

HOSPITAL / SURGICAL
General insurance

Cigna HealthFirst Medical Plan Series

Cigna HealthFirst Elite Medical Plan





About The Cigna Group

Our Mission

We are dedicated to improving the health and vitality of those we serve.



Sales capability in **OVER 30 COUNTRIES AND JURISDICTIONS**^I



RANKED 12TH on the 2022 Fortune 500 List



More than **190 MILLION CUSTOMER RELATIONSHIPS** around the world^I



Named a '**CARING COMPANY**' by the Hong Kong Council of Social Service



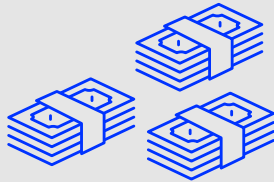
More Than **70,000 EMPLOYEES** around the world^I

Remarks:

I. The above data is for informational purposes only and may not relate to a particular subsidiary of The Cigna Group. Data is based on The Cigna Group's internal reporting as of 5 May 2023 and is subject to change.

Have you noticed?

Funding for Unexpected Expenses (Hong Kong)



Only 19% of global respondents feel they can meet the medical needs of their family members financially¹

Cancer treatment can cost several hundred thousand to over 1 million dollars



Targeted therapy

Reference charges (HK\$)
approx. \$400,000 - \$2,400,000²



Immunotherapy

Reference charges (HK\$)
approx. \$850,000 - \$3,600,000²

With medical inflation on the rise, you need a medical protection plan to ensure you have access to healthcare and rehabilitation services that you can trust.

Cigna HealthFirst Elite Medical Plan offers you the highest cancer coverage in the market³ and provides you with the extra cancer follow-up clinic service for 365 days after your completion of cancer treatment

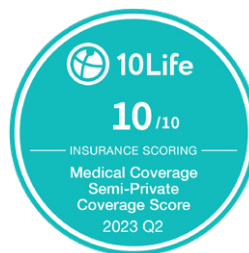
5 Star rated in the high end category

Cigna HealthFirst Elite Medical Plan has been recognized as a preferred choice of high-end medical insurance plan in the market. It garnered 5 Star Rating and Medical Coverage Score of 10/10 at both Private Room Level and Semi-Private Room Level⁴.

Private Room Level



Semi-Private Room Level



What is IOLife?

*IOLife is a digital platform that provides professional and unbiased insurance information for consumers. Using factors that matter the most to the consumers, IOLife produces objective high-end medical insurance scores and rankings based on medical coverage and auxiliary benefits. For more, please refer to www.IOLife.com

Remarks:

1. Cigna COVID-19 Global Impact Study results 2021.
2. Hong Kong Cancer Fund took reference from the market prices of the Hospital Authority and six private hospitals in April 2016.
3. As of January 1, 2023.
4. As of the 2nd quarter of 2023.

How would Elite Medical Plan benefit you?

We provide comprehensive medical protection, with flexible options to suit your personal needs. Whether you are enjoying perfect health or dealing with some medical concerns, we provide you with value-added services to ensure you can take advantage of the best care.

Our annual limits for Basic Benefits and Optional Outpatient Benefits are the highest among high-end medical insurance plans of the same type in Hong Kong¹.

Semi-Private Room
With HK\$30M Basic Benefits and Optional
Outpatient Benefits annually

Standard Private Room
With HK\$50M Basic Benefits and Optional
Outpatient Benefits annually

Unlimited lifetime claims

Applies to all basic benefits and most optional benefits². Even if a critical illness like cancer strikes, related medical expenses are covered, so there is no need to worry about coverage limits for different expense categories³.

Guaranteed renewable for lifetime

Regardless of any eventual changes to your health

Flexible options to suit your needs

3 Area of Coverage options so you can choose where you want your coverage



Asia only



Worldwide excluding the US



Worldwide

For customers selecting “Asia only”, there is an option to upgrade your Area of Coverage to “Worldwide excluding the US” without further medical underwriting if you migrate to Australia or New Zealand in future⁴.

Accommodation Room Type



Semi-Private Room
For Asia-only plans



Standard Private Room
For Asia-only and worldwide plans

4 Annual Deductible Options^{5,6} to suit your budget and complement any existing cover⁷

\$15,000

\$25,000

\$50,000

\$75,000

Special coverage in response to the ongoing COVID-19 outbreak⁸



Any hospitalization or outpatient expenses resulting from confirmed or suspected cases of COVID-19, or adverse events caused by COVID-19 vaccination will be claimable up to the limits specified in the benefit schedule⁹



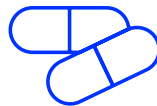
Benefit for compulsory quarantine¹⁰ due to COVID-19 infection or other Notifiable Infectious Diseases¹¹ – a pioneering Compulsory Quarantine Cash benefit of HK\$2,000 per day subject to a Waiting Period of 90 days

Various Optional Benefits



Outpatient Benefits

Extensive treatments including Western and Chinese Medicine and more



Pharmacy Benefits

Prescription medication for Major Diseases up to HK\$80,000 per year²



Dental Benefits

Scaling and polishing twice a year, with full coverage for X-rays and common dental procedures



Deductible Discount Benefits

To reward loyalty, 10% discount on your deductible for each eligible year¹²



Premium Waiver due to Cancer

6-month premium waiver upon a cancer diagnosis to help focus on recovery

Remarks:

