

# PRUHealth FlexiChoice Medical Plan

保誠靈活自主醫保計劃



## Standard Premium Schedule 標準保費表 - Annual Mode 年繳 (USD 美元)

Ward 普通病房											
with PRUHealth Major Option 1 附額外醫療計劃選項 1											
Male 男性						Female 女性					
Age Next Birthday 下次生日 年齡	Standalone Plan 基本計劃	Rider 附加保障	Age Next Birthday 下次生日 年齡	Standalone Plan 基本計劃	Rider 附加保障	Age Next Birthday 下次生日 年齡	Standalone Plan 基本計劃	Rider 附加保障	Age Next Birthday 下次生日 年齡	Standalone Plan 基本計劃	Rider 附加保障
1	736.97	614.14	62	2,111.87	1,759.89	1	648.90	540.75	62	1,993.61	1,661.34
2	730.08	608.40	63	2,263.39	1,886.16	2	636.41	530.34	63	2,116.74	1,763.95
3	701.99	584.99	64	2,425.80	2,021.50	3	606.40	505.33	64	2,217.67	1,848.06
4	650.54	542.12	65	2,599.87	2,166.56	4	567.22	472.68	65	2,342.35	1,951.96
5	588.05	490.04	66	2,725.18	2,270.98	5	518.08	431.73	66	2,459.96	2,049.97
6	514.56	428.80	67	2,856.53	2,380.44	6	456.02	380.02	67	2,583.47	2,152.89
7	470.83	392.36	68	2,994.22	2,495.18	7	416.26	346.88	68	2,713.18	2,260.98
8	428.81	357.34	69	3,138.54	2,615.45	8	372.12	310.10	69	2,849.40	2,374.50
9	409.60	341.33	70	3,289.81	2,741.51	9	347.77	289.81	70	2,992.46	2,493.72
10	406.79	338.99	71	3,449.14	2,874.28	10	339.49	282.91	71	3,120.77	2,600.64
11	407.06	339.22	72	3,616.16	3,013.47	11	339.97	283.31	72	3,254.59	2,712.16
12	407.34	339.45	73	3,791.29	3,159.41	12	340.44	283.70	73	3,394.14	2,828.45
13	407.62	339.68	74	3,974.89	3,312.41	13	340.91	284.09	74	3,539.68	2,949.73
14	407.90	339.92	75	4,167.38	3,472.82	14	341.39	284.49	75	3,691.45	3,076.21
15	408.18	340.15	76	4,329.64	3,608.03	15	341.86	284.88	76	3,844.32	3,203.60
16	415.43	346.19	77	4,491.79	3,743.16	16	351.37	292.81	77	3,998.76	3,332.30
17	422.81	352.34	78	4,653.97	3,878.31	17	361.14	300.95	78	4,154.68	3,462.23
18	430.32	358.60	79	4,815.91	4,013.26	18	371.18	309.32	79	4,312.82	3,594.02
19	437.96	364.97	80	5,025.35	4,187.79	19	381.50	317.92	80	4,471.38	3,726.15
20	445.74	371.45	81	5,134.88	4,279.07	20	392.12	326.77	81	4,588.00	3,823.33
21	452.82	377.35	82*	5,244.44	4,370.37	21	415.03	345.86	82*	4,686.23	3,905.19
22	460.01	383.34	83*	5,354.27	4,461.89	22	439.27	366.06	83*	4,784.41	3,987.01
23	467.30	389.42	84*	5,463.61	4,553.01	23	464.94	387.45	84*	4,882.64	4,068.87
24	474.72	395.60	85*	5,572.88	4,644.07	24	492.10	410.08	85*	4,980.62	4,150.52
25	482.26	401.88	86*	5,682.71	4,735.59	25	520.85	434.04	86*	5,079.07	4,232.56
26	489.90	408.25	87*	5,792.03	4,826.69	26	551.27	459.39	87*	5,165.42	4,304.52
27	497.68	414.73	88*	5,884.70	4,903.92	27	583.48	486.23	88*	5,253.23	4,377.69
28	505.57	421.31	89*	5,978.86	4,982.38	28	617.57	514.64	89*	5,321.52	4,434.60
29	513.60	428.00	90*	6,050.60	5,042.17	29	652.39	543.66	90*	5,390.70	4,492.25
30	521.75	434.79	91*	6,123.22	5,102.68	30	691.82	576.52	91*	5,444.62	4,537.18
31	538.18	448.48	92*	6,178.32	5,148.60	31	715.86	596.55	92*	5,499.06	4,582.55
32	555.12	462.60	93*	6,213.32	5,177.77	32	740.74	617.28	93*	5,543.05	4,619.21
33	572.60	477.17	94*	6,245.40	5,204.50	33	766.46	638.72	94*	5,580.58	4,650.48
34	590.63	492.19	95*	6,276.96	5,230.80	34	793.09	660.91	95*	5,608.04	4,673.37
35	609.23	507.69	96*	6,308.30	5,256.92	35	820.64	683.87	96*	5,635.75	4,696.46
36	628.40	523.67	97*	6,340.10	5,283.42	36	849.16	707.63	97*	5,663.44	4,719.53
37	648.19	540.16	98*	6,371.42	5,309.52	37	866.76	722.30	98*	5,690.92	4,742.43
38	668.60	557.17	99*	6,403.01	5,335.84	38	894.66	745.55	99*	5,718.40	4,765.33
39	689.65	574.71	100*	6,434.75	5,362.29	39	922.56	768.80	100*	5,746.01	4,788.34
40	711.37	592.81	101*	6,466.65	5,388.87	40	973.45	811.21	101*	5,773.75	4,811.46
41	747.84	623.20	102*	6,498.70	5,415.58	41	1,006.21	838.51	102*	5,801.63	4,834.69
42	786.17	655.14	103*	6,530.92	5,442.43	42	1,041.12	867.60	103*	5,829.64	4,858.04
43	826.48	688.73	104*	6,563.29	5,469.41	43	1,076.69	897.24	104*	5,857.79	4,881.50
44	868.85	724.04	105*	6,595.83	5,496.52	44	1,117.25	931.04	105*	5,886.07	4,905.07
45	912.92	760.77	106*	6,628.52	5,523.77	45	1,177.81	981.51	106*	5,914.49	4,928.75
46	954.30	795.25	107*	6,661.38	5,551.15	46	1,211.75	1,009.79	107*	5,943.05	4,952.55
47	1,009.43	841.19	108*	6,694.40	5,578.67	47	1,246.04	1,038.37	108*	5,971.74	4,976.47
48	1,061.17	884.31	109*	6,727.58	5,606.32	48	1,280.82	1,067.35	109*	6,000.58	5,000.49
49	1,115.57	929.64	110*	6,760.93	5,634.11	49	1,317.17	1,097.64	110*	6,029.55	5,024.64
50	1,172.76	977.30	111*	6,794.45	5,662.04	50	1,362.17	1,135.14	111*	6,058.66	5,048.90
51	1,222.16	1,018.47	112*	6,828.13	5,690.11	51	1,392.43	1,160.36	112*	6,087.91	5,073.28
52	1,279.03	1,065.86	113*	6,861.98	5,718.31	52	1,422.64	1,185.53	113*	6,117.31	5,097.78
53	1,328.46	1,107.05	114*	6,895.99	5,746.66	53	1,452.89	1,210.74	114*	6,146.84	5,122.39
54	1,380.35	1,150.29	115*	6,930.17	5,775.14	54	1,483.10	1,235.92	115*	6,176.52	5,147.13
55	1,457.27	1,214.39	116*	6,964.53	5,803.77	55	1,513.34	1,261.12	116*	6,206.35	5,171.98
56	1,531.69	1,276.41	117*	6,999.05	5,832.54	56	1,568.48	1,307.07	117*	6,236.31	5,196.96
57	1,606.56	1,338.80	118*	7,033.75	5,861.45	57	1,614.08	1,345.07	118*	6,266.42	5,222.05
58	1,680.43	1,400.36	119*	7,068.61	5,890.51	58	1,657.76	1,381.47	119*	6,296.68	5,247.26
59	1,757.71	1,464.76	120*	7,103.65	5,919.71	59	1,698.96	1,415.80	120*	6,327.08	5,272.60
60	1,838.56	1,532.13	121+*	7,138.86	5,949.05	60	1,741.19	1,450.99	121+*	6,357.63	5,298.06
61	1,970.47	1,642.06	*For renewal only. 只供續保之用。			61	1,870.54	1,558.78	*For renewal only. 只供續保之用。		

