信諾自願醫保系列

靈活計劃（附加保障）
靈活計劃（優越）

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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

cigna healthcare
信諾環球

有關信諾環球

信諾環球為信諾集團旗下的健康保障機構，我們致力幫助客戶提升健康和活力

業務遍佈**超過30個國家及地區**[1]

2025年《財富》500強**排行16**

與全球超過**1.85億客戶**建立了業務關係[1]

信諾環球香港自1933年投入保險業務，並獲香港社會服務聯會頒發「**商界展關懷**」標誌

全球超過**67,000名員工**[1]

註：

1. 以上資料僅供參考，內容截至2025年12月31日，並有可能作出更改。

為何選擇信諾自願醫保系列^？

稅務扣減[1]

- 每名受保人每年可作稅務扣減的保費上限為港幣 $8,000

無懼醫療開支

- 為合資格醫療費用提供全面賠償，每保單年度保障限額高達港幣 $3,000 萬元，並不設終身保障限額

涵蓋多個癌症治療

- 合資格的癌症治療開支可獲全數賠償[2,3]，涵蓋多個常見非手術癌症治療[4]

未知的已有病症保障

- 由保單生效期的第 1 天起全面保障[5]

保證續保

- 保證續保至 100 歲，無論您保單生效後因所患疾病索償多少，保費率一般會隨年齡[6]增加，並可每年調整

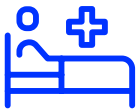
涵蓋在醫院日症室及診所進行的手術

- 不設最低住院時數限制，診所手術及日症手術均可獲得賠償

關注及支援情緒健康

- 住院期間提供精神科治療保障[7]

入院前或出院後 / 日間手術前後的門診護理



- 涵蓋所有合資格入院前或出院後 / 日間手術前後的門診護理費用[2,3,8]

多個自付費選項[2]

- 設有多達 5 項自付費可供選擇，您更可享終身一次調低或取消自付費的權益而無須重新核保[9]

註：
^ 本部分內容僅為主要產品特色的概要。詳情請參閱保單條款及保障表。
1. 稅務扣減受限於香港特別行政區稅務局（「稅務局」）不時的最新政策及條例。稅務扣減是從應課稅入息中可申請扣除的項目之一，並不等於可從應繳總稅款直接扣減。有關稅務扣減詳情，請參閱稅務局 (www.ird.gov.hk/chi/) 及自願醫保計劃的網頁 (www.vhis.gov.hk/tc/)，或諮詢專業稅務顧問。
2. 僅適用於信諾自願醫保系列 - 靈活計劃（優越）。
3. 受限於每年保障限額。
4. 涵蓋多個非手術癌症治療，包括化療、放射性治療、標靶治療、免疫治療和荷爾蒙療法等。質子治療、伽瑪刀及數碼導航刀乃放射治療，亦在放射治療項目下承保。
5. 有關未知的已有病症保障詳情，請參閱重要資料部份。
6. 保費水平將可按醫療通脹而不時調整。
7. 精神科治療保障只限於香港。
8. 有關入院前或出院後 / 日間手術前後的門診護理保障詳情，請參閱保單條款及保障表部份。
9. 您可於以下任何一個歲數（60 歲、65 歲、70 歲、75 歲、80 歲或 85 歲）的續保日前的 30 日內終身一次調低或取消自付費而無須重新核保。

更多額外保障及增值服務^

信諾環球為投保信諾自願醫保系列的所有客戶特設一系列額外保障及增值服務，全面照顧及支援您的身心健康。

以獨家折扣使用視像診療及藥物處方一站式醫生預約程式[1]

在手機上使用視像診療服務，輕鬆獲得醫生建議，在病情惡化前及早診斷。

雲集香港醫生及專業醫護人員，讓您足不出戶也可以向不同醫生或專家諮詢意見。

可提供藥物上門送遞及專科轉介服務，讓您安心休息。

「免找數醫療服務」[2]

於入院前申請，一經批核，我們會為您向醫療服務提供者直接繳付初步授權金額，讓您可安心接受治療，專注調理身體，無須擔心突如其來的醫療開支。

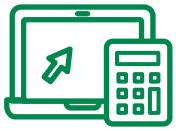
全港獨有一對一專屬 Cigna Care Manager 醫療服務經理[3]

信諾環球明白，在患病的時候都希望可以得到最好的治療。如您有需要進行治療，信諾環球能為您預計所需的醫療開支及有需要面對的狀況；在您有需要接受治療時，我們的特設醫療禮賓服務，由專屬的醫療服務經理為客戶跟進入院接受手術或治療的安排。除了協助您更妥善運用醫療保障外，您亦可透過醫療禮賓服務享受更多貼心支援。

請參閱我們的「醫療禮賓服務」單張，以了解更多服務詳情。

了解更多 Cigna Care Manager 的醫療禮賓服務詳情。

快捷簡易網上理賠申請



登入「MyCigna HK」手機應用程式，隨時隨地申請索償。

無論住院保障，還是門診保障都可於應用程式中辦理，並無金額上限。

無索償
健康獎賞 靈活計劃（優越）額外保障 [4]

為獎勵您維持身體健康所作出的努力，若您每三年未曾索償，我們將送您一張免費身體檢查贈券。

國際緊急援助服務 [5]

我們為經常出國外遊的客戶，特設免費的國際緊急旅遊及醫療援助服務，讓您在旅途上更安心無憂。如不幸遇上意外事故並需緊急醫治，我們將會為您提供高達美元 $1,000,000 的緊急援助金，安排將您接送到合適的地點或返回您的原居地 / 居住國家，接受緊急治療。

註：
^ 上述服務僅為增值服務，並須受另行訂明的條款、細則及服務供應情況所約束，且不屬於本計劃下的自願醫保認可保障內容。
1. 視像診療及藥物送遞服務僅為增值服務，並須受相關服務供應商的條款、細則及服務供應情況所約束。
2. 免找數醫療服務為一項增值服務，並受服務條款及細則約束。在使用免找數醫療服務時，客戶須於入院前向我們提交「免找數醫療服務預先批核申請表格（申請表）」以供審批。在收到填妥的表格及所需的醫療文件後，我們會在 5 個工作天完成審批。如成功審批，我們將會發出有關免找數醫療服務申請保證信，並列出申請結果及詳細資料。如受保人 / 或保單持有人在提交申請時，未能提供受保人有效、足夠及完整的醫療狀況資料或未能完成信用卡授權，信諾環球保留拒絕任何申請的權利。申請批核視乎保單的墊底費及保障限額而定。如超出受保範圍，受保人 / 或保單持有人需自行支付餘下費用。
3. Cigna Care Manager 醫療服務經理為一項增值服務，並受服務條款及細則約束。Care Manager 會視乎個別個案安排合適的醫療支援及增值服務。
4. 只適用於半私家病房級別 (醫院內設有共用浴室的單人或雙人病房)。
5. 上述服務是由獨立第三方服務供應商提供的增值服務，不構成您保單合約利益的一部分。信諾環球保留隨時修改或取消服務的權利，恕不另行通知。信諾環球並非此服務的供應商。相關服務供應商不是我們的代理，反之亦然。信諾環球對服務的品質和可用性不作任何陳述、保證或承諾，並且不對服務供應商提供的服務承擔任何責任或義務。在任何情況下，信諾環球均不對服務供應商在提供此服務時的作為或不作為負責。

計劃概覽^

產品類別	此保險計劃是一份獨立個人保單，主要提供住院及手術保障。 此保險計劃提供彌償式賠償，並不包含保單價值。
保單年期及保費結構	一年及可每年續保 此保險計劃提供一年保障期並可續保直至受保人一百歲，保費繳付期直至保障期終結。保費率一般會隨年齡增加，並可因醫療通脹而每年調整。
投保年齡（上次生日年齡）	15 日至 80 歲
投保	投保前無須進行醫療檢查
保費繳付方式	年繳 / 月繳
保單貨幣	港幣

