

A little extra goes a long way

Enjoy the flexibility to add supplementary plans (**PRUExtra**) for more coverage so that you have the option to choose between Private and Restructured hospitals.

Plan	PRUExtra Premier CoPay	PRUExtra Preferred CoPay	PRUExtra Premier Lite CoPay	PRUExtra Plus CoPay
	The Claims-based pricing approach applies		The Claims-based pricing approach does not apply	
Hospital / Ward Types	All Singapore Private Hospitals	Singapore Private Hospitals under our Panel providers or Non-panel Providers ^{**} .	All Singapore Private Hospitals	Singapore Restructured Hospital (Class A Ward)
PRUShield's Deductible* Amount (Per policy year)	Covers 95% of PRUShield's Deductible* amount. You will cover the remaining 5%.	Covers 95% of PRUShield's Deductible* amount. You will cover the remaining 5%.	Covers 50% of PRUShield's Deductible* amount. You will cover the remaining 50%, subject to a maximum of S\$1,750 per Policy Year.	Covers 95% of PRUShield's Deductible* amount. You will cover the remaining 5%.
PRUShield's Co-insurance ^{**} : 10%	Covers half of PRUShield's Co-insurance ^{**} amount. You will cover the remaining half.	Covers half of PRUShield's Co-insurance ^{**} amount. You will cover the remaining half.	Covers half of PRUShield's Co-insurance ^{**} amount. You will cover the remaining half.	Covers half of PRUShield's Co-insurance amount ^{**} . You will cover the remaining half.
Stop Loss* (Per policy year)	S\$3,000 for Panel Providers ^{**}	S\$3,000 for Panel Providers ^{**}	S\$3,000 for Panel Providers ^{**}	S\$3,000 for Panel Providers ^{**}
Accident & Emergency Ambulance Fee [^]	S\$250 per injury or illness	S\$250 per injury or illness	S\$250 per injury or illness	S\$150 per injury or illness
Immediate Family Member's Accommodation with Child [^]	S\$60 per day	N.A.	N.A.	S\$30 per day
Post-Hospitalisation Follow-up TCM [^]	S\$6,000 per policy year	N.A.	N.A.	S\$3,000 per policy year
Emergency Outpatient Treatment due to an Accident [^]	S\$3,000 per policy year	N.A.	N.A.	S\$2,000 per policy year
Special Appliances and Prosthesis [^]	S\$3,000 per policy year	N.A.	N.A.	S\$2,000 per policy year
Disability Waiver Benefit	Waives 36 months of future premiums [#] if the life assured is diagnosed to be Totally and Permanently Disabled before age 70	Waives 36 months of future premiums [#] if the life assured is diagnosed to be Totally and Permanently Disabled before age 70	N.A.	N.A.

* Deductible is a fixed amount to be paid by a policyowner before the MediShield Life and **PRUShield** benefits are payable. Deductible will increase by 50% depending on ward class when the life assured is above age 85.

** Co-insurance is a percentage of the claimable amount that a policyowner needs to co-pay after Deductible.

[^] Stop-Loss refers to the total out-of-pocket expenses you need to make under the Deductible, Co-insurance and Co-payment features, which will not exceed the sum of S\$3,000 per policy year if your hospital confinement is with one of the Panel providers^{**}. However, any amount that you pay that is above any of the benefit's maximum limit will not add towards the annual stop-loss amount. If your **PRUShield** Plus plan and/or **PRUExtra** Plus CoPay is subject to pro-ration then the out-of-pocket expenses paid due to the pro-ration will not add towards the annual stop-loss amount.

^{**} Panel providers under Private Hospitals include: Registered medical practitioners and specialists; Private Hospitals; and Private Treatment Centres, that appears on our approved Panel listing on our website. All Restructured Hospitals and Treatment Centres are also considered as Panel Providers. Non-panel Providers are Private Hospitals and private medical institutions listed under Non-panel on our website. They also include non-participating private specialists operating in Private Hospitals listed under Panel Providers. We reserve the right to change this Panel or Non-panel list from time to time.

[^] You need to co-pay 5% of the expenses incurred before we make any payment to you, subject to the benefit limit as listed in the Benefits Schedule. Any expenses above the benefit limit as listed in the Benefits Schedule should also be borne by you. If your **PRUShield** Plus plan is subject to Pro-ration then the 5% co-payment will be based on the amount after the Pro-ration has been applied.

[#] Only waives the premiums for **PRUExtra** Premier CoPay or **PRUExtra** Preferred CoPay Rider. The premiums for **PRUShield** Premier continue to be payable.