

# Cigna VHIS Series – Flexi Plan (Superior)

Cigna's Flexi Plan (Superior) provides the most comprehensive protection for treatment expenses, and goes further still for a totally hassle-free experience.

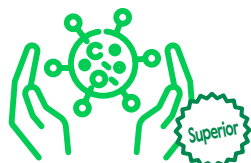
Accommodation Room Type	Standard Ward <sup>1</sup> A room in a Hospital with more than double occupancy	Semi-Private Room <sup>1</sup> A single or double occupancy room, with a shared bath or shower room in a Hospital
VHIS Certification Numbers	F00016-06-000-02 F00016-07-000-02 F00016-08-000-02	F00016-01-000-04 F00016-02-000-04 F00016-03-000-04 F00016-04-000-04 F00016-05-000-03
Area of coverage	Asia <sup>1,2,3</sup>	
Choice of healthcare service providers	Subject to restrictions <sup>1</sup>	
Annual Benefit Limit (Eligible Expenses and expenses payable shall be subject to the benefit limit of each benefit item, deductible (if applicable) and the annual benefit limit)	HK\$5,000,000 per Policy Year	HK\$30,000,000 per Policy Year
Lifetime Benefit Limit	Nil	
Deductible options	HK\$0   HK\$15,000   HK\$25,000	HK\$0   HK\$15,000   HK\$25,000   HK\$50,000   HK\$75,000

## No sub-limits on core benefits



The Flexi Plan (Superior) **imposes no sub-limits on the plan's core benefits** when hospital treatment takes place in the Accommodation Room Type selected. No out-of-pocket expenses are incurred for most core benefits either. In addition, these benefits are not limited to Hong Kong, but also covered **throughout Asian regions**.

## Most comprehensive cancer treatment



The Flexi Plan (Superior) also provides **full cover against Prescribed Non-surgical Cancer Treatments** such as chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy, subject to your Annual Benefit Limit. You can receive treatment at ease without worrying about your medical budget.

### Remarks:

- In the situations described below, the benefit limits of the Standard Plan shall apply (the Deductible and Lifetime Benefit Limit stated above will still apply).
  - Eligible Expenses and expenses incurred outside of Asia;
  - Eligible Expenses and expenses incurred during Confinement in a ward class higher than the Accommodation Room Type selected (except in case of involuntary ward upgrade);
  - Eligible Expenses and expenses incurred in mainland China outside of hospitals of Tier 3 Class A or above; and/or
  - Eligible Expenses and expenses incurred when the Insured Person's Place of Residence is Australia or New Zealand.
- Psychiatric treatments benefit is limited to Hong Kong only.
- "Asia" refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

## Benefit Schedule

Benefits are reimbursed on Medically Necessary and Reasonable and Customary basis, unless otherwise specified. For more information, please refer to “Important Information” of this brochure or Policy Provision.

Accommodation Room Type	Standard Ward A room in a Hospital with more than double occupancy	Semi-Private Room A single or double occupancy room, with a shared bath or shower room in a Hospital
Benefit items <sup>1,2,3</sup>	Benefit limit (in HKD)	
(a) Room and board	No dollar limit	
(b) Miscellaneous charges Covers the Eligible Expenses charged on miscellaneous charges (including medical devices, additional surgical appliances) incurred in a setting of Hospital Confinement and Day Case Procedure		
(c) Attending doctor's visit fee		
(d) Specialist's fee <sup>4</sup>		
(e) Intensive care		
(f) Surgeon's fee <sup>5</sup>		
(g) Anaesthetist's fee		
(h) Operating theatre charges		
(i) Prescribed Diagnostic Imaging Tests <sup>4</sup> Covers computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined performed during Confinement or in a setting for providing Medical Services to a Day Patient		
(j) Prescribed Non-surgical Cancer Treatments Covers chemotherapy, radiotherapy (including proton therapy, gamma knife and cyber knife), targeted therapy, immunotherapy and hormonal therapy performed during Confinement or in a setting for providing Medical Services to a Day Patient	No dollar limit	
(k) Pre- and post-Confinement/Day Case Procedure outpatient care <sup>4</sup> <ul style="list-style-type: none"> <li>Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test)</li> <li>Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test)</li> </ul>		
(l) Psychiatric treatments Covers the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist		
(m) Outpatient kidney dialysis	No dollar limit	

Accommodation Room Type	Standard Ward A room in a Hospital with more than double occupancy	Semi-Private Room A single or double occupancy room, with a shared bath or shower room in a Hospital
(n) Home nursing for Confinement	\$800 per day Maximum 90 days per Policy Year	\$1,000 per day Maximum 90 days per Policy Year
(o) Companion Bed	No dollar limit	
(p) Accidental Emergency outpatient treatment Covers Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital	No dollar limit (Within 24 hours after the Accident)	
(q) Accidental Emergency dental treatment Covers expenses charged by a registered dentist, a registered medical practitioner or a hospital solely for Emergency Treatment which is necessitated by an Injury to sound natural teeth (including consultation, staunch bleeding, tooth extraction, root canals and x-ray) in a legally registered dental clinic or a hospital, given to the Insured Person expenses	No dollar limit (Within 2 weeks after the Accident)	
(r) Body check <sup>6</sup>	Nil	Once every three consecutive years of no-claim record

Remarks:

- Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- The limits specified above for benefit items (a) – (q) apply only to Eligible Expenses and expenses incurred in Asia. Claims incurred outside Asia shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).  
For the avoidance of doubt, "Asia" shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.  
For Eligible Expenses and expenses incurred in mainland China, the limits specified above for benefit items (a) – (q) apply only to Medical Services provided in Hospitals of Tier 3 Class A or above (or in other Hospitals where approval has been granted by the Company before Medical Services are provided). Eligible Expenses and expenses incurred in mainland China outside of this setting shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).  
If the Insured Person's Place of Residence is Australia or New Zealand when Eligible Expenses and expenses are incurred, any resulting claim(s) shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).
- For Eligible Expenses and expenses resulting from Confinement, the limits specified above for benefit items (a) to (l), (n) and (o) apply only to Medical Services provided in the Accommodation Room Type selected or a lower ward class. Claims incurred from Confinement in a higher ward class (e.g. illustrated in the table below) shall only be payable according to these limits if the Hospital provides satisfactory evidence to show the ward upgrade was involuntary (i.e. where ward upgrade was required due to [i] Isolation, [ii] room shortage in case of an Emergency, or [iii] other reasons not involving personal preference of the Policy Holder or Insured Person). Otherwise, such claims shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

Accommodation Room Type	Actual Confined room type	Adjustment
Standard Ward (a room in a Hospital with more than double occupancy)	Semi-Private Room, Private Room or any room type above Private Room including suite, VIP or deluxe room	The benefits shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits.
Semi-Private Room (a single or double occupancy room, with a shared bath or shower room in a Hospital)	Private Room or any room type above Private Room including suite, VIP or deluxe room	

- The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures. If a Medically Necessary surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category.
- Applicable to appointed medical service provider(s) by Cigna Healthcare from time to time. A check-up coupon will be available after every 3 consecutive years of no-claim record.