1. As of January 1, 2023.
2. Lifetime limit of HK\$500,000 applies to the Optional Pharmacy Benefits.
3. Benefits are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to "Important Information" of this brochure or Policy Provision.
4. An official declaration and proof of emigration are required. The official declaration must be signed in Hong Kong and any upgrade will only be effective on the subsequent policy anniversary date.
5. Different annual deductible options may vary across different sales channels.
6. We will start paying for the covered medical expenses once the deductible amount has been reached. The deductible will be covered either by you or your other insurance plans.
7. The deductible is adjustable upon your retirement. 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 is not applicable if the Person Insured has enrolled in the "Premium Waiver due to Cancer" and / or "Deductible Discount" optional benefits.
8. "COVID-19" means the 2019-nCoV virus and the related illness as defined by the World Health Organization. Please refer to the relevant benefit schedule and policy provision for more details.
9. The COVID-19 vaccination must be approved by the relevant local health authorities and prescribed by a registered medical practitioner. Please refer to the relevant benefit schedule and policy provision for more details.
10. Compulsory Quarantine applies if as required by the government on a mandatory basis, the Person Insured is being confined in an isolated ward of a Hospital or kept in an isolated site appointed and provided by the government for at least twenty-four (24) consecutive hours due to Notifiable Infectious Disease(s) suffered by the Person Insured and the Person Insured continuously stays in there until discharged from quarantine. For the avoidance of doubt, this benefit does not include cases where the Person Insured stays at home or any premises not being a Hospital or an isolated site appointed and provided by the government.
11. 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) or any kind of infectious diseases for which an outbreak alert is issued by the World Health Organization.
12. Deductible Discount is applied at each policy anniversary when no Basic Benefits claims have been made in the previous Policy Year.

Cigna all-round healthcare concierge service – take care of your needs around-the-clock

Cigna HealthFirst Elite Medical Plan brings you high-end medical coverage and offers a series of excellent healthcare services to suit different health needs.

Free annual physical health check-ups

To give you a clear and up-to-date understanding about the state of your health, we will send you a free body check-up coupon 30 days after each policy anniversary date.

24/7 Cigna Customer Service Chatbot – Chloe: Your 24/7 Virtual Assistant

Chat with Chloe via WhatsApp at 5998-3779 and Chloe will immediately provide you with health information; if you are in Hong Kong, Chloe can help you locate and make an appointment with a nearby general practitioner or specialist¹.

Other caring medical services – Meeting your health needs at all times

MyCigna online policy management and claim

MyCigna offers a one-stop policy management service that allows you to access policy information or submit a claim application, or even look up network doctor details or buy a new insurance plan. Simply log in to your account on your mobile or computer, anytime, anywhere. Customers can log in at www.cigna.com.hk or download the app to use the service.



Cigna Medical Card

Just show your Cigna e-medical card on your smartphone via MyCigna app to enjoy discounts² of up to 40% off when getting access to our extensive medical network throughout Hong Kong.

Cigna Virtual Consultation

Cigna Healthcare has partnered with DoctorNow to bring you a convenient telemedicine service. Customers can simply download the app to obtain medical advice through video consultations with locally-registered physicians. You can also enjoy same-day medicine delivery and receive a doctor's certificate and receipt. If you need a specialist referral, the doctor will help prepare a referral letter and you can access this through the app.



SOS Worldwide Emergency Assistance Services

Up to US\$1,000,000 available for arrangement of medical evacuation to an appropriate location for emergency medical treatment, or repatriation to Hong Kong.

Remarks:

1. Only applicable to relevant network doctors.
2. Discounts offered by different Cigna medical network doctors may vary. In case of any dispute, Cigna Healthcare's decision shall be final.

Unique one to one dedicated Care Manager Service in Hong Kong

Cigna Healthcare understands that you want the best treatment possible when you are feeling unwell. If you find yourself in need of medical treatment, Cigna Healthcare can help you estimate the medical expenses needed and explain the circumstances you may face. As a member of Cigna HealthFirst Elite Medical Plan, you will be assigned a dedicated Care Manager through our healthcare concierge service, who will follow up on your hospital stay, surgery, or other treatment arrangements. In addition to getting maximum coverage for your medical expenses, you can also enjoy other care services through Cigna's healthcare concierge.

Cashless hospitalization arrangement¹ (Hong Kong and overseas) – no need to worry about unexpected medical expenses



Worldwide network of
1.5 million medical providers



No need to make a deposit upon hospital admission or claim upon discharge (subject to prior approval)

Unique one to one dedicated Care Manager Service in Hong Kong – allows you to recover with peace of mind and relieves the pressure on you and your caretaker

Staffed by registered nurses and provides you with professional advice when you are facing a health issue, just call the 24-hour Cigna HealthFirst Elite Hotline at 8100 3269



Coordinates and follows up on hospital surgery or treatment arrangements and post-surgery visit



Refers you to personalized services (for example, local limousine transportation to the hospital, nursing arrangements, virtual consultation, medication delivery, home modification, and more)



Helps arrange "Cigna Health Services At Home" – for example, arranging for cancer patients to receive chemotherapy at home which agreed by doctor to ease the burden of travelling and reduce the risk of infection



Understands and analyzes your health condition, and offers network doctor options



Provides information on improving health, and post-discharge follow-up in person (for example, arranging post-discharge physiotherapy, nutrition guidance, meal delivery service, and more)



Provides emotional support for you and your family



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

Cigna Healthcare also received the following awards:



Hong Kong Insurance Awards 2022
Top 3 Finalist of the Outstanding
Claims Management Award and
Outstanding Customer Services Award



Edigest Brand Award 2023
Best Health Insurance Award



iMoney Insurance Excellence Awards 2022
Best High End Medical Insurance Award



Learn more now
about how our
Care Managers
provide care services
for customers in actual
situations

Remarks:

1. To use Cashless Hospitalization service, a Cigna Guarantee of Payment / Pre-Authorization ("GOP") Application Form must be submitted to us for approval prior to hospital admission. Cigna Healthcare requires 5 working days upon receipt of a completed form and supporting medical documents to process the application. We will confirm your application by issuing you a Cigna Health Insurance Scheme Guarantee of Payment (Inpatient) approval letter which sets out the conditions of the GOP arrangement. We or our designated medical service providers have the absolute discretion to decline the GOP application based on information provided by the Person Insured and/or Policyholder about the Person Insured's medical condition or if the GOP application does not include valid, sufficient and complete information for credit card authorization. All GOP approvals provided by us are subject to the deductible level and benefit limit of the Policy. The Person Insured and/or Policyholder are responsible for settling any amount not covered by their Policy.

