



PRODUCT SUMMARY : PRUShield Premier and PRUShield Plus

This Product Summary is a simplified description of the key product features. The exact terms can be found in the policy document.

"Your Guide to Health Insurance", which contains generic but important information on how a health insurance plan typically works, is available on our website at www.prudential.com.sg. Alternatively, you may approach your Prudential Financial Consultant or a representative of Prudential Singapore for a copy of the guide.

Details of Product Provider:

Prudential Assurance Company Singapore (Pte) Limited ("Prudential Singapore"), 30 Cecil Street, #30-01 Prudential Tower, Singapore 049712 Tel: 1800-3330 333.

The Prudential Financial Consultant or a representative of Prudential Singapore shall explain to you that Prudential Singapore is responsible for the product features and contractual provisions.

This policy and its supplementary benefit(s) (if any) is/are 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).

Note on Additional Premium Support:

Anyone who pays for, or is insured under PRUShield is not eligible for Additional Premium Support (APS) from the Government. *

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this PRUShield policy, you will stop receiving APS. This applies even if you are not the person paying for this PRUShield policy.

In addition, if you choose to be insured under this PRUShield policy, the person paying for this PRUShield policy will stop receiving APS, if he or she is currently receiving APS.

** APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.*

The proposer acknowledges receipt of all pages of the Product Summary and Policy Illustration. The contents have been explained to his / her satisfaction.

Financial Consultant's Signature

Proposer's Signature

**Nature and Objective of the Plan:**

A PRUShield policy is made up of two parts – a MediShield Life portion provided by the Central Provident Fund (“CPF”) Board and additional private insurance coverage provided by Prudential Singapore. The full PRUShield premium comprises the MediShield Life premium and your additional private insurance coverage premium. It provides additional benefits to meet the needs of Singapore Citizens and Singapore Permanent Residents who would like more coverage and insurance protection against hospitalisation in private hospital or class A wards and below in a restructured hospital.

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

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

In the event of hospitalisation / medical treatment, your final payout will comprise the MediShield Life payout and PRUShield additional coverage payout. For example:

- if the payout computed based on the full PRUShield benefits is \$2,000, and the payout based on MediShield Life benefits is \$500, the policyholder will receive \$2,000, which comprises \$500 from the MediShield Life payout, and \$1,500 from PRUShield additional coverage payout.
- In the case where the payout based on MediShield Life benefits is higher than that from PRUShield benefits, the eventual payout will be based on the MediShield Life benefits.

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

The plan will provide lifetime coverage for the life assured.



Premiums:

The tables below show the breakdown of premiums for a standard life¹ under your plan type.

PRUShield Premier

For Singapore Citizen or Singapore Permanent Resident

Age Next Birthday	MediShield Life Premiums	Additional Private Insurance Coverage		
	(Fully payable by MediSave ^{2,3})	Annual Premiums	Additional Withdrawal Limits (AWLs) ⁴	Cash Outlay ⁴
1	200.00	\$300.00	\$300.00	NA
2	200.00	\$300.00	\$300.00	NA
3	200.00	\$294.00	\$300.00	NA
4	200.00	\$290.00	\$300.00	NA
5	200.00	\$286.00	\$300.00	NA
6	200.00	\$280.00	\$300.00	NA
7	200.00	\$276.00	\$300.00	NA
8	200.00	\$272.00	\$300.00	NA
9	200.00	\$268.00	\$300.00	NA
10	200.00	\$257.00	\$300.00	NA
11	200.00	\$257.00	\$300.00	NA
12	200.00	\$257.00	\$300.00	NA
13	200.00	\$263.00	\$300.00	NA
14	200.00	\$263.00	\$300.00	NA
15	200.00	\$263.00	\$300.00	NA
16	200.00	\$263.00	\$300.00	NA
17	200.00	\$263.00	\$300.00	NA
18	200.00	\$263.00	\$300.00	NA
19	200.00	\$292.00	\$300.00	NA
20	200.00	\$292.00	\$300.00	NA
21	295.00	\$292.00	\$300.00	NA
22	295.00	\$292.00	\$300.00	NA
23	295.00	\$297.00	\$300.00	NA
24	295.00	\$297.00	\$300.00	NA
25	295.00	\$297.00	\$300.00	NA
26	295.00	\$300.00	\$300.00	NA
27	295.00	\$300.00	\$300.00	NA
28	295.00	\$300.00	\$300.00	NA
29	295.00	\$300.00	\$300.00	NA
30	295.00	\$300.00	\$300.00	NA
31	503.00	\$419.00	\$300.00	\$119.00
32	503.00	\$439.00	\$300.00	\$139.00
33	503.00	\$460.00	\$300.00	\$160.00
34	503.00	\$460.00	\$300.00	\$160.00
35	503.00	\$460.00	\$300.00	\$160.00
36	503.00	\$472.00	\$300.00	\$172.00
37	503.00	\$472.00	\$300.00	\$172.00
38	503.00	\$472.00	\$300.00	\$172.00
39	503.00	\$472.00	\$300.00	\$172.00
40	503.00	\$472.00	\$300.00	\$172.00
41	637.00	\$894.00	\$600.00	\$294.00
42	637.00	\$894.00	\$600.00	\$294.00
43	637.00	\$894.00	\$600.00	\$294.00
44	637.00	\$894.00	\$600.00	\$294.00
45	637.00	\$922.00	\$600.00	\$322.00
46	637.00	\$922.00	\$600.00	\$322.00
47	637.00	\$922.00	\$600.00	\$322.00
48	637.00	\$929.00	\$600.00	\$329.00
49	637.00	\$936.00	\$600.00	\$336.00
50	637.00	\$943.00	\$600.00	\$343.00



