

**HOSPITAL /
SURGICAL**
General Insurance



CIGNA HEALTHFIRST MEDICAL PLAN SERIES

ELITE MEDICAL PLAN

Comprehensive healthcare tailored to your needs

Together, all the way.™



A GLOBAL LEADER IN HEALTH AND WELL-BEING SERVICES

Cigna Corporation

Cigna is a global health service leader dedicated to helping people improve their health, well-being, and sense of security. We have a presence in 30 countries and jurisdictions, our global network includes more than one million healthcare professionals, clinics, and facilities.

Cigna Hong Kong

Positioned to be your active health and well-being partner, we offer solutions at the right place and the right time, providing advice throughout the different stages of your life journey. At Cigna in Hong Kong, we deliver comprehensive health and wellness solutions to employers, employees and individual customers.

Leveraging our extensive global network with access to international healthcare services, we provide medical benefit plans that are suitable for international companies with a worldwide workforce. We also have the flexibility to tailor cost-effective plans for local small and medium-sized enterprises, to meet the specific needs of the companies and employees.

As an individual customer of Cigna, you can select a plan from our full suite of medical products that best fits your personal needs. You can also enjoy our specialized health and well-being solutions, with access to our excellent customer service and worldwide network of healthcare facilities.

We are committed to helping you live well and stay well, because we know that this is your competitive edge, and we are with you all the way.

Cigna, Together all the way

Facts about Cigna



**Ranked 79¹
on the 2016
Fortune 500 list**



**90 million
customer relationships
around the world**



**More than
39,000 employees
worldwide**

Remarks:

1. Cigna Corporation was ranked 79 on the 2016 Fortune 500 list.

WE UNDERSTAND YOUR MEDICAL PROTECTION NEEDS

Your health should always come first

There is a noticeable shortage of medical protection in the market as costs continue to grow. Cigna's '360° Well-being Score' Survey suggests that 46% of the respondents in Hong Kong plan to rely on their savings for their medical needs after retirement¹.

If you plan to rely on your savings, you may one day lack access to the healthcare you need.

HOW CAN WE HELP? In addition to providing a medical inflation buffer, here at Cigna we believe medical insurance can be something more – something personal. Our Cigna HealthFirst Elite Medical Plan (“Elite Medical Plan”) addresses the spectrum of your needs – whether that means staying healthy or getting all-around care from diagnosis to recovery. With no lifetime cover limit², full coverage in various medical expenses, and unique tailor-made services, we are with you all the way.



Remarks:

1. Cigna '360° Well-being Score' Survey, results for 2016.
2. The lifetime cover limit refers to the maximum benefit amount of insurance protection up to the person insured's 100th birthday. The basic benefits and most of the optional benefits of Elite Medical Plan are not subject to a lifetime cover limit. The lifetime cover limit only applies to the Optional Pharmacy Benefits.

HOW CAN YOU BENEFIT FROM ELITE MEDICAL PLAN?

Enjoy comprehensive worldwide cover without stress — at a competitive price and with tailored benefits. Read on to see why Elite Medical Plan is right for you.

Our medical cover gives you...

Unlimited lifetime claims

To ensure you have adequate protection for life's journey, Elite Medical Plan provides unlimited lifetime coverage through its basic benefits and most optional benefits. You are also fully protected through a range of hospital and surgical benefits with a maximum annual limit as high as HK\$23,800,000¹ – so you can access advanced medical treatment at the best medical facilities without worrying about rising medical costs.

Guaranteed renewable up to age 100

The basic benefits and respective optional benefits are guaranteed to be renewable up to age 100 of the person insured². After policy issuance, you can rest assured in your seamless protection, regardless of any eventual changes in your health.

Cashless hospitalization arrangement – Hong Kong and overseas

Elite Medical Plan eliminates any worries you may have about paying your hospital bills – even while you are overseas. With over 7,000 hospitals in our professional network, our coverage extends worldwide. Subject to prior approval, you need not pay any deposit when you are admitted to hospital no matter where you are in the world, or make any claim upon discharge.

SOS Worldwide Emergency Assistance Services

There's no need to worry about mishaps abroad, even in an emergency. Cigna's 24-hour SOS Worldwide Emergency Assistance Services provide up to US\$1,000,000 towards arranging and paying for emergency medical evacuation to the nearest hospital where appropriate medical care is available, or repatriation to Hong Kong or your home country if you have a serious medical condition.

Flexible options to suit your needs

To suit your lifestyle and situation, you can choose standard private accommodation room type with Worldwide, Worldwide (excluding US) or Asia coverage. For Asia coverage option, you also have the flexibility to choose either standard private room type or semi-private room type.

To help with your budgeting, three annual deductible levels are also available for you to choose from. It's easy to adjust your protection upon retirement — on reaching the person insured's age of 55, 60, 65, or 70, you can reduce your annual deductible amount at the policy anniversary date, with no medical proof required³.

A wide range of optional benefits means you can tailor your plan as you see fit. Our unique "Premium Waiver due to Cancer" frees you from premium payments for up to 6 months after a first confirmed diagnosis of cancer, giving you additional financial flexibility to focus on your treatments, while other optional benefits cover outpatient, dental, pharmacy, and maternity needs.

Remarks:

1. The Basic Benefits and Optional Outpatient Benefits under standard private room and semi-private room types are subject to an overall maximum annual limit of HK\$23,800,000 and HK\$12,000,000 respectively.
2. Guaranteed renewal is applicable to the basic benefits and optional insurance benefits. Both types of benefits shall be effective for an initial period of 12 months and thereafter guaranteed and automatically renewable for 12 months at a time, provided that new policy(ies) and respective optional insurance benefits under the "Cigna HealthFirst Elite Medical Plan" continue to be issued and the premium of the policy is paid at the time of renewal.
3. This privilege is applicable within 31 days immediately before the policy anniversary date coincident with or immediately following the person insured's 55th, 60th, 65th, or 70th birthday. This privilege can only be exercised once per lifetime and not applicable if the person insured has enrolled the optional benefits of "Premium Waiver due to Cancer" and/or "Deductible Discount".

