

HOSPITAL / SURGICAL
General Insurance

Cigna HealthFirst Medical Plan Series

Cigna Plus Medical Plan





About Cigna Healthcare

Cigna Healthcare is the health benefits provider of The Cigna Group committed to improving the health and vitality of those we serve.



A global footprint with sales capacity and operations in **MORE THAN 30 MARKETS AND JURISDICTIONS**¹



RANKED 16TH on the 2024 Fortune 500 List



More than **182 MILLION CUSTOMER RELATIONSHIPS** around the world¹



Cigna Healthcare Hong Kong is named a '**CARING COMPANY**' by the Hong Kong Council of Social Service



More Than **70,000 EMPLOYEES** around the world¹

Remarks:

1. The above data is related to Cigna Healthcare under The Cigna Group and it is for reference only. The information provided is as of March 2025 and is subject to change.

Supplementary medical protection to fulfill your coverage gaps

Round out your protection with comprehensive coverage you can depend on

Many people in Hong Kong enjoy some form of basic medical protection, whether in the form of self-purchased insurance plans or group medical schemes provided by their employer. Nevertheless, the coverage of these medical protections may not be sufficient to cope with inflation of medical expenses and the increasing cost of quality medical treatments, especially if you are struck by major illnesses. Also, most medical plans come with maximum limit for individual benefit items, preventing you from getting the most out of your policy, even in the direst of situations.

This is why you need a supplementary medical protection to rely on.



How can we help?

At Cigna Healthcare, we understand the best protection is one you can easily access to, when you need it. That is why we designed **Cigna Plus Medical Plan** (hereafter “Plus Medical Plan”) to provide you with up to HK\$1 million in coverage for hospital and surgical expenses. Even for the most complex medical procedures or surgeries, you can claim up to 90% of your expenses when you have met a predetermined deductible of your choice.

The affordable premium allows you to budget according to your needs, giving you plenty of financial flexibility.

How can you benefit from Cigna Plus Medical Plan?

We offer comprehensive coverage of up to HK\$1 million with premium as low as a few dollars a day¹, enabling you to choose more advanced or better medical treatment when you need quality medical services.

- **Supplement Your Existing Plan With Up to HK\$1 Million in Hospital and Surgical Benefits Per Year**

Plus Medical Plan can pay you up to HK\$1 million per year in hospital and surgical benefits. After paying the annual deductible, you can claim up to 90% of your hospital and surgical expenses.

- **Wide Range of Deductible Options for You to Tailor Your Protection**

Plus Medical Plan also comes with deductible options ranging from HK\$30,000 to HK\$200,000 per Policy Year, in addition to 3 plan levels room type for you to select the combination that best suits your needs.

- **Guaranteed Renewable Up to Age 100 of Person Insured**

Once your policy is issued, regardless of your health conditions or claims record, the policy is guaranteed renewable every year up to age 100 of Person Insured as long as the plan is still available.

- **No Premium Loading Regardless of Claims Record, Health Condition or Occupation Change**

We will not increase your premium due to changes in Person Insured's health conditions, claims records or occupation upon policy renewal.

- **Worldwide Coverage**

We protect you anytime and anywhere. Subject to HK\$1 million maximum limit, you are covered up to 50% of your hospitalization expenses after your annual deductible has been met if the Person Insured is hospitalized outside Hong Kong.

- **Instant Coverage without Waiting Period**

Once the application for insurance is approved, the protection will take effect immediately.

Remarks:

1. The premium is calculated based on a female non-smoker Person Insured aged 39 with plan level of ward (plan 3) and annual deductible option of HK\$50,000, excluding any discount.



The plan at a glance

We designed three protection levels to meet different needs, so you can pick the best plan for your circumstances.

