

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

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

PRUShield *(with A and B plan)*

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

PruShield (Enhanced) Version 1- 2013 / 1 April 2023

This version of your Policy document should correspond with the version that is printed at the bottom of your Policy Certificate.

Reg. No: 199002477 Z

1 Our agreement

1.1 This Policy Booklet and the following documents: -

- your Policy Certificate ,
 - your Proposal Form (and your Supplementary Proposal Form, if any) ,
 - your Prudential Way Planner ,
 - 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 Booklet 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 Booklet.

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 operated by the Central Provident Fund Board which is governed by the Central Provident Fund Act (Chapter 36) and Central Provident Fund (MediShield Scheme) Regulations, provided the Life Assured meets the eligibility conditions as specified in the Act and Regulations. The Life Assured, if insured under MediShield, shall enjoy all benefits of MediShield as provided under the Act and Regulations.

*you – means the policyowner shown on your Policy Certificate

*we – means Prudential Assurance Company Singapore (Pte) Limited

1.2 Review period

We give you a period of 60 days from the Cover Start Date or 14 days from the date of receipt of this Policy Booklet, whichever is later, to review your policy.

If you decide this policy is not suitable for your needs, simply return this Policy Booklet and your Policy Certificate to us within the period mentioned above. We will refund your premium.

Your policy is considered delivered and received in the ordinary course of the post, 7 days after the date of posting.

2 What type of benefit?

PruShield is the enhancement plan offered on top of the Basic MediShield 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 paid out under this enhancement plan or MediShield, whichever is higher.

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).

2.1 Basic benefits offered

We provide you with 3 basic benefits:

a) **Inpatient and Day Surgery benefits** – comprising 5 sub-benefits:

- **Daily Room and Board** – pays for ward and treatment charges, as set out in the Benefits Schedule.
- **Daily ICU** – pays the Intensive Care Unit (“ICU”) charges, as set out in the Benefits Schedule.
- **Confinement in a Community Hospital** – pays for ward and treatment charges, as set out in the Benefits Schedule, when hospitalised in a Community Hospital.
- **Surgical Procedure** – pays all Medically Necessary Surgical Procedures, as set out in the Benefits Schedule.
- **Surgical Implants / Approved Medical Consumables** – 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.

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

b) **Outpatient Hospital benefits** – comprising 3 sub-benefits:

- **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 accredited cancer treatment centres.
- **Renal Dialysis 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.
- **Approved Immunosuppressant Drugs for Organ Transplant** – reimburses, as set out in the Benefits Schedule, the cost of the Medically Necessary prescribed Approved Immunosuppressant Drugs. The Approved Immunosuppressant Drugs are set out in the footnotes to the Benefits Schedule in **Clause 4.1**.

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

c) **Other benefits**

- **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.
- **Short Stay Ward** – pays for charges incurred, as set out in the Benefits Schedule, in the Short Stay Ward even if it does not result in the hospitalisation of the life assured.

For a detailed explanation of the above 3 benefits, please refer to **Clause 4** of this Policy Booklet.

3 Payment of premiums

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 pay part of your premium by cash or cheque, you must ensure that your premiums are paid on time even if you do not receive the notice.

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 incurred within the Grace Period will not be paid.

3.2 Premium payment

We will deduct premiums annually from your 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 your Medisave account to pay the premium due, the balance premium due can be paid by cash or cheque within the Grace Period.

If the balance premium due is to be paid in cash, then the whole (and not a portion of) amount of this balance premium due is to be paid in cash. If the balance premium due is to be paid by cheque, then the cheque must be for the whole (and not a portion of) amount of this balance premium. You cannot pay the balance premium due in part cash and part cheque.

3.3 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.

