

THE PLAN AT A GLANCE

Issue age (at last birthday)	15 days to age 75	
Protection period	1 year and guaranteed renewable for lifetime ¹	
Premium payment term	Until the end of the protection period	
Area of cover	Basic Benefits	› Worldwide
	Optional Outpatient Benefits	› Hong Kong
Premium structure	Yearly adjustable	
Premium payment frequency	Annual / Monthly	
Policy currency	HKD	

Remark:

- The policy is guaranteed and automatically renewable for successive periods of 12 months provided that we continue to issue new policies under the Basic Benefits and Optional Outpatient Benefits.

BENEFIT SCHEDULE

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

Basic Benefits			
Plan Level	Deluxe	Superior	Standard
Hospitalization and Surgical Benefits			
Benefit Items	Maximum Amount (HK\$)		
1. Hospital Room & Board (up to 270 days per policy year)	\$3,600 per day	\$1,800 per day	\$900 per day
2. Intensive Care Unit Expenses (up to 30 days per policy year)	\$7,200 per day	\$3,600 per day	\$1,800 per day
3. Inpatient Doctor's Call (up to 270 days per policy year)	\$3,600 per day	\$1,800 per day	\$900 per day
4. Inpatient Specialist's Fee 	\$12,000 per policy year	\$5,000 per policy year	\$3,000 per policy year
5. Companion Bed (up to 270 days per policy year)	\$1,800 per day	\$900 per day	\$450 per day
6. Surgical Benefit <i>Covers surgeon's fee, anaesthetist's fee and operation theatre fee on inpatient or outpatient basis. The maximum amount depends on complexity of operations as defined under Simplified Schedule of Operations</i>			
› Complex	\$150,000 per surgery	\$100,000 per surgery	\$75,000 per surgery
› Major	\$75,000 per surgery	\$52,000 per surgery	\$42,000 per surgery
› Intermediate	\$35,000 per surgery	\$22,000 per surgery	\$18,000 per surgery
› Minor	\$15,000 per surgery	\$12,000 per surgery	\$10,000 per surgery
7. Private Nurse's Fees  (up to 120 days per policy year)	\$950 per day	\$600 per day	\$350 per day
8. Other Medical Expenses	\$40,000 per policy year	\$24,000 per policy year	\$16,000 per policy year
9. Cancer Treatment and Dialysis	\$160,000 per policy year	\$120,000 per policy year	\$80,000 per policy year
10. Organ Transplantation	\$500,000 per disability per policy year		

Basic Benefits (continued)

Plan Level	Deluxe	Superior	Standard
Benefit Items	Maximum Amount (HK\$)		
11. Pre-admission and Post-hospitalization Outpatient Expenses <ul style="list-style-type: none"> › Pre-admission clinic visits <i>Covers pre-admission clinic visits within 30 days before the hospital confinement, day confinement or performance of surgery in physician's clinic</i> › Post-hospitalization follow-up clinic visits <i>Covers post-hospitalization follow-up clinic visits within 180 days after discharge from hospital or after the performance of surgery in the physician's clinic</i> 	\$10,000 per policy year	\$8,000 per policy year	\$6,000 per policy year
12. Rehabilitation Benefit	\$150,000 per policy year		
13. Palliative Care Benefit	\$150,000 once per lifetime		

Remarks:

📌 The Benefit Items 4 & 7 require written referral letter from the attending physician.

Waiting Period

Cover for specific benefit will take effect after the specified waiting period

Benefit Item	Waiting Period
Palliative Care Benefit	2 years

Remarks:

1. Waiting Period means a period from each of:
 - a. The policy issue date or the commencement date (whichever is later),
 - b. The approval date of any reinstatement (if your policy has been subsequently reinstated) and
 - c. Applicable if any benefit under the policy has been increased: the issue date or the effective date of any increase in benefit (whichever is later).
2. The corresponding term for "Waiting Period" in the policy provisions is "Palliative Care Benefit Waiting Period".

Health Reward

On the condition that the renewal premium for the next policy year has been fully paid and the person insured meets the health reward criteria set by Cigna, the policyholder will be eligible for a Health Reward as outlined below. The Health Reward will be paid out 30 days after the anniversary date.

Plan Level	Deluxe	Superior	Standard
Benefit Item	Maximum Amount (HK\$)		
Health Reward	\$3,500	\$2,000	\$1,200

Remarks:

Please refer to policy provisions for more detail on the Health Reward.

Optional Outpatient Benefits

Plan Level ¹	Deluxe	Superior	Standard
Benefit Items	Maximum Amount (HK\$)		
1. General Practitioner Outpatient Consultation ^{2,3,4} <i>Covers consultation fee and 3 days of basic medication</i>	Fully covered		
2. Specialist Outpatient Consultation ^{3,4} <i>Covers consultation fee and 5 days of basic medication</i>	Fully covered		
3. Chinese Medicine Practitioner Consultation ^{2,3,4} <i>Covers consultation fee and 2 packs of basic Chinese medicines</i>	Fully covered	Fully covered	Not Applicable
4. Acupuncture ^{2,3,4}	Fully covered	Fully covered	Not Applicable
5. Dietetic Guidance ⁴ 🍵	\$400 per visit	\$400 per visit	Not Applicable
6. Prescribed Western Medicine	\$10,000 per policy year	\$4,800 per policy year	\$2,400 per policy year
7. Diagnostic Imaging and Laboratory Tests 🍵	\$5,000 per policy year	\$5,000 per policy year	\$3,000 per policy year

Remarks:

🍵 The Benefit Items 5 & 7 require written referral letter from the attending physician.

- If you choose to enroll in the Optional Outpatient Benefits, you are free to select a different plan level from that of the Basic Benefits.
- Only one of the **General Practitioner Outpatient Consultation**, **Chinese Medicine Practitioner Consultation** or **Acupuncture** will be paid for any one day.
- The coverage of Benefit Items 1 – 4 is only applicable to consultation / treatment fee in **Outpatient Network** as specified from time to time.
- Maximum number of visits per policy year of Benefit Items 1 – 5 are listed as below:

Plan Level	Deluxe	Superior	Standard
Benefit Items 1 & 2	24 visits	12 visits	12 visits
Benefit Items 3 & 4	12 visits	6 visits	Not Applicable
Benefit Item 5	10 visits	5 visits	Not Applicable