靈活計劃選項

下列僅供參考之用，有關詳情請參閱保單條款及保障表。

	額外保障，加添信心	高端自願醫保，全面保障至感安心	
計劃選項	信諾自願醫保系列 - 靈活計劃（附加保障）	信諾自願醫保系列 - 靈活計劃（優越）	
保障地域	全球 [1]	非急症治療：亞洲 [1,3,4] 急症治療：全球 [1]	
病房級別	不設限制，附加醫療保障除外 [2]	普通病房 [4]	半私家病房 [4,5]
每年自付費選項	✘	港幣 $0 港幣 $15,000 港幣 $25,000	港幣 $0 港幣 $15,000 港幣 $25,000 港幣 $50,000 港幣 $75,000
每年保障限額 （可賠償的合資格費用及費用受限於各保障項目的賠償限額，共同保險 / 自付費（如適用）及每年保障限額）	每保單年度港幣 $1,000,000	每保單年度 港幣 $5,000,000	每保單年度 港幣 $30,000,000
終身保障限額	無	無	
住院保障 手術保障	✓ 詳情請參閱保障表	不設金額上限	
訂明診斷成像檢測	每保單年度港幣 $20,000 設 30% 共同保險		
非手術癌症治療	每保單年度港幣 $80,000		
精神科治療	每保單年度港幣 $30,000		
門診腎透析	每保單年度港幣 $30,000		
出院後家中看護	每日港幣 $700 每保單年度最多 15 日	每日港幣 $800 每保單年度 最多 90 日	每日港幣 $1,000 每保單年度 最多 90 日
陪伴床位費	每日港幣 $450 每保單年度最多 270 日	不設金額上限	
意外急症門診護理	每保單年度港幣 $6,600 （意外發生後 24 小時內）	不設金額上限 （意外發生後 24 小時內）	
意外急症牙齒治療	每保單年度港幣 $6,600 （意外發生後 2 星期內）	不設金額上限 （意外發生後 2 星期內）	
附加保障： 附加醫療保障	✓ 每保單年度港幣 $150,000 設 10% 共同保險	✘ 主要項目不設金額上限	

註：

^ 以上內容僅為主要計劃特色的概要，並只供參考。完整及最終生效的條款及細則，請參閱保單條款及保障表。

1. 精神科治療保障只限於香港。
2. 附加醫療保障受限於在住院期間於普通病房（醫院內多於兩張病床的病房）產生的合資格費用及費用。
3. 亞洲指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、紐西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
4. 在以下情況下，標準計劃的賠償限額將適用（上述自付費及終身保障限額仍適用）。
   - 亞洲以外的非急症治療產生的合資格費用及費用；
   - 在所選擇的病房類別以上的病房級別的住院（非自願病房升級除外）產生的合資格費用及費用；及 / 或
   - 在中國大陸境內產生而在三級醫院以外的合資格費用及費用
5. 於以下保障地域範圍內提供指定的病房類別保障：
   - 於香港、澳門及美國：半私家病房；
   - 於任何其他地方（香港、澳門及美國除外）：私家病房。

信諾自願醫保系列 - 靈活計劃（附加保障）

靈活計劃（附加保障）為您提供比標準計劃進一步的保障，並涵蓋慢性腎病的相關醫療費用。

病房級別	不設限制，附加醫療保障除外[1]
自願醫保認可產品編號	F00012-01-000-03
保障地域	全球[2]
醫療服務提供者	不設限制
每年保障限額 （可賠償的合資格費用及費用受限於各保障項目的賠償限額，共同保險（如適用）及每年保障限額）	每保單年度港幣 $1,000,000
終身保障限額	無

門診腎透析

腎病為最常見的都市病之一，患者需要迅速接受有效的護理，通常涉及持續的透析治療。最令腎病患者困擾的莫過於每週接受兩到三次的透析治療，並要支付所衍生的相關費用，導致長期而沉重的經濟負擔。靈活計劃（附加保障）為您提供**每年高達港幣 $30,000 的門診腎透析治療保障**，從而減輕您的擔憂，安心接受治療。

附加醫療保障

除涵蓋透析治療外，靈活計劃（附加保障）更包括**額外的港幣 $150,000 附加醫療保障**，只受每年保障限額港幣 $1,000,000 所限而不設終身保障上限。當不幸發生重大傷病時，醫療費用可能超出個別保障項目的保障額，而附加醫療保障就可以涵蓋在普通病房（醫院內多於兩張病床的病房）產生的剩餘治療費用，讓您更從容應付醫療開支，盡快康復，使生活回復正軌。

註：
1. 附加醫療保障受限於在住院期間於普通病房（醫院內多於兩張病床的病房）所產生的合資格費用及費用。
2. 精神科治療保障只限於香港。

保障表

除非另有列明，保障項目均須符合醫療所需和合理及慣常的原則。詳情請參閱保單條款或於本產品小冊子內的「重要資料」。

保障項目[1]	賠償限額（港幣 $）
(a) 病房及膳食	每日 $1,200 每保單年度最多 270 日
(b) 雜項開支 涵蓋住院期間或在接受任何日間手術當日，收取的雜項開支的合資格費用，包括醫療裝置、額外手術用具等	每保單年度 $14,000
(c) 主診醫生巡房費	每日 $1,200 每保單年度最多 270 日
(d) 專科醫生費[2]	每保單年度 $4,300
(e) 深切治療	每日 $3,500 每保單年度最多 90 日
(f) 外科醫生費[4]	每項手術，按手術表劃分的手術分類 – • 複雜 $70,000 • 大型 $35,000 • 中型 $17,500 • 小型 $8,750
(g) 麻醉科醫生費	外科醫生費的 35%[3]
(h) 手術室費	外科醫生費的 35%[3]
(i) 訂明診斷成像檢測[2] 涵蓋住院期間，或在為日症病人提供醫療服務的設備下，進行的電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET–CT 組合及 PET–MRI 組合	每保單年度 $20,000 設 30% 共同保險
(j) 訂明非手術癌症治療[4] 涵蓋住院期間，或在為日症病人提供醫療服務的設備下，進行的放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療	每保單年度 $80,000
(k) 入院前或出院後 / 日間手術前後的門診護理[2] • 住院 / 日間手術前門診或急症診症，包括但不限於診症、處方西藥或診斷檢測 • 出院 / 日間手術後跟進門診，包括但不限於診症、處方西藥、敷藥、物理治療、職業治療、言語治療或診斷檢測	每次 $1,000，每保單年度 $15,000 • 每次住院 / 日間手術前最多 2 次門診或急症診症 • 每次住院 / 日間手術後最多 10 次跟進門診（出院或完成日間手術後 90 日內）

保障項目 [1]	賠償限額（港幣 $）
(l) 精神科治療 涵蓋在專科醫生建議下，在香港境內住院接受精神科治療的合資格費用	每保單年度 $30,000
(m) 門診腎透析	每保單年度 $30,000
(n) 出院後家中看護	每日 $700 每保單年度最多 15 日
(o) 陪伴床位費	每日 $450 每保單年度最多 270 日
(p) 意外急症門診護理 涵蓋因受傷在醫院門診部接受急症治療的合資格費用	每保單年度 $6,600 （意外發生後 24 小時內）
(q) 意外急症牙齒治療 涵蓋受保人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	每保單年度 $6,600 （意外發生後 2 星期內）
(r) 附加醫療保障 [5] 適用於保障項目 (a) – (q)	每保單年度 $150,000 設 10% 共同保險 （若受保人在向日症病人提供醫療服務的設備下接受醫療服務，共同保險並不適用）

註：

1. 除非另有列明，同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
2. 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
3. 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。
4. 本保障將按手術表所列相關手術的分類及該手術本身所屬分類作賠償。若需進行的醫療所需手術並無列於手術表內，本公司將根據性質為該手術分類。
5. 若合資格費用及費用是來自住院，此保障僅賠償在普通病房（醫院內多於兩張病床的病房）提供的醫療服務。對於在較高病房級別（例如半私家病房或私家病房）的住院，此保障僅在醫院提供令我們滿意的證據證明病房升級並非自願（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）的情況下才會作出賠償。有關此保障的詳細計算公式，請參閱條款及細則以及靈活計劃（附加保障）批注的條款及保障。