4 What type of plan?

4.1 Types of plan offered

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

Benefits Schedule

| | PruShield A | PruShield B |
|---|-------------|-------------|
| <u>Inpatient and Day Surgery Benefits</u> | | |
| Daily Room & Board | \$900 | \$750 |
| Daily Intensive Care | \$1,400 | \$1,250 |
| Daily Community Hospital confinement | \$900 | \$550 |
| Surgical Procedure (per treatment) Table of Surgical Operations ¹ | | |
| Table 1 | \$800 | \$600 |
| Table 2 | \$1,500 | \$1,200 |
| Table 3 | \$2,500 | \$2,200 |
| Table 4 | \$3,500 | \$3,000 |
| Table 5 | \$5,500 | \$4,500 |
| Table 6 | \$7,500 | \$5,500 |
| Table 7 | \$10,000 | \$8,500 |
| Surgical Implants/ Approved Medical Consumables (per treatment) | \$10,000 | \$8,000 |
| Gamma Knife /Novalis Radiosurgery ² (per treatment) | \$16,000 | \$10,000 |

¹ Details of the Table of Surgical Operations can be found on the Ministry of Health (MOH) website at www.moh.gov.sg

² Gamma Knife/Novalis Radiosurgery can be performed as an Inpatient or day surgery procedure. The applicable Deductible and Pro-ration factor for Gamma Knife/Novalis Radiosurgery procedure will depend on its classification as an Inpatient or day surgery procedure.

| | PruShield A | PruShield B |
|--|--|--|
| <u>Outpatient Hospital Benefits</u> | | |
| Radiotherapy (per day) | \$600 | \$550 |
| Stereotactic Radiotherapy (per treatment) | \$3,500 | \$2,000 |
| Renal Dialysis (per year) | \$36,000 | \$24,000 |
| Erythropoietin (per year) | \$7,200 | \$5,000 |
| Approved Immunosuppressant Drugs for Organ Transplant ³ (per year) | \$7,200 | \$5,000 |
| Chemotherapy and Immunotherapy <ul style="list-style-type: none"> - Cancer Drug Treatment (monthly limit) - Cancer Drug Services (yearly limit) <p><i>Refer to the Cancer Drug List on the MOH's website for the claim limits.</i></p> | 3x* 3x* <i>This is the multiple of the MediShield Life limit</i> | 3x** 3x** <i>This is the multiple of the MediShield Life limit</i> |
| <u>Other Benefits</u> ⁴ | | |
| Final Expense Provision Benefit | \$5,000 | \$3,000 |
| Short Stay Ward (per day) | \$900 | \$750 |
| <u>Deductible per Policy Year</u> | | |
| 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 |

³ The Approved Immunosuppressant Drugs refer to those approved under the MediShield Life scheme and by MOH as the immunosuppressant drugs for organ transplant.

⁴ This benefit is a waiver of the Deductibles and Co-insurance, under certain conditions, up to the stipulated limits
^{*} Total claims payable for both Cancer drug treatment and Cancer drug services is subject to a combined annual limit of S\$42,000.

^{**} Total claims payable for both Cancer drug treatment and Cancer drug services is subject to a combined annual limit of S\$36,500.

| | PruShield A | PruShield B |
|-----------------------------------|-------------|-------------|
| <u>Deductible per Policy Year</u> | | |
| Short Stay Ward – Subsidised | \$1,500 | \$1,500 |
| Short Stay Ward – Non-Subsidised | \$2,000 | \$2,000 |
| <u>Co-insurance</u> | 10% | 10% |
| <u>Pro-Ration</u> ⁵ | | |
| Restructured A Ward | N.A. | 85% |
| Private Hospital | N.A. | 85% |
| <u>Limits of Cover</u> | | |
| Policy Year Limit ⁶ | \$150,000 | \$120,000 |
| Lifetime Limit | Unlimited | Unlimited |
| <u>Age Limits</u> | | |
| Maximum Age Entry | 75 | 75 |
| Maximum Renewal Age | Lifetime | Lifetime |

⁵ Pro-ration factors are applied to reduce Inpatient or day surgery hospital bills in higher-class wards or private Hospitals (as classified by the MOH) in the claims computation to suit the lower plan. Overseas Government Hospitals are considered private Hospitals and Pro-ration will apply.

