住院 / 手術
一般保險

信諾醫療保系列

信諾尊尚360醫療保

Sun Flower Insurance Brokers Limited
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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

為什麼選擇信諾環球

全球業務遍佈**超過30個國家及地區**[1]

2025年《財富》500強**排行116**

與全球超過**1.82億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**73,000名員工**[1]

註：

1. 以上資料僅供參考，內容截至2025年6月，並有可能作出更改。

信諾環球更榮獲下列業界殊榮：

彭博商業周刊/中文版金融機構2025
—理賠管理卓越大獎 —
一般保險介別

彭博商業周刊/中文版金融機構2025
— 醫療保險計劃卓越大獎 —
一般保險介別

彭博商業周刊/中文版金融機構2025
— 數碼營銷策略傑出大獎 —
一般保險介別

香港保險業大獎2025 —
最佳合作項目大獎年度三強 — 一般保險

香港保險業大獎2025 —
傑出理賠管理大獎年度大獎 — 一般保險

信諾尊尚360醫療保為您提供周全保障

想擁有健康人生，需從建立健康的日常生活模式開始。**信諾尊尚360醫療保**不僅是醫療保險，計劃更會為您提供360度全方位健康保障，包括預防、診斷、治療及康復，全面保護您健康旅程的每一個重要階段。本計劃讓您享有一系列全面的醫療及健康支援服務，也是您人生的重要伙伴，助您在不同階段都能活出健康人生。

360 度全方位高端基本保單保障及自選門診保障

病房類別

半私家房

每年港幣$3,000萬
基本保單保障及自選門診保障

亞洲保障計劃

標準私家房

每年港幣$5,000萬
基本保單保障及自選門診保障

亞洲及環球保障計劃均適用

不設終身賠償上限

適用於所有基本保障[1]及大部分自選保險保障[2]。即使遇上嚴重疾病(例如：癌症)，相關的治療費用都可獲得賠償[3]，毋須為不同細項的賠償上限憂心，惟整體年度保障限額及個別保障項目的賠償限額仍然適用。

保證終身續保

不管健康狀況有任何變化，均保證續保。

保障靈活稱心

提供3個受保地區選項，讓您自由選擇希望享有保障的地區

亞洲

環球不包括美國

環球

4種年度自付費[4]選項，靈活配合個人預算，與您現已享有的其他保障相輔相成

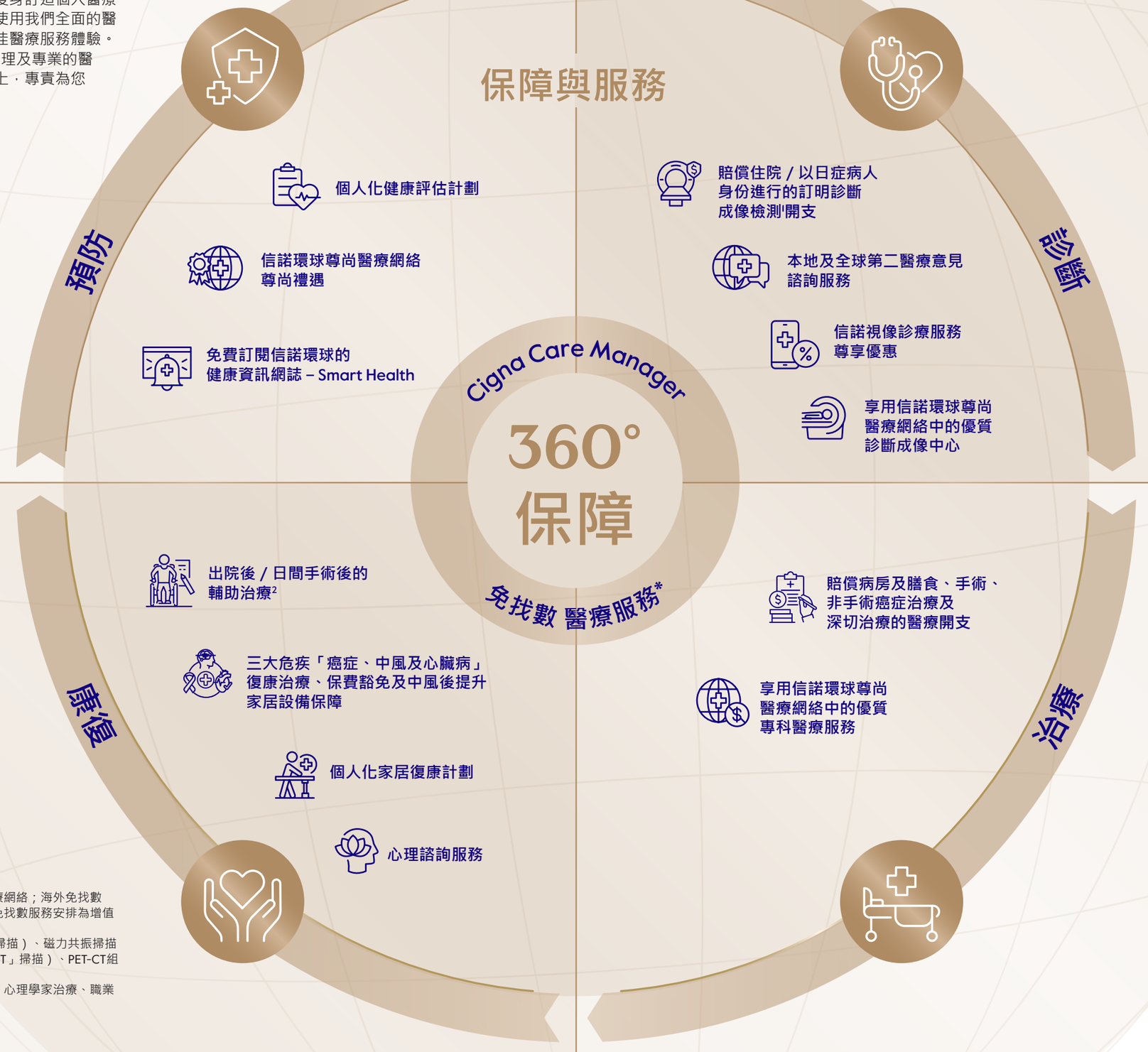
港幣 $15,000	港幣 $25,000	港幣 $50,000	港幣 $75,000

註：

1. 醫療裝置、人體免疫力缺乏病毒/愛滋病治療、器官移植保障、善終服務保障及三大危疾保障受限於各自的終身賠償限額。
2. 自選藥物保障設終身最高賠償額港幣$500,000。
3. 賠償均須符合醫療所需和合理及慣常的原則。有關詳情，請參閱本小冊子的重要事項及保單條款。
4. 您可在退休時調整自付費。有關此權益的申請，須於受保人年屆 55、60、65或70歲生日當日的保單周年日或緊隨其後的保單周年日之前的30日內提出。此權益終身只可使用一次，當三大危疾保費豁免保障生效時，不能行使此權利。

360度全方位醫療健康保障
是您健康路上最全面的夥伴

信諾環球以您的健康為首要考慮，為您度身訂造個人醫療健康體驗，讓您在健康旅程安心無憂。使用我們全面的醫療網絡、健康及保障方案，您可享有更佳醫療服務體驗。其中，Cigna Care Manager醫療服務經理及專業的醫療團隊在預防、診斷、治療以至康復路上，專責為您提供專業支援。



註：

* 免找數醫療服務只適用於香港信諾環球尊尚醫療網絡；海外免找數服務安排則全球適用。免找數醫療服務及海外免找數服務安排為增值服務，並受服務條款及細則約束。

I. 訂明診斷成像檢測包括電腦斷層掃描（「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。

2. 出院後 / 日間手術後的輔助治療包括物理治療、心理學家治療、職業治療、言語治療或脊醫診症。

三大危疾 — 全方位照顧預防、診斷、治療及康復各種需要

信諾尊尚360醫療保明白後續治療與直接治療同樣重要，若不幸患上危疾，可能伴隨不同併發症，或相關治療所產生的副作用。作為您的健康路上的夥伴，我們與您在抗病路上並肩同行，照顧您的醫療需要，持續跟進您的病情，確保您回復以往的生活模式。若不幸首次確診患上癌症、中風或心臟病三大危疾的其中之一，我們會向您提供額外的復康治療保障及財政支援。

概況

保單持有人	**Kathy**
年齡	45歲（非吸煙人士）
職業	公司董事
計劃選項	環球 — 標準私家房計劃

參考例子

下列為假設例子，僅作舉例說明。

預防

在指定的尊尚醫療中心進行個人化健康評估[1]後，Kathy得悉乳房造影檢查結果異常。

隨後，Kathy接受建議，在信諾環球尊尚醫療網絡的醫療中心進行進一步的成像檢測，以仔細了解異常情況。

診斷

Kathy不幸被診斷患上乳癌。

合資格醫療開支均可獲保障：

- **訂明診斷成像檢測（CT、MRI、PET、PET-CT組合及PET-MRI組合掃描）可獲賠償[2]**
- **入院前／日間手術前的門診護理可獲賠償[2]**
- **免費心理諮詢服務**

Kathy擔心患上乳癌對其身體及日常生活造成影響，因而接受心理諮詢服務，以緩解患病後的心理壓力。

治療

Kathy進行多項癌症治療，包括全乳切除、化療及乳房重建手術。

經過上述多項治療後，Kathy的癌症完全緩和。

合資格醫療開支均可獲保障：

- **外科醫生費、麻醉科醫生費及手術室費可獲賠償[2]**
- **訂明非手術癌症治療可獲賠償[2]**
- **乳房重建手術保障可獲賠償[2]**

康復

完成治療後，Kathy接受腫瘤科醫生的定期跟進及評估。

合資格醫療開支均可獲保障：

- **出院後或日間手術後的門診護理可獲賠償[2]**

Kathy亦接受進一步的跟進護理，以改善其長遠身心健康，包括營養諮詢、傳統中醫治療（包括針灸）及物理治療。

合資格醫療開支均可獲保障：

- **出院後或日間手術後的輔助治療可獲賠償[2]**
- **三大危疾輔助治療保障（營養諮詢及傳統中醫治療）可獲賠償[2]**

專屬Cigna Care Manager全程提供支援

在被診斷患上癌症後，Kathy決定暫時休假，專心接受治療及康復護理。Kathy獲豁免六個月保費豁免保障，以減輕其經濟負擔。

- **三大危疾保費豁免保障**

註：
1. 個人健康評估項目因年齡、性別及個別健康狀況而異；詳情請參閱尊尚360客戶服務指南。
2. 受各保障項目的受保範圍限制。

持有信諾尊尚360醫療卡，即享免找數醫療服務[1]，令您安心無憂

免找數醫療服務

信諾環球尊尚醫療網絡覆蓋廣泛，合作夥伴包括香港1,000多名信譽良好的專科醫生及多間先進的醫療中心，提供便捷的免找數醫療服務，助您解決燃眉之急。

您可享用頂尖的健康及醫療服務，包括訂明先進診斷成像檢測[2]、日間手術及住院治療，過程中無需預繳按金，亦無需即時付款[3]。您只需在信諾環球尊尚醫療網絡旗下的專科門診，出示信諾尊尚360醫療卡並進行登記，網絡醫生將會協助您安排申請免找數醫療服務。

您將獲享個別醫療服務（包括CT掃描、PET掃描、MRI掃描、PET-CT組合及PET-MRI組合）的免找數體驗：

信諾環球尊尚醫療網絡

當您感到身體不適並需要接受專科醫生的諮詢服務

出示您的信諾尊尚360醫療卡，
即可於網絡醫療中心及診所尊享獨家優惠*

當建議進行訂明先進診斷成像檢測[2]

我們的網絡醫療服務提供者可協助您進行以下預先批核申請

- 在指定的診斷成像中心使用免找數醫療服務

當需要住院／進行日間手術

我們網絡的醫療服務提供者可協助您進行以下預先批核申請

- 在任何一間香港私家醫院及指定的日間中心使用免找數醫療服務

* 優惠適用於指定網絡醫療中心及診所，詳情請向相關醫療服務提供者查詢。

詳情請參閱尊尚360客戶服務指南。

一對一專屬Cigna Care Manager醫療服務經理[4]

信諾環球明白，在患病時都希望得到最佳的治療。我們特設醫療禮賓服務，信諾尊尚360醫療保計劃的保單持有人會由專屬的Cigna Care Manager跟進個案，為您提供個人化的醫療禮賓服務。

- 根據信諾環球提供的健康評估結果，解答您任何相關疑問
- 幫助您評估可能產生的醫療費用，為您轉介優質醫療服務，解答您可能需要面對的情況
- 跟進有關住院、手術及其他治療安排

了解更多Cigna Care Manager的醫療禮賓服務詳情。

註：

1. 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，客戶須於接受訂明先進診斷成像檢測、入院或接受日間手術前向我們提交「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，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自付費及保障限額而定。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。
2. 訂明先進診斷成像檢測包括電腦斷層掃描（"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。
3. 保單持有人或受保人需先支付任何一個保單年度內剩餘的自付額。
4. 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。

