

Protecting your employees has never been

Listening. Understanding. Delivering.

PRUTreasures Flexi II



Affordable packaged plans with comprehensive and flexible benefits for your employees.









Designed to cover key insurance needs

- Select from a suite of comprehensive plans & riders
- Suitable for SMEs with 2* to 200 employees



Group Term Life (GTL)

Receive up to \$\$500,000 due to death, total permanent disability or terminal illness

 5 plan types available, ranging from \$\$50,000 to \$500,000 in coverage



Group Hospital & Surgical (GHS)

Reimbursement of hospital expenses due to a sickness or injury

 6 plan types available, starting from S\$15,000 in coverage per disability to S\$250,000 per policy year



Group Foreign Worker Medical (GFWM) Mandatory medical insurance for Work Permit and S Pass holders

 8 plan types available, based on per policy year or per disability limit

Key Benefits



Complimentary Health
Screening (only applicable for
employees insured under GHS) &
Flu Vaccination (only applicable for
employees insured under GP)*



Cashless visits to GP & Dental at Panel Clinics island-wide



Portfolio Pricing*
(Age banded, non-claim based)



Double death benefit for accidents on public land conveyance for GTL



Extended coverage for dependants & overseas-based employees for GHS & GTL

Extended coverage for overseas-based employees for GFWM



No Medical Underwriting required* for GHS (all plans), GTL (up to \$200,000) and GFWM



Paperless medical e-Claims

With optional riders for additional benefits

Group Hospital & Surgical (GHS)

Reimbursement of hospital expenses due to a sickness or injury

Optional Riders



Group Extended Major Medical (GEMM)

 Reimbursement of hospital expenses in excess of eligible hospital expenses



Group Accidental Death & Dismemberment (GADD)

 Receive up to \$500,000 due to accidental death and injuries



Group Outpatient General Practitioner (GP)

Cashless access at GP Panel Clinics



OR



Group Outpatient General Practitioner & Specialist (GP & SP)

- Cashless access at GP Panel Clinics
- Reimbursement of outpatient specialist medical expenses



Group Dental (GDEN)

 Reimbursement of eligible dental expenses





Group Panel Dental (GPPD)

• Cashless access for dental services at panel dental clinics

Group Term Life (GTL)

Receive up to S\$500,000 due to Death, Total and Permanent Disability or Terminal Illness

Optional Riders



Group Crisis Cover Accelerated (GCCA)

Be protected against 37 Critical Illnesses



Group Accidental Death & Dismemberment (GADD)

 Receive up to \$500,000 due to accidental death and injuries



Group Pre-Crisis Guard (GPCG)

 Covers 7 early stage and 5 intermediary stage medical conditions



Group Outpatient General Practitioner & Specialist (GP & SP)

- Cashless access at GP Panel Clinics
- Reimbursement of outpatient specialist medical expenses

With optional riders for additional benefits

Group Foreign Worker Medical Insurance (GFWM)

Medical insurance for Work Permit and S Pass holders

Optional Riders

OR

OR



Group Outpatient General Practitioner (GP)

• Cashless access at GP Panel Clinics



Group Outpatient General Practitioner & Specialist (GP & SP)

- Cashless access at GP Panel Clinics
- Reimbursement of outpatient specialist medical expenses



Group Dental (GDEN)

 Reimbursement of eligible dental expenses



Group Panel Dental (GPPD)

 Enjoy cashless access for dental services at panel dental clinics



Group Accidental Death & Dismemberment (GADD)

 Receive up to \$500,000 due to accidental death and injuries

Only the best for your best

With these new features, you can rest assured that your employees and their loved ones are well taken care of.





Small group size

Only a minimum of 2 employees are required to purchase a plan*



New Plan Type under Group Hospital & Surgical (GHS)

A new Plan 6 with S\$250,000 per policy year for 1-Bedded Private ward



Enhanced Group Hospital & Surgical (GHS) with new benefits

- Outpatient Cancer Treatment and Outpatient Kidney Dialysis coverage are now available under Plan 4 and 5
- Enhanced coverage for In-Hospital Psychiatric Treatment for all plan types and hospitals



Group Outpatient
General Practitioner (GP)

• Tele-consultation with Panel Provider, as charged

 Reimbursement for Accident & Emergency visits at Singapore Hospitals – increased to up to \$120 per visit, for up to 3 visits per year.



Group Outpatient Specialist (SP)

Psychiatric Treatment (with GP referral) will be included as part of the coverage



Group Panel Dental Rider (GPPD)

Cashless visits to panel dental clinics



Group Pre-Crisis Guard Rider (GPCG)

For early or intermediate stage Critical Illness coverage



Extension of coverage to Dependants **

For Group Term Life, Group Crisis Cover - Accelerated, Group Pre-Crisis Guard and Group Panel Dental

^{*}T&C applies

^{**}Dependant rates will differ from employee – with the exception of Group Panel Dental Rider

Make the right choice for their needs

A step-by-step guide on how to decide which plan and riders is best suited for your organisation

1 Core Plans

Select a core plan

A. Group Term Life (GTL)

B. Group Hospital & Surgical (GHS)

C. Group Foreign Worker Medical (GFWM)

2 Riders

Add on relevant optional riders

Core Plans / Optional Riders	Group Term Life (GTL)	Group Hospital & Surgery (GHS)	Group Foreign Worker Medical (GFWM)
Group Crisis Cover Accelerated (GCCA)	✓	N/A	N/A
Group Crisis Cover Accelerated (GCCA) & Group Pre-Crisis Guard Rider (GPCG)	~	N/A	N/A
Group Accidental Death & Dismemberment (GADD)	✓	✓	~
Group Accidental Death & Dismemberment (GADD) & Accidental Medical Reimbursement (AMR)	~	~	~
Group Extended Major Medical (GEMM)	N/A	~	N/A
Group Outpatient General Practitioner (GP)	N/A	✓	✓
Group Outpatient General Practitioner & Specialist (GP & SP)	~	~	~
Group Dental (GDEN)	N/A	✓	✓
Group Panel Dental Rider (GPPD)	N/A	─ ✓	─

3 Health and Wellness

Complimentary offerings

WorkPLAYce programme

Participate in weekly wellness webinars and content, designed to improve employees' physical, mental and financial well-being Health Screening

Complimentary annual health screening for companies covered under Group Hospital and Surgical (GHS)* Flu Vaccination

Complimentary annual Flu Vaccination for employees with Group Outpatient General Practitioner (GP) rider^

Note: Coverage is extended to Dependants for all benefits except for GADD & AMR (For riders under GHS, GTL and GFWM). GEMM is not extended to insured members covered under GFWM

^{*}Subject to availability.

