We will not apply a pro-ration factor for outpatient kidney dialysis, if the treatment received by the life assured was administered at any of the dialysis centres under the list as shown on our website <www.prudential.com.sg>

1.4.5.3 What do we pay for Immunosuppressants for Organ Transplant?

We reimburse you for the cost of the Medically Necessary Immunosuppressants prescribed as a result of an organ transplant and as part of the outpatient treatment to reduce the rate of rejection episodes.

The Immunosuppressants refer to those approved under the MediShield Life Scheme and by MOH as the immunosuppressants for organ transplant.

1.4.5.4 Long-Term Parenteral Nutrition

We reimburse the Reasonable and Customary expenses incurred for Long-Term Parenteral Nutrition. This includes the cost of parenteral nutrition bags and consumables necessary for administering Long-Term Parenteral Nutrition and that meets the claimable criteria under the MediShield Life Scheme

1.4.6 Other benefits

1.4.6.1 What do we pay for Final Expense Provision?

If the life assured dies during hospitalisation or within 30 days of discharge from the Hospital as a result of the cause of the hospitalisation, we will waive the Deductible and Co-insurance amounts up to maximum limits of the Final Expense Provision benefit for your type of plan as set out in the Benefits. Schedule above.

1.4.6.2 What do we pay for Serious Pregnancy and Delivery-related Complications?

We will reimburse expenses incurred if the life assured is hospitalised as a result of the pregnancy complication conditions listed below. These pregnancy complications must have been first diagnosed after 10 months from the:

- Cover Start Date of the policy; or
- date of reinstatement (if any),

whichever is later.

We do not pay for delivery charges, except in the event of a Caesarean Section arising from one of the Serious Pregnancy and Delivery-related Complications listed below.

1) **Ectopic pregnancy**
   This is a condition in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.
2) **Pre-eclampsia and eclampsia**
   The diagnosis of pre-eclampsia or eclampsia by an obstetrician.
3) **Disseminated Intravascular Coagulation ("DIC")**
   The diagnosis of disseminated intravascular coagulation by an obstetrician.
4) **Miscarriage**
   Death of the foetus of the life assured after 13 weeks of pregnancy as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act.
5) **Fatty Liver during Pregnancy**
   This is the condition of a severe acute fatty liver occurring during pregnancy and associated with acute liver failure where all of the following diagnostic conditions must be met:
   - bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least 5 days; and
   - there is associated hepatic encephalopathy.
6) **Amniotic Fluid Embolism**
   This is a condition in which, following the infusion of amniotic fluid into the maternal circulation, there is the sudden development of acute respiratory distress and shock. The diagnosis must be confirmed by a Registered Medical Practitioner and supported with medical evidence of any combination of respiratory distress, cardiovascular collapse, disseminated intravascular coagulation, coma and lung scans showing embolisation.
7) **Abruptio Placentae**
   This is the separation of the normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress and/or maternal shock. The diagnoses of Abruptio Placentae must be confirmed by a medical specialist and supported with medical evidence of Class 2 or Class 3 abruptio necessitating an emergency Caesarean section.
8) **Postpartum Haemorrhage requiring Hysterectomy**
   This is the condition of ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus or a large cervical laceration extending into the uterus requiring surgical intervention in the form of a hysterectomy.
9) **Gestational diabetes mellitus**
   The diagnosis of gestational diabetes mellitus by an obstetrician. The diagnosis was made through a 75g oral glucose tolerance test.
10) **Placental insufficiency and Intrauterine growth restriction**
    The diagnosis, by an obstetrician, of placental insufficiency leading to intrauterine growth restriction.

11) **Antepartum, intrapartum and postpartum haemorrhage**
The diagnosis, by an obstetrician, of severe abnormal bleeding from the female genital tract at or after 24 weeks of pregnancy or during or after childbirth.
12) **Placenta praevia**
The diagnosis, by an obstetrician, of the presence of placental tissue extending over the internal cervical, resulting in a cesarean delivery.
13) **Cervical incompetency**
The diagnosis of cervical incompetency by an obstetrician.
14) **Accreta placenta**
The diagnosis of accreta placenta by an obstetrician.
15) **Obstetric cholestasis**
The diagnosis of obstetric cholestasis by an obstetrician.
16) **Twin to twin transfusion syndrome**
The diagnosis of twin to twin transfusion syndrome by an obstetrician.
17) **Infection of amniotic sac and membranes**
The diagnosis of an infection of the amniotic sac and membranes by an obstetrician.
18) **Fourth degree perineal laceration**
The diagnosis of fourth degree perineal laceration by an obstetrician.
19) **Uterine rupture**
The diagnosis of uterine rupture by an obstetrician.
20) **Postpartum inversion of uterus**
The diagnosis of postpartum inversion of the uterus by an obstetrician.
21) **Obstetric injury or damage to pelvic organs**
The diagnosis of obstetric injury or damage to the pelvic organs by an obstetrician.
22) **Complications resulting in a caesarean hysterectomy**
The diagnosis of complications resulting in a caesarean hysterectomy by an obstetrician.
23) **Retained placenta and membranes**
The diagnosis of retained placenta and membranes by an obstetrician.
24) **Abscess of breast**
The diagnosis, by an obstetrician, of an abscess of breast associated with childbirth.
25) **Hydatidiform mole and subsequent complications (including Choriocarcinoma)**
The diagnosis, by an obstetrician, of hydatidiform mole and subsequent complications (including choriocarcinoma)
26) **Medically necessary abortions**
The diagnosis of medically necessary abortions by an obstetrician.
27) **Still-birth**
The diagnosis of still birth by an obstetrician.
28) **Maternal death**
The diagnosis of maternal death by an obstetrician.

We will pay for the conditions listed above under numbers 9 - 28, only if they are diagnosed by a Registered Medical Practitioner.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

1.4.6.3 What do we pay for Congenital Abnormalities benefit?

For a life assured with congenital abnormalities, we pay for hospitalisation expenses incurred, up to the limit as set out in the Benefits Schedule, for Medically Necessary treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities of the life assured.

These conditions must be first diagnosed by a Registered Medical Practitioner.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

For a female life assured's biological child

For a female life assured's biological child with congenital abnormalities, we pay for hospitalisation expenses incurred, up to the limit as set out in the Benefits Schedule, for Medically Necessary treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities of the female life assured's biological child during the first 24 months from the date of birth of the child.

These conditions must be first diagnosed by a Registered Medical Practitioner or symptoms first appear after 10 months from the Cover Start Date or date of reinstatement (if any).

This benefit only applies to a life assured who is female.

We pay the hospitalisation expenses, as set out in the Benefits Schedule, provided the female life assured's biological child does not have any insurance coverage for such expenses or receive any reimbursement for expenses incurred, from another source.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

1.4.6.4 What do we pay for Psychiatric Treatment?

We pay for the medical expenses incurred, up to the limit as set out in the Benefits Schedule, if the life assured receives inpatient psychiatric treatments.

Payment for all eligible expenses incurred under the Psychiatric Treatment, including Short Stay Ward, shall be accumulated and paid up to the respective limit as set out in the Benefits Schedule.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

We will also pay for any pre- or post-hospitalisation expenses incurred in relation to inpatient psychiatric treatments.

1.4.6.5 What do we pay for Short Stay Ward?

We pay for the cost of Short Stay Ward even if it does not result in Hospital Confinement of the life assured.

If the life assured is hospitalised and is confined to more than one ward type during his hospitalisation, the deductible applied is based on the highest ward class the life assured had stayed in.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.
We will also pay for any pre- or post-hospitalisation expenses incurred in relation to a Short Stay Ward only under a Singapore Restructured Hospital and the stay is a continuous period of at least six hours.

1.4.6.6 What is the Future Insurance Option at life events?

If this policy was purchased on standard terms, (i.e. you were not given our Offer of Conditional Acceptance where the life assured was offered special terms and conditions for acceptance of the proposal) then you can buy another policy on the life assured (or if you are the life assured then you can buy another policy on your own life), without evidence of good health, when the life assured experiences any of the following life events:

- marriage;
- becoming a parent;
- adoption of a child through legal means;
- death of a spouse;
- divorce;
- marriage of his/her child;
- his/her child entering primary school; or
- his/her child entering secondary school.

The new policy can be an endowment, whole life or term policy providing death, accelerated Terminal Illness and Disability benefits without any Future Insurance Option benefit within. The new policy's sum assured cannot be more than the amount set out in the Benefits Schedule.

The life assured can exercise this Future Insurance Option twice, i.e. on two separate life events, provided:

- all premiums due under this policy are paid;
- the life assured is under 45 years old;
- this policy has not terminated, for any reason;
- no claim has been made under this policy or PRUExtra policy (if any);
- the total sum assured of the new policies does not exceed the amount set out in the Benefits Schedule; and
- the new policy is purchased within 3 months from the date of the relevant life event.

1.4.6.7 What do we pay for Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma?

We reimburse for the Reasonable and Customary Expenses incurred, up to the limits as set out in the Benefits Schedule, if the life assured undergoes Medically Necessary Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma for the following stages of the treatment:

- Stem-cell mobilisation
- Harvesting healthy stem cells
- Pre-transplant workup
- Use of high dosage chemotherapeutic drugs to destroy cancerous cells
- Engraftment of healthy stem cells
- Post-transplant monitoring

We will pay for all treatment costs, including consultation, clinical and lab investigations, consumables and drugs needed for the Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma in the outpatient setting.

This applies strictly to treatment in the outpatient setting only. If the life assured requires certain phases of bone marrow transplant in the inpatient setting, these treatments will be covered under the prevailing inpatient limits.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

We will not pay for any pre or post-hospitalisation expenses incurred in relation to the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma.

1.4.6.8 What do we pay for Inpatient and Outpatient Proton Beam Therapy?

We reimburse for the Reasonable and Customary Expenses incurred, up to the limits as set out in the Benefits Schedule, when the life assured undergoes Proton Beam Therapy treatment as an Inpatient, day surgery or Outpatient procedure, treated by a Registered Medical Practitioner in a Hospital or MediSave/MediShield Life accredited cancer treatment centres.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

We will only cover proton beam therapy treatment if it is administered as an approved proton beam therapy indication as stated on the MOH's website, as may be amended from time to time.

We will also reimburse consultation fees, diagnostic and laboratory tests if it is ordered by the Registered Medical Practitioner before the life assured undergoes this treatment.

We will not pay for any pre- or post-hospitalisation expenses incurred in relation to Outpatient Proton Beam Therapy.