All-round healthcare concierge service in Hong Kong

Not only do we want to help you get better, we want you to feel taken care of. That is why Elite Medical Plan provides access to:



24-hour Cigna HealthFirst Elite Hotline

24-hour Cigna HealthFirst Elite Hotline manned by experienced nurses, who provide you with tailor-made solutions through professional advice, or refer you to qualified medical practitioners.



Care Manager

A designated care manager providing hospital admission advice, assistance with hospital admission, in-hospital support and post-discharge follow-up when eligibility criteria are met.



Personalized Services

Referral for personalized services including local limousine transportation from home/ workplace to hospital, medication delivery, and home modification (service fees / additional charges for the above personalized services will be borne by the customer).

For more information, please refer to our "Healthcare Concierge Service" Leaflet.



Rewards for your good health – Deductible Discount

As your health and well-being partner, we cheer on your healthy lifestyle. By insuring with the Deductible Discount, you will be entitled to a 10% deductible discount upon each policy anniversary after the Waiting Period. The maximum deductible discount can be accumulated up to 100%. You can use the discount to offset the deductible when a claim arises. The higher your deductible discount, the lower the amount of deductible you need to bear.

The deductible discount will be reset to 0% on the next policy anniversary date and no deductible discount will be given for the next policy anniversary upon any claim payment under the basic benefits (other than the benefit under Compulsory Quarantine Cash) for any policy year.

Free annual health check-ups

Keeping track of your health is important. Because we know how much it matters, we offer the person insured a free annual health check-up, to give them a clear and up-to-date understanding about the state of their health.

The free annual health check-up coupon will be sent out 30 days after the policy is renewed.

THE PLAN AT A GLANCE

	Basic Benefits	Optional Insurance Benefits					
	Hospitalization and Surgical Benefits and Extended Benefits	Optional Outpatient Benefits	Optional Pharmacy Benefits	Optional Dental Benefits	Optional Premium Waiver due to Cancer	Optional Deductible Discount	Optional Maternity Benefits
Issue age (at last birthday) ¹	15 days to age 75						Age 18 to 45
Protection period	1 year and guaranteed renewable, up to age 100						1 year and guaranteed renewable, up to age 50
Premium payment term	Until the end of the protection period						
Options for geographical coverage (please refer to policy provisions for details)	Semi-Private Room ³	› Asia (including Australia and New Zealand) ⁴					
	Standard Private Room	› Worldwide › Worldwide (excluding US) › Asia (including Australia and New Zealand) ⁴					
Annual deductible options²	No deductible / HK\$25,000 / HK\$50,000						
Premium payment frequency	Annual / Monthly						
Policy currency	HKD						



Remarks:

- Children under age of 6: Your child must enroll when you do. The child is required to enroll in the same area of coverage, accommodation room type and with the deductible option as the parent. Your child's policy will end if you terminate your policy.
Children aged 6 or above: Your child is not required to enroll together with you or your spouse. Your child's policy will continue if you terminate your policy.
- Deductible applies to Basic Benefits with the exception of the benefits under Compulsory Quarantine Cash and Accidental Death Benefit.
- If the accommodation room type selected is Semi-Private Room, for confinement in Standard Private Room in Hong Kong or Macau, an adjustment factor of 50% applies to benefits payable under Basic Benefits, while it is fully covered elsewhere.
- Asia means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.

BENEFIT SCHEDULE (HKD)

Subject to prior approval, you need not pay any deposit when you are admitted to hospital, or claim when you are discharged – simply fill in a form for approval to enjoy cashless hospitalization.

The following benefit items are for reference only. Please refer to the policy provisions for details.

Basic Benefits (includes Hospitalization and Surgical Benefits & Extended Benefits)		
Accommodation Room Type	Semi-Private Room	Standard Private Room
Overall Annual Limit <i>Applies to Basic Benefits and Outpatient Benefits (if applicable)</i>	HK\$12,000,000	HK\$23,800,000
Lifetime Limit <i>Applies to Basic Benefits and all Optional Insurance Benefits except Pharmacy Benefits (if applicable)</i>	Unlimited	
Area of Cover options	Asia (including Australia and New Zealand)	Worldwide / Worldwide (excluding US) / Asia (including Australia and New Zealand)
Hospitalization and Surgical Benefits		
Benefit Items	Maximum Limit (HK\$)	
1. Hospital Room & Board	Fully covered	
2. Intensive Care Unit Expenses		
3. Inpatient Doctor's Call ¹		
4. Inpatient Specialist's Fee ¹ 		
5. Companion Bed ¹ <i>Covers extra bed and meals for 1 direct family member of the person insured aged below 18</i>		
6. Surgical Expenses ¹ <i>Covers surgical procedure on inpatient or outpatient basis</i>		
7. Anaesthetist's Expenses ¹ <i>Covers charges by anaesthetist's on inpatient or outpatient basis</i>		
8. Operation Theatre Expenses ¹ <i>Covers charges for the use of operating theatre, equipment and consumables used in the operation theatre on inpatient basis or outpatient basis</i>		
9. Hospital Cash ¹ <i>A cash benefit during your hospital confinement in public or private hospitals</i>	\$1,000 per day (up to 45 days per policy year)	\$2,000 per day (up to 45 days per policy year)
10. Compulsory Quarantine Cash ² <i>A cash benefit during your compulsory quarantine due to confirmed or suspected cases of Notifiable Infectious Diseases</i>	\$2,000 per day (up to 14 days per quarantine event)	
11. Private Nurse's Fees ¹ 	Fully covered (up to 45 days per policy year)	
12. Medical Appliances ¹ Covers prosthetic device implanted during surgery and / or any other body organ or part inside the person insured's body <ul style="list-style-type: none"> › Specified items: <ul style="list-style-type: none"> (a) Pace maker; (b) Stents for Percutaneous Transluminal Coronary Angioplasty; (c) Intraocular lens (including surgery performed during hospital confinement, day confinement or in a clinic); (d) Artificial cardiac valve; (e) Metallic or artificial joint for joint replacement; (f) Prosthetic ligaments for replacement or implantation between bones; and (g) Prosthetic intervertebral disc. › Non specified items 	Fully covered	
	\$100,000 per lifetime	