Age Next Birthday	MediShield Life Premiums	Additional Private Insurance Coverage		
	(Fully payable by MediSave ^{2,3})	Annual Premiums	Additional Withdrawal Limits (AWLs) ⁴	Cash Outlay ⁴
51	903.00	\$1,507.00	\$600.00	\$907.00
52	903.00	\$1,529.00	\$600.00	\$929.00
53	903.00	\$1,598.00	\$600.00	\$998.00
54	903.00	\$1,665.00	\$600.00	\$1,065.00
55	903.00	\$1,735.00	\$600.00	\$1,135.00
56	903.00	\$1,855.00	\$600.00	\$1,255.00
57	903.00	\$2,064.00	\$600.00	\$1,464.00
58	903.00	\$2,064.00	\$600.00	\$1,464.00
59	903.00	\$2,064.00	\$600.00	\$1,464.00
60	903.00	\$2,064.00	\$600.00	\$1,464.00
61	1,131.00	\$2,716.00	\$600.00	\$2,116.00
62	1,131.00	\$2,737.00	\$600.00	\$2,137.00
63	1,131.00	\$2,737.00	\$600.00	\$2,137.00
64	1,131.00	\$2,737.00	\$600.00	\$2,137.00
65	1,131.00	\$2,737.00	\$600.00	\$2,137.00
66	1,326.00	\$3,808.00	\$600.00	\$3,208.00
67	1,326.00	\$4,081.00	\$600.00	\$3,481.00
68	1,326.00	\$4,116.00	\$600.00	\$3,516.00
69	1,326.00	\$4,116.00	\$600.00	\$3,516.00
70	1,326.00	\$4,116.00	\$600.00	\$3,516.00
71	1,643.00	\$4,855.00	\$900.00	\$3,955.00
72	1,643.00	\$5,093.00	\$900.00	\$4,193.00
73	1,643.00	\$5,111.00	\$900.00	\$4,211.00
74	1,816.00	\$5,417.00	\$900.00	\$4,517.00
75	1,816.00	\$5,942.00	\$900.00	\$5,042.00
76 ⁵	2,027.00	\$6,143.00	\$900.00	\$5,243.00
77 ⁵	2,027.00	\$6,545.00	\$900.00	\$5,645.00
78 ⁵	2,027.00	\$6,839.00	\$900.00	\$5,939.00
79 ⁵	2,187.00	\$7,076.00	\$900.00	\$6,176.00
80 ⁵	2,187.00	\$7,567.00	\$900.00	\$6,667.00
81 ⁵	2,303.00	\$7,959.00	\$900.00	\$7,059.00
82 ⁵	2,303.00	\$8,449.00	\$900.00	\$7,549.00
83 ⁵	2,303.00	\$9,038.00	\$900.00	\$8,138.00
84 ⁵	2,616.00	\$9,394.00	\$900.00	\$8,494.00
85 ⁵	2,616.00	\$9,730.00	\$900.00	\$8,830.00
86 ⁵	2,785.00	\$9,975.00	\$900.00	\$9,075.00
87 ⁵	2,785.00	\$10,310.00	\$900.00	\$9,410.00
88 ⁵	2,785.00	\$10,645.00	\$900.00	\$9,745.00
89 ⁵	2,785.00	\$10,983.00	\$900.00	\$10,083.00
90 ⁵	2,785.00	\$11,175.00	\$900.00	\$10,275.00
91 ⁵	2,826.00	\$11,235.00	\$900.00	\$10,335.00
92 ⁵	2,826.00	\$11,235.00	\$900.00	\$10,335.00
93 ⁵	2,826.00	\$11,235.00	\$900.00	\$10,335.00
94 ⁵	2,826.00	\$12,104.00	\$900.00	\$11,204.00
95 ⁵	2,826.00	\$12,173.00	\$900.00	\$11,273.00
96 ⁵	2,826.00	\$12,258.00	\$900.00	\$11,358.00
97 ⁵	2,826.00	\$12,335.00	\$900.00	\$11,435.00
98 ⁵	2,826.00	\$12,335.00	\$900.00	\$11,435.00
99 ⁵	2,826.00	\$12,335.00	\$900.00	\$11,435.00
100 ⁵	2,826.00	\$12,335.00	\$900.00	\$11,435.00
> 100 ⁵	2,826.00	\$12,335.00	\$900.00	\$11,435.00

From Age Next Birthday 1 to 100, the sum of annual premium for additional private insurance coverage (excluding MediShield Life premiums) is \$352,094.00, and the sum of cash outlay is \$295,620.00. Premiums are not guaranteed.



PRUShield Plus

For Singapore Citizen or Singapore Permanent Resident

Age Next Birthday	MediShield Life Premiums	Additional Private Insurance Coverage		
	(Fully payable by MediSave ^{2,3})	Annual Premiums	Additional Withdrawal Limits (AWLs) ⁴	Cash Outlay ⁴
1 – 5	\$200.00	\$75.38	\$300.00	NA
6 – 20	\$200.00	\$68.25	\$300.00	NA
21 – 30	\$295.00	\$59.08	\$300.00	NA
31 – 35	\$503.00	\$87.61	\$300.00	NA
36 – 40	\$503.00	\$114.09	\$300.00	NA
41 – 45	\$637.00	\$149.75	\$600.00	NA
46 – 50	\$637.00	\$184.38	\$600.00	NA
51 – 53	\$903.00	\$229.21	\$600.00	NA
54 – 55	\$903.00	\$256.71	\$600.00	NA
56 – 60	\$903.00	\$260.79	\$600.00	NA
61 – 63	\$1,131.00	\$347.37	\$600.00	NA
64 – 65	\$1,131.00	\$432.94	\$600.00	NA
66 – 68	\$1,326.00	\$701.88	\$600.00	\$101.88
69 – 70	\$1,326.00	\$788.47	\$600.00	\$188.47
71 – 73	\$1,643.00	\$1,105.28	\$900.00	\$205.28
74	\$1,816.00	\$1,274.38	\$900.00	\$374.38
75	\$1,816.00	\$1,443.49	\$900.00	\$543.49
76 ⁵	\$2,027.00	\$1,734.83	\$900.00	\$834.83
77 – 78 ⁵	\$2,027.00	\$2,025.16	\$900.00	\$1,125.16
79 – 80 ⁵	\$2,187.00	\$2,053.68	\$900.00	\$1,153.68
81 – 83 ⁵	\$2,303.00	\$2,268.63	\$900.00	\$1,368.63
84 – 85 ⁵	\$2,616.00	\$2,632.30	\$900.00	\$1,732.30
86 – 88 ⁵	\$2,785.00	\$2,823.81	\$900.00	\$1,923.81
89 – 90 ⁵	\$2,785.00	\$2,823.81	\$900.00	\$1,923.81
91 – 93 ⁵	\$2,826.00	\$2,919.57	\$900.00	\$2,019.57
94 – 95 ⁵	\$2,826.00	\$3,272.04	\$900.00	\$2,372.04
96 – 98 ⁵	\$2,826.00	\$3,443.18	\$900.00	\$2,543.18
99 – 100 ⁵	\$2,826.00	\$3,826.21	\$900.00	\$2,926.21
> 100 ⁵	\$2,826.00	\$3,826.21	\$900.00	\$2,926.21

From Age Next Birthday 1 to 100, the sum of annual premiums for additional private insurance coverage (excluding MediShield Life premiums) is \$88,166.68, and the sum of cash outlay is \$49,083.09. Premiums are not guaranteed.

Types of Plan offered:

The table below (“Benefits Schedule”) summarises the maximum benefits offered for the various plans. Please refer to the following section for full benefit description.

	MediShield Life ⁹	PRUShield Premier			PRUShield Plus				
		(Payout includes MediShield Life Payout for SC/PR)							
		Singapore Private Hospital			Singapore Restructured Hospital (Class A Ward)				
Inpatient and Day Surgery benefits									
Daily Ward and Treatment Charges ¹⁰ :									
Normal Ward (including eligible MIC@Home stays)	\$830 per day ¹¹	As Charged	As Charged						
Intensive Care Unit Ward	\$5,140 per day ¹¹								
Miscellaneous Hospital Services	Covered under inpatient and day surgery benefits								
Daily Inpatient Physician Visit									
Community Hospital ¹²									
• Rehabilitative	\$370 per day								
• Sub-acute	\$570 per day								
Inpatient Palliative Care Service									
• General	\$460 per day								
• Specialised	\$500 per day								
Accidental Inpatient Dental Treatment	Covered under inpatient and day surgery benefits								
Surgical benefits (including Day Surgery)									
Surgical Procedure (per procedure) ¹³	A			B	C	A	B	C	A
• Table 1 A / B / C (Less complex procedures)	\$240	\$420	\$490	As Charged	As Charged				
• Table 2 A / B / C	\$760	\$1,120	\$1,120						
• Table 3 A / B / C	\$1,390	\$1,740	\$1,920						
• Table 4 A / B / C	\$2,310	\$2,370	\$2,460						
• Table 5 A / B / C	\$2,700	\$3,270	\$3,270						
• Table 6 A / B / C	\$3,540								
• Table 7 A / B / C (More complex procedures)	\$3,900								
Implants (per treatment) ¹⁴	\$7,000								
Radiosurgery (per treatment course)	\$15,700								
Organ Transplant	Covered under inpatient and day surgery benefits								
Stem Cell Transplant Treatment									
Living Organ Donor Transplant benefits									
Life assured is the organ donor	Covered under inpatient and day surgery benefits			\$60,000 per policy year			\$40,000 per policy year		
Life assured is the organ recipient									

