



HOSPITAL / SURGICAL
General Insurance

Cigna HealthFirst Medical Plan Series

Cigna HealthFirst Elite 360 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.

Why Our Customers Choose Cigna Healthcare



A global footprint with sales capacity and operations in **MORE THAN 30 MARKETS AND JURISDICTIONS¹**



RANKED 16TH on the 2025 Fortune 500 List



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



Cigna Healthcare Hong Kong founded in 1933 is named a **'CARING COMPANY'** by the Hong Kong Council of Social Service



More Than **73,000 EMPLOYEES** worldwide¹

Remark:

1. The information provided is for informational purposes only and reflects data as of June 2025. It is subject to change.

Cigna Healthcare is honored and takes pride of our work to have received the following industry awards:



Bloomberg Businessweek
Financial Institutions 2025 –
Excellence Performance for Claims
Management – General Insurance
Sector



Bloomberg Businessweek
Financial Institutions 2025 –
Excellence Performance for Medical
Care – General Insurance Sector



Bloomberg Businessweek
Financial Institutions 2025 –
Outstanding Performance for
Digital Marketing –
General Insurance Sector



Hong Kong Insurance Awards 2025 –
Top 3 Finalist of the Best Partnership
Project Award – General Insurance



Hong Kong Insurance Awards 2025 –
Winner of the Outstanding Claims
Management Award – General Insurance

How Will The Elite 360 Medical Plan Benefit You?

Your well-being encompasses your entire lifestyle, and so does the **Cigna HealthFirst Elite 360 Medical Plan**. Offering far more than just medical insurance coverage, the plan offers a 360-degree total health protection that spans across all the key stages of your health journey from prevention, diagnosis, treatment, to recovery. With a full array of medical and support services, this plan empowers you to live an active and fulfilling life at every stage.

360-degree total health and high-end Basic Policy and Optional Outpatient Benefits.

Accommodation Room Types

Semi-Private Room

With HK\$30M of Basic Policy benefits and
Optional Outpatient Benefits annually

For Asia-only plans

Standard Private Room

With HK\$50M of Basic Policy benefits and
Optional Outpatient Benefits annually

For Asia-only plans and for both
Worldwide plan options



Unlimited lifetime claims

Applies to all benefits under Basic Policy¹ and most Optional Insurance benefits². Related medical expenses are covered even for critical illnesses like cancer, so there is no need to worry about coverage limits for different expense categories³, subject to the overall annual benefit limit and any benefit-specific limits.

Guaranteed renewable for your lifetime

You can renew every year, regardless of any changes to your health over time.

Flexible options to suit your needs

3 areas of coverage available to choose from



Asia only



Worldwide excluding the US



Worldwide

4 Annual Deductible Options⁴ to suit your budget and complement any existing cover you may have

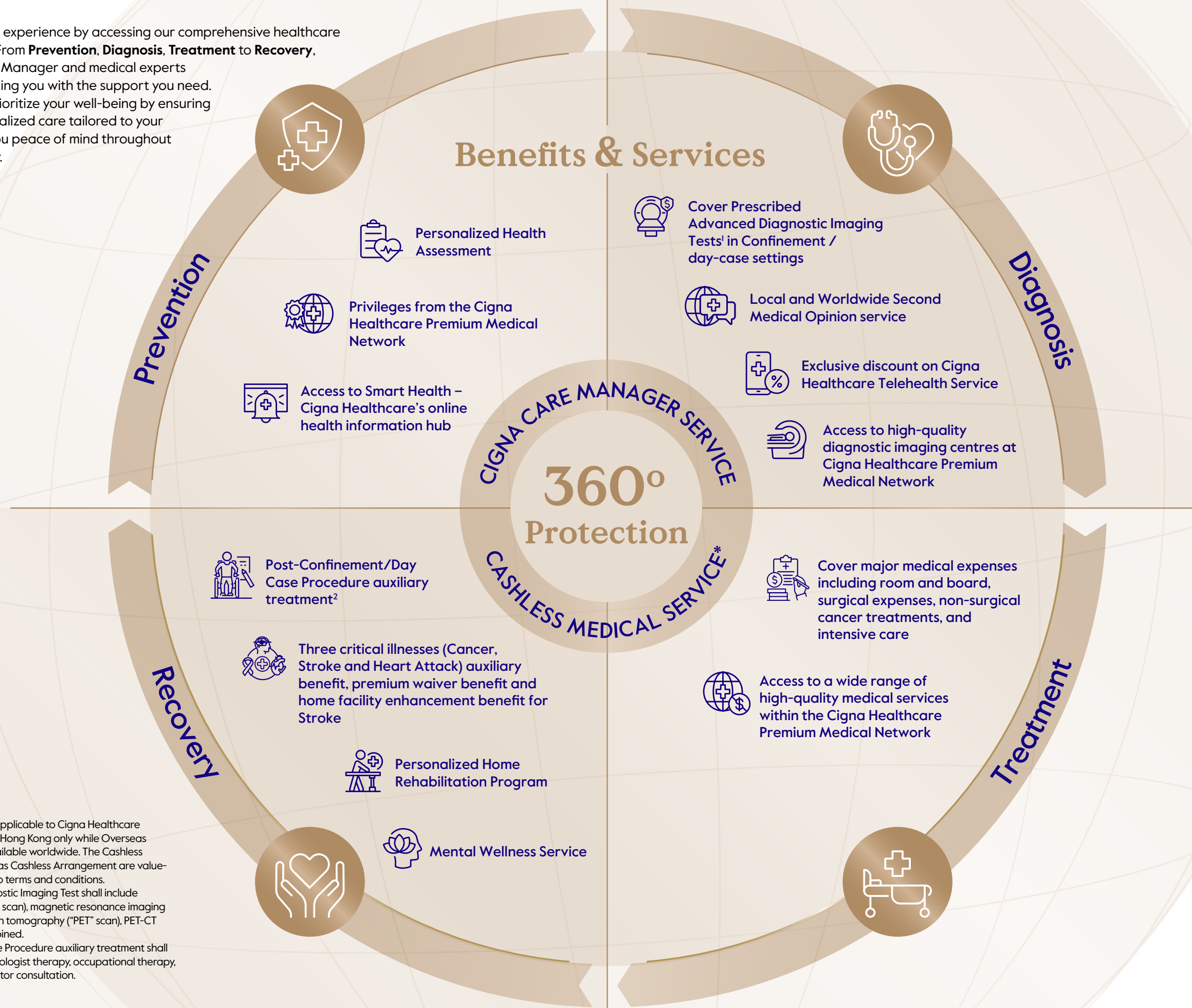
HK\$15,000	HK\$25,000	HK\$50,000	HK\$75,000
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Remarks:

1. Medical appliances, HIV/AIDS treatment, organ transplantation benefit, palliative care benefit and Three Critical Illnesses Benefit are subject to the corresponding lifetime benefit limit.
2. A lifetime limit of HK\$500,000 applies to the Optional Pharmacy Benefit.
3. Medical expenses are reimbursed on a "Medically Necessary" and "Reasonable and Customary" basis. For more information, please refer to the "Important Information" section of this brochure or to the Policy Provision.
4. The deductible amount is adjustable upon your retirement. For the Insured Person, this privilege is applicable within 30 days immediately before the Policy Anniversary Date coincident with or immediately following the Insured Person's 55th, 60th, 65th, or 70th birthday. This privilege can only be exercised once in your lifetime and is not applicable if Three Critical Illnesses premium waiver benefit is in effect.

360-degree Total Health Protection, as your all-round health guardian

Elevate your healthcare experience by accessing our comprehensive healthcare network and solutions. From **Prevention, Diagnosis, Treatment** to **Recovery**, our team of Cigna Care Manager and medical experts are dedicated to providing you with the support you need. Rest assured that we prioritize your well-being by ensuring that you receive personalized care tailored to your specific needs, giving you peace of mind throughout your healthcare journey.