信諾尊尚360醫療保 您的健康生活後盾

個人化健康評估計劃

信諾環球明白，您的健康狀況有機會隨著時間改變。要改善健康，您需要建立健康生活模式，及早預防任何健康風險或疾病。信諾環球的專業醫生團隊會根據您的年齡、性別及個別健康狀況，為您制定個人化的健康評估計劃。由保單生效的第二年開始，我們每兩年會為您提供一次專屬的健康檢查，費用全免。您須在信諾環球尊尚醫療網絡旗下指定診所，進行有關健康檢查。

您完成健康檢查後，我們的網絡醫生會為您提供深入的報告分析及提供醫療建議，助您預防疾病及改善整體健康。

若在您完成檢查後，需要額外的醫療意見、生活方式建議或醫生轉介，Cigna Care Manager會為您跟進及提供意見。

無索償獎賞

為鼓勵您保持身體健康，若您的基本保單在指定連續年期下並沒有任何已支付索償，您可享有無索償保費折扣，即信諾尊尚360醫療保計劃基本保單的標準保費5%折扣[1]。

緊接續保日前的無索償時期	應用於基本保單的標準保費的無索償保費折扣率
連續 2 個保單年度或以上	5%

註：
1. 基本的標準保費不包括任何自選保險保障保費，亦不包括任何保險徵費及附加保費。

多元化增值醫療服務

您額外的健康及醫療支援

心理諮詢服務[1]

心理與身體健康同樣非常重要，出現心理健康問題後往往會轉化為身體健康問題。我們特設免費的心理諮詢服務，讓您可與專業的心理輔導專家團隊進行一對一面談，每年4次，助您重建健康路上的信心，使您在工作和個人生活上重回軌道。

我們亦提供24小時熱線，讓您可以隨時與專業的心理輔導團隊聯繫。您可致電24小時的專線服務，專業團隊隨時可為您提供服務，分擔您工作及生活上的各種疑難，例如長者護理、兒童照顧、家庭及教育、等問題。

個人化家居復康計劃[1,2]

本計劃讓您可以靈活選擇提前出院，在舒適的家居環境下繼續接受康復護理。Cigna Care Manager會與您的主診醫生跟進康復進度，根據您的健康需要，為您協調及安排個人化的家居復康計劃。例如安排不同專科醫護人員組成專業團隊，為不同病患提供適切的復康照顧。您可以免找數形式使用相關服務，安心無憂地接受康復護理。

海外免找數服務安排[1]

我們深明若在海外發生事故，須進行緊急治療時，可能會為繳交大額的醫療開支而煩惱。我們不僅在香港提供免找數醫療服務，也額外特設海外免找數服務安排的增值服務，讓您在海外旅程中遇上突發醫療狀況，均可享免支付住院服務。

全球第二醫療意見諮詢服務[1]

我們與全球頂尖的醫療中心合作，為客戶特設免費的全球第二醫療意見諮詢服務，您可就您的醫療診斷及治療計劃，尋求獨立第二醫療意見，助您作出明智的決定，選擇最佳治療方案。

國際緊急援助服務[1]

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。

信諾視像診療服務

當您患病時，可能未必能夠親身到診所求診。信諾視像診療服務能為您隨時隨地預約醫生診期，屆時醫生以視像形式為您診症，本服務更提供即日香港境內藥物送遞（離島除外）。您同時可享有獨家折扣優惠。

MyCigna HK – 時刻照顧您健康需要

MyCigna HK是一站式保單管理服務平台。您可隨時隨地登入手機應用程式，查閱保單資料、遞交索償申請、查閱網絡醫生資料或為家人投保全新計劃，簡單方便。

Download on the App Store　Google play

24/7信諾客戶服務聊天機械人CHLOE：全天候為您服務

無論您身處何地，均可透過WhatsApp隨時與信諾客戶服務聊天機械人Chloe對話，查詢保單或索取其他健康資訊。若您身處香港，Chloe更可幫您搜尋就近的普通科或專科醫生，也可為您預約診期。

享有信諾環球尊尚醫療網絡的尊尚禮遇

透過與我們合作的尊尚醫療網絡提供者，您可享有醫療尊尚禮遇，包括牙科護理、專業健康檢查及疫苗接種等，幫助您建立健康生活模式。

免費訂閱信諾環球的健康資訊網誌 – Smart Health

為讓您掌握最新的健康趨勢，我們的專業醫療人員及醫療保健合作夥伴會定期為您提供最新的健康和保健資訊，陪伴您保持身心健康。立即訂閱www.cigna.com.hk/zh-hant/smarthealth/。

我們的專屬團隊隨時樂意為您服務
請聯絡我們的24小時信諾尊尚360醫療保熱線

8107 0600

註：

1. 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。
2. 「個人化家居復康計劃」只適用於香港。
3. 服務只包括轉介或預約安排，客戶須自行承擔所有有關費用及須直接向海外醫療機構支付有關醫療費用。

計劃一覽

<table>
<tr><th colspan="5">基本保單及自選保險保障</th></tr>
<tr><td colspan="2">計劃類別</td><td colspan="3">• 此保險計劃是一份獨立個人保單。
• 基本計劃提供住院及手術保障，並可附加自選保障以提供門診或其他醫療保障。
• 此保險計劃提供彌償式及非彌償式賠償，並不含有保單價值。</td></tr>
<tr><td colspan="2">基本保單保單年期及保費結構</td><td colspan="3">一年及可每年續保
此保險計劃提供一年保障期並保證受保人終身續保[1]，保費繳付期直至保障期終結保費率隨年齡增加，並可每年調整及隨時更改。</td></tr>
<tr><td colspan="2">受保地區選擇[2]</td><td>亞洲[3]</td><td>環球不包括美國</td><td>環球</td></tr>
<tr><td rowspan="2">病房類別</td><td>香港及澳門</td><td>半私家房[4,5]</td><td>標準私家房[6]</td><td>標準私家房[6]</td></tr>
<tr><td>香港及澳門以外</td><td colspan="3">標準私家房[6]</td></tr>
<tr><td colspan="2">每年保障限額 – 本保單下的所有保障項目及自選門診保障（如適用）</td><td>港幣$30,000,000</td><td>港幣$50,000,000</td><td>港幣$50,000,000</td></tr>
<tr><td colspan="2">投保年齡
（上次生日年齡）</td><td colspan="3">15日至70歲</td></tr>
<tr><td colspan="2">年度自付費選項[7]
（即在保單年度開始時重新計算）</td><td colspan="3">港幣$15,000 / 港幣$25,000 / 港幣$50,000 / 港幣$75,000</td></tr>
<tr><td colspan="2">保費繳付方式</td><td colspan="3">年繳 / 月繳</td></tr>
<tr><td colspan="2">保單貨幣</td><td colspan="3">港幣</td></tr>
</table>

註：

1. 保證續保基於信諾環球仍就「信諾尊尚360醫療保」基本保單及自選保險保障（如適用）繼續簽發新保單，以及必須在每個周年日當日或之前繳付標準保費及附加保費（如有）。
2. 保障受限於保單內的遵守經濟制裁規定條款。
3. 亞洲指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、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、阿拉伯聯合酋長國及越南。保障受限於保單內的遵守經濟制裁規定條款。
4. 在香港或澳門住院時入住標準私家房，基本保單下可獲賠償的合資格費用或其他費用將受限於50%的調整因子。
5. 半私家房是指醫院列為半私家房或二等房的房間。如醫院沒有列明病房分類，半私家房指醫院內設有共用浴室的單人或雙人病房。
6. 標準私家房是指醫院列為單人、私人或頭等房的病房。如醫院沒有列明病房分類，標準私家房是指醫院內設有私人浴室的單人病房。為免存疑，標準私家房並不包括醫院內附有升級設施之設有私人浴室的基本單人病房。
7. 自付費（在每個新保單年度會重新計算）不適用於以下保障項目：
   - 入住香港或澳門政府醫院公眾病房之住院現金
   - 入住香港或澳門私家醫院較低級別病房之住院現金
   - 網絡醫生進行的指定日間手術之現金保障
   - 三大危疾保費豁免保障
   - 意外身故保障
   - 無索償保費折扣

保障賠償表（港幣）

下列保障項目僅供參考之用。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」。

病房類別	半私家房[1,3]	標準私家房[2]
受保地區	亞洲[4]	亞洲[4]/環球 不包括美國/環球
每年保障限額 適用於基本保單下的所有保障項目及自選門診保障（如適用）	港幣$30,000,000	港幣$50,000,000
終身保障限額 適用於基本保單下的所有保障項目、自選門診保障（如適用）及自選牙科保障（如適用）	不設上限	
診斷保障		
病房類別	**半私家房[1,3]**	**標準私家房[2]**
保障項目	**賠償限額（港幣$）**	
1. 訂明診斷成像檢測 保障就電腦斷層掃描（「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組合所收取的合資格費用	不設金額上限	
2. 入院前或日間手術前的門診護理 保障受保人入院前或日間手術前30日內在註冊醫生診所接受的的門診或急症診症的合資格費用	不設金額上限 （每保單年度30次）	

治療保障		
病房類別	半私家房[1,3]	標準私家房[2]
保障項目	賠償限額（港幣$）	
3. 病房及膳食[5]	不設金額上限	
4. 雜項開支		
5. 主診醫生巡房費		
6. 專科醫生費		
7. 深切治療[5]		
8. 外科醫生費		
9. 麻醉科醫生費		
10. 手術室費		
11. 訂明非手術癌症治療 保障化療、放射治療、標靶治療、免疫治療、荷爾蒙治療、質子治療、使用伽瑪刀及數碼導航刀的合資格費用		
12. 精神科治療 保障受保人在專科醫生的建議下，在住院期間接受精神科治療所收取的合資格費用	每保單年度港幣$80,000 （每保單年度30日）	
13. 醫療裝置 • 指定項目 起搏器 / 經皮冠狀動脈腔內成形術的支架 / 基本或單焦距眼內人工晶體 / 人工心瓣 / 金屬或人工關節置換 / 人工韌帶置換或植入 / 人工椎間盤 • 其他項目 上述指定項目以外的醫療裝置	指定項目 不設金額上限 其他項目 終身每項裝置港幣$100,000	
14. 傳統中醫藥物治療 保障受保人在住院期間或出院後 / 完成日間手術後90日內接受的傳統中醫藥物治療（包括診症及兩日處方基本中藥），由註冊中醫師所收取的合資格費用	每次港幣$1,000 （每保單年度30次）	
15. 私家看護費	不設金額上限 （每保單年度90日）	
16. 門診腎透析	不設金額上限	

治療保障		
病房類別	半私家房[1,3]	標準私家房[2]
保障項目	賠償限額（港幣$）	
17. 陪伴床位費（只適用於18歲或以下的受保人）	不設金額上限	
18. 入住香港或澳門政府醫院公眾病房之住院現金[6] 於受保人入住香港或澳門政府醫院公眾病房期間，就每日住院（連續24小時的逗留）提供的現金保障	每日港幣$1,000 （每保單年度45日）	每日港幣$2,000 （每保單年度45日）
19. 入住香港或澳門私家醫院較低級別病房之住院現金[6] 於受保人入住香港或澳門私家醫院級別低於病房類別的病房期間，就每日住院（連續24小時的逗留）提供的現金保障	每日港幣$1,200 （每保單年度45日）	每日港幣$2,000 （每保單年度45日）
20. 網絡醫生進行的指定日間手術之現金保障[6] 指定日間手術為胃鏡檢查及結腸鏡檢查	每日港幣$2,000 （每保單年度45日） （每日1個日間手術）	每日港幣$3,000 （每保單年度45日） （每日1個日間手術）
21. 意外急症門診護理	不設金額上限 （意外發生後24小時內）	
22. 意外急症牙齒治療	不設金額上限 （意外發生後2星期內）	
23. 人體免疫力缺乏病毒 / 愛滋病治療 （設5年等候期）	終身港幣$1,000,000	
24. 乳房重建手術保障	不設金額上限	
25. 妊娠併發症（設1年等候期）	不設金額上限	
26. 器官移植保障 保障受保人以器官接受者身份所進行的心臟、腎臟、肝臟、肺臟、胰臟或骨髓移植手術 • 器官接受者的費用 • 器官捐贈者（向受保人徵收）的費用	不設金額上限 終身港幣$500,000	
27. 善終服務保障（設2年等候期）	終身港幣$300,000	

復康保障		
病房類別	半私家房[1,3]	標準私家房[2]
保障項目	賠償限額（港幣$）	
28. 指定癌症之第3期臨床試驗藥物保障[7]	每保單年度港幣$600,000	
29. 出院後或日間手術後的門診護理保障受保人在出院後或完成日間手術後365日內接受的跟進門診的合資格費用	不設金額上限 （每保單年度60次）	不設金額上限 （每保單年度90次）
30. 出院後或日間手術後的輔助治療保障受保人出院後或日間手術後365日內接受以下門診治療或診症的合資格費用 • 物理治療 / 職業治療 / 言語治療 • 脊醫診症 • 心理學家治療（由香港註冊心理學家提供）	不設金額上限[8] （每保單年度30次） 每次港幣$1,600[8] （每保單年度30次） 每次港幣$800[8] （每保單年度5次）	不設金額上限[8] （每保單年度60次） 每次港幣$1,600[8] （每保單年度30次） 每次港幣$800[8] （每保單年度5次）
31. 出院後家中看護 保障受保人出院後接受由護士或香港保健員提供的家中看護服務所收取的合資格費用	不設金額上限 （每保單年度196日）	
32. 康復治療保障 保障受保人出院後 90 日內入住康復中心並接受康復治療的合資格費用	每保單年度港幣$300,000	

