



HOSPITAL / SURGICAL
General insurance



Cigna VHIS Series

Flexi Plan (SMM)

Flexi Plan (Superior)





About The Cigna Group

Our Mission

We are dedicated to improving the health and vitality of those we serve.



Sales capability in **OVER 30 COUNTRIES AND JURISDICTIONS**¹



RANKED 12TH on the 2022 Fortune 500 List



More than **190 MILLION CUSTOMER RELATIONSHIPS** around the world



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 for informational purposes only and may not relate to a particular subsidiary of The Cigna Group. Data is based on The Cigna Group's internal reporting as of 5 May 2023 and is subject to change.

Why should I consider the Cigna VHIS Series?

Tax deduction¹



- The maximum premium allowed for tax deductions is **HK\$8,000** per Insured Person per tax year.

No fear of medical expenses



- Provides full compensation of medical expenses with an Annual Benefit Limit of up to **HK\$30 million** per year and unlimited Lifetime Benefit Limit.

Covering various cancer treatments



- All cancer treatment expenses are **fully covered**^{2,3}, including various common non-surgical cancer treatments⁴.

Covering unknown Pre-existing Conditions



- Full cover from **day 1** of the Policy Effective Period⁵.

Guaranteed renewal



- Guaranteed renewal up to **Age of 100**, no matter how much you claim for illness(es) after the Policy has become effective, the premium will only be adjusted according to your Age⁶.

Outpatient surgeries in hospitals and clinics



- Surgeries performed in clinics or day case units of hospitals **can also be covered** with no minimum duration of stay required.

Taking care of your emotional health



- Provides coverage for psychiatric treatments during hospitalization.

Pre- and post-Confinement/Day Case Procedure outpatient care



- Covers all** Pre- and Post-Confinement/Day Case Procedure outpatient care^{2,3,7}.

Flexible deductible options²



- Features up to **five deductible options**, and you can also choose to lower or remove your deductibles once without re-underwriting⁸.

Remarks:

- Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. For details of tax deduction, please visit the websites of the Inland Revenue Department of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or consult with a professional tax advisor.
- Applicable to Cigna VHIS Series - Flexi (Superior) only.
- Subject to the Annual Benefit Limit.
- Covers a number of non-surgical cancer treatments including chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy etc. Proton therapy, gamma knife and cyber knife are radiation treatments that are also covered as radiotherapy.
- Refer to Important Information for details of Pre-existing Conditions.
- The premium level is subject to change from time to time due to medical inflation.
- Pre- and post-Confinement/Day Case Procedure outpatient care under Cigna VHIS Series - Flexi (Superior) covers:
 - I prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 30 days before admission or Day Case Procedure;
 - All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 30 days before admission or Day Case Procedure; and
 - All follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
- You can choose to reduce or remove your deductibles without re-underwriting within 30 days before the renewal date for one time at any one of the following Ages: 60, 65, 70, 75, 80 or 85.

Extra protection and value-added services

Cigna Healthcare provides a suite of additional protection and value-added services for all Cigna VHIS Series clients, providing comprehensive care for your body and mind.

Exclusive discount on virtual consultations and medication



Receive virtual medical consultations on mobile device to easily obtain doctors' advice and be able to get early diagnosis before your condition worsens.

Obtain medical advice from a range of general practitioners and specialists in Hong Kong without needing to leave your home.

Medication delivery to your door and referral services for a stress-free recovery.

Cashless hospitalization¹



If hospitalization or Day Case Procedure is needed, call us to obtain pre-authorization as soon as you know the details of your upcoming planned admission or procedure. Once approved, you can focus on your treatment and recovery whilst we handle the expense.

Cigna Care Manager



If you need to have surgery, you may contact us via our hotline to learn about related treatment classifications (e.g. Minor, Intermediate, Major, or Complex) and the coverage available under your VHIS plan. This way, you can get prepared in case there are any out-of-pocket expenses.