信諾自願醫保系列 - 靈活計劃（優越）

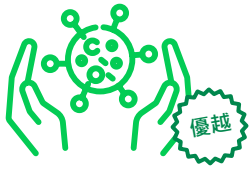
靈活計劃（優越）為您進一步提供最安心的保障，為治療開支提供最全面保障。

病房類別	**普通病房** [1] 醫院內多於兩張病床的病房	**半私家病房** [1,4] 醫院內設有共用浴室的單人或雙人病房
自願醫保認可產品編號	FOOOI6-06-OOO-04 FOOOI6-07-OOO-04 FOOOI6-08-OOO-04	FOOOI6-0I-OOO-06 FOOOI6-02-OOO-06 FOOOI6-03-OOO-06 FOOOI6-04-OOO-06 FOOOI6-05-OOO-05
保障地域	非急症治療：亞洲 [1,2,3] 急症治療：全球 [2]	
醫療服務提供者	視乎限制 [1]	
每年保障限額 （可賠償的合資格費用及費用受限於各保障項目的賠償限額，自付費（如適用）及每年保障限額）	每保單年度港幣 $5,000,000	每保單年度港幣 $30,000,000
終身保障限額	無	
自付費選項	港幣 $0 | 港幣 $15,000 | 港幣 $25,000	港幣 $0 | 港幣 $15,000 | 港幣 $25,000 | 港幣 $50,000 | 港幣 $75,000

不設任何分項金額上限

於所選病房類別住院進行治療時，本計劃的主要保障**不設個別項目的賠償金額上限**（須受每年保障限額及保單條款約束），保障更靈活；同時保障範圍不限於香港，**更涵蓋整個亞洲地區** [3]。

最全面癌症治療



為合資格的**訂明非手術癌症治療**，如化療、放射性治療、標靶治療、免疫治療和荷爾蒙療法等，均可獲**全數賠償**，以每年保障限額為限。您可安心接受治療，無需擔心醫療開支預算。

註：

1. 在以下情況下，標準計劃的賠償限額將適用（上述自付費及終身保障限額仍適用）。
   - 亞洲以外的非急症治療產生的合資格費用及費用；
   - 在所選擇的病房類別以上的病房級別的住院（非自願病房升級除外）產生的合資格費用及費用；及 / 或
   - 在中國大陸境內產生而在三級醫院以外的合資格費用及費用
2. 精神科治療保障只限於香港。
3. 「亞洲」指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、紐西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
4. 於以下保障地域範圍內提供指定的病房類別保障：
   - 於香港、澳門及美國：半私家病房；
   - 於任何其他地方（香港、澳門及美國除外）：私家病房。

保障表

除非另有列明，保障項目均須符合醫療所需和合理及慣常的原則。詳情請參閱保單條款或於本產品小冊子內的「重要資料」。

<table>
<tr><th>病房類別</th><th>普通病房
醫院內多於兩張病床的病房</th><th>半私家病房
醫院內設有共用浴室的單人或雙人病房</th></tr>
<tr><td>保障項目 [1,2,3]</td><td colspan="2">賠償限額（港幣 $）</td></tr>
<tr><td>(a) 病房及膳食</td><td colspan="2" rowspan="10">不設金額上限</td></tr>
<tr><td>(b) 雜項開支
涵蓋住院期間或在接受任何日間手術當日，收取的雜項開支的合資格費用，包括醫療裝置、額外手術用具等</td></tr>
<tr><td>(c) 主診醫生巡房費</td></tr>
<tr><td>(d) 專科醫生費 [4]</td></tr>
<tr><td>(e) 深切治療</td></tr>
<tr><td>(f) 外科醫生費 [5]</td></tr>
<tr><td>(g) 麻醉科醫生費</td></tr>
<tr><td>(h) 手術室費</td></tr>
<tr><td>(i) 訂明診斷成像檢測 [4]
涵蓋住院期間，或在為日症病人提供醫療服務的設備下，進行的電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（”PET”掃描）、PET–CT 組合及 PET–MRI 組合</td></tr>
<tr><td>(j) 訂明非手術癌症治療
涵蓋住院期間，或在為日症病人提供醫療服務的設備下，進行的放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療</td></tr>
<tr><td>(k) 入院前或出院後 / 日間手術前後的門診護理 [4]
• 住院 / 日間手術前門診或急症診症，包括但不限於診症、處方西藥或診斷檢測
• 出院 / 日間手術後跟進門診，包括但不限於診症、處方西藥、敷藥、物理治療、職業治療、言語治療或診斷檢測</td><td>不設金額上限
• 每次住院 / 日間手術前超過 30 日所進行的最多 1 次門診或急症診症；
• 每次住院 / 日間手術前 30 日內所進行的所有門診或急症診症；及
• 每次住院 / 日間手術後所有跟進門診（出院或完成日間手術後 90 日內）</td><td>不設金額上限
• 每次住院 / 日間手術前超過 30 日所進行的最多 1 次門診或急症診症；
• 每次住院 / 日間手術前 30 日內所進行的所有門診或急症診症；及
• 每次住院 / 日間手術後所有跟進門診（出院或完成日間手術後 90 日內）
• 每次在住院期間進行根據手術表中分類為複雜或大型的手術後的所有跟進門診 (出院後 365 日內)</td></tr>
<tr><td>(l) 精神科治療
涵蓋在專科醫生建議下，在香港境內住院接受精神科治療的合資格費用</td><td colspan="2" rowspan="2">不設金額上限</td></tr>
<tr><td>(m) 門診腎透析</td></tr>
</table>

病房類別	**普通病房** 醫院內多於兩張病床的病房	**半私家病房** 醫院內設有共用浴室的單人或雙人病房
(n) 出院後家中看護	每日港幣 $800 每保單年度最多 90 日	每日港幣 $1,000 每保單年度最多 90 日
(o) 陪伴床位費	**不設金額上限**	
(p) 意外急症門診護理 涵蓋因受傷在醫院門診部接受急症治療的合資格費用	**不設金額上限** （意外發生後 24 小時內）	
(q) 意外急症牙齒治療 涵蓋受保人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	**不設金額上限** （意外發生後 2 星期內）	
(r) 復康治療	不適用	每保單年度港幣 $80,000 每保單年度最多 60 日
(s) 身體檢查 [6]	不適用	若您每連續三年未曾索償， 我們將送您一次免費身體檢查
其他保障	**賠償限額（港幣 $）**	
(a) 第二索償現金津貼 [7]	每日港幣 $800 每保單年度最多 30 日	每日港幣 $1,500 每保單年度最多 30 日
(b) 入住香港私家醫院較低級別病房之住院現金	不適用	每日港幣 $1,000 每保單年度最多 30 日

註：

1. 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
2. 保障項目 (a) – (r) 於上述的賠償限額只賠償於亞洲產生的合資格費用及費用。就亞洲以外的非急症治療索償作出的賠償金額應不多於標準計劃條款及保障所附的保障表內列明的賠償限額，並且若有任何餘下的自付費（如適用），應付賠償須再扣減餘下的自付費（如適用）。為免存疑，亞洲指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、紐西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
   就於中國大陸境內產生合資格費用及費用而言，保障項目 (a) – (r) 於上述的賠償限額只適用在三級醫院（或在提供醫療服務前獲得本公司批准的其他醫院）提供的醫療服務。就中國大陸境內產生的其他合資格費用及費用作出的賠償金額應不多於標準計劃條款及保障所附的保障表內列明的賠償限額，並且若有任何餘下的自付費（如適用），應付賠償須再扣減餘下的自付費（如適用）。
3. 若合資格費用及費用是來自住院，保障項目 (a) 至 (l)、(n) 及 (o) 於上述的賠償限額只賠償於所選擇的病房類別或以下病房級別提供的醫療服務。在較高的病房級別（以下圖表說明）住院的索償，只會在醫院提供令我們滿意的證據證明病房升級並非自願（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）的情況下，才會根據上述的賠償限額賠償，否則賠償金額應不多於標準計劃條款及保障所附的保障表內列明的賠償限額，並且若有任何餘下的自付費（如適用），應付賠償須再扣減餘下的自付費（如適用）。

病房類別	實際住院病房級別	調整值
普通病房 （醫院內多於兩張病床的病房）	半私家病房、私家病房或任何私家病房以上級別包括總統套房、貴賓房或豪華房	賠償金額應不多於標準計劃條款及保障所附的保障表內列明的賠償限額。
半私家病房 （醫院內設有共用浴室的單人或雙人病房）	私家病房或任何私家病房以上級別包括總統套房、貴賓房或豪華房	
私家病房 （醫院內設有獨立浴室的單人病房）	任何私家病房以上級別包括總統套房、貴賓房或豪華房	

