

## Important Information

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

### Medical Underwriting

Medical underwriting is waived except for policies with Cancer Benefit, where simplified underwriting is required.

### Renewal

This Policy shall be effective for an initial period of twelve (12) Calendar Months and thereafter renewable for successive twelve (12) Calendar Months each, at such premium rate and on such term as the Company determine at the time of each renewal. The policy will expire on the anniversary date if the policy is not renewed.

### Mis-statement

If the age, sex, smoking habit and/or the class of risk of the Person Insured has been mis-stated and the Person Insured would still be eligible for insurance coverage under this Policy, we shall adjust the Premiums payable under this Policy based on the correct age, sex, smoking habit and/or the class of risk.

If the age, sex, smoking habit and/or the class of risk of the Person Insured has been mis-stated and the Person Insured would not have been eligible for insurance coverage under this Policy, the coverage provided by this Policy to such Person Insured would be void for the period during which the Person Insured is ineligible for coverage under this Policy and the liability of the Company during the period within which the Person Insured is not eligible for coverage shall be limited to a refund, upon written request, of that part of Premium paid for such period without interest provided always that where there is fraud on the part of the Person Insured and/or the Policyholder, no Premiums paid shall be refunded. The Company retains the right to recover any relevant claims previously paid hereunder.

### Benefit Payment

We shall pay the benefit amount to you or (if you are not living at the time of payment) to your estate, in Hong Kong dollars without interest.

### Termination Conditions

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

- a. the Anniversary Date on or the first Anniversary Date immediately following the Person Insured's 75th birthday;
- b. the death of the Person Insured;
- c. the Policy is cancelled by the Policyholder by giving not less than 30 days' notice in writing to the Company;
- d. the Policy is cancelled by the Company due to any misstatement in the application or declaration, fraud, any applicable sanctions rules or regulatory reasons;
- e. the Policy is not renewed; or
- f. at the end of a Grace Period when the Premium payable or any part thereof remains unpaid.

### Premium Level and Non-Payment of Premium

The Premium is determined based on the age, sex, smoking habit and class of risk of the Person Insured on the Commencement Date and at the time of renewal of this Policy.

If you fail to pay the initial premium for the Policy, the Policy shall be deemed to be void as from the Commencement Date for all purposes. Accordingly, we shall not be liable to pay any benefit under the Policy. Except for the initial premium payment, a Grace Period of one (1) Calendar Month after any Premium Due Date will be allowed for payment of Premium or any part thereof. The coverage of this Policy will remain in force during this Grace Period. If the Premium or any part

thereof remains unpaid at the end of the Grace Period, the Policy shall terminate on the Premium Due Date.

If the Policy is cancelled by the Policyholder during a Policy Year, the Company reserves the right to charge the Premium until the end of such Policy Year.

### **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 overall experience in claims and expenses incurred by and/or in relation to this product.

### **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

We cannot cover any claim that directly or indirectly results from or is consequent upon or contributed to by:

Exclusions applicable to Core Outpatient benefit and Supplementary Outpatient Benefit	(1) charges relating to birth control or sterilization of either sex, (2) treatment for congenital abnormalities and complications arising from congenital abnormalities, (3) injection fee, (4) diagnostic scanning, X-ray examinations, (5) physiotherapy treatment: Shockwave Therapy, Manual Therapy (orthopedic massage and manipulation), Hydrotherapy, (6) Radiotherapy and chemotherapy, (7) long term repeat medication; or (8) chronic illness.
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Exclusions applicable to Outpatient Surgery Benefit	(1) fetal surgery or treatment, (2) the Person Insured's voluntarily exposing himself/herself to any hazard or danger, (3) prosthesis, corrective devices and medical appliances, which are not intra-operatively required, (4) all organ transplantation, transplant procedures and acquisition of the organ itself to be used for organ transplantation; or (5) alternative treatment.
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Exclusions applicable to Cancer Benefit	(1) pre-existing medical condition, (2) intentionally self-inflicted injuries, suicide or any attempt thereof, while sane or insane; or (3) any congenital abnormality or disorder.
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Exclusions applicable to Dental Benefit	(1) filling for cosmetic reasons or non-decayed cases of trauma, erosion, attrition, abrasion and others, (2) dislodged fillings/replacement which is not caused by tooth decay, (3) extraction of retained roots, wisdom teeth, extraction of teeth for cosmetic or orthodontic purpose, (4) any re-treatment or any Endodontic, Periodontal, Prosthodontics and Oral Surgery conditions requiring specialist treatment; or (5) Specialist treatment fee.
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This is only a general summary. For more details and a full list of exclusions, please refer to the Provisions of “Cigna DIY Health Plan”.

### Notes:

“Cigna Healthcare”, “the Company”, “We”, “our” or “us” herein refers to Cigna Worldwide General Insurance Company Limited. This leaflet is also available in Chinese. You may request for the Chinese version from us.

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