

Frequently Asked Questions (FAQs) for **PRUសុខភាពខ្ញុំ**

Plan Features:

1. What is **PRUសុខភាពខ្ញុំ** package?

PRUសុខភាពខ្ញុំ package is an insurance product package that has **PRUអ្នកការពារ** as a basic plan covering Death/Total and Permanent Disability, together with **PRUសុខភាពខ្ញុំ** rider providing protection against unexpected medical emergencies like cancer treatment, in-patient treatment (excluding cancer treatment), non-inpatient treatment (including day-surgery and kidney dialysis), and pregnancy complications.

2. Who can buy **PRUសុខភាពខ្ញុំ** package?

You may purchase this plan if you are:

- Entity registered and operating in Cambodia, or
- Cambodian citizen or who has been a resident in Cambodia for at least 6 months, aged from 18 – 60 years-old.

3. What are benefits of **PRUសុខភាពខ្ញុំ** package?

The product provides medical reimbursement coverage for different geographical areas based on the selected plan. The coverage is based on actual medical expense after deducting co-payment and the sub-limit for each category as per the following benefit schedule.

Coverage (USD Per Policy Year)	Plan 1	Plan 2	Plan 3	Plan 4	
	Bronze	Silver	Gold	Diamond	
Geographic Area	Cambodia	Cambodia, Vietnam, Thailand	ASEAN excluding Singapore	ASEAN	
Policy Annual Limit ¹ (be applied section 1 to 4)	5,000	10,000	30,000 (Sub-Limit for Cambodia10,000)	50,000 (Sub-Limit for Cambodia10,000)	
Maximum Co-payment (20%) Per Disability ²	100	150	500	700	
1	Cancer Treatment				
1.1	Inpatient and Non-inpatient Cancer Treatment (includes chemotherapy, radiotherapy, targeted therapy). (No sub-Limit by items, with Daily	Up to Policy Annual Limit	Up to Policy Annual Limit	Up to Policy Annual Limit	Up to Policy Annual Limit

	Room & Board follow item 1.2)				
1.2	Daily Room & Board actual cost per day (Maximum 80 days include ICU benefit)	25	50	250	500
2	Inpatient Treatment other than Cancer Annual Sub-Limit (excluding cancer)				
2.1	Daily Room & Board actual cost per day (Maximum 80 days include ICU benefit)	25	50	250	500
2.2	Daily ICU actual cost per day (Maximum 30 days)	50	100	500	1,000
2.3	In-patient Surgery actual cost	500	1,000	10,000	25,000 (10,000 for Cambodia)
2.4	Pre-hospitalization actual cost (up to 30 days prior to the Hospital Admission Date)	100	250	500	1,000
2.5	Post-hospitalization actual cost max. 5 visits (60 days after discharge)	100	250	500	1,000
2.6	In Hospital and Related Services actual cost	1,000	2,000	6,000	10,000
2.7	Emergency Land Ambulance actual cost	50	100	300	500
3	Non Inpatient Treatment				
3.1	Day surgery actual cost	100	200	500	2,000
3.2	Kidney-dialysis actual cost	500	1,000	3,000	5,000
4	Pregnancy complications (Life Assured age during the coverage must be from 20-49 years old)				
4.1	In/non-patient treatment actual cost (365days waiting period)	500	1,000	3,000	5,000
5	PRUអ្នកកំរិត⁴ (Additional Death/TPD)				
5.1	Death/TPD (due to any causes) ³	5,000	10,000	30,000	50,000

Note:

1. Policy Annual Limit is the maximum amount paid for Medical Expenses incurred for Medically Necessary Services per policy year. Sub-Limit is the maximum payment limit for each type of Medical Expenses incurred for Medically Necessary Services per policy year.
2. Co-Payment is the amount of the actual medical cost that Policy Owner is responsible for paying for each Life Assured Event. The Life Assured's responsibility for Co-Payment may exceed the limit when eligible expense claimed under each type of Medical Expenses exceeds the corresponding Sub-Limit.
3. In case of death or TPD during or after hospitalization, the Medical Expenses benefit for the last treatment before the confirmation of death or TPD by the Doctor will be claimable. The Policy shall be terminated after Death/TPD payment.
4. **PRUសុខភាពខ្ញុំ** is consists of **PRUសុខភាពខ្ញុំ** rider attached to **PRUអ្នកការពារ** base insurance plan sold as a package.

