

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

Part One: **PruShield** (with A Premier and A 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 (with A Premier and A Plus plans)

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

1.1 Our agreement

1.1.1 This Policy Booklet 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 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 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 Booklet, 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 from the date of posting.

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.

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:

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

i) Hospitalisation benefit:

- **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.
- **Miscellaneous Hospital Services** – pays for Medically Necessary services or materials supplied by the Hospital to the life assured while hospitalised.
- **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.
- **Confinement in a Community Hospital** – pays for ward and treatment charges when hospitalised in a Community Hospital.
- **Accidental Inpatient Dental Treatment** – pays for dental procedures on the life assured’s natural teeth lost or damaged through an Accident.

ii) Surgical benefit:

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

iii) Living Organ Donor Transplant benefit:

- **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.
- **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.

iv) Overseas Medical Treatment benefit:

- **Emergency Medical Treatment outside Singapore** – pays the hospitalisation expenses as a result of emergency medical treatment while overseas.
- **Planned Overseas Medical Treatment** – pays the hospitalisation and day surgery expenses incurred in selected Hospitals overseas.

b) Pre and Post-hospitalisation benefits:

- **Pre-hospitalisation Consultation and Services** – pays pre-hospitalisation expenses incurred for general practitioner consultation resulting in a referral to a Specialist and Specialist 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 or day surgery for treatment of the same Injury or illness.
- **Post-hospitalisation Follow-up Treatment and Services** – pays Post-hospitalisation treatment for dressings, consultations, 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 or day surgery for the same Injury or illness.
- **Post-hospitalisation Hyperbaric Oxygen Therapy** – pays Post-hospitalisation treatment expenses incurred for hyperbaric oxygen therapy within 365 days following the discharge from 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 a) and b) are subject to the Deductible, Co-Insurance and Pro-ration as set out in the Benefits Schedule.

c) 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 Life accredited cancer treatment centres.
- **Outpatient Renal Failure Treatment** – reimburses, as set out in the Benefits Schedule, the Reasonable and Customary Expenses incurred for approved outpatient renal dialysis treatment at Medisave/MediShield Life accredited renal treatment centres and the cost of the Medically Necessary prescribed erythropoietin.
- **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 above benefits under point c) are subject to Co-Insurance as set out in the Benefits Schedule.

d) 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.
- **Pregnancy Complication benefit** – reimburses expenses incurred when any one of the following condition 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 – ectopic pregnancy, pre-eclampsia and eclampsia, disseminated intravascular coagulation, miscarriage, fatty liver during pregnancy, amniotic fluid embolism, abruptio placentae or postpartum haemorrhage requiring a hysterectomy.
- **Congenital Abnormalities** – 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 who was first diagnosed by a Registered Medical Practitioner or symptoms first appeared after 2 years from the Cover Start Date of the policy or the date of reinstatement (if any), whichever is later.
- **Inpatient Psychiatric Treatment** – pays the medical expenses incurred, up to the limit as set out in the Benefits Schedule, if the life assured receives psychiatric treatments.
- **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.
- **Future Insurance Option at life events** – allows the life assured to buy another policy at certain life events.

For a detailed explanation of the above 4 benefits, please refer to **Clause 1.4** of this Policy Booklet.

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 A Premier	PruShield A Plus
	Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
<p><u>Inpatient and Day Surgery Benefits</u></p> <p>Hospitalisation benefit:</p> <p>Daily Room & Board</p> <p>Daily ICU</p> <p>Miscellaneous Hospital Services</p> <p>Daily Inpatient Physician Visit</p> <p>Confinement in Community Hospital</p> <p>Accidental Inpatient Dental Treatment</p>	As charged	As charged