Hospitalization and Surgical Benefits (continued)

Accommodation Room Type	Semi-Private Room	Standard Private Room
Benefit Items	Maximum Limit (HK\$)	
<p>13. Other Medical Expenses¹ <i>Covers the following services during hospital confinement:</i> (a) diagnostic imaging services; (b) laboratory and pathological examinations; (c) drugs and medication, intravenous fluid and curative material consumed; (d) dressing, splints and plaster casts; (e) blood transfusion; (f) physiotherapy and emergency expenses; (g) general nursing care, excluding services payable under private nursing care; (h) related test and drugs fee of chemotherapy and radiotherapy; (i) surgical appliance used by the physician during surgery, except all external prosthesis, special braces, equipment or appliances; and (j) western medicine services, medical disposals and consumable.</p>	Fully covered	
<p>14. Cancer Treatment <i>Covers treatments of cancer including radiotherapy, chemotherapy, target therapy, gamma knife and cyberknife performed on an inpatient or outpatient basis</i></p>		
<p>15. Kidney Dialysis <i>Covers treatment of chronic and irreversible kidney failure includes peritoneal dialysis and regular haemodialysis performed on an inpatient or outpatient basis</i></p>		
<p>16. HIV / AIDS Treatment <i>Covers HIV / AIDS treatment during hospital confinement</i></p>	\$800,000 per lifetime	
<p>17. Organ Transplantation <i>Covers cost of the operation for heart, kidney, liver or bone marrow transplantation for the person insured who is a recipient of the organ transplant</i></p>	\$500,000 per disability per policy year	
<p>18. Advanced Diagnostic Imaging¹ <i>Covers MRI, CT Scan and PET Scan on inpatient and outpatient basis</i></p>	\$75,000 per policy year	
<p>19. Rehabilitation Benefit <i>Covers expenses in a rehabilitation centre for rehabilitation treatments within 90 days after discharge from the hospital</i></p>	\$300,000 per policy year	
<p>20. Palliative Care Benefit <i>Covers confinement in a registered hospice for care and nursing service following a diagnosis of terminal illness confirmed</i></p>	\$300,000 once per lifetime	
<p>21. Psychiatric Inpatient Treatment <i>Covers psychiatric treatment (mental illness or nervous disorders) in a hospital for the primary purpose of receiving psychiatric treatment</i></p>	\$60,000 per policy year (up to 30 days per policy year)	
<p>Remarks:</p> <p>👉 The benefit items 4 & 11 require written referral letter from the attending physician.</p> <p>1. The benefit items 3 – 9, 11 – 13 & 18 will not be payable if Hospital Room and Board Benefit and/or Intensive Care Unit Expenses are not payable (except the treatment done in day confinement or clinic).</p> <p>2. Notifiable Infectious Diseases refers to any kind of notifiable infectious diseases identified and defined and published by Hong Kong Government in accordance with the Prevention and Control of Disease Ordinance (Cap. 599). Annual Deductible does not apply to Compulsory Quarantine Cash.</p>		

Extended Benefits		
Accommodation Room Type	Semi-Private Room	Standard Private Room
Benefit Items	Maximum Limit (HK\$)	
1. Pre-admission and Post-Hospitalization Outpatient Expenses <ul style="list-style-type: none"> › Pre-admission clinic visits (within 30 days before the hospital confinement, day confinement or surgery in clinic) › Post-hospitalization follow-up clinic visits (within 180 days after discharge from hospital or surgery at physician's clinic) 	<ul style="list-style-type: none"> › Fully covered (up to 30 visits per policy year) › Fully covered (up to 30 visits per policy year) 	<ul style="list-style-type: none"> › Fully covered (up to 30 visits per policy year) › Fully covered (up to 90 visits per policy year)
2. Post-hospitalization Auxiliary Treatment ¹ 🏡 <ul style="list-style-type: none"> › Physiotherapy / Occupational Therapy / Speech Therapy › Chiropractor Consultation 	<ul style="list-style-type: none"> › Fully covered (up to 30 visits per policy year) › \$1,600 per visit (up to 30 visits per policy year) 	<ul style="list-style-type: none"> › Fully covered (up to 60 visits per policy year) › \$1,600 per visit (up to 30 visits per policy year)
3. Traditional Chinese Medicine Treatment <i>Covers consultation fee charged by a Chinese Medicine Practitioner for 2 packs of basic Chinese Medicines during hospital confinement or within 90 days after discharge from hospital or surgery at physician's clinic</i>	\$600 per visit (up to 30 visits per policy year)	
4. Home Nursing Expenses 🏡 <i>Covers special nursing care immediately after discharge from the hospital rendered</i>	Fully covered (up to 120 days per policy year)	
5. Accident Emergency Outpatient Treatment <i>Covers emergency treatment in the outpatient department of a hospital within 24 hours of the accident</i>	Fully covered	
6. Accident Emergency Dental Treatment <i>Covers emergency dental treatment due to dental injury to sound natural teeth / tooth caused by accident, and the treatment is rendered within 2 weeks of the accident in a dental clinic or hospital</i>		
7. Accidental Death Benefit ² <ul style="list-style-type: none"> › Hong Kong › Overseas 	\$100,000 \$200,000	
8. Local Ambulance Benefit <i>Covers local ambulance services immediately preceding the admission to and following the discharge from hospital</i>	Fully covered	
Remarks: 🏡 The benefit items 2 & 4 require written referral letter from the attending physician. <ol style="list-style-type: none"> 1. If more than one Physiotherapy, Occupational Therapy, Speech Therapy or Chiropractor Consultation incurred on the same day, only one consultation will be entitled under this benefit. 2. Annual Deductible does not apply to Accidental Death Benefit. 		

Optional Outpatient Benefits

Cover treatments or consultations on outpatient basis, up to 40 visits on benefit items 1-10, within which up to 10 visits for benefit items 6-8 per policy year. The Overall Annual Limit of the Basic Benefits as specified under the Benefit Schedule is also applicable to the Outpatient Benefits.

