



**CIGNA HEALTHFIRST MEDICAL
PLAN SERIES**

**CIGNA HEALTHFIRST
DIAMEDIC PLAN**

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.

WE UNDERSTAND YOUR MEDICAL PROTECTION NEEDS

In Hong Kong, 1 in every 10 people has diabetes.

As many as 700,000 people in Hong Kong suffer from diabetes, and the number continues to rise¹. Meanwhile, pre-diabetes has no clear symptoms and is associated with Type 2 diabetes and diseases of heart and blood vessels as well². On the other hand, patients with Type 1 diabetes need daily injection of insulin to control the level of glucose in their blood. Diabetes can incur significant long-term medical costs and potentially lead to a wide range of complications, yet there is a silver lining. Diabetes can be properly managed through medical treatment and through lifestyle changes such as diet and exercise. Though it can be challenging, Cigna is here to help.

At Cigna, we understand the difficulties of getting the day-to-day medical protection and help that you need to effectively manage diabetes.

HOW CAN WE HELP? **Cigna HealthFirst DiaMedic Plan**

(hereafter “the Plan”) is our pioneering solution for diabetic patients or people at high risk of diabetes³. Through the Plan, we are committed to providing inpatient cover whether it relates to diabetes or not, giving extra peace of mind to customers with Type 1 or Type 2 diabetes, or those with pre-diabetes. Issue age ranges from 15 days to 75 years old, offering much-needed protection whatever life stage you are in. In addition to covering most of your treatment expenses, we reward you for the healthy progress you make, and provide you with tools for better disease management. Our aim is to proactively cultivate your good health, beyond just addressing the complications of the disease. Offering tailor-made services, disease management tools, and support during follow-up, Cigna is here for you throughout your journey to healthier living.



Source:

1. Hospital Authority, Hong Kong; <http://www21.ha.org.hk/smartpatient/SPW/en-us/Disease-Information/Chronic-Diseases-Zone/Details/?guid=c73a0386-fe66-42eb-a979-7619ac8359da> (Date: 7 July 2017)
2. American Diabetes Association; <http://www.diabetes.org/diabetes-basics/diagnosis/>
3. Enrollment in the plan is subject to underwriting.

DO YOU KNOW...

What is HbA1c?

HbA1c is an important marker of diabetes control. It reflects a patient's average glucose level over the last 2 to 3 months. Levels should ideally be maintained at less than 6.5%.¹

The reason HbA1c is so important is that it is strongly correlated to long-term health outcomes for diabetics. According to the United Kingdom Prospective Diabetes Study² (UKPDS), for every 1% drop in HbA1c, your risk of a related complication is lowered by:



Amputation or death from peripheral vascular disease:

43%



Microvascular disease (e.g. retinopathy):

37%



Diabetes-related death:

21%



Heart failure:

16%

Source:

1. Hospital Authority, Hong Kong ; <http://www21.ha.org.hk/smartpatient/SPW/en-us/Disease-Information/Chronic-Diseases-Zone/Details/?guid=c73a0386-fe66-42eb-a979-7619ac8359da> (Date: 7 July 2017)
2. Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study (<http://www.bmj.com/content/321/7258/405>)

HOW CAN YOU BENEFIT FROM DIAMEDIC PLAN?

Enjoy comprehensive medical cover specially designed for diabetics, complete with health reward to cheer you on, well-being monitoring, and tailored disease management tools to help you live healthier.

The Plan gives you...

Coverage



Comprehensive medical protection to suit your unique needs

› As a health and well-being expert, we understand your medical needs, you can enjoy peace of mind knowing that our comprehensive medical protection you have covered, for facing medical needs arising from any disease including diabetes. The Plan provides you with comprehensive reimbursement for any medical expenses relating to in-patient treatment¹. Cashless hospitalization can be arranged at network hospitals in Hong Kong, enabling you to get the treatment you need, save you from the hassle of arranging payment or claiming the expenses. Moreover, as recovery takes time, we also provide 180-day coverage for post-hospitalization visits to a clinic each time you are discharged from the hospital or after surgery performed in physician's clinic.