For Major or Complex surgeries, our professional registered nurses will step in to answer all your medical related enquiries and help with your needs from pre-treatment preparation to post-hospitalization care, and provide you and your family with both professional advice and emotional support.

Fast and easy online claim application



Simply login to MyCigna app to apply for claims anytime and anywhere.

Both hospitalization and outpatient claims can be submitted on the app no matter the size of the claim.

No Claim Bonus Extra coverage for Flexi Plan (Superior)²



As a reward for your efforts in maintaining good health, if you have not made any claim for three consecutive Policy Years, you will be received a free medical check-up coupon once every three years.

Remarks:

1. To use Cashless Hospitalization service, a Cigna Guarantee of Payment / Pre-Authorization ("GOP") Application Form must be submitted to us for approval prior to 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 Cigna Health Insurance Scheme Guarantee of Payment (Inpatient) approval letter which sets out the conditions of the GOP arrangement. We or our designated medical service providers have the absolute discretion to decline the GOP application based on information provided by the Insured Person and/or Policyholder about the Insured Person's medical condition or if the GOP application does not include valid, sufficient and complete information for credit card authorization. All GOP approvals provided by us are subject to the deductible level and benefit limit of the Policy. The Insured Person and/or Policyholder are responsible for settling any amount not covered by their Policy.
2. Applicable to Semi-Private Room (a single or double occupancy room, with a shared bath or shower room, in a Hospital) type only.

Plan at a glance

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	1 year and annually renewable The plan provides a protection period of 1 year and guaranteed renewable up to Age 100 of Insured Person, with payment period until the end of protection period. Premium rate will increase with Age, and yearly adjustable.
Entry Age (at last birthday)	15 days to Age 80
Enrolment	No medical examination required before enrolment
Premium payment frequency	Annual / Monthly
Policy currency	HKD

Flexi Plan options

The following list is for reference only. For complete details, please refer to the Terms and Conditions.

	Supplementary benefits for enhanced confidence	Premium coverage with comprehensive protection to keep you secure	
Certified Plan(s)	Cigna VHIS Series – Flexi Plan (SMM)	Cigna VHIS Series – Flexi Plan (Superior)	
Area of coverage	Worldwide ¹	Asia ^{3,4}	
Choice of ward class	No restriction, except for supplementary major medical benefit ²	Standard Ward ⁴	Semi-Private Room ⁴
Annual Deductible options	x	HK\$0 HK\$15,000 HK\$25,000	HK\$0 HK\$15,000 HK\$25,000 HK\$50,000 HK\$75,000
Annual Benefit Limit (Eligible expenses and expenses payable shall be subject to the benefit limit of each benefit item, coinsurance/deductible (if applicable) and the annual benefit limit)	HK\$1,000,000 per Policy Year	HK\$5,000,000 per Policy Year	HK\$30,000,000 per Policy Year
Lifetime Benefit Limit	Nil	Nil	
Hospitalization benefits	Please refer to the Benefit Schedule for details	No dollar limit	
Surgical benefits			
Prescribed Diagnostic Imaging Tests			
Prescribed Non-surgical Cancer treatments			
Psychiatric treatments			
Outpatient kidney dialysis	HK\$30,000 per Policy Year		
Home nursing for Confinement	\$700 per day Maximum 15 days per Policy Year	\$800 per day Maximum 90 days per Policy Year	\$1,000 per day Maximum 90 days per Policy Year
Companion Bed	\$450 per day Maximum 270 days per Policy Year	No dollar limit	
Accidental Emergency outpatient treatment	\$6,600 per Policy Year (Within 24 hours after the Accident)	No dollar limit (Within 24 hours after the Accident)	
Accidental Emergency dental treatment	\$6,600 per Policy Year (Within 2 weeks after the Accident)	No dollar limit (Within 2 weeks after the Accident)	
Enhanced Benefit: Supplementary major medical benefit	✓ HK\$150,000 per Policy Year Subject to 10% Coinsurance	x No dollar limit for the core benefits	

Remarks:

- Psychiatric treatments benefit is limited to Hong Kong only.
- Supplementary major medical benefit is restricted to Eligible Expenses and expenses incurred during Confinement in a Standard Ward (a room in a Hospital with more than double occupancy) 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.
- 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.