4. 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
5. 本保障將按手術表所列相關手術的分類及該手術本身所屬分類作賠償。若需進行的醫療所需手術並無列於手術表內，本公司將根據性質為該手術分類。
6. 只限於由信諾環球特定的醫療服務供應商。若您每連續三年未曾索償，我們將送您一張免費身體檢查券。
7. 若受保人住院，在就該次住院按病房及膳食或深切治療可獲賠償的情況下，而醫院就其住宿及膳食或就接受深切治療服務所收取的合資格費用已獲得由並非本公司承保及簽發的其他保障全數或部分支付，本公司將就該次住院的每一日賠償本保障，並受保障表內適用的賠償限額及每年保障限額所規限。

參考例子

以下例子純屬假設情況，只供說明用途，並非真實個案。實際保障範圍、賠償金額及應繳保費會因個別情況及保單條款及保障表而有所不同。

信諾自願醫保系列 - 靈活計劃（附加保障）：Issac的故事

保單持有人	**Issac**
年齡	30（非吸煙人士）
背景	Issac 在 30 歲結婚。對他來說，如此重要的人生階段必須有穩健可靠保障，以抵禦未來所面對的風險。他了解到信諾自願醫保系列的多種好處，並深信他和妻子應接受高於一般水平的醫療保障，令他們可以安心為生活努力，共建理想未來。
計劃選項	信諾自願醫保系列 - 靈活計劃（附加保障）

30 歲

Issac 在 30 歲時結婚，並投保靈活計劃（附加保障）。

31 歲患上輕度心臟病

一年後，Issac 不幸患上輕度心臟病。主診醫生表示，他必須要進行心導管介入治療，而靈活計劃（附加保障）替 Issac 涵蓋了大部分住院、手術及術後護理帶來巨額的醫療支出。

康復後

Issac 可以繼續安心為生活努力，與妻子計劃未來。

保障項目（港幣 $）

- 病房及膳食 **$ 2,250**
- 手術室費 **$ 8,750**
- 入院前及出院後 / 日間手術前後的門診護理 **$ 1,500**
- 外科醫生費 **$ 35,000** — 超出項目賠償額的開支 **$ 70,000**
- 雜項開支 **$ 14,000** — 超出項目賠償額的開支 **$ 50,000**
- 附加醫療保障 ($ 50,000 + $ 70,000) x 90% **$ 108,000**

憑「信諾自願醫保系列 - 靈活計劃（附加保障）」獲享淨利益為：港幣 $147,206

Issac 獲賠償總金額		Issac 獲節省的稅款（假設稅率 ^ 為 17%[1]）
$169,500	=	+ $2,108 ($12,402x17%[1])

Issac 只需支付

為保單已支付的保費總額		Issac 自行支付共同保險
$12,402* ($6,126+$6,276)	-	$12,000 ($50,000 +$70,000)x10%

註：

^ 以上與稅務相關的資料及任何節稅示例僅供一般參考之用，並不構成任何稅務意見。實際可否獲得稅務扣減及可節省稅款金額，視乎個別情況而定，並受《稅務條例》最新規定及稅務局詮釋所約束。客戶應就其個人稅務狀況諮詢其專業稅務顧問。

* 各個個案所示的保費水平及節稅金額乃根據該示例所採用的假設而訂，並可能會不時調整（例如因醫療通脹或稅制變更）。

1. 以現行香港稅制下最高的薪俸稅累進稅率 17% 作為示例假設，實際適用稅率及節稅金額視乎納稅人的個人情況而定。

信諾自願醫保系列 - 靈活計劃（優越）：Helena的故事

保單持有人	**Helena**
年齡	40（非吸煙人士）
背景	Helena 受僱於一個銀行集團，並受保於僱主提供的團體醫療保險。她認為團體保險已涵蓋個人的醫療保障所需，因而從未考慮參加其他個人醫保計劃。然而，她的一位同事在韓國旅途中突然病倒，但她只獲團體保險賠償她在首爾住院接受治療的一半醫療費用。有見及此，熱衷於亞洲旅行的 Helena 毫不猶豫地為自己和她 10 歲的兒子投保了靈活計劃（優越）。
計劃選項	信諾自願醫保系列 - 靈活計劃（優越）
病房類別	半私家病房
自付費	她本人的保單：港幣 $25,000 ｜ 她兒子的保單：港幣 $0

40 歲

Helena 在 40 歲時為自己和 10 歲的兒子投保了靈活計劃（優越）。

42 歲時外遊受傷

兩年後，當她和家人在日本沖繩自駕遊時，租車在礫石滑倒並墜落斜坡。Helena 嚴重受傷，需於沖繩接受住院治療，並入住私家病房[1]一週。

康復後

Helena 不用再擔心保障範圍，與家人繼續周遊列國。

總醫療開支（港幣 $）

在日本產生的住院費用
$ 208,000

\-

自付費 - 以團體計劃支付
$ 25,000

由靈活計劃（優越）全數賠償 - 不設分項金額上限
$ 183,000

憑「信諾自願醫保系列 - 靈活計劃（優越）」獲享淨利益為：
港幣 $135,039

Helena 獲賠償總金額		Helena 獲節省的稅款（假設稅率^為 17%[2]）
= $183,000	+	$8,107 ($47,686x17%[2])

Helena 只需支付

為兩份保單已支付保費總額

\- **$56,068*** ($7,686 + 8,027 + 8,416) + ($10,705 + 10,640 + 10,594)

註：
^ 以上與稅務相關的資料及任何節稅示例僅供一般參考之用，並不構成任何稅務意見。實際可否獲得稅務扣減及可節省稅款金額，視乎個別情況而定，並受《稅務條例》最新規定及稅務局詮釋所約束。客戶應就其個人稅務狀況諮詢其專業稅務顧問。
* 各個個案所示的保費水平及節稅金額乃根據該示例所採用的假設而訂，並可能會不時調整（例如因醫療通脹或稅制變更）。
1. 於以下保障地域範圍內提供指定的病房類別保障：
   - 於香港、澳門及美國：半私家病房；
   - 於任何其他地方（香港、澳門及美國除外）：私家病房。
2. 以現行香港稅制下最高的薪俸稅累進稅率 17% 作為示例假設，實際適用稅率及節稅金額視乎納稅人的個人情況而定。

信諾自願醫保系列 - 靈活計劃（優越）：Iris 的故事

保單持有人	**Iris**
年齡	50（非吸煙人士）
背景	50 歲的 Iris 人到中年，決定把握機遇跳出舒適區，與朋友合作，一圓自己的創業夢；但同時她亦擔心多年來一直享有的團體醫療保障將中斷。創業後她需要全力投入到自己的事業上，關注健康的她同時也不希望要為賠償上限和不保事項而擔憂，所以她需要一個提供全面醫療保障的計劃作為替代，以萬全之備應付人到中年的醫療需要。
計劃選項	信諾自願醫保系列 - 靈活計劃（優越）
病房類別	半私家病房
自付費	港幣 $0

50 歲

Iris 在 50 歲時投保
靈活計劃（優越）

53 歲時確診患有乳癌

53 歲時，Iris 確診患有乳癌。
Iris 的整個治療歷程均受其醫療計劃妥善保障，
由診斷檢查、癌症治療以至其後的乳房重建手術，
均可按保單條款獲得賠償。
及時而優質的治療令 Iris 康復進展理想。

康復後

經過治療，Iris 的創業資金未受到
很大的影響。配合適當的休息，
Iris 再次掌握她的事業，
並朝著事業目標前進。

保障項目（港幣 $）

入院前

入院前及出院後 / 日間手術前後的門診護理
$ 580

訂明診斷成像檢測
$ 27,000

第一次就接受乳房切除手術而入院

住院開支
$ 150,000

訂明診斷成像檢測
$ 43,000

第一次出院後

入院前及出院後 / 日間手術前後的門診護理 **$ 2,160**

第二次就接受乳房重建手術而入院

住院開支
$ 200,000

第二次出院後

入院前及出院後 / 日間手術前後的門診護理
$ 1,740

總醫療開支
$ 424,480

憑「信諾自願醫保系列 - 靈活計劃（優越）」獲享淨利益為：
港幣 $287,759

Iris 獲賠償總金額		Iris 獲節省的稅款（假設稅率 ^ 為 17%[1]）
= $424,480	+	$5,440 ($32,000x17%[1])