Please refer to the remarks overleaf. 請參閱背頁備註。

## Remarks:

1. Premium rates are valid from April 2019.
2. Premium rates are not guaranteed and are yearly adjustable based on the gender and attained Age of the Insured Person, room level, plan type, attachment of **PRU**Health Major and its level of coverage at the time of plan Renewal. We will determine the relevant premium rates based on several factors, such as our claims and persistency experience, medical price inflation, projected future medical costs and any applicable changes in benefit.
3. This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.
4. If your premium is paid on a non-annual basis, the modal premium amount will be equal to the annual premium multiplied by the modal factor as shown below:

Payment mode	Half-yearly	Quarterly	Monthly
Modal factor	0.5150	0.2620	0.0892

## 備註:

1. 保費率由 2019 年 4 月起生效。
2. 保費率並非保證不變，將按計劃續保時受保人的性別及當時實際年齡、病房級別、計劃類型以及有否附加額外醫療計劃及其保障額選項而按年調整。保費率的調整將基於不同因素，如保誠的索償及續保經驗、醫療費用通脹、預期未來醫療費用及任何適用之保障修訂。
3. 此標準保費表並未包括由保險業監管局徵收的保費徵費。
4. 如您並非以年繳方式繳付保費，每期保費金額為年繳保費乘以下列保費形式倍數：

繳付形式	半年繳	季繳	月繳
保費形式倍數	0.5150	0.2620	0.0892