三大危疾保障（設90日等候期）
以下保障將就在三大危疾保障等候期完結後首次確診的癌症、中風或心臟病的其中之一作出賠償

病房類別	半私家房[1,3]	標準私家房[2]
保障項目	**賠償限額（港幣$）**	
33. 三大危疾輔助治療保障 保障首次確診的癌症、中風或心臟病的其中之一的確診日期後365日內就以下門診治療或診症所收取的合資格費用 • 營養師診症 • 傳統中醫藥物治療（包括診症費及兩日處方基本中藥費用） • 針灸治療（由註冊中醫師提供）	終身30次 • 每次港幣$800[8] • 每次港幣$1,000[8] • 每次港幣$1,000[8]	
34. 三大危疾保費豁免保障[6] 癌症、中風或心臟病的其中之一首次確診後，在確診後緊接的日曆月中與保單生效日相同的那一日起計，豁免基本保單及自選保險保障（如適用）的應繳付標準保費及附加保費（如有）	終身6個日曆月	
35. 中風後提升家居設備保障 保障首次確診的中風的確診日期後365日內，由註冊職業治療師書面建議的家居設備提升費用 • 家居設備提升包括但不限於以下項目 – 調整浴室設施（例如加高座廁、於廁所水箱安裝靠背、安裝水平淋浴、安裝浴缸坐板及於適當高度安裝洗手盆）； – 安裝室內樓梯升降機或升降機； – 安裝扶手欄杆作支撐； – 安裝斜台以避免使用梯級； – 於地面樓層設置浴室及睡房設施； – 移動電燈開關、門把手、門鐘及應門對講機至可觸及的高度； – 添置專用的傢俱，例如可調床或支撐椅； – 安裝警報設備；及 – 加寬門口和走廊	終身港幣$50,000	

身故保障	
保障項目	**賠償限額（港幣$）**
36. 意外身故保障[6] • 香港 • 海外地區	 港幣$100,000 港幣$200,000

無索償保費折扣[6,9]

若本保單已連續生效2個或以上保單年度，而在緊接續保日前連續2個或以上保單年度內基本保單下並沒有任何已支付索償，保單持有人在續保時可享無索償保費折扣，該無索償保費折扣將按以下折扣率應用於基本保單的標準保費（不包括附加保費）：

緊接續保前的無索償時期	應用於基本保單的標準保費的無索償保費折扣率
連續2個保單年度或以上	5%

註：

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。該有關書面建議的證明以其簽發日起計 6 個日曆月內有效。

1. 半私家房是指醫院列為半私家房或二等房的房間。如醫院沒有列明病房分類，半私家房指醫院內設有共用浴室的單人或雙人病房。
2. 標準私家房是指醫院列為單人、私人或頭等房的病房。如醫院沒有列明病房分類，標準私家房是指醫院內設有私人浴室的單人病房。為免存疑，標準私家房並不包括醫院內附有升級設施之設有私人浴室的基本單人病房。
3. 在香港或澳門住院時入住標準私家房，基本保單下可獲賠償的合資格費用或其他費用將受限於50%的調整因子。
4. 受保地區選擇包括：亞洲、環球不包括美國及環球。亞洲指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、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、阿拉伯聯合酋長國及越南。保障受限於保單內的遵守經濟制裁規定條款。
5. 若受保人之年齡為100歲或以上，第3及7項保障項目的賠償限額為每保單年度最多180日。
6. 自付費（在每個新保單年度會重新計算）不適用於以下保障項目
   - 入住香港或澳門政府醫院公眾病房之住院現金
   - 入住香港或澳門私家醫院較低級別病房之住院現金
   - 網絡醫生進行的指定日間手術之現金保障
   - 三大危疾保費豁免保障
   - 意外身故保障
   - 無索償保費折扣
7. 指定癌症指於指定癌症之第3期臨床試驗藥物保障下，符合以下條件的惡性癌：
   (a) 根據美國癌症聯合委員會（AJCC）分期系統定義為第III期或第IV期惡性腫瘤；或
   (b) 經血液科的專科醫生確認為現有的非實驗性治療無法治癒的血液系統惡性腫瘤，
   但不包括下列任何一項：
   (i) RAI級別II或以下的慢性淋巴性白血病；或
   (ii) 任何存在人體免疫力缺乏病毒（HIV）的腫瘤。
   指定癌症的診斷須得到受保人的主診專科醫生的書面證實，並以令本公司信納的臨床、放射學、組織學或化驗證據來支持。
8. 若同一日內進行多於一次輔助治療，此保障只會賠償一次治療或診症。
9. 在保單持有人已接受無索償保費折扣後，若本公司就續保日前引致的基本保單下的索償在該續保日後支付索償，保單持有人須按本公司要求立即退還已接受的無索償保費折扣金額。

自選門診保障（如適用）
本保障賠償表上述列明之每年保障限額亦適用於自選門診保障

保障項目	賠償限額（港幣$）	
1. 普通科醫生診症[1,4] （包括5日處方基本西藥）	每保單年度40次	不設金額上限
2. 專科醫生診症[2,4,6] （包括5日處方基本西藥）		
3. 在家診症[1,4] （包括5日處方基本西藥）		
4. 物理治療[2,4]		
5. 脊醫診症[2,4]		
6. 註冊中醫師診症[1,4] （包括2日處方基本中藥）		每次港幣$800 （每保單年度10次）
7. 跌打[1,4]		
8. 針灸[1,4]		
9. 精神病門診診症或心理異常門診診症[3,4,5]		每次港幣$800 （每保單年度5次）
10. 營養輔導、言語治療或職業治療[3,4]		每次$800 （每保單年度$1,600及5次）
11. 醫生處方西藥	每保單年度$10,000	
12. 診斷影像及化驗	每保單年度$10,000	
13. 防疫注射	每次注射$200 （每保單年度$1,000）	

註：

第2、4、5、9、10及12項保障項目須獲註冊醫生書面轉介。該書面轉介以其簽發日起計6個日曆月內有效。

1. 若於同一日進行多於一次可獲賠償的普通科醫生診症、在家診症、註冊中醫師診症、跌打或針灸，只有一次診症或治療可獲賠償。
2. 若於同一日進行多於一次可獲賠償的專科醫生診症、物理治療或脊醫診症，只有一次診症或治療可獲賠償。
3. 若於同一日進行多於一次的診症或治療，只有一次診症或治療可獲賠償。
4. 第1至10項保障項目只包括診金及/或治療費用。
5. 只限由香港註冊心理學家或由提供精神病或心理異常的治療的專科醫生提供的門診診症。
6. 第2項保障項目內，兒科、婦科、眼科、皮膚科及骨科豁免註冊醫生的書面轉介信。

自選牙科保障（如適用） 保障註冊牙醫在合法註冊牙醫診所提供診治所收取的合資格費用	
每年賠償限額	港幣$5,000
保障項目	**賠償限額（港幣$）**
1. 洗牙	每6個日曆月1次
2. 保障以下項目： a) 補牙，包括齒科汞合金補牙、複合樹脂補牙、陶瓷補牙及玻璃離子體補牙（臼齒與臼齒前的牙）； b) 活動假牙、牙冠及牙橋（只適用於因意外而導致）； c) 膿瘡排放； d) 脫牙； e) X光； f) 齒根管的填補；及 g) 例行口腔檢查	不設金額上限

自選藥物保障（如適用）

若受保人在180日等候期後首次確診下列任何危疾，並存活達30日，保障由註冊的藥房、藥店、診所或醫院就用於醫治危疾處方西藥所收取的合資格費用

每年賠償限額	港幣$80,000
終身賠償限額	港幣$500,000

危疾（適用於在保單生效日時年齡為16歲或以上的受保人）

1. 亞爾茲默氏病 / 腦退化症[1]
2. 肌萎縮性脊髓側索硬化
3. 再生障礙性貧血
4. 細菌性腦膜炎
5. 良性腦腫瘤
6. 失明
7. 腦部外科手術
8. 癌症
9. 原位癌[2]
10. 心肌病
11. 復發性慢性胰臟炎
12. 昏迷
13. 冠狀動脈成形手術[2]
14. 冠狀動脈搭橋手術
15. 克雅氏症
16. 克隆氏病
17. 伊波拉
18. 象皮病
19. 腦炎
20. 末期肺病
21. 暴發性肝炎
22. 心瓣膜手術
23. 因輸血而感染愛滋病
24. 腎功能衰竭
25. 肝功能衰竭
26. 失聰
27. 斷肢
28. 喪失語言能力
29. 嚴重燒傷
30. 主要器官移植
31. 結核性腦膜炎
32. 腎髓質囊腫病
33. 多發性硬化症
34. 肌營養不良症
35. 心肌梗塞
36. 壞死性筋膜炎
37. 因職業感染人體免疫力缺乏病毒 (HIV)
38. 柏金遜症
39. 脊髓灰質炎
40. 原發性側索硬化症
41. 原發性肺動脈高血壓
42. 惡化性延髓性麻痺
43. 進行性肌肉萎縮症
44. 進行性核上神經麻痺症
45. 類風濕性關節炎（成人）
46. 嚴重腦部創傷
47. 嚴重重症肌無力
48. 嚴重潰瘍性結腸炎
49. 脊髓肌肉萎縮症
50. 中風
51. 主動脈手術
52. 末期疾病
53. 完全及永久傷殘
54. 植物人狀態

危疾（適用於在保單生效日時年齡為16歲以下的受保人）

1. 癌症
2. 昏迷
3. 冠狀動脈搭橋手術
4. 手足口病伴有嚴重（威脅生命的）併發症[3]
5. 胰島素依賴型糖尿病[3]
6. 川崎綜合症並有心臟併發症[3]
7. 腎功能衰竭
8. 肝功能衰竭
9. 嚴重燒傷
10. 主要器官移植
11. 心肌梗塞
12. 脊髓灰質炎
13. 風濕性心瓣疾病[3]
14. 嚴重哮喘[3]
15. 嚴重腦癇[3]
16. 中風

註：

1. 亞爾茲默氏病 / 腦退化症保障於受保人年齡達65歲後的首個週年日終止。
2. 原位癌及冠狀動脈成形手術的可獲賠償只限於該保障每年最高賠償限額及終身最高賠償限額之20%。
3. 該危疾保障於受保人年齡達16歲後終止。

等候期
指定保障項目將於下列指定等候期屆滿後生效

保障項目	等候期
妊娠併發症	1 年
人體免疫力缺乏病毒 / 愛滋病治療	5 年
善終服務保障	2 年
三大危疾保障	90 日
自選藥物保障	180 日

註：

1. 等候期指以下每一日期起計的期間：
   a. 保單簽發日或保單生效日（以較後者為準）；
   b. 保單復效的生效日期（如保單已復效）；
   c. 自選保險保障簽發日（如在保單簽發日或保單生效日（以較後者為準）後增加）；及
   d. 任何保障增加的簽發日或生效日（以較後者為準）。
2. 在保單條款中，等候期的相應用語分別為妊娠併發症等候期、人體免疫力缺乏病毒 / 愛滋病治療保障等候期、善終服務保障等候期、三大危疾保障等候期及自選藥物保障等候期。

重要資料

此產品小冊子中載有的產品資料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

您可以在冷靜期內行使權利取消保單及獲發還已繳交的標準保費，附加保費（如有）及保險徵費。

冷靜期為由緊接保單或冷靜期通知書交付予您或您的指定代表之日（以較早者為準）起計的30日的期間。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。

如您要行使權利取消保單，您必須簽署書面通知書或您填妥的信諾環球保險有限公司指定的表格作出，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。在此情況下，保單將被視為由保單生效日起無效，本公司亦毋須承擔任何賠償責任。

若曾獲賠償或將獲得賠償，則不獲發還保費。

取消保單

冷靜期後，您可提交本公司指定的表格向本公司給予不少於30日的通知以取消保單。

因上述取消而導致的保單終止將於該表格列明的日期或本公司批准的日期（以較遲者為準）生效。

已繳交的標準保費、附加保費（如有）及保險徵費將不獲退還。本公司保留權利收取保單終止生效後計算至該保單年度完結時的標準保費及附加保費（如有）。

錯誤申報非健康相關資料

若在投保申請文件或任何其後就相關申請提交予本公司的資料或文件中錯誤申報受保人的非健康相關資料（例如年齡、性別或吸煙習慣），本公司可按正確資料調整保費；或若按受保人的正確資料，本公司認為受保人的投保申請應當被拒絕時，本公司有權宣告保單由保單生效日起無效。

失實陳述或欺詐

如在投保申請文件，或在投保申請文件或任何其後就相關申請提交予本公司的資料或文件，就受保人健康狀況的重要事實作出失實聲明或遺漏資料；或在投保申請文件中或索償時，作出欺詐或有欺詐成分的申述，本公司有權宣告保單由保單生效日起無效。

