

**HOSPITAL /
SURGICAL**
General Insurance

EMPLOYEE HEALTH VALUE + PORTABLE PLAN

**Healthcare booster delivering
lifelong protection**

Together, all the way.®



ABOUT CIGNA CORPORATION

Our mission

At Cigna, we are dedicated to improve the health, well-being, and peace of mind of those we serve.



**Sales capability in
over 30 countries
and jurisdictions¹**



**More than 180 million
customer and patient
relationships¹**



**More than 1.5 million
relationships with
healthcare providers,
clinics and facilities¹**



**US\$160 billion in
revenues¹**



**70,000 employees
around the world¹**



**Ranked 13th on the
2020 Fortune
500 List**



**Named a 'Caring Company' for the
18th consecutive year by the
Hong Kong Council of Social Service**

Remarks:

1. The above data is for informational purposes only and may not relate to a particular subsidiary of Cigna Corporation. Data is based on Cigna internal reporting as of December 31, 2020 and is subject to change.

HAVE YOU NOTICED?

Employees' Existing Medical Coverage



When major diseases strike out of the blue, employees may find their group medical cover inadequate to handle actual medical costs – and their financial stability threatened by sudden out-of-pocket expenses.



Meanwhile, Cigna's 360° Well-being Survey¹ suggests 66% of respondents looking to close that protection gap will prioritize hospitalization costs in their cover, should they choose to join voluntary top-up health insurance plans.

We understand staying healthy allows you to focus on your career trajectory. That's why we've specifically designed a medical protection booster to complement your existing group medical plan. Available to existing Cigna group medical members, Employee Health Value+ Protection Plan (Health Value+) is a portable healthcare solution that enables you to enhance your medical coverage, with no underwriting required². What's more, Health Value+ offers lifelong medical protection even after you leave the company, providing extra reassurance and peace of mind.



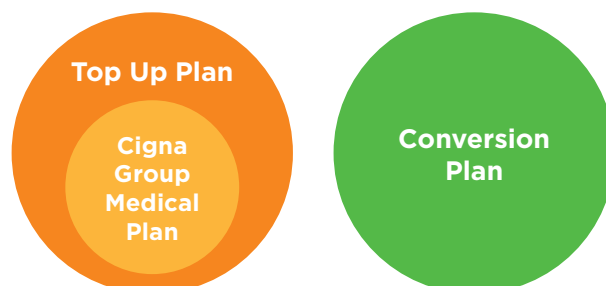
Remarks:

1. Cigna 360° Well-being score survey, 2018
2. Waive of medical underwriting is subject to minimum employee requirement of the corporate company and plan selection rule. Medical underwriting is required if the criteria is not met. For details, please refer to Enrolment Guidelines in this brochure.

HOW CAN HEALTH VALUE+ HELP YOU?

Health Value+ offers portable medical protection that tops up your group medical insurance and ensures lifelong protection. It consists of 2 selections:

1. **Top Up Plan** – Offer supplementary protection on top of your existing Cigna's group medical cover
2. **Conversion Plan** – Provide a chance to continue your insurance coverage when you are leaving Cigna's group medical cover



Health Value+ gives you.....

Guaranteed acceptance with no medical underwriting required ¹	Cover for pre-existing conditions
As a Cigna group medical member, your application to Health Value+ is guaranteed to be accepted ¹ . With no medical underwriting requirement, you can enjoy the additional cover and benefits.	If you have been covered under our group medical cover ² and / or Health Value+ for a total duration of 12 consecutive months, any of your pre-existing conditions covered under the group plan ³ will also be covered under Health Value+, allowing you to obtain comprehensive protection with ease.

