

**HOSPITAL /
SURGICAL**
Life Insurance



CIGNA HEALTH SAVING PLAN SERIES

CIGNA 108% HEALTH SPECTRA

Together, all the way.®



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.

YOUR MEDICAL & FINANCIAL NEEDS ARE BOTH IMPORTANT TO US

Managing your medical risks without compromising your financial needs

According to key findings from Cigna's 360° Well-being Survey in 2015, more than 70% of respondents ranked physical health and well-being as the most important dimension, but less than a quarter of them rated themselves as performing well in living a healthy lifestyle. Similarly, only 22% of respondents commented that they performed well on financial well-being.

At Cigna, we recognize the importance of maintaining both your physical health and your financial well-being. We also understand your daily challenges, such as meeting financial obligations and needs like your mortgage, your family's expenditure, or your own medical needs.

HOW CAN WE HELP? Inspired to address the many challenges faced by Hong Kong people today, we offer a practical solution that helps you manage your medical risks while meeting your financial needs at the same time.

Cigna 108% Health Spectra is the answer. With just six years of premium payments, this plan provides you with ten years of protection including coverage of hospital expenses, surgical expenses and a cancer benefit in the event of the first confirmed cancer diagnosis. Upon maturity at the end of the tenth policy year, **you will receive a refund of 108% of your total premium paid**, adding value to your wealth!



HOW CAN YOU BENEFIT FROM CIGNA 108% HEALTH SPECTRA?

We offer a practical solution to help you protect yourself and safeguard your family's comfort, while adding value to your wealth.

Comprehensive Medical Protection

The plan covers not only your hospitalization expenses, but also other common expenses such as in-patient and out-patient surgical expenses as well as post-surgical expenses. A lump-sum carcinoma-in-situ benefit is also offered to give you extra peace of mind.

Extra Cash Value

At the end of the tenth year of your policy, you receive 100% of your premium paid plus an extra 8% of the total premium paid. The extra cash value applies even if you have made claims on surgical, hospitalization, and post-surgical expenses, as well as carcinoma-in-situ benefit.

Lump-sum Cancer Benefit

At the first confirmed cancer diagnosis, an extra lump-sum cancer benefit of up to HKD300,000 will be offered on top of the 100% total premium refund, providing you with added financial support during difficult times.

Guaranteed Level Premium

The premium is fixed during the six-year premium term, enabling you to manage a predictable financial plan.

Our comprehensive plan:



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:	Age 18 - 65 (At last birthday)
Plan Type:	This product is a standalone individual policy which aims to provide life protection, hospitalization and critical illness protection. It is a non-indemnity insurance policy for critical illness and an indemnity insurance policy for hospitalization benefit with cash value.
Policy Term and Premium Structure:	Long-term policy - The plan provides 10 years of protection period, with 6 years of payment period, and level and guaranteed Premium.
Premium Payment Frequency:	Annual or monthly
Policy Currency:	HKD or USD

Benefit Schedule (HKD/USD)

		Maximum benefit amount		
		Plan 1	Plan 2	Plan 3
Room type		Ward		Semi-private
Benefit and Coverage				
Medical Reimbursement	Hospital Room & Board Benefit (limit per day, up to 100 days per disability)	HK\$500 / US\$65	HK\$800 / US\$100	HK\$1,800 / US\$225
	Inpatient Surgical Expenses Benefit (including surgeon's fee, anaesthetist's fees and operating theatre fee) (per disability)	HK\$21,000 / US\$2,625	HK\$30,000 / US\$3,750	HK\$42,000 / US\$5,250
	Post Surgical Expenses Benefit (Outpatient Expenses and Auxiliary Treatment) (e.g. chiropractor treatment, physiotherapy) (per disability)	HK\$1,000 / US\$125	HK\$1,500 / US\$190	HK\$2,500 / US\$315
	Outpatient Surgical Expenses Benefit (per disability)	HK\$3,000 / US\$375	HK\$3,000 / US\$375	HK\$5,000 / US\$625
Lump-sum Payment	Cancer Benefit	HK\$100,000 / US\$12,500	HK\$150,000 / US\$18,750	HK\$300,000 / US\$37,500
		Lump-sum benefit amount plus 100% refund of total premium paid minus CIS Benefit paid (if any)		
	Carcinoma-in-situ (CIS) Benefit (once per lifetime; maximum HK\$240,000 per life ¹)	HK\$30,000 / US\$3,750	HK\$45,000 / US\$5,625	HK\$90,000 / US\$11,250
	Cash Value	Up to 108% of your total premium paid (cash value will be payable according to the cash value table)		
	Compassionate Death Benefit	100% refund of the total premium paid		