[^]Valid for all new and existing cases with policy effective date/renewal date on or after 1 December 2021.

Only employees insured under Group Outpatient General Practitioner (GP) rider are eligible for this offer. Terms and conditions apply.

GROUP TERM LIFE (S\$)

For Employees Only

Benefits / plan type	Plan 1 ¹	Plan 2	Plan 3	Plan 4	Plan 5
Group Term Life Sum Assured	\$500,000	\$200,000	\$150,000	\$80,000	\$50,000
Repatriation of Mortal Remains (per member)	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000

¹ Health declaration required.

Annual Premium Rate (S\$)

Group Term Life

For Employees Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
16 – 19	\$388.00	\$156.00	\$117.00	\$73.00	\$39.00
20 – 24	\$379.00	\$156.00	\$117.00	\$69.00	\$39.00
25 – 29	\$333.00	\$156.00	\$117.00	\$61.00	\$39.00
30 – 34	\$372.00	\$156.00	\$117.00	\$68.00	\$39.00
35 – 39	\$417.00	\$185.00	\$139.00	\$77.00	\$47.00
40 – 44	\$574.00	\$277.00	\$215.00	\$108.00	\$73.00
45 – 49	\$944.00	\$431.00	\$324.00	\$174.00	\$108.00
50 – 54	\$1,611.00	\$730.00	\$548.00	\$295.00	\$183.00
55 – 59	\$2,582.00	\$1,246.00	\$964.00	\$479.00	\$323.00
60 – 64	\$4,320.00	\$2,084.00	\$1,612.00	\$801.00	\$539.00
65 – 69	\$7,207.00	\$3,480.00	\$2,692.00	\$1,337.00	\$899.00
70 – 74²	\$13,856.00	\$6,688.00	\$5,171.00	\$2,566.00	\$1,726.00

² For renewals only.

GROUP TERM LIFE (S\$)

For Dependants Only

Benefits / plan type	Plan 1 ¹	Plan 2	Plan 3	Plan 4	Plan 5
Group Term Life Sum Assured	\$250,000	\$100,000	\$75,000	\$40,000	\$25,000
Repatriation of Mortal Remains (per member)	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000

¹ Health declaration required.

Annual Premium Rate (S\$) Group Term Life

For Dependants Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0 – 15	\$206.00	\$83.00	\$62.00	\$39.00	\$21.00
16 – 19	\$206.00	\$83.00	\$62.00	\$39.00	\$21.00
20 – 24	\$201.00	\$83.00	\$62.00	\$37.00	\$21.00
25 – 29	\$176.00	\$83.00	\$62.00	\$32.00	\$21.00
30 – 34	\$197.00	\$83.00	\$62.00	\$36.00	\$21.00
35 – 39	\$221.00	\$98.00	\$74.00	\$41.00	\$25.00
40 – 44	\$304.00	\$147.00	\$114.00	\$57.00	\$39.00
45 – 49	\$500.00	\$228.00	\$172.00	\$92.00	\$57.00
50 – 54	\$854.00	\$387.00	\$290.00	\$156.00	\$97.00
55 – 59	\$1,368.00	\$660.00	\$511.00	\$254.00	\$171.00
60 – 64	\$2,290.00	\$1,105.00	\$854.00	\$425.00	\$286.00
65 – 69	\$3,820.00	\$1,844.00	\$1,427.00	\$709.00	\$476.00
70 – 74²	\$7,344.00	\$3,545.00	\$2,741.00	\$1,360.00	\$915.00

² For renewals only.

Group Hospital & Surgical (S\$)

Benefits / plan type	Plan 1	Plan 2*	Plan 3*	Plan 4*	Plan 5*	Plan 6 NEV		
Daily Room and Board Benefit (Per day, up to 120 days per disability)	1-Bedded Ward Private	2-Bedded Ward Private	4-Bedded Ward Private	1-Bedded Ward Government Restructured	4-Bedded Ward Government Restructured	1-Bedded Ward Priva		
Intensive Care Unit (ICU) (Max. per day, up to 30 days per disability)	3x1 Bedded Private	3 x 2 Bedded Private	3 x 4 Bedded Private					
High Dependency Ward (HDW) (Max. per day, up to 30 days per disability)	2x1 Bedded Private	2 x 2 Bedded Private	2 x 4 Bedded Private					
Other Hospital Services Benefits – including implants (Max. per disability)								
Surgical Fees Subject to surgical schedule ¹				\$20,000 per disability limit for item 2 to 8	\$15,000 per disability limit for item 2 to 8	As Charge up to \$250,000		
In-Hospital Doctor's Consultation Benefit (Max. 120 days)	\$25,000 per disability limit for items 4 to 8	\$20,000 per disability limit for items 4 to 8	\$15,000 per disability limit for items 4 to 8			policy year		
Pre (90 days) & Post (90 days) Hospitalisation / Surgery, Specialist Consultation, Diagnostic X-Ray and Lab Test, Traditional Chinese Medicine								
Emergency Accidental Outpatient Treatment Benefit (Including Accidental Dental Treatment)								
Miscarriage Benefit Covered under benefits (items 1 to 8), as per the respective benefit limits								

¹i. Waiver of surgical schedule if insured member is admitted to a Government Restructured Hospital.
ii. Surgical fee more than S\$1,500 is subject to surgical schedule if insured member is admitted to a Private Hospital.