保費

1. 保費計算

您所選病房類別、保障地區及自付費相應的保費，是根據受保人於保單生效日及每個保單周年日續保時之年齡、性別及吸煙習慣而計算。

2. 欠繳保費

如你未能在保單簽發日或保單生效日（以較早者為準）當日或之前全數繳交保單的首期保費，保單應被視為由保單生效日起無效。因此，本公司毋須支付保單的任何保障賠償。

除首期保費付款外，可於任何保費到期日後的寬限期內繳交保費或其任何部分。在寬限期內保單之保障仍然生效，但若寬限期內有任何應獲支付的保障，本公司有權決定從應獲支付的保障先扣減欠繳保費。

如保費或其任何部分在寬限期結束時仍未支付，則保單應在首次欠繳保費的保費到期日終止。

3. 保費調整

在每個保單續保時，本公司保留調整保單的保費之權利。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。

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 https://www.cigna.com.hk/zh-hant/customer-service/insurance-claim-procedure 。

已填妥的本公司指定的表格必須在(a)（若曾住院）受保人出院後或(b)（若沒有住院）為受保人進行醫療服務當日後的30日內向本公司提交。該表格須包括足以證明受保人的身份及索償性質的資料。

保障

I. 一般保障

如於中國內地進行診斷及住院，該醫院須為三級或列於信諾環球的指定中國內地醫院名單上，否則本公司不會賠償保單的任何保障。

除了意外身故保障賠償外，本公司將把本保單的應付賠償支付予保單持有人，或如在款項支付之時保單持有人已不在世，則支付予保單持有人的遺產。

就意外身故保障賠償而言，本公司將支付予受益人；及如沒有指定受益人或在款項支付之時受益人已不在世，則支付予保單持有人。

2. 選擇病房級別

若受保人在香港或澳門住院，而住院的病房級別高於病房類別，基本保單的合資格費用及其他應付費用將受限於以下調整因子：

病房類別	住院病房級別	調整因子
半私家房	標準私家房	50%

基本保單不會就入住醫院的總統套房 / 貴賓房 / 豪華房的住院作出任何賠償。

3. 保障地域範圍

若受保人在在合資格費用招致日或其他應付費用招致之前連續365日內在該國家逗留185日或以上，則該國家被視為受保人之居住國家。

除了緊急治療外，基本保單及自選保險保障（如適用）的保障只賠償受保地區內提供的醫療服務。緊急治療在保單下則可在環球獲得保障。

在合資格費用招致日當日或其他應付費用招致當日，若受保人的居住國家為美國，就保單的可獲賠償的保障，所有在美國招致的合資格費用及其他應付費用將降低至百分之六十（60%）。儘管有上述規定及為免存疑，賠償表所列的賠償限額及自付費將維持不變。

4. 計算應付保障金額

應付保障金額	{ 合資格費用及其他應付費用 **減 (-)** （已根據另一保險計劃，獲其他人士或本公司就同一傷病所招致的合資格費用及其他應付費用作出賠償；或保單的自付費，以最高者為準）} **乘以 (x)** 保障地域範圍的調整因子（如適用） **乘以 (x)** 選擇病房級別的調整因子（如適用）

其他保障

若您擁有保單以外的其他保障，您將有權向任何該等保障或保單進行索償。不論如何，若您或受保人已從任何該等保障索償全部或部分費用，則本公司只會對未被任何該等保障賠償的合資格費用及其他應付費用作出賠償。

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

保單的基本保單及自選保險保障（如適用）將於首I2個日曆月有效。其後必須在每個周年日當日或之前繳付標準保費及附加保費（如有），並且本公司必須仍就基本保單及自選保險保障（如適用）繼續簽發新保單，保單的基本保單及自選保險保障（如適用）將保證自動續保，每次續保期為I2個日曆月。

本公司保留在每次續保時修訂保單的條款及細則、標準保費及 / 或保障表之權利。

保單終止

保單將於下列情況發生時（以最早發生者為準）即時終止：

- 受保人身故；
- 保單持有人取消保單或不續保；
- 本公司因錯誤申報非健康相關資料，失實陳述或欺詐，欠繳首期保費，重複保單或差額未能於本公司向保單持有人發出差額通知書後的I4日內償還，而取消保單；
- 寬限期結束時仍未支付保費；或
- 賠償達終身保障限額。

* 自選藥物保障將於所適用之終生賠償限額耗盡後，將在緊接其後的首個周年日自動終止。

通脹風險

由於通脹可能會導致未來生活費用增加，您現有的預期保障可能無法滿足您未來的需求。如實際的通脹率高於預期，即使本公司履行所有的合約責任，您收到的金額（以實際基礎計算）可能會較預期少。

醫療所需

「醫療所需」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：

- 需要註冊醫生的專業知識或轉介；
- 符合該傷病的診斷及治療所需；
- 按良好而審慎的醫學標準提供，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；
- 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
- 以最適當的水平向受保人安全及有效地提供。

合理及慣常

「合理及慣常」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地決定，在任何情況下，此收費不得高於實際收費。

本公司將須參照以下資料（如適用）以釐定合理及慣常收費：

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

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，請參閱保單條款。

本公司並不會因下列任何一項或多項直接或間接導致或造成的任何狀況作出賠償。

以下不保事項適用於所有保障：

(a) 因投保前已有病症及保單列明的特別不保事項接受醫療服務所招致的費用。惟已在投保申請文件全面披露的及本公司同意不列為保單的不保事項的傷病，則不屬此項。

(b) 任何非醫療所需的治療、治療程序、藥物、檢測或服務所招致的費用。

(c) 若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，該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷，或無法以在為日症病人提供醫療服務的設備下有效地進行的傷病治療，則不屬此項。

(d) 治療人體免疫力缺乏病毒（「HIV」）及其相關的傷病所招致的費用。惟若該人體免疫力缺乏病毒（「HIV」）及其相關的傷病的出現是受保的人體免疫力缺乏病毒/愛滋病治療、自選藥物保障（如適用）下的因輸血而感染愛滋病，自選藥物保障（如適用）下的因職業感染人體免疫力缺乏病毒(HIV)，則不屬此項；

(e) 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（惟HIV及其相關的傷病除外，將按上述(d)不保事項處理）接受醫療服務所招致的費用。

(f) 接受以下服務的所招致的費用 -

(i) 以美容或整容為目的的服務，惟乳房重建手術保障所保障的乳房重建手術則不屬此項；或

(ii) 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，包括但不限於眼部屈光治療、角膜激光矯視手術(LASIK)，以及任何相關的檢測、治療程序及服務。

(g) 預防性治療或預防性護理所招致的費用，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、或因受保人及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。

(h) 由註冊牙醫進行的牙科治療及口腔頜面手術所招致的費用。惟受保人因意外引致在住院期間接受的急症治療及手術，或受保的意外急症牙齒治療，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。為免存疑，此不保事項並不適用於自選牙科保障（如適用）。

(i) 有關產科狀況及其併發症的醫療服務及輔導服務所招致的費用，產科狀況及其併發症包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，（包括但不限於任何原因導致的陽萎、不舉或早泄）。惟若該產科狀況及其併發症的出現是受保於妊娠併發症保障，則不屬此項。

(j) 購買屬耐用品的醫療設備及儀器所招致的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。惟若該等費用是受保於中風後提升家居設備保障，則不屬此項。為免存疑，此不保事項並不適用於住院期間或日間手術當日所租用的醫療設備或儀器。

(k) 傳統中醫治療所招致的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。惟若該等費用是受保於傳統中醫藥物治療或三大危疾輔助治療保障，則不屬此項。為免存疑，此不保事項並不適用於自選門診保障（如適用）。

(l) 按接受治療、治療程序、檢測或服務所在地的普遍標準界定為實驗性或未經證實醫療成效（或尚未經當地認可機構批准）的醫療技術或治療程序所招致的費用。惟若該醫療技術或治療程序的出現是受保於指定癌症之第3期臨床試驗藥物保障，則不屬此項。

(m) 因先天缺陷、先天性疾病、遺傳性疾病，或任何由相關的傷病接受醫療服務所招致的費用，惟若該先天缺陷、先天性疾病、遺傳性疾病，或任何由相關的傷病的出現是受保於自選藥物保障（如適用）所保障下的腎髓質囊腫病，則不屬此項。

(n) 已獲任何法律，或由任何政府、僱主或其他第三方提供的醫療或保險計劃賠償的費用。

(o) 治療因戰爭、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、軍事政變或奪權事故，或恐怖主義導致的傷病所招致的費用。

(p) 治療發育異常，包括但不限於學習困難（例如讀寫障礙）、行為問題（例如自閉症或注意力缺陷障礙）；或身體發育問題（例如身材矮小）所招致的費用。

(q) 治療肥胖或因肥胖而需要治療所招致的費用，包括但不限於減肥班、減肥輔助劑及藥物。本公司只會支付捆紮帶胃或胃繞道手術的費用，惟受保人的身體質量指數(BMI)須為四十(40)或以上，並已被診斷為病態肥胖；以及在過去的二十四(24)個日歷月內已嘗試了其他的減肥方法，並提供書面證據。

(r) 人工生命維持包括機械通氣所招致的費用，倘此種治療不會或預計不會導致受保人康復或恢復受保人以前的健康狀況。惟若該等費用是受保於自選藥物保障（如適用）下的植物人狀態，則不屬此項。

(s) 胎兒手術或治療所招致的費用。

(t) 治療由成癮情況及障礙促成的相關情況所招致的費用，包括但不限於戒煙。

(u) 因睡眠障礙所招致的費用，惟以下項目除外：

(i) 若受保人確診睡眠窒息症，每保單年度最多一(1)次睡眠測試；及

(ii) 由專科醫生書面建議的有關睡眠窒息症的治療。

(v) 言語治療或與之相關所招致的費用，而該治療本質上難以恢復；或該治療用於提高仍未完全發育的說話技巧、被視為管教或教育性質或是為了保持言語溝通的治療。

(w) 因變性手術、或該手術前預備或該手術後恢復所需要的治療（包括由該治療引起的併發症）所招致的費用。

(x) 基因治療及細胞療法所招致的費用。

(y) 非醫療性服務所招致的費用，包括但不限於客人膳食、收音機、電話、影印、稅項（除了就合資格費用所收取的增值稅和商品及服務稅）、醫療報告費用、傳真及類似費用。

(z) 因心理、精神或神經疾病、人格障礙及性格障礙所招致的費用，惟若該心理、精神或神經疾病、人格障礙及性格障礙的出現是受保於精神科治療，出院後或日間手術後的輔助治療，精神病門診診症或心理異常門診診症，或自選藥物保障（如適用）下的亞爾茲默氏病/腦退化症，則不屬此項。

(aa) 器官移植所招致的費用，惟若該器官移植的出現是受保於器官移植保障，或自選藥物保障（如適用）下的主要器官移植，則不屬此項。

(bb) 因受保人從事或參與以下項目所招致的費用：

(i) 海軍、陸軍或空軍服役或執勤，武裝部隊或任何國家的警隊服務；

(ii) 職業體育運動或危險活動，例如但不限於攀石、攀山、跳傘、懸吊滑翔（不論使用電源與否）、滑翔飛行、笨豬跳，或任何非使用雙足的速度競賽；

(iii) 洞穴潛水、打撈潛水或自由潛水、專業潛水、並沒有持有正確的潛水認證（例如潛水教練專業協會）的潛水，及下潛深度超過四十(40)米的潛水；

(iv) 專業、半專業或有競賽成分的冬季運動、越野滑雪或單板滑雪、滑雪橇或單板跳台滑雪、乘直升機到高山滑雪、在滑雪道外滑雪或單板滑雪、競速滑雪；

(v) 高空工作（二十(20)呎以上）；

(vi) 操作重型機器；

(vii) 航空或空中活動。惟身為購票乘客或空中工作人員，乘搭一架有適當牌照、固定機翼及多引擎、用以接載旅客並由有執照的商業航空公司營運的飛機，或乘搭一架由商業公司擁有及營運、領有牌照以定期接載購票乘客的直升機，惟該直升機必須僅在商業航機場及/或有牌照商業直升機場之間航行，並在上述兩個情況下，該旅程的目的概與飛機內或飛機上進行的交易或技術運作無關，則不屬此項；或