Issue age (at last birthday)	15 days to age 75
Plan type	This product is a standalone individual policy which aims to provide hospitalization benefits. It is an indemnity insurance policy without 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, with payment period until the end of protection period. Premium rate will increase with age, and yearly adjustable.
Premium payment frequency	Annual / Monthly
Policy currency	HK\$

Annual Deductible Options

Plan Level	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
	HK\$		
Deductible options (per Policy Year)¹	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000 • \$150,000 • \$200,000 	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000 • \$150,000 	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000

Remarks:

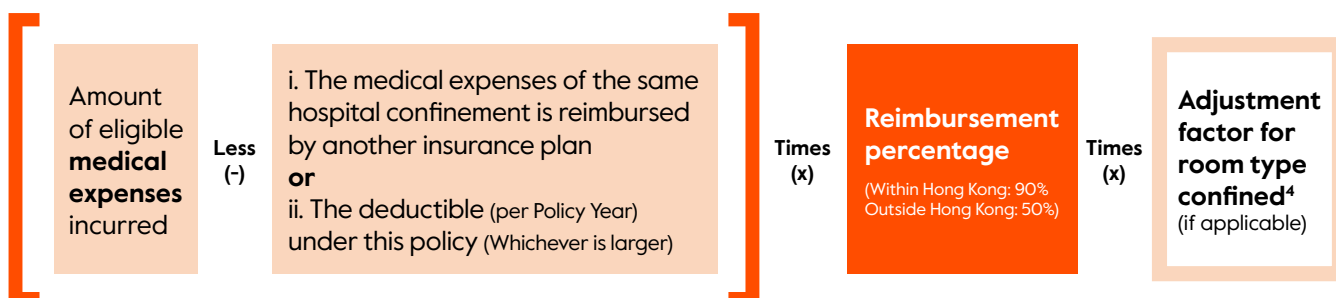
- I. Deductible refers to the amount of expenses to be borne by the policyholder or the Person Insured on each Policy Year, which shall be deducted from the incurred and covered medical expenses during the Policy Year. The amount of deductible will be split among the amount of actual expenses for the eligible items proportionally.

Benefit Schedule (HK\$)

The followings are for reference only, please refer to the policy provision and benefit schedule for details.

Hospital and surgical benefits	MAXIMUM LIMIT (HK\$)		
	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
Hospital Room & Board (maximum 270 days per Policy Year)	<p>\$1,000,000</p> <p>(Pays 90% of Hospital and Surgical Benefits after an annual Deductible³. If the hospitalization is incurred outside Hong Kong, the percentage will be 50%)</p>		
Intensive Care Unit Expenses			
Private Nursing Expenses (maximum 120 days per Policy Year)			
Surgical Expenses			
Anaesthetist's Expenses (subject to 35% of Surgical Expenses payable)			
Operation Theatre Expenses (subject to 35% of Surgical Expenses payable)			
Inpatient Doctor's Call (maximum 270 days per Policy Year) ¹			
Inpatient Specialist's Fees (written referral from the attending physician required)			
Cancer Treatment and Dialysis (e.g. radiotherapy, chemotherapy)			
Pre-admission and Post-Hospitalization Outpatient Expenses ² (subject to maximum limit of HK\$10,000 per Policy Year)			
Companion Bed (maximum 270 days per Policy Year)			
Other Medical Expenses			

Hospital and Surgical Benefits - Benefit Calculation



Remarks:

1. This benefit covers no more than one visit per day and payable for one physician a day.
2. It is applicable to up to 2 pre-admission and 2 post-hospitalization clinic visits which take place within 30 days before the admission or 30 days after discharge.
3. Please refer to the benefit calculation formula of Hospital and Surgical Benefits as stated above .
4. Please refer to the Important Information for the calculation of adjustment factor.

Case illustration

The following example is hypothetical and for illustrative purpose only.



Profile

Policyholder	Cathy
Current age	39 (non-smoker)
Marital status	Single
Occupation	Senior Graphic Designer at an Advertising Agency
Background	Cathy was covered by her employer's group medical scheme. Nevertheless, she felt the coverage was insufficient, so she purchased the Cigna Plus Medical Plan to help her cope with the significant expenses of treating a major illness.
Current plan level	Cigna Plus Medical Plan 3 with annual deductible option of HK\$50,000



Cathy suffered from a Benign Tumor and needed craniotomy surgery and brain tumor excision. She was worried about the high risk and complicated nature of the surgery, as well as the expensive medical bills, which totaled HK\$600,000.