Remarks:

* Cashless Medical Service is applicable to Cigna Healthcare Premium Medical Network in Hong Kong only while Overseas Cashless Arrangement is available worldwide. The Cashless Medical Service and Overseas Cashless Arrangement are value-added service and subject to terms and conditions.

1. Prescribed Advanced Diagnostic Imaging Test shall include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

2. Post-Confinement/ Day Case Procedure auxiliary treatment shall include physiotherapy, psychologist therapy, occupational therapy, speech therapy or chiropractor consultation.

3 Critical Illnesses – Comprehensive Care from Prevention, Diagnosis, Treatment to Recovery

In the unfortunate event of diagnosis of critical illnesses, Elite 360 understands that follow-up treatment is just as important as direct treatment. This is because there could be complications arising from the Disease, or side-effects from the treatments. As your trusted healthcare partner, we want to help you regain full health and enable you to resume your previous quality of life to a greater extent. We therefore provide additional rehabilitation benefits and financial support following the first diagnosis of any of the Three Critical Illnesses: Cancer, Stroke, and Heart Attack.

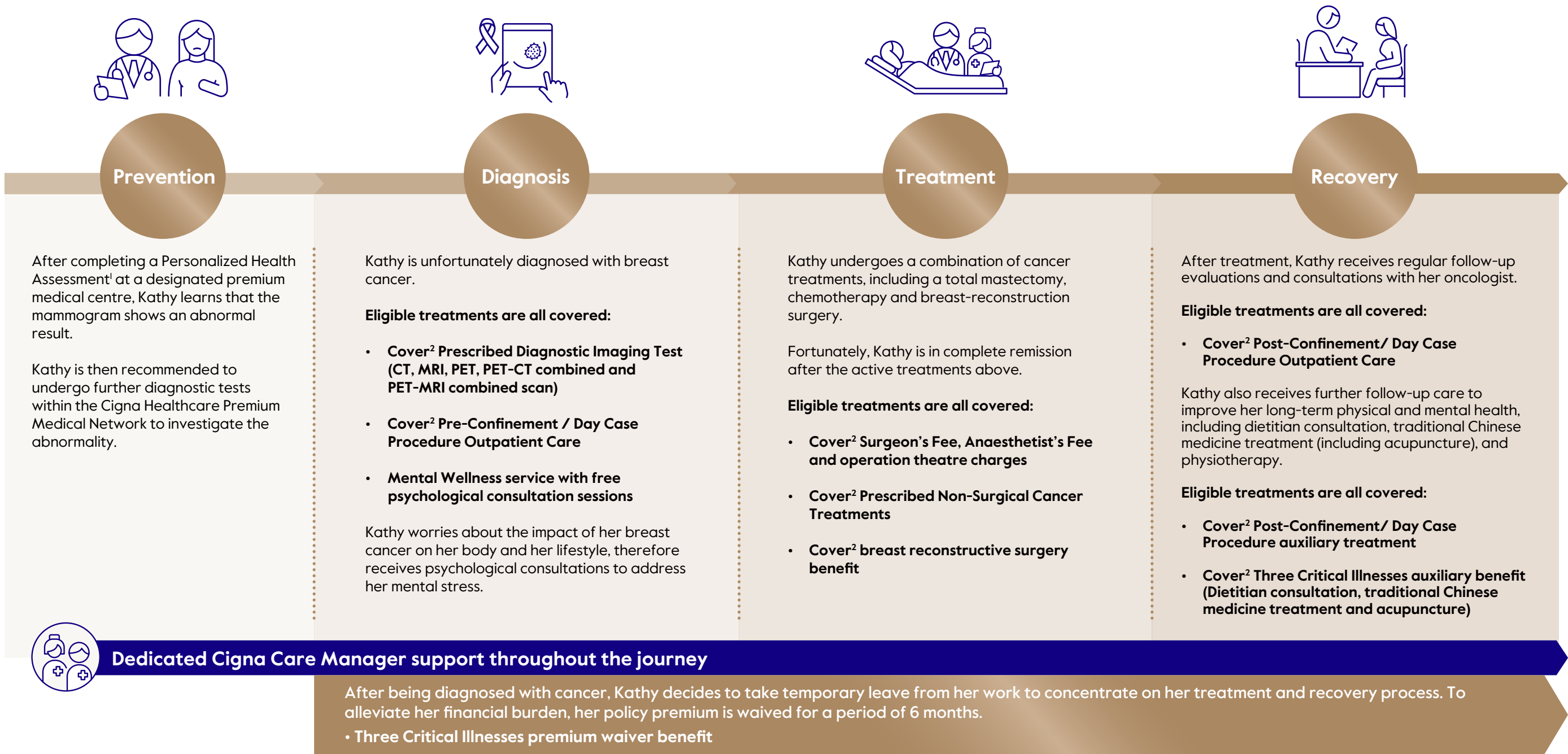


Case

Policy Holder	Kathy
Age	45 (Non-smoker)
Occupation	Company Director
Plan level	Worldwide - Standard Private Room

Case Illustration

The following example is hypothetical and for illustrative purposes only.



Remarks:
1. Personalized Health Assessment items vary according to age, sex, and individual health conditions; please refer to the Elite 360 Customer Service Guide for details.
2. Subject to the coverage of each benefit item.

Enjoy Hassle-free Cashless Medical Service¹ with the Cigna Elite 360 Medical Card



Hassle-free Cashless
Medical Service

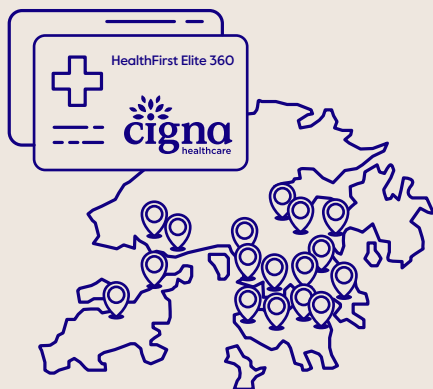
With our extensive network of over 1,000 reputable multi-disciplinary specialists and well-equipped medical centres across Hong Kong, the Cigna Healthcare Premium Medical Network provides an exceptional hassle-free cashless experience bringing you a peace of mind.

You can access these top-quality health and medical services for Prescribed Advanced Diagnostic Imaging tests², day surgery and hospital confinement without having to make upfront deposits or incur immediate out-of-pocket expenses³. Simply present your Cigna HealthFirst Elite 360 medical card for registration at your consultation with one of the outpatient specialists within our Cigna Healthcare Premium Medical Network in Hong Kong, and the network doctors will assist you in arranging the Cashless Medical Service.

You will enjoy cashless experience in selected medical services (including CT Scan, PET Scan, MRI scan, PET-CT combined and PET-MRI combined scan)

CIGNA HEALTHCARE PREMIUM MEDICAL NETWORK

When you feel unwell and Specialist Consultation is needed



Present your Cigna HealthFirst Elite 360 medical card to enjoy member-exclusive rates at partner medical centres and clinics*

When Prescribed Advanced Diagnostic Imaging Test² is recommended



Our network provider can help raise pre-authorization request on behalf of you for

- cashless arrangement at designated diagnostic imaging centres

When Confinement / Day Case Procedure is required



Our network provider can help raise pre-authorization request on behalf of you for

- cashless arrangement at any Hong Kong private hospitals and designated day case centres

* The member-exclusive rate is applicable to designated partner medical centres and clinics. For details, please enquire with the network provider.

For details, please refer to the Elite 360 Customer Service Guide.

Unique one-to-one dedicated Cigna Care Manager Service⁴

When you are feeling unwell, you naturally want the best treatment possible. As a Policy Holder of our Cigna HealthFirst Elite 360 Medical Plan, you will be assigned a dedicated Care Manager through our healthcare concierge service to suit your needs.