› To help you confront the challenges that could arise from the complications of this chronic disease, the Plan includes Organ Transplantation benefit, Cancer Treatment and Dialysis benefit, Rehabilitation Benefit and Palliative Care Benefit. Optional Outpatient Benefits are also available to further alleviate your financial burden outside of hospital.

› All plan benefits, except Palliative Care Benefit, become effective immediately after policy issuance - no waiting period is required! For accommodation room type during hospitalisation, you are free to choose from ward to standard private room, knowing that the Plan has you covered.



Reward



Health Reward that celebrates with you

› We motivate you to get healthier each year by offering an annual health reward of up to HK\$3,500 at each policy anniversary, based on the figures in your health report at time of renewal. Engage in a healthier lifestyle to reap your reward year after year.

For more details on the requirements for the annual health reward, please refer to the "Health Reward" section under the "Important Information" section of this product brochure.



Disease management empowerment



A powerful and intelligent digital diabetes management tool

› Blood glucose monitoring and healthy lifestyle are essential for managing diabetes. This is why Cigna partnered with one of the top healthcare mobile apps, "Health2Sync", empowering you to engage in day-to-day disease management, with a 1-year free trial of premium version after policy issuance. After 3 months of use, "Health2Sync" app users found a drop in their blood glucose and HbA1C levels by an average of 6.4% and 1.6% respectively², which helped control their conditions.

For more information, please refer to our "Health2Sync Mobile App" Leaflet.

Remarks:

1. For more details of coverage, please refer to the Benefit Schedule.
2. Relevant figures from the webpage of Health2Sync: <https://www.health2sync.com/>

Well-being monitoring



Support from diabetes association “Angel of Diabetic”

- › After your application to this Plan has been accepted by the Company and as long as you continue to be in the Plan, you will be automatically enrolled as a member of “Angel of Diabetic” free of charge. As a member of “Angel of Diabetic”, you can join other diabetic patients in various classes on healthy lifestyle, you can also get consultation services related to diabetes and purchase healthy food for diabetics. This can also help you get support and useful information on diabetes, and give you extra help and support from others facing the same struggles as you strive to live healthier.



Free annual health check-ups to keep track of your health

- › Keeping track of your health is important – especially when your condition puts you at high risk for potentially critical complications. We provide a free annual diabetes medical check-up at time of policy renewal, measuring all the key risk factors associated with diabetes. This helps you to maintain a clear and up-to-date understanding of your health condition – and depending on the results you may qualify for a Health Reward of up to HK\$3,500.



Care



Enjoy extra care through our value-added services

- › To provide you with extra care, 24-hour hotlines are available to offer professional medical advice or emergency assistance worldwide, while the Second Medical Opinion service offers you professional alternatives from leading medical centers and experts around the globe to help you make a well-informed decision for treatments.



THE PLAN AT A GLANCE

Issue age (at last birthday)	15 days to age 75	
Plan type	This product is a standalone individual policy. The Basic Benefits provides hospitalization benefits which can be added with Optional Outpatient Benefits. The policy provides indemnity benefits and contains no cash value.	
Policy term and premium structure of Basic Benefits	1 year and annually renewable The plan provides a protection period of 1 year and guaranteed renewable up to age 100 of person insured, with payment period until the end of protection period. ¹ Premium rate will increase with age, and yearly adjustable.	
Area of cover	Basic Benefits	› Worldwide
	Optional Outpatient Benefits	› Hong Kong
Premium payment frequency	Annual / Monthly	
Policy currency	HKD	

Remark:

1. 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

CASE ILLUSTRATION

The following examples are hypothetical and for illustrative purposes only.

Case 1 - How disease management helps with pre-diabetes



Policyholder Eliza

Age 38 (non-smoker)
Background Eliza's mother suffered from diabetes. Because of her family history, Eliza worried about developing diabetes as well, particularly with the high medical expenses associated with the condition's complications.
Plan level Superior

During a health check, she discovers that her HbA1c level is at 5.8% and fasting glucose at 6.3mmol/l, which puts her on the verge of being diabetic. Luckily, she purchased the Plan for a greater peace of mind, even facing medical expenses that may arise from diabetes.



