

This Product Disclosure Sheet is prepared for a male non-smoker, occupation class 1, standard life and age next birthday 30 with Basic Sum Assured RM 10,000, PRUMillion Med 2.0 (R&B 200, Deductible 500) with PRUMillion Med Booster 3.0, payment method-credit card, 100% equity focus fund, target sustainability option age 80.



PRUWith You Plus

Specially prepared for:

Sample

Prepared by: PRODUCT DEVELOPMENT & MANAGEMENT

This insurance plan is underwritten by Prudential Assurance Malaysia Berhad 198301012262 (107655-U), a licensed insurance company under the Financial Services Act 2013 that is regulated by Bank Negara Malaysia.

PROTECTION BY PERBADANAN INSURANS DEPOSIT MALAYSIA ("PIDM") ON BENEFITS PAYABLE FROM THE UNIT PORTION OF THIS CERTIFICATE/POLICY IS(ARE) SUBJECT TO LIMITATIONS. Please refer to PIDM's Takaful and Insurance Benefits Protection System ("TIPS") Brochure or contact Prudential Assurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

PRODUCT DISCLOSURE SHEET

FIND OUT MORE:



The Product Disclosure Sheet (PDS) provides some of the key information that you should consider before you buy a medical insurance policy that best meet your needs. You should read your insurance policy contract carefully for full details on your coverage.

Step 1 Is this policy right for you?

- This policy covers hospitalisation and surgical expenses ("H&S") incurred due to illnesses or injuries covered under the policy until age next birthday (ANB) 80.
- Units will be deducted from your investment-linked account value into the insurance risk fund to pay for cost of insurance (COI). Your COI will be pooled with other policy owners' COI to pay claims. If the total claims paid out from the pool of COI is high, the COI for all policy owners in the same pool may increase, including your COI **even if you did not make a claim**.
- Your insurance policy premiums are not guaranteed, which means that we reserve the right to revise the premiums that we charge in future due to revisions in the COI. The revision is directly impacted by our claims experience for this plan inclusive of medical inflation, and therefore regular premium revisions are likely in the future.

Step 2 Does it meet your needs?

What is covered?

- Hospital Room & Board: RM200 per day
- Surgical expenses: As charged

Benefits payable are on cashless basis and subject to:

- Annual limit: RM2,100,000, increases by RM100,000 every year
- Lifetime limit: Not Applicable

What is not covered?

- Medical conditions that you had, or had symptoms of, before buying the plan (i.e. pre-existing condition)
- Specified illnesses during the first 120 calendar days of cover (e.g. hypertension, diabetes)
- Other medical or physical conditions during the first 30 calendar days of cover, except for accidental injuries

This is not a complete list. Please read the Product Illustration, relevant appendices and your policy contract carefully for full details on what is and is not covered.

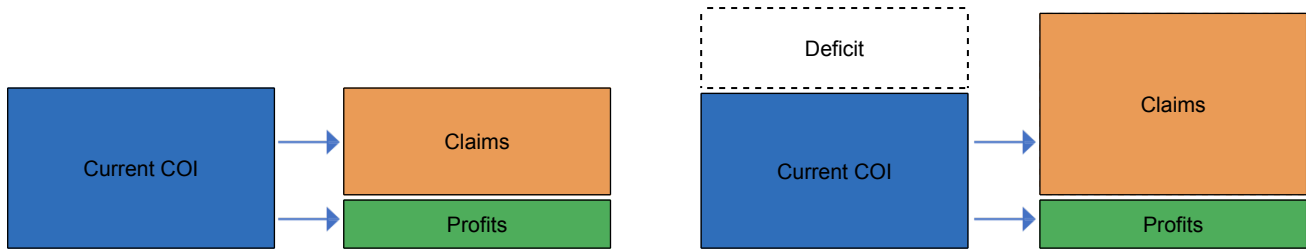
Step 3 Can you afford the increase in cost of insurance (COI) over time?

COI Projection Table

ANB	Current COI upon attained ANB (RM)	Estimated COI		Over the long term, you can reduce COI payable by choosing plans with:
		Based on medical inflation of 7.00% ¹ per annum (RM)	Based on medical inflation of 10.00% per annum (RM)	
30	1,294			(a) A higher deductible. (b) A higher co-insurance. (c) A lower annual/lifetime limit.
35	1,427	2,001	2,298	
40	1,730	3,403	4,487	
45	1,975	5,448	8,249	
50	2,384	9,226	16,040	

- The projection above is solely for **illustration purposes only**.
- COI rates are affected by both the **increase in treatment costs** and the **increased use of healthcare services** by policy owners. This can result in actual medical inflation rate being higher or lower than the above illustration. We are undertaking the necessary cost containment measures in co-operation with other stakeholders to manage COI increases over time.
- The actual COI you will have to pay depends on the actual medical inflation of the plan you purchased. **Arising from medical inflation, current COI level may not be enough to cover future claims.**

¹ This is the year-on-year increase in the average treatment cost as billed by hospitals to the insurance and takaful industry from years 2020 to 2023.



