



HOSPITAL / SURGICAL
General Insurance

Cigna HealthFirst Medical Plan Series

Cigna HealthFirst Choice 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.

We help protect you against rising medical costs

Shielding you from expenses that may arise unexpectedly

Medical cost inflation remains significant with the average medical trend rate rising by 10% in a year¹.

At Cigna Healthcare, we recognize the importance of having the right medical protection to safeguard you and your family during unexpected medical emergencies. We also want to minimize the hassle associated with any hospital stay, putting your recovery first.



How can we help?

Providing you with a convenient protection solution, **Cigna HealthFirst Choice Medical Plan** (hereafter “Choice Medical Plan”) is a comprehensive medical plan with value-added services. With **Cashless Medical Service** (subject to pre-approval), you can get hospital admittance without paying an admission deposit, and you would not need to make any claim after discharge. The plan covers hospitalization expenses, pre-admission and post-hospitalization treatment, private nursing, cancer treatment, dialysis and more, enhancing your chances of a speedy recovery.

Remarks:

1. Global Medical Trends Survey 2024 by Willis Towers Watson

How can you benefit from Choice medical plan?

Providing a helping hand in the event of an emergency, Choice Medical Plan cuts down on the hassle so you can focus on your own health.

Comprehensive medical protection during your deepest need

The plan covers hospitalization as well as other common expenses such as pre-admission and post-hospitalization outpatient treatment, and private nursing expenses. To save you from the hassle of hospitalization, the plan also covers MRIs, CT scans, and PET scans¹ carried out in an outpatient clinic for medical conditions related to hospital confinement

If serious illness strikes, we want you to have extra support. That's why the plan includes additional coverage of up to HK\$160,000 per Policy Year for cancer treatment and dialysis, giving you extra peace of mind.

To help you with important decisions, our second medical opinion service offers you alternative medical opinions through a network of leading medical centers and experts - at no extra cost to you.

Cashless Medical Service²

Apply prior to your hospital admission and upon approval, we will pay the pre-approved amount to the medical service provider directly on your behalf. This allows you to focus on treatment and recovery without worrying about unexpected medical expenses.

You can also seek advice directly from medical professionals through our 24-hour Cigna HealthFirst Hotline (852-8100 3209).

Flexible plan with an array of Optional Insurance Benefits to suit your unique needs

Choose from three plan levels with private, semi-private, or ward coverage. To meet your needs, the plan also offers an array of Optional Insurance Benefits³, enabling you to customize your coverage:

- Supplementary Major Medical Benefit - additional benefit of up to HK\$575,000 per Policy Year
- Outpatient Benefit - Chinese herbalist, Chinese bonesetter, acupuncturist, physiotherapist, home consultation, etc.
- Dental Benefit - scaling and polishing, routine oral examination, extractions, fillings, X-ray, root canal fillings, etc.

Unique one to one dedicated Care Manager Service⁴ in Hong Kong

Cigna Healthcare understands that you want the best treatment possible when you are sick. If you find yourself in need of medical treatment, Cigna Healthcare can help you estimate the medical expenses needed and predict the circumstances you may face. As a member of Cigna HealthFirst Choice Medical Plan, you will be assigned a dedicated Care Manager through our healthcare concierge service, who will follow up on your hospital stay, surgery, or other treatment arrangements. In addition to getting maximum coverage for your medical expenses, you can also enjoy other care services through Cigna's healthcare concierge.

For more information, please refer to our "Healthcare Concierge Service" Leaflet.



Find out more
about how our Care
Managers provide
healthcare concierge
service for customers in
actual situations

Remarks:

1. Diagnostic imaging services including X-rays, MRIs, CT scans and PET scans must be performed within 30 days prior to admission or 30 days after discharge.
2. The Cashless Medical Service is a value-added service and subject to terms and conditions. To use the Cashless Medical Service, a Pre-approval Form for Cashless Medical Service ("Pre-approval Form") must be submitted to us for approval prior to the hospital admission. Cigna Healthcare requires 5 working days upon receipt of a completed form and supporting medical documents to process the application. We will confirm your application by issuing you a Letter of Guarantee relating to application for Cashless Medical Service (CMS) which sets out the conditions of the Cashless Medical Service arrangement. We have the absolute discretion to decline the Cashless Medical Service application based on information provided by the Insured Person and/or Policy Holder, if the Cashless Medical Service application does not include valid, sufficient and complete information about the Insured Person's medical condition or for credit card authorization. All Cashless Medical Service approvals provided by us are subject to the deductible level and benefit limit of the Policy. The Insured Person and/or Policy Holder are responsible for settling any amount not covered by their Policy.
3. For details of coverage, please refer to the Benefit Schedule of Choice Medical Plan. You are required to enroll at the same benefit level for Hospital and Surgical Benefits as well as optional benefits.
4. Cigna Care Manager Service is a value-added service and subject to terms and conditions. Medical support service and value-added services arranged by Care Manager are subject to individual cases.

Exclusive privilege

Free Annual Health Check-ups

The plan offers a free annual influenza vaccination and body check, enabling you to keep track of your health.

We will send you a free body check-up¹ 30 days after the policy anniversary date.

Health Reward

To celebrate your good health, you will be offered a No Claim Renewal Premium Discount at the time of policy renewal. The renewal discount applies to the Hospital and Surgical Benefits.

| Number of consecutive Policy Years with no Hospital and Surgical claim record | No Claim Renewal Premium Discount – discount for Hospital and Surgical Benefits at renewal |
|--|--|
| 2 | 5% |
| 3 | 8% |
| 5 or above | 15% |

Guaranteed Renewable Up to Age 100 of Person Insured

The Hospital and Surgical Benefits are guaranteed to be renewable every year and up to age 100 of Person Insured regardless of any changes in your health condition or claims record².

Remarks:

1. Coupon is not transferable. The services are offered by Cigna Healthcare's designated third party service providers and are applicable in Hong Kong only. Cigna Healthcare reserves the right to change the services and designated third party service providers from time to time without prior notice.
2. It is subject to the continued issuance of Choice Medical Plan by the Company and payment of the premium of your policy. Cigna Healthcare reserves the right to revise premiums, terms and conditions, and/or the Benefit Schedule upon each renewal.



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 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*, with payment period until the end of protection period. Premiums will increase with age and are subject to annual adjustment at policy renewal. |
| Premium payment frequency | Annual / Monthly |
| Policy currency | HKD |

* This is applicable to Hospital and Surgical Benefits only. Guaranteed renewable subject to Cigna Healthcare continue to issue new policy(ies) under the Basic Benefits and respective Optional Insurance Benefits (if applicable) of "Cigna HealthFirst Choice Medical Plan", and upon payment of the premium at time of renewal.

Hospital and Surgical Benefits - Benefit Schedule (HKD)

The following benefit items are for reference only. Benefits are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to "Important Information" of this brochure or policy provision.

| Item | Maximum Limit (HK\$) | | |
|--|----------------------|--------------------------|------------------|
| | Plan 1 (Private) | Plan 2 (Semi-Private) | Plan 3 (Ward) |
| Hospital Room and Board (maximum 270 days per Policy Year) | \$3,200 per day | \$1,600 per day | \$750 per day |
| Surgical Expenses (per surgery) | | | |
| • Complex | \$95,000 | \$65,000 | \$48,000 |
| • Major | \$47,500 | \$32,500 | \$25,000 |
| • Intermediate | \$20,500 | \$13,600 | \$10,000 |
| • Minor | \$7,500 | \$6,500 | \$5,500 |
| Anaesthetist's Expenses (per surgery) | | | |
| • Complex | \$26,900 | \$16,000 | \$12,300 |
| • Major | \$13,200 | \$9,100 | \$7,100 |
| • Intermediate | \$6,000 | \$4,000 | \$3,000 |
| • Minor | \$3,200 | \$2,200 | \$2,000 |