Cigna VHIS Series – Flexi Plan (SMM)

Cigna's Flexi Plan (SMM) further extends the cover offered under the Standard Plan, and provides cover against costs associated with chronic kidney disease.

Level of ward class	No restriction, except for supplementary major medical benefit ¹
VHIS Certification Number	F00012-01-000-03
Area of coverage	Worldwide ²
Choice of healthcare services providers	No restriction
Annual Benefit Limit (Eligible Expenses and expenses payable shall be subject to the benefit limit of each benefit item, coinsurance (if applicable) and the annual benefit limit)	HK\$1,000,000 per Policy Year
Lifetime Benefit Limit	Nil

Outpatient kidney dialysis



Kidney disease is one of the most common “urban diseases”. It requires fast, efficient care and typically involves ongoing dialysis treatment. What torments kidney patients the most is to receive dialysis treatment two to three times a week and have to pay the related expenses incurred, resulting in a long-term heavy financial burden. Cigna's Flexi Plan (SMM) takes away that worry by providing you with **up to HK\$30,000 per year to cover the expenses of outpatient kidney dialysis treatments – sufficient for most dialysis circumstances.**

Supplementary major medical benefit



Apart from outpatient kidney dialysis coverage, the Flexi Plan (SMM) includes **an extra cover of HK\$150,000 in the form of a supplementary major medical benefit**, subject to annual limit of HK\$1,000,000 and no lifetime benefit limit. In case of serious Disability in which medical expenses exceed the individual benefit limits, the supplementary major medical benefit covers the remaining expenses in a Standard Ward (a room in a Hospital with more than double occupancy).

Remarks:

1. Supplementary major medical benefit is restricted to Eligible Expenses and expenses incurred during confinement in a Standard Ward (a room in a Hospital with more than double occupancy) only.
2. Psychiatric treatments benefit is limited to Hong Kong only.

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.

Benefit items ¹	Benefit limit (in HKD)
(a) Room and board	\$1,200 per day Maximum 270 days per Policy Year
(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	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$1,200 per day Maximum 270 days per Policy Year
(d) Specialist's fee²	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 90 days per Policy Year
(f) Surgeon's fee⁴	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures – <ul style="list-style-type: none"> • Complex \$70,000 • Major \$35,000 • Intermediate \$17,500 • Minor \$8,750
(g) Anaesthetist's fee	35% of Surgeon's fee payable ³
(h) Operating theatre charges	35% of Surgeon's fee payable ³
(i) Prescribed Diagnostic Imaging Tests 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	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments⁴ 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	\$80,000 per Policy Year
(k) Pre- and post-Confinement/Day Case Procedure outpatient care² <ul style="list-style-type: none"> • Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test) • Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test) 	\$1,000 per visit, up to \$15,000 per Policy Year <ul style="list-style-type: none"> • Maximum 2 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure • Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)

Benefit items ¹	Benefit limit (in HKD)
(l) Psychiatric treatments Covers the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist	\$30,000 per Policy Year
(m) Outpatient kidney dialysis	\$30,000 per Policy Year
(n) Home nursing for Confinement	\$700 per day Maximum 15 days per Policy Year
(o) Companion Bed	\$450 per day Maximum 270 days per Policy Year
(p) Accidental Emergency outpatient treatment Covers Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital	\$6,600 per Policy Year (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	\$6,600 per Policy Year (Within 2 weeks after the Accident)
(r) Supplementary major medical benefit⁵ Applicable to benefit item (a) – (q)	\$150,000 per Policy Year Subject to 10% Coinsurance (except for Medical Services provided to Insured Person in a setting for providing Medical Services to a Day Patient where Coinsurance will not apply)