	Comprehensive Hospitalization Cover Health Value+ covers hospitalization as well as other common expenses such as surgical expenses, pre-admission and post-hospitalization treatment, giving you comprehensive medical protection during your deepest need.
	Extra protection on special disease – Cancer and Kidney Failure Unexpected illnesses can bring upon costly out-of-pocket expenses. That's why we'll waive 6 months of premium on Basic Benefits in the unfortunate event that you are diagnosed with cancer. In addition, we offer extra protection of up to HKD \$300,000 to cover treatments of cancer and kidney dialysis, plus reimbursement for post-hospitalization auxiliary treatments due to cancer. With added financial support to relieve your burden, you can focus on getting better during difficult times.
	Optional benefits to enhance your well-being We invest in prevention, rather than just reacting to symptoms. That's why we provide extra protection including outpatient treatments, dental and preventive care benefits. From acupuncture to dental X-rays, eye tests to vaccinations, Health Value+ allows you to regularly monitor your well-being to keep you away from illnesses.
	24-hour Cigna Medical Hotline To give you extra peace of mind, Health Value+ provides a 24-hour medical hotline manned by experienced nurses.

Remarks:

1. The eligibility of guaranteed acceptance is subject to minimum employee requirement of the corporate company and plan selection rule. Medical underwriting is required if the criteria is not met. For details, please refer to Enrolment Guidelines in this brochure.
2. It refers to the coverage period of last employment in Cigna's group medical insurance by the applicant.
3. The exclusions imposed under Cigna group medical plan will also be applicable to Health Value+.

PLAN AT A GLANCE

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

Plan Type ¹	> Top Up plan > Conversion plan
Basic Benefits	> Hospitalization and Surgical Benefits > Extended Benefits > Hospital Cash Benefit > Extra Protection on Special Diseases
Optional Benefits	> Outpatient Benefits > Dental Benefits > Wellness Benefits
Eligibility	Cigna's Group Medical Insurance existing members and the corporate company has at minimum 10 full time employees
Issue Age (Age Last Birthday)	15 days to Age 64
Underwriting	Waive medical underwriting ²
Identity requirement	HKID holder (Age 11 or below: Hong Kong Birth Certificate acceptable)
Plan type	This product is a standalone individual policy. The basic plan provides hospitalization benefits which can be added with optional benefits of outpatient or other medical protection. The policy provides indemnity benefits and contains no cash value.
Policy term and premium structure of basic plan	1 year and annually renewable The plan provides a protection period of 1 year and guaranteed renewable up to age 100 of person insured ³ , with payment period until the end of protection period. Premium rate will increase with age, and yearly adjustable.
Premium payment frequency	Annually/Monthly
Policy currency	HKD



Remarks:

1. In the event of a claim covered under both a group medical insurance plan and the Health Value+, the claim will be processed under the group plan first and the remaining eligible medical expenses will be covered by this plan subject to the deductible.
2. Waive of medical underwriting is subject to the plan level selected. Please refer to Enrolment Guidelines in this brochure.
3. The policy 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) of "Employee Health Value+ Portable Plan". Cigna reserves the right to revise the premium and terms upon each renewal. Any benefit change, no matter benefit upgrade or downgrade, submitted by person insured during renewal must be approved by Cigna and fulfill underwriting requirement (if applicable).

ENROLLMENT GUIDELINES

- Each person insured can be covered by either one top up plan or one conversion plan at the same time only.
- Person insured must be existing member of Cigna's group medical plan, with hospitalization benefits under his/her policy.
- The corporate company should have a minimum of 10 full time employees.
- For conversion plan, eligible applicant must be covered by Cigna's group medical plan for at least 12 months in total at the time of conversion.

 Top Up Plan	Application Submission Period (must be submitted within one of the below periods)	Plan Selection Rule
	New joined employees and their dependents: > Within 30 days after joining a Cigna's group medical plan	▶ Waived underwriting and no plan selection rule applies.
	> Within 30 days after policy anniversary of a Cigna's group medical plan > Within 90 days after marriage/ new baby born	▶ Waive underwriting if applicant enrolls in the plan with accommodation room type which is same or below the room type of Cigna group medical insurance. Otherwise, underwriting is required.