Remarks:

- For Carcinoma-in-situ Benefit, the maximum amount of the same or similar benefits paid under all policies with the Company is HK\$240,000 per life.

CASE ILLUSTRATION

The following examples are hypothetical and for illustrative purpose only.

Case 1

Age 45

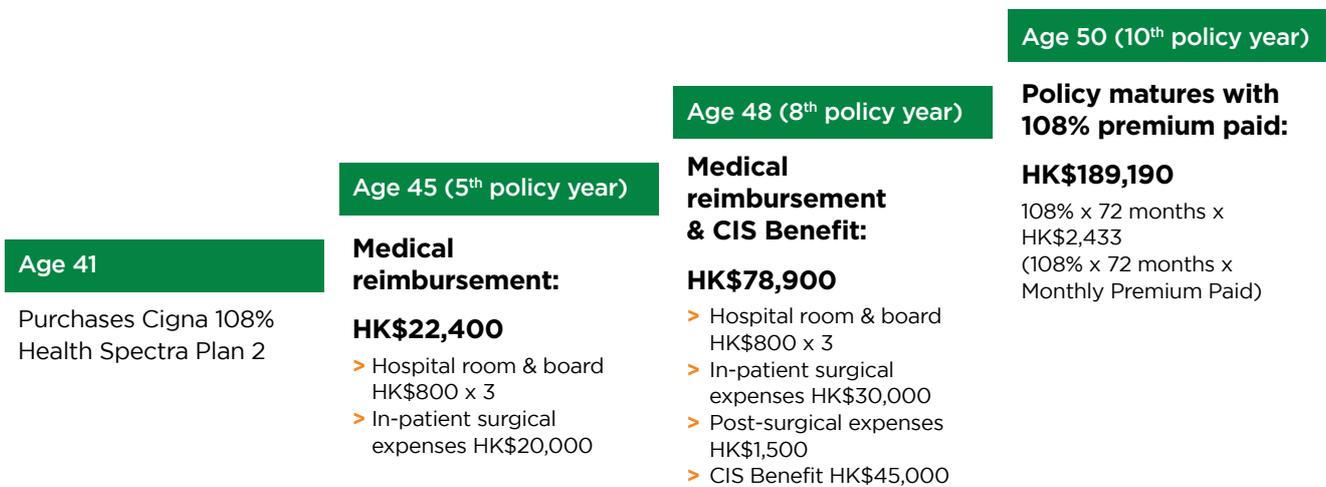
During a routine body checkup, Sam is discovered to have a 1 cm colorectal polyp. Under the advice of his doctor, Sam undergoes an immediate resection of the polyp at a private hospital, where he stays for 3 days for the treatment.

Age 48

Sam is discovered to have another colorectal polyp. He stays in the hospital for 3 days to undergo a resection of the polyp. Unfortunately the doctor confirms his diagnosis of Colorectal Carcinoma-in-situ (CIS). After undergoing examinations and monitoring, he gradually recovers after several months.