The plan at a glance

Basic Benefit and Optional Insurance Benefits			
Plan Type	This product is a standalone individual policy. The basic plan provides hospitalization benefits which can be combined with optional benefits of outpatient or other medical protection. The policy provides both indemnity and non-indemnity benefits. It does not contain any cash value.		
Policy Term and Premium Structure of Basic Plan	1 year and Annually Renewable The plan provides a protection period of one year, and is guaranteed renewable ¹ for the lifetime of the Person Insured, with payment period until the end of protection period. Premiums will increase with age and are subject to annual adjustment at policy renewal.		
Options for Geographical coverage² (please refer to policy provision for details)	Asia³		Worldwide excluding the US
Accommodation Room Type	Semi-Private Room ⁴	Standard Private Room	Standard Private Room
Overall Annual Limit - Basic Benefits and Outpatient Benefit (if applicable)	HK\$30,000,000	HK\$50,000,000	HK\$50,000,000
Issue Age (at last birthday) ⁵	15 days to age 75		
Annual deductible options⁶	HK\$15,000 / HK\$25,000 / HK\$50,000 / HK \$75,000		
Premium payment frequency	Annual / Monthly		
Policy Currency	HKD		


Remarks:

- Guaranteed renewable subject to Cigna Healthcare 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.
- Coverage is subject to Compliance with Sanctions Rules under policy provisions.
- 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.
- 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 in Asia.
- Children under age of 6: Your child must enroll when you do. The child is required to enroll in the same area of coverage 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, Hospital Cash for Confinement in a Public Ward of a Government Hospital in Hong Kong, Hospital Cash for Confinement in a Lower Room Level of a Private Hospital, Cash Benefit for the Surgical Procedure of Gastroscopy or Colonoscopy within a Network Clinic and Accidental Death Benefit.

To enjoy our speedy “Cashless Hospitalization” service, we recommend that you submit application via MyCigna or call the Cigna Customer Service Hotline as soon as possible once you know your treatment date, so we have time to make the proper arrangements. Once the Customer Service Department has looked into your case, we will assign a one-on-one Care Manager to help you follow up on hospital surgery or treatment arrangements until your recovery. At the same time, we will provide emotional support to you and your family, allowing you to recover with comfort and peace of mind.

Benefit Schedule (HKD)

The following benefit items are for reference only. Benefits are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to “Important Information” of this brochure or policy provision.

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\$30,000,000	HK\$50,000,000
Lifetime Limit <i>Applies to Basic Benefits and all Optional Insurance Benefits except Pharmacy Benefits (if applicable)</i>	Unlimited	
Area of Cover options	Asia	Worldwide / Worldwide excluding the US / Asia
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 anaesthetist charges 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>		

Hospitalization and Surgical Benefits (continued)		
Accommodation Room Type	Semi-Private Room	Standard Private Room
Benefit Items	Maximum Limit (HK\$)	
<p>15. Other Medical Expenses ¹ Covers the following services during hospital confinement or outpatient surgery:</p> <ul style="list-style-type: none"> (a) <i>diagnostic imaging services;</i> (b) <i>laboratory and pathological examinations;</i> (c) <i>drugs and medication, intravenous fluid and curative material consumed;</i> (d) <i>dressing, splints and plaster casts;</i> (e) <i>blood transfusion;</i> (f) <i>physiotherapy and emergency expenses;</i> (g) <i>general nursing care, excluding services payable under private nursing care;</i> (h) <i>related test and drugs fee of chemotherapy and radiotherapy;</i> (i) <i>surgical appliance used by the physician during surgery, except all external prosthesis, special braces, equipment or appliances; and</i> (j) <i>western medicine services, medical disposals and consumable.</i> 	Fully covered	
<p>16. Pregnancy Complications Covers hospitalization and surgical costs associated with pregnancy complications on an inpatient or outpatient basis</p>		
<p>17. Cancer Treatment</p> <ul style="list-style-type: none"> (a) <i>Covers treatment of cancer including radiotherapy, chemotherapy, targeted therapy, immunotherapy, hormonal therapy, proton therapy, gamma knife and cyberknife; and</i> (b) <i>Medically Necessary services provided by a Physician in cancer treatment planning, monitoring of prognosis and development during the course of treatment specified under (a), including any diagnosis or treatment of medical condition(s) which arises during the course of such treatment, and which is/are directly related to the relevant cancer</i> 		
<p>18. Kidney Dialysis Covers treatment of chronic and irreversible kidney failure includes peritoneal dialysis and regular haemodialysis performed on an inpatient or outpatient basis</p>		
<p>19. Advanced Diagnostic Imagings Covers MRI, CT Scan and PET Scan on an inpatient or outpatient basis</p>		
<p>20. HIV / AIDS Treatment Covers HIV / AIDS treatment during hospital confinement</p>	\$800,000 per lifetime	


Hospitalization and Surgical Benefits (continued)		
Accommodation Room Type	Semi-Private Room	Standard Private Room
Benefit Items	Maximum Limit (HK\$)	
21. Organ Transplantation <i>Covers cost of the operation for heart, kidney, liver, lung, pancreas or bone marrow transplantation when the Person Insured is a recipient of an organ transplant</i> <ul style="list-style-type: none"> • Recipient Costs • Donor Costs (chargeable to the Person Insured) 	Fully covered \$500,000 per lifetime	
22. Rehabilitation Benefit <i>Covers expenses in a Rehabilitation Centre for rehabilitation treatments within 90 days after discharge from the hospital</i>	\$300,000 per Policy Year	
23. Palliative Care Benefit <i>Covers confinement in a registered hospice for care and nursing service following a diagnosis of terminal illness confirmed</i>	\$300,000 once per lifetime	
24. Psychiatric Inpatient Treatment <i>Covers psychiatric treatment (mental illness or nervous disorders) in a hospital for the primary purpose of receiving psychiatric treatment</i>	\$60,000 per Policy Year (up to 30 days per Policy Year)	

