

PLAN AT A GLANCE

Plan Type¹	<ul style="list-style-type: none"> > Top Up plan > Conversion plan
Basic Benefits	<ul style="list-style-type: none"> > Hospitalization and Surgical Benefits > Extended Benefits > Hospital Cash Benefit > Extra Protection on Special Diseases
Optional Benefits	<ul style="list-style-type: none"> > 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)
Policy term	1 year, lifetime guaranteed renewable ³
Premium payment term	Up to policy term
Premium structure	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).

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: <ol style="list-style-type: none"> Extraction of wisdom teeth, any complicated extractions, any extractions requiring bone removal, any surgical extractions or extractions for orthodontic reasons are excluded. 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. 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. 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. 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	