	PruShield A Premier	PruShield A Plus
	Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
Surgical benefits: (including Day Surgery) Surgical Procedure Organ Transplant benefit Stem Cell Transplant Treatment Surgical Implants / Approved Medical Consumables Gamma Knife / Novalis Radiosurgery	As charged	As charged
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)
<u>Pre & Post-Hospitalisation benefit:</u> Pre-hospitalisation Consultation and Diagnostic Laboratory Services incurred 180 days preceding confinement or day surgery Post-hospitalisation Follow-up Treatment and Diagnostic / Laboratory Services incurred within 365 days after confinement or day surgery Post-hospitalisation Hyperbaric Oxygen Therapy incurred within 365 days after confinement or day surgery	As charged As charged \$10,000 per Policy Year	As charged As charged \$5,000 per Policy Year
<u>Outpatient Hospital benefits:</u> Outpatient Cancer Treatment (Radiotherapy, Stereotactic Radiotherapy, Chemotherapy, Immunotherapy) Outpatient Renal Failure Treatment (Renal Dialysis, Erythropoietin) Approved Immunosuppressant Drugs for Organ Transplant	As charged As charged As charged	As charged As charged As charged
<u>Other benefits:</u> Final Expense Provision	\$5,000	\$3,000

	PruShield A Premier	PruShield A Plus
	Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
Pregnancy Complication benefit	As charged	As charged
Congenital Abnormalities	As charged	As charged
Inpatient Psychiatric Treatment benefit	\$4,000 per Policy Year	\$3,500 per Policy Year
Short Stay Ward	As charged	As charged
Future Insurance Option at life events	\$100,000	\$100,000
<u>Deductible per Policy Year:</u>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
<i>¹ Deductibles will be increased by 50% depending on ward class when life assured is above age 85.</i>		
<u>Co-Insurance</u>	10%	10%
<u>Pro-Ration:</u>²		
Private Hospital	N.A.	65%
<i>² Pro-ration factors are applied to reduce private hospital bills to A ward equivalents of a Restructured Hospital in the claims computation</i>		
<u>Limits of Cover:</u>		
Policy Year Limit	\$1,200,000	\$600,000
Lifetime Limit	Unlimited	Unlimited
<u>Age Limits:</u>		
Maximum Entry Age (for Singaporeans / Singapore Permanent Residents)	75	75
(for foreigners)	55	55
Maximum Renewal Age	Lifetime	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 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 pay the room and board 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 A Plus, the daily room and board 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 Daily Intensive Care Unit?

We pay the ICU charges if the life assured is confined in the ICU 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 Confinement in a 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, we pay the actual room and board 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.

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 hospitalisation to remove, replace or restore natural teeth lost or damaged because of an Accident.

1.4.3.7 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 room and board charges may not be applicable, we will still pay the Surgical Procedure benefit.

1.4.3.8 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.

1.4.3.9 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, Thalassaemia Major and Lymphoma after not responding to other treatments such as chemotherapy, radiotherapy or surgery.

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

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.

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

1.4.3.11 What do we pay for the Gamma Knife / Novalis Radiosurgery benefit?

We pay for the expenses incurred when the life assured undergoes Gamma Knife /Novalis Radiosurgery. 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.

1.4.3.12 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.

1.4.3.12.1 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.

1.4.3.12.2 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.

1.4.3.13 What do we pay for the Overseas Treatment benefit?

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

1.4.3.13.1 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; and
- Inpatient Psychiatric 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.

1.4.3.13.2 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 from healthcare providers for approved overseas hospitalisation as covered by Medisave. The approved healthcare providers can be found on our website

<www.prudential.com.sg>. We reserve the right to review and change the healthcare providers 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; and
- Living Organ Donor Transplant.

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 resulting in a referral to a Specialist and Specialist 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 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 or day surgery for treatment of the same Injury or illness.

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, 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 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.

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 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.

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 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.

1.4.5.2 What do we pay for Outpatient Renal Failure Treatment?

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

1.4.5.3 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.

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

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 Pregnancy Complications benefit?