Remarks:

1. Unless otherwise specified, Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
2. 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.
3. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
4. 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.
5. For Eligible Expenses and expenses resulting from Confinement, this benefit shall only be payable for Medical Services provided in a Standard Ward (a room in a Hospital with more than double occupancy) . For Confinement in a higher ward class (e.g. Semi-Private or Private), this benefit shall only be payable 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 Policyholder and/or the Insured Person). For full details of the calculation of this benefit, please refer to the Terms and Conditions and the Flexi Plan (SMM) Endorsement of the Terms and Benefits.

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.

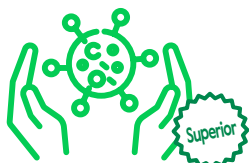
Accommodation Room Type	Standard Ward ¹ A room in a Hospital with more than double occupancy	Semi-Private Room ¹ A single or double occupancy room, with a shared bath or shower room in a Hospital
VHIS Certification Numbers	F00016-06-000-02 F00016-07-000-02 F00016-08-000-02	F00016-01-000-04 F00016-02-000-04 F00016-03-000-04 F00016-04-000-04 F00016-05-000-03
Area of coverage	Asia ^{1,2,3}	
Choice of healthcare service providers	Subject to restrictions ¹	
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:

- I. 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.
2. Psychiatric treatments benefit is limited to Hong Kong only.
3. "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 ^{1,2,3}	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 ⁴		
(e) Intensive care		
(f) Surgeon's fee ⁵		
(g) Anaesthetist's fee		
(h) Operating theatre charges		
(i) Prescribed Diagnostic Imaging Tests ⁴ 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 ⁴ <ul style="list-style-type: none"> Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test) Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test) 		
(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 ⁶	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.

Case Illustrations

Cigna VHIS Series – Flexi Plan (SMM): Issac's story

Policy Holder	Issac
Age	30 (non-smoker)
Background	Issac got married when he was 30. For him, it was essential that such an important step in life has to be backed by solid and reliable protection against risks in the future. He's aware of the many benefits of the Cigna VHIS Series, and strongly felt that he and his wife deserve above average medical protection so that they could be hassle-free while working hard to build an ideal future together.
Plan level	Cigna VHIS Series – Flexi Plan (SMM)

At Age 30



Issac got married and signed up for the Flexi Plan (SMM) when he was 30.

Suffered a mild heart attack at Age 31



A year later, Issac suffered a mild heart attack. His attending doctor said that he had to undergo an angioplasty, a procedure which hospital, surgical and post-surgical care costs could be covered by the Flexi Plan (SMM).

After recovery



Issac could continue to work hard with peace of mind to build an ideal future together with his wife.

Benefit item (HK\$)

Room and board \$2,250	Operating theatre charges \$8,750
Pre- and post-Confinement/Day Case Procedure outpatient care \$1,500	
Surgeon's fee \$35,000	In excess of item limit \$70,000
Miscellaneous charges \$14,000	In excess of item limit \$50,000
Supplementary major medical benefit \$ (50,000+70,000) x 90% \$108,000	



Net benefit from Cigna VHIS Series – Flexi Plan (SMM):

HK\$149,587

Total claim payable



HK\$169,500

Tax benefit in the first year for both policies (based on a 15% Standard Rate)



HK\$1,397
HK\$9,310 x 15%



Issac paid

First year premium paid for both policies



HK\$9,310*
HK\$(4,655+4,655)

Coinurance borne by Issac out-of-pocket



HK\$12,000
HK\$(50,000+\$70,000)x10%

Remarks:

*The premium level is subject to change from time to time due to medical inflation.