Annual free check-up is provided to help Eliza to get a better idea of her health condition.



With the help of personalized tips from Health2Sync, she realizes that her lifestyle was doing more harm than good, and that she needs to properly manage her diabetic risks. With the help from the educational content on Health2Sync, she begins to eat healthily and do exercise more often. Around the time of her first policy anniversary, she notices a remarkable improvement in her HbA1c and fasting glucose levels.



A year later, Cigna issues Eliza with a coupon for a free diabetes health check-up. After completing this, she finds she qualifies for a health reward of HK\$2,000 as a bonus for her efforts to stay healthy.

Eliza is able to maintain her health condition. She receives her health reward with no hassle and her risk of developing complications of diabetes is reduced.



Case 2 - How complications are covered



Policyholder Edmond

Age	58 (non-smoker)
Background	Edmond has suffered from Type 2 diabetes since age 47. He only has a basic understanding of how to manage it through his diet.
Plan level	Standard Optional Outpatient Benefits

At age 50, he purchases the Plan and gets instant cover, mainly to help with his diabetes-related medical costs. Due to his busy work schedule, Edmond cannot make full use of the Plan's wellness programs and tools.

	Eligible Benefits / Services	Maximum benefit amount for this policy year (HK\$)
 <p>At age 58, he begins to experience occasional chest pain and worries if it is a symptom of heart disease. He uses the free annual check-up that comes with the Plan, abnormalities are found in his blood pressure and cholesterol level.</p> <p>Edmond obtains referral from his general practitioner to get further checking from a specialist.</p>	Free annual check-up	-
	General Practitioner Outpatient Consultation	Fully covered (in network)
	Specialist Outpatient Consultation	Fully covered (in network)
 <p>After assessment by the specialist, Edmond is diagnosed with coronary artery disease as a diabetes complication and is advised to undergo coronary artery bypass surgery. Two clinical visits are arranged before his admission.</p> <p>The coronary artery bypass surgery is successful and Edmond can go home after 7 days of hospitalization. He has several clinical visits after discharge.</p>	Pre-admission & Post-Hospitalization Outpatient Expenses	\$6,000 / policy year
	Cashless hospitalization arrangement	-
	Hospital Room & Board (7 days)	\$6,300 (\$900/day)
	Inpatient Specialist's Fee	\$3,000 / policy year
	Surgical Expenses (complex) ¹	\$75,000 / surgery
	Other Medical Expenses	\$16,000 / policy year



Total maximum eligible benefit amount for this policy year: HK\$106,300



Finally, Edmond decides to try out the Health2Sync app for better management. He also joins activities organized by Angel of Diabetic and obtains information for healthy diet and tips on blood glucose management.

With assistance and advice from all channels, he is well on his way to a healthier lifestyle.

In addition to valuable medical coverage, the Plan also provides Edmond with more effective ways to manage his diabetes condition.

Remarks:

1. For the classification of operations, please refer to the Simplified Schedule of Operations of the policy provisions.

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.

Premium

1. Premium Level

The premium of the plan level selected by you is determined based on the age and smoking habit of the person insured on the policy commencement date and upon each anniversary date. An extra premium loading may be charged in addition based on your health condition.

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 but the relevant person insured would still be eligible for coverage, we have the right to adjust the premiums payable based on the correct information.

4. Premium Adjustment

The Company reserves the right to revise the premium of the policy on the anniversary date or upon renewal. Factors leading to premium adjustment may include but are not limited to our experience in claims and expenses incurred by and/or in relation to this product.

The amount of the renewal premium will be stated in the policy schedule enclosed in the renewal pack which we will send to you 45 days in advance of the policy anniversary date.

Benefits

1. Benefit in General

We shall pay all benefit amounts to the policyholder in Hong Kong dollars without interest.