1.4.6.9 What do we pay for Cell Tissue and Gene Therapy Treatment?

We reimburse the Reasonable and Customary Expenses incurred, up to the limits as set out in the Benefits Schedule, when the life assured undergoes Cell Tissue and Gene Therapy Treatment as an Inpatient or day surgery procedure, as long as the following conditions are met:

- the Cell Tissue and Gene Therapy Treatment must be approved by MOH and the Health Science Authority (HSA) and should satisfy all other guidelines of the Cell Tissue and Gene Therapy Treatment regulations, as issued by MOH; and
- the attending Registered Medical Practitioner must recommend in writing that the Cell Tissue and Gene Therapy Treatment is Medically Necessary.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

When we work out the benefit limit that we will pay for the Cell Tissue and Gene Therapy Treatment, we add all Reasonable and Customary Expenses incurred for the treatment (including pre- and post-hospitalisation treatment) under this benefit.

1.4.6.10 What is the Refresh benefit?

If the life assured has exceeded the Policy Year Limit and is hospitalised subsequently for an Illness or Injury that is not directly or indirectly related to any existing or past Illnesses or Injuries within the same Policy Year, we will reset the Policy Year Limit and any benefit sub-limit (if applicable) for that

Policy Year. The Refresh benefit will not apply if there is any available balance in the existing Policy Year Limit at the time of an inpatient hospitalisation.

The Policy Year Limit will be refreshed only once in the same Policy Year.

If the refreshed Policy Year Limit is not used within the Policy Year, it cannot be carried forward to the next Policy Year.

The Refresh benefit cannot exceed the Policy Year Limit and any benefit sub-limit (if applicable).

The Refresh benefit is only applicable for inpatient hospitalisation. We will not pay for any outpatient, day surgery, pre- or post-hospitalisation expenses or for any other inpatient treatment related to a previously known condition under the Refresh benefit.

Claims submitted under Refresh benefit will be on a reimbursement basis only (if applicable).

We have the right to determine whether or not the Illness or Injury is directly or indirectly related to an existing or past Illness or Injury.

1.5 Can I change my plan?

You can apply to change to a higher or lower plan (where applicable) by giving us written notification.

When you apply to change to a higher plan, the life assured must give us satisfactory evidence of a health condition that is acceptable to us.

Once we have changed your plan to the new plan, medical expenses incurred from the Cover Start Date shown in the new Policy Certificate will be processed according to the terms and conditions of the new plan, including the deductible and policy/benefit limits which will apply from the Cover Start Date of the new plan.

When you change to a higher plan, some of the policy benefits require the life assured to wait out a period of time before such benefits will be covered (**Waiting Period**). This Waiting Period commences from the Cover Start Date of the new plan. If the life assured claims for hospitalisation or medical treatment that occurred within this Waiting Period, we will assess such claims according to the terms and conditions of the immediate preceding plan instead of the new plan.

For any claim payable, we will determine the claim amount based on the Policy Year Limit and Pro-ration (if applicable) of the plan that is applicable on the date of the Hospital admission and/or medical expense bill.

If the plan you have applied to change to is withdrawn, we reserve the right to change your plan to a similar medical product that is available at the time of renewal.

You must use our appropriate application form and meet the conditions on it. We will notify you if we accept your application.

1.6 How to make a claim?

You must authorise the Medisave/ MediShield Life accredited Hospitals or treatment centres to submit all eligible medical bills relating to the following benefits, electronically to us:

- Inpatient and Day Surgery benefits (refer to **Clause 1.4.3**)
- Outpatient Hospital benefits (refer to **Clause 1.4.5**)

For the Overseas Treatment benefit (refer to **Clause 1.4.3.10**) and the non-insured living organ donor covered under the Living Organ Donor Transplant benefit (refer to **Clause 1.4.3.9**), we require the following to be submitted:

- a completed PRUShield claim form;
- original final Hospital bills and payment receipts;
- medical report from the life assured's Registered Medical Practitioner;
- a completed Clinical Abstract Application form;
- death certificate issued by the relevant authority, if applicable;

- a certified true copy of the identification documents of the claimant, if applicable;
- evidence that the person is entitled to receive the payment (e.g. birth certificate, marriage certificate, the deceased's last will, Letter of Administration or Probate, Trust Deed, etc.), if applicable; and
- any documentary proof as required by us.

If the life assured is a foreigner who is not a Singapore Permanent Resident, you have to submit the following in addition to the above documents to us:
- a certified true copy of the life assured's:
  - Eligible Valid Pass; and
  - travel documents or passport.

Eligible Valid Pass is a pass recognised by the Immigration & Checkpoints Authority (ICA) and the Ministry of Manpower (MOM). The list of Eligible Valid Passes, acceptable by us, is in the enclosed Addendum.

To make a claim for the life assured's Pre- and Post-hospitalisation expenses, here are the requirements:
- the PRUShield Inpatient or day surgery claim must have already been filed and approved;
- a completed PRUShield Pre and Post-hospitalisation claim form;
- medical report from the life assured's Registered Medical Practitioner;
- laboratory reports;
- general practitioner's referral letter;
- a completed Clinical Abstract Application form;
- original Hospital bill, tax invoice and payment receipts for the same Injury or Illness; and
- other medical information as required by us.

We will consider Pre and Post-Hospitalisation expenses claims only if PRUShield Inpatient hospitalisation and day surgery claims are payable for the same Injury or Illness.

You should file your claims within 180 days from the date of the medical bills.

We reserve the right to ask you or your legal representative to provide, at your own expense, more documents or evidence to our satisfaction to help us assess your claim and to appoint a Registered Medical Practitioner to re-examine the life assured.

If you make a claim for treatment of any Injury or Illness as a result of hazardous activities or sports, you must provide the name of the licensed organisation carrying out these hazardous activities or sports for our verification.

We also reserve the right to adjust any duration of Hospital Confinement or Surgical Procedure or hospitalisation expenses which, in the opinion of our medical advisers, is considered as excessive. The duration of Hospital Confinement and Surgical Procedure should not exceed the general level by Hospitals of similar standing in the same locality where the charges are incurred, taking into consideration similar or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for similar Illness or Injury.

For medical treatment received outside of Singapore, we assess the benefits on the basis of similar treatment that is reasonably and customarily charged by a Hospital in Singapore.

You must co-operate fully with us and our medical advisers. You must disclose fully and faithfully all material facts and matters which the life assured knows or ought to know and if required, on our request, sign any document to allow us to obtain relevant information, at your expense, from any Registered Medical Practitioner, Hospital or other sources.

All documents submitted that are not in English must be translated to English by an accredited translator at your own or the claimant's expense.

1.7 Who do we pay?

Claims processed electronically will be paid to the Hospital. Otherwise, we pay you, the policyowner or the Medisave account that is used to pay the bill, provided that we receive to our satisfaction, evidence of your entitlement.

The claims amount will be paid out provided:

- your claim amount has not exceeded the Policy Year limit or benefit limit as set out in the Benefits Schedule; and
- your current premium has been paid.

1.8 What is not covered?

We do not pay for any benefits which are directly or indirectly related to any of the following circumstances:

- All expenses incurred by a life assured for the period of Hospital Confinement if admission into a Hospital is before the Cover Start Date of the policy;
- Treatment or diagnosis of any Serious Illness for which the life assured received medical treatment (including follow-up and consultations) during the period of 12 months prior to the Cover Start Date of the policy;
- Any pre-existing Illnesses, diseases or impairments from which the life assured is suffering from prior to the Cover Start Date of the policy, unless they were declared in the proposal and specifically accepted by us. A pre-existing condition is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date of this benefit or the date of reinstatement (if any), whichever is later;
- Treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities except when it is covered under **Clause 1.4.6.3**, the "Congenital Abnormalities benefit";
- Overseas medical treatment (except in the event that a life assured requires Inpatient Hospital treatment as a result of Emergency Medical Treatment while overseas or under the Planned Overseas Medical Treatment benefit (refer to **Clause 1.4.3.10**). This exception is, however, still subject to all the other exclusions stated in this **Clause 1.8**);
- Mental illness and personality disorders except when it is covered under the "Psychiatric Treatment benefit" as set out in **Clause 1.4.6.4**.
- Pregnancy, childbirth and any complications as a result of pregnancy and childbirth except complications covered under **Clause 1.4.6.2,** the "Serious Pregnancy and Delivery-related Complications benefit";
- Elective abortion; threatened abortion; miscarriage occurring within 13 weeks of pregnancy; birth control*, sterilisation*, infertility*, sub-fertility*, impotence treatment, assisted conception or any contraceptive treatment;
  (* for males and females)
- Treatment of sexually transmitted diseases;
- Acquired Immunodeficiency Syndrome (**AIDS**), AIDS-related complex or infection by Human Immunodeficiency Virus (**HIV**) except HIV Due to Blood Transfusion and Occupationally Acquired HIV as set out in **Clause 1.10.9**;
- Treatment of self-inflicted injuries, or injuries resulting from attempted suicide;
- Treatment directly or indirectly arising from drug or alcohol misuse;
- Cosmetic or plastic surgery except when such surgery is necessary for the repair of damage caused solely by an accident;
- All dental treatment except those covered under **Clause 1.4.3.6** "Accidental Inpatient Dental Treatment";
- Ambulance fee;
- Sex change operations;
- Purchase of kidney dialysis machine, replacement organ, iron-lung, prosthesis and other special appliances including the location, transport and associated administration costs of such special appliances;
- Optional items which are outside the scope of treatment;
- Rest cures, hospice care, home or outpatient nursing or palliative care (except when it is covered by us), convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation;
- Vaccination, other than Inpatient Hospital treatment due to the adverse effects caused by vaccinations which are authorised by the Singapore Health Sciences Authority and provided that such vaccinations have been administered on the recommendation of a medical practitioner duly licensed by Singapore Medical Council;
- Treatment of Injuries arising from direct participation in civil commotion, riots or strikes;

- Treatment of Injuries arising directly or indirectly from nuclear fallout, terrorism, war and related risks;
- Hospitalisation primarily for medical services such as but not limited to X-ray, CT or MRI scans, medical check-up or health screening or other investigations which can routinely be conducted on an outpatient basis (unless otherwise covered under the terms and conditions of the PRUShield policy, as listed in the Benefits Schedule set out in **Clause 1.4.1**);
- Treatment of Illness or Injury resulting from the life assured engaging in any hazardous activities or sports in a professional capacity; or where the life assured would or could earn or earns income or remuneration in these hazardous activities or sports;
- Treatment of Illness or Injury caused by any hazardous activities or sports unless carried out legally under the supervision of licensed organisations. (This exception is however still subject to all the other exclusions stated in this **Clause 1.8**);
- Treatment for weight reduction, weight improvement, or obesity or any Injury or Illness which arises from, or is related to, or a consequence of weight reduction, weight improvement, or obesity in any way, such as, but not limited to, the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body, whether or not needed for medical or psychological reasons;
- Violation or attempted violation of law, resistance to lawful arrest or any resultant imprisonment;
- Non-medical items such as, but not limited to, parking fees, Hospital Administration and Registration fees, laundry, rental of television, newspaper, medical report fees.
- Experimental or pioneering medical or surgical techniques, clinical trials for drugs or medical devices and appliances (such as, but not limited to, ergonomic tables and chairs) not approved by MOH;
- Any genetic testing, prophylactic measures, primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical / health screening packages, general physical checkups, vaccinations, etc.), surveillance screening, diagnostic, investigation tests or checks, except Cell Tissue and Gene Therapy Treatment as set out in **Clause 1.4.6.9**;
- Outpatient treatment and medical services except when it is covered under the "Outpatient Hospital benefits" as listed in the Benefits Schedule set out in **Clause 1.4.1**;
- Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a Registered Medical Practitioner as part of the hospitalisation (including Post-hospitalisation Follow-up Treatment and Services);
- All other exclusions that apply to the MediShield Life Scheme as set out in the relevant legislation, regulations and guidelines, unless we say otherwise under this Policy.