 Conversion Plan	Application Submission Period (must be submitted within one of the below periods)	Plan Selection Rule
	Leavers of a company and their dependents covered by a Cigna's group medical plan: > Within 30 days prior to or after termination of Cigna's group medical plan	▶ Waive underwriting if applicant enrolls in the plan with accommodation room type which is same or below the room type of Cigna group medical insurance. Otherwise, underwriting is required. ▶ Medical underwriting is required for upgrading Top Up plan to Conversion plan at policy anniversary regardless of room type selected.

Notes for applying Conversion Plan:

1. When the employee leaves a company and would like to apply for the Conversion Plan, all the family members covered by the relevant Cigna group medical plan must enroll together with the employee, except for those family members already being covered under a Top Up plan.

Notes for applying Top Up Plan or Conversion Plan:

- > If the accommodation room type is not specified in group medical insurance policy, the following matching on daily room and board limit will apply:

Daily room & board limit	Corresponding accommodation room type
HK\$1,399 or below	Ward
HK\$1,400 - 2,999	Semi-private
HK\$3,000 or above	Standard Private

BENEFIT SCHEDULE (HKD)

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

Basic Benefits :

Top Up Plan

Plan Level 1 to Plan Level 3

The deductible for these plan levels are lower and it is suitable for Cigna's group medical members who have relatively basic group medical coverage and would like to have a supplementary protection. To cope with the loss of group medical coverage upon retirement, the deductible amount will turn to zero when you reach age 65.

Basic Benefits			
Area of Cover	Worldwide		
Reimbursement Options	Option 1: 80%; Option 2: 100%		
Accommodation Room Type	Ward	Semi-Private	Standard Private
Top Up Plan Level	Plan 1	Plan 2	Plan 3
Annual Limit (HKD) applicable to benefits I&II (Please refer to following pages for benefit details)	\$120,000	\$250,000	\$450,000
Annual Deductible – First policy year, and subsequent policy year(s) with person insured's attained age under 65 as of the policy anniversary date	\$5,000	\$15,000	\$25,000
Annual Deductible – Policy year(s) with person insured's attained age of 65 or above as of the policy anniversary date	\$0	\$0	\$0
Hospital Cash – A cash benefit during your hospital confinement in public hospitals administered by the Hong Kong Hospital Authority (up to 120 days per policy year) ¹	\$200	\$400	\$500

Plan Level 4 to Plan Level 6

The deductible for these plan levels are higher. If your group medical benefit is rich, these plan levels are more suitable for you.

Basic Benefits			
Area of Cover	Worldwide		
Reimbursement Options	Option 1: 80%; Option 2: 100%		
Accommodation Room Type	Ward	Semi-Private	Standard Private
Top Up Plan Level	Plan 4	Plan 5	Plan 6
Annual Limit (HKD) applicable to benefits I&II (Please refer to following pages for benefit details)	\$400,000	\$600,000	\$1,000,000
Annual Deductible	\$200,000	\$300,000	\$500,000
Hospital Cash – A cash benefit during your hospital confinement in public hospitals administered by the Hong Kong Hospital Authority (up to 120 days per policy year) ¹	\$200	\$400	\$500

Conversion Plan

Plan Level 7 to Plan Level 9

If you are leaving the company, it is suitable for you and your dependents to continue being protected by the individual medical insurance after termination of Cigna's group medical cover.

Basic Benefits			
Area of Cover	Worldwide		
Reimbursement Options	Option 1: 80%; Option 2: 100%		
Accommodation Room Type	Ward	Semi-Private	Standard Private
Conversion Plan Level	Plan 7	Plan 8	Plan 9
Annual Limit (HKD) applicable to benefits I&II (Please refer to following pages for benefit details)	\$150,000	\$300,000	\$600,000
Annual Deductible	\$0	\$0	\$0
Hospital Cash – A cash benefit during your hospital confinement in public hospitals administered by the Hong Kong Hospital Authority (up to 120 days per policy year) ¹	\$600	\$1,200	\$1,500

Remarks:

Deductible refers to the amount of expenses to be borne by the policyholder or the person insured on each policy year, which shall be deducted from the incurred and covered medical expenses during the policy year.