Iris 只需支付

\- 為保單已支付的保費總額 **$142,161***
($32,898+34,611+36,400+38,252)

註：
^ 以上與稅務相關的資料及任何節稅示例僅供一般參考之用，並不構成任何稅務意見。實際可否獲得稅務扣減及可節省稅款金額，視乎個別情況而定，並受《稅務條例》最新規定及稅務局詮釋所約束。客戶應就其個人稅務狀況諮詢其專業稅務顧問。
* 各個個案所示的保費水平及節稅金額乃根據該示例所採用的假設而訂，並可能會不時調整（例如因醫療通脹或稅制變更）。
1. 以現行香港稅制下最高的薪俸稅累進稅率 17% 作為示例假設，實際適用稅率及節稅金額視乎納稅人的個人情況而定。

重要資料

此產品小冊子中載有的產品資料並不是保單的全部條款。有關完整的保單條款請參閱保單文件。

冷靜期權益及取消保單

您可於冷靜期內取消已購買的保單及取回已繳之保費金額及保費徵費（如適用）。冷靜期為緊接保單或冷靜期通知書交付予您或您的指定代表之日起計的 30 個曆日的期間（以較早者為準）。冷靜期通知書是由信諾環球保險有限公司在交付保單時致予您或您的指定代表的一份通知書，以就冷靜期一事通知您。如要行使權利取消保單，您必須簽署書面通知書，並在冷靜期內直接送達信諾環球保險有限公司以下地址：香港九龍觀塘觀塘道 348 號 16 樓。如有索償則不獲退回保費。

冷靜期過後，保單持有人可提前三十 (30) 日以書面通知本公司要求取消保單，但相關保單年度內必須並無根據保單作出賠償。

索償手續

請下載「MyCigna HK」手機應用程式，登入並提交索償申請。查詢有關索償手續的詳情請登入公司網頁 www.cigna.com.hk/zh-hant/customer-service/insurance-claim-procedure

合理及慣常

合理及慣常是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由本公司合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

本公司必須參照以下資料（如適用）以釐定合理及慣常收費 –

(a) 由保險或醫學業界進行的治療或服務費用統計及調查；
(b) 公司內部或業界的賠償統計；
(c) 政府憲報；及 / 或
(d) 提供治療、服務或物料當地的其他相關參考資料。

醫療所需

醫療所需是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件 –

(a) 需要註冊醫生的專業知識或轉介；
(b) 符合該傷病的診斷及治療所需；
(c) 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；
(d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
(e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

投保前已有病症

投保前已有的病症是指於保單簽發日或保單生效日（以較早日期為準）前已存在的任何不適、疾病、受傷、生理、心理或醫療狀況或機能退化，包括先天性疾病。在以下情況，都被視為已察覺投保前已有病症 –

(a) 病症已被確診；或
(b) 病症已出現清楚明顯的病徵或症狀；或
(c) 已尋求、獲得或接受病症的醫療建議或治療。

若您在要求下未能於提交保險申請時向我們作出相關披露，包括所需資料的任何更新及變動，以表明受保人患有投保前已有病症，而保單持有人或受保人已知或提交申請時合理情況下應知悉該等病症，則本公司有權宣布相關保單無效、要求退還任何已付賠償及 / 或拒絕根據保單條款及保障提供承保。在此情況下，本公司應退還保費。

保費

1. 保費計算

您所選計劃相應的保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

2. 不支付保費

如您未能支付首期保費，保單將被視為自生效日起無效。除首期保費付款外，其後任何保費到期日後的一個月為寬限期，寬限期內保單仍然生效。倘若任何有關保費在寬限期後仍未全數繳付，保單會於有關的保費到期日時失效，而您將失去計劃保障。截至索償支付日或保單終止日時所有未繳付的保費須全數清繳，否則我們將不會支付任何索償款項或保單下應支付的其他款項。

3. 錯誤陳述年齡或吸煙習慣

如您或任何受保人誤報年齡或吸煙習慣，有關受保人仍有資格得到有關保單提供的保障，惟我們有權根據正確的資料調整保單之下應付的保費。

4. 保費調整

在每個保單周年日或續保，本公司保留調整保單的標準保費之權利。導致保費調整的因素可包括但不限於由此保險計劃引致及／或與此保險計劃相關之整體索償及開支等因素。

重複保單

受保人不可投保超過一份「信諾自願醫保系列」保單，包括「信諾自願醫保系列 - 標準計劃」、「信諾自願醫保系列 - 靈活計劃（附加保障）」、「信諾自願醫保系列 - 靈活計劃（優越）」及其他由本公司於「信諾自願醫保系列」下不時定義並發出的保單。已持有「信諾醫療保系列」保單的保單持有人應與本公司聯絡了解保單轉移安排。

轉換保單

若您本身已有醫療保單，並有意將現有保單轉換至新保險計劃，請注意有關轉換保單安排可能對受保資格、索償資格及保單價值造成影響。

由於保單特點、年齡、健康狀況、職業、生活方式、習慣或參與的康樂活動的轉變，現有保單的部份保障在新保單的受保範圍可能會作出相應調整或不被承保。此外，新保單可能未必提供您現有保單的附加保障利益。

若您就現有保單作出退保或允許其失效，則現有保單將不再為您提供保障並作出賠償。此外，視乎新保單的條款及細則，某些保障的等候期或需重新計算（如有）。

續保

保單的首次有效期限為 12 個月，其後您只須每次續保時繳付保費，則保單將會每 12 個月自動及保證續保，直至受保人一百 (100) 歲為止。本公司保留在每一次續期時修訂保單條款及保障及／或保費之權利。

終止

1. 保單將於任何下列事件發生時自動終止：
   - 受保人身故；或
   - 任何應付保費於寬限期屆滿時尚未繳付；
   - 保單持有人決定取消保單或不續保；或
   - 本公司不再獲《保險業條例》授權承保或繼續承保本保單。

2. 倘若在申請書或聲明中有任何的詐騙、虛報或隱瞞，或如您或您的受益人提出欺詐的索償，則我們有權立即取消該保單。屆時，所有已繳保費將不獲退回，而您須立即退回我們於該保單下所有已付款項，包括索償金額。

通脹風險

您現時的保單保障未必足以應付將來的需求，通脹可能使將來的生活成本高於今天。如果實際通脹率高於預期，即使我們履行所有合約責任，您實際收到的賠償亦可能相對減少。

主要不保事項

下列事項僅供參考之用，且並未列出所有不保事項。如欲查看不保事項全文及詳情，請參閱條款及細則。

本公司不會賠償與下列項目相關或由其引致的費用：

1. 非醫療所需的醫療服務。
2. 純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院。
3. 人體免疫力缺乏病毒（「HIV」）及其相關的傷病。
4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症。
5. 以美容或整容為目的；矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正。
6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、接種疫苗或健康補充品。
7. 牙科醫生進行的牙科治療及口腔頜面手術，惟因意外引致在住院期間接受的急症治療及手術，或意外急症牙齒治療則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
8. 產科狀況及其併發症。
9. 購買屬耐用品的醫療設備或儀器。
10. 傳統中醫治療。
11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序。
12. 受保人年屆八 (8) 歲前發病或確診的先天性疾病。
13. 已獲任何法律，其他醫療或保險計劃賠償的合資格費用。
14. 因戰爭、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故。

註：
本文中「信諾環球」、「本公司」及「我們」指信諾環球保險有限公司。

此產品小冊子同時備有英文版本，閣下可向本公司索取英文版本。
This product brochure is also available in English. You may request for the English version from us.

cigna healthcare
信諾環球

信諾環球保險有限公司

電話：(852) 2560 1990
www.cigna.com.hk

CA/Brochure/0033/0726_C_GI

Hospital / Surgical
General Insurance

Cigna VHIS Series

Flexi Plan (SMM)
Flexi Plan (Superior)

Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

cigna healthcare

About Cigna Healthcare

Cigna Healthcare is the health benefits provider of The Cigna Group committed to improving the health and vitality of those we serve.