Cathy's group medical policy entitles her to only HK\$42,000 for her medical expenses. Luckily, Cathy enrolled in Ward Level of the Plus Medical Plan (Plan 3) (with the HK\$50,000 annual deductible option), which helped to relieve her financial burdens arising from her expensive surgery.

How Plus Medical Plan helped Cathy?

For just a few dollars a day, Plus Medical Plan helped Cathy pay more than HK\$490,000 in medical expenses.

Total amount covered (HK\$):

Benefit item	Actual medical expenses incurred	Expenses covered by group medical policy	Calculation of deductible ¹	Deductible	Calculation illustration of expenses covered by Plus Medical Plan	Expenses covered by Plus Medical Plan
Room and Board	\$10,000	\$3,000	$\$8,000 \times (\$7,000 / \$558,000)$	\$100	$(\$10,000 - \$3,100) \times 90\%$	\$6,210
Surgical	\$300,000	\$25,000	$\$8,000 \times (\$275,000 / \$558,000)$	\$3,943	$(\$300,000 - \$28,943) \times 90\%$	\$243,951
Anaesthetist	\$90,000	\$3,000	$\$8,000 \times (\$87,000 / \$558,000)$	\$1,247	i. $(\$90,000 - \$4,247) \times 90\% = \$77,178$ ii. $(\$243,951 \times 35\%) = \$85,382$	\$77,178 ²
Operation Theatre	\$100,000	\$3,000	$\$8,000 \times (\$97,000 / \$558,000)$	\$1,391	i. $(\$100,000 - \$4,391) \times 90\% = \$86,048$ ii. $(\$243,951 \times 35\%) = \$85,382$	\$85,382 ²
Other Medical Expenses	\$90,000	\$4,000	$\$8,000 \times (\$86,000 / \$558,000)$	\$1,233	$(\$90,000 - \$5,233) \times 90\%$	\$76,290
Post-Hospitalization Outpatient Expenses	\$10,000	\$4,000	$\$8,000 \times (\$6,000 / \$558,000)$	\$86	$(\$10,000 - \$4,086) \times 90\%$	\$5,323
Total	\$600,000	\$42,000		\$8,000		\$494,334

Remarks:

1. Since Cathy has reimbursed HK\$42,000 from her group medical policy, the remaining deductible amount will be HK\$8,000 (HK\$50,000 minus HK\$42,000). When calculating the deductible amount among each benefit item, Cigna Healthcare will proportionally split HK\$8,000 for each benefit item in the calculation.

E.g. For Room and Board Benefit, the deductible is calculated as follows:

$\text{HK\$8,000} \times (\text{Actual Room and Board expenses incurred} - \text{Room and Board expenses covered by group medical policy}) / (\text{Total actual medical expenses incurred} - \text{Total expenses covered by group medical policy}) = \text{HK\$8,000} \times (\text{HK\$10,000} - \text{HK\$3,000}) / (\text{HK\$600,000} - \text{HK\$42,000}) = \text{HK\$8,000} \times (\text{HK\$7,000} / \text{HK\$558,000}) = \text{HK\$100}$

2. The reimbursement amount of Anaesthetist and Operation Theatre benefits is 90% of the claim after deductible, but the maximum amount is subject to 35% of Surgical Expenses payable.

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 level corresponding to the plan level you select is determined based on the age, sex 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 30 days 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 coverage.

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, Sex or Smoking Habit

If age, sex 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 to this product.

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

Benefits

Hospital and Surgical Benefits

In the event of hospital confinement for receiving medically necessary western medicine treatment, the Company will reimburse the actual medical expenses incurred according to the following calculation formula:

{Amount of eligible medical expenses incurred **LESS (-)** (the medical expenses of same hospital confinement 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)} **TIMES(x)** reimbursement percentage (Hospitalization within Hong Kong: 90%; Hospitalization outside Hong Kong: 50%) **TIMES(x)** adjustment factor in room type confined (if applicable).

