

Cigna DIY Health Plan

Pick your own health protection



Cigna DIY Health Plan ("Cigna DIY") is your go-to supplementary option that offers 6 add-on benefits, including core outpatient, outpatient surgery, supplementary outpatient, dental, cancer and vision benefit. By choosing any of the following benefits¹ that best suit your needs, you can supplement your current medical protection to close your protection gaps and stay well covered at every life stage.



Core Outpatient Benefit



Outpatient Surgery Benefit



Supplementary Outpatient Benefit



Dental Benefit



Cancer Benefit



Vision Benefit

Plan at a glance

Plan Type	Health Protection <i>This product is a standalone individual insurance plan with benefits that provide a mix of outpatient medical and cancer protection chosen by the customer. It is an insurance policy without cash value.</i>
Issue Age (at last birthday)	Dental Benefit: age 8 to age 60 Vision Benefit: age 4 to age 60 Others: 15 days to age 60
Protection Period	1 year and annually renewable (non-guaranteed) up to age 75
Policy Term and Premium Structure	1 year and Annually Renewable <i>This product provides a protection period of 1 year and is renewable until age 75 of Person Insured, with a payment term until the end of protection period. Premiums will increase with age and are subject to annual adjustment at policy renewal.</i>
Premium Payment Frequency	Monthly or Annual ²
Policy Currency	HKD
Exclusive Privileges	You will receive a 10% discount on on first year premiums if you select two benefits, 20% discount for three benefits and 30% discount for four or more benefits.

Remarks:

- For any combination with Dental or Vision Benefit, at least 2 benefits must be chosen.
- For any combination with Core Outpatient, Supplementary Outpatient, Dental or Vision Benefit, premium payment frequency is limited to annual only.
- Coverage is subject to Compliance with Sanctions Rules under policy provisions.

The following is for reference only. Benefits are reimbursed on a Medically Necessary and Reasonable and Customary basis. For more information, please refer to the “Important Information” of this leaflet and the policy provisions.



Core Outpatient Benefit

Benefit Item	Co-payment	Maximum Limit
Medical Service Provider	Network Only ¹	
1. General Practitioner Consultation (includes 3 days of basic medications)	HK\$50	50 visits per Policy Year
2. Specialist Consultation ² (includes 5 days of basic medications)	HK\$100	10 visits per Policy Year
3. Chinese Medicine Practitioner Consultation (includes 2 packs of basic herbs)	HK\$50	10 visits per Policy Year
4. Physiotherapy ^{2,3}	HK\$150	12 visits per Policy Year

Remarks:

1. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.
2. Written referral from a registered doctor is required. All referral letters shall be valid for 6 months from the date of issuance.
3. Physiotherapy benefit is only applicable to Person Insured at age 6 or above.



Outpatient Surgery Benefit

Benefit Item	Maximum Limit	Waiting Period
Medical Service Provider	Network Only ¹	
1. Day-patient or Clinical Surgery	HK\$15,000 per disability HK\$100,000 per Policy Year	30 days

Remarks:

1. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.



Supplementary Outpatient Benefit

Benefit Item	Maximum Limit
Medical Service Provider	Network Only ¹
1. Acupuncture ²	Full cover
2. Chinese Bone-setting ²	
3. Chiropractor Consultation ^{2,3}	
Medical Service Provider	Network ¹ & Non-network
4. Occupational Therapy ^{2,3}	HK\$400 per visit
5. Dietetic Guidance ^{2,3}	
6. Speech Therapy ^{2,3}	

Remarks:

1. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.
2. Benefit Items 1-6 are subject to overall IO visits per Policy Year.
3. Written referral from a registered doctor is required. All referral letters shall be valid for 6 months from the date of issuance.