	MediShield Life ⁹	PRUShield Premier	PRUShield Plus
		(Payout includes MediShield Life Payout for SC/PR)	
		Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
Overseas Medical Treatment			
Emergency Medical Treatment outside Singapore	N.A	As Charged	As Charged
Planned Overseas Medical Treatment		(paying the lower of the overseas charges or in accordance with a Singapore private hospital's charges)	(paying the lower of the overseas charges or in accordance with a Singapore restructured hospital's charges)
Pre- & Post-Hospitalisation benefits			
Pre-hospitalisation Consultation and Diagnostic and Laboratory Services incurred within 180 days before confinement or day surgery	N.A	As Charged	As Charged
Post-hospitalisation Follow-up Treatment and Services incurred within 365 days after confinement or day surgery		As Charged	As Charged
Post-hospitalisation Hyperbaric Oxygen Therapy incurred within 365 days after confinement or day surgery		\$10,000 per policy year	\$5,000 per policy year
Outpatient Hospital benefits			
Outpatient Cancer Treatment			
• Radiotherapy for Cancer			
External (except Hemi-Body):	\$400 per treatment session	As Charged	As Charged
Brachytherapy:	\$620 per treatment session		
Hemi-Body:	\$620 per treatment session		
Stereotactic:	\$460 per treatment session		
• Chemotherapy and Immunotherapy			
<i>Patients receiving treatment for one primary cancer</i>			
- Cancer Drug Treatment*	\$200 - \$9,600 per month, depending on cancer drug treatment	5 x (MediShield Life limit for one primary cancer per month)	5 x (MediShield Life limit for one primary cancer per month)
- Cancer Drug Services*	\$3,600 per year	5 x (MediShield Life limit for one primary cancer per policy year)	5 x (MediShield Life limit for one primary cancer per policy year)
<i>Patients receiving treatment for Multiple Primary Cancers</i>			
- Cancer Drug Treatment*	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month	Sum of the highest cancer drug treatment limit among the claimable treatments received for each primary cancer per month
- Cancer Drug Services*	\$7,200 per year	5 x (MediShield Life limit for Multiple Primary Cancers per policy year)	5 x (MediShield Life limit for Multiple Primary Cancers per policy year)

	MediShield Life ⁹	PRUShield Premier	PRUShield Plus
		(Payout includes MediShield Life Payout for SC/PR)	
		Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
Outpatient Kidney Failure Treatment			
Kidney Dialysis	\$1,750 per month	As Charged	As Charged
Erythropoietin for Chronic Kidney Failure	\$220 per month		
Immunosuppressants for Organ Transplant	\$710 per month		
Long-Term Parenteral Nutrition	\$2,200 per month		
Other benefits			
Final Expense Provision	N.A	\$5,000	\$3,000
Serious Pregnancy and Delivery-related Complications	Covered under inpatient and day surgery benefits	As Charged	As Charged
Congenital Abnormalities of the life assured	Covered under inpatient and day surgery benefits	As Charged	As Charged
Congenital Abnormalities of a female life assured's biological child (First diagnosed or symptoms first appear <u>within</u> 24 months from the date of birth of the child)	N.A.	\$20,000 per lifetime (limited to \$5,000 per child)	\$16,000 per lifetime (limited to \$4,000 per child)
Psychiatric	\$230 per day ¹⁵ (up to 60 days per policy year)	\$8,000 per policy year	\$7,000 per policy year
Pre- and Post-hospitalisation benefit (Psychiatric)	N.A		
Short Stay Ward	Covered under inpatient and day surgery benefits ¹⁶	As Charged	As Charged
Pre- and Post-hospitalisation benefit (Short stay ward in a Singapore restructured hospital)	N.A		
Future Insurance Option at life events	N.A	\$100,000 sum assured per life	\$100,000 sum assured per life
Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma	\$6,000 per treatment session	\$25,000 per policy year	\$25,000 per policy year
Inpatient and Outpatient Proton Beam Therapy	Covered under Radiosurgery benefit and Radiotherapy for Cancer benefit ¹⁷	\$100,000 per policy year	\$100,000 per policy year
Cell Tissue and Gene Therapy Treatment	N.A	\$250,000 per policy year	\$250,000 per policy year
Deductible per policy year¹⁸			
For ages 80 and below, as of age next birthday			
Restructured Hospital C Ward ¹⁹	\$2,000	\$1,500	\$1,500
Restructured Hospital B2/B2+ Ward ¹⁹	\$2,500	\$2,000	\$2,000
Restructured Hospital B1 Ward ¹⁹	\$2,500	\$2,500	\$2,500
Restructured Hospital A Ward ¹⁹	\$3,500	\$3,500	\$3,500
Private Hospital ¹⁹	\$3,500	\$3,500	\$3,500
Day Surgery – Subsidised	\$1,500	\$1,500	\$1,500
Day Surgery – Non-Subsidised	\$1,500	\$2,000	\$2,000
Short Stay Ward – Subsidised	\$1,500	\$1,500	\$1,500
Short Stay Ward – Non-Subsidised	\$2,000	\$2,000	\$2,000