⁶ Policy Year Limit is the annual claim limit for a Policy Year.

4.2 What plan do you have?

Your Policy Certificate shows the type of plan you have.

4.3 Inpatient and Day Surgery benefits

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

For an illustration of the calculation of claims under this benefit, please refer to the Examples on page 16 of this Policy Booklet.

4.3.1 What do we pay for Daily Room and Board?

If the life assured is hospitalised in a Standard Room of a Hospital as a result of Injury or illness, we will pay the room and board charges that are Reasonable and Customary, up to the limits set out in the Benefits Schedule for your type of plan, for each day of Hospital Confinement. Charges may include meals, in-patient prescriptions, professional charges, investigations, laboratory tests, high dependency ward stay and other miscellaneous medical charges incurred per day.

If a Hospital Confinement flows over to the next Policy Year, the benefits will be processed based on the earlier 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.

4.3.2 What do we pay for Daily ICU?

If the life assured is confined in the Intensive Care Unit (“ICU”) because of Injury or illness, we pay the ICU charges up to the limits set out in the Benefits Schedule for your type of plan. Charges may include meals, in-patient prescriptions, professional charges, investigations, laboratory tests, and other miscellaneous medical charges incurred per day.

4.3.3 What do we pay for Daily Community Hospital confinement?

If the life assured, upon discharge from the Hospital, is immediately hospitalised in a Standard Room of a Community Hospital to continue treatment, we pay the room and board charges up to the limits as set out in the Benefits Schedule for his type of plan. Charges include meals, Inpatient prescriptions, professional charges, investigations, laboratory tests, charges for high dependency wards and other miscellaneous medical charges incurred per day.

Hospices and convalescent centres /hospitals /homes are not covered. A Community Hospital is one that is registered and classified under the category of Community Hospitals with the Ministry of Health, Singapore.

4.3.4 What do we pay for Surgical Procedure?

If the life assured undergoes a Medically Necessary Surgical Procedure during his Hospital Confinement, we pay the Surgical Procedure benefit for your type of plan according to the Table of Surgical Operations. Charges may include operating theatre and anaesthesia fees.

If the life assured undergoes day surgery where room and board charges may not be applicable, we will still pay the Surgical Procedure benefit for your type of plan according to the Table of Surgical Operations.

Details of the Table of Surgical Operations can be found on the MOH website at <www.moh.gov.sg>

4.3.5 What do we pay for Surgical Implants / Approved Medical Consumables?

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 the Surgical Implants / Approved Medical Consumables benefit for your type of plan.

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

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

4. 4 Outpatient Hospital benefits

These benefits cater to outpatient treatments as specified in the Benefits Schedule.

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

4.4.1 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 accredited cancer treatment centres up to the maximum limit set out in the Benefits Schedule for your plan. Treatment refers to radiotherapy, chemotherapy, stereotactic radiotherapy and immunotherapy. We will also pay consultation fees, diagnostic and laboratory tests if it is ordered by the Registered Medical Practitioner before such treatment.

4.4.2 What do we pay for Renal Dialysis Treatment?

We reimburse you for the Reasonable and Customary Expenses incurred for approved outpatient renal dialysis treatment at Medisave/MediShield accredited renal treatment centres and the cost of the Medically Necessary prescribed erythropoietin, up to the maximum limit set out in the Benefits Schedule for your plan.

4.4.3 What do we pay for Approved Immunosuppressant Drugs for Organ Transplant?

We reimburse you for the cost of the Medically Necessary Approved Immunosuppressant Drugs prescribed as a result of an organ transplant and as part of the outpatient treatment to reduce the rate of rejection episodes up to the maximum limit set out in the Benefits Schedule above for your plan.