Dental Benefit

Benefit Item ^{1,2}	Plan 1	Plan 2
	Maximum No. of Visit(s)	
Medical Service Provider	Network Only ³	
Scaling and polishing	Once per Policy Year	Twice per Policy Year
Oral hygiene instruction and oral examination	Unlimited	
Intra-oral small film radiograph (if necessary)		
Amalgam filling due to decay (molars and premolars)		
Composite filling due to decay (canine and incisors only)		
Simple extraction (excluding wisdom teeth & surgical extraction)		
Drainage of Abscesses (without surgery)		
Emergency consultations & dressings for pain relief		
Medications (pain killers)		

Remarks:

1. All treatments will be provided and subjected to the attending dentist's judgement based on individual patient's condition.
2. Person Insured must be aged 8 to aged 60.
3. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.



Cancer Benefit

Benefit Item	Sum Insured			Waiting Period
	Plan 1	Plan 2	Plan 3	
Cancer Benefit ¹	HK\$500,000	HK\$750,000	HK\$1,000,000	90 days
Early Stage Malignancy and Carcinoma-in-situ (CIS) Benefit ²	HK\$150,000	HK\$225,000	HK\$300,000	180 days

Remarks:

1. Payable if the Person Insured survives for at least 30 days after first confirmed diagnosis of Cancer. The Cancer Benefit will be reduced by the Early Stage Malignancy and Carcinoma-in-situ Benefit paid or payable (if any).
2. For Early Stage Malignancy and Carcinoma-in-situ Benefit, the maximum amount of the same or similar benefit paid under all policies with the Company is HK\$400,000 per life.



Vision Benefit

Benefit Item ¹	
Medical Service Provider	Network Only ²
Comprehensive eye exam and a full written report or Refraction only	Once per Policy Year
Also enjoy either Option 1 or Option 2 per Policy Year:	
Option 1	
Single vision lens or progressive lens	Single vision: fully covered lens option (anti-reflective / EMI shielding included) or an allowance of up to HK\$640 toward any lens of your choice with 20% discount on amount exceeding allowance
	Progressive: fully covered lens option (anti-reflective & easy-to-clean coatings included) or an allowance of up to HK\$1,200 toward any lens of your choice with 20% discount on amount exceeding allowance
Frame allowance	An allowance up to HK\$1,100 with 20% discount on amount exceeding allowance
Option 2	
Contact lens (instead of glasses) allowance and contact lens exam	An allowance up to HK\$900 with 10% discount on amount exceeding allowance

Remarks:

1. Person Insured must be aged 4 to aged 60.
2. This plan is limited to our network medical service provider. Cigna Healthcare reserves the right to change the medical service provider from time to time. Please refer to the directory in policy document for the details of the network.

Premium Table

All the currencies in this table are in Hong Kong dollars (HK\$). The following premium table is the standard annual premium per Person Insured before discount.

Core Outpatient Benefit	
Age	Annual
0-6	3,590
7-60	3,260
61-69	3,870
70-74	4,280

Outpatient Surgery Benefit		
Age	Annual	Monthly
0	3,500	305
1-5	2,990	260
6-15	1,980	172
16-25	1,800	157
26-35	2,380	207
36-45	2,580	224
46-60	2,680	233
61-74	3,680	320

Supplementary Outpatient Benefit	
Age	Annual
0-10	3,000
11-15	2,800
16-30	2,650
31-40	2,780
41-50	2,880
51-60	3,150
61-74	3,270

Dental Benefit ¹		
Age	Plan 1	Plan 2
	Annual	
8-74	1,480	1,980

Vision Benefit ²	
Age	Annual
4-74	2,590

Remarks

1. Person Insured must be aged 8 to aged 60.
2. Person Insured must be aged 4 to aged 60.
3. The premium amount shown does not include levy collected by the Insurance Authority.
4. Premium corresponding to a plan level is determined based on the gender and / or age of the Person Insured at policy commencement and at the time of renewal upon each anniversary date of the policy.
5. Cigna Healthcare reserves the right to revise the premium of each policy upon renewal.