	MediShield Life ⁹	PRUShield Premier (Payout includes MediShield Life Payout for SC/PR)	
		Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
For ages 81 – 85, as of age next birthday			
Restructured Hospital C Ward ¹⁹	\$2,750	\$1,500	\$1,500
Restructured Hospital B2/B2+ Ward ¹⁹	\$3,500	\$2,000	\$2,000
Restructured Hospital B1 Ward ¹⁹	\$3,500	\$2,500	\$2,500
Restructured Hospital A Ward ¹⁹	\$4,500	\$3,500	\$3,500
Private Hospital ¹⁹	\$4,500	\$3,500	\$3,500
Day Surgery – Subsidised	\$2,000	\$1,500	\$1,500
Day Surgery – Non-Subsidised	\$2,000	\$2,000	\$2,000
Short Stay Ward – Subsidised	\$2,000	\$1,500	\$1,500
Short Stay Ward – Non-Subsidised	\$3,000	\$2,000	\$2,000
For ages 86 and above, as of age next birthday			
Restructured Hospital C Ward ¹⁹	\$2,750	\$2,250	\$2,250
Restructured Hospital B2/B2+ Ward ¹⁹	\$3,500	\$3,000	\$3,000
Restructured Hospital B1 Ward ¹⁹	\$3,500	\$3,750	\$3,750
Restructured Hospital A Ward ¹⁹	\$4,500	\$5,250	\$5,250
Private Hospital ¹⁹	\$4,500	\$5,250	\$5,250
Day Surgery – Subsidised	\$2,000	\$2,250	\$2,250
Day Surgery – Non-Subsidised	\$2,000	\$3,000	\$3,000
Short Stay Ward – Subsidised	\$2,000	\$2,250	\$2,250
Short Stay Ward – Non-Subsidised	\$3,000	\$3,000	\$3,000
Co-Insurance			
All Ward Classes & Day Surgery Claimable Amount ²⁰			
\$0 - \$5,000	10%	10%	10%
\$5,001 - \$10,000	5%	10%	10%
>\$10,000	3%	10%	10%
Outpatient Treatments	10%	10%	10%
Pro-Ration²¹			
Hospitals	SC	PR	SC / PR / Foreigner
Restructured Hospital C Ward	N.A [#] / N.A ^{##}	60% [#] / 50% ^{##}	N.A
Restructured Hospital B2 Ward	N.A [#] / N.A ^{##}	60% [#] / 50% ^{##}	N.A
Restructured Hospital B2+ Ward	N.A [#] / N.A ^{##}	60% [#] / 50% ^{##}	N.A
Restructured Hospital B1 Ward	35% [#] / 34% ^{##}	30% [#] / 29% ^{##}	N.A
Restructured Hospital A Ward	25% [#] / 27% ^{##}	25% [#] / 25% ^{##}	N.A
Private Hospital	10% [#] / 16% ^{##}	10% [#] / 16% ^{##}	65%
Community Hospitals	SC	PR	SC / PR / Foreigner
C Ward	N.A ^{##}	60% ^{##}	N.A
B2 Ward	N.A ^{##}	60% ^{##}	N.A
B2+ Ward	N.A ^{##}	60% ^{##}	N.A
B1 Ward	45% ^{##}	37% ^{##}	N.A
A Ward	45% ^{##}	37% ^{##}	N.A
Private	45% ^{##}	37% ^{##}	65%
Inpatient Palliative Care Service	SC	PR	SC / PR / Foreigner
C Ward	N.A ^{##}	60% ^{##}	N.A
B2 Ward	N.A ^{##}	60% ^{##}	N.A
B2+ Ward	N.A ^{##}	60% ^{##}	N.A
B1 Ward	45% ^{##}	37% ^{##}	N.A
A Ward	45% ^{##}	37% ^{##}	N.A
Private Hospital	45% ^{##}	37% ^{##}	65%

	MediShield Life ⁹		PRUShield Premier	PRUShield Plus
			(Payout includes MediShield Life Payout for SC/PR)	
			Singapore Private Hospital	Singapore Restructured Hospital (Class A Ward)
Others	SC	PR	SC / PR / Foreigner	SC / PR / Foreigner
Day Surgery – Subsidised	N.A [#] / N.A ^{##}	58% [#] / 54% ^{##}	N.A	N.A
Day Surgery – Non-Subsidised	25% [#] / 33% ^{##}	25% [#] / 33% ^{##}		N.A
Day Surgery – Private Hospital	15% [#] / 21% ^{##}	15% [#] / 21% ^{##}		65%
Short Stay Ward – Subsidised	N.A [#] / N.A ^{##}	60% [#] / 50% ^{##}		N.A
Short Stay Ward – Non-Subsidised	25% [#] / 27% ^{##}	25% [#] / 25% ^{##}		N.A
Outpatient Treatment – Subsidised	N.A [^] / N.A ^{^^}	56% [^] / 67% ^{^^}		N.A
Outpatient Treatment – Non-subsidised ²²	35% [^] / N.A ^{^^}	35% [^] / 56% ^{^^}		N.A
Private Outpatient Clinics ²²	30% [^] / N.A ^{^^}	30% [^] / 56% ^{^^}		65% ²³
Limits of Cover				
Policy Year Limit	\$200,000		\$1,200,000 or \$2,000,000 (if admitted to and treated by our panel providers ²⁴)	\$1,000,000
Lifetime Limit	Unlimited		Unlimited	Unlimited
Refresh Benefit	N.A		\$1,200,000	\$1,000,000
Age Limits				
Maximum Entry Age				
Singapore Citizens / Singapore Permanent Residents / Foreigners	N.A		75	75
Maximum Renewal Age	Lifetime		Lifetime	Lifetime

⁹ Accurate as of 1 Apr 2025. Please refer to www.medishieldlife.sg for the latest MediShield Life benefits.

¹⁰ Under MediShield Life, benefits include meal charges, prescriptions, professional charges, investigations and other miscellaneous charges.

¹¹ Under MediShield Life, an additional claim limit of \$800 per day applies for the first two days.

¹² Under MediShield Life, benefit is claimable:

- Upon referral from a hospital for further medical treatment after an inpatient admission; or
- Upon the immediate referral from a restructured hospital's emergency department for further medical treatment.

¹³ Under MediShield Life, benefit is classified according to their level of complexity, which increases from Table 1A to Table 7C.

¹⁴ Under MediShield Life, benefit includes:

- Intravascular electrodes used for electrophysiological procedures;
- Percutaneous Transluminal Coronary Angioplasty (PTCA) Balloons;
- Intra-aortic balloons (or Balloon Catheters)

¹⁵ Under MediShield Life, an additional claim limit of \$1,630 per day applies for the first two days.

¹⁶ Under MediShield Life, a minimum stay of 8 hours is required for the benefit to be payable.

¹⁷ Under MediShield Life, please refer to the MOH's website for the approved indications for use of Proton Beam Therapy and the patient eligibility criteria.

¹⁸ Deductible is not applicable for outpatient treatments.

¹⁹ Under MediShield Life, subsidised patients will follow the deductible for Class C and non-subsidised patients will follow the deductible for Class B2 for community hospital, Inpatient Palliative Care Service, short stay wards, Radiosurgery and Continuation of Autologous Bone Marrow Transplant for Multiple Myeloma.

²⁰ Under MediShield Life, claimable amount is the lower of (i) the claim limit in the table or (ii) the amount after adjusting the charges for pro-ration, if needed.

²¹ Pro-ration factors are applied if the life assured is admitted to a ward class higher than the plan's ward entitlement, to reduce private hospital, private clinics or treatment centres bills to B2/C ward class for Singapore Citizen (for MediShield Life) and A ward equivalents (for PRUShield Plus plan) of a restructured hospital in the claims computation. Overseas government hospitals are considered private hospitals and pro-ration will apply.

²² Under MediShield Life, all non-subsidised and private bill for outpatient treatments will be pro-rated.

- ²³ Different pro-ration may apply for outpatient kidney dialysis treatment. Please refer to Outpatient Kidney Failure Treatment for more details.
- ²⁴ For PRUShield Premier plan, the Policy Year Limit is \$2,000,000 provided all claims within the same policy year are incurred at panel providers. On our website, <www.prudential.com.sg>, we have listed the hospitals and medical institutions that we cover as panel providers.
- * Refer to the Cancer Drug List on the MOH's website for the MediShield Life claim limits for Cancer Drug Treatment (on the CDL) and the MediShield Life Benefits on the MOH's website for the MediShield Life claim limits for Cancer Drug Services.
- # Refer to the pro-ration factors for surgical charges in inpatient and day surgery settings.
- ## Refer to the pro-ration factors for daily ward & treatment charges in inpatient and day surgery settings.
- ^ Refer to the pro-ration factors for outpatient treatments (excluding dialysis and erythropoietin).
- ^^ Refer to the pro-ration factors for outpatient dialysis and erythropoietin

Benefit Limit in the Benefit Schedule

If a supplementary plan (like PRUExtra) is also purchased, the Benefit Limit is applied to both the main plan (PRUShield) and supplementary plan (PRUExtra) unless otherwise stated in this policy.