The MediShield Life Scheme refers to the scheme administered by the CPF Board and is governed by the MediShield Life Scheme Act 2015 as amended from time to time.

We do not pay for any expenses for any treatment, service or item incurred for the Hospital Confinement of a life assured, received on or after 27 March 2020 but before 20 October 2020 for COVID-19 infection or otherwise, if the life assured is an at-risk traveller while being treated for COVID-19 infection.

We also do not pay for any expenses for any treatment, service or item incurred for the Hospital Confinement of a life assured received on or after 27 March 2020 but before 20 October 2020, if the life assured is an at-risk traveller who is:

(i) admitted to the Hospital to test for suspected COVID-19 infection,
(ii) whose test results for COVID-19 infection is negative, and
(iii) does not need in-patient treatment for any other medical condition.

We do not pay for any treatment, service or item that is required for any other medical condition occurring over the same period as the COVID-19 treatment for an at-risk traveller.

An "at-risk traveller" means a life assured who

(i) Travelled out of Singapore on or after 27 March 2020 and travelled against any travel advisory concerning the risk of COVID-19 infection issued by MOH and published on its website (which may be changed, added or otherwise modified from time to time); and
(ii) Began to show symptoms consistent with the COVID-19 infection within the possible incubation period. The possible incubation period refers to the period starting from when the life assured leaves Singapore, at the start of his overseas trip, and ending on and including the 14th day after his arrival in Singapore, at the end of his overseas trip.

"COVID-19" means the infectious disease known as Coronavirus Disease 2019

1.9 General Conditions

1.9.1 Territorial cover

We will pay for all hospitalisation claims incurred in Singapore, subject to the terms and conditions of this Policy document.

Subject to **Clause 1.8,** for hospitalisation claims incurred overseas, we will pay, provided the hospitalisation expenses are payable under the Emergency Medical Treatment while overseas or Planned Overseas Medical Treatment benefits.

1.9.2 Payer of last resort

If you have other medical insurance which allows you to claim for the reimbursement of your medical expenses, you must first seek reimbursement from these policies before making any claim under this policy. If you have received payment under this policy, you have to file a claim with your other medical insurer who will reimburse us.

The total reimbursement made to you must not exceed the actual expenses incurred.

We do not pay for claims where the medical expenses have been paid by other medical insurance or you have received reimbursement from any other source.

1.9.3 Declaration of age

If the age of the life assured is stated wrongly in your proposal form, we adjust the premium payable. We refund any excess premium paid and will request for any shortfall in premium to be made up.

1.9.4 Guaranteed renewability

We guarantee that this policy is renewable yearly for as long as you live, provided you pay the premiums within the Grace Period and your policy has not been terminated (as set out in **Clause 1.9.7**) and subject to the terms as set out in **Clause 1.9.9, 1.9.10** & **1.9.13**.

1.9.5 Right to vary premium

We reserve the right to vary the premium at any time. However, we will give you 30 days' written notice before doing so.

1.9.6 No Waiver

If we do not enforce any of the provisions of this Policy document at any time, this shall not affect the validity of this Policy document. We will still have the right to enforce each and every provision even if we have not done so in the past.

1.9.7 Termination of benefit

All the benefits under your policy shall terminate when one of the following occurs:

- you cancel your policy, after the expiry of the Review Period, by giving us 30 days' written notice;
- the commencement of your Medisave-approved integrated shield plan with another insurer;
- the life assured renounces his/her Singapore citizenship or Singapore Permanent Residence status;
- your premium is not received after the Grace Period; or
- the life assured dies.

In addition to the above, for a life assured who is a foreigner and is not a Singapore Permanent Resident, the policy will also terminate when:

- the life assured is without an Eligible Valid Pass for more than 60 days after the Eligible Valid Pass has expired or is terminated; or
- you stop paying your premiums via GIRO or credit card.

To avoid any doubt, if the life assured is without an Eligible Valid Pass for more than 60 days after the Eligible Valid Pass has expired or is terminated, the termination date of this Policy will be the date of expiry or termination of the Eligible Valid Pass. Any claims incurred after this expiry or termination date will not be valid. This includes any claims incurred during the 60-day period.

We will refund the pro-rated premiums, regardless of any payout during the Policy Year.

Except in the situation where the life assured dies, if your policy terminates before the next Premium Due Date, and no claim has been paid during that Policy Year, we will refund the pro-rated premium based on the number of unused days for the rest of that Policy Year, to the Medisave account.

If you pay part of your premium in cash, then the amounts we refund will be proportionate to the amount we deduct from the Medisave account and the amount we collect from you in cash.

Example
If your premium is made up of 80% from the Medisave account and you pay the remainder of 20% in cash, then the refund of unused premium will be in the same proportion – meaning 80% returned to the Medisave account and 20% paid to you.

We or the CPF Board (as the case may be) will determine the effective date of termination of your policy.

In the event of such termination, you shall have no further claims or rights against us under your policy, except as specifically stated otherwise in this Policy document.

To avoid any doubt, the termination of your Policy by you or us shall not affect the insurance coverage under MediShield Life. The life assured will continue to be insured under the MediShield Life Scheme with the CPF Board as long as the life assured is eligible for the scheme.

1.9.8 Reinstatement of your Policy

You may apply to reinstate your policy if:
- you pay all the required premiums; and
- you give us satisfactory evidence of the health of the life assured. You must pay for the costs involved in this.

We will not cover any claim incurred before the effective date of the reinstatement of the policy, unless the claim was declared in the reinstatement form and specifically accepted by us.

To apply you must use our appropriate application form and meet the conditions on it. We will notify you if we accept your application.

1.9.9 Change of citizenship / residency status for Foreigners

You must inform us as soon as practicable when the life assured's citizenship or residency status changes in any way. You must submit documentary proof of your change of citizenship.

If the life assured is a foreigner who is not a Singapore Permanent Resident and is without an Eligible Valid Pass for more than 60 days after the Pass expired/ terminated, this policy will terminate. Therefore, you must inform us as soon as practicable when the Eligible Valid Pass expires or is terminated.

1.9.10 Changes to Policy Benefits / Conditions

We reserve the right to vary the policy benefits, features, conditions and/or name at any time. This includes mandatory changes to the policy benefits, features, guidelines and/or conditions as may be introduced by MOH, the Central Provident Fund Board or any other regulatory authority on MediShield Life.

Also, if PRUShield is not available when your policy is due for renewal, we reserve the right to renew your policy to a similar medical product that is available at the time of renewal.

We will give you 30 days' written notice before doing so. However, such mandatory changes to the policy benefits, features, guidelines and/or conditions stipulated by the relevant regulatory authority will immediately apply to your policy without written notice given to you.

Any such changes will be subject to compliance with the conditions for Medisave-approved medical insurance plan issued by the MOH.

1.9.11 Special terms and conditions

If we have accepted your proposal for this policy with special terms and conditions, we give you a copy of our Offer of Conditional Acceptance which contains the special terms and conditions. The special terms and conditions shown on our Offer of Conditional Acceptance become part of your policy.

The Offer of Conditional Acceptance with the special terms and conditions will continue to be part of your policy at each subsequent renewal unless otherwise informed in writing by us.

1.9.12 Currency in use

Unless otherwise stated, all premiums and benefits are payable in Singapore dollars.

1.9.13 Policy becomes void

We may declare your policy void if:

- the information given or any written statement you provided to us before the Cover Start Date of the policy (or at any application for reinstatement) is untrue in any respect; or
- any material fact affecting the risk is incorrectly stated or represented to us or is omitted from any of the documents you submitted to us.

If no claim has been paid, we will refund the total premium paid to the Medisave account with the Central Provident Fund Board.

If we have paid any claim previously, we will only refund the premium paid for the renewal of your policy after the date of the last claim.

1.9.14 Governing Law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

1.10 Definitions

1.10.1 Accident

An event caused by violent, external and visible means and caused solely and independently of any other means.

1.10.2 Benefit Limit in the Benefit Schedule

If a supplementary plan (like PRUExtra) is also purchased, the Benefit Limit is applied to both the main plan (PRUShield) and supplementary plan (PRUExtra).

1.10.3 Co-insurance

Co-insurance is the amount that you need to co-pay after the Deductible is met. The Co-insurance percentages for the various benefits under this policy are stated in the Benefits Schedule. Co-insurance is applicable to all the benefits under this policy except for Final Expense Benefits.

1.10.4 Community Hospitals

A Community Hospital is one that is registered and classified under the category of Community Hospitals with MOH, Singapore.

1.10.5 Cover Start Date

The Cover Start Date is the date of commencement of insurance coverage of your policy and is shown on your Policy Certificate.

1.10.6 Deductible

This is the part of the claimable amount that the policyowner is liable for before any benefits are payable under this policy. The Deductible amounts for the various benefits under this policy are stated in the Benefits Schedule.

1.10.7 Emergency

Emergency is when urgent remedial treatment is needed and is Medically Necessary to avoid death or serious impairment to the life assured's health as a result of a Serious Illness or the onset of a serious condition.

1.10.8 Grace Period

You have 90 days from the Premium Due Date to pay your premiums. This is the Grace Period.

1.10.9 HIV Due to Blood Transfusion and Occupationally Acquired HIV

A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- The blood transfusion was Medically Necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Cover Start Date of the policy or the date of reinstatement (if any), whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, Cover Start Date of the policy or the date of reinstatement (if any), whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Reimbursement of medical expenses under this benefit is only payable when the occupation of the life assured is a medical practitioner, housemen in a Hospital, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in a medical centre or clinic (in Singapore).