Remarks:

- ⚡ The benefit items 4 & 13 require written referral letter from the attending physician.
- The benefit items 3 to 10, 13 to 15 will not be payable if Hospital Room and Board Benefit and/or Intensive Care Unit Expenses are not payable (except for treatment done in day confinement or clinic). If the age of Person Insured is 100 or above, the benefit items 1 & 2 will be limited to 180 days per Policy Year.
 - Annual Deductible does not apply to the cash benefit items:
 - Hospital Cash for Confinement in a Public Ward of a Government Hospital in Hong Kong
 - Hospital Cash for Confinement in a Lower Room Level of a Private Hospital
 - Cash Benefit for Surgical Procedure of Gastroscopy or Colonoscopy within a Network Clinic
 - Compulsory Quarantine Cash
 - Compulsory Quarantine applies if as required by the government on a mandatory basis, the Person Insured is being confined in an isolated ward of a Hospital or kept in an isolated site appointed and provided by the government for at least twenty-four (24) consecutive hours due to Notifiable Infectious Disease(s) suffered by the Person Insured and the Person Insured continuously stays in there until discharged from quarantine. For the avoidance of doubt, this benefit does not include cases where the Person Insured stays at home or any premises not being a Hospital or an isolated site appointed and provided by the government.
 - 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) or any kind of infectious diseases for which an outbreak alert is issued by the World Health Organization.

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 or outpatient surgery in clinic) Post-hospitalization follow-up clinic visits (within 365 days after hospital discharge, outpatient surgery, or completion of cancer treatment)¹ 	> Fully covered (up to 30 visits per Policy Year) > Fully covered (up to 60 visits per Policy Year)	> Fully covered (up to 30 visits per Policy Year) > Fully covered (up to 90 visits per Policy Year)
2. Post-hospitalization Auxiliary Treatment ² <ul style="list-style-type: none"> Physiotherapy / Occupational Therapy / Speech Therapy Chiropractor Consultation Psychologist Consultation (provided by a psychologist registered in Hong Kong) 	> Fully covered (up to 30 visits per Policy Year) > \$1,600 per visit (up to 30 visits per Policy Year) > \$800 per visit (up to 5 visits per Policy Year)	> Fully covered (up to 60 visits per Policy Year) > \$1,600 per visit (up to 30 visits per Policy Year) > \$800 per visit (up to 5 visits per Policy Year)
3. Traditional Chinese Medicine Treatment <i>Covers consultation fee charged by a Chinese Medicine Practitioner for up to two packs of basic Chinese Medicines (excluding bonesetting and acupuncture treatment) during hospital confinement or within 90 days after discharge from hospital or outpatient surgery</i>	\$1,000 per visit (up to 30 visits per Policy Year)	
4. Home Nursing Expenses <i>Covers special nursing care provided immediately after discharge from the hospital</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 takes place within 2 weeks of the accident in a dental clinic or hospital.</i>		
7. Accidental Death Benefit ³ <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.







1. As stated in Cancer Treatment under Hospitalization and Surgical Benefits.

2. If more than one Physiotherapy, Occupational Therapy, Speech Therapy, Chiropractor Consultation or consultation by Psychologist registered in Hong Kong incurred on the same day, only one consultation will be entitled under this benefit.

3. Annual Deductible does not apply to Accidental Death Benefit.

Optional Outpatient Benefits

Covers treatments or consultations on outpatient basis

Benefit Items	Maximum Limit	Maximum Limit (HK\$)
I. General Practitioner Consultation ^{1,3,4}	40 visits	Fully covered
2. Specialist Consultation ^{2,3,4} 		
3. Home Consultation ^{1,4}		
4. Physiotherapy ^{2,4} 		
5. Chiropractor Consultation ^{2,4} 		
6. Chinese Medicine Practitioner Consultation ^{1,4} (includes up to 2 packs of basic Chinese medicines)		\$800 per visit (up to 10 visits per Policy Year)
7. Chinese Bone-setting ^{1,4}		
8. Acupuncture ^{1,4}		
9. Psychiatric Outpatient Treatment or Psychological Outpatient Treatment ^{4,5} 		\$800 per visit (up to 5 visits per Policy Year)
10. Dietetic Guidance / Speech Therapy / Occupational Therapy ⁴ 		\$800 per visit (up to \$1,600 and 5 visits per Policy Year)
II. Prescribed Western Medicine		\$10,000 per Policy Year
12. Diagnostic Imaging and Laboratory Tests 		\$10,000 per Policy Year
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.

- 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.
- Only one of the Specialist Consultation, Physiotherapy, or Chiropractor Consultation will be paid for any one day.
- Physician written referral letter is not required for paediatrician, gynaecologist, ophthalmologist, dermatologist and orthopaedist.
- Benefit items I to 10 applies only to consultation / treatment fee and only one consultation / treatment will be paid for any one day.
- Psychological Outpatient Treatment must be provided by a psychologist registered in Hong Kong.

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

Remarks:

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

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

Overall Annual Limit	HK\$5,000
Benefit Items	Maximum Limit (HK\$)
I. 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 Premium Waiver due to Cancer

6-months' 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\$)
<ul style="list-style-type: none">AnnualMonthly	<ul style="list-style-type: none">50% of annual premium6 times of monthly premium

Remarks:

- The Optional Premium Waiver due to Cancer is payable only once if the Person Insured suffers from multiple cancers diagnosed in a single incident and/or spread of cancer arising from the same cause.
- 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.
- For the avoidance of doubt, while the Premium Waiver due to Cancer 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 Premium Waiver due to Cancer.