^{*}Pro-ration factor for Plan 2 & 3 applicable for items 4-7, for Plan 4 & 5 applicable for items 2-7:

[•] Plan 2: 75% applies if Insured Member stays in 1 Bedded ward (Private or Government Restructured)

[•] Plan 3: 75% applies if Insured Member stays in 2 Bedded ward or higher ward (Private or Government Restructured)

[•] Plan 4: 75% applies if Insured Member stays in 1 Bedded ward (Private)

[•] Plan 5: 75% applies if Insured Member stays in 4 Bedded or higher ward (Private) or 2 Bedded or higher ward (Government Restructured)

Group Hospital & Surgical (S\$)

Benefits / plan type	Plan 1	Plan 2*	Plan 3*	Plan 4*	Plan 5*	Plan 6 NE
Outpatient Cancer Treatment (Max. per policy year)	\$12,000	\$12,000	\$12,000	\$6,000 NEW	\$6,000 NEW	\$25,000 pe policy yea (part of poli year limit)
11 Outpatient Kidney Dialysis (Max. per policy year)	\$12,000	\$12,000	\$12,000	\$6,000 NEW	\$6,000 NEW	\$25,000 pe policy yea (part of poli year limit)
Overseas Hospitalisation for Accident Benefit				GHS benefit s 1 to 7)		
Rehabilitation Benefit 13 (Max. per disability, up to 31days)	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$10,000 p policy yea (part of poli year limit
Hospital Cash Benefit (Max. per day, up to 90 days per disability)						
Singapore Government Restructured B1 Ward	\$50	\$40	NIL	NIL	NIL	\$80
 Singapore Government Restructured B2 Ward 	\$100	\$80	\$40	NIL	NIL	\$150
Singapore Government Restructured C Ward	\$150	\$120	\$80	NIL	NIL	\$200
In-Hospital Psychiatric Treatment 15 (Max. per policy year applicable to confinement in a hospital in Singapore) ENHANCED	\$5,000	\$5,000	\$5,000	\$2,500	\$2,500	\$10,000 p policy yed (part of pol year limit
Death Benefit (Double Death Benefits payable in the event of death due to accident in a public land conveyance in Singapore)	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
o-insurance	N.A	N.A	N.A	N.A	N.A	20% (Private Hospital

^{*}Pro-ration factor for Plan 2 & 3 applicable for items 4-7, for Plan 4 & 5 applicable for items 2-7:

[•] Plan 2: 75% applies if Insured Member stays in 1 Bedded ward (Private or Government Restructured)

[•] Plan 3: 75% applies if Insured Member stays in 2 Bedded ward or higher ward (Private or Government Restructured)

[•] Plan 4: 75% applies if Insured Member stays in 1 Bedded ward (Private)

[•] Plan 5: 75% applies if Insured Member stays in 4 Bedded or higher ward (Private) or 2 Bedded or higher ward (Government Restructured)

Annual Premium Rate (S\$) Group Hospital & Surgical

For Employees Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
16 – 19	\$394.87	\$269.58	\$217.62	\$219.49	\$161.43	\$799.52
20 – 24	\$394.87	\$269.58	\$217.62	\$223.57	\$166.53	\$799.52
25 – 29	\$394.87	\$274.67	\$220.68	\$230.70	\$171.62	\$799.52
30 – 34	\$425.44	\$307.27	\$248.18	\$243.94	\$181.80	\$1,032.11
35 – 39	\$425.44	\$314.40	\$253.27	\$276.54	\$205.24	\$1,032.11
40 – 44	\$457.02	\$379.59	\$301.16	\$350.91	\$257.19	\$1,156.10
45 – 49	\$654.64	\$488.59	\$405.07	\$422.22	\$299.98	\$1,442.51
50 – 54	\$790.13	\$625.10	\$529.35	\$564.84	\$411.02	\$1,749.10
55 – 59	\$966.36	\$858.39	\$685.21	\$730.88	\$529.18	\$2,261.37
60 – 64	\$1,361.62	\$1,071.28	\$945.99	\$961.11	\$694.21	\$3,079.28
65 – 69	\$1,863.83	\$1,517.48	\$1,250.58	\$1,254.49	\$904.06	\$4,614.19
70 – 74 ¹	\$3,473.36	\$2,546.35	\$2,052.28	\$1,707.80	\$1,228.00	\$5,637.77

¹For renewals only.

Annual Premium Rate (S\$) Group Hospital & Surgical

For Employee and Spouse or Employee and Children Coverage Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
16 – 19	\$888.46	\$606.56	\$489.64	\$493.86	\$363.22	\$1,798.91
20 – 24	\$888.46	\$606.56	\$489.64	\$503.04	\$374.69	\$1,798.91
25 – 29	\$888.46	\$618.01	\$496.55	\$519.07	\$386.15	\$1,798.91
30 – 34	\$957.23	\$691.35	\$558.42	\$548.87	\$409.04	\$2,322.25
35 – 39	\$957.23	\$707.41	\$569.86	\$622.23	\$461.78	\$2,322.25
40 – 44	\$1,028.28	\$854.08	\$677.60	\$789.57	\$578.68	\$2,601.22
45 – 49	\$1,472.95	\$1,099.33	\$911.40	\$950.00	\$674.96	\$3,245.64
50 – 54	\$1,777.79	\$1,406.48	\$1,191.03	\$1,270.90	\$924.80	\$3,935.47
55 – 59	\$2,174.33	\$1,931.37	\$1,541.72	\$1,644.47	\$1,190.66	\$5,088.08
60 – 64	\$3,063.65	\$2,410.40	\$2,128.48	\$2,162.49	\$1,561.97	\$6,928.38
65 – 69	\$4,193.64	\$3,414.32	\$2,813.81	\$2,822.61	\$2,034.13	\$10,381.93
70 – 74 ¹	\$7,815.08	\$5,729.29	\$4,617.65	\$3,842.54	\$2,763.02	\$12,684.98

¹For renewals only.