Benefit Items	Maximum Limit (HK\$)
1. General Practitioner Consultation ^{1,3}	Fully covered
2. Specialist Consultation ^{2,3} 🙅	
3. Home Consultation ^{1,3}	
4. Physiotherapy ^{2,3} 🙅	
5. Chiropractor Consultation ^{2,3} 🙅	
6. Chinese Medicine Practitioner Consultation ^{1,3} (includes 2 packs of basic Chinese medicines)	\$800 per visit
7. Chinese Bone-setting ^{1,3}	
8. Acupuncture ^{1,3}	
9. Psychiatric Outpatient Treatment ³ 🙅	\$800 per visit (up to 5 visits per policy year)
10. Dietetic Guidance / Speech Therapy / Occupational Therapy ³ 🙅	\$800 per visit (up to \$1,600 and 5 visits per policy year)
11. Prescribed Western Medicine	\$10,000 per policy year
12. Diagnostic Imaging and Laboratory Tests 🙅	
13. Vaccination	\$200 per shot (up to \$1,000 per policy year)

Remarks:

🙅 For items 2, 4, 5, 9, 10 & 12, a written referral letter from the physician is required.

1. Only one of the General Practitioner Consultation, Home Consultation, Chinese Medicine Practitioner Consultation, Chinese Bone-setting or Acupuncture will be paid for any one day.
2. Only one of the Specialist Consultation, Physiotherapy, or Chiropractor Consultation will be paid for any one day.
3. Benefit items 1-10 applies only to consultation / treatment fee and only one consultation / treatment will be paid for any one day.

Optional Pharmacy Benefits

The Optional Pharmacy Benefits is payable on a reimbursement basis if the person insured suffers from first confirmed diagnosis of any Major Diseases listed below after the Waiting Period and has survived for 30 days.

It covers expenses made by a pharmacy, dispensary, clinic or hospital for prescribed medication to treat such Major Disease.

Overall Annual Limit	HK\$80,000
Lifetime Limit	HK\$500,000
Major Diseases (Applicable to age of 16 or above)	
<ol style="list-style-type: none"> 1. Alzheimer's Disease/Dementia¹ 2. Amyotrophic Lateral Sclerosis 3. Aplastic Anaemia 4. Bacterial Meningitis 5. Benign Brain Tumor 6. Blindness 7. Brain Surgery 8. Cancer 9. Carcinoma-in-situ² 10. Cardiomyopathy 11. Chronic Relapsing Pancreatitis 12. Coma 13. Coronary Angioplasty² 14. Coronary Artery Bypass Surgery 15. Creutzfeldt-Jakob Disease 16. Crohn's Disease 17. Ebola 18. Elephantiasis 19. Encephalitis 20. End Stage Lung Disease 21. Fulminant Viral Hepatitis 22. Heart Valve Replacement 23. HIV Infection due to Blood Transfusion 24. Kidney Failure 25. Liver Failure 26. Loss of Hearing 27. Loss of Limbs 	<ol style="list-style-type: none"> 28. Loss of Speech 29. Major Burns 30. Major Organ Transplantation 31. Meningeal Tuberculosis 32. Medullary Cystic Disease 33. Multiple Sclerosis 34. Muscular Dystrophy 35. Myocardial Infarction 36. Necrotising Fasciitis/Gangrene 37. Occupationally acquired HIV 38. Parkinson's Disease 39. Poliomyelitis 40. Primary Lateral Sclerosis 41. Primary Pulmonary Arterial Hypertension 42. Progressive Bulbar Palsy 43. Progressive Muscular Atrophy 44. Progressive Supranuclear Palsy 45. Rheumatoid Arthritis (Adult) 46. Severe Brain Damage 47. Severe Myasthenia Gravis 48. Severe Ulcerative Colitis 49. Spinal Muscular Atrophy 50. Stroke 51. Surgery to Aorta 52. Terminal Illness 53. Total and Permanent Disability 54. Vegetative State
Major Diseases (Applicable to below age 16)	
<ol style="list-style-type: none"> 1. Cancer 2. Coma 3. Coronary Artery Bypass Surgery 4. Hand, foot and mouth diseases with severe (life threatening) complications 5. Insulin-Dependent Diabetes Mellitus 6. Kawasaki Disease with Heart Complications 7. Kidney Failure 8. Liver Failure 	<ol style="list-style-type: none"> 9. Major Burns 10. Major Organ Transplantation 11. Myocardial infarction 12. Poliomyelitis 13. Rheumatic Fever with Valvular Impairment 14. Severe Asthma 15. Severe Epilepsy 16. Stroke
<p>Remarks:</p> <ol style="list-style-type: none"> 1. The coverage of Alzheimer's Disease / Dementia shall cease upon the policy anniversary after the person insured reaches age 65. 2. The benefit payable for Carcinoma-in-situ and Coronary Angioplasty is limited to 20% of the benefit's Annual Maximum Limit and Lifetime Limit. 	

Optional Dental Benefits

Cover the treatments charged by a dentist at the dentist's clinic

Overall Annual Limit	HK\$5,000
Benefit Items	Maximum Limit (HK\$)
1. Scaling and Polishing	Once every 6 months
2. The following items are covered: (a) Fillings, including Amalgam fillings, composite resin filling, ceramic filling and glass ionomer cement filling (molar and pre-molar); (b) Dentures, crowns and bridges (only if necessitated by an accident); (c) Drainage of abscesses; (d) Intraoral extractions; (e) X-ray; (f) Root canal fillings; and (g) Routine oral examination.	Fully covered

Optional Maternity Benefits

Cover the expenses arising from pregnancy, including prenatal check-up, childbirth, miscarriage or postnatal check-up fee.

Benefit Items	Maximum Limit (HK\$)
1. Normal Delivery	\$40,000 per policy year
2. Miscarriage	
3. Caesarean Section	\$60,000 per policy year

Optional Premium Waiver due to Cancer

6-month's waiver of premium on Basic Benefits is payable if the person insured suffers from first confirmed diagnosis of cancer after the Waiting Period and has survived for 30 days. A lump sum benefit amount which is equivalent to half of the annualized premium of the Basic Benefits (calculated based on the prevailing premium rate as at the first confirmed diagnosis date) will be paid.