4. How can I buy **PRUសុខភាពខ្ញុំ** package?

You may purchase this plan through the following:

- a. Life consultants (LC)
- b. Financial consultants (FC) based in ACLEDA banks around Cambodia
- c. Sending a message on Prudential corporate website, official Facebook page, or making a call to Prudential customer service hotline on 023 964 222 or 1800-212223 (Toll free).

5. What are exclusion clauses for **PRUអ្នកការពារ**?

Exclusion clauses for **PRUអ្នកការពារ - Death/Total and Permanent Disability (TPD) benefit due to any causes:**

The Company shall not pay benefits defined in this Provision if the claim of Life Assured resulted from any of the following:

- a. Self-inflicted injuries, attempted suicide or suicide
- b. Any Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses
- c. A committed criminal offense or an attempted commitment of a criminal offense
- d. Drugs or stimulator abuse, abusively using alcohol or driving vehicles under the influence of alcohol as defined in current laws and regulation

Exclusion clauses for **PRUសុខភាពខ្ញុំ Rider:**

In addition to the exclusions listed above, the Company reserves the right to decline a Medical Treatment claim due to any of the following:

- a. Pre-existing conditions
- b. Treatment for congenital conditions
- c. Pregnancy or pregnancy complications unless specifically covered
- d. Treatment for impotence or sterilization

- e. Private nursing, AIDS and HIV related diseases, and any communicable diseases requiring quarantine by law
- f. Psychotic, mental or nervous disorders
- g. injury from dangerous activities
- h. Suicide, attempted suicide or self-inflicted injury
- i. Criminal offense
- j. Treatment by relative medical practitioner
- k. War, riots, ionising radiations, terrorism
- l. Not medically necessary treatment (including routine physical examinations, fertility treatment, cosmetic surgery, dental treatment, immunization injections etc.)
- m. Private flying other than as a fare paying passenger

For more details on exclusions, please refer to the relevant Insurance Policy.

6. Is there any medical examination for PRUសុខភាពខ្ញុំ package?

Customers are subject to underwriting process following company's underwriting policy to determine whether customers are required to undergo medical examination or not.

7. How does the waiting period for this product work?

No claims shall be payable for any conditions which existed or is diagnosed during the Waiting Period; or after the expiry of the Waiting Period but which is related to a condition which existed or is diagnosed during the Waiting Period.

- a. For treatment due to Accident, the Waiting Period is 1 (one) day.
- b. For treatment due to the Specified Illnesses, the Waiting Period is 120 (one hundred and twenty) days.
- c. For Pregnancy Complications, the Waiting Period is 365 (three hundred and sixty-five) days.
- d. For treatment due to all other Diseases except Specified Illnesses, the Waiting Period is 30 (thirty) days.

For more details on the Specified Illnesses and Pregnancy Complication, please refer to the relevant Insurance Policy.

8. Can customers with age from 61-69 purchase PRUសុខភាពខ្ញុំ package?

Policy Owner must be at least 18 years-old in order to purchase the policy. However, entry age for Life Assured of PRUសុខភាពខ្ញុំ is 10-60 years-old, but the customer can renew their policy up to 70 years old.

9. In a case customer has 2 packages and used up one package, can the remaining package be used as a spill over?

1 Life Assured is allowed to have only 1 policy.

10. If Death/TPD happens during Underwriting process, is customer eligible for claim?

Yes, customers can claim for temporary coverage benefit where this benefit will begin from the date of receipt of the application and initial premium by the Company. Temporary coverage benefit amount is USD 2,500 upon Death/TPD due to accident of the main Life Assured.

Claims:

11. How do I submit claims?

PRUសុខភាពខ្ញុំ package comes with 2 ways of claim submission either on your own (Reimbursed Claim) or Third-Party Administrator/South Asia Service (Direct Billing):

- a. Reimbursed Claim is a case that you receive medical service claim out of network providers. In this case, you need to settle the medical bill with hospital directly and then submit the claim to Prudential or Third-Party Administrator/South Asia Service.
- b. Direct Billing is a case that you receive medical service claim within network providers. (Please note that pre-authorization is required).

Note: Pre-Authorization is required and is a process by which a Life Assured obtains approval for a certain medical procedure or treatment from the Company prior to the commencement of the proposed medical treatment.

12. What kind of medical treatment would require Pre-authorization?

The following medical treatment would require pre-authorization from the Company or the Company Third Party Administrator:

- a. Inpatient treatment
- b. Inpatient Surgery
- c. Day Surgery

**In case of emergency, no pre- authorization is needed but the life assured has to inform to Prudential within 48 hours from occurrence of such event.*

13. Can calling or texting be counted as Pre-authorization?

Yes, it can but only in the emergency case. (The planned-treatment requires submission of pre-authorization to Third-party Administration/South-Asia-Service or Prudential).