Annual Premium Rate (S\$) Group Hospital & Surgical

For Employee and Spouse and Children Coverage Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
16 – 19	\$1,382.05	\$943.55	\$761.66	\$768.23	\$565.01	\$2,798.30
20 – 24	\$1,382.05	\$943.55	\$761.66	\$782.50	\$582.84	\$2,798.30
25 – 29	\$1,382.05	\$961.35	\$772.40	\$807.44	\$600.69	\$2,798.30
30 – 34	\$1,489.02	\$1,075.45	\$868.66	\$853.79	\$636.30	\$3,612.38
35 – 39	\$1,489.02	\$1,100.42	\$886.46	\$967.92	\$718.32	\$3,612.38
40 – 44	\$1,599.54	\$1,328.58	\$1,054.04	\$1,228.22	\$900.17	\$4,046.34
45 – 49	\$2,291.26	\$1,710.08	\$1,417.74	\$1,477.79	\$1,049.94	\$5,048.77
50 – 54	\$2,765.45	\$2,187.87	\$1,852.72	\$1,976.94	\$1,438.58	\$6,121.84
55 – 59	\$3,382.28	\$3,004.36	\$2,398.22	\$2,558.07	\$1,852.15	\$7,914.78
60 – 64	\$4,765.69	\$3,749.51	\$3,310.96	\$3,363.88	\$2,429.73	\$10,777.48
65 – 69	\$6,523.44	\$5,311.16	\$4,377.05	\$4,390.72	\$3,164.19	\$16,149.67
70 – 74 ¹	\$12,156.78	\$8,912.23	\$7,183.01	\$5,977.30	\$4,298.02	\$19,732.20

¹For renewals only.

Group Crisis Cover Accelerated

Rider to Group Term Life (S\$)

For Employees Only

Benefits / plan type	Plan 1 ¹	Plan 2	Plan 3	Plan 4	Plan 5
Group Crisis Cover Accelerated Sum Assured	\$250,000	\$100,000	\$75,000	\$40,000	\$25,000

¹ Health declaration required.

Annual Premium Rate (S\$) Group Crisis Cover Accelerated

For Employees Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
16 – 19	\$175.00	\$70.00	\$53.00	\$28.00	\$18.00
20 – 24	\$175.00	\$70.00	\$53.00	\$28.00	\$18.00
25 – 29	\$175.00	\$70.00	\$53.00	\$28.00	\$18.00
30 – 34	\$243.00	\$97.00	\$73.00	\$35.00	\$25.00
35 – 39	\$390.00	\$156.00	\$117.00	\$63.00	\$39.00
40 – 44	\$633.00	\$253.00	\$190.00	\$102.00	\$64.00
45 – 49	\$1,143.00	\$457.00	\$343.00	\$183.00	\$115.00
50 – 54	\$1,985.00	\$794.00	\$596.00	\$318.00	\$199.00
55 – 59	\$3,075.00	\$1,230.00	\$923.00	\$492.00	\$308.00
60 – 64	\$4,688.00	\$1,875.00	\$1,407.00	\$750.00	\$469.00
65 - 69 ²	\$6,250.00	\$2,515.00	\$1,860.00	\$1,000.00	\$610.00

 $^{^2}$ For renewals only. Note: Coverage for Group Crisis Cover Accelerated Rider ceases at age 70 last birthday

Group Crisis Cover Accelerated

Rider to Group Term Life (S\$)

For Dependants Only

Benefits / plan type	Plan 1 ¹	Plan 2	Plan 3	Plan 4	Plan 5
Group Crisis Cover Accelerated Sum Assured	\$125,000	\$50,000	\$37,500	\$20,000	\$12,500

¹ Health declaration required.

Annual Premium Rate (S\$)

Group Crisis Cover Accelerated

For Dependants Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0 – 15	\$95.00	\$38.00	\$29.00	\$15.00	\$10.00
16 – 19	\$95.00	\$38.00	\$29.00	\$15.00	\$10.00
20 – 24	\$95.00	\$38.00	\$29.00	\$15.00	\$10.00
25 – 29	\$95.00	\$38.00	\$29.00	\$15.00	\$10.00
30 – 34	\$131.00	\$52.00	\$39.00	\$19.00	\$14.00
35 – 39	\$211.00	\$84.00	\$63.00	\$34.00	\$21.00
40 – 44	\$342.00	\$137.00	\$103.00	\$55.00	\$35.00
45 – 49	\$617.00	\$247.00	\$185.00	\$99.00	\$62.00
50 – 54	\$1,072.00	\$429.00	\$322.00	\$172.00	\$107.00
55 – 59	\$1,661.00	\$664.00	\$498.00	\$266.00	\$166.00
60 – 64	\$2,532.00	\$1,013.00	\$760.00	\$405.00	\$253.00
65 - 69 ²	\$3,375.00	\$1,358.00	\$1,004.00	\$540.00	\$329.00

 $^{^2}$ For renewals only. Note: Coverage for Group Crisis Cover Accelerated Rider ceases at age 70 last birthday

Group Pre-Crisis Guard

Rider to Group Term Life (S\$)

Can be taken up only if Group Crisis Cover Accelerated is taken up with Group Term Life

For Employees Only

Benefits / plan type	Plan 1 ¹	Plan 2¹	Plan 3 ¹	Plan 4 ¹	Plan 5¹
Group Pre-Crisis Guard Sum Assured	\$75,000	\$30,000	\$22,500	\$12,000	\$7,500

¹ Health declaration required.