Now: COI sufficiently covers Claims and Profits

Future: Arising from medical inflation, COI may not be enough to cover Claims and Profits

Note: This chart is not drawn to scale

Step 4 What else should you be aware of?

- **Importance of disclosure** - You must answer the questions that we ask fully and accurately. Failure to take reasonable care in answering the questions may result in rejection of your claim or termination of your policy.
- **Free-look period** - If you decide you do not want this policy within 15 calendar days after the policy has been delivered to you, you can contact us to cancel your policy. The insurance company will refund to you the unallocated premiums, the value of units that have been allocated (if any) at unit price at the next valuation date, any insurance charge, taxes (if any) and other charges than have been deducted, less any medical fee incurred.
- **Waiting period** - Your coverage will only start after the waiting periods below from the effective date of the policy or the date of policy revival, whichever is later.

Benefit	Conditions	Waiting Period
Medical Benefit	Specified covered illnesses	120 calendar days
	All other covered illnesses	30 calendar days
	Hospitalisation due to accidents	Immediately

Please note that if you switch your current plan with another or from one provider to another, you may be subject to new underwriting requirements and waiting periods for the new plan.

- The commissions paid to the agent/broker/financial adviser forms part of your premium for your base policy. Please refer to the Product Illustration for more information.

This is not a complete list. Please read the Product Illustration, relevant appendices and your policy contract carefully for full details on the key terms and conditions.

Step 5 Have you considered other products that might suit your needs?

Product Options Table

Name	Recommended Product	Alternative Product Options	
		Option 1	Option 2
Annual Premium <i>This includes basic life insurance policy and any rider(s) attached, if applicable</i>	PRUMillion Med 2.0, PRUMillion Med Booster 3.0 RM3,000.00	PRUMillion Med Active 2.0, Active Booster 2.0 RM2,700.00 <i>The annual premium is lower by RM300.00</i>	PRUValue Med, PRUValue Med Booster RM3,084.00 <i>The annual premium is higher by RM84.00</i>
Type	Cashless facility <i>'We pay direct to hospitals'</i>	Cashless facility <i>'We pay direct to hospitals'</i>	Cashless facility <i>'We pay direct to hospitals'</i>
Coverage Term	Until ANB 80 <i>'Renewal is guaranteed but premium rates are not guaranteed'</i>	Until ANB 80 <i>'Renewal is guaranteed but premium rates are not guaranteed'</i>	Until ANB 80 <i>'Renewal is guaranteed but premium rates are not guaranteed'</i>
Co-insurance / Deductible	RM500 deductible	RM500 deductible	RM1,000 Med Saver (deductible on per disability basis) Med Value Point# : RM2,100,000, increases by RM100,000 every year
Hospital Room & Board	RM200 per day	RM200 per day	RM200 per day
Surgical Expenses	As charged	As charged	As charged
Annual Limit	RM2,100,000, increases by RM100,000 every year	RM2,100,000, increases by RM100,000 every year	Not Applicable

Lifetime Limit	Not Applicable	Not Applicable	Not Applicable
<ul style="list-style-type: none"> • Deductible: Fixed amount you have to pay before your actual coverage begins. E.g. RM300 deductible means you have to pay RM300 out of your own pocket and we will pay the balance (up to the relevant limits). • Co-insurance: Fixed percentage of a medical charge that you have to pay. E.g. 20% co-insurance means you have to pay only 20% of each medical bill (up to the relevant limits), and we will cover 80%. • Annual limit: Maximum amount you can claim in a year. • Lifetime limit: Maximum amount you can claim throughout your lifetime. 			

This table does not capture all of the features of products compared. Please ask us/your agent/broker/financial adviser for more information on the differences in features of these products. Please read the Product Illustration, relevant appendices and your policy contract carefully for full details on product benefits and features of the recommended product.

If the total accumulated eligible claims paid exceeds the initial Med Value Point plus any accumulated Med Value Point Bonus, the company shall pay 80% of the excess eligible benefit cost.

Note: Please visit <https://bit.ly/HASGuide> on terms and conditions that apply to "cashless facility" and "cashless basis" mentioned in this PDS.

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