Adjustment factor will be applied if the Person Insured is confined to a higher level of hospital facility than is originally entitled under the policy:

PLAN LEVEL	ROOM TYPE CONFINED	ADJUSTMENT FACTOR
Semi-Private	Private	50%
Ward	Semi-Private	50%
Ward	Private	25%

The benefit will not be payable for hospitalization in class of suite / VIP / deluxe room of a hospital.

Duplicated Policy

Person Insured can only be covered under one single "Cigna Plus Medical Plan Series" policy. The series include "Cigna Plus Medical Plan", "Cigna HealthFirst TopUp Medical Plan", and any other insurance policies that fall under the "Cigna Plus Medical Plan Series" as defined and issued by the Company from time to time.

Renewal

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) under the "Cigna Plus Medical Plan", and upon payment of the premium at time of renewal. The Company reserves the right to revise the terms of the policy and/or the premium and/or benefit schedule upon each renewal.

Termination

- I. The policy will be automatically terminated when one of the following happens:
 - the Person Insured passed away;
 - the policy is not renewed;
 - any premium is not paid at the end of the grace period; and
 - the master policy (i.e. the policy to which the parent or guardian of the Person Insured belong) is terminated or lapsed, and the plan level and deductible option of child's policy is different from the master policy (applicable to Person Insured whose age is 17 or below).
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 of the premium paid will not be returned and you shall immediately return all payment including claims paid by us under the policy.

Inflation risk

While your current planned benefits will not be adjusted during the policy term, future medical costs may be higher than they are today due to inflation.

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:

- (a) the Issue Date or the Commencement Date (whichever is the later);
- (b) the approval date of reinstatement (if the Policy

has been reinstated); or

- (c) the issue date or the effective date of increase in benefit, whichever is the later (if any benefit under this Policy has been increased).

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
- (b) the Company agrees not to classify as an exclusion 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.

Claims Procedure

To make a claim, please login to our customer portal or register at www.mycigna.com.hk or download our MyCigna HK app. For details of procedures by claims type, please visit the Company website 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 Healthcare shall not be liable to pay any claim or expenses incurred directly or indirectly resulting from or consequent upon or contributed by:

1. Pre-existing medical conditions;
2. War, invasion, acts of a foreign enemy, hostilities (whether war is declared or not), civil commotion, rebellion, revolution, insurrection, military or usurped power, or terrorism;
3. Engaging in or taking part in:
 - (a) Naval, military or air force service or operations, armed forces or services 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), paragliding, bungee-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; or
 - (h) The manufacture, storage, filling, breaking down, handling, or transportation of any explosive (including but not limited to fireworks or firecrackers) or chemical material;

4. Suicide, attempted suicide, or intentionally self-inflicted injuries, while sane or insane;
5. 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;
6. Pregnancy, childbirth, and miscarriage of or abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury or sickness;
7. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC), or other forms of virus;
8. Any congenital conditions, development conditions, hereditary conditions, cosmetic and elective surgery;
9. Eye refraction error except due to bodily injury, routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids, and artificial lenses; vaccination and immunization injections;
10. Dental care and treatment, except emergency treatments by a physician during hospital confinement due to bodily injury. Follow-up treatment after hospital confinement shall not be covered;
11. Any treatment, investigation, service or supplies which is/are not medically necessary;
12. Being voluntarily exposure to any hazard or danger;
13. Expenses incurred in respect of the following conditions:
 - (a) Any convalescence accommodation or treatment or services rendered in any sanatorium or similar establishment;
 - (b) Prosthesis, corrective devices, and medical appliances which are not intra-operatively required;
 - (c) All organ transplantation
 - (d) Medical treatment received after termination or expiry of this policy
 - (e) Routine medical examinations or health screening checks;
 - (f) 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;
 - (g) Alternative treatment including, but not limited to, chinese medicine treatment, acupuncture, acupressure, Tui Nai, hypnotism, rolfing, massage therapy, and aromatherapy;
 - (h) Experimental and/or new medical technology or procedures not yet approved by Cigna Healthcare; or
 - (i) Non medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, medical report charges and the like.

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。



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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 the 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.