- Addressing any enquiries on the result of the health assessment provided by Cigna Healthcare
- Helping you to estimate the likely medical expenses, refer you to high-quality medical providers, and explain the circumstances you may be facing
- Follow up on details regarding hospital stays, surgery, and other treatment arrangements



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

Remarks:

1. 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 Prescribed Advanced Diagnostic Imaging Test, hospital admission or the Day Case Procedure. 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 to 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.
2. Prescribed Advanced Diagnostic Imaging Test shall include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
3. Subject to the settlement of any remaining Deductible in any Policy Year by the Policy Holder or Insured Person.
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.



Live Well with Elite 360



Personalized Health Assessment

Cigna Healthcare understands that your health may change over time. That means it is important for you to keep track of your health and be able to detect any health risks or diseases as early as possible. Our in-house clinicians have designed an assessment plan specifically tailored for you based on age, sex, and individual health conditions. This tailor-made health check is a complimentary service offered to you every two years, starting from the second year of your policy. The assessment will be conducted by designated clinics within our Cigna Healthcare Premium Medical Network.

After you have undergone the health check, our network doctor will provide you with an in-depth report analysis and follow-up medical advice to help you prevent disease and improve your overall health.

If you need additional health guidance, lifestyle recommendations or doctor referral after completing the health check, our Care Manager is always at your service to provide help and advice.



No Claims Reward

To reward your efforts to stay healthy, the Elite 360 medical plan offers a no claims reward in the form of a discount of 5% on the Standard Premium of the Basic Policy¹ if no claims have been paid under the Basic Policy for a specified number of consecutive years.

No claim period immediately prior to the Renewal Date	No claim premium discount rate on the Standard Premium of the Basic Policy
2 or more consecutive Policy Years	5%

Remark:

I. The Standard Premium of the Basic Policy does not include the premium for any Optional Insurance Benefits, and any levy and Premium Loading.

Diverse Value-Added Health Services

Get health and medical assistance with our value-added services.

Mental Wellness Service¹

Mental health is as important as physical health, and mental health issues can often turn into physical issues and vice versa. That's why we are pleased to offer a complimentary Mental Wellness Service that includes up to four one-on-one coaching sessions per Policy Year with a counseling psychologist helping you to build up mental resilience, realize your full potential, and achieve high performance both in your work and personal life.

Additionally, we provide a 24-hour mental hotline where you can reach out to a counseling psychologist at anytime, whether you need someone to talk to or require information and resources to address your work and life concerns such as eldercare, childcare, household care, and educational services, our hotline is there for you.

Personalized Home Rehabilitation Program^{1,2}

We provide you with the flexibility of discharging from hospital early and continuing to receive continued care in the comfort of your home. Our Cigna Care Manager will coordinate with your attending doctor to arrange a personalized home rehabilitation program tailored to your specific health needs. The program will be delivered by an inter-disciplinary team of healthcare professionals all pre-arranged for you. The home recovery services are available to customers with various types of illnesses. The cost of these services are covered and offered to you on a cashless basis.

Overseas Cashless Arrangement¹

We empathize with the distress that can arise when facing a medical emergency while abroad. Not only we provide Cashless Medical Service in Hong Kong, but also we offer value-added overseas cashless arrangement service that enables you to access cashless hospitalization worldwide even while traveling.

Worldwide Second Medical Opinion Service¹

We offer a free of charge Worldwide Second Medical Opinion Service. This gives you access to an independent second opinion from global renowned medical centres on your diagnosis and treatment plan, empowering you to make an informed decision about the best treatment options.

Worldwide Emergency Assistance Services¹

If you are a frequent traveller, we can provide you with free of charge worldwide emergency travel and medical services while you are on the road. In case of medical emergency, we will provide you with up to US\$1,000,000 to arrange for your medical evacuation to an appropriate location for emergency medical treatment, or emergency medical repatriation to your home country / usual country of residence.

Cigna Virtual Health Service

We understand that facing sickness is challenging to everyone, and you may be too busy to arrange for a doctor visit. Cigna Virtual Health Service provides you with timely and convenient access to quality medical advice and doctor consultations at an exclusive discount rate, with same day medicine delivery within Hong Kong (except any outlying islands) at your fingertips.

MyCigna HK – Your on-the-go healthcare companion

MyCigna HK offers a one-stop policy management service that allows you to access policy information or submit a claim application, or even look up network doctor details or buy a new insurance plan for your family members. Simply log in to your account on your mobile, anytime, anywhere.



24/7 Cigna Customer Service Chatbot – Chloe: Your 24/7 Virtual Assistant

Chat with Chloe via WhatsApp anytime you need assistance on your policy or require some health information. Chloe can provide you with immediate assistance, and if you are in Hong Kong, it can help you locate and make an appointment with a general practitioner or specialist nearby.

Unlock Health and Wellness Privileges from Cigna Healthcare Premium Medical Network

We offer you an array of privileges by partnering with our premium medical network providers, ranging from dental care, specialized health check-up, vaccinations and more, to help you prioritizing your health and overall well-being.

Access to Smart Health – Cigna Healthcare's online health information hub

To help you stay on top of the latest health trends, we work with our in-house medical professionals and healthcare partners to provide you with the latest health and wellness information to support you to stay healthy. Simply subscribe to our Smart Health latest updates via our website www.cigna.com.hk/en/smarthealth.



**Our team of dedicated experts is at your service
please contact our 24-hour Cigna HealthFirst Elite 360 Hotline at**



Remarks:

1. This service is a value-added service provided by an independent third-party service provider and does not form part of the contractual benefit under your policy. Cigna Healthcare reserves the right to amend or cancel the service at any time without prior notice at its absolute discretion. Cigna Healthcare is not the service provider for this service. The relevant service provider is not our agent, and vice versa. We make no representation, warranty or undertaking as to the quality and availability of the service, and do not accept any responsibility or liability for the service provided by the service provider. Under no circumstances will Cigna Healthcare be responsible or liable for acts or omissions of the service provider in the provision of the service.
2. Personalized Home Rehabilitation Program is applicable within Hong Kong only.
3. The scope of the service is purely on referral or arrangement basis, and thus customer will be responsible for paying all relevant expenses and need to settle the medical expenses directly with the overseas medical provider.

The plan at a glance

Basic Policy and Optional Insurance Benefits				
Plan Type		- This product is a standalone individual policy. - The basic plan provides hospitalization benefits which can be added with optional insurance benefits of outpatient or other medical protection. - The policy provides both indemnity and non-indemnity benefits. It does not have any cash value.		
Policy Term and Premium Structure of Basic Policy		1 year and Annually Renewable The plan provides a protection period of one year, and is guaranteed renewable ¹ for the lifetime of the Insured Person, with payment period until the end of the protection period. Premium rate will increase with age and are subject to annual adjustment at policy renewal.		
Options for Geographical Coverage²		Asia³		Worldwide excluding the US
Accommodation Room Type	Hong Kong & Macau	Semi-Private Room ^{4,5}	Standard Private Room ⁶	Standard Private Room ⁶
	Outside Hong Kong & Macau	Standard Private Room ⁶		
Annual Benefit Limit – Applies to all benefits under Basic Policy and Optional Outpatient Benefits (if applicable)		HK\$30,000,000	HK\$50,000,000	HK\$50,000,000
Issue Age (at last birthday)		15 days to age 70		
Annual Deductible Options⁷ (i.e. counted afresh at the inception of a Policy Year)		HK\$15,000 / HK\$25,000 / HK\$50,000 / HK \$75,000		
Premium Payment Frequency		Annually / Monthly		
Policy Currency		HKD		

Remarks:

- Guaranteed renewable subject to Cigna Healthcare continuing to issue new policies under the Basic Policy and Optional Insurance Benefits (if applicable) of the "Cigna HealthFirst Elite 360 Medical Plan", and provided that payment of the Standard Premium and Premium Loading (if any) is paid on or before each Anniversary Date.
- Coverage is subject to Compliance with sanctions rules under the policy provisions.
- Asia means 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, United Arab Emirates and Vietnam. Coverage is subject to compliance with sanctions rules under policy provisions.
- For Confinement in Standard Private Room in Hong Kong or Macau, the Eligible Expenses payable and other payable expenses under the Basic Policy shall be subject to an adjustment factor of 50%.
- "Semi-Private Room" shall mean a room categorized as a semi-private or second class room by a Hospital. If a Hospital does not have any room categorization, a Semi-Private Room shall mean a single or double occupancy room, with a shared bath or shower room, in the Hospital.
- "Standard Private Room" shall mean a room categorized as a single, private or first class room by a Hospital. If a Hospital does not have any room categorization, a "Standard Private Room" shall mean a single occupancy room, with a private bath or shower room, in the Hospital. For the avoidance of doubt, a "Standard Private Room" does not include any room with amenities upgraded beyond a basic single occupancy room with private bath or shower room, in a Hospital.
- The deductible (which is counted afresh every Policy Year) applies to the benefits under the Basic Policy, except for the benefits below:
 - Hospital cash for Confinement in a public ward of a government Hospital in Hong Kong or Macau
 - Hospital cash for Confinement in a lower room type of a private Hospital in Hong Kong or Macau
 - Cash benefit for the Designated Day Case Procedures performed by network doctor
 - Three Critical Illnesses premium waiver benefit
 - Accidental Death Benefit
 - No claim premium discount

Benefit Schedule (HKD)

The following benefit items are for reference only. 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	Semi-Private Room ^{1,3}	Standard Private Room ²
Area of Cover	Asia ⁴	Asia ⁴ / Worldwide excluding the US / Worldwide
Annual Benefit Limit Applies to all benefits under Basic Policy and Optional Outpatient Benefits (if applicable)	HK\$30,000,000	HK\$50,000,000
Lifetime Benefit Limit Applies to all benefits under Basic Policy, Optional Outpatient Benefits (if applicable) and Optional Dental Benefit (if applicable)	Unlimited	
DIAGNOSIS BENEFITS		
Accommodation Room Type	Semi-Private Room ^{1,3}	Standard Private Room ²
Benefit items	Benefit limit (HK\$)	
1. Prescribed Diagnostic Imaging Tests  Covers Eligible Expenses charged on computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined	No dollar limit	
2. Pre-Confinement/Day Case Procedure Outpatient Care Covers the Eligible Expenses charged for outpatient visits at a Registered Medical Practitioner’s clinic and/or Emergency consultation within 30 days immediately preceding the Confinement or the Day Case Procedure	No dollar limit (30 visits per Policy Year)	

TREATMENT BENEFITS		
Accommodation Room Type	Semi-Private Room ^{1,3}	Standard Private Room ²
Benefit items	Benefit limit (HK\$)	
3. Room & board ⁵	No dollar limit	
4. Miscellaneous charges		
5. Attending doctor's visit fee		
6. Specialist's Fee 		
7. Intensive care ⁵		
8. Surgeon's fee		
9. Anaesthetist's fee		
10. Operation theatre charges		
11. Prescribed Non-Surgical Cancer Treatments Covers Eligible Expenses charged on chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, proton therapy, gamma knife and cyberknife		
12. Psychiatric treatments Covers Eligible Expenses charged on the psychiatric treatments during Confinement as recommended by a Specialist	HK\$80,000 per Policy Year (30 days per Policy Year)	
13. Medical appliances - Specified items Pace maker/Stents for Percutaneous Transluminal Coronary Angioplasty/ Basic or Monofocal Intraocular lens/ Artificial cardiac valve/Metallic or artificial joint for joint replacement/Prosthetic ligaments for replacement or implantation between bones/Prosthetic intervertebral disc - Other items Other medical devices that are not mentioned above	<u>Specified items</u> No dollar limit <u>Other items</u> HK\$100,000 per item per lifetime	
14. Traditional Chinese medicine treatment Covers Eligible Expenses charged for traditional Chinese medicine treatment (including consultation and 2 days of basic Chinese Medicines prescribed) provided by a Registered Chinese Medicine Practitioner during Confinement or within 90 days after discharge from Confinement or completion of Day Case Procedure	HK\$1,000 per visit (30 visits per Policy Year)	
15. Private Nurse's fee 	No dollar limit (90 days per Policy Year)	
16. Outpatient kidney dialysis	No dollar limit	

TREATMENT BENEFITS		
Accommodation Room Type	Semi-Private Room ^{1,3}	Standard Private Room ²
Benefit items	Benefit limit (HK\$)	
17. Companion bed (for Insured Person who is under 18 years old)	No dollar limit	
18. Hospital cash for Confinement in a public ward of a government Hospital in Hong Kong or Macau ⁶ Provides cash benefit for each day (with 24 consecutive hours of stay) of Confinement in a public ward of a government Hospital in Hong Kong or Macau	HK\$1,000 per day (45 days per Policy Year)	HK\$2,000 per day (45 days per Policy Year)
19. Hospital cash for Confinement in a lower room type of a private Hospital in Hong Kong or Macau ⁶ Provides cash benefit for each day (with 24 consecutive hours of stay) of Confinement in a private Hospital in Hong Kong or Macau in a room type of a level lower than the Accommodation Room Type	HK\$1,200 per day (45 days per Policy Year)	HK\$2,000 per day (45 days per Policy Year)
20. Cash benefit for the Designated Day Case Procedures performed by network doctor ⁶ Designated Day Case Procedures shall refer to Gastroscopy and Colonoscopy	HK\$2,000 per day (45 days per Policy Year) (1 Day Case Procedure per day)	HK\$3,000 per day (45 days per Policy Year) (1 Day Case Procedure per day)
21. Accidental Emergency outpatient treatment	No dollar limit (Within 24 hours after the Accident)	
22. Accidental Emergency dental treatment	No dollar limit (Within 2 weeks after the Accident)	
23. HIV/AIDS treatment  (Subject to a waiting period of 5 years)	HK\$1,000,000 per lifetime	
24. Breast reconstructive surgery benefit 	No dollar limit	
25. Pregnancy complications  (Subject to a waiting period of 1 year)	No dollar limit	
26. Organ transplantation benefit  Covers any transplantation of heart, kidney, liver, lung, pancreas or bone marrow with the Insured Person being the recipient - Recipient's cost - Donor's cost (chargeable to the Insured Person)	No dollar limit HK\$500,000 per lifetime	
27. Palliative care benefit  (Subject to a waiting period of 2 years)	HK\$300,000 per lifetime	

RECOVERY BENEFITS		
Accommodation Room Type	Semi-Private Room ^{1,3}	Standard Private Room ²
Benefit items	Benefit limit (HK\$)	
28. Phase 3 Clinical Trial Drugs benefit for Designated Cancers ⁷	HK\$600,000 per Policy Year	
29. Post-Confinement/Day Case Procedure  outpatient care Covers Eligible Expenses charged for follow-up outpatient visits at a Registered Medical Practitioner's clinic within 365 days after discharge from Confinement or completion of Day Case Procedure	No dollar limit (60 visits per Policy Year)	No dollar limit (90 visits per Policy Year)
30. Post-Confinement/Day Case Procedure  auxiliary treatment Covers Eligible Expenses charged for the following outpatient visits within 365 days after discharge from Confinement or completion of Day Case Procedure • Physiotherapy/occupational therapy/speech therapy • Chiropractor consultation • Psychologist consultation (provided by a Registered Psychologist in Hong Kong)	No dollar limit ⁸ (30 visits per Policy Year) HK\$1,600 per visit ⁸ (30 visits per Policy Year) HK\$800 per visit ⁸ (5 visits per Policy Year)	No dollar limit ⁸ (60 visits per Policy Year) HK\$1,600 per visit ⁸ (30 visits per Policy Year) HK\$800 per visit ⁸ (5 visits per Policy Year)
31. Post-Confinement home nursing  Covers Eligible Expenses charged for home nursing services provided by a Nurse or a Health Worker in Hong Kong to the Insured Person after discharge from Confinement	No dollar limit (196 days per Policy Year)	
32. Rehabilitation Benefit  Covers Eligible Expenses charged for Stay in a Rehabilitation Centre and for rehabilitation treatment provided to the Insured Person within 90 days after discharge from Confinement	HK\$300,000 per Policy Year	

Three Critical Illnesses Benefit (Subject to a waiting period of 90 days)

The following benefits shall be payable for either Cancer, Stroke or Heart Attack that is first diagnosed after the Three Critical Illnesses Benefit Waiting Period.