Premium payment frequency	Benefit Amount (HK\$)
> Annual	> 50% of annual premium
> Monthly	> 6 times of monthly premium

Remarks:

1. The Optional Premium Waiver due to Cancer is payable only once if the person insured suffers multiple cancer diagnosed in single incident and/or spread of cancer arising from same cause.
2. If this benefit is paid to the policyholder, there will be a 6-month waiver period commencing on the first confirmed diagnosis date of the paid cancer, in which during this period the Company will not pay this benefit for another cancer.

Optional Deductible Discount

After the Waiting Period, the person insured shall be paid a benefit upon each Anniversary Date for offsetting the Deductible under Basic Benefits. Such benefit amount is equivalent to 10% of the amount of deductible. The maximum accumulated amount of Deductible Discount under each Policy shall be 100% of the amount of Deductible.

Remarks:

1. This Deductible Discount is used for offsetting the Deductible under the policy.
2. Upon payment of any claim under the Basic Benefits (other than the benefit under Compulsory Quarantine Cash) for any policy year, the total accumulated of the bonus of Deductible Discount shall be reset to 0% on the next anniversary date and there is no bonus of Deductible Discount given for the next anniversary date.
3. If any payment is made by us to the policyholder with respect to a claim in the previous policy year after any Deductible Discount has been received, upon receipt of a notice from us, the policyholder shall return to us the difference in the amount of claims payable in full on the basis that the policyholder is not entitled to such Deductible Discount (or we shall offset such amount against any payment due to you).
4. In determining the eligibility for the Deductible Discount, any benefits paid or payable in respect of an admission to hospital due to bodily injury or sickness shall be attributed to the policy year for which the relevant admission occurred, but not the policy year in which discharge from hospital occurred, if different. In the event that there is no admission to hospital, any benefits paid or payable shall be attributed to the policy year for which the loss incurred date.
5. For the avoidance of doubt, while the Deductible Discount is in force, the policyholder shall not make any changes to the Basic Benefits including the Accommodation Room Type, Area of Cover, Deductible and / or payment frequency, otherwise the Company shall not pay any benefit under the Deductible Discount.

Waiting Period

Cover for specific benefits will take effect after the specified waiting period.

Benefit Items	Waiting Period
HIV / AIDS Treatment ^{1,4}	5 years
Palliative Care Benefit ^{1,4}	2 years
Optional Pharmacy Benefits ^{1,4}	180 days
Optional Maternity Benefits ²	1 year
Optional Premium Waiver due to Cancer ^{1,4}	90 days
Optional Deductible Discount ^{3,4}	1 year

Remarks:

- Waiting Period refers to the period after each of the following dates:
 - The policy issue date or the commencement date (whichever is later),
 - The approval date of any reinstatement (if your policy and/or the respective benefits of your policy has been subsequently reinstated),
 - The issue date of respective optional benefits (if the optional benefit is added after the policy issue date), and
 - The issue date or the effective date of any increase in benefit (whichever is later).
- Waiting Period of Optional Maternity Benefits refers to the period of 12 calendar months from:
 - The issue date or the commencement date (whichever is later),
 - The approval date of any reinstatement (if your policy has been subsequently reinstated), or
 - The issue date of respective optional benefits (if the Optional Maternity Benefits is added after the policy issue date), whichever is later.
- Waiting Period of Optional Deductible Discount refers to the period of 1 year from the issue date of Optional Deductible Discount.
- The corresponding terms for “waiting period” in the policy provisions are “HIV/AIDS Treatment Benefit Waiting Period”, “Palliative Care Benefit Waiting Period”, “Pharmacy Benefits Waiting Period”, “Premium Waiver due to Cancer Waiting Period” and “Deductible Discount Waiting Period”.


Service Directory

Service	Contact Details	Service Suppliers
24-hour Cigna HealthFirst Elite Hotline		
› General claims	(852) 8200 2211	Quality HealthCare Medical Services Limited
› Healthcare Concierge Service		
Second Medical Opinion Service	(852) 2887 0099	MediNet Services Limited
Worldwide Medical Assistance	(852) 3122 2222	International SOS
Outpatient Network	URL www.cigna.com.hk/opnetwork User ID healthfirst Password healthfirst	Quality HealthCare Medical Services Limited

