

HOSPITAL /  
SURGICAL  
General Insurance



**CIGNA VTHIS SERIES**

**FLEXI PLAN (SMM)  
FLEXI PLAN (SUPERIOR)**

**Together, all the way.®**



# ABOUT CIGNA CORPORATION

## Our Mission

At Cigna, we are dedicated to improving the health, well-being, and peace of mind of those we serve.



### Remarks:

1. The above data is for informational purposes only and may not relate to a particular subsidiary of Cigna Corporation. Data is based on Cigna's internal reporting as of December 31, 2020 and is subject to change.

# WHY SHOULD I CONSIDER THE CIGNA VTHIS SERIES?

## Tax deduction



- The maximum premiums allowed for tax deductions is **HK\$8,000** per insured person per tax year

## No fear of medical expenses



- Provides full compensation of medical expenses with an Annual Benefit Limit of up to **HK\$30 million** per year and unlimited Lifetime Benefit Limit

## Covering various cancer treatments



- All your cancer treatment expenses are **fully covered**<sup>1</sup>, including various common non-surgical cancer treatments<sup>2</sup>

## Covering unknown Pre-existing Conditions



- Full cover since **day 1** of the Policy Effective Period<sup>3</sup>

## Guaranteed renewal



- Guaranteed renewal up to **Age of 100**, no matter how much you claim for illness(es) after the Policy has become effective, the premium will only be adjusted according to your Age

## Outpatient surgeries in hospitals and clinics



- Surgeries performed in clinics or day case units of hospitals **can also be covered** with no minimum duration of stay required

## Taking care of your emotional health



- Provides **unlimited** benefits for psychiatric treatments<sup>1</sup>

## Pre- and post-Confinement/Day Case Procedure outpatient care



- **Covers all** Pre- and post-Confinement/Day Case Procedure outpatient care<sup>1,4</sup>

## Flexible deductible options<sup>1</sup>



- Features up to **five deductible options**, and you can also choose to lower or remove your deductibles once without re-underwriting<sup>5</sup>

### Remarks:

1. Applicable to Cigna VTHIS Series - Flexi (Superior) only.
2. Covers a number of non-surgical cancer treatments including chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy etc. Proton therapy, gamma knife and cyber knife are radiation treatments that are also covered as radiotherapy.
3. Refer to Important Information for details of Pre-existing Conditions.
4. Pre- and post-Confinement/Day Case Procedure outpatient care under Cigna VTHIS Series - Flexi (Superior) covers:
  - 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 30 days before admission or Day Case Procedure;
  - All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 30 days before admission or Day Case Procedure; and
  - All follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
5. You can choose to reduce or remove your deductibles without re-underwriting within 30 days before the renewal date for one time at any one of the following Ages: 60, 65, 70, 75, 80 or 85.

# EXTRA FREE PROTECTION AND SERVICES

Cigna provides a suite of free protection and support services for all Cigna VHIS Series clients, providing comprehensive care for your body and mind.

## DoctorNow app for virtual consultations and medication



- Receive virtual medical consultations on the app to easily obtain doctors' advice and be able to get early diagnosis before your condition worsens.
- Obtain medical advice from a range of general practitioners and specialists in Hong Kong without needing to leave your home.
- Medication delivery to your door and referral services for a stress-free recovery.

## Cashless hospitalization



- If hospitalization is needed, a call to us before your admission will enable us to handle the expenses of the private hospital you stay.
- No need to pay any deposit to hospital, and no worry about initiating claims after discharge, so you can focus fully on your treatment and recovery.

## Care Manager



- If you need to have surgery, you may contact us via our hotline to learn about related treatment classifications (e.g. Minor, Intermediate, Major, or Complex) and the coverage available under your VHIS plan. This way, you can get prepared in case there are any out-of-pocket expenses.
- For Major or Complex surgeries, our professional registered nurses will step in to answer all your questions and help with everything you need, from pre-treatment preparation to post-hospitalization care, and provide you and your family with both professional advice and emotional support.

## Fast and easy online claim application



- Simply login to myCigna app to apply for claims anytime and anywhere.
- Both hospitalization and outpatient claims can be applied on the app without amount limit.

## No Claim Bonus

Extra coverage for Flexi Plan (Superior)



As a reward for your efforts in maintaining good health, if you have not made any claim for three consecutive policy years, you will be granted a free medical check-up coupon once every three years.