Plan/ Age	Cancer Benefit (Non-Smoker)											
	Plan 1				Plan 2				Plan 3			
	Annual		Monthly		Annual		Monthly		Annual		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0	1,346	1,311	117	114	1,539	1,499	134	130	1,894	1,845	165	161
1	1,346	1,311	117	114	1,539	1,499	134	130	1,894	1,845	165	161
2	1,346	1,311	117	114	1,539	1,499	134	130	1,894	1,845	165	161
3	1,317	1,299	115	113	1,505	1,485	131	129	1,851	1,827	161	159
4	1,317	1,299	115	113	1,505	1,485	131	129	1,851	1,827	161	159
5	1,265	1,264	110	110	1,447	1,445	126	126	1,781	1,778	155	155
6	1,265	1,257	110	109	1,447	1,437	126	125	1,781	1,769	155	154
7	1,211	1,227	105	107	1,386	1,402	121	122	1,706	1,725	148	150
8	1,236	1,229	108	107	1,414	1,406	123	122	1,740	1,731	151	151
9	1,214	1,232	106	107	1,389	1,409	121	123	1,710	1,734	149	151
10	1,238	1,236	108	108	1,416	1,413	123	123	1,742	1,738	152	151
11	1,220	1,234	106	107	1,395	1,411	121	123	1,716	1,736	149	151
12	1,241	1,239	108	108	1,419	1,417	123	123	1,746	1,744	152	152
13	1,228	1,246	107	108	1,403	1,425	122	124	1,726	1,754	150	153
14	1,260	1,245	110	108	1,441	1,424	125	124	1,773	1,753	154	153
15	1,247	1,252	108	109	1,425	1,432	124	125	1,754	1,762	153	153
16	1,276	1,255	111	109	1,460	1,435	127	125	1,797	1,766	156	154
17	1,267	1,267	110	110	1,449	1,449	126	126	1,783	1,783	155	155
18	1,220	1,196	106	104	1,442	1,415	125	123	1,816	1,783	158	155
19	1,199	1,203	104	105	1,418	1,423	123	124	1,787	1,792	155	156
20	1,220	1,236	106	108	1,443	1,462	126	127	1,817	1,841	158	160
21	1,202	1,234	105	107	1,422	1,459	124	127	1,791	1,838	156	160
22	1,220	1,248	106	109	1,442	1,476	125	128	1,816	1,859	158	162
23	1,207	1,283	105	112	1,427	1,518	124	132	1,798	1,913	156	166
24	1,241	1,294	108	113	1,468	1,531	128	133	1,849	1,929	161	168
25	1,228	1,304	107	113	1,452	1,542	126	134	1,829	1,942	159	169
26	1,262	1,346	110	117	1,493	1,592	130	139	1,882	2,005	164	174
27	1,247	1,348	108	117	1,475	1,595	128	139	1,859	2,009	162	175
28	1,285	1,430	112	124	1,520	1,691	132	147	1,916	2,131	167	185
29	1,280	1,470	111	128	1,514	1,738	132	151	1,908	2,188	166	190
30	1,317	1,527	115	133	1,558	1,805	136	157	1,962	2,274	171	198
31	1,317	1,574	115	137	1,557	1,862	135	162	1,960	2,346	171	204
32	1,346	1,605	117	140	1,593	1,898	139	165	2,007	2,390	175	208
33	1,355	1,684	118	147	1,604	1,991	140	173	2,021	2,508	176	218
34	1,408	1,768	122	154	1,665	2,090	145	182	2,097	2,633	182	229
35	1,419	2,026	123	176	1,679	2,266	146	197	2,116	2,745	184	239
36	1,475	2,125	128	185	1,745	2,377	152	207	2,199	2,880	191	251
37	1,964	2,924	171	254	2,324	3,270	202	284	2,929	3,960	255	345