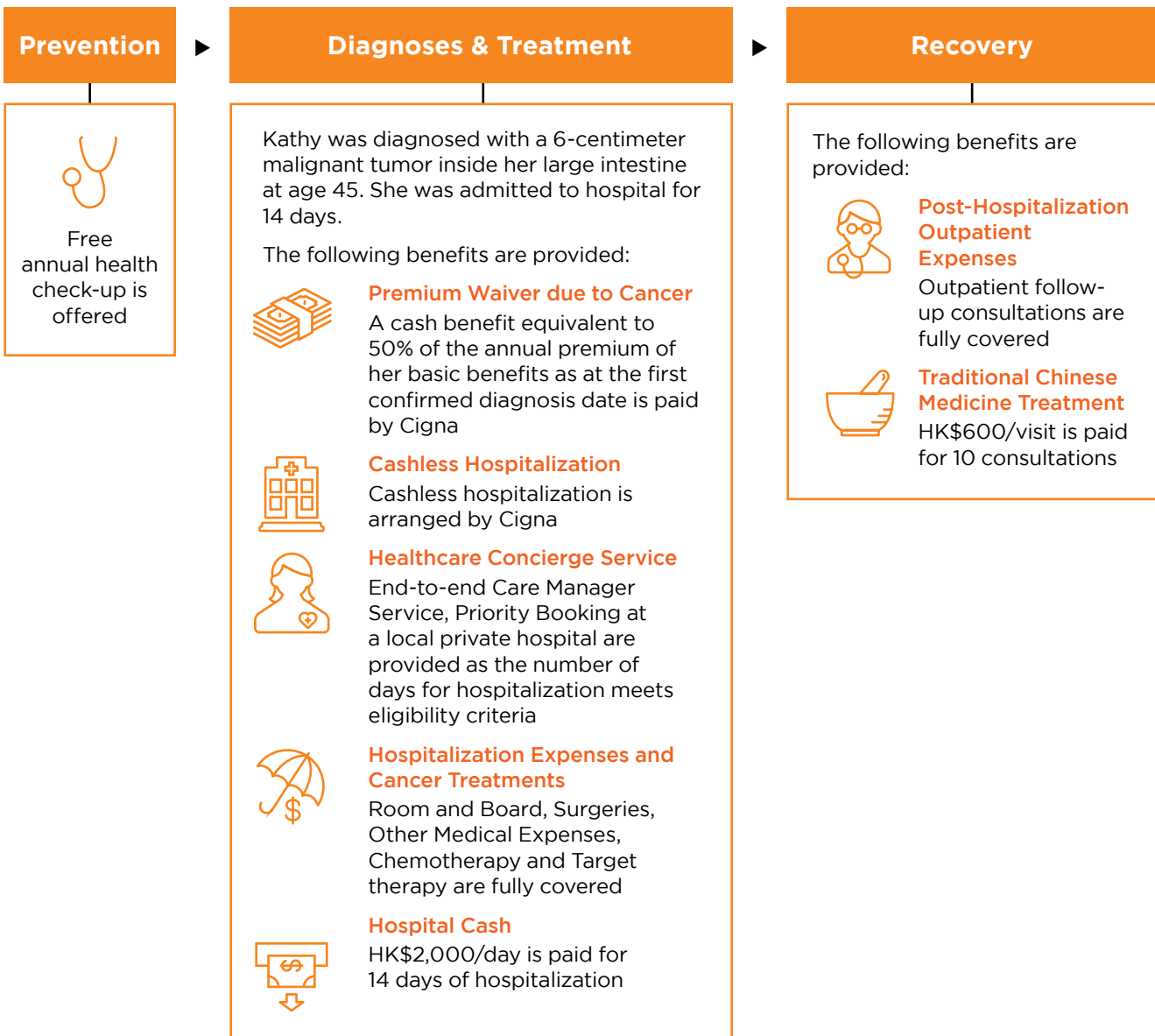
CASE ILLUSTRATION

The following examples are hypothetical and for illustrative purposes only.

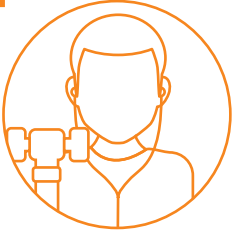
Case I: End-to-end medical protection

	Policyholder	Kathy
	Age	40 (non-smoker)
	Background	Kathy worries about rising medical costs. She wants a medical plan that provides her with comprehensive coverage. She enrolls in Cigna HealthFirst Elite Medical Plan at age 40.
	Plan level	Cigna HealthFirst Elite Medical Plan - Standard Private Room, Asia coverage, No Deductible
	Optional benefits	Premium Waiver due to Cancer
	Premium payment frequency	Annual

Cigna HealthFirst Elite Medical Plan offers comprehensive and superior benefits to ensure Kathy receives adequate protection throughout life's journey.



Case II: Save for a rainy day



Policyholder Carl

Age	30 (non-smoker)
Background	Carl wants affordable and comprehensive medical protection while he is young and healthy. He enrolls in Cigna HealthFirst Elite Medical Plan at age 30.
Plan level	Cigna HealthFirst Elite Medical Plan – Semi-Private Room, Asia coverage, Annual Deductible: HK\$25,000
Optional benefits	Deductible Discount

Cigna HealthFirst Elite Medical Plan offers comprehensive benefits at an affordable premium. With his healthy lifestyle, the optional benefit helps Carl accumulate a higher deductible discount, thus increasing the coverage amount every year.

At age 33, Carl experiences a cruciate ligament rupture during his vacation in Australia, which is included under his coverage. He was admitted to hospital for 4 days.

The following benefits are provided:



Deductible Discount

With his no-claim record for the past 3 years, the deductible has been reduced by 30%, becoming HK\$17,500



Cover of Hospitalization Expenses

Room and Board, Surgeries and Other Medical Expenses are covered after the deductible of HK\$17,500