Cigna VHIS Series – Flexi Plan (Superior): Helena's story

Policy Holder	Helena
Age	40 (non-smoker)
Background	Helena works for a major banking group and benefits from the bank's group cover insurance. She had assumed that the group cover was all anyone might need. Then, her colleague fell sick on a trip to Korea. Her short hospital stay in Seoul came with a big bill and only half of the medical expenses are reimbursed by the bank's group insurance. Since Helena is a keen traveller who loves taking short breaks around Asia, she signed up for the Flexi Plan (Superior) for both herself and her 10-year-old son.
Plan level	Cigna VHIS Series – Flexi Plan (Superior)
Accommodation Room Type	Semi-Private Room
Deductible	HK\$25,000 for her own policy HK\$0 for her son's policy

At Age 40



Helena signed up for the Flexi Plan (Superior) for both her 10-year-old son and herself when she was 40.

Got injured on a trip at Age 42



Two years later, when driving with her family in Okinawa, Japan, Helena's rental car skidded on some gravel and plunged down a bank. Helena suffered significant injuries that required a week's stay in an Okinawa hospital.

After recovery



Helena no longer had to worry about the coverage, and could continue to travel around the world with her family.

Total medical expenses (HK\$)



Hospitalization expenses incurred in Japan
\$ 208,000

–



Deductibles – covered by her group plan:
\$ 25,000



Full compensation by Flexi Plan (Superior) – no itemised amount limit
\$ 183,000



Net benefit from Cigna VHIS Series – Flexi Plan (Superior):
HK\$144,252

Total claim payable



HK \$183,000

Tax benefit for both policies (based on a 15% Standard Rate)



HK\$6,725
HK\$44,830x15%



Helena paid

Total premium paid for both policies



HK\$45,473*
HK\$(6,676+6,940+7,243)+
HK\$(8,438+8,205+7,971)

Remarks:

*The premium level is subject to change from time to time due to medical inflation.

Cigna VHIS Series – Flexi Plan (Superior): Iris story

Policy Holder	Iris
Age	50 (non-smoker)
Background	Iris decided it was time to jump out of her comfort zone and start her own business at the Age of 50. But at mid-life, she was concerned that her decision meant leaving her employer's group medical plan, which he's benefited from for many years. To replace it, she wanted a plan that offered full medical cover, because she would need to devote all her energies to her business, and she didn't want to worry about limits and exclusions.
Plan level	Cigna VHIS Series – Flexi Plan (Superior)
Accommodation Room Type	Semi-Private Room
Deductible	HK\$0

At Age 50



Iris signed up for the Flexi Plan (Superior) at the Age of 50.

Iris had breast cancer at Age 53



Iris is diagnosed with breast cancer when she was 53. Every aspect of her treatment was covered by her plan and carried out by top professionals without delay. The timely and high-quality procedures, including diagnostic imaging processes, a series of cancer treatments and breast-reconstruction following mastectomy, made Iris's recovery go well.

After recovery



Iris's new business was not compromised. After treatments and suitable rest, Iris was once again able to pick up the reins of her business and forge ahead towards achieving her business goals.

Benefit item (HK\$)

Pre-Confinement



Pre- and post-Confinement/Day Case Procedure outpatient care
\$580



Prescribed Diagnostic Imaging Tests
\$27,000

1st Confinement for mastectomy



Hospitalization and surgical expenses
\$150,000



Prescribed Diagnostic Imaging Tests
\$43,000

1st Post-Confinement



Pre- and post-Confinement/Day Case Procedure outpatient care
\$2,160

2nd Confinement for breast reconstruction



Hospitalization and surgical expenses
\$200,000

2nd Post-Confinement



Pre- and post-Confinement/Day Case Procedure outpatient care
\$1,740



Total medical expenses
\$424,480

Net benefit from Cigna VHIS Series - Flexi Plan (Superior): **HK\$338,273**

Total claim payable
HK\$424,480

Tax benefit
(based on a 15% Standard Rate)
HK\$4,800
HK\$32,000x15%

Iris paid

Total premium paid
HK\$91,007*
HK\$(21,146+22,182+23,270+24,409)

Remarks:

*The premium level is subject to change from time to time due to medical inflation.