## PLAN AT A GLANCE

<b>Plan type</b>	This product is a standalone individual policy which aims to provide hospitalization benefits. It is an indemnity insurance policy without cash value.
<b>Policy term and Premium structure</b>	1 year and annually renewable  The plan provides a protection period of 1 year and guaranteed renewable up to Age 100 of Insured Person, with payment period until the end of protection period. Premium rate will increase with Age, and yearly adjustable.
<b>Entry Age (at last birthday)</b>	15 days to Age 80
<b>Enrolment</b>	No medical examination required before enrolment
<b>Premium payment frequency</b>	Annual / Monthly
<b>Policy currency</b>	HKD

## FLEXI PLAN OPTIONS

The following list is for reference only. For complete details, please refer to the Terms and Conditions.

	Supplementary benefits for enhanced confidence	Premium coverage with comprehensive protection to keep you secure
<b>Certified Plan(s)</b>	<b>Cigna VHIS Series – Flexi Plan (SMM)</b>	<b>Cigna VHIS Series – Flexi Plan (Superior)</b>
<b>Area of coverage</b>	Worldwide <sup>1</sup>	Asia <sup>1,3,4</sup>
<b>Choice of ward class</b>	No restriction, except for supplementary major medical benefit <sup>2</sup>	Semi-Private or lower <sup>4</sup>
<b>Annual Deductible options</b>	✗	HK\$0   HK\$15,000   HK\$25,000 HK\$50,000   HK\$75,000
<b>Annual Benefit Limit</b> (Applies across benefit items)	HK\$570,000 per Policy Year	HK\$30,000,000 per Policy Year
<b>Lifetime Benefit Limit</b>	Nil	Nil
<b>Hospitalization benefits</b>	✓	Full compensation
<b>Surgical benefits</b>	Please refer to the Benefit Schedule for details	
<b>Prescribed Diagnostic Imaging Tests</b>	HK\$20,000 per Policy Year Subject to 30% coinsurance	
<b>Prescribed Non-surgical Cancer Treatments</b>	HK\$80,000 per Policy Year	
<b>Psychiatric treatments</b>	HK\$30,000 per Policy Year	
<b>Enhanced Benefit: Outpatient kidney dialysis</b>	HK\$30,000 per Policy Year	Full compensation
<b>Enhanced Benefit: Home nursing for Confinement</b>	\$700 per day Maximum 15 days per Policy Year	\$1,000 per day Maximum 90 days per Policy Year
<b>Enhanced Benefit: Supplementary major medical benefit</b>	✓ HK\$150,000 per Policy Year Subject to 10% Coinsurance	✗ Core benefits already offer full compensation

Remarks:

- Psychiatric treatments benefit is limited to Hong Kong only.
- Supplementary major medical benefit is restricted to Eligible Expenses incurred in Standard Ward only.
- "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, and Vietnam.
- In the situations described below, the benefit limits of the Standard Plan shall apply (the Deductible and Lifetime Benefit Limit stated above will still apply).
  - Eligible Expenses incurred outside of Asia;
  - Eligible Expenses incurred during Confinement in a ward class higher than Semi-Private Room (except in case of involuntary ward upgrade);
  - Eligible Expenses incurred in mainland China except in hospitals of Tier 3 Class A or above; and/or
  - Eligible Expenses incurred when the Insured Person's Place of Residence is Australia or New Zealand.



## 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.

VHIS Certification Number	F00012-01-000-02
Area of coverage	Worldwide <sup>1</sup>
Choice of healthcare services providers	No restriction
Level of ward class	No restriction, except for supplementary major medical benefit <sup>2</sup>
Annual Benefit Limit (Applies across benefit items)	HK\$570,000 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 dialysis treatments – sufficient for most dialysis circumstances.**

### Supplementary major medical benefit



Apart from dialysis coverage, the Flexi Plan (SMM) includes **an extra cover of HK\$150,000 in the form of a supplementary major medical benefit**, raising the total annual benefit to HK\$570,000 without lifetime limit on compensation amount. In case of serious accidents in which medical expenses exceed the individual benefit limits, the supplementary major medical benefit covers most treatment expenses in Standard Ward.




#### Remarks:

1. Psychiatric treatments benefit is limited to Hong Kong only.
2. Supplementary major medical benefit is restricted to Eligible Expenses incurred in Standard Ward only.



