

THE PLAN AT A GLANCE

Issue age (at last birthday)	15 days to age 75
Protection period	1 year and guaranteed renewal for lifetime*
Premium payment term	Until the end of protection period
Premium payment frequency	Annual / Monthly
Policy currency	HKD

* This is applicable to Hospital and Surgical Benefits only.

* Guaranteed renewable subject to Cigna continue to issue new policy(ies) under the Basic Benefits and respective Optional Insurance Benefits (if applicable) of "Cigna HealthFirst Choice Medical Plan", and upon payment of the premium at time of renewal.

Hospital and Surgical Benefits - Benefit Schedule (HKD)

The followings are for reference only, please refer to the policy provisions and benefit schedule for details.

Item	Maximum Limit (HK\$)		
	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
Hospital Room and Board (maximum 270 days per policy year)	\$3,200 per day	\$1,600 per day	\$750 per day
Surgical Expenses (per surgery)			
› Complex	\$95,000	\$65,000	\$48,000
› Major	\$47,500	\$32,500	\$25,000
› Intermediate	\$20,500	\$13,600	\$10,000
› Minor	\$7,500	\$6,500	\$5,500
Anaesthetist's Expenses (per surgery)			
› Complex	\$26,900	\$16,000	\$12,300
› Major	\$13,200	\$9,100	\$7,100
› Intermediate	\$6,000	\$4,000	\$3,000
› Minor	\$3,200	\$2,200	\$2,000
Operation Theatre Expenses (per surgery)			
› Complex	\$27,400	\$16,600	\$12,500
› Major	\$13,500	\$10,000	\$8,100
› Intermediate	\$6,500	\$4,200	\$3,500
› Minor	\$3,250	\$2,200	\$2,000

Item	Maximum Limit (HK\$)		
	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
Inpatient Doctor's Call (for non-surgical case only, maximum 270 days per policy year)	\$3,200 per day	\$1,600 per day	\$750 per day
Cancer Treatment and Dialysis (per policy year)	\$160,000	\$120,000	\$80,000
Intensive Care Unit Expenses (per policy year)	\$25,500	\$22,000	\$20,100
Inpatient Specialist's Fee (written referral from the attending physician required) (per policy year)	\$10,000	\$3,800	\$2,500
Companion Bed (maximum 270 days per policy year)	\$1,500 per day	\$750 per day	\$350 per day
Pre-admission and Post-Hospitalization Outpatient Expenses (maximum 2 pre-admission and 2 post-hospitalization clinic visits) (per policy year)	\$4,500	\$2,500	\$1,800
Private Nursing Expenses (maximum 120 days per policy year)	\$850 per day	\$500 per day	\$325 per day
Other Medical Expenses - including in-hospital / clinical X-ray, MRI, CT scan, PET scan, miscellaneous hospital charges, etc. (within 30 days prior to admission or 30 days after discharge) (per policy year)	\$35,000	\$21,500	\$13,600
Overall Annual Limit (per policy year)			
Under attained age of 65 on the policy commencement date	Unlimited		
Attained age of 65 or above on the policy commencement date	\$700,000	\$375,000	\$175,000
No Claim Renewal Premium Discount			
No claim record for 2 consecutive years	5%	5%	5%
No claim record for 3 consecutive years	8%	8%	8%
No claim record for 5 consecutive years or more	15%	15%	15%

Optional Insurance Benefits - Benefit Schedule (HKD)

The followings are for reference only, please refer to the policy provisions and benefit schedule for details.

	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
Supplementary Major Medical Benefit	Maximum Limit (HK\$)		
Maximum limit per policy year	\$575,000	\$290,000	\$120,000
Lifetime Limit (applicable from age 75 onwards)	\$850,000	\$450,000	\$220,000
Remarks: › For each claim, HK\$500 will be deducted from the claim amount, and the reimbursement amount will be 80% of the remaining balance. › The claim amount will be adjusted if the actual level of hospital confinement is higher than the eligible plan level. Please refer to the important information for details.			
Hospital Cash Benefit	Maximum Limit (HK\$)		
From the 3 rd day of hospital confinement, maximum 182 days per policy year	\$600 per day		
Outpatient Benefit	Maximum Limit (HK\$)		
1. General Practitioner (includes up to 3 days' basic medication)	\$380	\$240	\$180
2. Specialist* (includes up to 3 days' basic medication)	\$660	\$480	\$350
3. Physiotherapist*	\$630	\$430	\$330
4. Chiropractor*	\$630	\$430	\$330
5. Chinese Herbalist (includes up to 2 packs of Chinese medicine)	\$230	\$180	\$150
6. Chinese Bonesetter	\$230	\$180	\$150
7. Acupuncturist	\$230	\$180	\$150
8. Home Consultation (consultation fee only, per visit)	\$720	\$520	\$350
9. Prescribed Western Medicine (per policy year)	\$2,500	\$1,500	\$1,000
10. Diagnostic Imaging and Laboratory Tests* (per policy year)	\$3,500	\$2,000	\$1,500
Remarks: * Referral from a physician is required. › Maximum 30 visits per policy year for items 1 to 8, within with a maximum of 10 visits per policy year for items 4 to 8. › For items 1 to 7, full coverage for network clinics or 80% reimbursement up to the respective maximum benefit limit for non-network clinics. For Chiropractor, network clinics are not available.			
Dental Benefit	Maximum Limit (HK\$) (maximum limit per policy year is up to \$5,000 for below benefits)		
Scaling and Polishing	2 visits		
Fillings; dentures, crowns and bridges (only if necessitated by an accident); drainage of abscesses; extractions; X-ray; root canal fillings; routine oral examination	Fully covered		