A global footprint with sales capacity and operations in **MORE THAN 30 MARKETS AND JURISDICTIONS**[1]

RANKED 16TH on the 2025 Fortune 500 List

More than **185 MILLION CUSTOMER RELATIONSHIPS** around the world[1]

Cigna Healthcare Hong Kong, founded in 1933, has been named a '**CARING COMPANY**' by the Hong Kong Council of Social Service.

More than **67,000 EMPLOYEES** around the world[1]

Remarks:

1. The information provided is for informational purposes only and reflects data as of 31 December 2025. It is subject to change.

Why should I consider the Cigna VHIS Series^?

Tax deduction[1]

- The maximum premium allowed for tax deduction is HK$8,000 per Insured Person per tax year.

No fear of medical expenses

- Provides comprehensive reimbursement of eligible medical expenses with an Annual Benefit Limit of up to HK$30 million per Policy Year and no Lifetime Benefit Limit.

Covering various cancer treatments

- Cancer treatment expenses are fully covered[2,3] for eligible treatments, including various common non-surgical cancer treatments[4].

Covering unknown Pre-existing Conditions

- Full cover from day 1 of the Policy Effective Period[5].

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 rate will generally increase with Age[6] and is adjustable annually.

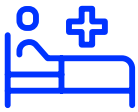
Outpatient surgeries in hospitals and clinics

- 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 coverage for psychiatric treatments[7] during hospitalization.

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



- Covers all eligible expenses Pre- and Post-Confinement/Day Case Procedure outpatient care[2,3,8].

Flexible deductible options[2]

- Features up to five deductible options, and you can also choose to lower or remove your deductibles once in a lifetime without re-underwriting[9].

Remarks:

^ This part is a high-level summary of key product features only. Please refer to the Policy Provision and Benefit Schedule for full details

1. Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. Tax deduction is one of the allowable deductions from assessable income and does not equate to a direct deduction from the total tax payable. For details of tax deduction, please visit the websites of the Inland Revenue Department of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or consult with a professional tax advisor.
2. Applicable to Cigna VHIS Series - Flexi Plan (Superior) only.
3. Subject to the Annual Benefit Limit.
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. Refer to Important Information for details of Pre-existing Conditions.
6. The premium level is subject to change from time to time due to medical inflation.
7. Psychiatric treatments benefit is limited to Hong Kong only.
8. Refer to Policy Provision and Benefit Schedule for details of Pre- and post-Confinement/Day Case Procedure outpatient care.
9. You can choose to reduce or remove your deductibles without re-underwriting within 30 days before the renewal date for once in a lifetime at any one of the following Ages: 60, 65, 70, 75, 80 or 85.

Extra protection and value-added services ^

Cigna Healthcare provides a suite of additional protection and value-added services for all Cigna VHIS Series clients, providing comprehensive care for your body and mind.

Exclusive discount on virtual consultations and medication[1]

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 Medical Service[2]

Apply prior to your hospital admission and upon approval, we will pay the pre-approved amount to the medical service provider directly on your behalf. This allows you to focus on treatment and recovery without worrying about unexpected medical expenses.

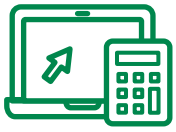
Unique one to one dedicated Care Manager Service[3] in Hong Kong

Cigna Healthcare understands that you want the best treatment possible when you are sick. If you find yourself in need of medical treatment, Cigna Healthcare can help you estimate the medical expenses needed and predict the circumstances you may face. You will be assigned a dedicated Care Manager through our healthcare concierge service, who will follow up on your hospital stay, surgery, or other treatment arrangements. In addition to helping you make the most of your medical coverage, you can also enjoy other care services through Cigna's healthcare concierge.

For more information, please refer to our "Healthcare Concierge Service" Leaflet.

Find out more about how our Care Managers provide healthcare concierge service for customers in actual situations

Fast and easy online claim application



Simply login to MyCigna HK app to apply for claims anytime and anywhere.

Both hospitalization and outpatient claims can be submitted on the app no matter the size of the claim.

No Claim Bonus
Extra coverage for Flexi Plan (Superior)[4]

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

Worldwide Emergency Assistance Services[5]

If you are a frequent traveller, we can provide you with free of charge worldwide emergency travel and medical services while you are on the road. In case of medical emergency, we will provide you with up to US$1,000,000 to arrange for your medical evacuation to an appropriate location for emergency medical treatment, or emergency medical repatriation to your home country/usual country of residence.

Remarks:

^ The above services are value-added services only. They are provided subject to separate terms, conditions and availability, and do not form part of the VHIS certified benefits under the policy.

I. The virtual consultation and medication delivery services are value-added services only and are subject to the terms, conditions and availability of the relevant service providers.

2. The Cashless Medical Service is a value-added service and subject to terms and conditions. To use the Cashless Medical Service, a Pre-approval Form for Cashless Medical Service ("Pre-approval Form") must be submitted to us for approval prior to the hospital admission. Cigna Healthcare requires 5 working days upon receipt of a completed form and supporting medical documents to process the application. We will confirm your application by issuing you a Letter of Guarantee relating to application for Cashless Medical Service (CMS) which sets out the conditions of the Cashless Medical Service arrangement. We have the absolute discretion to decline the Cashless Medical Service application based on information provided by the Insured Person and/or Policy Holder, if the Cashless Medical Service application does not include valid, sufficient and complete information about the Insured Person's medical condition or for credit card authorization. All Cashless Medical Service approvals provided by us are subject to the deductible level and benefit limit of the Policy. The Insured Person and/or Policy Holder are responsible for settling any amount not covered by their Policy.

3. Cigna Care Manager Service is a value-added service and subject to terms and conditions. Medical support service and value-added services arranged by Care Manager are subject to individual cases.

4. Applicable to Semi-Private Room (a single or double occupancy room, with a shared bath or shower room, in a Hospital) type only.

5. This service is a value-added service provided by an independent third-party service provider and does not form part of the contractual benefit under your policy. Cigna Healthcare reserves the right to amend or cancel the service at any time without prior notice at its absolute discretion. Cigna Healthcare is not the service provider for this service. The relevant service provider is not our agent, and vice versa. We make no representation, warranty or undertaking as to the quality and availability of the service, and do not accept any responsibility or liability for the service provided by the service provider. Under no circumstances will Cigna Healthcare be responsible or liable for acts or omissions of the service provider in the provision of the service.

Plan at a glance^

Plan type	This product is a standalone individual policy which aims to provide hospitalization benefits. It is an indemnity insurance policy without cash value.
Policy term and Premium structure	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 generally increase with Age and is adjustable annually, taking into account medical inflation.
Entry Age (at last birthday)	15 days to Age 80
Enrolment	No medical examination required before enrolment
Premium payment frequency	Annual / Monthly
Policy currency	HKD

Flexi Plan options

The following list is for reference only. For complete details, please refer to the Policy Provision and Benefit Schedule.

	Supplementary benefits for enhanced confidence	**Premium coverage with comprehensive protection to keep you secure**	
Certified Plan(s)	**Cigna VHIS Series – Flexi Plan (SMM)**	**Cigna VHIS Series – Flexi Plan (Superior)**	
Area of coverage	Worldwide[1]	For non-Emergency Treatment: Asia[1,3,4] For Emergency Treatment: Worldwide[1]	
Choice of ward class	No restriction, except for supplementary major medical benefit[2]	Standard Ward[4]	Semi-Private Room[4,5]
Annual Deductible options	✘	HK$0 HK$15,000 HK$25,000	HK$0 HK$15,000 HK$25,000 HK$50,000 HK$75,000
Annual Benefit Limit (Eligible expenses and expenses payable shall be subject to the benefit limit of each benefit item, coinsurance/deductible (if applicable) and the annual benefit limit)	HK$1,000,000 per Policy Year	HK$5,000,000 per Policy Year	HK$30,000,000 per Policy Year
Lifetime Benefit Limit	Nil	Nil	
Hospitalization benefits	✓ Please refer to the Benefit Schedule for details	No dollar limit	
Surgical benefits			
Prescribed Diagnostic Imaging Tests	HK$20,000 per Policy Year Subject to 30% coinsurance		
Prescribed Non-surgical Cancer treatments	HK$80,000 per Policy Year		
Psychiatric treatments	HK$30,000 per Policy Year		
Outpatient kidney dialysis	HK$30,000 per Policy Year		
Home nursing for Confinement	$700 per day Maximum 15 days per Policy Year	$800 per day Maximum 90 days per Policy Year	$1,000 per day Maximum 90 days per Policy Year
Companion Bed	$450 per day Maximum 270 days per Policy Year	No dollar limit	
Accidental Emergency outpatient treatment	$6,600 per Policy Year (Within 24 hours after the Accident)	No dollar limit (Within 24 hours after the Accident)	
Accidental Emergency dental treatment	$6,600 per Policy Year (Within 2 weeks after the Accident)	No dollar limit (Within 2 weeks after the Accident)	
Enhanced Benefit: **Supplementary major medical benefit**	✓ HK$150,000 per Policy Year Subject to 10% Coinsurance	✘ No dollar limit for the core benefits	

Remarks:

^ The above is a summary of key plan features for reference only. Please refer to the Policy Provisions and Benefit Schedule for complete and prevailing terms and conditions.