Profile

Policyholder	Sam, age 41, non-smoker
Marital status	Married, with a daughter and a son
Background	As the sole breadwinner, Sam works hard to support his family as well as his parents' living expenses.
Current plan level	Cigna 108% Health Spectra Plan 2



Case 2

Age 35

Carol's medical report indicates that there are two lumps in her right breast. After several tests and scans, she is diagnosed with Ductal Carcinoma-in-situ (CIS). She takes her doctor's advice and undergoes immediate surgery to have the lumps removed.

Age 37

Unfortunately, Carol is diagnosed with Stage II ovarian cancer two years later. She is advised by her doctor to undergo surgery and receive chemotherapy.



Profile	
Policyholder	Carol, age 30 non-smoker
Marital status	Married, with a son
Background	Carol is a working mother, supporting her family's household expenses
Current plan level	Cigna 108% Health Spectra Plan 3

Age 30

Purchases Cigna 108% Health
Spectra Plan 3

Age 35 (6th policy year)

**CIS Benefit:
HK\$90,000**

Age 37 (8th policy year)

**Amount received for the first
confirmed cancer diagnosis:**

HK\$450,552

72 months x HK\$3,341 +
HK\$300,000 - HK\$90,000
(72 months x Monthly Premium Paid +
Cancer Benefit - CIS Benefit paid)

**Carol receives:
HK\$540,552**

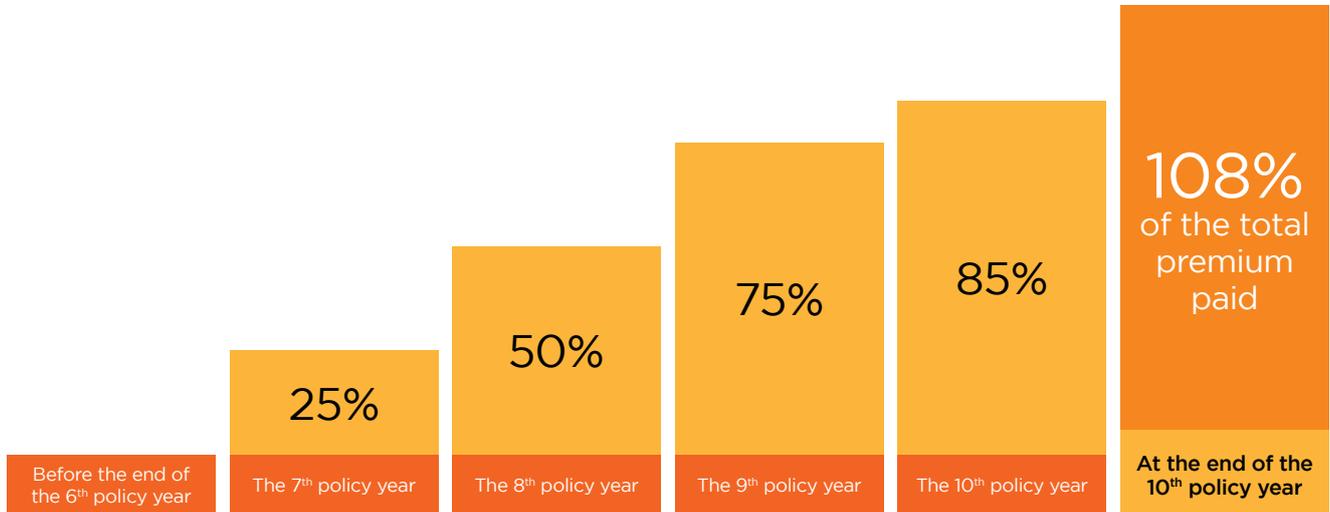
(CIS Benefit & Cancer Benefit)

Her total premium paid: HK\$240,552

CASH VALUE

Cash value will be payable according to the following table:

Cash Value as a percentage of the total premium paid



	Cash Value (Percentage of the total premium paid)
Before the end of the 6 th policy year	Not Applicable
Upon and after the end of the 6 th policy year but before the end of the 7 th policy year	25%
Upon and after the end of the 7 th policy year but before the end of the 8 th policy year	50%
Upon and after the end of the 8 th policy year but before the end of the 9 th policy year	75%
Upon and after the end of the 9 th policy year but before the end of the 10 th policy year	85%
At the end of the 10 th policy year	108% of the premium paid

EXCLUSIVE PRIVILEGE FOR YOU AND YOUR FAMILY

Health check-up discounts

We provide you with annual discount coupons for body check-ups and spinal health assessments, enabling you to gain a better understanding of your health. These coupons will be issued with your policy document pack, as well as 30 days after each policy anniversary.



