



FLEXI PLAN (SMM) ENDORSEMENT

Cigna VHIS Series - Flexi Plan (SMM) Policy

(This is to supplement Part 6 (Benefit Provisions) of the Terms and Conditions.)

1. Enhanced Benefits

The following paragraphs shall supplement Section 3 of Part 6 of the Terms and Conditions -

(a) **Outpatient kidney dialysis**

This benefit shall be payable for Eligible Expenses charged on the treatment for chronic and irreversible kidney failure by way of peritoneal dialysis and/or regular haemodialysis in an outpatient setting for providing Medical Services to a Day Patient.

(b) **Home nursing for Confinement**

Under this benefit, words and expressions used shall have the following meanings –

Nurse means a nurse,

- (i) who is duly qualified and is registered with the Nursing Council of Hong Kong pursuant to the Nurses Registration Ordinance (Cap. 164 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (ii) legally authorised for rendering nursing treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the nursing treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the nurse is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether

such nurse shall nonetheless be considered qualified and registered.

This benefit shall be payable for Eligible Expenses charged for home nursing care provided by a Nurse immediately after discharge from Confinement provided that such nursing care received is recommended in writing by the attending Registered Medical Practitioner and is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement.

This benefit is restricted to home nursing services provided by a maximum of one (1) Nurse per day during any given time slot. For the avoidance of doubt, regardless of (i) whether home nursing services are provided for all or part of one (1) day on a particular day; and (ii) number of time slots on the same day, that day shall be counted as one (1) day for the purpose of counting the maximum number of days per Policy Year allowed for this benefit.

(c) Supplementary major medical benefit

Under this benefit, words and expressions used shall have the following meanings –

Isolation shall mean the Medically Necessary segregation of the Insured Person from other patients in the Hospital for the purpose of the control of infectious diseases or for other purposes as determined by the Hospital or by the attending Registered Medical Practitioner.

Private Room shall mean a single occupancy room, with a private bath or shower room, in a Hospital.

Semi-Private Room shall mean a single or double occupancy room, with a shared bath or shower room, in a Hospital.

Standard Ward shall mean a room in a Hospital with more than double occupancy.

After any of the individual benefit limits (as specified in the Benefit Schedule) of Sections 3(a) to (l) of Part 6 of the Terms and Conditions and Sections 1(a) to (b) and 1(d) to (f) of the Flexi Plan (SMM) Endorsement of these Terms and Benefits have

been exhausted, this benefit shall be payable for any remaining Eligible Expenses and expenses, subject to the Coinsurance as specified in Section 5 of Part 6 of the Terms and Conditions and the Benefit Schedule (if applicable), and provided the amount payable for any one (1) Policy Year does not exceed the annual limit for supplementary major medical benefit as specified in the Benefit Schedule. Such Coinsurance would not be applicable if the Insured Person receives Medical Services in a setting for providing Medical Services to a Day Patient. For the avoidance of doubt, any Coinsurance amount under the Prescribed Diagnostic Imaging Tests benefit shall not be payable by the Company under this benefit.

The amount payable under this benefit is calculated as follows, provided the amount payable for any one (1) Policy Year does not exceed the annual limit for supplementary major medical benefit or the Annual Benefit Limit as specified in the Benefit Schedule:

[Amount of Eligible Expenses and expenses incurred

LESS (-)

- (i) any Eligible Expenses and expenses already reimbursed under Sections 3(a) to (l) of Part 6 of the Terms and Conditions and Sections 1(a) to (b) and 1(d) to (f) of the Flexi Plan (SMM) Endorsement of these Terms and Benefits;
- (ii) any Eligible Expenses and expenses already reimbursed under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Terms and Conditions; and
- (iii) the Coinsurance amount under the Prescribed Diagnostic Imaging Tests benefit as specified in Section (i) of the Benefit Schedule (if applicable)]

TIMES (x)

[1 LESS (-) the Coinsurance under this benefit (if applicable)]

For the purposes of this Section 1(c), Eligible Expenses and expenses resulting from Confinement shall only be payable for Medical Services provided in a Standard Ward. No benefit shall be payable under the supplementary major medical benefit for Confinement in a higher ward class (e.g. Semi-Private Room or Private Room) unless the Hospital provides satisfactory evidence to show the ward upgrade was involuntary on the part of the Insured Person (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). Such evidence should take the form of a signed statement from the Hospital or from the attending Registered Medical Practitioner in respect of any Eligible Expenses and expenses under this Policy.

(d) Companion bed

If room and board under Section 3(a) or intensive care under Section 3(e) of Part 6 of the Terms and Conditions is payable, this benefit shall be payable for the expenses charged for an extra bed for one (1) person who accompanies the Insured Person in a Hospital during his Confinement.