Inpatient and Day Surgery benefits

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

We do not pay for these benefits if the medical expenses are incurred at non-MediShield Life accredited hospitals or treatment centres.

(i) Normal Ward

If the life assured is hospitalised in a standard room of a hospital as a result of injury or illness, we pay the normal ward charges for each day of hospital confinement that are reasonable and customary expenses. This may include meals, inpatient prescriptions, professional charges, investigations, laboratory tests, high dependency ward stay and charges for other medical services.

In addition, we also cover services at home that are the same as hospital inpatient services, cost of medical equipment used and nursing care at home as part of Mobile Inpatient Care @ Home (MIC@Home).

For PRUShield Plus, the normal ward entitlement is any standard room of a Singapore restructured hospital .

If a hospital confinement flows over to the next policy year, the benefits will be processed based on the previous policy year's benefits, limits and deductible when the life assured was first admitted for hospitalisation.

If the life assured changes ward of stay during hospital confinement, the deductible applicable to the claim will be based on the highest ward class the life assured had stayed in.

(ii) Intensive Care Unit (ICU) Ward

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

(iii) 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.

(iv) 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.

(v) Community Hospital

Upon discharge from the hospital or upon a referral from a Singapore restructured hospital's emergency department, if the life assured is immediately hospitalised in a standard room of a community hospital to continue treatment for Rehabilitative care or for Sub-acute care, we pay the actual normal ward charges including meals, inpatient prescriptions, professional charges, investigations, laboratory tests, charges for high dependency wards and other medical services .

Hospice, convalescent centres / hospitals / homes and transitional care facilities are not covered.

(vi) Accidental Inpatient Dental Treatment

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

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

(vii) Inpatient Hospice Palliative Care Service

We pay for reasonable and customary expenses incurred for inpatient palliative care services in a hospice if the life assured is suffering from a terminal illness. This inpatient stay in a hospice must be referred by a registered medical practitioner or specialist and must be for a continuous period of at least six hours.

(a) Inpatient Palliative Care Service (General)

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

The life assured must be admitted for General Inpatient Palliative Care by a registered medical practitioner, according to the relevant guidelines from MOH.

(b) Inpatient Palliative Care Service (Specialised)

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

The life assured must be admitted for Specialised Inpatient Palliative Care by a registered medical practitioner, according to the relevant guidelines from MOH.

(viii) Surgical Procedure

We pay if the life assured undergoes a medically necessary surgical procedure during his hospital confinement. Charges may include operating theatre and anaesthesia fees.

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

(a) Organ Transplant

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.

(b) Stem Cell Transplant Treatment

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

We do not pay for

- the expenses in relation to stem cell transplant treatment, incurred by donor who is not life assured; and
- Inpatient and Outpatient Proton Beam Therapy and Cell Tissue & Gene Therapy Treatment under this benefit.

(c) Implants

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



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

The implants and approved medical consumables must be medically necessary and deemed to be reasonable and customary expenses.

(d) Radiosurgery

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

The applicable deductible and pro-ratio factor for Radiosurgery procedure will depend on its classification as an inpatient or day surgery procedure.

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

Living Organ Donor Transplant benefit

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

(i) 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 expenses as covered under “Pre and Post-hospitalisation benefits”, 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 expenses, as covered under “Pre and Post-hospitalisation benefits”, 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.

(ii) 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.

Overseas Medical Treatment benefit

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

(i) Emergency Medical Treatment outside Singapore

We pay for the hospitalisation expenses at a registered hospital, incurred by the life assured as a result of emergency medical treatment outside Singapore.

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, is payable only if the overseas hospitalisation claim for Emergency Medical Treatment is payable.

We do not pay for the following:

- Day surgery;
- Outpatient Hospital benefits;
- Stem Cell Transplant treatment;
- Organ Transplant;
- Living Organ Donor Transplant;
- Psychiatric Treatment;
- Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma
- Inpatient and Outpatient Proton Beam Therapy; and
- Cell Tissue and Gene Therapy Treatment

We will reimburse the lower of the actual medically necessary expenses incurred, or such amount that would be deemed reasonable and customary expenses charged by a hospital in Singapore for the same treatment.

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

Emergency Medical Treatment outside Singapore is subjected to the exclusions stated in the exclusions section below.

(ii) Planned Overseas Medical Treatment

We pay for the hospitalisation or surgical (including day surgery) expenses at a registered hospital, incurred by the life assured for a planned medical treatment overseas in a standard room that is deemed to be reasonable and customary expenses.

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

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



The pre- and post-hospitalisation expenses incurred in Singapore that are covered under “Pre and Post-hospitalisation benefits”, is payable only if the overseas hospitalisation or day surgery claim for Planned Overseas Medical Treatment is payable.

We do not pay for the following:

- Outpatient Hospital benefits;
- Living Organ Donor Transplant;
- Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma;
- Inpatient and Outpatient Proton Beam Therapy;
- Cell Tissue and Gene Therapy Treatment;
- Serious Pregnancy and Delivery-related Complications; and
- Stem Cell Transplant Treatment except for Stem Cell Transplant Treatment in relation to Leukaemia, Thalassemia Major and Lymphoma.

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.

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.

(i) Pre-hospitalisation Consultation and Diagnostic and Laboratory Services

We pay for pre-hospitalisation expenses:

- incurred for general practitioner consultation (including outpatient telemedicine consultation*) resulting in a referral to a specialist, specialist consultation fees and outpatient telemedicine consultation fees*, including the cost of medications and diagnostic and laboratory tests service fees; and
- incurred within 180 days before the life assured's hospital confinement (including Psychiatric Treatment), confinement in a community hospital, short stay ward*, day surgery or MIC@Home for treatment of the same injury or illness.

If there is more than one referral from one or more general practitioners, we will only pay one medical bill and this would be the last one before the hospital confinement (including Psychiatric Treatment), confinement in a community hospital, short stay ward*, day surgery or MIC@Home for treatment of the same injury or illness.

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

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

**We pay for pre-hospitalisation expenses incurred only if the short stay ward is under a Singapore restructured hospital and the stay is a continuous period of at least 6 hours.*

(ii) Post-hospitalisation Follow-up Treatment and Services

We pay for the post-hospitalisation expenses:

- incurred for dressing, consultations (including outpatient telemedicine consultation*), physiotherapy performed at a hospital or specialist clinic, diagnostic and laboratory test services and medications consumed; and
- incurred within 365 days after the life assured's hospital confinement (including Psychiatric Treatment), confinement in a community hospital, short stay ward*, day surgery or MIC@Home for treatment of the same injury or illness.

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



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

**We pay for post-hospitalisation expenses incurred only if the short stay ward is under a Singapore restructured hospital and the stay is a continuous period of at least 6 hours.*

(iii) Post-hospitalisation Hyperbaric Oxygen Therapy

We pay for the post-hospitalisation treatment expenses incurred for hyperbaric oxygen therapy within 365 days after the life assured's hospital confinement, confinement in a community hospital, day surgery or MIC@Home for treatment of the same injury or illness, up to the limit as set out in the Benefits Schedule.

Outpatient Hospital benefits

These benefits cater to outpatient treatments (which do not require hospital confinement) as specified in the Benefits Schedule. The deductible is not applicable to this benefit, but it is still subject to co-insurance and pro-ration.

