

# 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

### 1. Extent of Benefits

The coverage under this policy is worldwide, except under the Optional Insurance Benefits, which is subject to emergency conditions if expenses are incurred outside of Hong Kong. We reserve the right to request that the Person Insured obtain pre-approval from us before incurring such relevant expenses.

### 2. Supplementary Major Medical Benefit

If the Person Insured uses a higher level of hospital facilities and services than he is entitled under this policy, the benefit amount payable shall be lowered according to the adjustment factor. This benefit shall not be payable for class of suite/ VIP/ deluxe room of a hospital.

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

Under the Supplementary Major Medical Benefit, the following terms and conditions shall apply regarding the Lifetime Limit starting from the anniversary date after the Person Insured reaches age 75:

(i) Any benefit payable under this section will be deducted from the Lifetime Limit, the balance of the Lifetime Limit as at the end of the current Policy Year will be carried forward to the next Policy Year

(ii) If the Person Insured's application for a change in the benefit level is approved by the Company, the Lifetime Limit applicable to the next Policy Year will be equivalent to the Lifetime Limit of the new benefit level, minus all benefits paid since the anniversary date following the Person Insured reaching age 75.

(iii) This benefit will automatically terminate upon the first anniversary date after the Lifetime Limit is exhausted.

## Duplicated Policy

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

## Co-ordination of Benefits

If any Medically Necessary charges shall be reimbursed by another party or by us under another insurance plan, we shall only be liable for the difference between such reimbursement and the total amount of benefits which would otherwise be payable in respect of such medical expenses under the policy

## Renewal

The Hospital and Surgical Benefits 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 HealthFirst Choice Medical Plan", and upon payment of the premium at the time of renewal. The Company reserves the right to revise the terms of the policy and/or the premium and/or the benefit schedule upon each renewal.

## Termination

1. This policy will be automatically terminated when one of the following happens:
  - The Person Insured passes away;
  - Any premium is not paid at the end of the grace period; or
  - The policy is terminated by the Company or the policyholder.
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.

3. The Company may terminate any Optional Insurance Benefit, by giving not less than 30 days advance notice in writing to you.
4. If the policy is terminated by the policyholder during the Policy Year we reserve the right to charge the premium until the end of such Policy Year after the termination.

## 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..

## 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](http://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](http://www.cigna.com.hk/en/customer-service/insurance-claim-procedure).

Written notification of a claim must be given to the Company within 30 days after the occurrence of the event giving rise to the claim. Such notification shall include information sufficient to identify the Person Insured and the nature of the claim.

## 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.**

**We shall not be liable for any claims or the expenses incurred through, directly or indirectly caused by, or resulting from any one or more of the following:**

**Applicable to all benefits (including Optional Insurance Benefit):**

1. Pre-existing medical conditions;
2. War, invasion, act of a foreign enemy, hostilities (whether war is declared or not), civil commotion, rebellion, revolution, insurrection, military or usurped power or terrorism;
3. The Person Insured's suicide, attempted suicide

or intentionally self-inflicted injuries while sane or insane;

4. The Person Insured being under the influence of alcohol or drugs unless, in the case of drug consumption, it is proven that such drug was taken in accordance with a proper medical prescription by a physician other than for the treatment of drug addiction;
5. Pregnancy, childbirth and miscarriage of or abortion by the Person Insured including complications resulting therefrom notwithstanding that such incident may have been accelerated or induced by bodily injury or sickness; infertility or sterilization or any type of fertility;
6. Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related

complex (ARC); sexually-transmitted diseases or treatment thereof;

7. Birth defects, congenital conditions, development conditions, hereditary conditions or any disabilities arising therefrom; congenital conditions; developmental conditions; or hereditary conditionst;
8. Cosmetic and elective surgery;
9. Vaccination and immunization injections;
10. All dental treatment prescribed by a dentist except emergency treatments by a physician during hospital confinement due to bodily injury; follow-up treatment from such hospital confinement (unless the Dental Benefit applies under this policy);
11. Mental, psychiatric or nervous illness;
12. Treatment for a related condition resulting from addictive conditions and disorders; sleep disorders including insomnia, snoring, sleep-related breathing problems or sleep studies;
13. Treatment that is not medically necessary;
14. The Person Insured's voluntarily exposing himself/herself to any hazard or danger;
15. Fees/expenses incurred due to the following reasons:
  - (a) Convalescence accommodation, treatment or services rendered at any sanatorium or similar establishment;
  - (b) Prosthesis, corrective devices and medical appliances, that are not intra-operatively required;
  - (c) All organ transplantation, transplant procedures and acquisition of the organ itself to be used for organ transplantation;
  - (d) Routine medical examinations or health screening checks;
  - (e) Alternative treatment including but not limited to Chinese medicine treatment, acupuncture, acupressure, Tui Nai, hypnotism, rolfing, massage therapy, aromatherapy

(unless provided under the Acupuncturist benefit, Chinese Herbalist benefit and Chinese Bonesetter benefit payable under the Benefit Schedule);

- (f) Experimental and/or new medical technology/procedure not yet approved by the Company; or
- (g) 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 and the like. ;

**Applicable only to the Optional Dental Benefit:**

- I. Appliances or restoration necessary to increase vertical dimension or restore an occlusion;
2. Dental implants;
3. Cosmetic dentistry procedures such as bleaching and veneers;
4. Orthodontic services;
5. Repair or replacement of orthodontic appliances;
6. Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
7. Procedures or appliances to correct congenital malformations;
8. Treatment of malignancies, cysts, or neoplasms;
9. Replacement of lost or stolen dentures;
10. Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder or for orthognathic surgery;
- II. Services or supplies intended to diagnose or treat any condition that is an occupational injury or disease; or
12. Replacement of or additions to existing dentures or bridgework.

**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.**  
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