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.

a) 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.

b) Pre-eclampsia and eclampsia

The diagnosis of pre-eclampsia or eclampsia by an obstetrician.

c) Disseminated Intravascular Coagulation ("DIC")

The diagnosis of disseminated intravascular coagulation by an obstetrician.

d) 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.

e) 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.

f) 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.

g) 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 Caesarian section.

h) 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.

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

1.4.6.3 What do we pay for Congenital Abnormalities benefit?

We pay for hospitalisation expenses incurred 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 or symptoms first appeared after 2 years from the:

- Cover Start Date of the policy; or
 - date of reinstatement (if any)
- whichever is later.

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

1.4.6.4 What do we pay for Inpatient Psychiatric treatment benefit?

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 Inpatient Psychiatric Treatment benefit, 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 not 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 not pay for any pre- or post-hospitalisation expenses incurred in relation to Short Stay Ward that does not result in Hospital Confinement.

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 PruShield Extra /PruShield Extra Lite 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.

1.5 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 1.4.3.13**) and the non-insured living organ donor covered under the Living Organ Donor Transplant benefit (refer to **Clause 1.4.3.12**), 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 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;
- Treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities that were first diagnosed or symptoms first appeared within 2 years from the Cover Start Date of the policy or the date of reinstatement (if any), whichever is later;

- 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 1.4.3.13**). 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 Inpatient Psychiatric Treatment benefit as set out in **Clause 1.4.6.4**;
- Pregnancy and childbirth except complications covered under **Clause 1.4.6.2**, the “Pregnancy 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 1.10.7**;
- 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;
- 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, war and related risks;
- Medical services primarily for screening, diagnosis, X-ray examinations, and general physical or medical check-up;
- 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 obesity;
- 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.

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 Booklet.

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 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.

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 shall also terminate when:

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

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 Booklet.

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 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.

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 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.

1.10.3 Community Hospitals

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

1.10.4 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.

1.10.5 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.

1.10.6 Grace Period

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

1.10.7 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, date of endorsement or date of reinstatement of this policy, whichever is later;
 - 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; and
 - the life assured does not suffer from Thalassaemia Major or Haemophilia.
- B) Infection with HIV which resulted from an Accident occurring after the Cover State Date, date of endorsement or date of reinstatement of this policy, whichever is later while the life assured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:
- proof of the Accident giving rise to the infection must be reported to us within 30 days of the Accident taking place;
 - 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).

1.10.8 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-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.>

1.10.9 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.

1.10.10 Injury

Injury means bodily injury caused by Accident.

1.10.11 Inpatient

An Inpatient is a person who is under Hospital Confinement.

1.10.12 Medical Adviser

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

1.10.13 Medically Necessary

Medically Necessary means treatments, services or expenses incurred 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.

1.10.14 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.

1.10.15 MOH

MOH means the Ministry of Health in Singapore.

1.10.16 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.

1.10.17 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.

1.10.18 Pro-ration

Pro-ration factors are applied to reduce Inpatient, 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.

1.10.19 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.

1.10.20 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.

1.10.21 Review Period

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

1.10.22 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

and includes any illness, disorder or condition which is life threatening or terminal.

1.10.23 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.

1.10.24 Specialist

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

1.10.25 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.

1.10.26 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.

1.11 Illustration of benefits

PruShield Claim

PruShield A Premier Policyholder - Male, Age 52

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

<u>Benefits</u>	<u>Incurred</u>	<u>No. of Days</u>	<u>Payable</u>
<u>Hospitalisation Benefits</u>			
Daily Room & Board	\$ 5,870.00	7 days	\$ 5,870.00
Daily ICU	\$ 1,630.00	2 days	\$ 1,630.00
<u>Surgical Benefits</u>			
Surgical Procedure	\$ 9,000.00		\$ 9,000.00
Surgical Implants/ Approved Medical Consumables	\$ 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 Pays (inclusive of MediShield Life payout, if any)			\$ 13,860.00

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

Part One: **PruShield** (with A Premier and A 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

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

2.1 Our agreement

2.1.1 This Policy Booklet 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 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 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 Booklet, 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 from the date of posting.