We do not pay for these benefits if the medical expenses are incurred at non-MediShield Life accredited hospitals or treatment centres.

(i) Outpatient Cancer Treatment

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

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

(a) Cancer Drug Treatment

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

The CDL currently covers most cancer drug treatments approved by the Health Sciences Authority (HSA). The cancer drug treatment claim limit is based on a multiple of the MediShield Life limit for the specific cancer drug treatment. For the latest CDL and MediShield Life limits, refer to the CDL on the MOH's website. The MOH may update this from time to time. The revised list will be applicable to the Cancer Drug Treatment which occurred on and from the effective date of the revised list.

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

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

- (i) If more than one of the cancer drug treatments administered in a month have an indication other than "for cancer treatment", only CDL treatments with the indication "for cancer treatment" will be claimable in that month.
- (ii) If one or none of the cancer drug treatments administered in a month has an indication other than "for cancer treatment", all CDL treatments will be claimable in that month.

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

For patients receiving treatment for only one primary cancer, we will pay up to the highest limit among the claimable CDL treatments received in that month.



Multiple Primary Cancers are two or more cancers arising from different sites and/or are of a different histology or morphology group. A patient with cancer that has spread (metastasised) from the place where it first started to another part of the body will be considered as having a single primary cancer as the cancer in the other part of the body started from the original cancer. For example, cancer cells may spread from the breast (primary cancer) to form new tumours in the lung (secondary cancer / metastatic cancer). The new tumour in the lung will not be considered as another primary cancer.

Higher claim limits for patients receiving treatment for Multiple Primary Cancers are given on an application basis; doctors are to send the application form to MOH and to us for assessment of MediShield Life and PRUShield coverage respectively.

For patients receiving treatment for Multiple Primary Cancers, the maximum claim payable from a PRUShield plan for that month will be up to the sum of the highest claim limits among the claimable CDL treatments received for each primary cancer in that month.

(b) Cancer Drug Services

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

The Cancer Drug Services claim limit is based on a multiple of the MediShield Life limit for Cancer Drug Services. You can find the latest MediShield Life limit for Cancer Drug Services on the MOH's website. The Ministry of Health of Singapore may update this from time to time. The revised limit will be applicable to the Cancer Drug Services incurred within the policy year of the revised limit.

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

Higher claim limits for patients receiving treatment for Multiple Primary Cancers are given on an application basis; doctors are to send the application form to MOH and to us for assessment of MediShield Life and PRUShield coverage respectively.

We will double the claim limit for Cancer Drug Services if the patient had received treatment for Multiple Primary Cancers at any point in time within the same policy year.

(ii) Outpatient Kidney Failure Treatment

We reimburse you for the reasonable and customary expenses incurred for approved outpatient kidney dialysis treatment at MediSave / MediShield Life accredited dialysis treatment centres and the cost of the medically necessary prescribed erythropoietin for chronic kidney failure.

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

(iii) Immunosuppressants for Organ Transplant

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

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

(iv) Long-Term Parenteral Nutrition

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

Other benefits

(i) 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.

(ii) Serious Pregnancy and Delivery-related Complications

We will reimburse medical 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.

1) **Ectopic pregnancy**

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

2) **Pre-eclampsia and eclampsia**

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

3) **Disseminated Intravascular Coagulation (DIC)**

The diagnosis of disseminated intravascular coagulation by an obstetrician.

4) **Miscarriage**

Death of the foetus of the life assured after 13 weeks of pregnancy as a result of a sudden unforeseen and involuntary event and must not be due to a voluntary or malicious act.

5) **Fatty Liver during Pregnancy**

This is the condition of a severe acute fatty liver occurring during pregnancy and associated with acute liver failure where all of the following diagnostic conditions must be met:

- Bilirubin is persistently elevated above 150 umol/L (10 mg/dL) for a period of at least 5 days; and
- There is associated hepatic encephalopathy.

6) **Amniotic Fluid Embolism**

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

7) **Abruptio Placentae**

This is the separation of the normally implanted placenta after the 20th week of gestation and prior to the birth of the foetus, resulting in life threatening foetal distress and/or maternal shock. The diagnoses of Abruptio Placentae must be confirmed by a medical specialist and supported with medical evidence of Class 2 or Class 3 abruptio necessitating an emergency caesarean section.

8) **Postpartum Haemorrhage requiring Hysterectomy**

This is the condition of ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus or a large cervical laceration extending into the uterus requiring surgical intervention in the form of a hysterectomy.

9) **Gestational diabetes mellitus**

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

10) **Placental insufficiency and Intrauterine growth restriction**

The diagnosis, by an obstetrician, of placental insufficiency leading to intrauterine growth restriction.

11) **Antepartum, intrapartum and postpartum haemorrhage**

The diagnosis, by an obstetrician, of severe abnormal bleeding from the female genital tract at or after 24 weeks of pregnancy or during or after childbirth.

12) **Placenta praevia**

The diagnosis, by an obstetrician, of the presence of placental tissue extending over the internal cervical, resulting in a caesarean delivery.

13) **Cervical incompetency**

The diagnosis of cervical incompetency by an obstetrician.

14) **Accreta placenta**

The diagnosis of accreta placenta by an obstetrician.

15) **Obstetric cholestasis**

The diagnosis of obstetric cholestasis by an obstetrician.

16) **Twin to twin transfusion syndrome**

The diagnosis of twin to twin transfusion syndrome by an obstetrician.

17) **Infection of amniotic sac and membranes**

The diagnosis of an infection of the amniotic sac and membranes by an obstetrician.

18) **Fourth degree perineal laceration**

The diagnosis of fourth degree perineal laceration by an obstetrician.

19) **Uterine rupture**

The diagnosis of uterine rupture by an obstetrician.

20) **Postpartum inversion of uterus**

The diagnosis of postpartum inversion of the uterus by an obstetrician.

21) **Obstetric injury or damage to pelvic organs**

The diagnosis of obstetric injury or damage to the pelvic organs by an obstetrician.

22) **Complications resulting in a caesarean hysterectomy**

The diagnosis of complications resulting in a caesarean hysterectomy by an obstetrician.

23) **Retained placenta and membranes**

The diagnosis of retained placenta and membranes by an obstetrician.

24) **Abscess of breast**

The diagnosis, by an obstetrician, of an abscess of breast associated with childbirth.

25) **Hydatidiform mole and subsequent complications (including Choriocarcinoma)**

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

26) **Medically necessary abortions**

The diagnosis of medically necessary abortions by an obstetrician. However, medically necessary abortions due to a miscarriage that does not meet the definition of miscarriage under sub-benefit 4) above will not be covered under this sub-benefit.

27) **Still-birth**

The diagnosis by an obstetrician, of the death of the foetus of the life assured after 22 weeks of pregnancy which meets the definition of still birth in the Registration of Births and Deaths Act 2021 (or any subsequent revision of the definition by the Act).

28) **Maternal death**

The diagnosis of maternal death by an obstetrician.

We will pay for the conditions listed above, only if they are diagnosed by a registered medical practitioner or obstetrician.

This benefit is subject to the deductible, co-insurance and pro-ration.

We do not pay for

- delivery charges, except in the event of a caesarean section arising from one of the Serious Pregnancy and Delivery-related Complications listed above; and
- assisted conception pregnancy and/or its procedures/complications, including the listed Serious Pregnancy and Delivery-related Complications.