## BENEFIT SCHEDULE

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

Benefit items <sup>1</sup>	Benefit limit (in HKD)
(a) Room and board	\$1,200 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$1,200 per day Maximum 180 days per Policy Year
(d) Specialist's fee <sup>2</sup>	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	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) Anaesthetist's fee	35% of Surgeon's fee payable <sup>5</sup>
(h) Operating theatre charges	35% of Surgeon's fee payable <sup>5</sup>
(i) Prescribed Diagnostic Imaging Tests <sup>2,3</sup>	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments <sup>4</sup>	\$80,000 per Policy Year
(k) Pre- and post-Confinement/Day Case Procedure outpatient care <sup>2</sup>	\$1,000 per visit, up to \$15,000 per Policy Year <ul style="list-style-type: none"> <li>• 2 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure</li> <li>• 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>
(l) Psychiatric treatments	\$30,000 per Policy Year
(m) Outpatient kidney dialysis	<b>\$30,000 per Policy Year</b> 
(n) Home nursing for Confinement	<b>\$700 per day</b> <b>Maximum 15 days per Policy Year</b> 
(o) Supplementary major medical benefit <sup>6</sup>	<b>\$150,000 per Policy Year</b> <b>Subject to 10% Coinsurance</b>  (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. Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
4. Covers a number of non-surgical cancer treatments including chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy etc. Proton therapy, gamma knife and cyber knife are radiation treatments that are also covered as radiotherapy.
5. 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.
6. For Eligible Expenses resulting from Confinement, this benefit shall only be payable for Medical Services provided in a Standard Ward. For Confinement in a higher ward class (e.g. Semi-Private Room or Private Room), 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 Policy Holder 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.



## CIGNA VHS SERIES – FLEXI PLAN (SUPERIOR)

Cigna's Flexi Plan (Superior) provides the most comprehensive protection for treatment expenses, and goes further still for a totally hassle-free experience.

VHS Certification Numbers	<b>F00016-01-000-02</b> <b>F00016-02-000-02</b> <b>F00016-03-000-02</b> <b>F00016-04-000-02</b> <b>F00016-05-000-01</b>		
Area of coverage	Asia <sup>1,2,3</sup>		
Choice of healthcare service providers	No restrictions <sup>3</sup>		
Level of ward class	Semi-Private or lower <sup>3</sup>		
Annual Benefit Limit (Applies across benefit items)	HK\$30,000,000 per Policy Year		
Lifetime Benefit Limit	Nil		
Deductible options	HK\$0	HK\$15,000	HK\$25,000
	HK\$50,000		HK\$75,000

### No sub-limits on core benefits



The Flexi Plan (Superior) **imposes no sub-limits on the plan's core benefits** when hospital treatment takes place in Semi-Private Rooms. No out-of-pocket expenses are incurred for most core benefits either. In addition, these benefits are not limited to Hong Kong, but also covered **throughout Asian regions**.

### Most comprehensive cancer treatment



The Flexi Plan (Superior) also provides **full cover against Prescribed Non-surgical Cancer Treatments** such as chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy, subject to your Annual Benefit Limit. You can receive treatment at ease without worrying about your medical budget.


#### Remarks:

1. Psychiatric treatments benefit is limited to Hong Kong only.
2. "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, and Vietnam.
3. In the situations described below, the benefit limits of the Standard Plan shall apply (the Deductible and Lifetime Benefit Limit stated above will still apply).
  - Eligible Expenses incurred outside of Asia;
  - Eligible Expenses incurred during Confinement in a ward class higher than Semi-Private Room (except in case of involuntary ward upgrade);
  - Eligible Expenses incurred in mainland China except in hospitals of Tier 3 Class A or above; and/or
  - Eligible Expenses incurred when the Insured Person's Place of Residence is Australia or New Zealand.