38	2,065	3,113	180	271	2,442	3,481	212	303	3,076	4,216	268	367
39	2,128	3,248	185	283	2,517	3,633	219	316	3,170	4,400	276	383
40	2,209	3,458	192	301	2,613	3,867	227	336	3,292	4,682	286	407
41	2,286	3,630	199	316	2,705	4,061	235	353	3,408	4,919	296	428
42	2,370	3,760	206	327	2,804	4,205	244	366	3,533	5,093	307	443
43	2,442	4,026	212	350	2,889	4,504	251	392	3,640	5,456	317	475
44	2,592	4,113	226	358	3,066	4,601	267	400	3,863	5,573	336	485
45	2,656	4,198	231	365	3,141	4,695	273	408	3,956	5,686	344	495
46	3,054	4,336	266	377	3,415	4,850	297	422	4,136	5,875	360	511
47	3,163	4,463	275	388	3,538	4,992	308	434	4,285	6,047	373	526
48	3,372	4,645	293	404	3,771	5,195	328	452	4,567	6,292	397	547
49	3,540	4,813	308	419	3,960	5,382	345	468	4,796	6,518	417	567
50	4,088	5,403	356	470	4,572	6,043	398	526	5,537	7,319	482	637
51	5,019	6,276	437	546	5,614	7,020	488	611	6,800	8,502	592	740
52	5,145	6,388	448	556	5,754	7,145	501	622	6,969	8,654	606	753
53	5,575	6,490	485	565	6,236	7,259	543	632	7,554	8,792	657	765
54	5,947	6,668	517	580	6,651	7,459	579	649	8,055	9,035	701	786
55	6,030	6,423	525	559	6,746	7,184	587	625	8,172	8,701	711	757
56	6,449	6,499	561	565	7,213	7,269	628	632	8,736	8,804	760	766
57	7,098	6,973	618	607	7,939	7,800	691	679	9,616	9,447	837	822
58	7,764	7,095	675	617	8,683	7,935	755	690	10,516	9,610	915	836
59	8,293	7,187	721	625	9,277	8,038	807	699	11,237	9,736	978	847
60	8,885	7,324	773	637	9,937	9,134	865	795	12,034	11,905	1,047	1,036
61	9,513	7,499	828	652	10,639	9,353	926	814	12,885	12,191	1,121	1,061
62	10,074	7,938	876	691	11,267	9,900	980	861	13,646	12,904	1,187	1,123
63	10,886	8,372	947	728	13,575	10,443	1,181	909	17,693	13,613	1,539	1,184
64	11,724	8,903	1,020	775	14,621	11,678	1,272	1,016	19,058	15,682	1,658	1,364
65	12,441	9,483	1,082	825	15,516	12,742	1,350	1,109	20,225	17,343	1,760	1,509
66	13,334	9,764	1,160	849	16,630	14,377	1,447	1,251	21,677	20,503	1,886	1,784
67	14,232	10,960	1,238	954	18,666	15,549	1,624	1,353	25,065	21,774	2,181	1,894
68	15,243	12,316	1,326	1,071	19,991	17,922	1,739	1,559	26,844	25,414	2,335	2,211
69	16,255	13,741	1,414	1,195	22,366	20,422	1,946	1,777	30,831	29,252	2,682	2,545
70	17,277	14,220	1,503	1,237	24,883	22,572	2,165	1,964	35,109	33,299	3,054	2,897
71	19,907	15,222	1,732	1,324	28,245	23,580	2,457	2,051	39,557	34,421	3,441	2,995
72	22,721	15,721	1,977	1,368	33,062	25,120	2,876	2,185	46,883	37,163	4,079	3,233
73	25,759	16,434	2,241	1,430	38,284	26,258	3,331	2,284	54,838	38,845	4,771	3,380
74	27,054	17,143	2,354	1,491	40,208	27,393	3,498	2,383	57,594	40,526	5,011	3,526