(iii) Congenital Abnormalities benefit

For a life assured with congenital abnormalities, we pay for hospitalisation expenses incurred, up to the limit as set out in the Benefits Schedule, for medically necessary treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities of the life assured. We will also pay for any pre- or post-hospitalisation expenses incurred in relation to the Congenital Abnormalities benefit.

To avoid any doubt, under this benefit, we do not pay expenses incurred for Cell Tissue and Gene Therapy Treatment relating to congenital abnormalities of the life assured.

These conditions must be first diagnosed by a registered medical practitioner.

This benefit is subject to the deductible, co-insurance and pro-ration.

For a female life assured's biological child

For a female life assured's biological child with congenital abnormalities, we pay for hospitalisation expenses incurred, up to the limit as set out in the Benefits Schedule, for medically necessary treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities of the female life assured's biological child during the first 24 months from the date of birth of the child. We will also pay for any pre- or post-hospitalisation expenses incurred in relation to the Congenital Abnormalities benefit.

These conditions must be first diagnosed by a registered medical practitioner or symptoms first appear after 10 months from the cover start date or date of reinstatement (if any).

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



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

This benefit is subject to the deductible, co-insurance and pro-ration.

(iv) Psychiatric Treatment

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

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

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

This benefit is subject to the deductible, co-insurance and pro-ration.

(v) 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.

We will also pay for any pre or post-hospitalisation expenses incurred in relation to short stay ward only under a Singapore restructured hospital and the stay is a continuous period of at least six hours.

This benefit is subject to the deductible, co-insurance and pro-ration.

(vi) Future Insurance Option at life events

If the 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's life (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 ended, for any reason;
- No claim has been made under this policy or PRUExtra policy (if any);
- The total sum assured of the new policies does not exceed the amount set out in the Benefits Schedule; and
- The new policy is purchased within 3 months from the date of the relevant life event.

(vii) Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma

We reimburse the reasonable and customary expenses incurred, up to the limits as set out in the Benefits Schedule, if the life assured undergoes medically necessary Continuation of the Autologous Bone Marrow Transplant Treatment for Multiple Myeloma for the following stages of the treatment:

- Stem-cell mobilisation
- Harvesting healthy stem cells
- Pre-transplant workup



- Use of high dosage chemotherapeutic drugs to destroy cancerous cells
- Engraftment of healthy stem cells
- Post-transplant monitoring

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

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

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

This benefit is subject to the deductible, co-insurance and pro-ration.

(viii) Inpatient and Outpatient Proton Beam Therapy

We reimburse for the reasonable and customary expenses incurred, up to the limits as set out in the Benefits Schedule, when the life assured undergoes Proton Beam Therapy treatment as an inpatient, day surgery or outpatient procedure, treated by a registered medical practitioner in a hospital or MediSave / MediShield Life accredited cancer treatment centres.

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

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

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

This benefit is subject to the deductible, co-insurance and pro-ration.

(ix) Cell Tissue and Gene Therapy Treatment

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

- The Cell Tissue and Gene Therapy Treatment must be approved by MOH and the HSA and must satisfy all other guidelines of the Cell Tissue and Gene Therapy Treatment regulations, as issued by MOH; and
- The attending registered medical practitioner must recommend in writing that the Cell Tissue and Gene Therapy Treatment is medically necessary.

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

This benefit is subject to the deductible, co-insurance and pro-ration.

(x) Refresh Benefit

If the life assured has exceeded the policy year limit and is hospitalised subsequently for an illness or injury that is not directly or indirectly related to any existing or past illnesses or injuries within the same policy year, we will reset the policy year limit and any benefit sub-limit (if applicable) for that policy year. The Refresh benefit will not apply if there is any available balance in the existing policy year limit at the time of an inpatient hospitalisation.

The policy year limit will be refreshed only once in the same policy year.

If the refreshed policy year limit is not used within the policy year, it cannot be carried forward to the next policy year.

The Refresh benefit cannot exceed the policy year limit and any benefit sub-limit (if applicable).

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

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

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

Key Product Provisions:

Exclusions

We do not pay for any benefits under this policy which are directly or indirectly related to any of the following conditions, including outcomes from these conditions and their related complications, except otherwise expressly allowed by MediShield Life Claims Rules specified on the MOH's website. 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;
- Treatment or diagnosis of any Serious Illness for which the life assured received medical treatment (including follow-up and consultations) during the period of 12 months prior to the cover start date of the policy;
- Any pre-existing illnesses, diseases or impairments from which the life assured is suffering from prior to the cover start date of the policy, unless they were declared in the proposal and specifically accepted by us. A pre-existing condition is the existence of any signs or symptoms for which treatment, medication, consultation, advice or diagnosis has been sought or received by the life assured or would have caused an ordinary prudent person to seek treatment, diagnosis or cure, prior to the cover start date of this benefit or the date of reinstatement (if any), whichever is later;
- Treatment relating to birth defects, including hereditary conditions and congenital sickness or abnormalities except when it is covered under the "Congenital Abnormalities Benefit";
- Overseas medical treatment (except in the event that a life assured requires inpatient hospital treatment as a result of Emergency Medical Treatment outside Singapore or under the "Planned Overseas Medical Treatment benefit" (this exception is however, still subject to all the other exclusions stated in this clause);
- Mental illness and personality disorders except when it is covered under the "Psychiatric Treatment benefit";
- Pregnancy, childbirth and any complications as a result of pregnancy and childbirth except complications covered under the "Serious Pregnancy and Delivery-related Complications benefit";
- Elective abortion; threatened abortion; miscarriage occurring within 13 weeks of pregnancy; birth control*, sterilisation*, infertility*, sub-fertility*, impotence treatment, assisted conception or any contraceptive treatment (* for males and females);
- Treatment of sexually transmitted diseases;
- Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV) except HIV Due to Blood Transfusion and Occupationally Acquired HIV as defined in the policy document;
- 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 "Accidental Inpatient Dental Treatment";
- Correction for refractive errors of the eye (including the use of artificial lens implants and Lasik),
- routine eye and ear examinations, costs of spectacles, costs of contact lenses and costs of hearing aids;
- All other types of lenses for cataract, except monofocal non-toric lenses;
- 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 (except when it is covered by us, as part of MIC@Home);
- Optional items which are outside the scope of treatment;
- Rest cures, hospice care, home or outpatient nursing or palliative care (except when it is covered by us), convalescent care in convalescent or nursing homes, sanatoriums, transitional care facilities or similar establishments, outpatient rehabilitation services such as counselling and physical rehabilitation (except when it is covered by us, as part of MIC@Home);
- Vaccination, other than inpatient hospital treatment due to the adverse effects caused by vaccinations which are authorised by the Singapore Health Sciences Authority and provided that such vaccinations have been administered on the recommendation of a medical practitioner duly licensed by Singapore Medical Council;
- Treatment of injuries arising from direct participation in civil commotion, riots or strikes;
- Treatment of injuries arising directly or indirectly from nuclear fallout, terrorism, war and related risks;
- Treatment for which the life assured had received work injury compensation under the Work Injury Compensation Act 2019 and other forms of insurance coverage;