Optional Deductible Discount

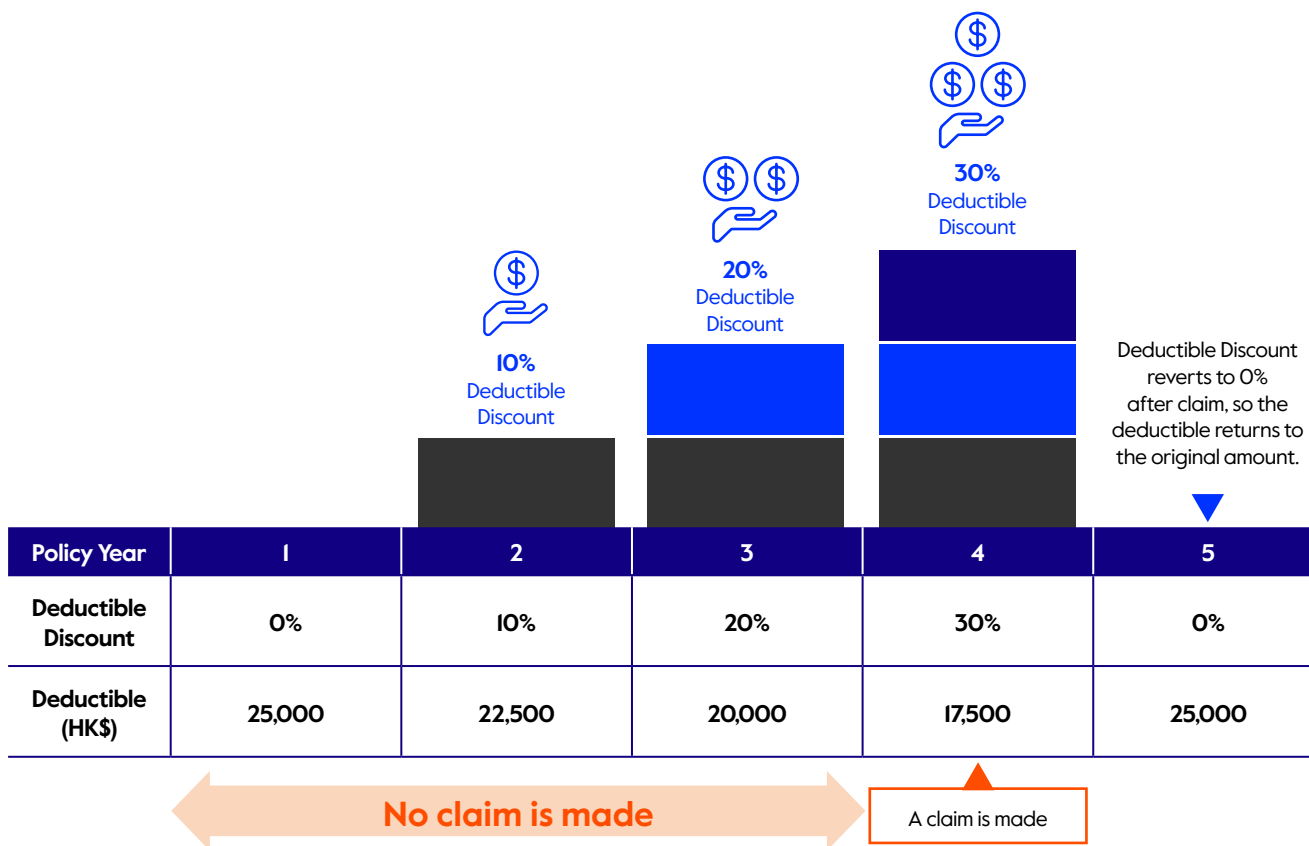
On each anniversary date after the Waiting Period, the Person Insured shall be entitled to a benefit for reducing the Deductible if no claims were paid under the Basic Benefits in the previous year. This reduction is equivalent to 10% of the Deductible. The maximum accumulated Deductible Discount available under each Policy is 100% of the Deductible and the Deductible Discount will reset to 0% at the policy anniversary after any Basic Benefits claims have been paid.

Remarks:

- The Deductible Discount is used for offsetting the Deductible under the Policy.
- Upon payment of any claim under the Basic Benefits (other than the benefit under Compulsory Quarantine Cash) for any Policy Year, the total accumulated Deductible Discount shall be reset to 0% on the next anniversary date and no Deductible Discount benefit shall be available until the following anniversary date.
- If we pay a claim incurred in the Policy Year immediately preceding an anniversary date when the Deductible Discount has been applied, we will waive such Deductible Discount. If this results in any overpayment of subsequent claims, the Policyholder shall return the difference to us or we shall offset such difference against any further claim payments due.
- In determining 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.
- 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.

Deductible Discount Example

The Deductible Discount will function according to the following illustration:



Waiting Period

Cover for specific benefits are payable on medically necessary and reasonable and customary basis, after the specified Waiting Period.

Benefit Items	Waiting Period
Compulsory Quarantine Cash	90 days
Pregnancy Complications	1 year
HIV / AIDS Treatment	5 years
Palliative Care Benefit	2 years
Optional Pharmacy Benefits	180 days
Optional Premium Waiver due to Cancer	90 days
Optional Deductible Discount	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 Deductible Discount refers to the period of 1 year from the issue date of Optional Deductible Discount.
- The corresponding term for "Waiting Period" in the policy provisions or endorsement are "Compulsory Quarantine Cash Waiting Period", "Pregnancy Complications Waiting Period", "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".

Case illustration

The following examples are hypothetical and for illustrative purposes only.

Case I: End-to-end medical protection



Profile

Policyholder Kathy

Current 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 – Private Room, Asia coverage with annual deductible of HK\$25,000

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.

Prevention

Free health check-up is offered every year
HK\$6,000 (5 years x HK\$1,200)

Kathy continues to pay her Elite premiums for five years. Over this time, Cigna HealthFirst Elite Medical Plan offers her ongoing support to help her maintain her good health.

