

Important information

The product information in this brochure does not represent the full terms of the policy and the full terms can be found in the policy document.

Premium

1. Premium Level

The premium level corresponding to the plan level you select is determined based on the age, sex and smoking habit of the Person Insured at policy commencement and at the time of renewal upon each anniversary date of the policy.

2. Non-payment of Premium

If you fail to pay the initial premium, your policy will not take effect from the commencement date of your policy. Except for the initial premium payment, there will be a grace period of 30 days after any premium due date. Your policy will remain effective during this grace period. If any premium is not paid at the end of the grace period, your policy will lapse on the premium due date and you will lose the insurance coverage.

We will not make any claim payment or any other payment payable under the policy, until we receive payment of all outstanding premium up to the date of the claim payment or when the policy terminates.

3. Mis-statement of Age, Sex or Smoking Habit

If age, sex or smoking habit has been mis-stated by you or any Person Insured but the relevant Person Insured would still be eligible for coverage, we have the right to adjust the premiums payable based on the correct information.

4. Premium Adjustment

The company reserves the right to revise the premium of the policy on the anniversary date or upon renewal. Factors leading to premium adjustment may include but are not limited to our experience in claims and expenses incurred by and/ or to this product.

The amount of the renewal premium will be stated in the policy schedule enclosed in the renewal pack which will be sent to you 45 days in advance of the policy anniversary date.

Benefits

Hospital and Surgical Benefits

In the event of hospital confinement for receiving medically necessary western medicine treatment, the Company will reimburse the actual medical expenses incurred according to the following calculation formula:

{Amount of eligible medical expenses incurred **LESS (-)** (the medical expenses of same hospital confinement is reimbursed by another party or by us under another insurance plan or the deductible (per Policy Year) under this policy, whichever is the larger)} **TIMES(x)** reimbursement percentage (Hospitalization within Hong Kong: 90%; Hospitalization outside Hong Kong: 50%) **TIMES(x)** adjustment factor in room type confined (if applicable).

Adjustment factor will be applied if the Person Insured is confined to a higher level of hospital facility than is originally entitled under the policy:

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

The benefit will not be payable for hospitalization in class of suite / VIP / deluxe room of a hospital.

Duplicated Policy

Person Insured can only be covered under one single "Cigna Plus Medical Plan Series" policy. The series include "Cigna Plus Medical Plan", "Cigna HealthFirst TopUp Medical Plan", and any other insurance policies that fall under the "Cigna Plus Medical Plan Series" as defined and issued by the Company from time to time.

Renewal

The policy will be effective for an initial period of 12 months and thereafter guaranteed and automatically renewable, for successive periods of 12 months each provided that we continue to issue new policy(ies) under the "Cigna Plus Medical Plan", and upon payment of the premium at time of renewal. The Company reserves the right to revise the terms of the policy and/or the premium and/or benefit schedule upon each renewal.

Termination

- I. The policy will be automatically terminated when one of the following happens:
 - the Person Insured passed away;
 - the policy is not renewed;
 - any premium is not paid at the end of the grace period; and
 - the master policy (i.e. the policy to which the parent or guardian of the Person Insured belong) is terminated or lapsed, and the plan level and deductible option of child's policy is different from the master policy (applicable to Person Insured whose age is 17 or below).
2. If there is any fraud, mis-statement or concealment in the application or declaration, or if you or your beneficiary makes a dishonest claim, we have the right to cancel the policy immediately. In such case, all of the premium paid will not be returned and you shall immediately return all payment including claims paid by us under the policy.

Inflation risk

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

Pre-existing Medical Conditions

"Pre-existing Medical Conditions" means Bodily Injury or Sickness sustained or suffered by the Person Insured which has been diagnosed or has exhibited symptoms or has occurred or required medical advice and/or treatment and/or the prescriptions of drugs before:

- (a) the Issue Date or the Commencement Date (whichever is the later);
- (b) the approval date of reinstatement (if the Policy

has been reinstated); or

- (c) the issue date or the effective date of increase in benefit, whichever is the later (if any benefit under this Policy has been increased).

Notwithstanding the foregoing, "Pre-existing Medical Conditions" shall not include Bodily Injury or Sickness which:

- (a) has been fully disclosed in the Application Form; and
- (b) the Company agrees not to classify as an exclusion under the Policy.

Conversion of policy

If you have an existing medical insurance policy and intend to switch the coverage to this plan, please be aware of the potential implications in terms of insurability, claims eligibility and financial values regarding the change to the insurance arrangement.

Some benefits under the existing policy may be changed or not be covered under this plan due to changes in policy features, Age, health conditions, occupation, lifestyle, habit or recreational activities. Also, riders or supplementary benefits under your existing insurance policy may not be available under this plan.