- Hospitalisation primarily for medical services such as but not limited to X-ray, CT or MRI scans, medical check-up or health screening or other investigations which can routinely be conducted on an outpatient basis (unless otherwise covered under the terms and conditions of the PRUShield plan, as listed above);
- 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);
- Treatment for weight reduction, weight improvement, or obesity or any injury or illness which arises from, or is related to, or a consequence of weight reduction, weight improvement, or obesity in any way, such as, but not limited to, the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body, whether or not needed for medical or psychological reasons;
- Violation or attempted violation of law, resistance to lawful arrest or any resultant imprisonment;
- Non-medical items such as, but not limited to, parking fees, hospital administration and registration fees, laundry, rental of television, newspaper or medical report fees.
- Experimental or pioneering medical or surgical techniques, clinical trials for drugs or medical devices and appliances (such as, but not limited to, ergonomic tables and chairs) not approved by MOH;
- Any genetic testing and any procedure done as a result of genetic testing, prophylactic measures that are not therapeutic in nature, primary prevention (refers to medical services for generally healthy individuals to prevent a disease from ever occurring, in the absence of medical indications, eg. general medical / health screening packages, general physical checkups, vaccinations, etc.), surveillance screening, diagnostic, investigation tests or checks, except:
 - when it is covered under the “Cell Tissue and Gene Therapy Treatment”;
 - any genetic testing that is medically necessary and has justification for prognostication and treatment selection as a result of a confirmed diagnosis; or
 - the expenses incurred for medically necessary treatment relating to the removal of cysts, polyps and/or lumps (even if they are benign in nature);
- Outpatient treatment and medical services except when it is covered under the “Outpatient Hospital benefits”;
- Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a registered medical practitioner as part of the hospitalisation (including Post-hospitalisation Follow-up Treatment and Services);
- All other exclusions that apply to the MediShield Life Scheme as set out in the relevant legislation, regulations and guidelines, unless we say otherwise under this policy.

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

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

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

- (i) Admitted to the hospital to test for suspected COVID-19 infection,
- (ii) Whose test results for COVID-19 infection is negative, and
- (iii) Does not need in-patient treatment for any other medical condition.

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

An “at-risk traveller” means a life assured who

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

“COVID-19” means the infectious disease known as Coronavirus Disease 2019.

What is the impact of early surrender?



As this product has no savings or investment feature, there is no cash value if the policy ends or if the policy is terminated prematurely.

Premiums

If you pay your premium with funds from a MediSave account, we will deduct premiums annually from the 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.

You have 90 days from the premium due date to pay your premiums. This is the grace period.

If you pay your premium 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 reminder 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.

You may refer to MOH's website (go.gov.sg/moh-compare-ip) for a comparison of Integrated Shield Plans (IPs) across all insurers, including the estimated premiums you have to pay for an IP over your lifetime.

Premiums are not guaranteed and may be adjusted based on future claims experience. Prudential Singapore can change the premiums at any time by giving 30 days' written notice to the policyowner before doing so.

Renewal of your policy

We guarantee that this policy is renewable yearly for as long as you live, only if you pay the premiums within the grace period and your policy has not ended and subject to the terms as set out in clauses below.

This automatic renewal will happen only if you pay the premium based on the age next birthday of the life assured at the time of renewal.

When does the policy end?

The policy ends when:

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

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

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

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

We will refund the pro-rated premiums, regardless of any payout during the policy year.

Except in the situation where the life assured dies, if your policy ends 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.

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

When your policy ends in this way, you have no further claims or rights against us under your policy, except if it is specifically stated otherwise in this policy document.

Prepared by _____ on _____

Underwritten by Prudential Assurance Company Singapore (Pte) Limited (Reg. No 199002477Z)

Information correct as of 1 April 2025



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. Please note that a life assured can only be covered under one MediSave-approved integrated shield plan at any one time.

Change of citizenship, residency status or occupation for foreigners

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

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 or was terminated, this policy will end. So, you must inform us as soon as possible when the eligible valid pass expires or is terminated.

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

If the life assured is a Work Permit holder and if they change their occupation to one that is not within the acceptable occupation classes listed by us, the policy will end. You must inform us as soon as possible when the life assured changes occupation.

Changes to policy benefits, conditions or plan

We can change the policy benefits, features, conditions and/or name at any time. This includes compulsory changes to the policy benefits, features, guidelines and/or conditions that 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 can 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, these compulsory changes to the policy benefits, features, guidelines and/or conditions set out 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.

Note

Health insurance is a contract of utmost good faith and a proposer is required to disclose in the proposal form fully and faithfully all the facts, which he knows or ought to know, as otherwise the policy issued may be void.

The terms and conditions of your policy are contained in the policy documents. There are certain conditions whereby the benefits under this plan will not be payable. These are stated as exclusions in the policy documents. You are advised to read the policy documents for the full list of exclusions.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You should seek advice from a qualified Financial Consultant if in doubt.

Upgrading and Switching of Plan

The life assured can only have one integrated Shield Plan. Once this policy commences, the previous Integrated Shield Plan will be automatically terminated. Where applicable, the life assured's health will be assessed by us. If the life assured is not in a good health, we may decline your application or not provide you with certain benefits.

If you are currently holding an Integrated Shield Plan with us and are upgrading your plan, you may not be given the enhanced benefits due to the life assured's existing medical conditions.

If you are currently holding an Integrated Shield Plan with another insurer and are switching to this plan with us, and the life assured has existing medical conditions that are currently covered by the existing plan, you may lose coverage for the existing medical conditions.

Downgrade of Plan

In the event that you cannot afford, or do not wish to continue paying the premiums for your Integrated Shield Plan, you can switch to a lower coverage but more affordable plan with us (if available), or cease your Integrated Shield Plan. If the life



assured is a Singapore Citizen or Permanent Resident, regardless of your decision, the life assured will continue to be covered by MediShield Life for life, without exclusion.

Total Distribution Cost (TDC)

The total distribution cost of this product is 83% of the additional private insurance coverage premiums before Goods and Services Tax for the first year and 7-12% of the additional private insurance coverage premiums before Goods and Services Tax for the renewal years.

This section shows the total costs that Prudential Singapore may expect to incur. These costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel.

The total distribution cost is not an additional cost to you; it has already been allowed for in calculating your premium.

Eligible Valid Pass

"Eligible Valid Pass" is a pass recognised by the Immigration & Checkpoints Authority (ICA) and the Ministry of Manpower (MOM). The list of valid passes, acceptable by us, are Personalised Employment Pass (PEP), Employment Pass (EP), S Pass, Student Pass, Entre Pass, Long Term Visit Pass (LTVP), Dependant's Pass (DP), Overseas Networks & Expertise Pass and Work Permit (limited to Occupation Class 1 to 3).

Free Look Period

After purchasing a health insurance policy, you have a 21-day free-look period - starting from the day you receive your policy documents to review the documents carefully. During this time, if you choose to cancel your policy, we will refund you the premiums you have paid (without interest), less any medical fees and other expenses, such as payments for medical check-ups and medical reports, incurred by us.

If we make your policy document and all other documents from us available electronically via PRUaccess, we consider they have been delivered and received when we send you the relevant SMS or email telling you that the documents are accessible on PRUaccess. Otherwise, we consider your policy and all other documents from us as delivered and received seven days from the date of posting to the last-known address you gave us.

If you decide this policy is not suitable for your needs, simply write to us within the 21-day free-look period.

This review period will not apply if you have done a change of plan.