Accommodation Room Type	Semi-Private Room ^{1,3}	Standard Private Room ²
Benefit items	Benefit limit (HK\$)	
33. Three Critical Illnesses auxiliary benefit  Covers Eligible Expenses charged for the following outpatient visits within 365 days after the diagnosis date of the first diagnosis of either Cancer, Stroke or Heart Attack • Dietitian consultation • Traditional Chinese medicine treatment (including consultation fee and 2 days of basic Chinese Medicine prescribed) • Acupuncture treatment (provided by a Registered Chinese Medicine Practitioner)	30 visits per lifetime • HK\$800 per visit ⁸ • HK\$1,000 per visit ⁸ • HK\$1,000 per visit ⁸	
34. Three Critical Illnesses premium waiver benefit⁶ Provides premium waiver on both the Standard Premium and the Premium loading (if any) payable for both the Basic Policy and Optional Insurance Benefits (if applicable), starting from the same day as the Policy Effective Date in the succeeding Calendar Month following the first diagnosis of either Cancer, Stroke or Heart Attack	6 Calendar Months per lifetime	
35. Home facility enhancement benefit for Stroke Covers the expenses charged for home facility enhancements within 365 days after the diagnosis date of the first diagnosis of Stroke, such home facility enhancement shall be recommended in writing by a Registered Occupational Therapist • <u>Home facility enhancement includes but is not limited to the following items:</u> – Adapting bathroom facilities (for example, raising toilet, installing a back rest against the toilet cistern, installing a level deck shower, installing a bath with hoist and installing hand basin at appropriate height); – Installing an indoor stair lift or elevator; – Installing grab rails for support; – Installing ramps to avoid using steps; – Locating bathroom or bedroom facilities at ground-floor level; – Moving light switches, door handles, doorbells and entry phones to convenient heights; – Provision of specialized furniture, like adjustable beds or support chairs; – Setting up alert devices; and – Widening doorways and passageways.	HK\$50,000 per lifetime	

DEATH BENEFIT	
Benefit items	Benefit limit (HK\$)
36. Accidental Death Benefit ⁶ - Hong Kong - Overseas	HK\$100,000 HK\$200,000

No Claim Premium Discount ^{6,9}	
If the Policy has been in force for 2 or more consecutive Policy years; and if no claim under the Basic Policy has been paid during the 2 or more consecutive Policy Years immediately prior to the Renewal Date, the Policy Holder shall be eligible for a no claim premium discount on the Standard Premium (i.e., not including Premium Loading) of the Basic Policy at Renewal at the following rate:	
No claims period immediately prior to the Renewal Date	No claim premium discount rate on the Standard Premium of the Basic Policy
2 or more consecutive Policy Years	5%

Remarks:



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 Registered Medical Practitioner.

- "Semi-Private Room" shall mean a room categorized as a semi-private or second class room by a Hospital. If a Hospital does not have any room categorization, a Semi-Private Room shall mean a single or double occupancy room, with a shared bath or shower room, in the Hospital.
- "Standard Private Room" shall mean a room categorized as a single, private or first class room by a Hospital. If a Hospital does not have any room categorization, a "Standard Private Room" shall mean a single occupancy room, with a private bath or shower room, in the Hospital. For the avoidance of doubt, a "Standard Private Room" does not include any room with amenities upgraded beyond a basic single occupancy room with private bath or shower room, in a Hospital.
- For Confinement in Standard Private Room in Hong Kong or Macau, the Eligible Expenses payable and other payable expenses under the Basic Policy shall be subject to an adjustment factor of 50%.
- 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, United Arab Emirates and Vietnam. Coverage is subject to compliance with sanctions rules under policy provisions.
- If the Insured Person's Age is 100 or above, the benefit items 3 and 7 will be limited to 180 days per Policy Year.
- Deductible (which is counted afresh every Policy Year) does not apply to the following benefit items:
 - Hospital cash for Confinement in a public ward of a government Hospital in Hong Kong or Macau
 - Hospital cash for Confinement in a lower room type of a private Hospital in Hong Kong or Macau
 - Cash benefit for the Designated Day Case Procedures performed by network doctor
 - Three Critical Illnesses premium waiver benefit
 - Accidental Death Benefit
 - No claim premium discount
- "Designated Cancer" shall mean malignant cancer for the purpose of the Phase 3 Clinical Trial Drugs benefit for Designated Cancers which:
 - has been classified as Stage III or Stage IV malignant tumour pursuant to the American Joint Committee on Cancer (AJCC) staging system; or
 - is a haematological malignancy and is confirmed incurable with existing non-experimental treatment by a Specialist in haematology services,
 but shall specifically exclude any of the following:
 - Chronic Lymphocytic Leukaemia (CLL) at Rai Stage II or less; or
 - all tumours in the presence of any Human Immunodeficiency Virus (HIV).
 The diagnosis of Designated Cancer must be confirmed by the Insured Person's attending Specialist in writing and supported by clinical, radiological, histological or laboratory evidence to the satisfaction of the Company.
- If there is more than one auxiliary treatment incurred on the same day, only one consultation will be entitled under this benefit.
- If, after the Policy Holder has received the no claim premium discount, a claim under the Basic Policy incurred prior to the Renewal Date is paid after such Renewal Date, the Policy Holder shall immediately repay the amount of the no claim premium discount previously received upon the Company's demand.

Optional Outpatient Benefits (if applicable)

The Annual Benefit Limit as specified above in this Benefit Schedule is also applicable to the Optional Outpatient Benefits

Benefit items	Benefit limit (HK\$)	
I. General practitioner consultation ^{1,4} (including 5 days of basic Western Medication prescribed)	40 visits per Policy Year	No dollar limit
2. Specialist consultation ^{2,4,6} 		
(including 5 days of basic Western Medication prescribed)		
3. Home consultation ^{1,4} (including 5 days of basic Western Medication prescribed)		
4. Physiotherapy ^{2,4} 		
5. Chiropractor consultation ^{2,4} 		
6. Registered Chinese Medicine Practitioner consultation ^{1,4} (including 2 days of basic Chinese Medicines prescribed)		HK\$800 per visit (10 visits per Policy Year)
7. Chinese bone-setting ^{1,4}		
8. Acupuncture ^{1,4}		
9. Psychiatric outpatient treatment or psychological outpatient treatment ^{3,4,5} 		HK\$800 per visit (5 visits per Policy Year)
10. Dietitian consultation, speech therapy or occupational therapy ^{3,4} 		HK\$800 per visit (\$1,600 and 5 visits per Policy Year)
II. Prescribed Western Medicine	HK\$10,000 per Policy Year	
12. Diagnostic imaging and laboratory tests 	HK\$10,000 per Policy Year	
13. Vaccination	HK\$200 per shot (HK\$1,000 per Policy Year)	

Remarks:

-  For benefit items 2, 4, 5, 9, 10 and 12, a written referral letter from the attending Registered Medical Practitioner is required. Such written referral letter is valid for a period of 6 Calendar Months from its date of issuance.
- If more than one General Practitioner consultation, home consultation, Registered Chinese Medicine Practitioner consultation, Chinese bone-setting or acupuncture treatment payable is incurred on the same day, only one of such consultations or treatments will be payable.
 - If more than one Specialist consultation, physiotherapy, or chiropractor consultation payable is incurred on the same day, only one of such consultations or therapies will be payable.
 - If more than one consultation, treatment or therapy is incurred on the same day, only one of such consultations, treatments or therapies will be payable.
 - Benefit items I to 10 only cover consultation, treatment and/or therapy expense.
 - Psychiatric outpatient treatment or psychological outpatient treatment must be provided by a Registered Psychologist in Hong Kong or with a Specialist in providing psychiatric or psychological treatment.
 - For benefit item 2, the attending Registered Medical Practitioner's written referral letter is exempted for paediatric, gynaecological, ophthalmological, dermatological and orthopaedic consultation.