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.

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 Hospital 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:

- Daily Room and Board
- Daily Intensive Care Unit ("ICU") charges
- Confinement in a Community Hospital
- Inpatient Psychiatric Treatment
- Surgical Procedure
- Surgical Implants / Approved Medical Consumables
- Gamma Knife / Novalis Radiosurgery

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
- Chemotherapy for cancer
- Radiotherapy:
 - External or Superficial Radiotherapy for cancer
 - Brachytherapy with or without external for cancer
- Stereotactic radiotherapy for cancer
- Immunosuppressant Drugs for Organ Transplant
- cost of the Medically Necessary prescribed erythropoietin

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 Booklet.

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 plan 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	
<u>Inpatient and Day Surgery Benefits</u>		
Daily Room & Board	\$ 1,700 per day	
Daily ICU	\$ 2,900 per day	
Confinement in Community Hospital	\$ 650 per day	
Inpatient Psychiatric Treatment	\$ 500 per day (up to 35 days per Policy Year)	
Surgical Procedure based on MOH’s Table of Surgical Procedure (per treatment):		
Table 1	\$ 590	
Table 2	\$ 1,670	
Table 3	\$ 3,290	
Table 4	\$ 4,990	
Table 5	\$ 8,760	
Table 6	\$11,670	
Table 7	\$16,720	
Surgical Implants and Approved Medical Consumables (per admission)	\$ 9,800	
Gamma Knife / Novalis Radiosurgery (per treatment)	\$ 9,600	
<u>Outpatient Treatment benefits:</u>		
Kidney Dialysis	\$ 2,750 per Calendar Month*	
Outpatient Cancer Treatment:		
- Chemotherapy	\$ 5,200 per Calendar Month*	
- Radiotherapy: - External or Superficial	\$ 550 per treatment session	
- Brachytherapy with or without external	\$ 1,100 per treatment session	
- Stereotactic Radiotherapy	\$ 1,800 per treatment	
Approved Immunosuppressant Drugs for Organ Transplant	\$ 1,200 per Calendar Month*	
Erythropoietin	\$ 450 per Calendar Month*	
<u>Deductible per Policy Year:</u>		
	80 years old and below <i>(age next birthday)</i>	81 years old and above <i>(age next birthday)</i>
Restructured Hospital / Community Hospital C Ward	\$1,500	\$2,000
Restructured Hospital / Community Hospital B2/B2+ Ward	\$2,000	\$3,000

Benefits	Claim Limits / Amounts	
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	\$3,000
Day Surgery – Non- subsidised (Restructured)	\$2,000	\$3,000
Day Surgery – Private Hospital	\$2,000	\$3,000
Short Stay Ward – Subsidised	\$1,500	\$3,000
Short Stay Ward – Non-subsidised (Restructured)	\$2,000	\$3,000
Short Stay Ward – Private Hospital	\$2,500	\$3,000
<u>Co-Insurance</u>	10%	
<u>Limits of Cover:</u>		
Policy Year Limit	\$150,000	
Lifetime Limit	Unlimited	
<u>Age Limits:</u>		
Maximum Entry Age	N.A.	
Maximum Coverage Age	Lifetime	
<u>Pro-Ration:</u>	Singapore Citizens	Singapore Permanent Residents
Private Hospital / Private Community Hospital	50%	50%
Restructured Hospital / Community Hospital A Ward	80%	80%
Restructured Hospital / Community Hospital B1 Ward	N.A.	90%
Restructured Hospital / Community Hospital B2/B2+/C Ward	N.A.	N.A.
Short Stay Ward (Restructured)	N.A.	N.A.
Short Stay Ward (Private)	50%	50%
Day Surgery (Restructured)	N.A.	N.A.
Day Surgery (Private)	65%	65%
Outpatient Treatment (Restructured)	N.A.	N.A.
Outpatient Treatment (Private)	65%	65%

* Refer to **Section 2.10.4** for the definition of Claim Limit per Calendar Month

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 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 pay the room and board 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 Daily Intensive Care Unit?