| Operation Theatre Expenses (per surgery) | | | |
|--|----------------------|--------------------------|------------------|
| • Complex | \$27,400 | \$16,600 | \$12,500 |
| • Major | \$13,500 | \$10,000 | \$8,100 |
| • Intermediate | \$6,500 | \$4,200 | \$3,500 |
| • Minor | \$3,250 | \$2,200 | \$2,000 |
| Item | Maximum Limit (HK\$) | | |
| | Plan 1 (Private) | Plan 2 (Semi-Private) | Plan 3 (Ward) |
| Inpatient Doctor's Call (for non-surgical case only, maximum 270 days per Policy Year) | \$3,200 per day | \$1,600 per day | \$750 per day |
| Cancer Treatment and Dialysis (per Policy Year) | \$160,000 | \$120,000 | \$80,000 |
| Intensive Care Unit Expenses (per Policy Year) | \$25,500 | \$22,000 | \$20,100 |
| Inpatient Specialist's Fee (written referral from the attending physician required) (per Policy Year) | \$10,000 | \$3,800 | \$2,500 |
| Companion Bed (maximum 270 days per Policy Year) | \$1,500 per day | \$750 per day | \$350 per day |
| Pre-admission and Post-Hospitalization Outpatient Expenses (maximum 2 clinic visits within 30 days pre-admission and 2 clinic visits within 30 days post-hospitalization) (per Policy Year) | \$4,500 | \$2,500 | \$1,800 |
| Private Nursing Expenses (maximum 120 days per Policy Year) | \$850 per day | \$500 per day | \$325 per day |
| Other Medical Expenses – including in-hospital / clinical X-ray, MRI, CT scan, PET scan, miscellaneous hospital charges, etc. (within 30 days prior to admission or 30 days after discharge) (per Policy Year) | \$35,000 | \$21,500 | \$13,600 |
| Overall Annual Limit (per Policy Year) | | | |
| Under attained age of 65 on the policy commencement date | Unlimited | | |
| Attained age of 65 or above on the policy commencement date | \$700,000 | \$375,000 | \$175,000 |
| No Claim Renewal Premium Discount | | | |
| No claim record for 2 consecutive years | 5% | 5% | 5% |
| No claim record for 3 consecutive years | 8% | 8% | 8% |
| No claim record for 5 consecutive years or more | 15% | 15% | 15% |

Optional Insurance Benefits - Benefit Schedule (HKD)

The following benefit items are for reference only. Benefits are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to "Important Information" of this brochure or policy provision.

| | Plan 1 (Private) | Plan 2 (Semi-Private) | Plan 3 (Ward) |
|--|--|--------------------------|------------------|
| Supplementary Major Medical Benefit | Maximum Limit (HK\$) | | |
| Maximum limit per Policy Year | \$575,000 | \$290,000 | \$120,000 |
| Lifetime Limit (applicable from age 75 onwards) | \$850,000 | \$450,000 | \$220,000 |
| Remarks: <ul style="list-style-type: none"> For each claim, HK\$500 will be deducted from the claim amount, and the reimbursement amount will be 80% of the remaining balance. The claim amount will be adjusted if the actual level of hospital confinement is higher than the eligible plan level. Please refer to the important information for details. | | | |
| Outpatient Benefit | Maximum Limit (HK\$) | | |
| 1. General Practitioner (includes up to 3 days' basic medication) | \$380 | \$240 | \$180 |
| 2. Specialist* (includes up to 3 days' basic medication) | \$660 | \$480 | \$350 |
| 3. Physiotherapist* | \$630 | \$430 | \$330 |
| 4. Chiropractor* | \$630 | \$430 | \$330 |
| 5. Chinese Herbalist (includes up to 2 packs of Chinese medicine) | \$230 | \$180 | \$150 |
| 6. Chinese Bonesetter | \$230 | \$180 | \$150 |
| 7. Acupuncturist | \$230 | \$180 | \$150 |
| 8. Home Consultation (consultation fee only, per visit) | \$720 | \$520 | \$350 |
| 9. Prescribed Western Medicine (per Policy Year) | \$2,500 | \$1,500 | \$1,000 |
| 10. Diagnostic Imaging and Laboratory Tests* (per Policy Year) | \$3,500 | \$2,000 | \$1,500 |
| Remarks: <ul style="list-style-type: none"> * Referral from a physician is required. Maximum 30 visits per Policy Year for items 1 to 8, within with a maximum of 10 visits per Policy Year for items 4 to 8. For items 1 to 7, full coverage for network clinics or 80% reimbursement up to the respective maximum benefit limit for non-network clinics. For Chiropractor, network clinics are not available. | | | |
| Dental Benefit | Maximum Limit (HK\$) (maximum limit per Policy Year is up to \$5,000 for below benefits) | | |
| Scaling and Polishing | 2 visits | | |
| Fillings; dentures, crowns and bridges (only if necessitated by an accident); drainage of abscesses; extractions; X-ray; root canal fillings; routine oral examination | Fully covered | | |

Case illustration

The following example is hypothetical and for illustrative purpose only.