Benefits shall not be payable for hospital confinement in class of suite / VIP/ deluxe room of a hospital.

2. Extent of Benefits

The coverage under the Basic Benefits of this policy is worldwide. Meanwhile, all benefits under the Optional Outpatient Benefits apply only to treatment taking place in Hong Kong.

Health Reward

A health reward corresponding to the plan level will be offered to the policyholder if the following conditions are fulfilled at the time of each renewal:

- (a) renewal premium is paid;
- (b) the person insured submits up-to-date medical evidence before the deadline as specified in the written notice sent by the Company prior to renewal; and
- (c) the person insured if aged 18 or above meets the 5 underwriting criteria set out in the relevant Health Reward Criteria table or if aged less than 18 meets the 4 underwriting criteria set out in the relevant Health Reward Criteria table.

Duplicated Policy

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

Renewal

The Hospital and Surgical Benefits and Extended Benefits, and Optional Outpatient 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 the applicable premium is paid at the time of renewal and we continue to issue new policy(ies) under the "Cigna HealthFirst DiaMedic Plan".

The Company reserves the right to revise the terms of the policy and/or the premium and/or the benefit schedule upon each renewal.

If the Basic Benefits and/or the respective Optional Outpatient Benefit are not renewed by the Company, we will send a written notice to the latest address we have of yours, at least 30 days before the next policy anniversary date, to notify you that the Basic Benefits and/or the respective Optional Outpatient Benefit will not be renewed.

The policy will expire on the anniversary date if the policy is not renewed.

Health Reward Criteria

For person insured whose age is 18 or above and who has been diagnosed by a physician as having Type 1 diabetes:

Examination Type	Examination Name	Criteria
Blood Sugar Level	HbA1c	Less than 7%
Blood Pressure	Systolic Blood Pressure	90 - 140 mm Hg
	Diastolic Blood Pressure	60 - 80 mm Hg
Body Build	Body Mass Index (BMI)	17 - 25 kg/m ²
Cholesterol	Low-density Lipoprotein	<116 mg/dl or <3 mmol/l
Presence of Protein / Albumin in Random Urine Sample	Protein Concentration in Urine	<0.02g/l or <2mg/dl

For person insured whose age is 18 or above and who has never been diagnosed by a physician as having Type 1 diabetes:

Examination Type	Examination Name	Criteria
Blood Sugar Level	HbA1c	Less than 8%
Blood Pressure	Systolic Blood Pressure	90 - 140 mm Hg
	Diastolic Blood Pressure	60 - 90 mm Hg
Body Build	Body Mass Index (BMI)	17 - 30 kg/m ²
Cholesterol	Low-density Lipoprotein	<129 mg/dl or <3.3 mmol/l
Presence of Protein / Albumin in Random Urine Sample	Protein Concentration in Urine	<0.66g/l or <66mg/dl

For person insured whose age is less than 18 and who has been diagnosed by a physician as having Type 1 diabetes:

Examination Type	Examination Name	Criteria
Blood Sugar Level	HbA1c	Less than 7.5%
Blood Pressure	Systolic Blood Pressure	Refer to the following Table#1
	Diastolic Blood Pressure	
Body Build	Body Mass Index (BMI)	Refer to the following Table#2
Cholesterol	Low-density Lipoprotein	<110 mg/dl or <2.8 mmol/l

For person insured whose age is less than 18 and who has never been diagnosed by a physician as having Type 1 diabetes:

Examination Type	Examination Name	Criteria
Blood Sugar Level	HbA1c	Less than 8%
Blood Pressure	Systolic Blood Pressure	Refer to the following Table#1
	Diastolic Blood Pressure	
Body Build	Body Mass Index (BMI)	Refer to the following Table#2
Cholesterol	Low-density Lipoprotein	<110 mg/dl or <2.8 mmol/l

Table #1 - Acceptable range of blood pressure level for person insured aged under 18:

Age	Male		Female	
	Systolic Blood Pressure (mm Hg)	Diastolic Blood Pressure (mm Hg)	Systolic Blood Pressure (mm Hg)	Diastolic Blood Pressure (mm Hg)
1	83 - 100	36 - 53	85 - 101	39 - 55
2	87 - 104	41 - 58	87 - 103	44 - 60
3	89 - 107	45 - 62	88 - 104	48 - 64
4	91 - 109	49 - 66	90 - 106	51 - 67
5	93 - 110	52 - 69	91 - 107	53 - 69
6	94 - 111	54 - 71	93 - 109	55 - 70
7	95 - 113	56 - 73	95 - 111	56 - 72
8	97 - 114	58 - 74	96 - 113	57 - 73
9	98 - 115	59 - 76	98 - 114	58 - 74
10	100 - 117	60 - 76	100 - 116	59 - 75
11	102 - 119	60 - 77	102 - 119	60 - 77
12	104 - 121	61 - 77	104 - 121	61 - 77
13	106 - 124	61 - 78	106 - 124	61 - 78
14	109 - 126	61 - 79	109 - 126	63 - 79
15	112 - 129	63 - 80	112 - 129	63 - 80
16	114 - 131	64 - 81	114 - 131	64 - 81
17	116 - 134	66 - 83	116 - 134	66 - 83

Table #2 - Acceptable range of body build for person insured aged under 18:

Age	Height (in cm)	Weight (in kg)
1	63 - 93	6.3 - 15.1
2	75.4 - 101.4	8.9 - 17.3
3	83 - 109	10 - 20.4
4	89 - 116.3	11.3 - 24
5	95 - 98.1	12.6 - 28
6	101.2 - 130.9	14.1 - 32.8
7	107.1 - 138	15.5 - 38.4
8	112.2 - 144.6	17.1 - 44.9
9	116.6 - 150.6	18.8 - 52
10	120.5 - 156.4	20.7 - 59.1
11	124.6 - 162.8	23.1 - 66.2
12	130.8 - 170.2	25.8 - 72.7
13	137.8 - 177.5	28.9 - 79.1
14	142.1 - 182.9	31.9 - 85.1
15	143.9 - 186.0	34.7 - 91.2
Age	BMI for boys (kg/m ²)	BMI for girls (kg/m ²)
16	20.4 - 23.7	20.4 - 23.1
17	20.8 - 23.9	20.4 - 23.2

Termination

1. The policy will be automatically terminated when one of the following happens:
 - The person insured passes away; or
 - Any premium is not paid at the end of the grace period.The policy will also be terminated if the policyholder requests cancellation.
2. 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.
3. If the policy is terminated by the policyholder during the policy year, we reserve the right to charge the premium until the end of such policy year after the termination.

Inflation risk

Please note that future medical costs may be higher than they are today due to inflation such that your current planned benefits may not be sufficient for future medical needs

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. Please refer to the policy provisions for the complete list and details of exclusions.

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

The following items are applicable to all benefits:

- (a) Pre-existing medical conditions except any specified 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 suicide, attempted suicide or intentionally self-inflicted injuries, whether sane or insane;
- (d) The person insured being under the influence of alcohol or drugs unless the drugs are properly prescribed by a physician and were not taken for the treatment of drug addiction;
- (e) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury or sickness;
- (f) Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC);
- (g) Sexually-transmitted diseases or treatment thereof;
- (h) Infertility or sterilization or any type of fertility;
- (i) Birth defects, congenital conditions, hereditary conditions or any disabilities arising therefrom;
- (j) Cosmetic and elective surgery;
- (k) Routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids and artificial lens;
- (l) 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;
- (m) Organ transplantation except where such occurrence is covered under the "Organ Transplantation Benefit"; or,
- (n) Developmental Conditions including but not limited to learning difficulties such as dyslexia, behavioural problems such as autism or attention deficit disorder (ADHD), or physical developmental problems such as short height.

Notes:

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

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

此產品小冊子同時備有中文版本，閣下可向本公司索取中文版本。

Cigna Worldwide General Insurance Company Limited

Tel: (852) 2560 1990
www.cigna.com.hk

Issued by Cigna

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