I. Hospitalization and Surgical Benefits

Accommodation Room Type	Ward	Semi-Private	Standard Private
Benefit Items	Maximum Limit per Policy Year (HK\$)		
1. Hospital Room & Board (up to 120 days per policy year)	Subject to Annual Limit applicable to benefits I & II		
2. Intensive Care Unit Expenses (up to 120 days per policy year)			
3. Inpatient Doctor's Call (up to 120 days per policy year) ¹			
4. Inpatient Specialist's Fee ¹ 🙅			
5. Companion Bed (up to 120 days per policy year) ¹			
6. Surgical Expenses ¹ - Covers surgical procedure on inpatient or outpatient basis			
7. Anaesthetist's Expenses ^{1,2} - Covers charges by anaesthetist's on inpatient or outpatient basis			
8. Operating Theatre Expenses ^{1,2} - Covers charges for the use of operating theatre, equipment and consumables used in the operation theatre on inpatient basis or outpatient basis			
9. Medical Appliances ^{1,2} - Covers following specified prosthetic device implanted during surgery and / or any other body organ or part inside the Person Insured's body (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.			
10. Other Medical Expenses ¹ - Covers the following services during hospital confinement: (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; (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.			
11. Advanced Diagnostic Imaging ¹ - Covers MRI, CT Scan and PET Scan on inpatient and outpatient basis			

II. Extended Benefits

Accommodation Room Type	Ward	Semi-Private	Standard Private
Benefit Items	Maximum Limit per Policy Year (HK\$)		
Pre-admission and Post-hospitalization Outpatient Expenses ¹ > Pre-admission Outpatient Expenses (up to 1 visit per day, within 30 days before confinement, day confinement or surgery in clinic) > Post-hospitalization Outpatient Expenses (up to 1 visit per day, within 90 days after discharge from hospital or surgery in clinic)	Subject to Annual Limit applicable to benefits I & II		

III. Extra Protection on Special Diseases

Accommodation Room Type	Ward	Semi-Private	Standard Private
Benefit Items	Maximum Limit per Policy Year (HK\$)		
1. Cancer Treatment and Kidney Dialysis - Covers treatments of cancer including radiotherapy, chemotherapy, target therapy, gamma knife and cyberknife, treatment of chronic and irreversible kidney failure includes peritoneal dialysis and regular haemodialysis performed on an inpatient or outpatient basis	\$100,000	\$200,000	\$300,000
2. Premium Waiver due to Cancer ³ - 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	50% of annual premium (annual premium payment) or 6 times of monthly premium (monthly premium payment)		
3. Post-hospitalization Auxiliary Treatment due to Cancer ^{1,2} (within 90 days after discharge from hospital or surgery in physician's clinic)	\$3,000 per policy year		

Remarks:

✂ The benefit item requires written referral from the attending physician.

- The benefit items will not be payable if Hospital Room & Board Benefit and/or Intensive Care Unit Expenses are not payable (except treatments done in day confinement or clinic).
- The benefit items will not be payable if the Surgical Expenses are not payable for the same surgical procedure.
- Premium Waiver due to Cancer is subject to a waiting period of 90 days
- No benefit will be payable for hospital confinement in VIP suite or deluxe suite.
- The following adjustment factor will apply if the actual level of accommodation is higher than the entitled level of accommodation:

Entitled Level of Accommodation	Actual Level of Accommodation	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Semi-Private	Standard Private	50%