Profile

| | |
|---------------------------|---|
| Policyholder | Patrick |
| Current age | 41 (non-smoker) |
| Background | Operating an online business with irregular working hours, Patrick suffers constant stomach pain. |
| Current plan level | Cigna HealthFirst Choice Medical Plan 2 |

At age 41, Patrick is discovered to have a 5cm malignant tumor inside his stomach during a PET scan at a clinic. He is advised to undergo total gastrectomy surgery followed by chemotherapy. Patrick submits a form and successfully applies for Cashless Medical Service. His subsequent operation is successful and he remains hospitalized for two weeks. After 12 chemotherapy treatments - 6 in the hospital and the remainder in private clinics - he gradually recovers.

How did Choice Medical Plan help Patrick?

- Hassle-free Cashless Medical Service
- His chemotherapy expenses are covered under "Cancer Treatment and Dialysis" benefit and the miscellaneous hospital charges during hospitalization can be covered under "Other Medical Expenses" benefit, subject to the maximum limit of his plan
- The cost of PET scan conducted in a clinic is covered

Total amount covered (HKD) :

| Hospital and Surgical Benefits | | |
|--|--------------------------------|----------------------|
| Items | Amount covered (HK\$) | Maximum Limit (HK\$) |
| Hospital Room & Board | \$22,400 (\$1,600 x 14 days) | \$1,600 per day |
| Surgical Expenses (complex) ¹ | \$60,000 | \$65,000 |
| Anaesthetist's Expenses (complex) | \$16,000 ² | \$16,000 |
| Operation Theatre Expenses (complex) | \$15,000 | \$16,600 |
| Other Medical Expenses (including outpatient PET scan) | \$20,500 | \$21,500 |
| Cancer Treatment and Dialysis (Chemotherapy) | \$102,000 (\$8,500 x 12 times) | \$120,000 |

Total amount reimbursed:
HK\$235,900

Remarks:

1. For the classification of operations, please refer to the Simplified Schedule of Operations of the policy provisions.
2. The actual anaesthetist's expense is HK\$19,000. Due to the eligible maximum limit under his current plan level is HK\$16,000, the amount covered under this item will be HK\$16,000. For the rest of the items, since the actual expenses do not exceed the maximum limit, the entire amount can be covered.

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

1. Extent of Benefits

The coverage under this policy is worldwide, except under the Optional Insurance Benefits, which is subject to emergency conditions if expenses are incurred outside of Hong Kong. We reserve the right to request that the Person Insured obtain pre-approval from us before incurring such relevant expenses.

2. Supplementary Major Medical Benefit

If the Person Insured uses a higher level of hospital facilities and services than he is entitled under this policy, the benefit amount payable shall be lowered according to the adjustment factor. This benefit shall not be payable for class of suite/ VIP/ deluxe room of a hospital.

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

Under the Supplementary Major Medical Benefit, the following terms and conditions shall apply regarding the Lifetime Limit starting from the anniversary date after the Person Insured reaches age 75:

(i) Any benefit payable under this section will be deducted from the Lifetime Limit, the balance of the Lifetime Limit as at the end of the current Policy Year will be carried forward to the next Policy Year

(ii) If the Person Insured's application for a change in the benefit level is approved by the Company, the Lifetime Limit applicable to the next Policy Year will be equivalent to the Lifetime Limit of the new benefit level, minus all benefits paid since the anniversary date following the Person Insured reaching age 75.

(iii) This benefit will automatically terminate upon the first anniversary date after the Lifetime Limit is exhausted.

Duplicated Policy

Person Insured can only be covered under one single "Cigna HealthFirst Medical Plan Series" policy. The series include "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", "Cigna VHIS Series" and "Cigna Cathay Premier Health Plan" as defined and issued by the Company from time to time.