Annual Premium Rate (S\$)

Group Pre-Crisis Guard

For Employees Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
16 – 19	\$35.00	\$14.00	\$11.00	\$6.00	\$4.00
20 – 24	\$39.00	\$16.00	\$12.00	\$7.00	\$4.00
25 – 29	\$54.00	\$22.00	\$17.00	\$9.00	\$6.00
30 – 34	\$78.00	\$32.00	\$24.00	\$13.00	\$8.00
35 – 39	\$90.00	\$36.00	\$27.00	\$15.00	\$9.00
40 – 44	\$113.00	\$46.00	\$34.00	\$19.00	\$12.00
45 – 49	\$164.00	\$66.00	\$50.00	\$27.00	\$17.00
50 – 54	\$189.00	\$76.00	\$57.00	\$31.00	\$19.00
55 – 59	\$258.00	\$104.00	\$78.00	\$42.00	\$26.00
60 – 64	\$391.00	\$157.00	\$118.00	\$63.00	\$40.00
65 – 69 ²	\$612.00	\$245.00	\$184.00	\$98.00	\$62.00

 $^{^2}$ For renewals only. Note: Coverage for Group Pre-Crisis Guard Rider ceases at age 70 last birthday

Group Pre-Crisis Guard

Rider to Group Term Life (S\$)

Can be taken up only if Group Crisis Cover Accelerated is taken up with Group Term Life

For Dependants Only

Benefits / plan type	Plan 1 ¹	Plan 2 ¹	Plan 3 ¹	Plan 4 ¹	Plan 5¹
Group Pre-Crisis Guard Sum Assured	\$37,500	\$15,000	\$11,250	\$6,000	\$3,750

¹ Health declaration required.

Annual Premium Rate (S\$) Group Pre-Crisis Guard

For Dependants Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
0 – 15	\$19.00	\$8.00	\$6.00	\$3.00	\$2.00
16 – 19	\$19.00	\$8.00	\$6.00	\$3.00	\$2.00
20 – 24	\$21.00	\$9.00	\$6.00	\$4.00	\$2.00
25 – 29	\$29.00	\$12.00	\$9.00	\$5.00	\$3.00
30 – 34	\$42.00	\$17.00	\$13.00	\$7.00	\$4.00
35 – 39	\$49.00	\$19.00	\$15.00	\$8.00	\$5.00
40 – 44	\$61.00	\$25.00	\$18.00	\$10.00	\$6.00
45 – 49	\$89.00	\$36.00	\$27.00	\$15.00	\$9.00
50 – 54	\$102.00	\$41.00	\$31.00	\$17.00	\$10.00
55 – 59	\$139.00	\$56.00	\$42.00	\$23.00	\$14.00
60 – 64	\$211.00	\$85.00	\$64.00	\$34.00	\$22.00
65 - 69 ²	\$330.00	\$132.00	\$99.00	\$53.00	\$33.00

 $^{^2}$ For renewals only. Note: Coverage for Group Pre-Crisis Guard Rider ceases at age 70 last birthday

Rider: GHS Rider: GTL

Group Accidental Death & Dismemberment with Optional Group Accidental Medical Reimbursement

Rider to Group Hospital & Surgical / Group Term Life (S\$)

For Employees Only

Benefits / plan type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Group Accidental Death & Dismemberment Sum Assured	\$500,000	\$200,000	\$150,000	\$80,000	\$50,000
Optional Benefit: Accidental Medical Reimbursement			\$5,000		

Annual Premium Rate (S\$)

For Employees Only

Group Accidental Death & Dismemberment

(inclusive of 9% GST)

Occupational Class	Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Class 1	16 – 69	\$156.88	\$67.23	\$50.94	\$27.50	\$17.32
Class I	70 – 74 ¹	\$642.79	\$279.13	\$208.83	\$112.05	\$70.29
Class 2	16 – 69	\$186.42	\$81.50	\$61.13	\$32.60	\$20.37
Class 2	70 – 741	\$766.05	\$338.21	\$253.65	\$135.49	\$84.55
Class 3	16 – 69	\$245.50	\$109.00	\$82.51	\$43.81	\$27.50
	70 – 741	\$1,011.56	\$455.36	\$341.26	\$182.35	\$114.09

Annual Premium Rate (S\$)

For Employees Only

Group Accidental Medical Reimbursement

Occupational Class	Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Class 1	16 – 69			\$37.69		
Class I	70 – 74 ¹			\$157.90		
Class 2	16 – 69			\$46.86		
Class 2	70 – 74 ¹			\$196.60		
Class 3	16 – 69			\$65.19		
	70 – 74 ¹			\$275.05		

¹For renewαls only.

Group Extended Major Medical

Rider to Group Hospital & Surgical

Benefits / plan type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5			
Daily Room and Board (Including ICU & HDW)		(As per Basic	Group Hospital &	Surgical Plan)				
Provides reimbursement of eligible expenses in excess of Basic GHS if: a) Hospitalisation is at least 20 days; or b) Surgical Percentage is at least 75% per incision	\$80,000 per disability	\$60,000 per disability	\$40,000 per disability	\$60,000 per disability	\$20,000 per disability			
Daily Home Nursing Benefit (Max. per day, up to 30 days per disability)	\$80 per day for all plans (Subject to respective benefit limit)							
HIV Due to Blood Transfusion and Occupationally Acquired HIV			per policy year for to respective benef					
Parent Accommodation (Up to 60 days for accompanying child age 12 and below)	\$100 per day for all plans (Subject to respective benefit limit)							
Deductible	As per Basic GHS							
Co-Insurance	20%							

Annual Premium Rate (S\$)

Group Extended Major Medical

For Employees Only

(inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
16 – 69	\$33.62	\$26.49	\$17.32	\$12.23	\$9.17
70 – 74 ¹	ў33.02	\$20.49	Φ17.3 2	2.23 و	\$9.17

For Employees and Spouse or Children Coverage Only

(inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
16 – 69	\$75.64	\$59.59	\$38.97	\$27.50	\$20.62
70 – 74 ¹	\$75.04	¥29.59	\$36.97	\$27.3 0	\$20.63

For Employees and Spouse and Children Coverage Only

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
16 – 69	\$117.65	\$92.70	\$60.61	\$42.78	\$32.09
70 – 74 ¹	\$117.03	\$92.70	\$00.0 I	\$42.7 0	\$32.09

¹For renewals only.