Optional Benefits

i. Outpatient Benefits

Plan Level (Applicant can add any one of the plan levels to the Basic Benefits)		Plan 1	Plan 2	Plan 3
Reimbursement %		100%	Top Up Plan: 100% Conversion Plan: 80%	
Choice of doctor / Area of Cover		Network ² / Hong Kong	Free Choice/ Worldwide	Free Choice/ Worldwide
Benefit Items	Max. no. of visits per policy year ¹	Maximum Benefit Limit (HK\$)		
1. General Practitioner Consultation ³	40 visits	Fully covered	\$200 per visit	\$400 per visit
2. Specialist Consultation ⁴ 🏥	15 visits	Fully covered	\$400 per visit	\$800 per visit
3. Physiotherapy ⁴ 🏥	10 visits	Fully covered	\$300 per visit	\$600 per visit
4. Chiropractor Consultation ⁴ 🏥		Not applicable	\$300 per visit	\$600 per visit
5. Chinese Practitioner Consultation ³	5 visits	Fully covered	\$200 per visit	\$400 per visit
6. Chinese Bone-setting ³		Fully covered	\$200 per visit	\$400 per visit
7. Acupuncture ³		Fully covered	\$200 per visit	\$400 per visit
8. Psychiatric Outpatient Consultation 🏥	5 visits	Not applicable	\$500 per visit	\$800 per visit
9. Diagnostic Imaging and Laboratory Test 🏥	N/A	\$2,000 per policy year	\$2,000 per policy year	\$3,000 per policy year

Remarks:

🏥 The benefit item requires written referral letter from the physician.

1. Maximum number of aggregate visits per policy year for benefit items 1-8 is 50.

2. Network clinics refer to Quality HealthCare Medical Services Limited (QHMS) designated Medical Centres and Clinics in Hong Kong. Cigna reserves the right to change the service supplier of network clinics.

3. Only one of the General Practitioner Consultation, Chinese Medicine Practitioner Consultation, Chinese Bonesetting or Acupuncture will be paid for any one day.

4. Only one of the Specialist Consultation, Physiotherapy or Chiropractor Consultation will be paid for any one day.

ii. Dental Benefits

Cover treatments performed by a dentist at the network dentist's clinic

Plan Level (Applicant can add any one of the plan levels to the Basic Benefits)	Plan 1	Plan 2
Benefit Items	Maximum Limit (HK\$)	
1. Oral Examination including oral hygiene instruction	One visit per year	Two visits per year
2. Scaling and Polishing		
3. Intra-Oral-X-Rays (when necessary)	Unlimited	
4. Fillings due to decay, including Amalgam (silver) fillings for premolar and molar teeth and White (composite) fillings for front teeth		
5. Emergency consultation and treatment within consultation hours (relief of toothache including dressings and medication, and incision and drainage of abscesses)		
6. Simple Extractions due to tooth decay or gum disease ¹		
7. Periodontal (gum) treatment (when necessary) ²		
8. Medications as required for treatment of dental pain or abscess		
Remarks: 1. Extraction of wisdom teeth, any complicated extractions, any extractions requiring bone removal, any surgical extractions or extractions for orthodontic reasons are excluded. 2. It includes treatment of mild to moderate Periodontal (gum) disease, which involves curettage, and root planning with medication as required and is limited to treatment of a dentist. 3. Treatment provided by Dental Specialists or Dentists with Specialty Training for young children who are not suitable to be treated by or unable to accept dental treatment from a Dentist is excluded. 4. The above services are provided by Quality HealthCare Medical Services Limited (QHMS). Cigna and relevant service providers reserve the rights to revise the details of the services. 5. If the Dental Benefit have been terminated during policy period, no reinstatement is allowed.		

iii. Wellness Benefits

Cover one of the following wellness benefits at free choice.

Reimbursement Percentage	100%
Benefit Items	Maximum Limit (HK\$)
1. Routine physical Check-up	\$500 per policy year
2. Vaccinations	
3. Eye Test	

CASE ILLUSTRATION

The following examples are hypothetical and for illustrative purposes only.

Case 1: Top up for extra peace of mind

As a new parent, Andy understands what a burden unexpected medical bills can have on his family's finances. To supplement his company's group medical plan, Andy purchased Employee Health Value+ Portable Plan – Top Up Plan to supplement his family's medical protection at an affordable premium for himself, his wife and his new born baby. Medical underwriting for their applications is waived as they apply the plan within 90 days after giving birth.



Policyholder

Age

Plan level

Andy

39 (Employee in a medium IT firm)

Employee Health Value+ Portable Plan – Plan 2
(Semi-private Room)

Current group medical plan (Semi-Private Room)

Now, he has successfully built up a safety net for medical protection.