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.

Cooling-off right and Policy Cancellation

You may cancel your policy and obtain a refund of any premium(s) and levy paid by you within the cooling-off period. The cooling-off period is the period of 21 calendar days immediately following either the day of delivery of the policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). The cooling-off notice is a notice that will be sent to you or your nominated representative by Cigna Worldwide Life Insurance Company Limited to notify you of the cooling-off period around the time the policy is delivered. To exercise this right, a written notice of cancellation must be signed by you and received directly by Cigna Worldwide Life Insurance Company Limited at 16/F, International Trade Tower, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. No refund can be made if a claim has been made.

After the cooling-off period, the Policy Holder can request cancellation of the policy by giving thirty (30) days prior written notice to the Company, provided that there has been no benefit payment under the policy during the relevant Policy Year. However, there shall be no refund of premium paid for such policy cancellation after cooling-off period.

Premium

1. Premium Level

The premium level of Cigna 108% Health Spectra corresponding to the plan level you select is determined based on age, gender and smoking habit of the person insured at policy commencement.

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, Sex and 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

We have the absolute right and discretion to adjust the premium payable under the policy upon the renewal of each policy term. Factors leading to premium adjustment may include but are not limited to our experience in claims, surrender, investment return, and expenses incurred by and/or in relation to this product.

Benefits

1. Hospital Room and Board Benefit and Inpatient Surgical Benefit

If the person insured uses a higher level of hospital facilities and services than that to which he is entitled under the policy, the benefit amount payable shall be lowered. Hospital Room and Board Benefit and Inpatient Surgical Benefit shall not be payable for the class of suite/ VIP/ deluxe room of a hospital.

In event of hospitalization in mainland China, benefit is payable only if the diagnosis and hospital confinement are made in a hospital of Tier 3 Class A or above.

2. Cancer Benefit

The lump sum Cancer Benefit will be paid if the person insured suffers from a first confirmed diagnosis of cancer and has survived for 30 days thereafter. If the person insured dies within 30 days after the first confirmed diagnosis of cancer, only Compassionate Death Benefit will be paid.

Cancer Benefit is subject to a waiting period, which refers to 90 days from the issue date or the commencement date (whichever is the later), or any approval date of reinstatement of your policy. Please refer to the key exclusions for details.

3. Carcinoma-in-situ (CIS) benefit

If the person insured suffers from a first confirmed diagnosis of carcinoma-in-situ, we will pay Carcinoma-in-situ (CIS) Benefit in a lump sum, and the benefit amount under Cancer Benefit will be reduced accordingly.

Carcinoma-in-situ Benefit is subject to a waiting period, which refers to 180 days from the issue date or the commencement date (whichever is the later), or any approval date of reinstatement of your policy. Please refer to the key exclusions for details.

Renewal

Subject to our rights to terminate or amend the terms and conditions of the policy, the policy is renewable after the end of the tenth policy year provided that we continue to issue new policy(ies) under "Cigna 108% Health Spectra" and the following conditions are fulfilled at the time of each renewal:

- the person insured's age does not exceed 65;
- the benefit amount of the policy selected is not increased; and
- the person insured meets our underwriting criteria.

Termination

1. The policy will be automatically terminated when one of the following happens:
 - The policy is not renewed upon the maturity date;
 - The person insured reaches the age of 75;
 - Any premium is not paid at the end of the grace period;
 - Cancer Benefit is fully paid; or
 - The person insured passes away.
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.