The Approved Immunosuppressant Drugs refer to those approved under the MediShield Life scheme and by MOH as the immunosuppressant drugs for organ transplant.

4.4.4 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.

4.4.5 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 claims 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.

4.5 Other benefits

4.5.1 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.

For an illustration of the detailed calculation of claims under this benefit, please refer to Clause 11.3 on page 17 of this Policy Booklet.

4.5.2 What do we pay for Short Stay Ward?

We pay for the cost of Short Stay Wards 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 limits.

5 Can I change my plan?

You can apply to change your type of plan to one with higher limits by giving 30 days written notification before any Premium Due Date of your policy provided that the life assured has given us satisfactory evidence of good health.

You can also apply to change your type of plan to one with lower limits by giving 30 days written notification before any Premium Due Date.

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.

The change of plan can only be effected on the renewal of your policy.

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

6 How to make a claim?

if the treatment is provided by Medisave /MediShield-accredited Hospitals or treatment centres, you must authorise the Hospital or treatment centre to submit all medical bills and receipts electronically to us. If the Hospital or treatment centre is unable to submit your medical bills electronically, then you or, in the case of your death, your legal representative must send us as soon as practicable:

- 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, if applicable;
- a certified true copy of the NRIC of the claimant, if applicable; and
- proof of relationship to the deceased life assured, if applicable.

You must give us all the requirements within 30 days from the last day of Hospital Confinement of the life assured, or we will not consider your claim otherwise.

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.

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.

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 restructured 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.

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, or Lifetime or benefit limits as set out in the Benefits Schedule; and
- your current premium has been paid.

8 What is not covered?

We do not pay in 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 twelve 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;
- Congenital anomalies, hereditary conditions and disorders.
- Overseas medical treatment (except in the event that a life assured requires Inpatient Hospital treatment as a result of an Emergency whilst overseas, the lower of the Hospital expenses incurred up to the limits covered by your plan or the actual Reasonable and Customary Expenses incurred shall be reimbursed. This exception is however still subject to all the other exclusions stated in this Clause).
- Mental illness and personality disorders.
- Pregnancy, or any form of hospitalisation or treatment relating to pregnancy, childbirth, abortion or miscarriage.
- Infertility, sub-fertility, assisted conception or any contraceptive treatment.
- Treatment of sexually transmitted diseases.
- Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV).
- Treatment of self-inflicted injuries, or injuries resulting from attempted suicide.
- Treatment for drug addiction or alcoholism.
- Cosmetic surgery except for medical reasons.
- Dental treatment except for medical reasons.
- 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.
- Private nursing charges and nursing home services.
- Vaccination;
- Treatment of Injuries arising from direct participation in civil commotion, riots or strikes.
- Treatment of Injuries arising directly or indirectly from nuclear fallout, terrorism, wars and related risks.
- Hospitalisation primarily for diagnosis, X-ray examinations, and general physical or medical check-up.

- Treatment for hospitalisation caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement.
- Treatment for obesity.
- Violation or attempted violation of law, resistance to lawful arrests or any resultant imprisonment.
- Non-medical items such as but not limited to, parking fee, Hospital Administration and Registration fees, laundry, rental of television, newspapers, medical report fees.

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:

- admitted to the Hospital to test for suspected COVID-19 infection,
- whose test results for COVID-19 infection is negative, and
- 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

- 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
- 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.

9 General Conditions

9.1 Territorial cover

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

If the life assured requires Hospital Confinement because of an Emergency whilst overseas, subject to the terms of this Policy Booklet, we will reimburse you the lower of the actual Medically Necessary expenses incurred, or such amount that would be reasonably and customarily charged by a restructured Hospital in Singapore for the treatment that is necessary for the illness or Injury.

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

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.

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.