## BENEFIT SCHEDULE

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

Benefit items <sup>1,2,3</sup>	Benefit limit (in HKD)
(a) Room and board Maximum 180 days per Policy Year	<b>No dollar limit</b> 
(b) Miscellaneous charges	
(c) Attending doctor's visit fee Maximum 180 days per Policy Year	
(d) Specialist's fee <sup>4</sup>	
(e) Intensive care Maximum 25 days per Policy Year	
(f) Surgeon's fee	
(g) Anaesthetist's fee	
(h) Operating theatre charges	
(i) Prescribed Diagnostic Imaging Tests <sup>4,5</sup>	
(j) Prescribed Non-surgical Cancer Treatments <sup>6</sup>	
(k) Pre- and post-Confinement/Day Case Procedure outpatient care <sup>4</sup>	<b>No dollar limit</b>  <ul style="list-style-type: none"> <li>• 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 30 days before admission or Day Case Procedure;</li> <li>• All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 30 days before admission or Day Case Procedure; and</li> <li>• All follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)</li> </ul>
(l) Psychiatric treatments	<b>No dollar limit</b> 
(m) Outpatient kidney dialysis	
(n) Home Nursing for Confinement	\$1,000 per day Maximum 90 days per Policy Year
(o) Cigna body check <sup>7</sup>	Once every three consecutive years of no-claim record

### Remarks:

1. 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 limits specified above for benefit items (a) – (n) apply only to Eligible Expenses incurred in Asia. Claims incurred outside Asia shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).  
For the avoidance of doubt, “Asia” shall mean 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, and Vietnam.  
For Eligible Expenses incurred in mainland China, the limits specified above for benefit items (a) – (n) apply only to Medical Services provided in Hospitals of Tier 3 Class A or above (or in other Hospitals where approval has been granted by the Company before Medical Services are provided). Eligible Expenses incurred in mainland China outside of this setting shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).  
If the Insured Person's Place of Residence is Australia or New Zealand when Eligible Expenses are incurred, any resulting claim(s) shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).
3. For Eligible Expenses resulting from Confinement, the limits specified above for benefit items (a) – (n) apply only to Medical Services provided in a Semi-Private Room or a lower ward class. Claims incurred from Confinement in a higher ward class (e.g. Private Room) shall only be payable according to these limits 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 Policy Holder or Insured Person). Otherwise, such claims shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).
4. 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.
5. Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
6. Covers a number of non-surgical cancer treatments including chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy etc. Proton therapy, gamma knife and cyber knife are radiation treatments that are also covered as radiotherapy.
7. Applicable to appointed medical service provider(s) by Cigna from time to time. A check-up coupon will be available after every 3 years of no-claim record.

# CASE ILLUSTRATIONS

## Cigna VHIS Series – Flexi Plan (SMM): Iris’s story

<b>Policy Holder</b>	Iris
<b>Age</b>	30 (non-smoker)
<b>Background</b>	Iris got married when she was 30. For her, it was essential that such an important step in life has to be backed by solid and reliable protection against risks in the future. She’s aware of the many benefits of the Cigna VHIS Series, and strongly felt that she and her husband deserve above average medical protection so that they could be hassle-free while working hard to build an ideal future together.
<b>Plan level</b>	Cigna VHIS Series – Flexi Plan (SMM)

### At Age 30



Iris got married and signed up for the Flexi Plan (SMM) when she was 30.

### Suffered a mild heart attack at Age 31



A year later, Iris suffered a mild heart attack. Her attending doctor said that she had to undergo an angioplasty, a procedure which hospital, surgical and post-surgical care costs could be covered by the Flexi Plan (SMM).

### After recovery



Iris could continue to work hard with peace of mind to build an ideal future together with her husband.

### Benefit item (HK\$)

Room and board <b>\$ 2,250</b>	Operating theatre charges <b>\$ 8,750</b>
Pre- and post-Confinement/Day Case Procedure outpatient care <b>\$ 1,500</b>	
Surgeon’s fee <b>\$ 35,000</b>	<b>In excess of item limit \$ 70,000</b>
Miscellaneous charges <b>\$ 14,000</b>	<b>In excess of item limit \$ 50,000</b>
Supplementary major medical benefit <b>\$ (50,000+70,000) x 90% \$ 108,000</b>	

### Net benefit from Cigna VHIS Series - Flexi Plan (SMM):

**HK\$150,353**

#### Total claim payable

**= HK \$169,500**

#### Tax benefit in the first year for both policies (based on a 15% Standard Rate)

**+ HK\$1,261**  
HK\$8,408x15%

**Iris paid**

#### First year premium paid for both policies

**- HK\$8,408\***  
HK\$(4,204+4,204)

#### Coinsurance borne by Iris out-of-pocket

**- HK\$12,000**  
HK\$(50,000+\$70,000)x10%

Remarks:

\*The premium level is subject to change from time to time due to medical inflation.