Rider: GHS Rider: GTL

Group Outpatient General Practitioner

Rider to Group Hospital & Surgical / Group Term Life¹ (S\$)

For Employee or Dependant

Benefits / Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6		
a. Panel Registered Medical Practitioner	Cashless							
b. Non-Panel Registered Medical Practitioner (Covers treatment in Singapore only)		Re	imburse up	to \$30 per v	isit			
c. Singapore Government Polyclinic	Full Reimbursement							
d. Accident & Emergency Department in Singapore Hospitals	Reimburse up to \$120 per visit ENHANCED (capped at 3 visits per policy year)							
e. Paediatrician Direct Access	Reimburse up to \$30 per visit							
f. Overseas Registered Medical Practitioner		Rei	imburse up t	:o \$100 per \	visit .			
g. Registered Traditional Chinese Medicine (TCM) Practitioner (Consultation and Medicine)	Reimburse up to \$30 per visit (Capped at 6 visits per policy year)							
h. Tele-consultation with Panel Provider (Tele-consultation and Medicine)	As Charged NEW							
Co-Payment per visit (applicable for all benefits)	NIL	\$5	\$10	NIL	\$5	\$10		

Annual Premium Rate (S\$)

For Employee or Dependant

Group Outpatient General Practitioner

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Annual Premium	\$309.68	\$271.99	\$238.37	\$260.78	\$223.09	\$189.47

 $^{^{\}rm 1}\,\text{GP}$ and SP are to be taken up together if they are taken up as a rider to GTL.

Rider: GHS Rider: GTL

Group Outpatient Specialist

Rider to Group Hospital & Surgical / Group Term Life¹ (S\$)

For Employee or Dependant

Benefits / Plan Type	Plan 1	Plan 2	Plan 3	Plan 4
a. Specialist Consultation, Diagnostic X-Ray and Laboratory tests at Singapore Govt Restructured Hospital (GRH) (Recommended by a Registered Medical Practitioner)	\$2,000 per policy year	\$1,500 per policy year	\$1,000 per policy year	
b. Specialist Consultation, Diagnostic X-Ray and Laboratory tests at Private Hospital (PTE) (Recommended by a Registered Medical Practitioner)	\$800 per policy year	\$400 per policy year	\$200 per policy year	Overall \$500 per policy year
c. All other Diagnostic X-Ray and Lab Test (GP or SP referral required)	\$800 per policy year	\$400 per policy year	\$200 per policy year	
d. Psychiatric Treatment ^{NEW} (Recommended by a Registered Medical Practitioner)	\$500 per policy year	\$500 per policy year	\$500 per policy year	

Annual Premium Rate (S\$) Group Outpatient Specialist

For Employee or Dependant

Plan Type	Plan 1	Plan 2	Plan 3	Plan 4
Annual Premium	\$232.13	\$194.43	\$177.11	\$138.41

 $^{^{\}rm 1}\,\text{GP}$ and SP are to be taken up together if they are taken up as a rider to GTL.

Group Dental

Rider to Group Hospital & Surgical (S\$)

For Employee or Dependant

As Charged for items 1 to 9			
n			

Annual Premium Rate (\$\$) Group Dental

For Employee or Dependant

Plan Type	Plan 1 only
Annual Premium	\$290.33

Group Panel Dental

Rider to Group Hospital & Surgical (S\$)

For Employee or Dependant

Bene	efits / Procedures	Panel (Cashless)	Non-Panel (Reimbursement, Max per visit)
1 Consultation			\$15.00
2 Medicine & Miscellaneous Treatment	Analgesics, antibiotics, sterilisation and disposables		\$15.00
3 X-Ray	Intraoral		\$12.00
	Bitewing		\$12.00
	Panorex		\$32.00
4 Test & Laboratory	Biopsy and examination of tissue		\$48.00
5 Prophylaxis	Routine (Scaling & Polishing)		\$40.00
	Complex (Scaling, Polishing & Fluoride)		\$60.00
6 Filling (Tooth – Coloured Material or Amalgam) for	One surface	As Charged	\$16.00
Posterior Teeth Only	Two surfaces		\$24.00
	Three or more surfaces		\$32.00
	Reinforced Pin		\$9.00
7 Filling (Tooth – Coloured Mαterial) – for Anterior	One surface		\$30.00
Teeth and Buccal (one surface)	Two surfaces		\$40.00
filling of Premolars only	Three surfaces		\$50.00
8 Pulpotomy	Pulpotomy		\$40.00
	Pulp Cap		\$20.00

Group Panel Dental

Rider to Group Hospital & Surgical (S\$)

Ben	efits / Procedures	Panel (Cashless)	Non-Panel (Reimbursement, Max per visit)
9 Root Canal Treatment (X-ray of the tooth involved	Single root canal filling		\$150.00
with the diagnostic wire or wires in place must	Double root canal filling		\$220.00
accompany claim for payment)	Three or more canals		\$350.00
10 Extractions	xtractions Routine (Simple) – each tooth		\$30.00
11 Surgical Extractions	Erupted tooth or root		\$120.00
	Soft tissue impaction		\$160.00
	Part bony impaction		\$250.00
	Completely bony impaction		\$320.00
12 Alveoplasty	Per quadrant, in connection with extractions	As Charged	\$30.00
	Per quadrant, not in connection with extractions		\$42.00
	For a complete Alveoplasty involving more than one quadrant		\$160.00
13 Excision of tumour	Excision of tumour		\$76.00
14 Repair of Prosthetic Appliance	Repair of broken complete or partial denture		\$20.00
	Repair of denture and replace broken tooth		\$40.00
	Adding tooth to partial denture to replace extracted tooth		\$27.00
	Add tooth to partial denture plus clasp		\$54.00
15 Space Maintainers	Fixed band type (uni or bilateral)		\$135.00
	Removal in Acrylic (uni or bilateral)		\$67.00
16 Fracture of jaw (X-ray of the fracture	Simple	N.A.	\$500.00
must accompany claim for payment)	Compound	IN.A.	\$600.00
17 Overall Dental Limit (per policy year)		\$2	,000.00

Annual Premium Rate (\$\$)
Group Panel Dental

For Employee or Dependant

Plan Type	Plan 1 only
Annual Premium	\$391.59



The Ministry of Manpower (MOM) has enhanced the mandatory medical insurance (MI) coverage for Work Permit (including Migrant Domestic Workers) and S Pass holders with the objective to protect employers against large bills and to increase transparency and awareness of MI coverage and exclusions.