9.4 Guaranteed renewability

We guarantee that this plan is renewable yearly up to the maximum renewal age as stated in the Benefits Schedule as long as you pay the premiums within the Grace Period, the Lifetime Limit (as set out in the Benefits Schedule) has not been reached and your policy has not been terminated (as set out in **Clause 9.7**) and subject to the terms as set out in **Clause 9.9 and 9.12**.

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.

9.6 Waiver

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

9.7 Termination of benefit

All the benefits under your policy shall terminate when:

- you cancel your policy, after the expiry of the Review Period, by giving us 30 days' written notice.
- you renounce your Singapore citizenship or Singapore Permanent Residence status.
- your premium is not received after the Grace Period.
- the life assured dies. 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 your 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 your Medisave account and the amount we collect from you in cash

Example

If your premium is made up of 80% from your 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 your 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 Booklet.

To avoid any doubt, the termination of your Policy by you or us shall not affect your insurance coverage under Basic MediShield. You will continue to be insured under the MediShield scheme with the CPF Board as long as you are eligible for the scheme.

9.8 Reinstatement of your Policy

You may apply to reinstate your policy if:

- you pay all the required premiums; and
- the life assured is under 75; and
- you give us satisfactory evidence of the health of the life assured at your own expense.

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

9.9 Changes to Policy Benefits / Conditions / Plan

We reserve the right to vary the policy benefits and conditions 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 MOH.

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.

9.11 Currency in use

All premiums and benefits are payable in Singapore dollars.

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 your 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.

9.13 Governing Law

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

10 Definitions

10.1 Accident

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

10.2 Basic MediShield

Basic MediShield 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.

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.

10.4 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.

10.5 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.

10.6 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.

10.7 Grace Period

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

10.8 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 hours 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>

10.9 Hospital Confinement

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

10.10 Injury

Injury means bodily injury caused by Accident.

10.11 Inpatient

Inpatient is a person who is under Hospital Confinement.

10.12 Medical Adviser

Someone who gives advice relating to the science or practice of medicine and surgery

10.13 Medically Necessary

Medically Necessary means a treatment which, 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.

10.14 MOH

MOH means the Ministry of Health in Singapore.

10.15 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 Booklet, the life assured's insurance cover under this policy shall, be renewed yearly on the Premium Due Date.

10.16 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 B policy we will apply the pro-ration factor to your medical expenses incurred in all overseas hospitals.

10.17 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.

10.18 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.

10.19 Review Period

Review Period is the period stated in **Clause 1.2** above.

10.20 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

10.21 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.

10.22 Specialist

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

10.23 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 room and board rates up to the rates charged for a standard single room.

10.24 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 certain diseases.

10.25 Table of Surgical Operations

The Table of Surgical Operations is produced by the MOH.

Details of the Table of Surgical Operations can be found on the MOH website at <www.moh.gov.sg>

11 Illustration of benefits

11.1 Example to illustrate Claims Payout

PruShield B Policyholder - Male, Age 40

Surgery: Hip Replacement
 Hospital Ward Class: Class A
 Hospitalisation: 01 Jan to 19 Jan (Total 18 days)

| <u>Benefits</u> | <u>PruShield A</u> | <u>Incurred</u> | <u>No. of Days</u> | <u>Payable</u> | |
|---|---------------------------------|--------------------|--------------------|--------------------|----------------------|
| | <u>Benefit Limits</u> | | | | |
| <u>Inpatient and Day Surgery Benefits</u> | | | | | |
| Daily Room & Board | \$ 900.00 | \$ 3,000.00 | 18 Days | \$ 3,000.00 | |
| Surgical Procedure | \$ 5,500.00 (per treatment) | \$ 450.00 | | \$ 450.00 | |
| | (Based on Table 5) | | | | |
| Surgical Implant | \$ 10,000.00 (per treatment) | \$ 430.00 | | \$ 430.00 | |
| | | <u>\$ 2,500.00</u> | | <u>\$ 3,880.00</u> | |
| Less: Deductible | | | | \$ 3,500.00 | (Class A Deductible) |
| Balance After Deductible | | | | \$ 380.00 | |
| Less: Co-insurance | | | | \$ 38.00 | (10% of \$380) |
| PruShield Eligible Amount | | | | <u>\$ 342.00</u> | |
| Prudential issues cheque to Hospital | | | | \$ 342.00 | |