Remarks

- The premium amount shown does not include levy collected by the Insurance Authority.
- Premium corresponding to a plan level is determined based on the gender and / or age of the Person Insured at policy commencement and at the time of renewal upon each anniversary date of the policy.
- Cigna Healthcare reserves the right to revise the premium of each policy upon renewal.

Plan/ Age	Cancer Benefit (Smoker)											
	Plan 1				Plan 2				Plan 3			
	Annual		Monthly		Annual		Monthly		Annual		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18	1,743	1,888	152	164	2,062	2,112	179	184	2,599	2,558	226	223
19	1,755	1,931	153	168	2,076	2,159	181	188	2,615	2,615	228	228
20	1,759	1,966	153	171	2,080	2,199	181	191	2,620	2,663	228	232
21	1,770	1,993	154	173	2,093	2,230	182	194	2,637	2,701	229	235
22	1,789	2,035	156	177	2,116	2,276	184	198	2,666	2,757	232	240
23	1,798	2,111	156	184	2,127	2,361	185	205	2,679	2,860	233	249
24	1,849	2,155	161	187	2,187	2,411	190	210	2,756	2,921	240	254
25	1,845	2,204	161	192	2,183	2,466	190	215	2,750	2,987	239	260
26	1,909	2,295	166	200	2,259	2,566	197	223	2,846	3,108	248	270
27	1,898	2,343	165	204	2,246	2,621	195	228	2,830	3,174	246	276
28	1,975	2,473	172	215	2,336	2,766	203	241	2,942	3,351	256	292
29	1,997	2,641	174	230	2,362	2,954	205	257	2,976	3,578	259	311
30	2,040	2,768	177	241	2,413	3,095	210	269	3,040	3,747	264	326
31	2,082	2,897	181	252	2,462	3,240	214	282	3,102	3,925	270	341
32	2,115	2,970	184	258	2,502	3,322	218	289	3,152	4,024	274	350
33	2,181	3,189	190	277	2,580	3,567	224	310	3,250	4,321	283	376
34	2,264	3,364	197	293	2,679	3,762	233	327	3,375	4,557	294	396
35	2,329	3,604	203	314	2,755	4,030	240	351	3,471	4,881	302	425
36	2,422	3,837	211	334	2,865	4,292	249	373	3,610	5,198	314	452
37	2,958	4,825	257	420	3,499	5,396	304	469	4,409	6,535	384	569
38	3,130	5,189	272	451	3,702	5,804	322	505	4,663	7,030	406	612
39	3,298	5,589	287	486	3,901	6,252	339	544	4,914	7,573	428	659
40	3,502	5,935	305	516	4,142	6,638	360	578	5,218	8,040	454	699
41	3,631	6,446	316	561	4,295	7,211	374	627	5,411	8,734	471	760
42	3,821	6,629	332	577	4,520	7,415	393	645	5,694	8,982	495	781
43	4,075	6,730	355	586	4,820	7,527	419	655	6,073	9,116	528	793
44	4,342	6,977	378	607	5,136	7,803	447	679	6,470	9,450	563	822
45	5,056	7,896	440	687	5,979	8,370	520	728	7,532	9,726	655	846
46	5,384	8,203	468	714	6,368	8,694	554	756	8,023	10,100	698	879
47	5,568	8,509	484	740	6,586	9,020	573	785	8,297	10,480	722	912
48	6,040	8,878	525	772	7,144	9,412	622	819	9,000	10,936	783	951
49	6,404	9,206	557	801	7,576	9,757	659	849	9,545	11,336	830	986
50	7,654	10,500	666	914	9,054	11,129	788	968	11,406	12,929	992	1,125
51	8,189	10,949	712	953	9,686	11,606	843	1,010	12,203	13,485	1,062	1,173
52	8,766	11,259	763	980	10,369	11,935	902	1,038	13,064	13,867	1,137	1,206
53	9,351	11,415	814	993	11,059	12,707	962	1,106	13,932	15,336	1,212	1,334
54	10,243	11,645	891	1,013	12,116	12,962	1,054	1,128	15,265	15,644	1,328	1,361
55	10,343	11,381	900	1,090	12,235	13,273	1,064	1,155	15,414	16,563	1,341	1,441
56	12,278	12,595	1,068	1,096	14,523	14,886	1,264	1,295	18,297	18,743	1,592	1,631
57	12,719	12,915	1,107	1,124	15,045	15,263	1,309	1,328	18,954	19,217	1,649	1,672
58	14,032	13,133	1,221	1,143	16,598	16,481	1,444	1,434	20,911	21,563	1,819	1,876
59	15,120	13,471	1,315	1,172	17,884	16,906	1,556	1,471	22,531	22,120	1,960	1,924
60	16,114	13,655	1,402	1,188	19,061	17,801	1,658	1,549	24,014	23,820	2,089	2,072
61	17,523	14,028	1,525	1,220	20,728	19,657	1,803	1,710	26,114	27,356	2,272	2,380
62	18,420	14,859	1,603	1,293	24,395	20,820	2,122	1,811	32,938	28,973	2,866	2,521
63	19,919	15,894	1,733	1,383	26,382	22,270	2,295	1,937	35,622	30,991	3,099	2,696
64	21,443	16,701	1,866	1,453	28,400	23,403	2,471	2,036	38,347	32,568	3,336	2,833
65	22,912	18,473	1,993	1,607	30,345	25,885	2,640	2,252	40,972	36,022	3,565	3,134
66	24,404	20,926	2,123	1,821	32,321	27,706	2,812	2,410	43,640	37,402	3,797	3,254
67	25,884	21,391	2,252	1,861	36,112	28,324	3,142	2,464	50,141	38,239	4,362	3,327
68	27,547	22,054	2,397	1,919	38,435	30,185	3,344	2,626	53,368	41,494	4,643	3,610
69	29,197	22,698	2,540	1,975	42,803	32,085	3,724	2,791	60,915	44,850	5,300	3,902
70	33,913	23,341	2,950	2,031	48,842	32,990	4,249	2,870	68,913	46,112	5,995	4,012
71	38,831	24,973	3,378	2,173	55,093	35,431	4,793	3,082	77,154	49,619	6,712	4,317
72	44,035	26,649	3,831	2,318	64,075	37,392	5,575	3,253	90,859	52,070	7,905	4,530
73	49,594	29,803	4,315	2,593	73,707	39,842	6,413	3,466	105,578	54,074	9,185	4,704
74	51,743	30,894	4,502	2,688	76,901	41,302	6,690	3,593	110,154	56,057	9,583	4,877