14. What are the documents required when submitting Reimbursed Claim?

The Reimbursed Claim documents are as followings:

- a. Claim form
- b. Doctor's note
- c. Original Medical Expense receipts
- d. Physician statements
- e. Pathology/histology/biopsy reports
- f. Bank account card
- g. Customers' ID
- h. Additional Documents if required

15. What are the documents required when submitting Direct Billing?

You do not submit claim for Direct Billing; however, you may need to bring the following documents to get admission:

- a. National ID card, Passport, or Birth certificate (if the Life Assured is Juvenile and doesn't possess National ID card or passport)
- b. E-insurance card or E-policy kit

During discharge, you are obligated to pay Co-payment and may need to pay the over-cost that is not covered under policy plan.

16. In case of incomplete treatment after the policy has lapsed and the customer chooses not to reinstate the policy, is the customer eligible for Claim?

Yes, in-patient treatment will be covered. The coverage applies from the treatment date during the period with which the policy is in-force until the treatment is completed, although the policy has lapsed. However, there are conditions applied as per the following benefit schedule.

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1	Cancer Treatment				
1.1	Inpatient and Non-inpatient Cancer Treatment (includes chemotherapy, radiotherapy, targeted therapy). (No sub-Limit by items, with Daily Room & Board follow item 1.2)	Covered in-patient treatment only			
1.2	Daily Room & Board actual cost per day (Maximum 80 days include ICU benefit)	Covered			
2	Inpatient Treatment other than Cancer Annual Sub-Limit (excluding cancer)				
2.1	Daily Room & Board actual cost per day (Maximum 80 days include ICU benefit)	Covered			

2.2	Daily ICU actual cost per day (Maximum 30 days)	Covered
2.3	In-patient Surgery actual cost	Covered
2.4	Pre-hospitalization actual cost (up to 30 days prior to the Hospital Admission Date)	Covered
2.5	Post-hospitalization actual cost max. 5 visits (60 days after discharge)	Not Covered
2.6	In Hospital and Related Services actual cost	Covered
2.7	Emergency Land Ambulance actual cost	Not Covered

3 Non Inpatient Treatment

3.1	Day surgery actual cost	Not Covered
3.2	Kidney-dialysis actual cost	Not Covered

4 Pregnancy complications (Life Assured age during the coverage must be from 20-49 years old)

4.1	In/non-patient treatment actual cost (365days waiting period)	Covered in-patient treatment only
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17. How do I contact for Claim support?

You may contact for support through following:

a. Claim Administrator – South-Asia-Service (SAS)

-For General Inquiry:

Hotline: 015 555 192 (24/7)

Email: kh-inquiry@southasiaservices.com

-For Direct Billing Services:

Phone: 081 888 959 (24/7)

Email: kh-directbilling@southasiaservices.com

b. PCLA-Claims Team:

Hotline: 095 964 222 (working hour)

Email: pcla.claims@prudential.com.kh

18. When do customers pay Co-Payment?

- a. For Reimbursed Claim, customers will need to pay for their own medical expense first and then claim with the company afterward. The company will pay the eligible claim amount, deducting co-payment amount.

- b. For Direct Billing, customers will pay co-payment amount when discharge, as included in the outstanding amount to the Medical Service Providers. All claims are subject to policy annual limit and sub-limit under each plan.

Reinstatement and Termination:

19. Can a customer reinstate his/her policy after 1 year?

No. However, a customer can reinstate the policy within 6 months from the date of lapse. If there is no reinstatement within these 6 months, the policy will be terminated.

20. What is termination process for PRUសុខភាពខ្ញុំ package?

The Policy will be automatically terminated due to any one of the following conditions:

- a. Upon death/TPD of Life Assured under the Policy, or
- b. Upon the claim payment of full benefits according to the Insurance Policy of the Policy, or
- c. Upon notification from Policy Owner to cancel/terminate the Policy, or
- d. Upon end of insurance coverage, or
- e. The Life Assured has reached age of 70 years old (Age last birthday), or
- f. The Policy is terminated by the Company in accordance with the Insurance Policy, or
- g. Other situations as may be stipulated by the existing insurance laws and/or relevant regulations, or
- h. The Company reserves the rights to terminate Policy or not to pay claim in case Policy Owner and Life Assured under this Policy do not disclose every fact material to our assessment of the risk of issuing this Policy and any of its coverage.