(viii) 製造、儲存、注滿、細分、處理及運送任何爆炸品（包括但不限於煙花或爆竹）或化學物品；

(cc) 有關自選牙科保障（如適用），除了上述(a)至(bb)不保事項以外，本公司亦不會賠償以下列項目所招致的費用：

(i) 為增加垂直咬合高度或填補上下齒咬合而需佩帶的矯正器或需進行的修補；

(ii) 植牙或牙齒移植；

(iii) 美容性牙齒整修，例如牙齒漂白及鑲瓷面；

(iv) 牙齒矯正；

(v) 修理或更換牙齒矯正器；

(vi) 治療牙周病的牙槽骨移植或置放口腔外物質；

(vii) 改正牙齒先天性畸形而進行的治療或需佩帶的矯正器；

(viii) 惡性腫瘤、牙齦囊腫或口腔腫瘤的治療；

(ix) 重造丟失或被人盜取的假牙；

(x) 與顳下頜關節機能不良或不適有關的服務或治療，或與顎面整形手術有關的服務或治療；

(xi) 為診斷或治療任何因職業性受傷或職業性疾病而作出的服務或醫藥用品；或

(xii) 更換或加添現有假牙或牙橋。

(dd) 有關自選藥物保障（如適用），除了上述(a)至(bb)不保事項以外，本公司亦不會賠償以下列項目所招致的費用：

(i) 任何用作實驗或研究的藥物；或

(ii) 因丟失、被盜、損壞、變質或過期更換已獲賠償的西藥。

就保單而言，本公司不會賠償與下列項目相關或由其引致的意外身故保障：

(a) 任何病症、疾病、細菌或真菌感染（即使因意外而感染）。惟直接因意外的損傷或意外食物中毒引起的細菌感染，則不屬此項。

(b) 接受醫療或手術診治，惟由意外身故保障範圍內所指的受傷而引致必須的診治除外。

(c) 懷孕、分娩、流產、墮胎或由任何一項引起之併發症，雖然該損失可能由受傷加速或誘發。

(d) 受保人受傷時在所處國家或地區內從事的不合法行為。

(e) 處於精神錯亂或患有精神病或心理失調的狀況。

(f) 受酒精或藥物影響，惟有關藥物由註冊醫生適當地處方及並非因醫治沉溺藥物而服食除外。

(g) 受保人在駕駛任何車輛時，其呼出空氣、血液或尿液的酒精含量超出在受保人受傷時所處國家或地區的法定標準。

(h) 服務於任何武裝部隊而執勤於i）戰爭期間；ii）武裝行動；或iii）恢復社會秩序。為免存疑，武裝部隊包括任何國家或地區之任何警隊。

(i) 戰爭或任何戰爭行動、侵略、外敵行為、敵意行動（不論有否宣戰）、罷工、暴動及/或內亂、內戰、叛亂、革命、起義、軍事政變或奪權事故，或恐怖主義。

(j) 參與任何航空運動、飛行或任何其他類型的空中活動，惟以繳費乘客身份乘坐已註冊的航空公司所提供及操控，並定期航行的商務客機的人士除外。

(k) 作出自殺、企圖自殺、執行自殺協議或協定、或蓄意自殘身體的行為，不論神志是否清醒亦然。

(l) 製造、儲存、注滿、細分、處理及運送任何爆炸品（包括但不限於煙花或爆竹）的工人。

(m) 受保人參與以下任何一種活動或接受有關訓練：

(i) 以呼吸設備協助的海底游泳或潛泳；

(ii) 任何類型的爬山、或使用繩索或嚮導的攀山；

(iii) 探洞；

(iv) 跳傘、任何種類的滑翔運動、氣球飛行、徒手跳躍（笨豬跳）或飄翔運動；

(v) 洞穴潛水、打撈潛水或自由潛水、專業潛水、並沒有持有正確的潛水認證（例如潛水教練專業協會）及下潛深度超過四十(40)米的潛水；

(vi) 專業、半專業或有競賽成分的冬季運動、越野滑雪或單板滑雪、滑雪橇或單板跳台滑雪、乘直升機到高山滑雪、在滑雪道外滑雪或單板滑雪、競速滑雪；

(vii) 打獵；

(viii) 任何類型駕駛或策騎之競賽；或

(ix) 專業運動。

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。

This product brochure is also available in English. You may request for the English version from us.
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。

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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.

Why Our Customers Choose Cigna Healthcare

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 **182 MILLION CUSTOMER RELATIONSHIPS** around the world[1]

Cigna Healthcare Hong Kong founded in 1933 is named a '**CARING COMPANY**' by the Hong Kong Council of Social Service

More Than **73,000 EMPLOYEES** worldwide[1]

Remark:

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

Cigna Healthcare is honored and takes pride of our work to have received the following industry awards:

Bloomberg Businessweek Financial Institutions 2025 – Excellence Performance for Claims Management – General Insurance Sector

Bloomberg Businessweek Financial Institutions 2025 – Excellence Performance for Medical Care – General Insurance Sector

Bloomberg Businessweek Financial Institutions 2025 – Outstanding Performance for Digital Marketing – General Insurance Sector

Hong Kong Insurance Awards 2025 – Top 3 Finalist of the Best Partnership Project Award – General Insurance

Hong Kong Insurance Awards 2025 – Winner of the Outstanding Claims Management Award – General Insurance

How Will The Elite 360 Medical Plan Benefit You?

Your well-being encompasses your entire lifestyle, and so does the **Cigna HealthFirst Elite 360 Medical Plan**. Offering far more than just medical insurance coverage, the plan offers a 360-degree total health protection that spans across all the key stages of your health journey from prevention, diagnosis, treatment, to recovery. With a full array of medical and support services, this plan empowers you to live an active and fulfilling life at every stage.

360-degree total health and high-end Basic Policy and Optional Outpatient Benefits.

Accommodation Room Types

Semi-Private Room

With HK$30M of Basic Policy benefits and Optional Outpatient Benefits annually

For Asia-only plans

Standard Private Room

With HK$50M of Basic Policy benefits and Optional Outpatient Benefits annually

For Asia-only plans and for both Worldwide plan options

Unlimited lifetime claims

Applies to all benefits under Basic Policy[1] and most Optional Insurance benefits[2]. Related medical expenses are covered even for critical illnesses like cancer, so there is no need to worry about coverage limits for different expense categories[3], subject to the overall annual benefit limit and any benefit-specific limits.

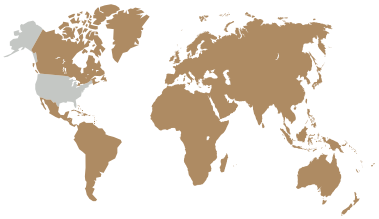
Guaranteed renewable for your lifetime

You can renew every year, regardless of any changes to your health over time.

Flexible options to suit your needs

3 areas of coverage available to choose from

Asia only



Worldwide excluding the US

Worldwide

4 Annual Deductible Options[4] to suit your budget and complement any existing cover you may have

HK$15,000	HK$25,000	HK$50,000	HK$75,000

Remarks:

1. Medical appliances, HIV/AIDS treatment, organ transplantation benefit, palliative care benefit and Three Critical Illnesses Benefit are subject to the corresponding lifetime benefit limit.
2. A lifetime limit of HK$500,000 applies to the Optional Pharmacy Benefit.
3. Medical expenses are reimbursed on a "Medically Necessary" and "Reasonable and Customary" basis. For more information, please refer to the "Important Information" section of this brochure or to the Policy Provision.
4. The deductible amount is adjustable upon your retirement. For the Insured Person, this privilege is applicable within 30 days immediately before the Policy Anniversary Date coincident with or immediately following the Insured Person's 55th, 60th, 65th, or 70th birthday. This privilege can only be exercised once in your lifetime and is not applicable if Three Critical Illnesses premium waiver benefit is in effect.

360-degree Total Health Protection, as your all-round health guardian

Elevate your healthcare experience by accessing our comprehensive healthcare network and solutions. From **Prevention**, **Diagnosis**, **Treatment** to **Recovery**, our team of Cigna Care Manager and medical experts are dedicated to providing you with the support you need. Rest assured that we prioritize your well-being by ensuring that you receive personalized care tailored to your specific needs, giving you peace of mind throughout your healthcare journey.

Benefits & Services

Prevention

- Personalized Health Assessment
- Privileges from the Cigna Healthcare Premium Medical Network
- Access to Smart Health – Cigna Healthcare's online health information hub

Diagnosis

- Cover Prescribed Advanced Diagnostic Imaging Tests[1] in Confinement / day-case settings
- Local and Worldwide Second Medical Opinion service
- Exclusive discount on Cigna Healthcare Telehealth Service
- Access to high-quality diagnostic imaging centres at Cigna Healthcare Premium Medical Network

CIGNA CARE MANAGER SERVICE

360° Protection

CASHLESS MEDICAL SERVICE*

Recovery

- Post-Confinement/Day Case Procedure auxiliary treatment[2]
- Three critical illnesses (Cancer, Stroke and Heart Attack) auxiliary benefit, premium waiver benefit and home facility enhancement benefit for Stroke
- Personalized Home Rehabilitation Program
- Mental Wellness Service

Treatment

- Cover major medical expenses including room and board, surgical expenses, non-surgical cancer treatments, and intensive care
- Access to a wide range of high-quality medical services within the Cigna Healthcare Premium Medical Network

Remarks:

* Cashless Medical Service is applicable to Cigna Healthcare Premium Medical Network in Hong Kong only while Overseas Cashless Arrangement is available worldwide. The Cashless Medical Service and Overseas Cashless Arrangement are value-added service and subject to terms and conditions.

I. Prescribed Advanced Diagnostic Imaging Test shall include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

2. Post-Confinement/ Day Case Procedure auxiliary treatment shall include physiotherapy, psychologist therapy, occupational therapy, speech therapy or chiropractor consultation.

3 Critical Illnesses – Comprehensive Care from Prevention, Diagnosis, Treatment to Recovery

In the unfortunate event of diagnosis of critical illnesses, Elite 360 understands that follow-up treatment is just as important as direct treatment. This is because there could be complications arising from the Disease, or side-effects from the treatments. As your trusted healthcare partner, we want to help you regain full health and enable you to resume your previous quality of life to a greater extent. We therefore provide additional rehabilitation benefits and financial support following the first diagnosis of any of the Three Critical Illnesses: Cancer, Stroke, and Heart Attack.

Case

Policy Holder	**Kathy**
Age	45 (Non-smoker)
Occupation	Company Director
Plan level	Worldwide - Standard Private Room

Case Illustration

The following example is hypothetical and for illustrative purposes only.

Prevention

After completing a Personalized Health Assessment[1] at a designated premium medical centre, Kathy learns that the mammogram shows an abnormal result.

Kathy is then recommended to undergo further diagnostic tests within the Cigna Healthcare Premium Medical Network to investigate the abnormality.

Diagnosis

Kathy is unfortunately diagnosed with breast cancer.

Eligible treatments are all covered:

- **Cover[2] Prescribed Diagnostic Imaging Test (CT, MRI, PET, PET-CT combined and PET-MRI combined scan)**
- **Cover[2] Pre-Confinement / Day Case Procedure Outpatient Care**
- **Mental Wellness service with free psychological consultation sessions**

Kathy worries about the impact of her breast cancer on her body and her lifestyle, therefore receives psychological consultations to address her mental stress.

Treatment

Kathy undergoes a combination of cancer treatments, including a total mastectomy, chemotherapy and breast-reconstruction surgery.

Fortunately, Kathy is in complete remission after the active treatments above.

Eligible treatments are all covered:

- **Cover[2] Surgeon's Fee, Anaesthetist's Fee and operation theatre charges**
- **Cover[2] Prescribed Non-Surgical Cancer Treatments**
- **Cover[2] breast reconstructive surgery benefit**

Recovery

After treatment, Kathy receives regular follow-up evaluations and consultations with her oncologist.

Eligible treatments are all covered:

- **Cover[2] Post-Confinement/ Day Case Procedure Outpatient Care**

Kathy also receives further follow-up care to improve her long-term physical and mental health, including dietitian consultation, traditional Chinese medicine treatment (including acupuncture), and physiotherapy.

Eligible treatments are all covered:

- **Cover[2] Post-Confinement/ Day Case Procedure auxiliary treatment**
- **Cover[2] Three Critical Illnesses auxiliary benefit (Dietitian consultation, traditional Chinese medicine treatment and acupuncture)**

Dedicated Cigna Care Manager support throughout the journey

After being diagnosed with cancer, Kathy decides to take temporary leave from her work to concentrate on her treatment and recovery process. To alleviate her financial burden, her policy premium is waived for a period of 6 months.

- **Three Critical Illnesses premium waiver benefit**

Remarks:
1. Personalized Health Assessment items vary according to age, sex, and individual health conditions; please refer to the Elite 360 Customer Service Guide for details.
2. Subject to the coverage of each benefit item.

Enjoy Hassle-free Cashless Medical Service[1] with the Cigna Elite 360 Medical Card

Hassle-free Cashless Medical Service

With our extensive network of over 1,000 reputable multi-disciplinary specialists and well-equipped medical centres across Hong Kong, the Cigna Healthcare Premium Medical Network provides an exceptional hassle-free cashless experience bringing you a peace of mind.

You can access these top-quality health and medical services for Prescribed Advanced Diagnostic Imaging tests[2], day surgery and hospital confinement without having to make upfront deposits or incur immediate out-of-pocket expenses[3]. Simply present your Cigna HealthFirst Elite 360 medical card for registration at your consultation with one of the outpatient specialists within our Cigna Healthcare Premium Medical Network in Hong Kong, and the network doctors will assist you in arranging the Cashless Medical Service.