Optional Dental Benefits (if applicable)

Cover the Eligible Expenses charged by a Registered Dentist for dental treatments in a legally registered dental clinic.

Annual limit	HK\$5,000
Benefit items	Benefit limit (HK\$)
1. Scaling and Polishing	Once every 6 Calendar Months
2. The following items are covered: a) Fillings (including amalgam fillings, composite resin filling, ceramic filling and glass ionomer cement filling (molar and pre-molar)); b) Dentures, crowns and bridges (only if necessitated by an accident); c) Drainage of abscesses; d) Intraoral extractions; e) X-ray; f) Root canal fillings; and g) Routine oral examination	No dollar limit

Optional Pharmacy Benefit (if applicable)

Cover Eligible Expenses charged by a licensed or registered pharmacy, dispensary, clinic or Hospital for Western Medication prescribed to treat the Insured Person, if the Insured Person suffers from any Critical Illnesses listed below after a waiting period of 180 days and has survived for a period of 30 days thereafter.

Annual limit	HK\$80,000
Lifetime limit	HK\$500,000

Critical Illnesses (Applicable to Insured Person with Age of 16 or above at the Policy Effective Date)

1. Alzheimer's Disease/Dementia ¹	28. Loss of Speech
2. Amyotrophic Lateral Sclerosis	29. Major Burns
3. Aplastic Anemia	30. Major Organ Transplantation
4. Bacterial Meningitis	31. Meningeal Tuberculosis
5. Benign Brain Tumor	32. Medullary Cystic Disease
6. Blindness	33. Multiple Sclerosis
7. Brain Surgery	34. Muscular Dystrophy
8. Cancer	35. Myocardial Infarction
9. Carcinoma-in-situ ²	36. Necrotizing Fasciitis/Gangrene
10. Cardiomyopathy	37. Occupationally acquired HIV
11. Chronic Relapsing Pancreatitis	38. Parkinson's Disease
12. Coma	39. Poliomyelitis
13. Coronary Angioplasty ²	40. Primary Lateral Sclerosis
14. Coronary Artery Bypass Surgery	41. Primary Pulmonary Arterial Hypertension
15. Creutzfeldt-Jakob Disease	42. Progressive Bulbar Palsy
16. Crohn's Disease	43. Progressive Muscular Atrophy
17. Ebola	44. Progressive Supranuclear Palsy
18. Elephantiasis	45. Rheumatoid Arthritis (Adult)
19. Encephalitis	46. Severe Brain Damage
20. End Stage Lung Disease	47. Severe Myasthenia Gravis
21. Fulminant Viral Hepatitis	48. Severe Ulcerative Colitis
22. Heart Valve Replacement	49. Spinal Muscular Atrophy
23. HIV Infection due to Blood Transfusion	50. Stroke
24. Kidney Failure	51. Surgery to Aorta
25. Liver Failure	52. Terminal Illness
26. Loss of Hearing	53. Total and Permanent Disability
27. Loss of Limbs	54. Vegetative State

Critical Illnesses (Applicable to Insured Person with Age below 16 at the Policy Effective Date)

1. Cancer	9. Major Burns
2. Coma	10. Major Organ Transplantation
3. Coronary Artery Bypass Surgery	11. Myocardial infarction
4. Hand, foot and mouth diseases with severe (life threatening) complications ³	12. Poliomyelitis
5. Insulin-Dependent Diabetes Mellitus ³	13. Rheumatic Fever with Valvular Impairment ³
6. Kawasaki Disease with Heart Complications ³	14. Severe Asthma ³
7. Kidney Failure	15. Severe Epilepsy ³
8. Liver Failure	16. Stroke

Remarks:

- The coverage of Alzheimer's Disease/Dementia shall cease upon the first Anniversary Date after the Insured Person reaches Age 65.
- The benefit payable for Carcinoma-in-situ and Coronary Angioplasty is limited to 20% of the benefit's annual limit and the lifetime limit.
- The coverage of such Critical Illnesses shall cease after the Insured Person reaches Age 16.

Waiting Period

Cover for specific benefits will take effect after the specified waiting period.

Benefit Items	Waiting Period
Pregnancy complications	1 year
HIV/AIDS treatment	5 years
Palliative care benefit	2 years
Three Critical Illnesses Benefit	90 days
Optional Pharmacy Benefit	180 days

Remarks:

- I. Waiting Period refers to the period after each of the following dates:
 - a. The Policy Issuance Date or the Policy Effective Date (whichever is later);
 - b. The effective date of reinstatement (if the Policy has been reinstated);
 - c. Optional Insurance Benefits Issue Date (if the Optional Insurance Benefit is added after the Policy Issuance Date or the Policy Effective Date (whichever is later)); and
 - d. The issue date or the effective date of any increase in benefit (whichever is later).
2. The corresponding term for "waiting period" in the terms and conditions of the Policy are Pregnancy Complications Waiting Period, HIV/AIDS Treatment Benefit Waiting Period, Palliative Care Benefit Waiting Period, Three Critical Illnesses Benefit Waiting Period and Optional Pharmacy Benefit Waiting Period.

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

You may exercise the right to cancel the Policy and obtain a refund of the Standard Premium and Premium Loading (if any) and insurance levy paid within the cooling-off period.

The cooling-off period is the period of 30 days immediately following the day of the delivery of the Policy or the cooling-off notice (whichever is the earlier), to you or your nominated representative. 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 or the request to cancel must be made by you in a form prescribed by the Company and received directly by the Company. at 16/F, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong In such event, the Policy shall be deemed to have been void from the Policy Effective Date and the Company shall not be liable to pay any benefit.

No refund can be made if a benefit payment has been made, is to be made or pending.

Policy Cancellation

After the cooling-off period, you may cancel the Policy by giving not less than 30 days' notice to using a form prescribed by the Company.

Termination of the Policy caused by such cancellation shall become effective on the date specified in such form or the date approved by the Company, whichever is the later.

There shall be no refund of the Standard Premium, the Premium Loading (if any) and insurance levy paid. The Company reserves the right to charge the Standard Premium and the Premium Loading (if any) calculated until the end of such Policy Year during which the termination of the Policy becomes effective.

Mis-statement of non-health related information

If any non-health related information (E.g. age, sex or smoking Habit) of the Insured Person has been mis-stated in the Application or in any subsequent information or document submitted to the Company for the purpose of the application, the Company may adjust the premium payable on the basis of the correct information or declare the Policy void as from the Policy Effective Date if the application of the Insured Person should have been rejected based on the correct information.

Misrepresentation or fraud

If any material fact relating to the health related information of the insured person has been incorrectly stated in, or omitted from the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to the Company for the purpose of the application; or any Application or claim submitted is fraudulent or where a fraudulent representation is made, the Company may declare the Policy Void as from the Policy Effective Date.