We pay the ICU charges if the life assured is confined in the ICU 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 Confinement in a 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, we pay the actual room and board charges including meals, Inpatient prescriptions, professional charges, investigations, laboratory tests, and other medical services.

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

2.4.2.4 What do we pay for Inpatient Psychiatric Treatment benefit?

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

All eligible expenses incurred under the Inpatient Psychiatric Treatment benefit, 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 room and board charges may not be applicable, we will still pay the Surgical Procedure benefit.

2.4.2.6 What do we pay for Surgical Implants and Approved Medical Consumables?

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.

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 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 Gamma Knife / Novalis Radiosurgery benefit?

We pay for the expenses incurred when the life assured undergoes Gamma Knife /Novalis Radiosurgery. 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.

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 treatment:
 - Chemotherapy
 - Radiotherapy:
 - External or Superficial Radiotherapy
 - Brachytherapy with or without external
 - Stereotactic Radiotherapy
- Approved Immunosuppressant drugs for organ transplant
- Erythropoietin.

Erythropoietin for chronic renal failure, Immunosuppressant drugs such as cyclosporin, tacrolimus for organ transplant and other drugs must be approved by the Health Science Authority (“HSA”) of Singapore.

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 12.2.1**)
- Outpatient Hospital benefits (refer to **Clause 2.2.1**)

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 in 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 Inpatient 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 2.10.11**;
- Treatment of self-inflicted injuries, or injuries resulting from attempted suicide;
- Treatment directly or indirectly arising from drug or alcohol abuse/misuse;
- Cosmetic or Plastic Surgery except:
 - Cosmetic or Plastic Surgery due to an Accident (refer to **Section 2.10.7**); or
 - Breast Reconstruction after a Mastectomy (refer to **Section 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 **Section 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 the Ministry of Health;

- 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, 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;
- Medical services primarily for screening, diagnosis, X-ray examinations, and general physical or medical check-up;
- 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 relating to obesity; weight reduction; weight improvement or procedures relating to weight management;
- 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 and preventive treatments or procedures.

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 Booklet. 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 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.

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 Booklet.

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 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.

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 Chemotherapy every two weeks.

5 January – Chemotherapy treatment session 1	=	\$3,000
19 January – Chemotherapy treatment session 2	=	<u>\$3,500</u>
Cost of treatment for January	=	\$6,500
Minus 10% Co-insurance	=	<u>- 650</u>
	=	\$5,850
Claim Limit per Calendar Month for Chemotherapy	=	\$5,200

We will pay **\$5,200**.

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 Grace Period

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

2.10.11 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, date of endorsement or date of reinstatement of this policy, whichever is later;
- 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; and
- the life assured does not suffer from Thalassaemia Major or Haemophilia.

B) Infection with HIV which resulted from an Accident occurring after the Cover State Date, date of endorsement or date of reinstatement of this policy, whichever is later while the life assured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to our satisfaction:

- proof of the Accident giving rise to the infection must be reported to us within 30 days of the Accident taking place;
- 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).

2.10.12 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.>

2.10.13 Hospital Confinement

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

2.10.14 Injury

Injury means bodily injury caused by Accident.

2.10.15 Inpatient

An Inpatient is a person who is under Hospital Confinement.

2.10.16 Medical Adviser

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

2.10.17 Medically Necessary

Medically Necessary means treatments, services or expenses incurred 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.

2.10.18 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.

2.10.19 MOH

MOH means the Ministry of Health in Singapore.

2.10.20 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.

2.10.21 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.

2.10.22 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.

2.10.23 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.

2.10.24 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.

2.10.25 Review Period

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

2.10.26 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.

2.10.27 Specialist

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

2.10.28 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 room and board 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

2.10.29 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 certain diseases.