Co-ordination of Benefits

If any Medically Necessary charges shall be reimbursed by another party or by us under another insurance plan, we shall only be liable for the difference between such reimbursement and the total amount of benefits which would otherwise be payable in respect of such medical expenses under the policy

Renewal

The Hospital and Surgical 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 that we continue to issue new policy(ies) under the "Cigna HealthFirst Choice Medical Plan", and upon payment of the premium at the time of renewal. The Company reserves the right to revise the terms of the policy and/or the premium and/or the benefit schedule upon each renewal.

Termination

1. This policy will be automatically terminated when one of the following happens:
 - The Person Insured passes away;
 - Any premium is not paid at the end of the grace period; or
 - The policy is terminated by the Company or the policyholder.
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. The Company may terminate any Optional Insurance Benefit, by giving not less than 30 days advance notice in writing to you.
4. 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

Your current planned benefit may not be sufficient to meet your future needs since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, you may receive less in real terms even if we meet all of our contractual obligations..

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.

Written notification of a claim must be given to the Company within 30 days after the occurrence of the event giving rise to the claim. Such notification shall include information sufficient to identify the Person Insured and the nature of the claim.

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.

We shall not be liable for any claims or the expenses incurred through, directly or indirectly caused by, or resulting from any one or more of the following:

Applicable to all benefits (including Optional Insurance Benefit):

1. Pre-existing medical conditions;
2. War, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil commotion, rebellion, revolution, insurrection, military or usurped power or terrorism;
3. The Person Insured's suicide, attempted suicide

or intentionally self-inflicted injuries while sane or insane;

4. 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 a proper medical prescription by a physician other than for the treatment of drug addiction;
5. 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; infertility or sterilization or any type of fertility;
6. Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related

complex (ARC); sexually-transmitted diseases or treatment thereof;

7. Birth defects, congenital conditions, development conditions, hereditary conditions or any disabilities arising therefrom;
8. Cosmetic and elective surgery;
9. Vaccination and immunization injections;
10. All dental treatment prescribed by a dentist except emergency treatments by a physician during hospital confinement due to bodily injury; follow-up treatment from such hospital confinement (unless the Dental Benefit applies under this policy);
11. Mental, psychiatric or nervous illness;
12. Treatment for a related condition resulting from addictive conditions and disorders; sleep disorders including insomnia, snoring, sleep-related breathing problems or sleep studies;
13. Treatment that is not medically necessary;
14. The Person Insured's voluntarily exposing himself/herself to any hazard or danger;
15. Fees/expenses incurred due to the following reasons:
 - (a) Convalescence accommodation, treatment or services rendered at any sanatorium or similar establishment;
 - (b) Prosthesis, corrective devices and medical appliances, that are not intra-operatively required;
 - (c) All organ transplantation, transplant procedures and acquisition of the organ itself to be used for organ transplantation;
 - (d) Routine medical examinations or health screening checks;
 - (e) Alternative treatment including but not limited to Chinese medicine treatment, acupuncture, acupressure, Tui Nai, hypnotism, rolfing, massage therapy, aromatherapy (unless provided under the Acupuncturist benefit, Chinese Herbalist benefit and Chinese

Bonesetter benefit payable under the Benefit Schedule);

- (f) Experimental and/or new medical technology/procedure not yet approved by the Company; or
- (g) Non medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (apart from VAT and GST charged on Eligible Expenses), medical report charges and the like. ;

Applicable only to the Optional Dental Benefit:

- I. Appliances or restoration necessary to increase vertical dimension or restore an occlusion;
2. Dental implants;
3. Cosmetic dentistry procedures such as bleaching and veneers;
4. Orthodontic services;
5. Repair or replacement of orthodontic appliances;
6. Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
7. Procedures or appliances to correct congenital malformations;
8. Treatment of malignancies, cysts, or neoplasms;
9. Replacement of lost or stolen dentures;
10. Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder or for orthognathic surgery;
- II. Services or supplies intended to diagnose or treat any condition that is an occupational injury or disease; or
12. Replacement of or additions to existing dentures or bridgework.

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.