1.10.10 Hospital

Hospital means a facility which satisfies all of the following:
a) is a licensed, lawfully operating institution duly constituted and registered as a Hospital with the MOH or in the case of a Hospital overseas, registered with its local health authority;
b) is open at all times;
c) is operated mainly to diagnose and treat disabilities on an Inpatient basis and at the patient's expense;
d) has organised facilities for major surgery;
e) has a staff of one or more doctors on call at all times;
f) has 24-hour nursing services by or under the supervision of registered nurses;
g) is not a skilled nursing facility, clinic, place for treatment of alcoholism or drug abuse, nursing home, rest home, convalescent home, Community Hospital, hospice, home for the aged, place for the treatment of mental disorders or a similar establishment; and
h) maintains a daily medical report for each patient, which is accessible to our medical advisers.

The lists of Singapore Restructured and Private Hospitals can be found on our website < www.prudential.com.sg.>

1.10.11 Hospital Confinement

Hospital Confinement means a continuous period of time, lasting at least 6 hours, where normal ward is charged, during which it is Medically Necessary for the life assured to be confined to a Hospital.

1.10.12 (a) Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological functions and requires medical treatment.

(b) Injury

Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Registered Medical Practitioner.

1.10.13 Inpatient

An Inpatient is a person who is under Hospital Confinement.

1.10.14 Medical Adviser

A Medical Adviser is someone who gives advice relating to the science or practice of medicine and surgery.

1.10.15 Medically Necessary

Medically Necessary means treatments, services or expenses incurred which are:

- in the opinion of a Specialist is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the Illness. The treatment must be provided in accordance with generally accepted medical practice in Singapore;
- in accordance with the standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- approved by the Institutional Review Board, the Centre of Medical Device Regulation, Health Sciences Authority (HSA) or other relevant authority in Singapore;
- not for the convenience of the Life Assured or Registered Medical Practitioner, and unable to be reasonably rendered out of a Hospital, Community Hospital or similar establishments;
- not of an experimental, investigational or research nature (including but not limited to experimental, pioneering medical or surgical techniques and medical devices, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or other relevant authority in Singapore); and
- not for preventive or screening nature or for health enhancement (including but not limited to dietary replacement or supplement) in purpose.

We have the right to determine whether or not a treatment, service or expense is Medically Necessary.

1.10.16 MediShield Life

MediShield Life is mandatory for all Singapore Citizens and Permanent residents. It is the basic tier of insurance protection scheme operated by the CPF Board which helps Singaporeans and Singapore Permanent Residents to meet their hospitalisation costs in the class B2 or C wards of a Hospital.

1.10.17 MOH

MOH means the Ministry of Health in Singapore.

1.10.18 Policy Year

Policy Year means a period of 12 months from the Cover Start Date or renewal of the life assured's insurance cover under PRUShield. Subject to the terms and conditions of this Policy document, the life assured's insurance cover under this policy shall, be renewed yearly on the Premium Due Date.

1.10.19 Policy Year Limit

The Policy Year Limit is the maximum claimable amount that the life assured can claim in one Policy Year from all the benefits in this plan.

Any claim that you make under your MediShield Life plan will also be added to the claims for the year and reduce the remaining amount on your PRUShield's Policy Year Limit.

If Hospital Confinement or non-Inpatient medical expenses flow over to the next policy year, the claim for a given medical bill will be processed subject to the Policy Year Limit of the previous year. This means that for medical expenses due to Hospital Confinement, the claim amount will be determined based on the Policy Year Limit applicable at the date of Hospital admission. If the Policy Year Limit is reached, we do not pay the claim utilising the Policy Year Limit of the next Policy Year even if the Hospital Confinement period flows over to the next Policy Year.

For non-Inpatient medical expenses, the claim amount will be determined based on the Policy Year Limit applicable on the date the medical expenses were incurred regardless of the actual date of usage of such medical services.

1.10.20 Pro-ration

Pro-ration factors are applied to reduce Inpatient, outpatient, day surgery Hospital bills and Pre and Post-hospitalisation expenses in higher-class wards, private Hospitals (as classified by the MOH) or private clinics/medical institutions in the claims computation to suit the lower plan.

Pro-ration for overseas Government Hospitals

Overseas Government Hospitals are considered private hospitals. If you have a PRUShield Plus policy we will apply the pro-ration factor to your medical expenses incurred in all overseas hospitals.

1.10.21 Reasonable and Customary Expenses

This refers to expenses incurred for medical service or treatment provided which are appropriate and consistent with the diagnosis and which according to accepted medical standards, could not have been omitted without adversely affecting the life assured's medical condition. Such charges shall not exceed the general level of charges made by others of similar standing in Singapore for such services and supplies.

1.10.22 Registered Medical Practitioner

Any person properly qualified by degree in western medicine to practice medicine, and is licensed by the appropriate medical authority of his country of residence to practice medicine within the scope of his licensing and training and excludes the policyowner, the life assured or a family member of either.

1.10.23 Review Period

Review Period is the period stated in **Clause 1.1.2** above.

1.10.24 Serious Illnesses

- Blood Disorder
- Cancer
- Ischaemic heart disease
- Coronary artery disease
- Rheumatic heart disease
- Chronic obstructive lung disease
- Chronic renal disease, including renal failure
- Cerebrovascular accidents
- Chronic Liver Cirrhosis
- Systemic Lupus Erythematosus
- Degenerative diseases

1.10.25 Short Stay Ward

A Short Stay Ward is a ward where emergency department patients stay for up to 24 hours for observation to allow the doctors to decide whether the patient is fit for discharge or should be admitted to a Standard Room of a Hospital as an Inpatient.

1.10.26 Specialist

Specialist refers to a Registered Medical Practitioner registered as a specialist with the Singapore Medical Council.

1.10.27 Standard Room

It is a room equipped with minimum standards, like the following:

- suitable bed, mattress, pillow, a chair and locker facility;
- bed screening facilities;
- adequate lighting and ventilation;
- an effective nurse-to-patient call bell system; and
- adequate toilet facilities /wash basin.

It shall exclude deluxe rooms, luxury suites, superior rooms, super rooms or other special rooms that may also be available at the Hospital.

For a single room in a private hospital, we pay normal ward rates up to the rates charged for a standard single room.

1.10.28 Surgical Procedure

Any operative procedure, including day surgery, performed by a Registered Medical Practitioner involving general or local anaesthesia for the correction of deformities or defects, repair of injuries, and the diagnosis or cure of Illnesses.

1.11 Illustration of benefits

PRUShield Claim

PRUShield Premier Policyholder - Male, Age 52

Diagnosis:	Ischaemic Heart Disease
Surgery:	Coronary Artery Bypass Graft
Hospital:	Private Hospital - double-bedded
Hospitalisation:	9 days

Benefits	**Incurred**	**No. of Days**	**Payable**
Daily Ward and Treatment Charges			
Normal Ward	$ 5,870.00	7 days	$ 5,870.00
Intensive Care Unit Ward	$ 1,630.00	2 days	$ 1,630.00
Surgical Benefits			
Surgical Procedure	$ 9,000.00		$ 9,000.00
Implants	$ 2,400.00		$ 2,400.00
	$ 18,900.00		$ 18,900.00
Less: Deductible (Private Hospital)			$ 3,500.00
Balance After Deductible			$ 15,400.00
Less: Co-insurance (10% of $15,400)			$ 1,540.00
PRUShield Premier Pays (inclusive of MediShield Life payout, if any)			**$ 13,860.00**

This policy document covers the terms and conditions of the following plan.

Part One: **PRUShield Premier** and **PRUShield Plus** plans

Part Two: **PRUShield Standard Plan**

You may wish to refer to your Policy Certificate for the plan that you have bought.

PART TWO

PRUSHIELD STANDARD PLAN

	Contents	Page

Your policy is only complete if you have this Policy document and a Policy certificate

2.1 Our agreement

2.1.1 This policy document and the following documents: -

- your Policy Certificate,
- your Proposal Form (and your Supplementary Proposal Form, if any),
- your PRUPlanner / Financial Needs Analysis,
- the questionnaires pertaining to your lifestyle, occupational and medical condition that you had submitted to us for our underwriting purposes (if any),
- our Offer of Conditional Acceptance (if any), and
- all written correspondence between yourself and us relating to your policy (if any),

shall constitute the entire agreement between you and us relating to your policy with us and supersedes all previous representations, warranties and agreements whether written or oral.

Your policy is a legal contract between you* and us. We* agree to give you the benefits set out in your Policy Certificate as explained in this Policy document for the premium paid by you.

The information you gave us in the proposal form, supplementary proposal form and any correspondence for this policy was relied on by us in deciding whether or not to insure you.

Your policy may be void if any information you give us is incomplete or inaccurate or you do not comply with the conditions of your policy.

Your policy is only for the cover and the period shown on your Policy Certificate. It is also subject to the terms and conditions contained in this Policy document.

We give you a new Policy Certificate when you make any alteration to your policy. It becomes your current Policy Certificate.

A person who is not a party to this policy has no right under the Contracts (Rights of Third Parties) Act to enforce any of the terms and conditions of this policy.

The life assured is also insured under MediShield Life operated by the Central Provident Fund ("**CPF**") Board which is governed by the Central Provident Fund Act (Chapter 36) and MediShield Life Scheme Act (No. 4 of 2015) ("**Act**") and the respective subsidiary legislation made thereunder ("**Regulations**"), provided the life assured meets the eligibility conditions as specified in the Act and Regulations. The life assured, if insured under MediShield Life, shall enjoy all benefits of MediShield Life as provided under the Act and Regulations.

*__you__ – means the policyowner shown on your Policy Certificate
*__we__ – means Prudential Assurance Company Singapore (Pte) Limited

2.1.2 Review period

We give you a period of 21 days from the date of receipt of this Policy document, to review your policy.

If you decide this policy is not suitable for your needs, simply write to us within the 21-day review period. We will refund any premium you have paid (without interest), less medical fees, other expenses we have had to pay and any amounts you owe us in connection with the policy

If your policy document and all other documents from us are made available electronically via PRUaccess, then they are considered delivered and received when we send you the relevant SMS and/or email notification informing you that the documents are accessible on PRUaccess.

Otherwise, your policy and all other documents from us are considered delivered and received in the ordinary course of the post, 7 days from the date of posting to the last known address notified to us.

This review period will not apply if you have done a change of plan (refer to **Clause 2.5**).

2.2 What type of benefit?

PRUShield Standard Plan is the enhancement plan that is offered on top of the MediShield Life tier operated by the CPF Board. It provides benefits to meet the needs of Singaporeans and Singapore Permanent Residents who would like adequate coverage and insurance protection against hospitalisation in B1 wards and below, of restructured Hospitals.

We will pay the claims according to the benefits under this enhancement plan or MediShield Life, whichever is higher.

Benefits under this policy are only payable when the life assured suffers from an Injury or Illness, which is covered under this policy and the life assured is hospitalised as an inpatient, or undergoes day surgery or selected outpatient treatment, as defined in this policy.