## Cigna VHIS Series – Flexi Plan (Superior): Helena’s story



<b>Policy Holder</b>	<b>Helena</b>
<b>Age</b>	40 (non-smoker)
<b>Background</b>	Helena works for a major banking group and benefits from the bank’s group cover insurance. She had assumed that the group cover was all anyone might need. Then, her colleague fell sick on a trip to Korea. Her short hospital stay in Seoul came with a big bill - and none of it was covered by the bank’s group insurance which provided Hong Kong coverage only. Since Helena is a keen traveller who loves taking short breaks around Asia, she signed up for the Flexi Plan (Superior) for both herself and her 10-year-old son.
<b>Plan level</b>	Cigna VHIS Series – Flexi Plan (Superior)
<b>Deductible</b>	HK\$25,000 for her own policy   HK\$0 for her son’s policy

### At Age 40



Helena signed up for the Flexi Plan (Superior) for both her 10-year-old son and herself when she was 40.

### Got injured on a trip at Age 42



Two years later, when driving with her family in Okinawa, Japan, Helena’s rental car skidded on some gravel and plunged down a bank. Helena suffered significant injuries that required a week’s stay in an Okinawa hospital.

### After recovery



Helena no longer had to worry about the coverage, and could continue to travel around the world with her family.

### Total medical expenses (HK\$)



Full compensation by Flexi Plan (Superior) – no itemised amount limit: Hospitalization expenses incurred in Japan  
**\$ 208,000**

+



Deductibles – covered by her group plan: Post-Confinement outpatient expenses in Hong Kong  
**\$ 25,000**



**Total Medical Expenses**  
**\$ 233,000**



### Net benefit from Cigna VHIS Series – Flexi Plan (Superior):

**HK\$174,511**

Superior

#### Total claim payable



**HK \$208,000**



#### Tax benefit for both policies (based on a 15% Standard Rate)



**HK\$5,909**  
HK\$39,398x15%



**Helena paid**

#### Total premium paid for both policies



**HK\$39,398\***

HK\$(6,099+6,340+6,617)+  
HK\$(6,974+6,781+6,587)

Remarks:

\*The premium level is subject to change from time to time due to medical inflation.

## Cigna VHIS Series – Flexi Plan (Superior): Isaac’s story



<b>Policy Holder</b>	Isaac
<b>Age</b>	50 (non-smoker)
<b>Background</b>	Isaac decided it was time to jump out of his comfort zone and start his own business at the Age of 50. But at mid-life, he was concerned that his decision meant leaving his employer’s group medical plan, which he’s benefited from for many years. To replace it, he wanted a plan that offered full medical cover, because he would need to devote all his energies to his business, and he didn’t want to worry about limits and exclusions.
<b>Plan level</b>	Cigna VHIS Series – Flexi Plan (Superior)
<b>Deductible</b>	HK\$0

### At Age 50



Isaac signed up for the Flexi Plan (Superior) at the Age of 50.

### Isaac had stomach cancer at Age 53



Isaac is diagnosed with stomach cancer when he was 53. Every aspect of his treatment was covered by his plan and carried out by top professionals without delay. The timely and high-quality procedures, including diagnostic imaging processes and a series of long-term cancer treatments, made Isaac’s recovery go well.

### After recovery



Isaac’s new business was not compromised. After treatments and suitable rest, Isaac was once again able to pick up the reins of his business and forge ahead towards achieving his business goals.

### Benefit item (HK\$)

#### Pre-Confinement



Pre- and post-Confinement/Day Case Procedure outpatient care  
**\$ 580**



Prescribed Diagnostic Imaging Tests  
**\$ 27,000**

#### 1<sup>st</sup> Confinement



Hospitalization and surgical expenses  
**\$ 77,000**



Prescribed Diagnostic Imaging Tests  
**\$ 43,000**



Cancer treatment  
**\$ 160,000**

#### 2<sup>nd</sup> Confinement



Hospitalization and surgical expenses  
**\$ 170,300**



Cancer treatment  
**\$ 160,000**

#### Post-Confinement



Pre- and post-Confinement/Day Case Procedure outpatient care  
**\$ 1,740**



**Total medical expenses**  
**\$ 639,620**



### Net benefit from Cigna VHIS Series – Flexi Plan (Superior):

**HK\$571,527**



#### Total claim payable



**HK \$639,620**



#### Tax benefit (based on a 15% Standard Rate)



**HK\$4,800**  
HK\$24,000x15%



**Isaac paid**



#### Total premium paid

**HK\$72,893\***  
HK\$(16,937+17,767+18,638+19,551)

Remarks:

\*The premium level is subject to change from time to time due to medical inflation.