Employee Health Value+



\$250,000

annual limit for
hospitalization
expenses



Extra **\$200,000**

for cancer
treatment and
kidney dialysis

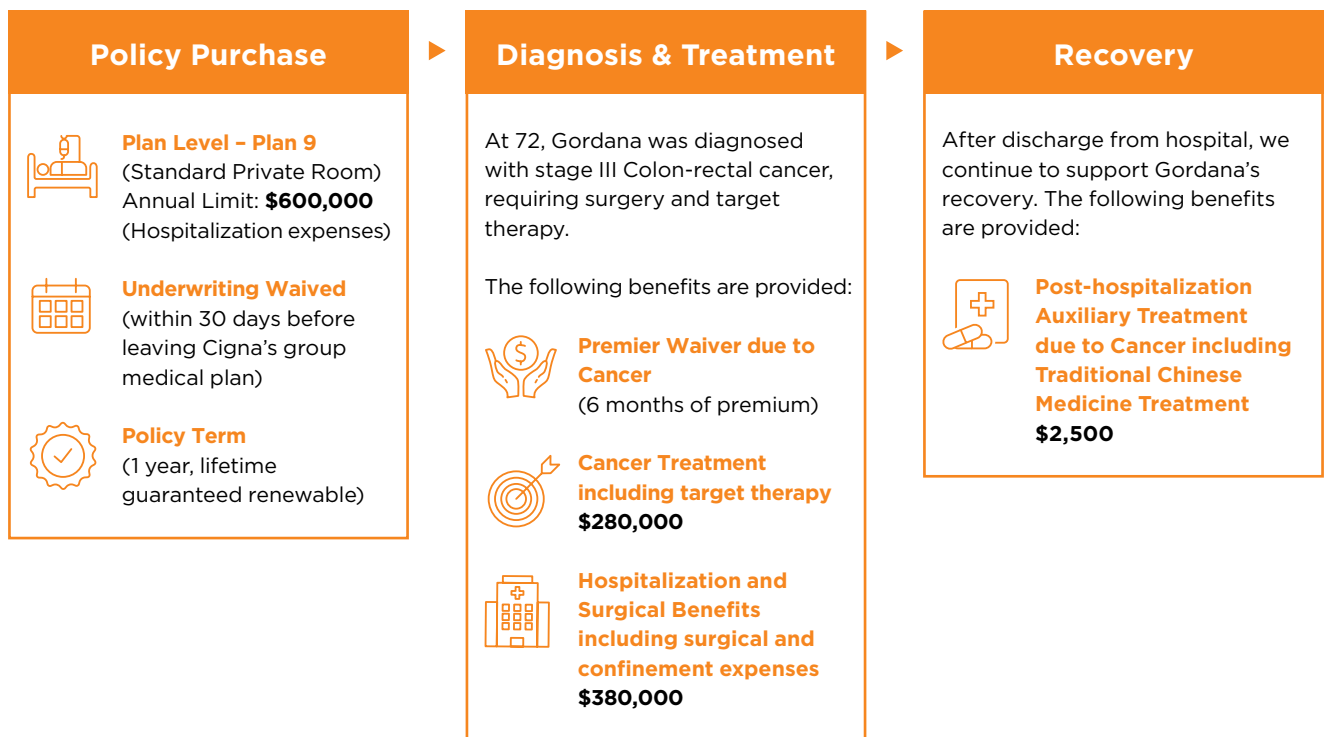


**Cigna group
medical plan (Semi-
Private Level)**

Case 2: Prepare for the unexpected

Having worked her whole life, Gordana is looking to retire. To alleviate the financial, physical and mental burden of being diagnosed with an unexpected illness, she purchased the Employee Health Value+ Portable Plan – Conversion Plan to continue her insurance after leaving Cigna’s group medical plan. The comprehensive and superior benefit scheme ensures Gordana receive adequate protection for the rest of her life.