1. Psychiatric treatments benefit is limited to Hong Kong only.
2. 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.
3. "Asia" refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland 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.
4. 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 and expenses for non-Emergency Treatments incurred outside Asia;
   - Eligible Expenses and expenses incurred during Confinement in a ward class higher than the Accommodation Room Type selected (except in case of involuntary ward upgrade); and/or
   - Eligible Expenses and expenses incurred in mainland China outside of hospitals of Tier 3.
5. Within the specified area of coverage, the applicable room type shall be as follows:
   - Hong Kong, Macau and US: Semi-Private Room;
   - All other regions (excluding Hong Kong, Macau and US): Private Room.

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[1]
VHIS Certification Number	F00012-01-000-03
Area of coverage	Worldwide[2]
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.**

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[1]	Benefit limit (in HKD)
(a) Room and board	$1,200 per day Maximum 270 days per Policy Year
(b) Miscellaneous charges 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) Attending doctor's visit fee	$1,200 per day Maximum 270 days per Policy Year
(d) Specialist's fee[2]	$4,300 per Policy Year
(e) Intensive care	$3,500 per day Maximum 90 days per Policy Year
(f) Surgeon's fee[4]	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures – · Complex $70,000 · Major $35,000 · Intermediate $17,500 · Minor $8,750
(g) Anaesthetist's fee	35% of Surgeon's fee payable[3]
(h) Operating theatre charges	35% of Surgeon's fee payable[3]
(i) Prescribed Diagnostic Imaging Tests 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) Prescribed Non-surgical Cancer Treatments[4] 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) Pre- and post-Confinement/Day Case Procedure outpatient care[2] · Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test) · Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test)	$1,000 per visit, up to $15,000 per Policy Year · Maximum 2 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure · Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)

Benefit items[1]	Benefit limit (in HKD)
(l) Psychiatric treatments 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) Outpatient kidney dialysis	$30,000 per Policy Year
(n) Home nursing for Confinement	$700 per day Maximum 15 days per Policy Year
(o) Companion Bed	$450 per day Maximum 270 days per Policy Year
(p) Accidental Emergency outpatient treatment 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) Accidental Emergency dental treatment 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) Supplementary major medical benefit[5] 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 Policy Holder and/or the Insured Person). For full details of the calculation of this benefit, please refer to the Policy Provision and Benefit Schedule and the Flexi Plan (SMM) Endorsement of the Terms and Benefits.

Cigna VHIS Series – Flexi Plan (Superior)

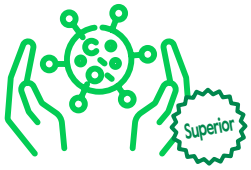
Cigna's Flexi Plan (Superior) provides the most comprehensive protection for treatment expenses, and goes further still for a totally hassle-free experience.

Accommodation Room Type	**Standard Ward**[1] A room in a Hospital with more than double occupancy	**Semi-Private Room**[1,4] A single or double occupancy room, with a shared bath or shower room in a Hospital
VHIS Certification Numbers	F00016-06-000-04 F00016-07-000-04 F00016-08-000-04	F00016-01-000-06 F00016-02-000-06 F00016-03-000-06 F00016-04-000-06 F00016-05-000-05
Area of coverage	For non-Emergency Treatment: Asia[1,2,3] For Emergency Treatment: Worldwide[2]	
Choice of healthcare service providers	Subject to restrictions[1]	
Annual Benefit Limit (Eligible Expenses and expenses payable shall be subject to the benefit limit of each benefit item, deductible (if applicable) and the annual benefit limit)	HK$5,000,000 per Policy Year	HK$30,000,000 per Policy Year
Lifetime Benefit Limit	Nil	
Deductible options	HK$0 | HK$15,000 | HK$25,000	HK$0 | HK$15,000 | HK$25,000 | HK$50,000 | HK$75,000

No sub-limits on core benefits

When receiving inpatient treatment in the selected Accommodation Room Type, the core benefits of this plan **do not have sub-limit caps on individual items** (subject to the Annual Benefit limit and policy terms), offering greater flexibility. In addition, these benefits are not limited to Hong Kong, but also covered **throughout Asian regions**[3].

Most comprehensive cancer treatment



Provides **full cover for eligible 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. 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 and expenses for non-Emergency Treatments incurred outside Asia;
   - Eligible Expenses and expenses incurred during Confinement in a ward class higher than the Accommodation Room Type selected (except in case of involuntary ward upgrade); and/or
   - Eligible Expenses and expenses incurred in mainland China outside of hospitals of Tier 3.
2. Psychiatric treatments benefit is limited to Hong Kong only.
3. "Asia" refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland 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.
4. Within the specified area of coverage, the applicable room type shall be as follows:
   - Hong Kong, Macau and US: Semi-Private Room;
   - All other regions (excluding Hong Kong, Macau and US): Private Room.

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.

Accommodation Room Type	**Standard Ward** A room in a Hospital with more than double occupancy	**Semi-Private Room** A single or double occupancy room, with a shared bath or shower room in a Hospital
Benefit items[1,2,3]	**Benefit limit (in HKD)**	
(a) Room and board	**No dollar limit**	
(b) Miscellaneous charges 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		
(c) Attending doctor's visit fee		
(d) Specialist's fee[4]		
(e) Intensive care		
(f) Surgeon's fee[5]		
(g) Anaesthetist's fee		
(h) Operating theatre charges		
(i) Prescribed Diagnostic Imaging Tests[4] 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		
(j) Prescribed Non-surgical Cancer Treatments 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		
(k) Pre- and post-Confinement/Day Case Procedure outpatient care[4] • Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test) • Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test)	**No dollar limit** • Maximum I 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)	**No dollar limit** • Maximum I 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) • All follow-up outpatient visits per Confinement during which surgical procedure categorized as major or complex in accordance with the Schedule of Surgical Procedures is performed (within 365 days after discharge from Hospital)
(l) Psychiatric treatments Covers the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist	**No dollar limit**	
(m) Outpatient kidney dialysis		

Accommodation Room Type	**Standard Ward** A room in a Hospital with more than double occupancy	**Semi-Private Room** A single or double occupancy room, with a shared bath or shower room in a Hospital
(n) Home nursing for Confinement	$800 per day Maximum 90 days per Policy Year	$1,000 per day Maximum 90 days per Policy Year
(o) Companion Bed	**No dollar limit**	
(p) Accidental Emergency outpatient treatment Covers Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital	**No dollar limit** (Within 24 hours after the Accident)	
(q) Accidental Emergency dental treatment 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 expenses	**No dollar limit** (Within 2 weeks after the Accident)	
(r) Rehabilitation care	Not applicable	$80,000 per Policy Year Maximum 60 days per Policy Year
(s) Body check[6]	Not applicable	Once every three consecutive years of no-claim record
Other benefits	**Benefit limit (in HKD)**	
(a) Second claims cash allowance[7]	$800 per day Maximum 30 days per Policy Year	$1,500 per day Maximum 30 days per Policy Year
(b) Cash benefit for Confinement in a lower ward class of a private Hospital in Hong Kong	Not applicable	$1,000 per day Maximum 30 days per Policy Year

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) – (r) apply only to Eligible Expenses and expenses for non-Emergency Treatments 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, mainland 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 and expenses incurred in mainland China, the limits specified above for benefit items (a) – (r) apply only to Medical Services provided in Hospitals of Tier 3 (or in other Hospitals where approval has been granted by the Company before Medical Services are provided). Eligible Expenses and 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).
3. For Eligible Expenses and expenses resulting from Confinement, the limits specified above for benefit items (a) to (l), (n) and (o) apply only to Medical Services provided in the Accommodation Room Type selected or a lower ward class. Claims incurred from Confinement in a higher ward class (e.g. illustrated in the table below) 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).