Remarks

1. The premium amount shown does not include levy collected by the Insurance Authority.
2. Premium corresponding to a plan level is determined based on the gender and / or age of the Person Insured at policy commencement and at the time of renewal upon each anniversary date of the policy.
3. Cigna Healthcare reserves the right to revise the premium of each policy upon renewal.



Embark on an elevated wellness journey with Cathay

When you purchase Cigna Cathay Premier Health Plan, you will be able to unlock the full wellness benefits on the wellness journey of the Asia Miles by Cathay app.

It starts with a wellbeing quiz, where we look at your current habits to give you a snapshot of your overall health. We'll then provide tailored tips on how to maintain your physical and mental wellbeing – and give you daily goals to keep you on track.

Whether it's hitting 10,000 steps or getting a full night's rest, each time you complete a goal you'll be rewarded with Asia Miles. And, as an elevated wellness journey participant, you can earn more Asia Miles than other users*.

Remarks

* The reward of Asia Miles is subject to the terms and condition of Cathay Pacific.

Important Information

The product information in this leaflet does not represent the full terms of the policy and the full terms can be found in the policy document.

Medical Underwriting

Medical underwriting is waived except for policies with Cancer Benefit, where simplified underwriting is required.

Renewal

This Policy shall be effective for an initial period of twelve (12) Calendar Months and thereafter renewable for successive twelve (12) Calendar Months each, at such premium rate and on such term as the Company determine at the time of each renewal. The policy will expire on the anniversary date if the policy is not renewed.

Mis-statement

If the age, sex, smoking habit and/or the class of risk of the Person Insured has been mis-stated and the Person Insured would still be eligible for insurance coverage under this Policy, we shall adjust the Premiums payable under this Policy based on the correct age, sex, smoking habit and/or the class of risk.