Exchange rate risk

Any transaction involving foreign currencies involves exchange rate risk. Upon currency conversion, the amount you receive and the premium you pay may vary as a result of changes in the exchange rate. You should consider the currency risk and decide which policy currency you should take.

Inflation risk

While your current planned benefits will not be adjusted during the 10-year policy term, future medical costs may be higher than they are today due to inflation.

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 EXCLUSION

Exclusions applicable for Hospital Room and Board Benefit, Inpatient Surgical Expenses Benefit, Post Surgical Expenses Benefit (Outpatient Expenses and Auxiliary Treatment) and Outpatient Surgical Expenses Benefit

The following list is for reference only. Please refer to the policy provision for the complete list and details of exclusions.

Under this plan, we do not cover any conditions directly or indirectly caused by or resulting from any one or more of the following:

- (a) Any congenital anomalies, infertility or sterilization.
- (b) Any treatment, investigation, service or supplies which is/are not medically necessary.
- (c) Cosmetic surgery.
- (d) 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.
- (e) 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.
- (f) Service in any armed force while: i) in the time of war; ii) under orders for warlike operations; or iii) restoration of public order.
- (g) War, invasion, act of a foreign enemy, hostilities, strike, riot and/or civil commotion, civil war, rebellion, revolution, insurrection, military or usurped power or terrorism.
- (h) Taking part in any air sport, air travel or any other kind of aviation activity, other than travelling as a fare-paying passenger on a regularly scheduled commercial aircraft operated by an airline that is properly licensed to do so.
- (i) Suicide, attempted suicide, suicide pact or deliberate self-inflicted injury, while sane or insane.
- (j) Dental care and treatment, except as necessitated by accidental injury to sound natural teeth.
- (k) Pre-existing condition.
- (l) Tonsils, adenoids, hyperthyroidism, hernia, disease peculiar to the female generative organs or haemorrhoids until the person insured has been covered under the policy for 6 months immediately preceding such surgery.
- (m) Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or other forms of the virus.

We shall not pay any benefit under the following conditions:

- (a) Confinement in an establishment that is not a hospital.
- (b) Confinement for routine physical or any other examination where there is no objective indications or impairment to normal health.
- (c) Any sickness suffered by the person insured that has been diagnosed or exhibited symptoms or which has occurred or required medical advice and/or treatment and/or the prescription of drugs during the elimination period.

The elimination period refers to a period of 30 days from the issue date or the commencement date (whichever is the later), or any approval date of reinstatement of the policy.

Exclusion of Cancer Benefit and Carcinoma-in-situ Benefit

We do not cover any cancer and/or carcinoma-in-situ directly or indirectly caused by or resulting from any one or more of the following:

- (a) Pre-existing condition.
- (b) Any accident, bodily injury or illness sustained or suffered by the person insured that has occurred or that has been diagnosed or that has exhibited symptoms or that has required medical advice and/or treatment and/or the prescription of drugs prior to and/or during the waiting period (please refer to "Important Information" for the definition of "waiting period").
- (c) Intentionally self-inflicted injuries, suicide or any attempt to do so, while sane or insane.
- (d) Alcohol abuse, the consumption of drugs not following a physician's prescription, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or infection with the Human Immunodeficiency Virus (HIV).
- (e) Any congenital abnormality or disorder.

Notes:

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

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Issued by Cigna

The above insurance plan is underwritten by Cigna Worldwide Life Insurance Company Limited, an authorized insurer to carry on long term insurance business in or from Hong Kong. This brochure is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Cigna outside Hong Kong. It is designed to provide you with a brief summary of the named insurance plan, its terms, conditions and exclusions, and is not a contract of insurance. For complete details of terms, conditions and exclusions, please refer to the policy provisions. If there is any conflict between the policy provisions and this brochure, the policy provisions shall prevail.

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 this policy.

Cigna reserves the right to change any of the details in this brochure. In case of any disputes about the content of this brochure, Cigna's decision shall be final.