We do not pay under the following benefits if the medical expenses are incurred at non-MediShield Life accredited Hospitals or treatment centres:
- Inpatient and Day Surgery benefits (refer to **Clause 2.2.1**)
- Outpatient Treatment benefits (refer to **Clause 2.2.1**)

We do not pay for claims where the medical expenses have been paid by other medical insurance or you have received reimbursement from any other source.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association (GIA) /Life Insurance Association (LIA) or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

2.2.1 Basic benefits offered

We provide you with the following basic benefits that pay for Medically Necessary treatment:

a) Inpatient and Day Surgery benefits:

We will reimburse the Reasonable and Customary Expenses incurred for the following treatments up to the respective benefit limits as set out in the Benefits Schedule:
- Normal Ward
- Intensive Care Unit Ward
- Psychiatric
- Community Hospital (Rehabilitative)
- Community Hospital (Sub-acute)
- Inpatient Palliative Care Service (General)
- Inpatient Palliative Care Service (Specialised)
- Surgical Procedure
- Implants
- Radiosurgery, including Proton Beam Therapy – Category 4
- Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma
- Serious Pregnancy and Delivery-related Complications

The above benefits under point a) are subject to the Deductible, Co-Insurance, Pro-ration and benefits limits as set out in the Benefits Schedule.

b) Outpatient Treatment benefits:

We will reimburse, as set out in the Benefits Schedule, the Reasonable and Customary Expenses incurred for approved outpatient treatment at Medisave/MediShield Life accredited treatment centres for the following:
- Kidney dialysis
- Cancer Drug Treatment
- Cancer Drug Services
- Radiotherapy for cancer:
  - External (except Hemi-Body)
  - Brachytherapy
  - Hemi-Body
  - Stereotactic
- Proton Beam Therapy:
  - Category 1

  - Category 2
  - Category 3
- Immunosuppressants for Organ Transplant
- Erythropoietin for Chronic Kidney Failure
- Long-term Parenteral Nutrition

The above benefits under point b) are subject to Co-Insurance, Pro-ration and benefits limits as set out in the Benefits Schedule.

For a detailed explanation of the above benefits, please refer to **Clause 2.4** of this Policy document.

2.3 Payment of premiums

2.3.1 Your obligations

Your Policy Certificate shows the date your first premium is due and the premium amount. Your premium for each subsequent Policy Year is due on each anniversary of the Cover Start Date (**"Premium Due Date"**). You must pay your premium within 90 days from each Premium Due Date (**"the Grace Period"**). We will send you a notice when your premium is due.

If you fail to pay your premium within the Grace Period, your policy automatically terminates. In this instance, as long as your premiums are not paid, claims submitted for an Illness or Injury incurred within the Grace Period will not be considered.

2.3.2 Premium payment from Medisave

If you pay your premium with funds from a Medisave account, we will deduct premiums annually from this Medisave account up to a maximum withdrawal limit per life assured per Policy Year as stipulated by the CPF Board. If the premium due is more than the maximum withdrawal limit or there are insufficient funds in the Medisave account to pay the premium due, the balance premium due can be paid by cash within the Grace Period.

2.3.3 Premium payment by cash

If you pay your premiums by cash or cheque, we will send you a notice when your premium is due. You must ensure that your premiums are paid on time even if you do not receive the notice.

2.3.4 Renewal premium rate

On the Premium Due Date for each Policy Year, the required renewal premium rate for the life assured will be determined based on the age next birthday of the life assured.

2.4 What type of plan?

2.4.1 Types of benefits offered

The table below ("**Benefits Schedule**") shows the maximum benefits offered for the plan.

Benefits Schedule (please refer to **Clauses 2.4.2** to **2.4.3** for the details of these benefits)

Benefits	Claim Limits / Amounts
Inpatient and Day Surgery Benefits	
Daily Ward and Treatment Charges:	
Normal Ward	$ 2,250 per day**
Intensive Care Unit Ward	$ 6,850 per day**
Psychiatric	$ 680 per day (up to 60 days per Policy Year)
Community Hospital (Rehabilitative)	$ 760 per day
Community Hospital (Sub-acute)	$ 960 per day

Benefits	Claim Limits / Amounts
Inpatient Palliative Care Service (General)	$ 560 per day
Inpatient Palliative Care Service (Specialised)	$ 760 per day
Surgical Procedure based on MOH's Table of Surgical Procedure (per treatment):	
Table 1A	$ 590
Table 1B	$ 1,050
Table 1C	$ 1,050
Table 2A	$ 1,800
Table 2B	$ 2,300
Table 2C	$ 2,370
Table 3A	$ 3,290
Table 3B	$ 4,240
Table 3C	$ 4,760
Table 4A	$ 5,970
Table 4B	$ 8,220
Table 4C	$ 8,220
Table 5A	$ 8,920
Table 5B	$ 9,750
Table 5C	$11,030
Table 6A	$15,910
Table 6B	$15,910
Table 6C	$17,300
Table 7A	$21,840
Table 7B	$21,840
Table 7C	$21,840
Implants	$ 9,800 per treatment
Radiosurgery including Proton Beam Therapy – Category 4	$31,300 per treatment course
Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	$ 14,040 per treatment
Serious Pregnancy and Delivery-related Complications	Covered under existing inpatient limits
<u>Outpatient Treatment benefits:</u>	
Kidney Dialysis	$ 3,740 per Calendar Month*
Outpatient Cancer Treatment:	
- Cancer Drug Treatment (monthly)	3x of the MediShield Life limits
- Cancer Drug Services (yearly)	2x of the MediShield Life limits
- Radiotherapy for Cancer:	
- External (except Hemi-Body)	$ 880 per treatment
- Brachytherapy	$ 1,100 per treatment
- Hemi-Body	$ 2,510 per treatment
- Stereotactic	$ 6,210 per treatment
- Proton Beam Therapy	
o Category 1	$ 880 per treatment
o Category 2	$ 1,100 per treatment
o Category 3	$ 6,210 per treatment

Benefits	Claim Limits / Amounts	
Immunosuppressants for Organ Transplant	$ 1,480 per Calendar Month*	
Erythropoietin for Chronic Kidney Failure	$ 450 per Calendar Month*	
Long-term Parenteral Nutrition	$ 3,980 per Calendar Month*	
Deductible per Policy Year:	**80 years old and below** *(age next birthday)*	**81 years old and above** *(age next birthday)*
Restructured Hospital / Community Hospital C Ward	$1,500	$2,000
Restructured Hospital / Community Hospital B2/B2+ Ward	$2,000	$3,000
Restructured Hospital / Community Hospital B1 Ward	$2,500	$3,000
Restructured Hospital / Community Hospital A Ward	$2,500	$3,000
Private Hospital / Private Community Hospital	$2,500	$3,000
Day Surgery – Subsidised	$1,500	$2,000
Day Surgery – Non-Subsidised	$2,000	$3,000
Short Stay Ward – Subsidised	$1,500	$2,000
Short Stay Ward – Non-Subsidised	$2,000	$3,000
Co-Insurance	10%	
Limits of Cover:		
Policy Year Limit	$200,000	
Lifetime Limit	Unlimited	
Age Limits:		
Maximum Entry Age	N.A.	
Maximum Coverage Age	Lifetime	
Pro-Ration:	**Singapore Citizens**	**Singapore Permanent Residents**
Private Hospital / Private Community Hospital / Private Inpatient Palliative Care Service	50%	50%
Restructured Hospital / Community Hospital / Inpatient Palliative Care Service A Ward	80%	80%
Restructured Hospital / Community Hospital / Inpatient Palliative Care Service B1 Ward	N.A.	90%
Restructured Hospital / Community Hospital / Inpatient Palliative Care Service B2/B2+/C Ward	N.A.	N.A.
Short Stay Ward (Subsidised / Non-Subsidised)	N.A.	N.A.
Day Surgery (Subsidised / Non-Subsidised)	N.A.	N.A.
Day Surgery (Private)	65%	65%
Outpatient Treatment (Subsidised / Non-Subsidised)	N.A.	N.A.
Outpatient Treatment (Private)	65%	65%

** Refer to **Clause 2.10.4** for the definition of Claim Limit per Calendar Month*
*** Limits are higher by $300 for the first two days of inpatient stay*

2.4.2 Inpatient and Day Surgery benefits

These benefits below are subject to the Deductible, Co-insurance, Pro-ration and benefit limits as set out in the Benefits Schedule.

2.4.2.1 What do we pay for Normal Ward?

If the life assured is hospitalised in a Standard Room of a Hospital as a result of Injury or Illness, we pay the normal ward charges for each day of Hospital Confinement that are Reasonable and Customary Expenses. This may include meals, in-patient prescriptions, professional charges, investigations, laboratory tests, high dependency ward stay and charges for other medical services.

If a Hospital Confinement flows over to the next Policy Year, the benefits will be processed based on the previous Policy Year's benefits limits and Deductible when the life assured was first admitted for hospitalisation.

If the life assured changes ward of stay during Hospital Confinement, the Deductible applicable to the claim will be based on the highest ward class the life assured had stayed in.

We will pay for the cost of a Short Stay Ward only if there is a charge for Short Stay Ward in the hospital bill. We will pay such cost even if it does not result in Hospital Confinement of the life assured.

2.4.2.2 What do we pay for Intensive Care Unit (ICU) Ward?

We pay the ICU ward charges if the life assured is confined in the ICU ward because of Injury or Illness. Charges may include meals, in-patient prescriptions, professional charges, investigations, laboratory tests and charges for other medical services.

2.4.2.3 What do we pay for Community Hospital?

Upon discharge from the Hospital and if the life assured is immediately hospitalised in a Standard Room of a Community Hospital to continue treatment for Rehabilitative care or for Sub-acute care, we pay the actual normal ward charges including meals, Inpatient prescriptions, professional charges, investigations, laboratory tests, and other medical services.

Hospice and convalescent centres/hospitals/homes are not covered.

We also reimburse the Reasonable and Customary expenses incurred for Community Hospital if the life assured is referred from Emergency Department of a restructured Acute Hospital.

2.4.2.4 What do we pay for Psychiatric Treatment?

We pay for the medical expenses incurred if the life assured receives inpatient psychiatric treatments.

All eligible expenses incurred under the Psychiatric Treatment, including Short Stay Ward, shall be accumulated and paid up to the limit as set out in the Benefits Schedule.

2.4.2.5 What do we pay for Surgical Procedure?

We pay if the life assured undergoes a Medically Necessary Surgical Procedure during his Hospital Confinement. Charges may include operating theatre and anaesthesia fees.

If the life assured undergoes day surgery where normal ward charges may not be applicable, we will still pay the Surgical Procedure benefit.

2.4.2.6 What do we pay for Implants?

We pay if the life assured undergoes surgery and an implant is inserted into the body of the life assured and remains in the body on completion of the surgery.