If the age, sex, smoking habit and/or the class of risk of the Person Insured has been mis-stated and the Person Insured would not have been eligible for insurance coverage under this Policy, the coverage provided by this Policy to such Person Insured would be void for the period during which the Person Insured is ineligible for coverage under this Policy and the liability of the Company during the period within which the Person Insured is not eligible for coverage shall be limited to a refund, upon written request, of that part of Premium paid for such period without interest provided always that where there is fraud on the part of the Person Insured and/or the Policy Holder, no Premiums paid shall be refunded. The Company retains the right to recover any relevant claims previously paid hereunder.

Benefit Payment

We shall pay the benefit amount to you or (if you are not living at the time of payment) to your estate, in Hong Kong dollars without interest.

Termination Conditions

The Policy shall terminate forthwith upon the occurrence of the earliest of the following events:

- a. the Anniversary Date on or the first Anniversary Date immediately following the Person Insured's 75th birthday;
- b. the death of the Person Insured;
- c. the Policy is cancelled by the Policy Holder by giving not less than 30 days' notice in writing to the Company;
- d. the Policy is cancelled by the Company due to any misstatement in the application or declaration, fraud, any applicable sanctions rules or regulatory reasons;
- e. the Policy is not renewed; or
- f. at the end of a Grace Period when the Premium payable or any part thereof remains unpaid.

Premium Level and Non-Payment of Premium

The Premium is determined based on the age, sex, smoking habit and class of risk of the Person Insured on the Commencement Date and at the time of renewal of this Policy.

If you fail to pay the initial premium for the Policy, the Policy shall be deemed to be void as from the Commencement Date for all purposes. Accordingly, we shall not be liable to pay any benefit under the Policy. Except for the initial premium payment, a Grace Period of one (1) Calendar Month after any Premium Due Date will be allowed for payment of Premium or any part thereof. The coverage of this Policy will remain in force during this Grace Period. If the Premium or any part

thereof remains unpaid at the end of the Grace Period, the Policy shall terminate on the Premium Due Date.

If the Policy is cancelled by the Policy Holder during a Policy Year, the Company reserves the right to charge the Premium until the end of such Policy Year.

Premium Adjustment

The Company reserves the right to revise the premium of the policy on the anniversary date or upon renewal. Factors leading to premium adjustment may include but are not limited to our overall experience in claims and expenses incurred by and/or in relation to this product.

Inflation Risk

Your current planned benefit may not be sufficient to meet your future needs since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, you may receive less in real terms even if we meet all of our contractual obligations.

Conversion of policy

If you have an existing medical insurance policy and intend to switch the coverage to this plan, please be aware of the potential implications in terms of insurability, claims eligibility and financial values regarding the change to the insurance arrangement.

Some benefits under the existing policy may be changed or not be covered under this plan due to changes in policy features, Age, health conditions, occupation, lifestyle, habit or recreational activities. Also, riders or supplementary benefits under your existing insurance policy may not be available under this plan.

Benefits under the existing insurance policy will no longer be payable to you if you surrender the policy or allow it to lapse. Besides, you may need to start a new waiting period (if any) in respect of certain benefits under the terms and conditions of the new policy.

Claims Procedure

To make a claim, please login to our customer portal or register at www.mycigna.com.hk or download our MyCigna app. For details of procedures by claims type, please visit the Company website www.cigna.com.hk/en/customer-service/insurance-claim-procedure.

Written notification of a claim must be given to the Company within 30 days after the occurrence of the event giving rise to the claim. Such notification shall include information sufficient to identify the Person Insured and the nature of the claim.

Medically Necessary

We only cover the charges and / or expenses of the Person insured on medically necessary and reasonable and customary basis.