Important Information

The product information included in the brochure does not contain 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 30 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 General 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 General Insurance Company Limited at I6/F, 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.

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 www.cigna.com.hk/en/customer-service/insurance-claim-procedure.

Reasonable and Customary

Reasonable and Customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable)–

- (a) treatment or service fee statistics and surveys in the insurance or medical industry;
- (b) internal or industry claim statistics;
- (c) gazette published by the Government; and/or
- (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Medically Necessary

Medically Necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

Pre-existing Conditions

Pre-existing Condition means any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. You are considered to be aware of a Pre-existing Condition where –

- (a) it has been diagnosed;
- (b) it has manifested clear and distinct signs or symptoms; or
- (c) medical advice or treatment has been sought, recommended or received.

If you are requested but fail to disclose to us upon submission of the insurance application, including any updates of and changes to the required information, that the Insured Person is suffering from a Pre-existing Condition of which the Policy Holder or the Insured

Person is aware or should have reasonably been aware of at the time of submission of Application, the Company has the right to declare the relevant insurance policy void, demand repayment of any benefits paid and/or refuse to provide coverage under its terms and benefits. In such event, the Company shall refund the premium.

Premium

1. Premium Level

The premium corresponding to the plan you select is determined based on the Age and smoking habit of the Insured Person at the Policy Effective Date.

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 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 is mis-stated by you or any Insured Person (and the relevant Insured Person 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 Standard Premium of the Policy on the anniversary date or upon renewal. Factors leading to premium adjustment may include but are not limited to our overall experience in claims and expenses incurred by and/or in relation to this product.

Duplicated policy

Each person can only be covered under one single "Cigna VHIS Series" policy. The series includes "Cigna VHIS Series – Standard Plan", "Cigna VHIS Series – Flexi Plan(SMM)", "Cigna VHIS Series – Flexi Plan (Superior)" and any other insurance policies that fall under the "Cigna VHIS Series" as defined and issued by the Company from time to time.

Existing holders of "Cigna HealthFirst Medical Plan Series" policies should contact the Company to discuss their options with regard to policy migration.

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.

Renewal

This Policy shall be effective for an initial period of twelve (12) months and is thereafter guaranteed to be automatically renewable for successive periods of twelve (12) months up to the Age of one hundred (100) years of the Insured Person. The Company shall have the right to revise the Terms and Benefits of the Policy and/or the Premium upon each renewal.

Termination

1. The Policy will be automatically terminated when one of the following happens:
 - The Insured Person passes away;
 - Any premium is not paid at the end of the grace period;
 - The Policy is terminated or not renewed by the Policy Holder; or
 - The Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy.
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.

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.



Key Exclusions

The following list is for reference only and it is not a full list of exclusions. Please refer to the Terms and Conditions for the complete list and details of exclusions.

Cigna Healthcare shall not pay any benefits in relation to or arising from the following:

- I. Medical Services that are not Medically Necessary.
2. Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy.
3. Human Immunodeficiency Virus ("HIV") and its related Disability.
4. Dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae.
5. Services for beautification or cosmetic purposes, or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens.
6. Prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, immunisation or health supplements.
7. Dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident or to the extent covered by the Accidental Emergency dental treatment benefit. Follow up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Maternity conditions and its complications.
9. Purchase of durable medical equipment or appliances.
10. Traditional Chinese Medicine treatment.
- II. Experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible Expenses which have been reimbursed under any law, or other medical program or insurance policy.
14. War, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Remarks:

"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。



Cigna Worldwide General Insurance Company Limited

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www.cigna.com.hk

The above insurance plan is underwritten by Cigna Worldwide General Insurance Company Limited, an authorized insurer to carry on General 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 Healthcare 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. You are recommended to seek professional advice from your independent advisors if you find it necessary. 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 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.