# IMPORTANT INFORMATION

The product information included in the brochure does not contain the full terms of the Policy and the full terms can be found in the Policy document.

## Cooling-off right and Policy Cancellation

You may cancel your policy and obtain a refund of any premium(s) and levy paid by you within the cooling-off period. The cooling-off period is the period of 30 calendar days immediately following either the day of delivery of the policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). 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 and received directly by Cigna Worldwide General Insurance Company Limited at 16/F, International Trade Tower, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. No refund can be made if a claim has been made.

After the cooling-off period, the Policy Holder can request cancellation of the policy by giving thirty (30) days prior written notice to the Company, provided that there has been no benefit payment under the policy during the relevant Policy Year.

## 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 <https://www.cigna.com.hk/en/customer-service/insurance-claim-procedure>.

## 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 in utmost good faith. 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)–

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

## 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 –

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- (c) 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;
- (d) 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
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

## Pre-existing Conditions

Pre-existing Condition means any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. You are considered to be aware of a Pre-existing Condition where –

- (a) it has been diagnosed;
- (b) it has manifested clear and distinct signs or symptoms; or
- (c) medical advice or treatment has been sought, recommended or received.

If you are requested but fail to disclose to us upon submission of the insurance application, including any updates of and changes to the required information, that the Insured Person is suffering from a Pre-existing Condition of which the Policy Holder or the Insured Person is aware or should have reasonably been aware of at the time of submission of Application, the Company has the right to declare the relevant insurance policy void, demand repayment of any benefits paid and/or refuse to provide coverage under its terms and benefits. In such event, the Company shall refund the premium.

## Premium

### 1. Premium Level

The premium corresponding to the plan you select is determined based on the Age and smoking habit of the Insured Person at the Policy Effective Date.

### 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 cover.

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 or Smoking Habit

If Age or smoking habit is mis-stated by you or any Insured Person (and the relevant Insured Person 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 Standard 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.

## Duplicated policy

Each person can only be covered under one single "Cigna VHIS Series" policy. The series includes "Cigna VHIS Series – Standard Plan", "Cigna VHIS Series – Flexi Plan(SMM)", "Cigna VHIS Series – Flexi Plan (Superior)" and any other insurance policies that fall under the "Cigna VHIS Series" as defined and issued by the Company from time to time.

Existing holders of "Cigna HealthFirst Medical Plan Series" policies should contact the Company to discuss their options with regard to policy migration.

## 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

This Policy shall be effective for an initial period of twelve (12) months and is thereafter guaranteed to be automatically renewable for successive periods of twelve (12) months up to the Age of one hundred (100) years of the Insured Person. The Company shall have the right to revise the Terms and Benefits of the Policy and/or the Premium upon each renewal.

## Termination

1. The Policy will be automatically terminated when one of the following happens:
  - The Insured Person passes away;
  - Any premium is not paid at the end of the grace period;
  - The Policy is terminated or not renewed by the Policy Holder; or
  - The Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy.
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.

## 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.

## KEY EXCLUSIONS

The following list is for reference only and it is not a full list of exclusions. Please refer to the Terms and Conditions for the complete list and details of exclusions.

Cigna shall not pay any benefits in relation to or arising from the following:

1. Medical Services that are not Medically Necessary.
2. Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy.
3. Human Immunodeficiency Virus (“HIV”) and its related Disability.
4. 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.
5. Services for beautification or cosmetic purposes, or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens.
6. Prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, immunisation or health supplements.
7. Dental treatment and oral and maxillofacial procedures performed by a dentist.
8. Maternity conditions and its complications.
9. Purchase of durable medical equipment or appliances.
10. Traditional Chinese Medicine treatment.
11. 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.
12. Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible Expenses which have been reimbursed under any law, or other medical program or insurance policy.
14. War, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

### Remarks:

“Cigna”, “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。

## **Cigna Worldwide General Insurance Company Limited**

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Issued by Cigna

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This 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 this Policy.

Cigna reserves the right to change any of the details in this brochure. In case of any disputes about the content of this brochure, Cigna's decision shall be final.