We pay for approved medical consumables which may include intravascular electrodes used for electrophysiological procedures, Percutaneous Transluminal Coronary Angioplasty ("**PTCA**") and intra-aortic balloons (or balloon catheters).

The implants and approved medical consumables must be Medically Necessary and deemed to be Reasonable and Customary Expenses.

2.4.2.7 What do we pay for the Radiosurgery, including Proton Beam Therapy–Category 4?

We pay for the expenses incurred when the life assured undergoes Radiosurgery or Proton Beam Therapy - Category 4 for an MOH-approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for Proton Beam Therapy under MediShield Life. The MOH-approved Proton Beam Therapy indications and patient eligibility criteria are specified on MOH's website. MOH may update this from time to time. Radiosurgery, including Proton Beam Therapy – Category 4 can be performed as an Inpatient or day surgery procedure.

The applicable Deductible and Pro-ration factor for Radiosurgery, including Proton Beam Therapy – Category 4 procedure will depend on its classification as an Inpatient or day surgery procedure.

2.4.2.8 What do we pay for Inpatient Palliative Care Service (General)?

We pay for the medical expenses incurred if the life assured receives General Inpatient Palliative Care, up to the limits as set out in the Benefits Schedule.

The life assured must be admitted for General Inpatient Palliative Care by a Registered Medical Practitioner, according to the relevant guidelines from MOH.

2.4.2.9 What do we pay for Inpatient Palliative Care Service (Specialised)?

We pay for the medical expenses incurred if the life assured receives Specialised Inpatient Palliative Care, up to the limits as set out in the Benefits Schedule.

The life assured must be admitted for Specialised Inpatient Palliative Care by a Registered Medical Practitioner, according to the relevant guidelines from MOH.

2.4.2.10 What do we pay for Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma?

We reimburse the Reasonable and Customary Expenses incurred, up to the limits as set out in the Benefits Schedule, if the life assured undergoes Medically Necessary Autologous Bone Marrow Transplant Treatment for Multiple Myeloma for the following stages of the treatment:

- Stem-cell mobilisation
- Harvesting healthy stem cells
- Pre-transplant workup
- Use of high dosage chemotherapeutic drugs to destroy cancerous cells
- Engraftment of healthy stem cells
- Post-transplant monitoring

We pay for all treatment costs, including consultation, clinical and lab investigations, consumables and drugs needed for the Continuation of Autologous Bone Marrow Transplant Treatment for Multiple Myeloma in the outpatient setting.

This applies strictly to treatment in the outpatient setting only. If the life assured requires certain phases of bone marrow transplant in the inpatient setting, these treatments will be covered under the prevailing inpatient limits.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

2.4.2.10 What do we pay for Serious Pregnancy and Delivery-related Complications?

We will reimburse expenses incurred if the life assured is hospitalised as a result of the pregnancy complication conditions listed below. These pregnancy complications must have been first diagnosed after 10 months from the:

- Cover Start Date of the policy; or
- date of reinstatement (if any),

whichever is later.

We do not pay for delivery charges, except in the event of a Caesarean Section with Hysterectomy.

1) **Pre-eclampsia and eclampsia**
   The diagnosis of pre-eclampsia or eclampsia by an obstetrician.
2) **Cervical incompetency**
   The diagnosis of cervical incompetency by an obstetrician.
3) **Accreta placenta**
   The diagnosis of accreta placenta by an obstetrician.
4) **Placental abruption**
   This is the separation of the normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress and/or maternal shock. The diagnoses of Abruptio Placentae must be confirmed by a medical specialist and supported with medical evidence of Class 2 or Class 3 abruptio necessitating an emergency Caesarian section.
5) **Placenta praevia**
   The diagnosis, by an obstetrician, of the presence of placental tissue extending over the internal cervical, resulting in a cesarean delivery.

6) **Antepartum, intrapartum and postpartum haemorrhage**
The diagnosis, by an obstetrician, of severe abnormal bleeding from the female genital tract at or after 24 weeks of pregnancy or during or after childbirth.

7) **Placental insufficiency and Intrauterine growth restriction**
The diagnosis, by an obstetrician, of placental insufficiency leading to intrauterine growth restriction.

8) **Gestational diabetes mellitus**
The diagnosis of gestational diabetes mellitus by an obstetrician. The diagnosis was made through a 75g oral glucose tolerance test.

9) **Acute Fatty Liver of Pregnancy**
This is the condition of a severe acute fatty liver occurring during pregnancy and associated with acute liver failure where all of the following diagnostic conditions must be met.

10) **Obstetric cholestasis**
The diagnosis of obstetric cholestasis by an obstetrician.

11) **Twin to twin transfusion syndrome**
The diagnosis of twin to twin transfusion syndrome by an obstetrician.

12) **Infection of amniotic sac and membranes**
The diagnosis of an infection of the amniotic sac and membranes by an obstetrician.

13) **Amniotic Fluid Embolism**
This is a condition in which, following the infusion of amniotic fluid into the maternal circulation, there is the sudden development of acute respiratory distress and shock. The diagnosis must be confirmed by a Registered Medical Practitioner and supported with medical evidence of any combination of respiratory distress, cardiovascular collapse, disseminated intravascular coagulation, coma and lung scans showing embolisation.

14) **Fourth degree perineal laceration**
The diagnosis of fourth degree perineal laceration by an obstetrician.

15) **Uterine rupture**
The diagnosis of uterine rupture by an obstetrician.

16) **Postpartum inversion of uterus**
The diagnosis of postpartum inversion of the uterus by an obstetrician.

17) **Obstetric injury or damage to pelvic organs**
The diagnosis of obstetric injury or damage to the pelvic organs by an obstetrician.

18) **Complications resulting in a caesarean hysterectomy**
The diagnosis of complications resulting in a caesarean hysterectomy by an obstetrician.

19) **Retained placenta and membranes**
The diagnosis of retained placenta and membranes by an obstetrician.

20) **Abscess of breast**
The diagnosis, by an obstetrician, of an abscess of breast associated with childbirth.

21) **Ectopic pregnancy**
This is a condition in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.

22) **Hydatidiform mole and subsequent complications (including Choriocarcinoma)**
The diagnosis, by an obstetrician, of hydatidiform mole and subsequent complications (including choriocarcinoma)

23) **Medically necessary abortions**
The diagnosis of medically necessary abortions by an obstetrician

24) **Still-birth**
The diagnosis of still birth by an obstetrician.

25) **Maternal death**
The diagnosis of maternal death by an obstetrician.

This benefit is subject to the Deductible, Co-insurance and Pro-ration.

2.4.3 Outpatient Treatment benefits

These benefits cater to outpatient treatments (which do not require Hospital Confinement) as specified in the Benefits Schedule. Treatment must be done at Medisave /MediShield Life accredited treatment centres and we pay for the Reasonable and Customary Expenses incurred up to the limit as set out in the Benefits Schedule.

The Deductible is not applicable to this benefit, but it is still subject to Co-insurance and Pro-ration.

We pay for:
- Kidney dialysis
- Cancer Drug Treatment
- Cancer Drug Services
- Radiotherapy for Cancer:
    - External (except Hemi-Body)
    - Hemi-Body
    - Brachytherapy
    - Stereotactic
    - Proton Beam Therapy:
        - Category 1
        - Category 2
        - Category 3
- Immunosuppressants for organ transplant
- Erythropoietin for Chronic Kidney Failure
- Long-term Parenteral Nutrition

We pay for cancer drug treatments that are on the Cancer Drug List (CDL), up to the treatment-specific claim limits. Cancer drug treatments not listed or not administered exactly as described in the CDL, are considered non-CDL and will not be claimable under PRUShield, unless otherwise stated in this Policy.

You can find the CDL on the MOH's website and it currently covers most cancer drug treatments approved by the Health Sciences Authority (HSA).

For CDL treatments that involve more than one drug, we allow drug omission or replacement with another CDL drug with the indication "for cancer treatment", only if they are due to intolerance or contraindications. In such cases, the claim limit of the original CDL treatment will continue to apply.

For cases where multiple cancer drug treatments are administered in a month, if any of the CDL treatments have an indication that states "monotherapy", only CDL treatments with the indication "for cancer treatment" will be claimable in that month. Else, the following will apply:

(a) If more than one of the cancer drug treatments administered in a month have an indication other than "for cancer treatment", only CDL treatments with the indication "for cancer treatment" will be claimable in that month.

(b) If one or none of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all CDL treatments will be claimable in that month.

We will pay up to the highest limit among the CDL treatments that are claimable in that month.

For avoidance of doubt, for CDL treatments, the indications refer to the clinical indications of the drug as specified in the CDL on MOH's website. Non-CDL treatments will be considered as having an indication other than "for cancer treatment".

We pay for cancer drug services that are part of a cancer drug treatment (including treatments not on the CDL), such as consultations, scans, laboratory investigations, treatment preparation and administration, supportive care drugs and blood transfusions, up to specified claim limits. Cancer drug services incurred before the cancer is diagnosed, after the cancer has gone into remission, or once the course of treatment has ceased, will not be covered.

We will only pay for Proton Beam Therapy if it is administered for an MOH-approved Proton Beam Therapy indication and if the Life Assured meets the eligibility criteria for Proton Beam Therapy under MediShield Life. The MOH-approved Proton Beam Therapy indications and patient eligibility criteria are specified on MOH's website. MOH may update this from time to time.

Erythropoietin for chronic kidney failure, Immunosuppressants such as cyclosporin, tacrolimus for organ transplant and other drugs must be approved by the Health Science Authority ("**HSA**") of Singapore.

Long-term Parenteral Nutrition expenses include the cost of parenteral nutrition bags and consumables necessary for administering Long-term Parenteral Nutrition and that meets the claimable criteria under the MediShield Life Scheme.

We will also pay for consultation and laboratory tests that are related to the outpatient treatment, if they are ordered by the treating Registered Medical Practitioner within 30 days before such outpatient treatment. We will not pay for follow-up consultation, laboratory tests and other medical attention after the outpatient treatments.

2.5 Can I change my plan?

You can apply to change to a higher or lower plan (where applicable) by giving us written notification.

When you apply to change to a higher plan, the life assured must give us satisfactory evidence of a health condition that is acceptable to us.

Once we have changed your plan to the new plan, medical expenses incurred from the Cover Start Date shown in the new Policy Certificate will be processed according to the terms and conditions of the new plan, including the deductible and policy/benefit limits which will apply from the Cover Start Date of the new plan.

When you change to a higher plan, some of the policy benefits require the life assured to wait out a period of time before such benefits will be covered ("**Waiting Period**"). This Waiting Period commences from the Cover Start Date of the new plan. If the life assured claims for hospitalisation or medical treatment that occurred within this Waiting Period, we will assess such claims according to the terms and conditions of the immediate preceding plan instead of the new plan.