Premium

1. Premium Level

The premium corresponding to the Accommodation Room Type, Area of Cover and Deductible you select is determined based on the age, sex and smoking habit of the Insured Person 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 in full for the Policy on or before the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Policy shall be deemed to be void as from the Policy Effective Date for all purposes. Accordingly, the Company shall not be liable to pay any benefit under the Policy.

Except for the initial premium payment, a Grace Period after any Premium Due Date will be allowed for payment of premium or any part thereof. The coverage of the Policy will remain in force during the Grace Period, but the Company shall have the right to deduct at its discretion any due premium payment from the benefit payable under the Policy if there is any benefit payable during the Grace Period.

If any premium remains unpaid at the end of the Grace Period, the Policy shall terminate on the Premium Due Date on which the unpaid premium was first due.

3. Premium Adjustment

The Company reserves the right to revise the premium of the Policy upon each Renewal at its sole discretion by taking into account such factors as the Company determines to be relevant for the purpose of revising the premium, including but not limited to the overall experience in claims and expenses incurred by and / or in relation to this product.

Claims Procedure

Please download our MyCigna HK App and login for claim submission. For details of procedures by claims type, please visit the Company website <https://www.cigna.com.hk/en/customer-service/insurance-claim-procedure>.

A fully completed claim form prescribed by the Company must be given to the Company within 30 days (a) after the Insured Person is discharged from a Hospital if there is Confinement or (b) after the date on which the Medical Service is performed to the Insured Person if there is no Confinement. Such form shall include information sufficient to identify the Insured Person and the nature of the claim.

Benefits

I. Benefit in General

For Medical Services rendered in Hospitals in the mainland China, the Hospital must be of Tier 3 or included in our list of Designated Mainland China Hospitals, otherwise no benefits under the Policy shall be payable by the Company.

Except for the Accidental Death Benefit payment, the Company shall pay any benefit payable under this Policy to the Policy Holder or if the Policy Holder is not living at the time of payment, to the Policy Holder's estate.

For the Accidental Death Benefit payment, the Company shall pay it to the Beneficiary, and if no Beneficiary is designated or the Beneficiary is not living at the time of the payment, to the Policy Holder.

2. Choice of ward class

If the Insured Person is Confined in Hong Kong or Macau in a room type of a level higher than the Accommodation Room Type, the Eligible Expenses payable and other payable expenses under the Basic Policy shall be subject to the adjustment factor applicable as follows:

Accommodation Room Type	Room type Confined	Adjustment factor
Semi-Private Room	Standard Private Room	50%

No benefits under the Basic Policy shall be payable for Confinement in class of suite/ VIP/ deluxe room of a Hospital.

3. Territorial scope of cover

Country of residence refers to the country where the Insured Person has stayed in for 185 days or more during the period of 365 consecutive days before the expenses incurred date.

Except Emergency Treatment, the benefits under the Basic Policy and the Optional Insurance Benefits (if applicable) shall be payable only if the Medical Services are provided in the Area of Cover. For Emergency Treatment, the coverage under the Policy is worldwide.

If the Insured Person's Country of Residence is the US on the Eligible Expenses Incurred Date or on the day when other payable expenses are incurred, all benefits payable under the Policy shall be reduced to sixty percent (60%) of the Eligible Expenses and other payable expenses incurred in the US. Notwithstanding the foregoing, and for the avoidance of doubt, the benefit limits as specified in the Benefit Schedule and the Deductible shall remain unchanged.

4. Calculation of benefit payable

Benefit Payable	{Amount of Eligible Expenses or other payable expenses LESS (-) (the Eligible Expenses or other payable expenses incurred for the same Disability reimbursed by another party or by us under another insurance plan, or the Deductible under the Policy, whichever is the highest)} TIMES (x) adjustment factor for territorial scope of cover (if applicable) TIMES (x) adjustment factor for choice of ward class (if applicable)
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Other Insurance Coverage

If you have taken out other insurance coverage besides the Policy, you shall have the right to claim under any such other insurance coverage or the Policy. However, if you or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, the Company shall only be liable for such amount of Eligible Expenses and other payable expenses, if any, which is not compensated by any such other insurance coverage.

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

The Basic Policy and the Optional Insurance Benefits (if applicable) under the Policy shall be effective for an initial period of 12 Calendar Months and thereafter guaranteed to be automatically Renewable, for successive periods of 12 Calendar Months each, provided that payment of premium is paid on or before each Anniversary Date and that the Company continue to issue new policy(ies) under the Basic Policy and the Optional Insurance Benefits (if applicable) of "Cigna HealthFirst Elite 360 Medical Plan".

The Company reserves the right to revise the terms and conditions, the Standard Premium and/or the Benefit Schedule of this Policy upon each Renewal.

Termination

The Policy shall terminate upon the occurrence of the earliest of the following events:

- the death of the Insured Person;
 - the cancellation or non-renewal of the Policy by the Policy Holder;
 - the cancellation of the Policy by the Company due to mis-statement of non-health information, misrepresentation or fraud, non-payment of initial payment, duplicate policies or when Shortfall is not settled within 14 days after a Shortfall advice is issued by the Company to the Policy Holder;
 - non-payment premium by the end of the Grace Period; or
 - when the lifetime benefit limit is reached.
- * The Optional Pharmacy Benefit shall automatically terminate upon the first Anniversary Date immediately after the lifetime limit.

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 the Company meets all of our contractual obligations.

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:

- require the expertise of, or be referred by, a Registered Medical Practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- 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;
- 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
- be furnished at the most appropriate level which can be safely and effectively provided to the Insured Person.

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. 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):

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



Key Exclusions

The following list is for reference only and does not represent a full list of exclusions. Please refer to the policy provisions for the complete list and details of exclusions.

The Company shall not be liable to pay any claim or expenses incurred directly or indirectly resulting from or consequent upon or contributed by the following items.

The following items are applicable to all benefits:

- (a) Expenses incurred for Medical Services provided as a result of Pre-existing Conditions and any special exclusion(s) set out under the Policy, except for Disability which has been fully disclosed in the Application and the Company agrees not to classify as an exclusion under the Policy.
- (b) Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
- (c) Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
- (d) Expenses incurred for treatment for Human Immunodeficiency Virus ("HIV") and its related Disability, except such occurrences are covered under HIV/ AIDS treatment, "HIV Infection due to Blood Transfusion" under Optional Pharmacy Benefit (if applicable), or "Occupationally acquired HIV" under Optional Pharmacy Benefit (if applicable).
- (e) Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the 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 (except for HIV and its related Disability, where the above (d) exclusion applies).
- (f) Expenses incurred for – services for
 - (i) beautification or cosmetic purposes, except for breast reconstruction surgery covered by breast reconstructive surgery benefit; or
 - (ii) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lenses, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.