Diagnosis & Treatment

At age 45, Kathy was advised by her doctor to consult an oncologist following an annual health check-up. She was eventually diagnosed with a malignant tumor in her left breast, requiring 5 days of hospitalization for the surgical removal of the tumor. Kathy called Cigna's Customer Service Hotline to inquire about her coverage. She was assigned a dedicated Care Manager, Jackie who arranged the appropriate follow-up services for her, from hospitalization to recovery.

The following benefits are provided:
One to one dedicated Care Manager to follow up all the way from pre-admission to recovery

Premium Waiver due to Cancer	HK\$5,921 (6 months of premium)	Cancer Treatment (including chemotherapy and target therapy)	HK\$450,000
Hospitalization Expenses (cashless) including mastectomy and breast reconstruction¹	HK\$250,000	Hospital Cash for Confinement in a Lower Room Level of a Private Hospital² (Semi-Private)	HK\$10,000 (5 days x \$2,000)

Recovery

After discharge from hospital, we continue to support her recovery. The following benefits are provided:

Post-Hospitalization Outpatient Expenses (Kathy has 20 follow-up consultations over the 6 months following her surgery)	HK\$27,920	Nutritional guidance and meal delivery service (3 meals per day x 10 days)	HK\$2,000	Traditional Chinese Medicine Treatment (Kathy has 10 visits to a Traditional Chinese Medical Practitioner to help manage side-effects and restore immune system, valued at \$1,000 per visit)	HK\$10,000
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Total premiums³ paid from age 40-45: HK\$64,656 (after 10% of discounted premium of the first year)	Total benefit paid: HK\$726,841 (total medical expenses with Hospital Cash HK\$751,841- Deductible HK\$25,000)	Net benefit from Elite: HK\$668,185
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Apart from the financial coverage, what Kathy found most unexpected was the level of service provided by her dedicated Care Manager, Jackie. An experienced nurse, Jackie provided her with options of doctors⁴ prior to her admission, visited her following surgery, and made arrangements regarding her recovery after she was discharged. This support gave Kathy peace of mind during her sickness, while at the same time relieving the burden on her husband as her caretaker.

Remarks:

- Breast reconstruction is covered under the Surgical Expense benefits.
- Deductible does not apply to Hospital Cash for Confinement in a Lower Room Level of a Private Hospital.
- The premium quoted above are indicative only and subject to rounding. It may change from time to time at Cigna Healthcare's discretion.
- Applicable to network doctors only.

Case illustration

The following examples are hypothetical and for illustrative purposes only.

Case II: Family protection, customized to each individual's needs



Profile



Policyholder

Stephen

Current age

36

Background

Stephen wants to arrange a comprehensive medical protection for his family, so he enrolls with his family together at age of 38. Stephen and his wife Mabel are entitled to group medical coverage through their employers. To take advantage of this, they opt for higher deductibles to coordinate with their group plan while enjoying comprehensive protection from Elite. As their son Adrian is about to move to Canada to study, they select the optional outpatient benefit to avoid any protection gap while he is abroad.

Person Insured	Stephen	Mabel	Adrian
Relationship	Self	Spouse	Son
Age	38	35	13
Plan Level	Cigna HealthFirst Elite Medical Plan – Private Room, Worldwide excluding the US coverage with annual deductible of HK\$75,000		Cigna HealthFirst Elite Medical Plan – Private Room, Worldwide excluding the US with annual deductible of HK\$15,000
Optional Benefit	Deductible Discount		Deductible Discount, Outpatient Benefit

Diagnosis & Treatment

Three years later, Stephen and Mabel went to visit Adrian in Vancouver during Christmas and went skiing together. Unfortunately, Adrian broke his leg. Adrian stayed in hospital for 4 days. He also needed follow up physiotherapy after discharge.

The following benefits are provided:

Hospitalization and surgical expenses	HK\$220,000	Companion Bed	HK\$8,400
Local Ambulance Benefit	HK\$1,440	Full cover for the 20 visits to a physiotherapy after discharge	HK\$27,000
Hospital Cash for Confinement in a Lower Room Level of a Private Hospital ¹ (Semi-Private) for 4 days of hospitalization, HK\$2000/day			HK\$8,000

Total premium ² paid for the 3 years for Adrian	$\$(17,840+814+23,851) \times 40\% = \text{HK\$17,002}$ $\$(18,338+839+24,501) \times 50\% = \text{HK\$21,839}$ $\$(18,984+873+25,334) \times 50\% = \text{HK\$22,595.5}$			= HK\$61,437
Total benefit paid	Total medical expenses with Hospital Cash HK\$264,840	—	Deductible ³ HK\$12,000	= HK\$252,840
Net benefit from Elite HK\$191,404				

Remarks:

- Deductible does not apply to Hospital Cash for Confinement in a Lower Room Level of a Private Hospital.
- The premium quoted above are indicative only and subject to rounding. It may change from time to time at Cigna Healthcare's discretion.
- Deductible: \$15,000 x (1-20% deductible discount) = \$12,000

Important information

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

Cooling Off Right and Policy Cancellation

You may cancel your policy and obtain a refund of any premium(s) and levy paid by you within the cooling-off period. The cooling-off period is the period of 30 calendar days immediately following either the day of delivery of the policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). The cooling-off notice is a notice that will be sent to you or your nominated representative by Cigna Worldwide General Insurance Company Limited to notify you of the cooling-off period around the time the policy is delivered. To exercise this right, a written notice of cancellation must be signed by you and received directly by Cigna Worldwide General Insurance Company Limited at 16/F, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. No refund can be made if a claim has been made.

After the cooling-off period, the Policyholder can request cancellation of the policy by giving 30 days prior written notice to the Company. Termination of the Policy caused by such cancellation shall become effective on the date specified in such written notice or the date approved by us, whichever is later. There shall be no refund of Premium paid and the Company reserves the right to charge the Premium until the end of such Policy Year after the termination.

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.