You will enjoy cashless experience in selected medical services (including CT Scan, PET Scan, MRI scan, PET-CT combined and PET-MRI combined scan)

CIGNA HEALTHCARE PREMIUM MEDICAL NETWORK

When you feel unwell and Specialist Consultation is needed

Present your Cigna HealthFirst Elite 360 medical card to enjoy member-exclusive rates at partner medical centres and clinics*

When Prescribed Advanced Diagnostic Imaging Test[2] is recommended

Our network provider can help raise pre-authorization request on behalf of you for

- cashless arrangement at designated diagnostic imaging centres

When Confinement / Day Case Procedure is required

Our network provider can help raise pre-authorization request on behalf of you for

- cashless arrangement at any Hong Kong private hospitals and designated day case centres

* The member-exclusive rate is applicable to designated partner medical centres and clinics. For details, please enquire with the network provider.

For details, please refer to the Elite 360 Customer Service Guide.

Unique one-to-one dedicated Cigna Care Manager Service[4]

When you are feeling unwell, you naturally want the best treatment possible. As a Policy Holder of our Cigna HealthFirst Elite 360 Medical Plan, you will be assigned a dedicated Care Manager through our healthcare concierge service to suit your needs.

- Addressing any enquiries on the result of the health assessment provided by Cigna Healthcare
- Helping you to estimate the likely medical expenses, refer you to high-quality medical providers, and explain the circumstances you may be facing
- Follow up on details regarding hospital stays, surgery, and other treatment arrangements

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

Remarks:

1. 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 Prescribed Advanced Diagnostic Imaging Test, hospital admission or the Day Case Procedure. 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 to 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.
2. Prescribed Advanced Diagnostic Imaging Test shall include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
3. Subject to the settlement of any remaining Deductible in any Policy Year by the Policy Holder or Insured Person.
4. 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.

Live Well with Elite 360

Personalized Health Assessment

Cigna Healthcare understands that your health may change over time. That means it is important for you to keep track of your health and be able to detect any health risks or diseases as early as possible. Our in-house clinicians have designed an assessment plan specifically tailored for you based on age, sex, and individual health conditions. This tailor-made health check is a complimentary service offered to you every two years, starting from the second year of your policy. The assessment will be conducted by designated clinics within our Cigna Healthcare Premium Medical Network.

After you have undergone the health check, our network doctor will provide you with an in-depth report analysis and follow-up medical advice to help you prevent disease and improve your overall health.

If you need additional health guidance, lifestyle recommendations or doctor referral after completing the health check, our Care Manager is always at your service to provide help and advice.

No Claims Reward

To reward your efforts to stay healthy, the Elite 360 medical plan offers a no claims reward in the form of a discount of 5% on the Standard Premium of the Basic Policy[I] if no claims have been paid under the Basic Policy for a specified number of consecutive years.

No claim period immediately prior to the Renewal Date	No claim premium discount rate on the Standard Premium of the Basic Policy
2 or more consecutive Policy Years	5%

Remark:
I. The Standard Premium of the Basic Policy does not include the premium for any Optional Insurance Benefits, and any levy and Premium Loading.

Diverse Value-Added Health Services

Get health and medical assistance with our value-added services.

Mental Wellness Service[1]

Mental health is as important as physical health, and mental health issues can often turn into physical issues and vice versa. That's why we are pleased to offer a complimentary Mental Wellness Service that includes up to four one-on-one coaching sessions per Policy Year with a counseling psychologist helping you to build up mental resilience, realize your full potential, and achieve high performance both in your work and personal life.

Additionally, we provide a 24-hour mental hotline where you can reach out to a counseling psychologist at anytime, whether you need someone to talk to or require information and resources to address your work and life concerns such as eldercare, childcare, household care, and educational services, our hotline is there for you.

Personalized Home Rehabilitation Program[1,2]

We provide you with the flexibility of discharging from hospital early and continuing to receive continued care in the comfort of your home. Our Cigna Care Manager will coordinate with your attending doctor to arrange a personalized home rehabilitation program tailored to your specific health needs. The program will be delivered by an inter-disciplinary team of healthcare professionals all pre-arranged for you. The home recovery services are available to customers with various types of illnesses. The cost of these services are covered and offered to you on a cashless basis.

Overseas Cashless Arrangement[1]

We empathize with the distress that can arise when facing a medical emergency while abroad. Not only we provide Cashless Medical Service in Hong Kong, but also we offer value-added overseas cashless arrangement service that enables you to access cashless hospitalization worldwide even while traveling.

Worldwide Second Medical Opinion Service[1]

We offer a free of charge Worldwide Second Medical Opinion Service. This gives you access to an independent second opinion from global renowned medical centres on your diagnosis and treatment plan, empowering you to make an informed decision about the best treatment options.

Worldwide Emergency Assistance Services[1]

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.

Cigna Virtual Health Service

We understand that facing sickness is challenging to everyone, and you may be too busy to arrange for a doctor visit. Cigna Virtual Health Service provides you with timely and convenient access to quality medical advice and doctor consultations at an exclusive discount rate, with same day medicine delivery within Hong Kong (except any outlying islands) at your fingertips.

MyCigna HK – Your on-the-go healthcare companion

MyCigna HK offers a one-stop policy management service that allows you to access policy information or submit a claim application, or even look up network doctor details or buy a new insurance plan for your family members. Simply log in to your account on your mobile, anytime, anywhere.

Download on the App Store

ANDROID APP ON Google play

24/7 Cigna Customer Service Chatbot – Chloe: Your 24/7 Virtual Assistant

Chat with Chloe via WhatsApp anytime you need assistant on your policy or require some health information. Chloe can provide you with immediate assistance, and if you are in Hong Kong, it can help you locate and make an appointment with a general practitioner or specialist nearby.

Unlock Health and Wellness Privileges from Cigna Healthcare Premium Medical Network

We offer you an array of privileges by partnering with our premium medical network providers, ranging from dental care, specialized health check-up, vaccinations and more, to help you prioritizing your health and overall well-being.

Access to Smart Health – Cigna Healthcare's online health information hub

To help you stay on top of the latest health trends, we work with our in-house medical professionals and healthcare partners to provide you with the latest health and wellness information to support you to stay healthy. Simply subscribe to our Smart Health latest updates via our website www.cigna.com.hk/en/smarthealth.

Our team of dedicated experts is at your service
please contact our 24-hour Cigna HealthFirst Elite 360 Hotline at

8107 0600

Remarks:

1. 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.
2. Personalized Home Rehabilitation Program is applicable within Hong Kong only.
3. The scope of the service is purely on referral or arrangement basis, and thus customer will be responsible for paying all relevant expenses and need to settle the medical expenses directly with the overseas medical provider.

The plan at a glance

<table>
<tr><th colspan="5">Basic Policy and Optional Insurance Benefits</th></tr>
<tr><td colspan="2">Plan Type</td><td colspan="3">• This product is a standalone individual policy.
• The basic plan provides hospitalization benefits which can be added with optional insurance benefits of outpatient or other medical protection.
• The policy provides both indemnity and non-indemnity benefits. It does not have any cash value.</td></tr>
<tr><td colspan="2">Policy Term and Premium Structure of Basic Policy</td><td colspan="3">1 year and Annually Renewable
The plan provides a protection period of one year, and is guaranteed renewable[1] for the lifetime of the Insured Person, with payment period until the end of the protection period. Premium rate will increase with age and are subject to annual adjustment at policy renewal.</td></tr>
<tr><td colspan="2">Options for Geographical Coverage[2]</td><td colspan="2">Asia[3]</td><td>Worldwide excluding the US</td><td>Worldwide</td></tr>
<tr><td rowspan="2">Accommodation Room Type</td><td>Hong Kong & Macau</td><td>Semi-Private Room[4,5]</td><td>Standard Private Room[6]</td><td colspan="2">Standard Private Room[6]</td></tr>
<tr><td>Outside Hong Kong & Macau</td><td colspan="4">Standard Private Room[6]</td></tr>
<tr><td colspan="2">Annual Benefit Limit – Applies to all benefits under Basic Policy and Optional Outpatient Benefits (if applicable)</td><td>HK$30,000,000</td><td>HK$50,000,000</td><td colspan="2">HK$50,000,000</td></tr>
<tr><td colspan="2">Issue Age
(at last birthday)</td><td colspan="4">15 days to age 70</td></tr>
<tr><td colspan="2">Annual Deductible Options[7]
(i.e. counted afresh at the inception of a Policy Year)</td><td colspan="4">HK$15,000 / HK$25,000 / HK$50,000 / HK $75,000</td></tr>
<tr><td colspan="2">Premium Payment Frequency</td><td colspan="4">Annually / Monthly</td></tr>
<tr><td colspan="2">Policy Currency</td><td colspan="4">HKD</td></tr>
</table>

Remarks:

1. Guaranteed renewable subject to Cigna Healthcare continuing to issue new policies under the Basic Policy and Optional Insurance Benefits (if applicable) of the "Cigna HealthFirst Elite 360 Medical Plan", and provided that payment of the Standard Premium and Premium Loading (if any) is paid on or before each Anniversary Date.
2. Coverage is subject to Compliance with sanctions rules under the policy provisions.
3. Asia means 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, United Arab Emirates and Vietnam. Coverage is subject to compliance with sanctions rules under policy provisions.
4. For Confinement in Standard Private Room in Hong Kong or Macau, the Eligible Expenses payable and other payable expenses under the Basic Policy shall be subject to an adjustment factor of 50%.
5. "Semi-Private Room" shall mean a room categorized as a semi-private or second class room by a Hospital. If a Hospital does not have any room categorization, a Semi-Private Room shall mean a single or double occupancy room, with a shared bath or shower room, in the Hospital.
6. "Standard Private Room" shall mean a room categorized as a single, private or first class room by a Hospital. If a Hospital does not have any room categorization, a "Standard Private Room" shall mean a single occupancy room, with a private bath or shower room, in the Hospital. For the avoidance of doubt, a "Standard Private Room" does not include any room with amenities upgraded beyond a basic single occupancy room with private bath or shower room, in a Hospital.
7. The deductible (which is counted afresh every Policy Year) applies to the benefits under the Basic Policy, except for the benefits below:
   - Hospital cash for Confinement in a public ward of a government Hospital in Hong Kong or Macau
   - Hospital cash for Confinement in a lower room type of a private Hospital in Hong Kong or Macau
   - Cash benefit for the Designated Day Case Procedures performed by network doctor
   - Three Critical Illnesses premium waiver benefit
   - Accidental Death Benefit
   - No claim premium discount

Benefit Schedule (HKD)

The following benefit items are for reference only. 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	Semi-Private Room[1,3]	Standard Private Room[2]
Area of Cover	Asia[4]	Asia[4] / Worldwide excluding the US / Worldwide
Annual Benefit Limit Applies to all benefits under Basic Policy and Optional Outpatient Benefits (if applicable)	HK$30,000,000	HK$50,000,000
Lifetime Benefit Limit Applies to all benefits under Basic Policy, Optional Outpatient Benefits (if applicable) and Optional Dental Benefit (if applicable)	Unlimited	
DIAGNOSIS BENEFITS		
Accommodation Room Type	**Semi-Private Room[1,3]**	**Standard Private Room[2]**
Benefit items	**Benefit limit (HK$)**	
1. Prescribed Diagnostic Imaging Tests Covers Eligible Expenses charged on computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined	No dollar limit	
2. Pre-Confinement/Day Case Procedure Outpatient Care Covers the Eligible Expenses charged for outpatient visits at a Registered Medical Practitioner's clinic and/or Emergency consultation within 30 days immediately preceding the Confinement or the Day Case Procedure	No dollar limit (30 visits per Policy Year)	

TREATMENT BENEFITS		
Accommodation Room Type	**Semi-Private Room[1,3]**	**Standard Private Room[2]**
Benefit items	**Benefit limit (HK$)**	
3. Room & board[5]	No dollar limit	
4. Miscellaneous charges		
5. Attending doctor's visit fee		
6. Specialist's Fee		
7. Intensive care[5]		
8. Surgeon's fee		
9. Anaesthetist's fee		
10. Operation theatre charges		
11. Prescribed Non-Surgical Cancer Treatments Covers Eligible Expenses charged on chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, proton therapy, gamma knife and cyberknife		
12. Psychiatric treatments Covers Eligible Expenses charged on the psychiatric treatments during Confinement as recommended by a Specialist	HK$80,000 per Policy Year (30 days per Policy Year)	
13. Medical appliances • Specified items Pace maker/Stents for Percutaneous Transluminal Coronary Angioplasty/ Basic or Monofocal Intraocular lens/ Artificial cardiac valve/Metallic or artificial joint for joint replacement/Prosthetic ligaments for replacement or implantation between bones/Prosthetic intervertebral disc • Other items Other medical devices that are not mentioned above	Specified items No dollar limit Other items HK$100,000 per item per lifetime	
14. Traditional Chinese medicine treatment Covers Eligible Expenses charged for traditional Chinese medicine treatment (including consultation and 2 days of basic Chinese Medicines prescribed) provided by a Registered Chinese Medicine Practitioner during Confinement or within 90 days after discharge from Confinement or completion of Day Case Procedure	HK$1,000 per visit (30 visits per Policy Year)	
15. Private Nurse's fee	No dollar limit (90 days per Policy Year)	
16. Outpatient kidney dialysis	No dollar limit	