Hospital Cash

\$1,000/day is paid for 4 days of hospitalization

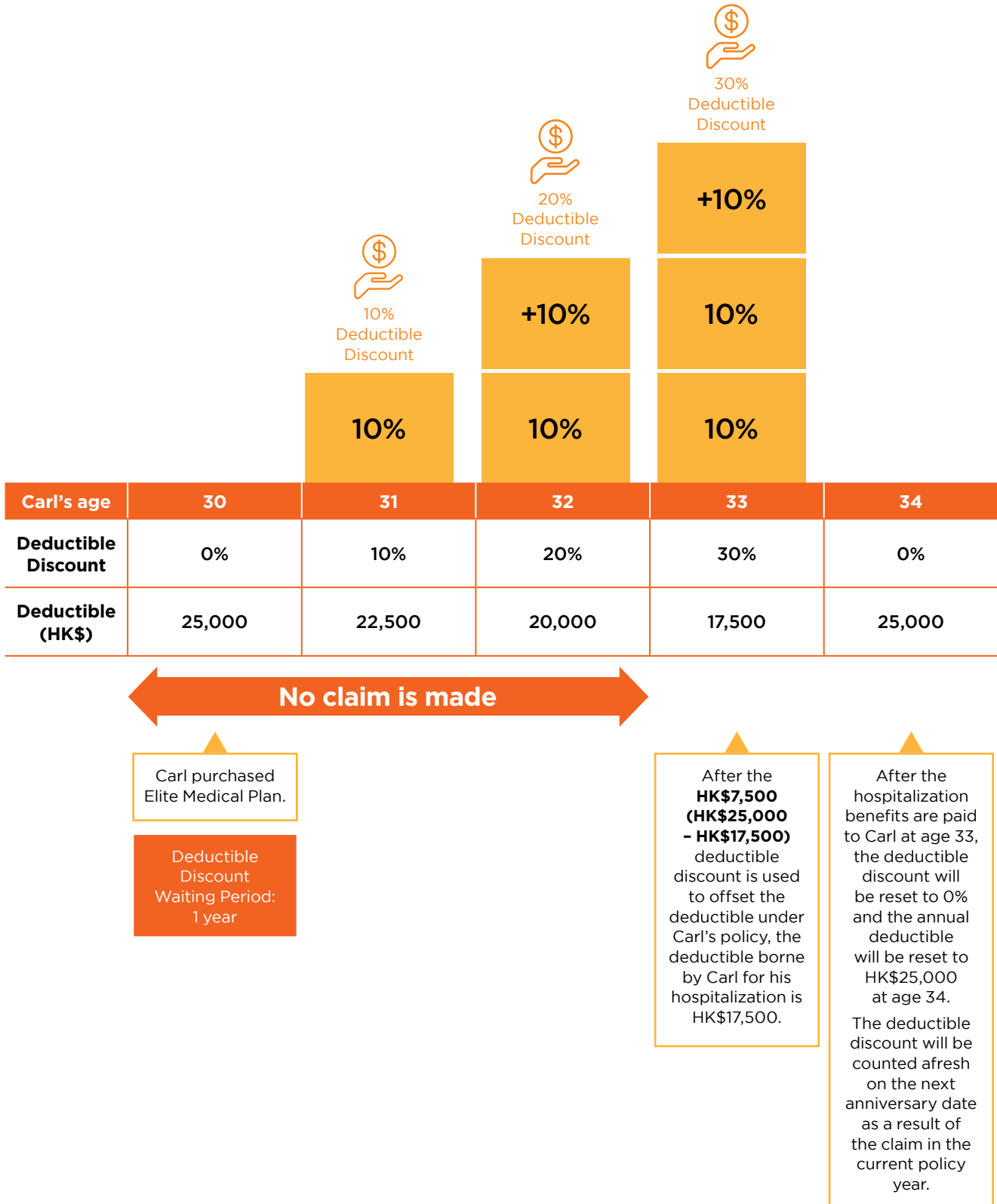


Full cover for physiotherapy after discharge

His expenses for 20 visits to a physiotherapist in Hong Kong after discharge is fully covered

Deductible Discount

Deductible Discount will be given according to the following:



IMPORTANT INFORMATION

Premium

1. Premium Level

The premium corresponding to the accommodation room type, area of cover and annual deductible option you select is determined based on the age and smoking habit of the person insured at policy commencement and at the time of renewal upon each anniversary date of the policy.

2. Non-payment of Premium

If you fail to pay the initial premium, your policy will not take effect from the commencement date of your policy. Except for the initial premium payment, there will be a grace period of 1 month after any premium due date. Your policy will remain effective during this grace period. If any premium is not paid at the end of the grace period, your policy will lapse on the premium due date and you will lose the insurance cover.

We will not make any claim payment or any other payment payable under the policy, until we receive payment of all outstanding premium up to the date of the claim payment or when the policy terminates.

3. Mis-statement of Age or Smoking Habit

If age or smoking habit has been mis-stated by you or any person insured, the relevant person insured would still be eligible for coverage, we have the right to adjust the premiums payable based on the correct information.

4. 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 experience in claims and expenses incurred by and/or in relation to this product.

Benefits

1. Benefit in General

For hospitalization in mainland China, benefit is payable only if the diagnosis and hospital confinement are made in a hospital of Tier 3 Class A or above.

Except for the benefit payment in case of death of the person insured, we shall pay the benefit amount to the policyholder.

For the benefit payment in case of death of the person insured, we shall pay the benefit amount to the beneficiary.

2. Hospitalization and Surgical Benefits

Under Hospitalization and Surgical Benefits and Extended Benefits, the Company will reimburse the actual medical expenses incurred of insured event according to the following calculation formula:

$$\left(\begin{array}{l} \text{Amount} \\ \text{of eligible} \\ \text{medical} \\ \text{expenses} \\ \text{incurred} \end{array} \right) \text{ LESS } \left(- \right) \left(\begin{array}{l} \text{The medical} \\ \text{expenses of same} \\ \text{insured event is} \\ \text{reimbursed by} \\ \text{another party or} \\ \text{by us under} \\ \text{another} \\ \text{insurance plan or} \\ \text{the deductible} \\ \text{(per policy year)} \\ \text{under this policy,} \\ \text{whichever is the} \\ \text{larger} \end{array} \right) \text{ TIMES } \left(\times \right) \left(\begin{array}{l} \text{Adjustment} \\ \text{factor in} \\ \text{room type} \\ \text{confined} \\ \text{(if applicable)} \end{array} \right)$$

If the person insured uses a higher level of hospital facilities and services than he is entitled to under the policy, the benefit amount payable will be lowered according to the adjustment factor. This benefit will not be payable for class of suite/ VIP/ deluxe room of a hospital.

Accommodation Room Type	Room type confined	Adjustment factor
Semi-Private Room	Standard Private Room	50%

3. Deductible Discount and Premium Waiver due to Cancer

For the avoidance of doubt, while the Deductible Discount and/or Premium Waiver due to Cancer are in force, the Basic Benefits including the selected accommodation room type, area of cover, deductible and/or payment frequency are not allowed to change. Otherwise, the Company will not pay any benefit under the Deductible Discount and/or Premium Waiver due to Cancer.

Area of Cover

If the person insured's country of residence is the United States (US) at the time of loss incurred, all benefits payable under the Basic Benefits and the Optional Insurance Benefits (if any) which takes place in the US will be reduced to 60% of relevant reimbursable charges, while the maximum benefit limit, lifetime limit and deductible shall remain unchanged under your policy. Country of residence refers to the country where person insured has stayed in for 185 days or more during the period of 365 consecutive days before the loss incurred date.

For the area cover of "Asia", if the person insured's country of residence is Australia and/or New Zealand at the time of loss incurred, all benefits payable under the Basic Benefits and the Optional Insurance Benefits (if any) which takes place in Australia and/or New Zealand will be reduced to 60% of relevant reimbursable charges, while the maximum benefit limit, lifetime limit and deductible shall remain unchanged under your policy. Country of residence refers to the country where person insured has stayed in for 185 days or more during the period of 365 consecutive days before the loss incurred date.

Duplicated Policy

Person insured can only be covered under one single "Cigna HealthFirst Medical Plan Series" policy. The series includes "Cigna HealthFirst Elite Medical Plan", "Cigna HealthFirst Choice Medical Plan" and any other insurance policies that fall under the "Cigna HealthFirst Medical Plan Series" as defined and issued by the Company from time to time.