Prudential Singapore has introduced Group Foreign Worker Medical Insurance (GFWM) to meet the needs of our Enterprise Business clients.

Group Foreign Worker Medical Insurance (GFWM)

	Benefits / plan type	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
	Limit Type		Per Policy	Year Limi	t		Per Disab	ility Limit	
	Benefit Limit	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000
	First Dollar Cover by Insurer	Up to \$80,000	Up to \$60,000	Up to \$15,000	Up to \$15,000	Up to \$80,000	Up to \$60,000	Up to \$15,000	Up to \$15,000
	Co-payment (after first S\$15,000)	N	.A	25	5%	N	.А	25	5%
	Hospital / Ward Type		4-6	Bedded Go	overnment	Restructu	ıred Hospi	tal	
1	Daily Room and Board Benefit (Maximum of 120 days)								
2	Intensive Care Unit (ICU)/ High Dependency Ward (HDW) (Maximum of 30 days)								
3	Other Hospital Services	As charac	ed up to Per	· Policy Vog	r limit of :	As charc	and up to Pa	er Disability	limit of
	Surgical Fees**								
4	(<s\$1,500 be="" not="" schedule)<="" subject="" surgical="" td="" to="" will=""><td>\$80,000</td><td>\$60,000</td><td>\$80,000</td><td>\$60,000</td><td>\$80,000</td><td>\$60,000</td><td>\$80,000</td><td>\$60,000</td></s\$1,500>	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000	\$80,000	\$60,000
5	In-Hospital Doctor's Consultation Benefit (Maximum of 120 days)		for iten	n 1 to 7			for iten	n 1 to 7	
6	Pre (90 days) & Post (90 days) Hospitalisation / Surgery								
7	Emergency Accidental Outpatient Treatment Benefit (Including Accidental Dental Treatment)								

Optional Benefits^	Plan 1 Plan 2 Plan 3 Plan 4 Plan 5 Plan 6 Plan 7 Plan 8			
a. Worldwide Coverage	Extend Benefits under item 1 to 7 to Insured Member without geographical limitation (Only Reasonable and Customary Charges incurred will be paid)			
b. Waiver of Waiting Period for Pre-Existing Condition	Provide Pre-Existing Conditions Waiting Period Waiver (Waiver of 12 months waiting period such that benefits under items 1 to 7 is/are payable even if Sickness or Injury that is due to Pre-existing Conditions, occurs within first 12 months of coverage)			
c. Worldwide Coverage with Waiver of Waiting Period for Pre-Existing Condition	Coverage under (A) and (B) Applies			
Pro-ration Factor^^	75%			

^{**} Waiver of Surgical Schedule of fee if insured member is admitted to Singapore Government Restructured Hospital. Surgical fee more than S\$1,500 is subject to surgical schedule if insured member is admitted to a private hospital.

^{^^} Pro-ration factor of 75% will apply for Plan 1 to 8 if insured Member stays in a ward higher than his Room & Board Entitlement (i.e private Hospitals or 1-bedded/2 bedded Government Restructured Hospital) as specified in the Benefit Schedule.

Group Foreign Worker Medical Insurance (GFWM) (S\$)

Annual Premium Rate (\$\$)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$191.84	\$180.94	\$155.87	\$148.24	\$201.65	\$189.66	\$163.50	\$155.87
51 – 69	\$481.78	\$453.44	\$390.22	\$371.69	\$505.76	\$476.33	\$409.84	\$390.22
70 – 74	\$481.78	\$453.44	\$390.22	\$371.69	\$505.76	\$476.33	\$409.84	\$390.22

Options for Extension for Group Foreign Worker Medical Insurance (GFWM)

GFWM including Worldwide Cover

Annual Premium Rate (S\$)

(inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$201.65	\$189.66	\$163.50	\$155.87	\$211.46	\$199.47	\$172.22	\$163.50
51 – 69	\$505.76	\$476.33	\$409.84	\$390.22	\$530.83	\$500.31	\$430.55	\$409.84
70 – 74	\$505.76	\$476.33	\$409.84	\$390.22	\$530.83	\$500.31	\$430.55	\$409.84

GFWM including Waiver of Waiting Period for Pre-Existing Condition

Annual Premium Rate (S\$)

(inclusive of 9% GST)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$211.46	\$199.47	\$171.13	\$163.50	\$222.36	\$208.19	\$179.85	\$171.13
51 – 69	\$529.74	\$499.22	\$429.46	\$408.75	\$555.90	\$524.29	\$451.26	\$429.46
70 – 74	\$529.74	\$499.22	\$429.46	\$408.75	\$555.90	\$524.29	\$451.26	\$429.46

GFWM including Worldwide Cover and Waiver Waiting Period for Pre-Existing Condition

Annual Premium Rate (S\$)

Age last birthday	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
16 – 50	\$220.18	\$208.19	\$178.76	\$170.04	\$232.17	\$218.00	\$188.57	\$178.76
51 – 69	\$553.72	\$521.02	\$449.08	\$427.28	\$582.06	\$548.27	\$470.88	\$449.08
70 – 74	\$553.72	\$521.02	\$449.08	\$427.28	\$582.06	\$548.27	\$470.88	\$449.08

Underwriting Guidelines

Period of Insurance:

Duration of coverage is for 12 months. Coverage starts from stated effective date upon clearance of required MAS Notice 314 and Compliance checks.