TREATMENT BENEFITS		
Accommodation Room Type	**Semi-Private Room[1,3]**	**Standard Private Room[2]**
Benefit items	**Benefit limit (HK$)**	
17. Companion bed (for Insured Person who is under 18 years old)	No dollar limit	
18. Hospital cash for Confinement in a public ward of a government Hospital in Hong Kong or Macau[6] Provides cash benefit for each day (with 24 consecutive hours of stay) of Confinement in a public ward of a government Hospital in Hong Kong or Macau	HK$1,000 per day (45 days per Policy Year)	HK$2,000 per day (45 days per Policy Year)
19. Hospital cash for Confinement in a lower room type of a private Hospital in Hong Kong or Macau[6] Provides cash benefit for each day (with 24 consecutive hours of stay) of Confinement in a private Hospital in Hong Kong or Macau in a room type of a level lower than the Accommodation Room Type	HK$1,200 per day (45 days per Policy Year)	HK$2,000 per day (45 days per Policy Year)
20. Cash benefit for the Designated Day Case Procedures performed by network doctor[6] Designated Day Case Procedures shall refer to Gastroscopy and Colonoscopy	HK$2,000 per day (45 days per Policy Year) (1 Day Case Procedure per day)	HK$3,000 per day (45 days per Policy Year) (1 Day Case Procedure per day)
21. Accidental Emergency outpatient treatment	No dollar limit (Within 24 hours after the Accident)	
22. Accidental Emergency dental treatment	No dollar limit (Within 2 weeks after the Accident)	
23. HIV/AIDS treatment (Subject to a waiting period of 5 years)	HK$1,000,000 per lifetime	
24. Breast reconstructive surgery benefit	No dollar limit	
25. Pregnancy complications (Subject to a waiting period of 1 year)	No dollar limit	
26. Organ transplantation benefit Covers any transplantation of heart, kidney, liver, lung, pancreas or bone marrow with the Insured Person being the recipient • Recipient's cost • Donor's cost (chargeable to the Insured Person)	No dollar limit HK$500,000 per lifetime	
27. Palliative care benefit (Subject to a waiting period of 2 years)	HK$300,000 per lifetime	

RECOVERY BENEFITS		
Accommodation Room Type	**Semi-Private Room[1,3]**	**Standard Private Room[2]**
Benefit items	**Benefit limit (HK$)**	
28. Phase 3 Clinical Trial Drugs benefit for Designated Cancers[7]	HK$600,000 per Policy Year	
29. Post-Confinement/Day Case Procedure outpatient care Covers Eligible Expenses charged for follow-up outpatient visits at a Registered Medical Practitioner's clinic within 365 days after discharge from Confinement or completion of Day Case Procedure	No dollar limit (60 visits per Policy Year)	No dollar limit (90 visits per Policy Year)
30. Post-Confinement/Day Case Procedure auxiliary treatment Covers Eligible Expenses charged for the following outpatient visits within 365 days after discharge from Confinement or completion of Day Case Procedure • Physiotherapy/occupational therapy/speech therapy • Chiropractor consultation • Psychologist consultation (provided by a Registered Psychologist in Hong Kong)	No dollar limit[8] (30 visits per Policy Year) HK$1,600 per visit[8] (30 visits per Policy Year) HK$800 per visit[8] (5 visits per Policy Year)	No dollar limit[8] (60 visits per Policy Year) HK$1,600 per visit[8] (30 visits per Policy Year) HK$800 per visit[8] (5 visits per Policy Year)
31. Post-Confinement home nursing Covers Eligible Expenses charged for home nursing services provided by a Nurse or a Health Worker in Hong Kong to the Insured Person after discharge from Confinement	No dollar limit (196 days per Policy Year)	
32. Rehabilitation Benefit Covers Eligible Expenses charged for Stay in a Rehabilitation Centre and for rehabilitation treatment provided to the Insured Person within 90 days after discharge from Confinement	HK$300,000 per Policy Year	

Three Critical Illnesses Benefit (Subject to a waiting period of 90 days)
The following benefits shall be payable for either Cancer, Stroke or Heart Attack that is first diagnosed after the Three Critical Illnesses Benefit Waiting Period.

Accommodation Room Type	Semi-Private Room[1,3]	Standard Private Room[2]
Benefit items	**Benefit limit (HK$)**	
33. Three Critical Illnesses auxiliary benefit Covers Eligible Expenses charged for the following outpatient visits within 365 days after the diagnosis date of the first diagnosis of either Cancer, Stroke or Heart Attack • Dietitian consultation • Traditional Chinese medicine treatment (including consultation fee and 2 days of basic Chinese Medicine prescribed) • Acupuncture treatment (provided by a Registered Chinese Medicine Practitioner)	30 visits per lifetime • HK$800 per visit [8] • HK$1,000 per visit [8] • HK$1,000 per visit [8]	
34. Three Critical Illnesses premium waiver benefit[6] Provides premium waiver on both the Standard Premium and the Premium loading (if any) payable for both the Basic Policy and Optional Insurance Benefits (if applicable), starting from the same day as the Policy Effective Date in the succeeding Calendar Month following the first diagnosis of either Cancer, Stroke or Heart Attack	6 Calendar Months per lifetime	
35. Home facility enhancement benefit for Stroke Covers the expenses charged for home facility enhancements within 365 days after the diagnosis date of the first diagnosis of Stroke, such home facility enhancement shall be recommended in writing by a Registered Occupational Therapist • Home facility enhancement includes but is not limited to the following items: – Adapting bathroom facilities (for example, raising toilet, installing a back rest against the toilet cistern, installing a level deck shower, installing a bath with hoist and installing hand basin at appropriate height); – Installing an indoor stair lift or elevator; – Installing grab rails for support; – Installing ramps to avoid using steps; – Locating bathroom or bedroom facilities at ground-floor level; – Moving light switches, door handles, doorbells and entry phones to convenient heights; – Provision of specialized furniture, like adjustable beds or support chairs; – Setting up alert devices; and – Widening doorways and passageways.	HK$50,000 per lifetime	

DEATH BENEFIT	
Benefit items	**Benefit limit (HK$)**
36. Accidental Death Benefit[6] • Hong Kong • Overseas	 HK$100,000 HK$200,000

No Claim Premium Discount[6,9]
If the Policy has been in force for 2 or more consecutive Policy years; and if no claim under the Basic Policy has been paid during the 2 or more consecutive Policy Years immediately prior to the Renewal Date, the Policy Holder shall be eligible for a no claim premium discount on the Standard Premium (i.e., not including Premium Loading) of the Basic Policy at Renewal at the following rate:

No claims period immediately prior to the Renewal Date	No claim premium discount rate on the Standard Premium of the Basic Policy
2 or more consecutive Policy Years	5%

Remarks:

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 Registered Medical Practitioner.

I. "Semi-Private Room" shall mean a room categorized as a semi-private or second class room by a Hospital. If a Hospital does not have any room categorization, a Semi-Private Room shall mean a single or double occupancy room, with a shared bath or shower room, in the Hospital.

2. "Standard Private Room" shall mean a room categorized as a single, private or first class room by a Hospital. If a Hospital does not have any room categorization, a "Standard Private Room" shall mean a single occupancy room, with a private bath or shower room, in the Hospital. For the avoidance of doubt, a "Standard Private Room" does not include any room with amenities upgraded beyond a basic single occupancy room with private bath or shower room, in a Hospital.

3. For Confinement in Standard Private Room in Hong Kong or Macau, the Eligible Expenses payable and other payable expenses under the Basic Policy shall be subject to an adjustment factor of 50%.

4. 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, United Arab Emirates and Vietnam. Coverage is subject to compliance with sanctions rules under policy provisions.

5. If the Insured Person's Age is 100 or above, the benefit items 3 and 7 will be limited to 180 days per Policy Year.

6. Deductible (which is counted afresh every Policy Year) does not apply to the following benefit items:
   - Hospital cash for Confinement in a public ward of a government Hospital in Hong Kong or Macau
   - Hospital cash for Confinement in a lower room type of a private Hospital in Hong Kong or Macau
   - Cash benefit for the Designated Day Case Procedures performed by network doctor
   - Three Critical Illnesses premium waiver benefit
   - Accidental Death Benefit
   - No claim premium discount

7. "Designated Cancer" shall mean malignant cancer for the purpose of the Phase 3 Clinical Trial Drugs benefit for Designated Cancers which:
   (a) has been classified as Stage III or Stage IV malignant tumour pursuant to the American Joint Committee on Cancer (AJCC) staging system; or
   (b) is a haematological malignancy and is confirmed incurable with existing non-experimental treatment by a Specialist in haematology services,

   but shall specifically exclude any of the following:
   (i) Chronic Lymphocytic Leukaemia (CLL) at RAI Stage II or less; or
   (ii) all tumours in the presence of any Human Immunodeficiency Virus (HIV).

   The diagnosis of Designated Cancer must be confirmed by the Insured Person's attending Specialist in writing and supported by clinical, radiological, histological or laboratory evidence to the satisfaction of the Company.

8. If there is more than one auxiliary treatment incurred on the same day, only one consultation will be entitled under this benefit.

9. If, after the Policy Holder has received the no claim premium discount, a claim under the Basic Policy incurred prior to the Renewal Date is paid after such Renewal Date, the Policy Holder shall immediately repay the amount of the no claim premium discount previously received upon the Company's demand.

Optional Outpatient Benefits (if applicable)
The Annual Benefit Limit as specified above in this Benefit Schedule is also applicable to the Optional Outpatient Benefits

Benefit items	Benefit limit (HK$)	
1. General practitioner consultation[1,4] (including 5 days of basic Western Medication prescribed)	40 visits per Policy Year	No dollar limit
2. Specialist consultation[2,4,6] (including 5 days of basic Western Medication prescribed)		
3. Home consultation[1,4] (including 5 days of basic Western Medication prescribed)		
4. Physiotherapy[2,4]		
5. Chiropractor consultation[2,4]		
6. Registered Chinese Medicine Practitioner consultation[1,4] (including 2 days of basic Chinese Medicines prescribed)		HK$800 per visit (10 visits per Policy Year)
7. Chinese bone-setting[1,4]		
8. Acupuncture[1,4]		
9. Psychiatric outpatient treatment or psychological outpatient treatment[3,4,5]		HK$800 per visit (5 visits per Policy Year)
10. Dietitian consultation, speech therapy or occupational therapy[3,4]		HK$800 per visit ($1,600 and 5 visits per Policy Year)
11. Prescribed Western Medicine	HK$10,000 per Policy Year	
12. Diagnostic imaging and laboratory tests	HK$10,000 per Policy Year	
13. Vaccination	HK$200 per shot (HK$1,000 per Policy Year)	

Remarks:

For benefit items 2, 4, 5, 9, 10 and 12, a written referral letter from the attending Registered Medical Practitioner is required. Such written referral letter is valid for a period of 6 Calendar Months from its date of issuance.

1. If more than one General Practitioner consultation, home consultation, Registered Chinese Medicine Practitioner consultation, Chinese bone-setting or acupuncture treatment payable is incurred on the same day, only one of such consultations or treatments will be payable.
2. If more than one Specialist consultation, physiotherapy, or chiropractor consultation payable is incurred on the same day, only one of such consultations or therapies will be payable.
3. If more than one consultation, treatment or therapy is incurred on the same day, only one of such consultations, treatments or therapies will be payable.
4. Benefit items 1 to 10 only cover consultation, treatment and/or therapy expense.
5. Psychiatric outpatient treatment or psychological outpatient treatment must be provided by a Registered Psychologist in Hong Kong or with a Specialist in providing psychiatric or psychological treatment.
6. For benefit item 2, the attending Registered Medical Practitioner's written referral letter is exempted for paediatric, gynaecological, ophthalmological, dermatological and orthopaedic consultation.

Optional Dental Benefits (if applicable) Cover the Eligible Expenses charged by a Registered Dentist for dental treatments in a legally registered dental clinic.	
Annual limit	HK$5,000
Benefit items	**Benefit limit (HK$)**
1. Scaling and Polishing	Once every 6 Calendar Months
2. The following items are covered: a) Fillings (including amalgam fillings, composite resin filling, ceramic filling and glass ionomer cement filling (molar and pre-molar)); b) Dentures, crowns and bridges (only if necessitated by an accident); c) Drainage of abscesses; d) Intraoral extractions; e) X-ray; f) Root canal fillings; and g) Routine oral examination	No dollar limit

Optional Pharmacy Benefit (if applicable)
Cover Eligible Expenses charged by a licensed or registered pharmacy, dispensary, clinic or Hospital for Western Medication prescribed to treat the Insured Person, if the Insured Person suffers from any Critical Illnesses listed below after a waiting period of 180 days and has survived for a period of 30 days thereafter.