Benefits under the existing insurance policy will no longer be payable to you if you surrender the policy or allow it to lapse. Besides, you may need to start a new waiting period (if any) in respect of certain benefits under the terms and conditions of the new policy.

Claims Procedure

To make a claim, please login to our customer portal or register at www.mycigna.com.hk or download our MyCigna app. For details of procedures by claims type, please visit the Company website www.cigna.com.hk/en/customer-service/insurance-claim-procedure.

Medically Necessary

We only cover the charges and / or expenses of the Person Insured on medically necessary and reasonable and customary basis.

“Medically Necessary” means the necessity to have a medical service which is:

1. Consistent with the diagnosis and customary medical treatment for the condition at a Reasonable and Customary charge;
2. In accordance with standards of good and prudent medical practice;
3. Necessary for such a diagnosis or treatment;
4. Not furnished primarily for the convenience of the Person Insured, Physician, Chinese Medicine Practitioner, Physiotherapist, Anaesthetist or any other medical service providers;
5. Furnished at the most appropriate level which can be safely and effectively provided to the Person Insured; and
6. With respect to hospital confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy.

Reasonable and Customary

“Reasonable and Customary” in relation to a fee, a charge or an expense, means any fee or expense which

1. Is charged for treatment, supplies (inclusive of medication) or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a Physician;
2. Does not exceed the usual level of charges for similar treatment, supplies (inclusive of medication) or medical services in the locality where the expense is incurred; and
3. Does not include charges that would not have been made if no insurance existed.

The Company reserves the right to determine whether any particular Hospital/medical charge is a reasonable and customary charge with reference but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. The Company reserves the right to adjust any and all benefits payable in relation to any Hospital/medical charges which are not reasonable and customary.





Key Exclusions

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

Cigna Healthcare shall not be liable to pay any claim or expenses incurred directly or indirectly resulting from or consequent upon or contributed by:

1. Pre-existing medical conditions;
2. War, invasion, acts of a foreign enemy, hostilities (whether war is declared or not), civil commotion, rebellion, revolution, insurrection, military or usurped power, or terrorism;
3. Engaging in or taking part in:
 - (a) Naval, military or air force service or operations, armed forces or services with the police of any nation;
 - (b) Professional sports or hazardous activities such as, but not limited to, rock climbing or mountaineering, parachuting, hang-gliding (whether powered or not), paragliding, bungee-jumping or any kind of race other than by foot;
 - (c) 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 below 40 meters;
 - (d) Professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off piste skiing or snowboarding, Speed Skiing;
 - (e) Working at height (over 20 feet);
 - (f) Operating heavy machinery;
 - (g) Aviation or aerial activities except air travel as a fare-paying passenger in or as a member of the aircrew; or
 - (h) The manufacture, storage, filling, breaking down, handling, or transportation of any explosive (including but not limited to fireworks or firecrackers) or chemical material;

4. Suicide, attempted suicide, or intentionally self-inflicted injuries, while sane or insane;
5. Being under the influence of alcohol or drugs unless the drugs are properly prescribed by a physician and were not taken for the treatment of drug addiction;
6. Pregnancy, childbirth, and miscarriage of or abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury or sickness;
7. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC), or other forms of virus;
8. Any congenital conditions, development conditions, hereditary conditions, cosmetic and elective surgery;
9. Eye refraction error except due to bodily injury, routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids, and artificial lenses; vaccination and immunization injections;
10. Dental care and treatment, except emergency treatments by a physician during hospital confinement due to bodily injury. Follow-up treatment after hospital confinement shall not be covered;
11. Any treatment, investigation, service or supplies which is/are not medically necessary;
12. Being voluntarily exposure to any hazard or danger;
13. Expenses incurred in respect of the following conditions:
 - (a) Any convalescence accommodation or treatment or services rendered in any sanatorium or similar establishment;
 - (b) Prosthesis, corrective devices, and medical appliances which are not intra-operatively required;
 - (c) All organ transplantation
 - (d) Medical treatment received after termination or expiry of this policy
 - (e) Routine medical examinations or health screening checks;
 - (f) Any bodily injury or sickness for which compensation is payable under any laws or regulations or any other insurance plan except to the extent that such charges are not reimbursed by such laws or regulations or other insurance plan;
 - (g) Alternative treatment including, but not limited to, chinese medicine treatment, acupuncture, acupressure, Tui Nai, hypnotism, rolfing, massage therapy, and aromatherapy;
 - (h) Experimental and/or new medical technology or procedures not yet approved by Cigna Healthcare; or
 - (i) Non medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, medical report charges and the like.

Notes: "Cigna Healthcare", "the Company", "We", "our" or "us" herein refers to Cigna Worldwide General Insurance Company Limited.

This product brochure is also available in Chinese. You may request for the Chinese version from us.
 此產品小冊子同時備有中文版本。閣下可向本公司索取中文版本。