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

Benefits

1. Benefit in General

If the diagnosis or Hospital Confinement takes place in mainland China, the Hospital must be of Tier 3 Class A or above or included on our list of designated Hospitals as advised from time to time, otherwise no benefit shall be payable by the Company.

We shall pay any benefits directly to the Policyholder, except in case of the Person Insured's death, when 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:

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

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

Country of residence refers to the country where the Person Insured has stayed in for 185 days or more during the period of 365 consecutive days before the loss incurred date.

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.

For the area of cover "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) relating to treatment 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.

Co-ordination of Benefits

If any Medically Necessary charges shall be reimbursed by another party or by us under another insurance plan, we shall only be liable for the difference between such reimbursement and the total amount of benefits which would otherwise be payable in respect of such medical expenses under the policy.

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.

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

- I. The policy will be automatically terminated when one of the following happens:
 - The Person Insured passes away; or
 - The Policy is terminated or not renewed by the Policyholder; or
 - Any premium is not paid at the end of the grace period.
2. The Optional Pharmacy Benefits will be terminated if 100% of the lifetime limit has been paid.
3. 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.
4. 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.
5. Children aged below 6 may only enroll in Elite Medical Plan when their parent is enrolling or has already enrolled in Elite Medical Plan. The child and the parent must share the same Area of Cover. If the Policyholder terminates their own policy, the policy / policies of their child(ren) aged below 6 will also be terminated.

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.

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

The following list is for reference only and does not represent a full list of exclusions. Please refer to the policy provisions for the complete list and details of exclusions.

Cigna Healthcare 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 special exclusion(s);
- (b) War, invasion, act of foreign enemy, hostilities (whether war is declared or not), Civil Commotion, rebellion, revolution, insurrection, military or usurped power or Terrorism;
- (c) The Person Insured's engaging in or taking part in:
 - (i) Naval, military or air force service or operations, armed force or service with the police of any nation;
 - (ii) Professional sports or hazardous activities such as but not limited to rock climbing or mountaineering, parachuting, hang-gliding (whether powered or not), para-gliding, bungee-jumping or any kind of race other than by foot;
 - (iii) Cave, wreck or free diving, professional diving, diving without holding the correct diving certification such as a Professional Association of Diving Instructors (PADI) and diving at depths below 40 meters;
 - (iv) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off-piste skiing or snowboarding, Speed Skiing;
 - (v) Working at height (over 20 feet);
 - (vi) Operating heavy machinery;
 - (vii) Aviation or aerial activities except air travel as a fare-paying passenger in or as a member of the aircrew of a properly licensed, fixed-wing multi-engined aircraft constructed to carry passengers and operated by a licensed commercial air carrier or in a helicopter owned and operated by a commercial concern which is licensed for the regular transportation of fare-paying passengers provided such helicopter is operating only between commercial airports and/or licensed commercial heliports and provided further that in either event such travel is not for the purpose of any trade or technical operation in or on the aircraft; or
 - (viii) Manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker) or chemical material;
- (d) The Person Insured's suicide, attempted suicide or intentionally self-inflicted injuries, whether sane or insane;
- (e) The Person Insured being under the influence of alcohol or drugs unless, in the case of drug consumption, it is proven that such drug was taken in accordance with proper medical prescription by a Physician other than for the treatment of drug addiction;
- (f) The Person Insured's driving any kind of vehicle while the alcohol content of his/her blood exceeds the level permitted by the laws of the country or territory where the Accident resulting in Bodily Injury or Sickness occurs;
- (g) Any act of the Person Insured being contrary to the law of the country or territory in which the Bodily Injury or Sickness occurs as a result of such act;

- (h) Pregnancy, childbirth and miscarriage of or abortion by the Person Insured, including complications resulting therefrom notwithstanding that such incident may have been accelerated or induced by Bodily Injury or Sickness except such occurrences are covered under "Pregnancy Complications" section of the Basic Policy and Maternity Benefits (optional benefit);
- (i) Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC) except such occurrences are covered under the "HIV/AIDS Treatment" section of the Basic Policy and "HIV Infection due to Blood Transfusion and Occupational acquired HIV" of Pharmacy Benefits (optional benefit);
- (j) Sexually-transmitted diseases or treatment thereof except such occurrences are covered under the "HIV/AIDS Treatment" section of the Basic Policy and "HIV Infection due to Blood Transfusion" of Pharmacy Benefits (optional benefit);
- (k) Infertility or sterilization or any type of fertility;
- (l) Birth defects, Congenital Conditions, Hereditary Conditions or any disabilities arising therefrom except such occurrences are covered under "Medullary Cystic Disease" of Pharmacy Benefits (optional benefit); (m) Cosmetic and elective surgery including but not limited to: (i) facelifts (rhytidectomy); (ii) nose reshaping (rhinoplasty); (iii) liposuction and other procedures which remove fat tissue; (iv) hair transplants; and (v) surgery to change the shape of, enhance or reduce breast (other than breast reconstruction following treatment for breast cancer);
- (n) Eye refraction error and the treatment(s) of which involve but not limited to, laser treatment, refractive keratotomy or photorefractive keratectomy, except due to Bodily Injury. The Company shall pay for treatment to correct or restore eyesight if it is Medically Necessary as a result of a Sickness or Bodily Injury, such as cataracts or a detached retina;
- (o) Routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids and artificial lens except such occurrences are covered under the "Medical Appliances" section of the Basic Policy;
- (p) Vaccination and immunisation injections except such occurrences are covered under the "Vaccination" of the Outpatient Benefits (optional benefit).
- (q) 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 Benefits (optional benefit);
- (r) Mental, psychiatric or nervous illness, personality disorder and character disorders except such occurrences are covered under "Psychiatric Inpatient Treatment" and "Post-hospitalization Auxiliary Treatment" section of the Basic Policy and "Psychiatric Outpatient Treatment or Psychological Outpatient Treatment" of Outpatient Benefits (optional benefit) and "Alzheimer's Disease/Dementia" of Pharmacy Benefits (optional benefit);
- (s) Organ transplantation except such occurrence is covered under the "Organ Transplantation" section of the Basic Policy and "Major Organ Transplantation" of Pharmacy Benefits (optional benefit);
- (t) Footcare by a chiropodist or podiatrist;
- (u) Developmental Conditions including but not limited to: (i) learning difficulties such as dyslexia; (ii) behavioral problems such as autism or attention deficit disorder (ADHD); or (iii) physical development problems such as short height.
- (v) Treatment for obesity, or which is necessary because of obesity. This includes, but is not limited to, slimming class, aids and drugs. The Company shall only pay for gastric banding or gastric bypass surgery if the Person Insured; (i) has a body mass index (BMI) of 40 or over and had been diagnosed as being morbidly obese; and (ii) can provide documented evidence of other methods of weight loss which have been tried over the past twenty-four (24) Calendar Months;
- (w) Artificial life maintenance including mechanical ventilation, where such treatment will not or is not expected to result in the Person Insured's recovery, or restore the Person Insured to his/her previous state of health except such occurrences are covered under "Vegetative State" of Pharmacy Benefits (optional benefit) ;
- (x) Fetal surgery or treatment;
- (y) Treatment for a related condition resulting from addictive conditions and disorders, including but not limited to smoking cessation;
- (z) Sleep disorders including insomnia, snoring,