Renewal

The Basic Benefits and Optional Insurance Benefits will be effective for an initial period of 12 months and thereafter guaranteed and automatically renewable for successive periods of 12 months each provided that we continue to issue new policy(ies) under the Basic Benefits and respective Optional Insurance Benefits (if applicable) of "Cigna HealthFirst Elite Medical Plan", and upon payment of the premium at time of renewal. If the Basic Benefits are renewed by the Company, but the Optional Deductible Discount is not renewed by the Company, the coverage period of the Optional Deductible Discount will be extended to 12 months following the next policy anniversary. If the policy is not renewed by the Company, the Optional Deductible Discount will be terminated at the end of the policy year. In such case, the coverage period of Optional Deductible Discount will not be extended. The Company reserves the right to revise the terms of the policy and/or the premium and/or the benefit schedule upon each renewal.

Termination

1. The policy will be automatically terminated when one of the following happens:
 - The person insured reaches the age of 100;
 - The person insured passes away; or
 - Any premium is not paid at the end of the grace period.
2. The Optional Maternity Benefits will be terminated upon the policy anniversary after the person insured reaches age 50.
3. The Optional Pharmacy Benefits will be terminated if 100% of the lifetime limit has been paid.
4. If there is any fraud, mis-statement or concealment in the application or declaration, or if you or your beneficiary makes a dishonest claim, we have the right to cancel the policy immediately. In such case, all the premium paid will not be returned and you shall immediately return all payment including claims paid by us under the policy.

5. The person insured is required to settle any shortfall of expenses incurred with the use of the Cigna HealthFirst Elite Medical Card which is not covered by the policy or exceeding the maximum limit. If such shortfall amount is not settled within 14 days after receipt of a payment advice from us or our designated medical service providers, the Company reserves the right to terminate this policy.
6. The person insured aged below 6 applying for Elite Medical Plan must be enrolled in the same Basic Benefits and Optional Insurance Benefits with those of the policyholder's. If the policyholder terminates or changes his/ her policy, the policy of the child must be terminated or changed accordingly as per the policyholder's with effect from the next anniversary date. The policyholder is required to notify us in writing the request of changes.

Inflation Risk

While your current planned benefits will not be adjusted during the policy term, future medical costs may be higher than they are today due to inflation.

KEY EXCLUSIONS

The following list is for reference only. Please refer to the policy provisions for the complete list and details of exclusions.

Cigna shall not be liable to pay any claim or expenses incurred directly or indirectly resulting from or consequent upon or contributed by the following items.

The following items are applicable to all benefits:

- (a) Pre-existing medical conditions and any specified special exclusion(s);
- (b) War, invasion, act of foreign enemy, hostilities, civil commotion, rebellion, revolution, insurrection, military or usurped power or terrorism;
- (c) The person insured's suicide, attempted suicide or intentionally self-inflicted injuries, whether sane or insane;
- (d) The person insured being under the influence of alcohol or drugs unless the drugs are properly prescribed by a physician and were not taken for the treatment of drug addiction;
- (e) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury or sickness (this exclusion is not applicable to Maternity Benefit);
- (f) Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC) except such occurrence are covered under HIV/AIDS Treatment section and HIV Infection due to Blood Transfusion and Occupational acquired HIV of Pharmacy Benefits (optional benefit);
- (g) Sexually-transmitted diseases or treatment thereof except such occurrence are covered under HIV / AIDS Treatment section and HIV Infection due to Blood Transfusion of Pharmacy Benefits (optional benefit);
- (h) Infertility or sterilization or any type of fertility;
- (i) Birth defects, congenital conditions, hereditary conditions or any disabilities arising therefrom except such occurrence are covered under Medullary Cystic Disease of Pharmacy Benefits;
- (j) Cosmetic and elective surgery;
- (k) Routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids and artificial lens except such occurrence are covered under the item of Medical Appliances of the Hospitalization and Surgical Benefits;
- (l) Routine medical examinations or health screening checks;
- (m) All dental treatment prescribed by dentist except emergency treatments by a physician during hospital confinement due to bodily injury. No claims shall be payable for any follow up treatment from such hospital confinement. (This exclusion is not applicable to Dental Benefit); or

- (n) Organ transplantation except such occurrence is covered under the item of Organ Transplantation of the Hospitalization and Surgical Benefits and Major Organ Transplantation of the Pharmacy Benefits;

The following exclusions items are applicable to Dental Benefits only:

- (a) Dental implants or transplants;
- (b) Cosmetic dentistry procedures such as bleaching and veneers;
- (c) Orthodontic services;
- (d) Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- (e) Procedures or appliances to correct congenital malformations;
- (f) Treatment of malignancies, cysts, or neoplasms;
- (g) Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder, or for orthognathic surgery;
- (h) Services or supplies intended to diagnose or treat any condition that is occupational injury or disease; or
- (i) Replacement or additions to existing dentures or bridgework;

The following exclusions items are applicable to Pharmacy Benefits only:

- (a) Any drugs that are experimental or investigational; or
- (b) Cost or expense incurred for replacement of claimed western medications due to loss, theft, damaged, spoiled or expired;

The following exclusions items are applicable to Accidental Death Benefit only:

- (a) Illness, disease, bacterial or viral infection, even if contracted by an accident. This does not exclude bacterial infection that is the direct result of an accidental cut or wound or accidental food poisoning;
- (b) Medical or surgical treatment, except where such treatment is rendered necessary by bodily injury within the scope of this accidental death benefit;
- (c) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury;
- (d) Being under the influence of alcohol or drugs unless the drugs are properly prescribed by a physician and were not taken for the treatment of drug addiction; or
- (e) Suicide, attempted suicide, suicide pact or deliberate self-inflicted injury, while sane or insane.

Notes:

"Cigna", "the Company", "We", "our" or "us" herein refers to Cigna Worldwide General Insurance Company Limited.

This product brochure is also available in Chinese. You may request for the Chinese version from us.

此產品小冊子同時備有中文版本，閣下可向本公司索取中文版本。

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