- (g) Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests or screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunization or health supplements.
- (h) Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a Registered Dentist except for Emergency Treatment and surgery during Confinement arising from an Accident or to the extent covered by the Accidental Emergency dental treatment. Follow-up dental treatment or oral surgery after discharge from Confinement shall not be covered. For the avoidance of doubt, this exclusion shall not apply to Optional Dental Benefits (if applicable).
- (i) Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilization or sex reassignment of either sex; infertility including in-vitro fertilization or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause, except such occurrences of maternity conditions and its complications are covered under pregnancy complications.
- (j) Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use, except such expenses are covered by home facility enhancement benefit for Stroke. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
- (k) Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments, except to the extent covered by the traditional Chinese medicine treatment and three Critical Illnesses auxiliary benefit. For the avoidance of doubt, this exclusion shall not apply to Optional Outpatient Benefits (if applicable).
- (l) Expenses incurred for 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, except such occurrences are covered under Phase 3 Clinical Trial Drugs benefit for Designated Cancers.
- (m) Expenses incurred for Medical Services provided as a result of birth defect(s), Congenital Condition(s), Hereditary Condition(s), or any related Disability, except such occurrences of birth defect(s), Congenital Condition(s), Hereditary Condition(s), or any related Disability are covered under "Medullary Cystic Disease" under Optional Pharmacy Benefit (if applicable).
- (n) Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- (o) Expenses incurred for treatment for Disability arising from War, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power, or Terrorism.
- (p) Expenses incurred for treatment for developmental conditions including but not limited to learning difficulties such as dyslexia, behavioral problems such as autism or attention deficit disorder (ADHD); or physical development problems such as short height.
- (q) Expenses incurred for treatment for obesity, or which is necessary because of obesity, which includes but not limited to slimming class, aids and drugs. The Company shall only pay for gastric banding or gastric bypass surgery if the Insured Person has a body mass index (BMI) of forty (40) or over and had been diagnosed as being morbidly obese; and can provide documented evidence of other methods of weight loss which have been tried over the past twenty-four (24) Calendar Months.

- (r) Expenses incurred for artificial life maintenance including mechanical ventilation where such treatment will not or is not expected to result in the Insured Person's recovery, or restore the Insured Person to his/her previous state of health, except such expenses are covered under "Vegetative State" under Optional Pharmacy Benefit (if applicable).
- (s) Expenses incurred for fetal surgery or treatment.
- (t) Expenses incurred for treatment for a related condition resulting from addictive conditions and disorders, including but not limited to smoking cessation.
- (u) Expenses arising from sleeping disorders except for –
 - (i) sleep test (subject to a limit of one (1) sleep test per Policy Year) if there is a diagnosis of sleep apnea of the Insured Person; and
 - (ii) treatment in relation to sleep apnea and as recommended in writing by a Specialist.
- (v) Expenses incurred for or in connection with speech therapy that is not restorative in nature; or if such therapy is used to improve speech skills that have not fully developed, can be considered custodial or educational or intended to maintain speech communication.
- (w) Expenses incurred for sex change operations or any treatment needed to prepare for or recover from these operations including complication arising out of such treatment.
- (x) Expenses incurred for gene therapy and cell therapy.
- (y) Expenses incurred for 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, fax and the like.
- (z) Expenses incurred for mental, psychiatric or nervous illness, personality disorder and character disorders, except such occurrences are covered under psychiatric treatments, post-Confinement/ Day Case Procedure auxiliary treatment, psychiatric outpatient treatment or psychological outpatient treatment, or "Alzheimer's Disease/Dementia" under Optional Pharmacy Benefit (if applicable).
- (aa) Expenses incurred for organ transplantation, except such occurrences are covered under organ transplantation benefit or "Major Organ Transplantation" under Optional Pharmacy Benefit (if applicable).
- (bb) Expenses arising from the Insured Person's engagement and participation in:
 - (i) naval, military or air force service or operations, armed force or service with the police of any nation;
 - (ii) professional sports or hazardous activities such as but not limited to rock climbing or mountaineering, parachuting, hang-gliding (whether powered or not), para-gliding, bungee-jumping or any kind of race other than by foot;
 - (iii) cave, wreck or free diving, professional diving, diving without holding the correct diving certification such as a Professional Association of Diving Instructors (PADI) and diving at depths more than forty (40) meters;
 - (iv) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off-piste skiing or snowboarding, speed skiing;
 - (v) working at height (over twenty (20) feet);
 - (vi) operating heavy machinery;

- (vii) aviation or aerial activities, except air travel as a fare-paying passenger in or as a member of the aircrew of a properly licensed, fixed-wing multi-engined aircraft constructed to carry passengers and operated by a licensed commercial air carrier, or in a helicopter owned and operated by a commercial concern which is licensed for the regular transportation of fare-paying passengers provided such helicopter is operating only between commercial airports and/or licensed commercial heliports, and provided further that in either event such travel is not for the purpose of any trade or technical operation in or on the aircraft; or
 - (viii) manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker) or chemical material.
- (cc) In respect of any Optional Dental Benefits (if applicable), in addition to the above (a) to (bb) exclusions, the Company shall not pay expenses incurred for the following:
- (i) Appliances or restoration necessary to increase vertical dimension or restore an occlusion;
 - (ii) Dental implants or transplants;
 - (iii) Cosmetic dentistry procedures such as bleaching and veneers;
 - (iv) Orthodontic services;
 - (v) Repair or replacement of orthodontic appliances;
 - (vi) Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
 - (vii) Procedures or appliances to correct congenital malformations;
 - (viii) Treatment of malignancies, cysts, or neoplasms;
 - (ix) Replacement of lost or stolen dentures;
 - (x) Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder, or for orthognathic surgery;
 - (xi) Services or supplies intended to diagnose or treat any condition that is occupational Injury or Disease; or
 - (xii) Replacement or additions to existing dentures or bridgework.
- (dd) In respect of the Optional Pharmacy Benefit (if applicable), in addition to the above (a) to (bb) exclusions, the Company shall not pay expenses incurred for the following:
- (i) Any drugs that are experimental or investigational; or
 - (ii) Replacement of claimed Western Medications due to loss, theft, damaged, spoiled or expired.

In addition to the above (a) to (dd) exclusions, the Company shall not pay any Accidental Death Benefit in relation to or arising from the following:

- (a) Illness, Disease, bacterial or viral infection, even if contracted by an Accident. This does not exclude bacterial infection that is the direct result of an Accidental cut or wound or Accidental food poisoning.
- (b) Medical or surgical treatment, except where such treatment is rendered necessary by Injury within the scope of the Accidental Death Benefit.
- (c) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by Injury.

- (d) Any illegal act of the Insured Person in the country or territory where Injury occurs.
- (e) Being in a state of insanity or psychiatric or psychological disturbance.
- (f) Being under the influence of alcohol or drugs unless the drugs are properly prescribed by a Registered Medical Practitioner and were not taken for the treatment of drug addiction.
- (g) Driving any kind of vehicle while the alcohol level in the Insured Person's breath, blood or urine is higher than the legal limit in the country or territory where Injury occurs.
- (h) Service in any armed force while: i) in the time of War; ii) under orders for warlike operations; or iii) restoration of public order. For the avoidance of doubt, armed force shall include any police force of a country or territory.
- (i) War or any act of War, invasion, act of foreign enemy, hostilities (whether War be declared or not), strike, riot and/or Civil Commotion, civil war, rebellion, revolution, insurrection, military or usurped power, or Terrorism.
- (j) Taking part in any air sport, air travel or any other kind of aviation activities, other than travelling as a fare-paying passenger on regular scheduled commercial aircraft which is provided and operated by an airline or air charter company which is properly licensed to do so.
- (k) Suicide, attempted suicide, suicide pact or deliberate self-inflicted Injury, while sane or insane.
- (l) Workers involved in the manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker).
- (m) The Insured Person participating in or conducting training for any of the following activities:
 - (i) underwater swimming or diving and use any type of equipment to aid breathing;
 - (ii) any kind of climbing, or mountaineering using rope or guides;
 - (iii) pot-holing;
 - (iv) parachuting, any kind of gliding, ballooning, bungee-jumping or micro-lighting;
 - (v) cave, wreck or free diving, professional diving, diving without holding the correct diving certification such as a Professional Association of Diving Instructors (PADI) and diving at depths more than forty (40) meters;
 - (vi) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off-piste skiing or snowboarding, speed skiing;
 - (vii) hunting;
 - (viii) driving or riding in any kind of race; or
 - (ix) professional sports.

Notes:

"Cigna Healthcare", "the Company", "We", "our" or "us" herein refer 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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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. 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.

The policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (the "Ordinance"). Other than the Company and the Policy Holder, 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.

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