sleep-related breathing problems unless there are medical proofs that the Person Insured is suffering from sleep apnoea. In these circumstances, we will only pay the expenses incurred for Hospital Confinement for: (i) One sleep study/year; and (ii) Surgery, only if Medically Necessary;

- (aa) Not Medically Necessary;
- (bb) The Person Insured's voluntarily exposing himself/herself to any hazard or danger.
- (cc) Routine medical examinations or health screening checks;
- (dd) Any Bodily Injury or Sickness for which compensation is payable under any laws or regulations or any other insurance plan except to the extent that such charges are not reimbursed by such laws or regulations or other insurance plan;
- (ee) Alternative treatment including but not limited to Chinese Medicines treatment, acupuncture, acupressure, Tui Na, hypnotism, rolfing, massage therapy, aromatherapy (except where covered under Traditional Chinese Medicine Treatment, Acupuncturist Benefit, Chinese Herbalist Benefit and Chinese Bonesetter Benefit under the Benefit Schedule;
- (ff) Experimental and/or new medical technology/procedure not yet approved by the Company;
- (gg) Non medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (apart from VAT and GST charged on Eligible Expenses), medical report charges, fax and the like; or
- (hh) Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy: (i) is used to improve speech skills that have not fully developed; (ii) can be considered custodial or educational; or (iii) is intended to maintain speech communication. (ii) Sex change operations or any treatment needed to prepare for or recover from these operations including complications arising out of such treatment; and (jj) Treatment for sexual dysfunction disorders (such as impotence) or other sexual problems regardless of underlying cause.
- (ii) Sex change operations or any treatment needed to prepare for or recover from these operations including complications arising out of such treatment; and
- (jj) Treatment for sexual dysfunction disorders

(such as impotence) or other sexual problems regardless of underlying cause.

The following exclusions items are applicable to Dental Benefits only:

- (a) Appliances or restoration necessary to increase vertical dimension or restore an occlusion;
- (b) Dental implants or transplants;
- (c) Cosmetic dentistry procedures such as bleaching and veneers;
- (d) Orthodontic services;
- (e) Repair or replacement of orthodontic appliances;
- (f) Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- (g) Procedures or appliances to correct congenital malformations;
- (h) Treatment of malignancies, cysts, or neoplasms;
- (i) Replacement of lost or stolen dentures;
- (j) Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder, or for orthognathic surgery;
- (k) Services or supplies intended to diagnose or treat any condition that is occupational injury or disease; or
- (l) 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) Any illegal act of the Person Insured in the country or territory where Bodily Injury occurs;
- (e) Being in a state of insanity or psychiatric or psychological disturbance;
- (f) 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;
- (g) Driving any kind of vehicle while the alcohol level in Person Insured's breath, blood or urine is higher than the legal limit in the country or territory where Bodily Injury occurs;
- (h) Service in any armed force while: (i) in the time of War; (ii) under orders for warlike operations; or (iii) restoration of public order. For the avoidance of doubt, armed force shall include any police force of a country or territory;
- (i) War or any act of War, invasion, act of foreign enemy, hostilities (whether war be declared or not), strike, riot and/or Civil Commotion, civil war, rebellion, revolution, insurrection, military or usurped power or Terrorism;
- (j) Taking part in any air sport, air travel or any other kind of aviation activities, other than travelling as a fare-paying passenger on regular scheduled commercial aircraft which is provided and operated by an airline or air charter company which is properly licensed to do so;
- (k) Suicide, attempted suicide, suicide pact or deliberate self-inflicted injury, while sane or insane;
- (l) Workers involved in the manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker); or
- (m) The Person Insured participating in or conducting training for any of the following activities:
 - (i) underwater swimming or diving and use any type of equipment to aid breathing;
 - (ii) any kind of climbing, or mountaineering using rope or guides;
 - (iii) pot-holing;
 - (iv) parachuting, any kind of gliding, ballooning, bungee-jumping or micro-lighting;
 - (v) Cave, wreck or free diving, professional diving, diving without holding the correct diving certification such as a Professional Association of Diving Instructors(PADI) and diving at depths below 40 meters;
 - (vi) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off-piste skiing or snowboarding, Speed Skiing;
 - (vii) hunting;
 - (viii) driving or riding in any kind of race; or
 - (ix) professional sports.

Notes: "Cigna Healthcare", "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。



Cigna Worldwide General Insurance Company Limited

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This policy is excluded from the application of the Contracts (Right of Third Parties) Ordinance (the "Ordinance"). Other than the Company and the policyholder, 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 brochure. In case of any disputes about the content of this brochure, Cigna Healthcare's decision shall be final.