“Medically Necessary” means the necessity to have a medical service which is:

1. Consistent with the diagnosis and customary medical treatment for the condition at a Reasonable and Customary charge;
2. In accordance with standards of good and prudent medical practice;
3. Necessary for such a diagnosis or treatment;
4. Not furnished primarily for the convenience of the Person Insured, Physician, Chinese Medicine Practitioner, Physiotherapist, Anaesthetist or any other medical service providers;
5. Furnished at the most appropriate level which can be safely and effectively provided to the Person Insured; and
6. With respect to hospital confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy.

Reasonable and Customary

“Reasonable and Customary” in relation to a fee, a charge or an expense, means any fee or expense which

1. Is charged for treatment, supplies (inclusive of medication) or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a Physician;
2. Does not exceed the usual level of charges for similar treatment, supplies (inclusive of medication) or medical services in the locality where the expense is incurred; and
3. Does not include charges that would not have been made if no insurance existed.

The Company reserves the right to determine whether any particular Hospital/medical charge is a reasonable and customary charge with reference but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. The Company reserves the right to adjust any and all benefits payable in relation to any Hospital/medical charges which are not reasonable and customary.

Key Exclusions

We cannot cover any claim that directly or indirectly results from or is consequent upon or contributed to by:

Exclusions applicable to Core Outpatient benefit and Supplementary Outpatient Benefit	(1) charges relating to birth control or sterilization of either sex, (2) treatment for congenital abnormalities and complications arising from congenital abnormalities, (3) injection fee, (4) diagnostic scanning, X-ray examinations, (5) physiotherapy treatment: Shockwave Therapy, Manual Therapy (orthopedic massage and manipulation), Hydrotherapy, (6) Radiotherapy and chemotherapy, (7) long term repeat medication; or (8) chronic illness.
Exclusions applicable to Outpatient Surgery Benefit	(1) fetal surgery or treatment, (2) the Person Insured's voluntarily exposing himself/herself to any hazard or danger, (3) prosthesis, corrective devices and medical appliances, which are not intra-operatively required, (4) all organ transplantation, transplant procedures and acquisition of the organ itself to be used for organ transplantation; or (5) alternative treatment.
Exclusions applicable to Cancer Benefit	(1) pre-existing medical condition, (2) intentionally self-inflicted injuries, suicide or any attempt thereof, while sane or insane; or (3) any congenital abnormality or disorder.
Exclusions applicable to Dental Benefit	(1) filling for cosmetic reasons or non-decayed cases of trauma, erosion, attrition, abrasion and others, (2) dislodged fillings/replacement which is not caused by tooth decay, (3) extraction of retained roots, wisdom teeth, extraction of teeth for cosmetic or orthodontic purpose, (4) any re-treatment or any Endodontic, Periodontal, Prosthodontics and Oral Surgery conditions requiring specialist treatment; or (5) Specialist treatment fee.

This is only a general summary. For more details and a full list of exclusions, please refer to the Provisions of “Cigna DIY Health Plan”.

Notes:

“Cigna Healthcare”, “the Company”, “We”, “our” or “us” herein refers to Cigna Worldwide General Insurance Company Limited. This leaflet is also available in Chinese. You may request for the Chinese version from us.

此單張同時備有中文版本，閣下可向本公司索取中文版本。



Cigna Worldwide General Insurance Company Limited

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The above insurance plan is underwritten by Cigna Worldwide General Insurance Company Limited, an authorized insurer to carry on general insurance business in or from Hong Kong. This leaflet is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Cigna Healthcare outside Hong Kong. It is designed to provide you with a brief summary of the named insurance plan, its terms, conditions and exclusions, and is not a contract of insurance. For complete details of terms, conditions and exclusions, please refer to the policy provisions. If there is any conflict between the policy provisions and this leaflet, the policy provisions shall prevail.

This Policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (the "Ordinance"). Other than the Company and the Policy holder, a person who is not a party to the Policy (including, but not limited to, the Person Insured or the beneficiary) shall have no right under the Ordinance to enforce any term of this Policy.

Cigna Healthcare reserves the right to change any of the details in this leaflet. In case of any disputes about the content of this leaflet, Cigna Healthcare's decision shall be final.