Accommodation Room Type	Actual Confined room type	Adjustment
Standard Ward (a room in a Hospital with more than double occupancy)	Semi-Private Room, Private Room or any room type above Private Room including suite, VIP or deluxe room	The benefits shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits.
Semi-Private Room (a single or double occupancy room, with a shared bath or shower room in a Hospital)	Private Room or any room type above Private Room including suite, VIP or deluxe room	
Private Room (a single occupancy room, with a private bath or shower room, in a Hospital)	Any room type above Private Room including suite, VIP or deluxe room	

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. 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.
6. Applicable to appointed medical service provider(s) by Cigna Healthcare from time to time. A check-up coupon will be available after every 3 consecutive years of no-claim record.
7. Where the Insured Person is Confined in a Hospital, and if room and board or intensive care is payable for such Confinement, provided that the Eligible Expenses charged by the Hospital on the cost of accommodation and meals or intensive care services are fully or partly paid by other insurance coverage that is not underwritten and issued by the Company, the Company shall pay this benefit for each day of such Confinement up to the applicable benefit limits and Annual Benefit Limit.

Case Illustrations

The following examples are hypothetical and for illustration purposes only. Actual coverage, claim amount and premium payable will depend on individual circumstances and the Policy Provision and Benefit Schedule.

Cigna VHIS Series – Flexi Plan (SMM): Issac's story

Policy Holder	**Issac**
Age	30 (non-smoker)
Background	Issac got married when he was 30. For him, it was essential that such an important step in life has to be backed by solid and reliable protection against risks in the future. He's aware of the many benefits of the Cigna VHIS Series, and strongly felt that he and his wife deserve above average medical protection so that they could be hassle-free while working hard to build an ideal future together.
Plan level	Cigna VHIS Series – Flexi Plan (SMM)

At Age 30

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

Suffered a mild heart attack at Age 31

A year later, Issac suffered a mild heart attack. His attending doctor said that he 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

Issac could continue to work hard with peace of mind to build an ideal future together with his wife.

Benefit item (HK$)

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

Net benefit from Cigna VHIS Series - Flexi Plan (SMM): HK$147,206

Total claim payable		Tax benefit (based on a 17% Rate^)
= $169,500	+	$2,108 ($12,402x17%[I])

Issac paid

Total premium paid		Coinsurance borne by Issac out-of-pocket
- $12,402* ($6,126+6,276)		$12,000 ($50,000 +$70,000)x10%

Remarks:

^ The above tax-related information and any tax saving illustrations are for general reference only and do not constitute tax advice. Actual tax deductibility and tax savings depend on individual circumstances and are subject to the latest provisions of the Inland Revenue Ordinance and the Inland Revenue Department's interpretation. Customers should consult their own professional tax advisers on their personal tax positions.

* The premium levels and tax saving amounts illustrated in each case are based on the current assumptions for that example only and are subject to change from time to time (for example, due to medical inflation or changes in tax law).

I. Based on the highest progressive Salaries Tax rate of 17% under the current Hong Kong tax regime, for illustration purposes only. Actual tax rates and tax savings will depend on the taxpayer's own situation.

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

Policy Holder	**Helena**
Age	40 (non-smoker)
Background	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 only half of the medical expenses are reimbursed by the bank's group insurance. 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.
Plan level	Cigna VHIS Series – Flexi Plan (Superior)
Accommodation Room Type	Semi-Private Room
Deductible	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 hospitalization in Okinawa with one-week stay in a Private Room[1].

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$)

Hospitalization expenses incurred in Japan
$ 208,000

–

Deductibles – covered by her group plan:
$ 25,000

Full compensation by Flexi Plan (Superior) – no itemised amount limit
$ 183,000

Net benefit from Cigna VHIS Series – Flexi Plan (Superior):
HK$135,039

Total claim payable

= $183,000

Tax benefit for both policies (based on a 17% Rate^)

\+ $8,107
$47,686x17%[2]

Helena paid

Total premium paid for both policies

– $56,068*
($7,686 + 8,027 + 8,416) +
($10,705 + 10,640 + 10,594)

Remarks:
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* The premium levels and tax saving amounts illustrated in each case are based on the current assumptions for that example only and are subject to change from time to time (for example, due to medical inflation or changes in tax law).
1. Within the specified area of coverage, the applicable room type shall be as follows:
   - Hong Kong, Macau and US: Semi-Private Room;
   - All other regions (excluding Hong Kong, Macau and US): Private Room.
2. Based on the highest progressive Salaries Tax rate of 17% under the current Hong Kong tax regime, for illustration purposes only. Actual tax rates and tax savings will depend on the taxpayer's own situation.

Cigna VHIS Series – Flexi Plan (Superior): Iris's story

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

At Age 50

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

Iris had breast cancer at Age 53

Iris was diagnosed with breast cancer at the age of 53. Under her plan, the eligible costs of her diagnostic imaging, cancer treatments and breast-reconstruction following mastectomy were covered in line with the policy terms, allowing her to receive timely and high-quality care, made Iris's recovery go well.

After recovery

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

Benefit item (HK$)

Pre-Confinement

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

Prescribed Diagnostic Imaging Tests
$ 27,000

1st Confinement for mastectomy

Hospitalization and surgical expenses
$ 150,000

Prescribed Diagnostic Imaging Tests
$ 43,000

1st Post-Confinement

Pre- and post-Confinement/ Day Case Procedure outpatient care $ 2,160

2nd Confinement for breast reconstruction

Hospitalization and surgical expenses
$ 200,000

2nd Post-Confinement

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

Total medical expenses
$ 424,480

Net benefit from Cigna VHIS Series - Flexi Plan (Superior):
HK$287,759

	Total claim payable		Tax benefit (based on a 17% Rate^)
=	$424,480	+	$5,440 ($32,000x17%[I])

Iris paid

− **Total premium paid**
$142,161*
($32,898+34,611+36,400+38,252)

Remarks:
^ The above tax-related information and any tax saving illustrations are for general reference only and do not constitute tax advice. Actual tax deductibility and tax savings depend on individual circumstances and are subject to the latest provisions of the Inland Revenue Ordinance and the Inland Revenue Department's interpretation. Customers should consult their own professional tax advisers on their personal tax positions.
* The premium levels and tax saving amounts illustrated in each case are based on the current assumptions for that example only and are subject to change from time to time (for example, due to medical inflation or changes in tax law).
I. Based on the highest progressive Salaries Tax rate of 17% under the current Hong Kong tax regime, for illustration purposes only. Actual tax rates and tax savings will depend on the taxpayer's own situation.

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, 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

Please download our MyCigna HK App and login for claim submission. For details of procedures by claims type, please visit the Company website 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 authorization 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 Policy Provision and Benefits Schedule for the complete list and details of exclusions.

Cigna Healthcare 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 except for Emergency Treatment and surgery during Confinement arising from an Accident or to the extent covered by the Accidental Emergency dental treatment benefit. Follow up dental treatment or oral surgery after discharge from Hospital shall not be covered.
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 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.
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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The above insurance plan is underwritten by Cigna Worldwide General Insurance Company Limited ("Cigna Healthcare"), an authorized insurer to carry on general insurance business in or from Hong Kong. This brochure is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Cigna Healthcare outside Hong Kong. It is designed to provide you with a brief summary of the named insurance plan, its terms, conditions and exclusions, and is not a contract of insurance. For complete details of terms, conditions and exclusions, please refer to the Policy Provision and Benefit Schedule. If there is any conflict between the Policy Provision and Benefit Schedule and this brochure, the Policy Provision and Benefit Schedule shall prevail.

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

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