11.2 Example to illustrate Pro-ration

PruShield B Policyholder - Male, Age 34

Diagnosis: Recurrent Left shoulder dislocation
 Hospital Ward Class: Class A
 Hospitalisation: 04 July to 07 July

| <u>Benefits</u> | <u>PruShield B Benefit Limits</u> | <u>Incurred</u> | <u>Pro-ration</u> | <u>No. of Days</u> | <u>Payable</u> | |
|---|-----------------------------------|-----------------|-------------------|--------------------|-----------------|----------------------|
| | | | (85% pro-ration) | | | |
| <u>Inpatient and Day Surgery Benefits</u> | | | | | | |
| Daily Room & Board | \$750 per day | \$ 1,400 | \$ 1,190 | 3 Days | \$ 1,190 | |
| Surgical Procedure | \$4,500 per treatment | \$ 4,500 | \$ 3,825 | | \$ 3,825 | |
| | (Based on Table 5) | | | | | |
| Surgical Implants/ Approved Medical Consumables | \$8,000 per treatment | \$ 900 | \$ 765 | | \$ 765 | |
| | | <u>\$ 6,800</u> | | | <u>\$ 5,780</u> | |
| Less: Deductible | | | | | \$ 3,500 | (Class A Deductible) |
| Balance After Deductible | | | | | \$ 2,280 | |
| Less: Co-insurance | | | | | \$ 228 | (10% of \$2,280) |
| PruShield Eligible Amount (inclusive of MediShield Life payout, if any) [^] | | | | | <u>\$ 2,052</u> | |
| Prudential issues cheque to Hospital | | | | | \$ 2,052 | |

[^] No change in intent. This amount may be inclusive of MediShield/MediShield Life payout.

11.3 Example to illustrate Final Expenses

PruShield B Policyholder - Female, Age 57

Diagnosis: Heart Bypass
Hospital Ward Class: Class B1
Hospitalisation: 13 Jul to 20 Jul

Passed away 2 days after discharge due to post surgery complications

| <u>Benefits</u> | <u>PruShield B Benefit Limits</u> | <u>Incurred</u> | <u>No. of Days</u> | <u>Payable</u> |
|---|---|------------------|--------------------|--------------------------------|
| <u>Inpatient and Day Surgery Benefits</u> | | | | |
| Daily Room & Board | \$750 per day | \$ 4,900 | 5 Days | \$ 3,750 |
| Daily ICU Charges | \$1,250 per day | \$ 2,500 | 2 Days | \$ 2,500 |
| Surgical Procedure | \$5,500 (per treatment) (Based on Table 6) | \$ 5,400 | | \$ 5,400 |
| Surgical Implants/ Approved Medical Consumables | \$8,000 per treatment | \$ 5,000 | | \$ 5,000 |
| | | <u>\$ 17,800</u> | | <u>\$ 16,650</u> |
| Less: Deductible | | | | \$ 2,500 (B1 Class Deductible) |
| Balance After Deductible | | | | \$ 14,150 |
| Less: Co-insurance | | | | \$ 1,415 |
| Sub-Total | | | | \$ 12,735 |
| Add: Final Expense Provision Benefit (Lower of deductible plus Co-insurance or the max limit of the Benefits = lower of [(2,500 + 1,415) or \$3,000] | | | | \$ 3,000 |
| PruShield Eligible Amount (inclusive of MediShield Life payout, if any) [^] | | | | <u>\$ 15,735</u> |
| Prudential issues cheque to Hospital | | | | \$ 15,735 |

[^] No change in intent. This amount may be inclusive of MediShield/MediShield Life payout