For the avoidance of doubt, this benefit shall not cover any expenses charged on the cost of meal(s).

(e) Accidental Emergency outpatient treatment

This benefit shall be payable for the Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital within the period as stated in the Benefit Schedule.

When the Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of the Terms and Conditions, such Eligible Expenses shall be payable in the following order:

- (i) Section 3 of Part 6 of the Terms and Conditions;
- (ii) this Section 1(e).

(f) Accidental Emergency dental treatment

Under this benefit, words and expressions used shall have the following meanings –

Registered Dentist means a dentist,

- (i) who is duly qualified and is registered as a registered dentist with the Dental Council of Hong Kong pursuant to the Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions

outside Hong Kong (as reasonably determined by the Company in utmost good faith); and

- (ii) legally authorised for rendering dental service in Hong Kong or the relevant jurisdiction outside Hong Kong where the dental service is provided to the Insured Person,

but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dentist is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such dentist shall nonetheless be considered qualified and registered.

This benefit shall be payable for the 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), and which is given to the Insured Person within the period as stated in the Benefit Schedule in a legally registered dental clinic or a Hospital.

This benefit shall not be payable for orthodontic treatment, the use of any precious metals, bridge, crowns, dentures and dental implants.

When the expenses under this benefit are also covered under Section 3 of Part 6 of the Terms and Conditions, such expenses shall be payable in the following order:

- (i) Section 3 of Part 6 of the Terms and Conditions;
- (ii) this Section 1(f).

靈活計劃 (附加保障) 批注

信諾自願醫保系列-靈活計劃 (附加保障) 保單

(本文件旨在補充 **條款及細則** 第六部分 (保障條文)。)

1. 附加保障

以下段落將補充 **條款及細則** 第六部分第 3 節的內容—

(a) 門診腎透析

本保障將賠償**受保人**在為**日症病人**時於門診環境提供**醫療服務**的設備下，接受因治療慢性和不可復原之腎功能衰竭，即腹膜透析及/或定期血液透析所收取的**合資格費用**。

(b) 出院後家中看護

本頁內容屬於自願醫保認可產品(編號: F00012)的條款及保障。

本保障中使用的字詞及表述必須按照以下所述解釋：

護士

是指符合以下資格的護士 –

- (i) 具有正式資格並已按香港法例第 164 章《護士註冊條例》在 **香港**護士管理局註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
- (ii) 在 **香港**或向 **受保人**提供護理治療或服務的 **香港**境外司法管轄區，經當地法例許可提供護理治療或服務，

下列人士在任何情況下均不得包括在內 – **受保人**、**保單持有人**或**保單持有人**及 / 或**受保人**的保險中介人、僱主、僱員、直系親屬或業務夥伴 (除非事先經 **本公司**的書面批准)。若該護士並未具有正式資格或未能按香港法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊 (由 **本公司**絕對真誠及合理地決定)，**本公司**必須作出合理的判斷，以決定該護士是否仍被視為符合資格及已註冊。

本保障將賠償**受保人**緊接**住院**後(於出院後)在家接受由**護士**提供家中看護服務所收取的**合資格費用**；惟所接受的護理服務必須由主診**註冊醫生**以書面形式建議，並且必須與需要**住院**的病況 (包括其任何及所有併發症) 直接相關。

本頁內容屬於自願醫保認可產品(編號: F00012)的條款及保障。

本保障只限每日，不論任何時段，最多一（1）位**護士**提供家中看護服務。為免存疑，不論

(i) 該日之家中看護服務是全日或部分時間提供；及

(ii) 同日有多少個時段，

該天會被算作一（1）天，以計算每個**保單年度**本保障的最高可賠償日數。

(c) 附加醫療保障

本保障中使用的字詞及表述必須按照以下所述解釋：

隔離是指為了控制傳染病或由**醫院**或主診**註冊醫生**決定的其他目的，將**受保人**與**醫院**內的其他病人進行**醫療所需**的分隔。

私家病房是指在**醫院**內設有獨立浴室的單人病房。

半私家病房是指在**醫院**內設有共用浴室的單人或雙人病房。

普通病房是指在**醫院**的多於兩(2)張病床的病房。

當**條款及細則**第六部分第 3(a)至(l) 節及本**條款及保障**的靈活計劃(附加保障) 批注第 1(a)至(b) 及 1(d)至(f) 節的任何個別賠償限額 (在**保障表**中列明) 已經耗盡後，本保障將賠償任何剩餘的**合資格費用及費用**，並受**條款及細則**第六部分第 5 節及**保障表**內列明的**共同保險**(如適用) 所規限；惟任何一(1)個**保單年度**的賠償金額不得超過在**保障表**中列明的附加醫療保障年度限額。若**受保人**在為**日症病人**提供**醫療服務**的設備下接受**醫療服務**，則該**共同保險**金額並不適用。為免存疑，**本公司**並不會在本保障下賠償任何**訂明診斷成像檢測**的**共同保險**金額。

