

# Cigna VHIS Series – Flexi Plan (SMM)

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

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

## Outpatient kidney dialysis



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

## Supplementary major medical benefit



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

### Remarks:

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

## Benefit Schedule

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

Benefit items <sup>1</sup>	Benefit limit (in HKD)
(a) <b>Room and board</b>	\$1,200 per day Maximum 270 days per Policy Year
(b) <b>Miscellaneous charges</b> Covers the Eligible Expenses charged on miscellaneous charges (including medical devices, additional surgical appliances) incurred in a setting of Hospital Confinement and Day Case Procedure	\$14,000 per Policy Year
(c) <b>Attending doctor's visit fee</b>	\$1,200 per day Maximum 270 days per Policy Year
(d) <b>Specialist's fee<sup>2</sup></b>	\$4,300 per Policy Year
(e) <b>Intensive care</b>	\$3,500 per day Maximum 90 days per Policy Year
(f) <b>Surgeon's fee<sup>4</sup></b>	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures – <ul style="list-style-type: none"> <li>• Complex \$70,000</li> <li>• Major \$35,000</li> <li>• Intermediate \$17,500</li> <li>• Minor \$8,750</li> </ul>
(g) <b>Anaesthetist's fee</b>	35% of Surgeon's fee payable <sup>3</sup>
(h) <b>Operating theatre charges</b>	35% of Surgeon's fee payable <sup>3</sup>
(i) <b>Prescribed Diagnostic Imaging Tests</b> Covers computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined performed during Confinement or in a setting for providing Medical Services to a Day Patient	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) <b>Prescribed Non-surgical Cancer Treatments<sup>4</sup></b> Covers chemotherapy, radiotherapy (including proton therapy, gamma knife and cyber knife), targeted therapy, immunotherapy and hormonal therapy performed during Confinement or in a setting for providing Medical Services to a Day Patient	\$80,000 per Policy Year
(k) <b>Pre- and post-Confinement/Day Case Procedure outpatient care<sup>2</sup></b> <ul style="list-style-type: none"> <li>• Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test)</li> <li>• Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test)</li> </ul>	\$1,000 per visit, up to \$15,000 per Policy Year <ul style="list-style-type: none"> <li>• Maximum 2 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure</li> <li>• Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)</li> </ul>

Benefit items <sup>1</sup>	Benefit limit (in HKD)
(l) <b>Psychiatric treatments</b> Covers the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist	\$30,000 per Policy Year
(m) <b>Outpatient kidney dialysis</b>	\$30,000 per Policy Year
(n) <b>Home nursing for Confinement</b>	\$700 per day Maximum 15 days per Policy Year
(o) <b>Companion Bed</b>	\$450 per day Maximum 270 days per Policy Year
(p) <b>Accidental Emergency outpatient treatment</b> Covers Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital	\$6,600 per Policy Year (Within 24 hours after the Accident)
(q) <b>Accidental Emergency dental treatment</b> Covers expenses charged by a registered dentist, a registered medical practitioner or a hospital solely for Emergency Treatment which is necessitated by an Injury to sound natural teeth (including consultation, staunch bleeding, tooth extraction, root canals and x-ray) in a legally registered dental clinic or a hospital, given to the Insured Person	\$6,600 per Policy Year (Within 2 weeks after the Accident)
(r) <b>Supplementary major medical benefit<sup>5</sup></b> Applicable to benefit item (a) – (q)	\$150,000 per Policy Year Subject to 10% Coinsurance (except for Medical Services provided to Insured Person in a setting for providing Medical Services to a Day Patient where Coinsurance will not apply)

Remarks:

1. Unless otherwise specified, Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
2. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
3. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
4. This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures. If a medically necessary surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category.
5. For Eligible Expenses and expenses resulting from Confinement, this benefit shall only be payable for Medical Services provided in a Standard Ward (a room in a Hospital with more than double occupancy) . For Confinement in a higher ward class (e.g. Semi-Private or Private), this benefit shall only be payable if the Hospital provides satisfactory evidence to show the ward upgrade was involuntary (i.e. where ward upgrade was required due to [i] Isolation, [ii] room shortage in case of an Emergency; or [iii] other reasons not involving personal preference of the Policyholder and/or the Insured Person). For full details of the calculation of this benefit, please refer to the Terms and Conditions and the Flexi Plan (SMM) Endorsement of the Terms and Benefits.