	Policyholder	Gordana
	Age	64 (Senior Executive in a multi-national company)
	Plan level	Employee Health Value+ Portable Plan – Plan 9 (Standard private room, 100% reimbursement) Current group medical plan (Standard Private Room)
	Optional benefits	Outpatient Benefits, Wellness Benefits



Total Claims Received :
\$662,500
 +
 Premium Waiver due to Cancer for 6 months

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.

Conversion of policy

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

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

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

Claims Procedure

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

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 it is not a full list of exclusions. 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:

1. Pre-existing Medical Conditions except being waived by the Company;
2. Any special exclusion(s) set out under this Policy;
3. War, invasion, act of foreign enemy, hostilities (whether war is declared or not), Civil Commotion, rebellion, revolution, insurrection, military or usurped power or Terrorism;
4. The Person Insured's engaging in or taking part in:
 - (a) Naval, military or air force service or operations, armed force or service with the police of any nation;
 - (b) Professional sports or hazardous activities such as but not limited to rock climbing or mountaineering, parachuting, hang-gliding (whether powered or not), para-gliding, bungi-jumping or any kind of race other than by foot;
 - (c) 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;
 - (d) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off piste skiing or snowboarding, Speed Skiing;
 - (e) Working at height (over 20 feet);
 - (f) Operating heavy machinery;
 - (g) 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
 - (h) Manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker) or chemical material;
5. The Person Insured's suicide, attempted suicide or intentionally self-inflicted injuries, whether sane or insane;
6. 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;
7. 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;
8. 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;
9. Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC);
10. Sexually-transmitted diseases or treatment thereof;
11. Infertility or sterilization or any type of fertility;
12. Birth defects, Congenital Conditions, Hereditary Conditions or any disabilities arising therefrom;
13. 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);
14. 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;
15. Routine eye / ear examinations, cost of spectacles, contact lenses, hearing aids and artificial lens except such occurrence are covered under the "Medical Appliances" section of the Basic Policy and the Wellness Benefits (optional benefit);
16. Vaccination and immunisation injections except such occurrence are covered under the Wellness Benefit (optional benefit);
17. 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);
18. All organ transplantation, transplant procedures and acquisition of the organ itself to be used for organ transplantation;
19. Treatment for a related condition resulting from addictive conditions and disorders, including but not limited to smoking cessation;
20. Not Medically Necessary;
21. Non medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, medical report charges, fax and the like; or
22. Developmental Conditions including but not limited to:
 - (a) learning difficulties such as dyslexia;
 - (b) behavioral problems such as autism or attention deficit disorder (ADHD); or
 - (c) physical development problems such as short height;

The following exclusions are applicable to Dental Benefits:

1. Consultation and treatment fees of Dental Specialists or Dentists with Specialty Training;
2. Treatment provided by Dental Specialists or Dentists with Specialty Training for young children who are unsuitable to be treated by or unable to accept dental treatment from a General Dental Practitioner;
3. All other non-listed treatments;
4. Extraction of wisdom teeth, any complicated extractions, any extractions requiring bone removal, any surgical extractions or extractions for orthodontic reasons;
5. Fillings for cosmetic reasons; and
6. Treatment of advance periodontal (gum) disease.

PRE-EXISTING MEDICAL CONDITIONS

Pre-existing Medical Conditions means Bodily Injury or Sickness sustained or suffered by the Person Insured which has been diagnosed or has exhibited symptoms or has occurred or required medical advice and/or treatment and/or the prescriptions of drugs before the Issue Date or the Commencement Date (whichever is the later).

Notwithstanding the foregoing, "Pre-existing Medical Conditions" shall not include Bodily Injury or Sickness which:

- (a) has been fully disclosed in the Application Form and/or the Statement(s), and the Company agrees not to classify it as an exclusion under the Policy; and/or
- (b) the Person Insured affected by this condition has/ had been insured under the Group Policy and/or under this Policy for a total duration of at least twelve (12) Calendar Months. For the avoidance of doubt, unless otherwise specified by the Company, Pre-existing Medical Conditions shall be covered from the date on which the Person Insured has been insured for a total duration of twelve (12) Calendar Months under the Group Policy and/or this Policy.

Notes:

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

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