有關本保障下的賠償金額將根據如下公式計算；惟任何一(1)個**保單年度**的賠償金額不得超過在**保障表**中列明的附加醫療保障年度限額或**每年保障限額**：

[**合資格費用及費用**金額

減(-)

- (i) 根據**條款及細則**第六部分第 3(a)至(l) 節及本**條款及保障**的靈活計劃(附加保障)

本頁內容屬於自願醫保認可產品(編號: F00012)的條款及保障。

批注第 1(a)至(b) 及 1(d)至(f) 節已獲賠償的任何**合資格費用**及費用；

- (ii) 根據任何其他保險保障或**條款及細則**第七部分第 13 節所述已獲賠償的任何**合資格費用**及費用；及
- (iii) 根據**保障表**(i) 節列明**訂明診斷成像檢測**下的**共同保險**金額 (如適用)]

乘(x)

[1 減(-) 本保障下的**共同保險**(如適用)]

就本 1(c)節而言，若**合資格費用**及費用是來自**住院**，將賠償在**普通病房**提供的**醫療服務**。除非**醫院**提供令我們滿意的證據證明病房升級是**受保人**非自願的 (即[i]因**隔離**、[ii]在**急症**的情況下病房短缺或[iii]在不涉及**保單持有人**及/或**受保人**個人意願的其他原因，而需要病房升級)，否則我們不會就在較高病房級別 (例如**半私家病房**或**私家病房**) 的**住院**而賠償附加醫療保障。該證明需由**醫院**或由主診**註冊醫生**就有關本**保單**下的任何**合資格費用**及費用以簽署的聲明形式作出。

(d) 陪伴床位費

在按 **條款及細則**第六部分第 3(a)節的病房及膳食或第 3(e)節深切治療可獲賠償的情況下，本保障將賠償就**受保人**在**住院**期間在**醫院**陪伴**受保人**的一(1)位人士的一(1)個額外床位所收取的費用。

為免存疑，本保障不賠償就膳食收取的任何費用。

(e) 意外急症門診護理

本保障將賠償**受保人**因**受傷**，在**保障表**所列明的期間內於**醫院**門診部就該**受傷**接受**急症治療**所收取的**合資格費用**。

當本保障的**合資格費用**同時可於**條款及細則**第六部分第 3 節下獲得賠償，有關**合資格費用**將按下列順序獲得賠償：

- (i) **條款及細則**第六部分第 3 節；
- (ii) 本 1(e)節。

(f) 意外急症牙齒治療

本保障中使用的字詞及表述必須按照以下所述解釋：

本頁內容屬於自願醫保認可產品(編號: F00012)的條款及保障。

註冊牙醫

是指符合以下資格的牙醫—

- (i) 具有正式資格並已按香港法例第 156 章《牙醫註冊條例》在 **香港**牙醫管理委員會註冊為註冊牙醫，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊為註冊牙醫；及
- (ii) 在 **香港**或向 **受保人**提供牙科服務的 **香港**境外司法管轄區，經當地法例許可提供牙科服務，

下列人士在任何情況下均不得包括在內 – **受保人**、**保單持有人**或**保單持有人**及/或**受保人**的保險中介人、僱主、僱員、直系親屬或業務夥伴(除非事先經**本公司**的書面批准)。若該牙醫並未具有正式資格或未能按香港法例或在**香港**以外的司法管轄區具有同等效力的團體註冊(由**本公司**絕對真誠及合理地決定)，**本公司**必須作出合理的判斷，以決定該牙醫是否仍被視為符合資格及已註冊。

本保障將賠償**受保人**在**保障表**所列明的期間內，因其健康天生牙齒**受傷**，在合法註冊牙科診所或**醫院**接受必須的**急症治療**(包括診症、止血、脫牙、齒根管治療及 X 光)，由**註冊牙醫**、**註冊醫生**或**醫院**為此所收取的費用。

本保障不會賠償牙齒矯正治療，以及任何貴金屬、牙橋、牙冠、假牙及植牙的使用。

當本保障的費用同時可於 **條款及細則**第六部分第 3 節下獲得賠償，有關費用將按

下列順序獲得賠償：

- (i) **條款及細則**第六部分第 3 節；
- (ii) 本 1(f)節。