For any claim payable, we will determine the claim amount based on the Policy Year Limit and Pro-ration (if applicable) of the plan that is applicable on the date of the Hospital admission and/or medical expense bill.

If the plan you have applied to change to is withdrawn, we reserve the right to change your plan to a similar medical product that is available at the time of renewal.

You must use our appropriate application form and meet the conditions on it. We will notify you if we accept your application.

2.6 How to make a claim?

You must authorise the Medisave / MediShield Life accredited Hospitals or treatment centres to submit all eligible medical bills relating to the following benefits, electronically to us:

- Inpatient and Day Surgery benefits (refer to **Clause 2.4.2**)
- Outpatient Treatment benefits (refer to **Clause 2.4.3**)

We reserve the right to ask you or your legal representative to provide, at your own expense, more documents or evidence to our satisfaction to help us assess your claim and to appoint a Registered Medical Practitioner to re-examine the life assured.

We also reserve the right to adjust any duration of Hospital Confinement or Surgical Procedure or hospitalisation expenses which, in the opinion of our medical advisers, is considered as excessive. The duration of Hospital Confinement and Surgical Procedure should not exceed the general level by Hospitals of similar standing in the same locality where the charges are incurred, taking into consideration similar or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for similar Illness or Injury.

You must co-operate fully with us and our medical advisers. You must disclose fully and faithfully all material facts and matters which the life assured knows or ought to know and if required, on our request, sign any document to allow us to obtain relevant information, at your expense, from any Registered Medical Practitioner, Hospital or other sources.

All documents submitted that are not in English must be translated to English by an accredited translator at your own or the claimant's expense.

2.7 Who do we pay?

Claims processed electronically will be paid to the Hospital. Otherwise, we pay you, the policyowner or the Medisave account that is used to pay the bill, provided that we receive to our satisfaction, evidence of your entitlement.

The claims amount will be paid out provided:

- your claim amount has not exceeded the Policy Year limit or benefit limit as set out in the Benefits Schedule; and
- your current premium has been paid.

2.8 What is not covered?

We do not pay for any benefits which are directly or indirectly related to any of the following circumstances under this policy. However, (MediShield Life may cover some of the following conditions, up to the respective terms and conditions of MediShield Life):

- All expenses incurred by a life assured for the period of Hospital Confinement if admission into a Hospital is before the Cover Start Date of the policy;
- Any pre-existing Illnesses, diseases or impairments from which the life assured is suffering from prior to the Cover Start Date of the policy, unless they were declared in the proposal and specifically accepted by us. A pre-existing condition is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the Cover Start Date of this benefit or the date of reinstatement (if any), whichever is later;
- Treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities;
- Overseas medical treatment;
- Mental illness and personality disorders except when it is covered under the Psychiatric Treatment benefit as set out in **Clause 2.4.2.4**
- Pregnancy and childbirth and any complications arising from such conditions;
- Elective abortion; threatened abortion; miscarriage; birth control*, sterilisation*, infertility*, sub-fertility*, impotence treatment, assisted conception or any contraceptive treatment; (* for males and females)
- Treatment of sexually transmitted diseases;
- Acquired Immunodeficiency Syndrome ("**AIDS**"), AIDS-related complex or infection by Human Immunodeficiency Virus ("**HIV**") except HIV Due to Blood Transfusion and Occupationally Acquired HIV as set out in **Clause 2.10.12**;
- treatment resulting from drug addiction or under the influence of any controlled drugs listed under the First Schedule to the Misuse of Drugs Act 1973;
- Cosmetic or Plastic Surgery except:
  - Cosmetic or Plastic Surgery due to an Accident (refer to **Clause 2.10.7**); or
  - Breast Reconstruction after a Mastectomy (refer to **Clause 2.10.3**);
- Outpatient treatment and medical services except when it is covered under the "Outpatient Treatment benefit";
- All dental treatment except Accidental Inpatient Dental Treatment (refer to **Clause 2.10.2**);
- Transport-related services including ambulance fees, emergency evacuation and repatriation of mortal remains;
- Sex change operations;
- Purchase or rental for use at home or as an outpatient, of:
  - Braces
  - Prostheses
  - Special / Medical appliances including the location, transport and associated administration costs of such appliances and which are not necessary for the completion of a surgical operation
  - Durable medical equipment / machines
  - Corrective devices
  - Wheelchairs
  - Walking aids
  - Home aids
  - Kidney dialysis machines
  - Iron lungs
  - Oxygen machines

  - Hospital beds
  - Any other hospital type equipment; or
  - Replacement organ;
- Experimental or pioneering medical or surgical techniques, clinical trials for drugs or medical devices not approved by MOH;
- Private nursing charges and nursing home services;
- Vaccination;
- Treatment of Injuries arising from direct or indirect participation in civil commotion, riots or strikes;
- Treatment of Injuries arising directly or indirectly from nuclear fallout, terrorism, war and related risks;
- Rest cures, hospice care, home or outpatient nursing or palliative care (except when it is covered by us), convalescent care in convalescent or nursing homes, sanatoriums or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation;
- Alternative or complementary treatments including Traditional Chinese Medicine ("TCM") or a stay in any healthcare establishment for social or non-medical reasons;
- Hospitalisation primarily for medical services such as but not limited to X-ray, CT or MRI scans, medical check-up or health screening or other investigations which can routinely be conducted on an outpatient basis (unless otherwise covered under the terms and conditions of the PRUShield policy, as listed in the Benefits Schedule set out in **Clause 2.4.1**);
- Treatment of Illness or Injury resulting from the life assured engaging in any hazardous activities or sports in a professional capacity; or where the life assured would or could earn or earns income or remuneration in these hazardous activities or sports;
- Treatment for weight reduction, weight improvement, or obesity or any Injury or Illness which arises from, or is related to, or a consequence of weight reduction, weight improvement, or obesity in any way, such as, but not limited to, the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body, whether or not needed for medical or psychological reasons;
- Violation or attempted violation of law, resistance to lawful arrest or any resultant imprisonment;
- Non-medical items such as, but not limited to, parking fees, Hospital Administration and Registration fees, laundry, rental of television, newspaper, medical report fees.
- Elective Hospital Confinements, medical treatments or medical services which are not Medically Necessary;
- Any genetic testing, prophylactic measures, primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical / health screening packages, general physical checkups, vaccinations, etc.), surveillance screening, diagnostic, investigation tests or checks.

We do not pay for any expenses for any treatment, service or item incurred for the Hospital Confinement of a life assured, received on or after 27 March 2020 but before 20 October 2020 for COVID-19 infection or otherwise, if the life assured is an at-risk traveller while being treated for COVID-19 infection.

We also do not pay for any expenses for any treatment, service or item incurred for the Hospital Confinement of a life assured received on or after 27 March 2020 but before 20 October 2020, if the life assured is an at-risk traveller who is:
(i) admitted to the Hospital to test for suspected COVID-19 infection,
(ii) whose test results for COVID-19 infection is negative, and
(iii) does not need in-patient treatment for any other medical condition.

We do not pay for any treatment, service or item that is required for any other medical condition occurring over the same period as the COVID-19 treatment for an at-risk traveller.

An "at-risk traveller" means a life assured who
(i) Travelled out of Singapore on or after 27 March 2020 and travelled against any travel advisory concerning the risk of COVID-19 infection issued by MOH and published on its website (which may be changed, added or otherwise modified from time to time); and
(ii) Began to show symptoms consistent with the COVID-19 infection within the possible incubation period. The possible incubation period refers to the period starting from when the life assured leaves Singapore, at the start of his overseas trip, and ending on and including the 14th day after his arrival in Singapore, at the end of his overseas trip.

"COVID-19" means the infectious disease known as Coronavirus Disease 2019

2.9 General Conditions

2.9.1 Territorial cover

We will pay for all hospitalisation claims incurred in Singapore, subject to the terms and conditions of this Policy document. No overseas medical treatments are covered.

2.9.2 Payer of last resort

If you have other medical insurance which allows you to claim for the reimbursement of your medical expenses, you must first seek reimbursement from these policies before making any claim under this policy. If you have received payment under this policy, you have to file a claim with your other medical insurer who will reimburse us.

The total reimbursement made to you must not exceed the actual expenses incurred.

We do not pay for claims where the medical expenses have been paid by other medical insurance or you have received reimbursement from any other source.

2.9.3 Declaration of age

If the age of the life assured is stated wrongly in your proposal form, we adjust the premium payable. We refund any excess premium paid and will request for any shortfall in premium to be made up.

2.9.4 Guaranteed renewability

We guarantee that this policy is renewable yearly for as long as you live, provided you pay the premiums within the Grace Period and your policy has not been terminated (as set out in **Clause 2.9.7**) and subject to the terms as set out in **Clause 2.9.9** & **2.9.12**.

2.9.5 Right to vary premium

We reserve the right to vary the premium at any time. However, we will give you 30 days' written notice before doing so.

2.9.6 No Waiver

If we do not enforce any of the provisions of this Policy document at any time, this shall not affect the validity of this Policy document. We will still have the right to enforce each and every provision even if we have not done so in the past.

2.9.7 Termination of benefit

All the benefits under your policy shall terminate when one of the following occurs:

- you cancel your policy, after the expiry of the Review Period, by giving us 30 days' written notice;
- the commencement of your Medisave-approved integrated shield plan with another insurer;
- the life assured renounces his/her Singapore citizenship or Singapore Permanent Residence status;
- your premium is not received after the Grace Period; or
- the life assured dies.

We will refund the pro-rated premiums, based on the number of unused days for the rest of that Policy Year, to the Medisave account.

If you pay part of your premium in cash, then the amounts we refund will be proportionate to the amount we deduct from the Medisave account and the amount we collect from you in cash.

Example

If your premium is made up of 80% from the Medisave account and you pay the remainder of 20% in cash, then the refund of unused premium will be in the same proportion – meaning 80% returned to the Medisave account and 20% paid to you.

We or the CPF Board (as the case may be) will determine the effective date of termination of your policy.

In the event of such termination, you shall have no further claims or rights against us under your policy, except as specifically stated otherwise in this Policy document.

To avoid any doubt, the termination of your Policy by you or us shall not affect the insurance coverage under MediShield Life. The life assured will continue to be insured under the MediShield Life Scheme with the CPF Board as long as the life assured is eligible for the scheme.

2.9.8 Reinstatement of your Policy

You may apply to reinstate your policy if:

- you pay all the required premiums; and
- you give us satisfactory evidence of the health of the life assured. You must pay for the costs involved in this.

We will not cover any claim incurred before the effective date of the reinstatement of the policy, unless the claim was declared in the reinstatement form and specifically accepted by us.

To apply you must use our appropriate application form and meet the conditions on it. We will notify you if we accept your application.