Age Eligibility:

- 1) Employees
 - All benefits, except Group Crisis Cover Accelerated (GCCA) and Group Pre-Crisis Guard (GPCG), are available to eligible employees of age 16 to 69 inclusive, and renewable up to age 74.
 - GCCA and GPCG is available to eligible employees of age 16 to 64 inclusive, and renewable up to age 69.
- 2) Dependants
 - A) The Insured Member's spouse who is:
 - Below 70 years old at his last birthday, and up to 74 years old at his last birthday; and
 - Not an Insured Member under this Policy; or
 - B) The Insured Member's natural or step-child from a legal marriage or legally adopted child who is:
 - Two (2) weeks old; or
 - Up to 25 years old at his last birthday, is single and unemployed. (Note: National Service Personnel are not covered)
 - *Based on age last birthday.

Eligibility and Participation Requirements:

- All full time and work-active employees, directors, partners and proprietors.
- Eligible dependants can select Group Term Life (GTL) and Group Hospital & Surgical (GHS) and its supplementary benefits. Dependant's plan must be the same as Employee's plan.
- The Company can choose GTL and/or GHS and/or Group Foreign Worker Medical (GFWM) as their basic core plan(s).
- If dependant's coverage is taken up, it will apply to all eligible employees in the same classification except for GFWM.
- Except for Group Panel Dental (GPPD) supplementary benefit, all plans under PRUTreasures Flexi II is available for a minimum of 2 employees, up to a maximum of 200 employees. GPPD is available for a minimum of 5 employees.
- Insurance cover must be provided to all specified categories of employees on a compulsory basis. All benefits are applicable for Occupational Class 1 to 3 only.
- For employees holding a Singapore Ministry of Manpower's S Pass or work permit, the Company can choose any plan under GFWM.
- Coverage is only applicable to groups with the majority of employees (at least 50%) working in Singapore, and the rest of the employees based in the following countries:
- i. Brunei
- ii. Indonesia (Jakarta only)
- iii. Japan
- iv. Malaysia
- v. Macau
- vi. Philippines(Manila only)
- vii. People's Republic of China (except Xinjiang and Tibet)
- viii South Korea
- ix Taiwan
- x. Thailand

An individual is considered a resident of Singapore or a resident of the above countries on the basis that the individual does not travel or work outside of Singapore or the above countries for more than 180 cumulative days in any 365 consecutive days.

Underwriting Guidelines

- Plan selection for GTL, GCCA and GPCG must be the same if GCCA and GPCG (where applicable) is taken up
- GPCG can only be taken up if GCCA is taken up with GTL.
- If dependant coverage is taken up, it will apply to all eligible employees in the same classification.
- Plan selection for Employees' and Dependants for GTL, GCCA and GPCG (where applicable) must be the same.
- Crossing of plans between GTL and Group Accidental Death & Dismemberment (GADD) is allowed. i.e GADD's plan selection/Sum Assured can be higher than GTL.
- Plan selection for GHS and Group Extended Major Medical (GEMM) must be the same if GEMM is taken up.
- GP and SP are to be taken up together as a rider to GTL and GHS.
- GP can be taken up on stand-alone basis as a rider to GHS.
- GDEN and GPPD cannot be selected concurrently.

Pre-Existing Conditions – GHS:

- Shall not pay if the loss or disability arises out of a pre-existing condition, unless the insured member has been insured under this policy continuously for 12 months.
- All pre-existing conditions are permanently excluded for outpatient kidney dialysis or outpatient cancer treatment benefits.

Pre-Existing Conditions - GEMM:

- Shall not pay if the loss or disability arises out of a pre-existing condition for which the insured member received medical treatment, diagnosis, consultation or prescribed drugs during the 24 months preceding the policy effective date of the coverage.
- All pre-existing conditions are permanently excluded for outpatient kidney dialysis or outpatient cancer treatment benefits.

Pre-Existing Conditions - GTL:

• Shall not pay if the loss or disability arises out of a pre-existing condition, unless the insured member has been insured under this policy continuously for 12 months.

Pre-Existing Conditions - GCCA:

• Shall not pay if the loss or disability arises out of a pre-existing condition.

Premium:

- Premium rates are in Singapore Dollars.
- The premium rates are based on age last birthday of individual employees (for all lines of covers), or dependants (for GTL, GCCA and GPCG).
- Payment of premium is to be made annually.

Underwriting Guidelines

Medical Underwriting:

GTL

- Employee and Dependant (16 to 64 age last birthday) selecting Plan 1 of GTL will require underwriting. The employee and dependant will be covered and invoiced at Plan 2 sum assured while pending for fulfillment of underwriting.
- Employee and Dependant (from 65 age last birthday onwards) selecting GTL will require underwriting. The employee and dependant will not be covered or invoiced while pending for fulfillment of underwriting.
- Employee and Dependant (from 70 to 74 age last birthday) will require underwriting at each renewal.
- Upon medical underwriting assessment due to any of above reason(s), all applications (GTL, GCCA or GPCG) from sub-standard life that require premium loading will be declined.

GCCA

- Employee and Dependant (16 to 64 age last birthday) selecting Plan 1 of GCCA will require underwriting.
- Upon medical underwriting assessment due to any of above reason(s), all applications (GTL, GCCA or GPCG) from sub-standard life that require premium loading will be declined.

GPCG

- All employee and Dependant will require underwriting, regardless of age or plan selected.
- Upon medical underwriting assessment due to any of above reason(s), all applications (GTL, GCCA or GPCG) from sub-standard life that require premium loading will be declined.

Required Documents:

- PRUTreasure Flexi II Proposal Form.
- A copy of the duly completed and signed MAS Notice 314 Declaration on Parties Relevant to the Policyholder Form.
- A copy of IC/passport of all Authorised Signatories in MAS Notice 314 Form.
- Business Profile report from the Account & Corporate Regulatory Authority (ACRA), must be dated with 6 months from policy start date/renewal date.
- A copy of the duly completed and signed Declaration of Entitlement to Claim Input Tax on Insurance Policy (if required).
- Health Declaration Form when Medical Underwriting is required.

Occupational Class

Class 1	Clerical, administrative or other similar non-hazardous occupations
Class 2	Occupations where some degree of risk is involved, e.g. supervision of manual workers, totally administrative job in an industrial environment
Class 3	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
Class 4	Occupations involving heavy manual work or exposure to hazardous conditions (Not covered)

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