2.9.9 Changes to Policy Benefits / Conditions

We reserve the right to vary the policy benefits, features, conditions and/or name at any time. This includes mandatory changes to the policy benefits, features, guidelines and/or conditions as may be introduced by MOH, the Central Provident Fund Board or any other regulatory authority on MediShield Life.

Also, if PRUShield is not available when your policy is due for renewal, we reserve the right to renew your policy to a similar medical product that is available at the time of renewal.

We will give you 30 days' written notice before doing so. However, such mandatory changes to the policy benefits, features, guidelines and/or conditions stipulated by the relevant regulatory authority will immediately apply to your policy without written notice given to you.

Any such changes will be subject to compliance with the conditions for Medisave-approved medical insurance plan issued by the MOH.

2.9.10 Special terms and conditions

If we have accepted your proposal for this policy with special terms and conditions, we give you a copy of our Offer of Conditional Acceptance which contains the special terms and conditions. The special terms and conditions shown on our Offer of Conditional Acceptance become part of your policy.

The Offer of Conditional Acceptance with the special terms and conditions will continue to be part of your policy at each subsequent renewal unless otherwise informed in writing by us.

2.9.11 Currency in use

Unless otherwise stated, all premiums and benefits are payable in Singapore dollars.

2.9.12 Policy becomes void

We may declare your policy void if:

- the information given or any written statement you provided to us before the Cover Start Date of the policy (or at any application for reinstatement) is untrue in any respect; or
- any material fact affecting the risk is incorrectly stated or represented to us or is omitted from any of the documents you submitted to us

If no claim has been paid, we will refund the total premium paid to the Medisave account with the Central Provident Fund Board.

If we have paid any claim previously, we will only refund the premium paid for the renewal of your policy after the date of the last claim.

2.9.13 Governing Law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

2.10 Definitions

2.10.1 Accident

An event caused by violent, external and visible means and caused solely and independently of any other means.

2.10.2 Accidental Inpatient Dental Treatment benefit

Accidental Inpatient Dental Treatment refers to dental procedures performed by a duly qualified dental surgeon during hospitalisation, to remove, replace or restore natural teeth lost or damaged because of an Accident. The benefit is subject to the respective benefit limits under Surgical Procedure based on MOH's Table of Surgical Procedure.

2.10.3 Breast Reconstruction after a Mastectomy

Breast Reconstruction after a Mastectomy refers to Medically Necessary breast reconstruction after a mastectomy, subject to the following conditions:

- The mastectomy must be due to breast cancer;
- The breast reconstruction must be done within 365 days from the original mastectomy;
- A breast implant will be covered, up to the Medically Necessary requirement.

Any surgery or reconstruction of the other breast to produce a symmetrical appearance will not be covered

2.10.4 Claim Limit per Calendar Month

The Claim Limit per Calendar Month is the maximum claimable amount that the life assured can claim in one calendar month.

This means that the claim amount we pay out is assessed from the start date of the treatment and cannot exceed the claim limit applicable for that calendar month. If the claim limit is reached, we will not pay the claim utilising the benefit amount from the next calendar month even if the treatment period flows over to the next calendar month.

Example

Mr J has to undergo kidney dialysis every two weeks.

5 January – kidney dialysis treatment session 1	=	*$3.000*
19 January – kidney dialysis treatment session 2	=	*$3,500*
Cost of treatment for January	=	*$6,500*
Minus 10% Co-insurance		*- 650*
	=	*$5,850*
Claim Limit per Calendar Month for kidney dialysis	=	***$3,740***

*We will pay **$3,740.***

2.10.5 Co-insurance

Co-insurance is the amount that you need to co-pay after the Deductible is met. The Co-insurance percentages for the various benefits under this policy are stated in the Benefits Schedule. Co-insurance is applicable to all the benefits under this policy.

2.10.6 Community Hospitals

A Community Hospital is one that is registered and classified under the category of Community Hospitals with MOH, Singapore.

2.10.7 Cosmetic or Plastic Surgery Due to Accident

Cosmetic or Plastic Surgery Due to Accident refers to Medically Necessary cosmetic or plastic surgery for the repair of damage caused solely by an Accident. The surgery must be done within 365 days from the Accident.

2.10.8 Cover Start Date

The Cover Start Date is the date of commencement of insurance coverage of your policy and is shown on your Policy Certificate.

2.10.9 Deductible

This is the part of the claimable amount that the policyowner is liable for before any benefits are payable under this policy. The Deductible amounts for the various benefits under this policy are stated in the Benefits Schedule.

2.10.10 Emergency

Emergency is when urgent remedial treatment is needed and is Medically Necessary to avoid death or serious impairment to the life assured's health as a result of a Serious Illness or the onset of a serious condition.

2.10.11 Grace Period

You have 90 days from the Premium Due Date to pay your premiums. This is the Grace Period.

2.10.12 HIV Due to Blood Transfusion and Occupationally Acquired HIV

A) Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- The blood transfusion was Medically Necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Cover Start Date of the policy or the date of reinstatement (if any), whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B) Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Cover Start Date of the policy or the date of reinstatement (if any), whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:
- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

Reimbursement of medical expenses under this benefit is only payable when the occupation of the life assured is a medical practitioner, housemen in a Hospital, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in a medical centre or clinic (in Singapore).

2.10.13 Hospital

Hospital means a facility which satisfies all of the following:

a) is a licensed, lawfully operating institution duly constituted and registered as a Hospital with the MOH;
b) is open at all times;
c) is operated mainly to diagnose and treat disabilities on an Inpatient basis and at the patient's expense;
d) has organised facilities for major surgery;
e) has a staff of one or more doctors on call at all times;
f) has 24-hour nursing services by or under the supervision of registered nurses;
g) is not other than incidentally a skilled nursing facility, clinic, place for treatment of alcoholism or drug abuse, nursing home, rest home, convalescent home, home for the aged, place for the treatment of mental disorders or a similar establishment; and
h) maintains a daily medical report for each patient, which is accessible to our medical advisers.

The lists of Singapore Restructured and Private Hospitals can be found on our website < www.prudential.com.sg.>

2.10.14 Hospital Confinement

Hospital Confinement means a continuous period of time, lasting at least 8 hours, where normal ward is charged, during which it is Medically Necessary for the life assured to be confined to a Hospital.

2.10.15 (a) Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(b) Injury

Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Registered Medical Practitioner.

2.10.16 Inpatient

An Inpatient is a person who is under Hospital Confinement.

2.10.17 Medical Adviser

A Medical Adviser is someone who gives advice relating to the science or practice of medicine and surgery.

2.10.18 Medically Necessary

Medically Necessary means treatments, services or expenses incurred which are:

- in the opinion of a Specialist is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the Illness. The treatment must be provided in accordance with generally accepted medical practice in Singapore;
- in accordance with the standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- approved by the Institutional Review Board, the Centre of Medical Device Regulation, Health Sciences Authority (HSA) or other relevant authority in Singapore;
- not for the convenience of the Life Assured or Registered Medical Practitioner, and unable to be reasonably rendered out of a Hospital, Community Hospital or similar establishments;
- not of an experimental, investigational or research nature (including but not limited to experimental, pioneering medical or surgical techniques and medical devices, and medical trials for medicinal products, whether or not these trials have a clinical trial certificate issued by the Health Sciences Authority or other relevant authority in Singapore); and
- not for preventive or screening nature or for health enhancement (including but not limited to dietary replacement or supplement) in purpose.

We have the right to determine whether or not a treatment, service or expense is Medically Necessary.

2.10.19 MediShield Life

MediShield Life is mandatory for all Singapore Citizens and Permanent residents. It is the basic tier of insurance protection scheme operated by the CPF Board which is targeted to cover hospitalisation in the class B2 or C wards of a Hospital for Singaporeans and Singapore Permanent Residents.

2.10.20 MOH

MOH means the Ministry of Health in Singapore.

2.10.21 Policy Year

Policy Year means a period of 12 months from the Cover Start Date or renewal of the life assured's insurance cover under PRUShield. Subject to the terms and conditions of this Policy document, the life assured's insurance cover under this policy shall, be renewed yearly on the Premium Due Date.

2.10.22 Policy Year Limit

The Policy Year Limit is the maximum claimable amount that the life assured can claim in one Policy Year from all the benefits in this plan.

If Hospital Confinement or non-Inpatient medical expenses flow over to the next policy year, the claim for a given medical bill will be processed subject to the Policy Year Limit of the previous year. This means that for medical expenses due to Hospital Confinement, the claim amount will be determined based on the Policy Year Limit applicable at the date of Hospital admission. If the Policy Year Limit is reached, we do not pay the claim utilising the Policy Year Limit of the next Policy Year even if the Hospital Confinement period flows over to the next Policy Year.

For non-Inpatient medical expenses, the claim amount will be determined based on the Policy Year Limit applicable on the date the medical expenses were incurred regardless of the actual date of usage of such medical services.

2.10.23 Pro-ration

Pro-ration factors are applied to reduce medical bills in higher-class wards, private sector outpatient clinics or private Hospitals (as classified by the MOH) to the level of the B1 ward class of a Hospital in the claims computation.

2.10.24 Reasonable and Customary Expenses

This refers to expenses incurred for medical service or treatment provided which are appropriate and consistent with the diagnosis and which according to accepted medical standards, could not have been omitted without adversely affecting the life assured's medical condition. Such charges shall not exceed the general level of charges made by others of similar standing in Singapore for such services and supplies.

2.10.25 Registered Medical Practitioner

Any person properly qualified by degree in western medicine to practice medicine and is licensed by the appropriate medical authority of his country of residence to practice medicine within the scope of his licensing and training and excludes the policyowner, the life assured or a family member of either.

2.10.26 Review Period

Review Period is the period stated in **Clause 2.1.2** above.

2.10.27 Short Stay Ward

A Short Stay Ward is a ward where emergency department patients stay for up to 24 hours for observation to allow the doctors to decide whether the patient is fit for discharge or should be admitted to a Standard Room of a Hospital as an Inpatient.

2.10.28 Specialist

Specialist refers to a Registered Medical Practitioner registered as a specialist with the Singapore Medical Council.

2.10.29 Standard Room

It is a room equipped with minimum standards, like the following:

- suitable bed, mattress, pillow, a chair and locker facility;
- bed screening facilities;
- adequate lighting and ventilation;
- an effective nurse-to-patient call bell system; and
- adequate toilet facilities /wash basin.

For any single room (including deluxe rooms, luxury suites, superior rooms, super rooms or other special rooms) in a Hospital, we pay normal ward rates up to the rates charged for a standard single room. We will also apply the Pro-ration factor according to the type of ward or Hospital

2.10.30 Surgical Procedure

Any operative procedure listed under the MOH Table of Surgical Procedure (TOSP) 1-7, including day surgery, performed by a Registered Medical Practitioner involving general or local anaesthesia for the correction of deformities or defects, repair of injuries, and the diagnosis or cure of Illnesses.

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