Annual limit	HK$80,000
Lifetime limit	HK$500,000

Critical Illnesses (Applicable to Insured Person with Age of 16 or above at the Policy Effective Date)

1. Alzheimer's Disease/Dementia[1]
2. Amyotrophic Lateral Sclerosis
3. Aplastic Anemia
4. Bacterial Meningitis
5. Benign Brain Tumor
6. Blindness
7. Brain Surgery
8. Cancer
9. Carcinoma-in-situ[2]
10. Cardiomyopathy
11. Chronic Relapsing Pancreatitis
12. Coma
13. Coronary Angioplasty[2]
14. Coronary Artery Bypass Surgery
15. Creutzfeldt-Jakob Disease
16. Crohn's Disease
17. Ebola
18. Elephantiasis
19. Encephalitis
20. End Stage Lung Disease
21. Fulminant Viral Hepatitis
22. Heart Valve Replacement
23. HIV Infection due to Blood Transfusion
24. Kidney Failure
25. Liver Failure
26. Loss of Hearing
27. Loss of Limbs
28. Loss of Speech
29. Major Burns
30. Major Organ Transplantation
31. Meningeal Tuberculosis
32. Medullary Cystic Disease
33. Multiple Sclerosis
34. Muscular Dystrophy
35. Myocardial Infarction
36. Necrotizing Fasciitis/Gangrene
37. Occupationally acquired HIV
38. Parkinson's Disease
39. Poliomyelitis
40. Primary Lateral Sclerosis
41. Primary Pulmonary Arterial Hypertension
42. Progressive Bulbar Palsy
43. Progressive Muscular Atrophy
44. Progressive Supranuclear Palsy
45. Rheumatoid Arthritis (Adult)
46. Severe Brain Damage
47. Severe Myasthenia Gravis
48. Severe Ulcerative Colitis
49. Spinal Muscular Atrophy
50. Stroke
51. Surgery to Aorta
52. Terminal Illness
53. Total and Permanent Disability
54. Vegetative State

Critical Illnesses (Applicable to Insured Person with Age below 16 at the Policy Effective Date)

1. Cancer
2. Coma
3. Coronary Artery Bypass Surgery
4. Hand, foot and mouth diseases with severe (life threatening) complications[3]
5. Insulin-Dependent Diabetes Mellitus[3]
6. Kawasaki Disease with Heart Complications[3]
7. Kidney Failure
8. Liver Failure
9. Major Burns
10. Major Organ Transplantation
11. Myocardial infarction
12. Poliomyelitis
13. Rheumatic Fever with Valvular Impairment[3]
14. Severe Asthma[3]
15. Severe Epilepsy[3]
16. Stroke

Remarks:

1. The coverage of Alzheimer's Disease/Dementia shall cease upon the first Anniversary Date after the Insured Person reaches Age 65.
2. The benefit payable for Carcinoma-in-situ and Coronary Angioplasty is limited to 20% of the benefit's annual limit and the lifetime limit.
3. The coverage of such Critical Illnesses shall cease after the Insured Person reaches Age 16.

Waiting Period
Cover for specific benefits will take effect after the specified waiting period.

Benefit Items	Waiting Period
Pregnancy complications	1 year
HIV/AIDS treatment	5 years
Palliative care benefit	2 years
Three Critical Illnesses Benefit	90 days
Optional Pharmacy Benefit	180 days

Remarks:

1. Waiting Period refers to the period after each of the following dates:
   a. The Policy Issuance Date or the Policy Effective Date (whichever is later);
   b. The effective date of reinstatement (if the Policy has been reinstated);
   c. Optional Insurance Benefits Issue Date (if the Optional Insurance Benefit is added after the Policy Issuance Date or the Policy Effective Date (whichever is later)); and
   d. The issue date or the effective date of any increase in benefit (whichever is later).
2. The corresponding term for "waiting period" in the terms and conditions of the Policy are Pregnancy Complications Waiting Period, HIV/AIDS Treatment Benefit Waiting Period, Palliative Care Benefit Waiting Period, Three Critical Illnesses Benefit Waiting Period and Optional Pharmacy Benefit Waiting Period.

Important Information

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

Cooling Off Right

You may exercise the right to cancel the Policy and obtain a refund of the Standard Premium and Premium Loading (if any) and insurance levy paid within the cooling-off period.

The cooling-off period is the period of 30 days immediately following the day of the delivery of the Policy or the cooling-off notice (whichever is the earlier), to you or your nominated representative. 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 or the request to cancel must be made by you in a form prescribed by the Company and received directly by the Company. at 16/F, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong In such event, the Policy shall be deemed to have been void from the Policy Effective Date and the Company shall not be liable to pay any benefit.

No refund can be made if a benefit payment has been made, is to be made or pending.

Policy Cancellation

After the cooling-off period, you may cancel the Policy by giving not less than 30 days' notice to using a form prescribed by the Company.

Termination of the Policy caused by such cancellation shall become effective on the date specified in such form or the date approved by the Company, whichever is the later.

There shall be no refund of the Standard Premium, the Premium Loading (if any) and insurance levy paid. The Company reserves the right to charge the Standard Premium and the Premium Loading (if any) calculated until the end of such Policy Year during which the termination of the Policy becomes effective.

Mis-statement of non-health related information

If any non-health related information (E.g. age, sex or smoking Habit) of the Insured Person has been mis-stated in the Application or in any subsequent information or document submitted to the Company for the purpose of the application, the Company may adjust the premium payable on the basis of the correct information or declare the Policy void as from the Policy Effective Date if the application of the Insured Person should have been rejected based on the correct information.

Misrepresentation or fraud

If any material fact relating to the health related information of the insured person has been incorrectly stated in, or omitted from the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to the Company for the purpose of the application; or any Application or claim submitted is fraudulent or where a fraudulent representation is made, the Company may declare the Policy Void as from the Policy Effective Date.

Premium

1. **Premium Level**

   The premium corresponding to the Accommodation Room Type, Area of Cover and Deductible you select is determined based on the age, sex and smoking habit of the Insured Person at Policy commencement and at the time of Renewal upon each anniversary date of the Policy.

2. **Non-payment of premium**

   If you fail to pay the initial premium in full for the Policy on or before the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Policy shall be deemed to be void as from the Policy Effective Date for all purposes. Accordingly, the Company shall not be liable to pay any benefit under the Policy.

Except for the initial premium payment, a Grace Period after any Premium Due Date will be allowed for payment of premium or any part thereof. The coverage of the Policy will remain in force during the Grace Period, but the Company shall have the right to deduct at its discretion any due premium payment from the benefit payable under the Policy if there is any benefit payable during the Grace Period.

If any premium remains unpaid at the end of the Grace Period, the Policy shall terminate on the Premium Due Date on which the unpaid premium was first due.

3. **Premium Adjustment**

The Company reserves the right to revise the premium of the Policy upon each Renewal at its sole discretion by taking into account such factors as the Company determines to be relevant for the purpose of revising the premium, including but not limited to the overall experience in claims and expenses incurred by and / or in relation to this product.

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

A fully completed claim form prescribed by the Company must be given to the Company within 30 days (a) after the Insured Person is discharged from a Hospital if there is Confinement or (b) after the date on which the Medical Service is performed to the Insured Person if there is no Confinement. Such form shall include information sufficient to identify the Insured Person and the nature of the claim.

Benefits

1. **Benefit in General**

For Medical Services rendered in Hospitals in the mainland China, the Hospital must be of Tier 3 or included in our list of Designated Mainland China Hospitals, otherwise no benefits under the Policy shall be payable by the Company.

Except for the Accidental Death Benefit payment, the Company shall pay any benefit payable under this Policy to the Policy Holder or if the Policy Holder is not living at the time of payment, to the Policy Holder's estate.

For the Accidental Death Benefit payment, the Company shall pay it to the Beneficiary, and if no Beneficiary is designated or the Beneficiary is not living at the time of the payment, to the Policy Holder.

2. **Choice of ward class**

If the Insured Person is Confined in Hong Kong or Macau in a room type of a level higher than the Accommodation Room Type, the Eligible Expenses payable and other payable expenses under the Basic Policy shall be subject to the adjustment factor applicable as follows:

Accommodation Room Type	Room type Confined	Adjustment factor
Semi-Private Room	Standard Private Room	50%

No benefits under the Basic Policy shall be payable for Confinement in class of suite/ VIP/ deluxe room of a Hospital.

3. **Territorial scope of cover**

Country of residence refers to the country where the Insured Person has stayed in for 185 days or more during the period of 365 consecutive days before the expenses incurred date.

Except Emergency Treatment, the benefits under the Basic Policy and the Optional Insurance Benefits (if applicable) shall be payable only if the Medical Services are provided in the Area of Cover. For Emergency Treatment, the coverage under the Policy is worldwide.

If the Insured Person's Country of Residence is the US on the Eligible Expenses Incurred Date or on the day when other payable expenses are incurred, all benefits payable under the Policy shall be reduced to sixty percent (60%) of the Eligible Expenses and other payable expenses incurred in the US. Notwithstanding the foregoing, and for the avoidance of doubt, the benefit limits as specified in the Benefit Schedule and the Deductible shall remain unchanged.

4. Calculation of benefit payable

Benefit Payable	{Amount of Eligible Expenses or other payable expenses **LESS (-)** (the Eligible Expenses or other payable expenses incurred for the same Disability reimbursed by another party or by us under another insurance plan, or the Deductible under the Policy, whichever is the highest)} **TIMES (x)** adjustment factor for territorial scope of cover (if applicable) **TIMES (x)** adjustment factor for choice of ward class (if applicable)

Other Insurance Coverage

If you have taken out other insurance coverage besides the Policy, you shall have the right to claim under any such other insurance coverage or the Policy. However, if you or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, the Company shall only be liable for such amount of Eligible Expenses and other payable expenses, if any, which is not compensated by any such other insurance coverage.

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

The Basic Policy and the Optional Insurance Benefits (if applicable) under the Policy shall be effective for an initial period of 12 Calendar Months and thereafter guaranteed to be automatically Renewable, for successive periods of 12 Calendar Months each, provided that payment of premium is paid on or before each Anniversary Date and that the Company continue to issue new policy(ies) under the Basic Policy and the Optional Insurance Benefits (if applicable) of "Cigna HealthFirst Elite 360 Medical Plan".

The Company reserves the right to revise the terms and conditions, the Standard Premium and/or the Benefit Schedule of this Policy upon each Renewal.

Termination

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

- the death of the Insured Person;
- the cancellation or non-renewal of the Policy by the Policy Holder;
- the cancellation of the Policy by the Company due to mis-statement of non-health information, misrepresentation or fraud, non-payment of initial payment, duplicate policies or when Shortfall is not settled within 14 days after a Shortfall advice is issued by the Company to the Policy Holder;
- non-payment premium by the end of the Grace Period; or
- when the lifetime benefit limit is reached.

* The Optional Pharmacy Benefit shall automatically terminate upon the first Anniversary Date immediately after the lifetime limit.

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 the Company meets all of our contractual obligations.

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:

- require the expertise of, or be referred by, a Registered Medical Practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- 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;
- 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
- be furnished at the most appropriate level which can be safely and effectively provided to the Insured Person.

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. 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):

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

Key Exclusions

The following list is for reference only and does not represent a full list of exclusions. Please refer to the policy provisions for the complete list and details of exclusions.

The Company shall not be liable to pay any claim or expenses incurred directly or indirectly resulting from or consequent upon or contributed by the following items.

The following items are applicable to all benefits:

(a) Expenses incurred for Medical Services provided as a result of Pre-existing Conditions and any special exclusion(s) set out under the Policy, except for Disability which has been fully disclosed in the Application and the Company agrees not to classify as an exclusion under the Policy.

(b) Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.

(c) Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.

(d) Expenses incurred for treatment for Human Immunodeficiency Virus ("HIV") and its related Disability, except such occurrences are covered under HIV/ AIDS treatment, "HIV Infection due to Blood Transfusion" under Optional Pharmacy Benefit (if applicable), or "Occupationally acquired HIV" under Optional Pharmacy Benefit (if applicable).

(e) Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the 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 (except for HIV and its related Disability, where the above (d) exclusion applies).

(f) Expenses incurred for – services for

(i) beautification or cosmetic purposes, except for breast reconstruction surgery covered by breast reconstructive surgery benefit; or

(ii) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lenses, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.

(g) Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests or screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunization or health supplements.

(h) Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a Registered Dentist except for Emergency Treatment and surgery during Confinement arising from an Accident or to the extent covered by the Accidental Emergency dental treatment. Follow-up dental treatment or oral surgery after discharge from Confinement shall not be covered. For the avoidance of doubt, this exclusion shall not apply to Optional Dental Benefits (if applicable).

(i) Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilization or sex reassignment of either sex; infertility including in-vitro fertilization or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause, except such occurrences of maternity conditions and its complications are covered under pregnancy complications.

(j) Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use, except such expenses are covered by home facility enhancement benefit for Stroke. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

(k) Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments, except to the extent covered by the traditional Chinese medicine treatment and three Critical Illnesses auxiliary benefit. For the avoidance of doubt, this exclusion shall not apply to Optional Outpatient Benefits (if applicable).

(l) Expenses incurred for 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, except such occurrences are covered under Phase 3 Clinical Trial Drugs benefit for Designated Cancers.

(m) Expenses incurred for Medical Services provided as a result of birth defect(s), Congenital Condition(s), Hereditary Condition(s), or any related Disability, except such occurrences of birth defect(s), Congenital Condition(s), Hereditary Condition(s), or any related Disability are covered under "Medullary Cystic Disease" under Optional Pharmacy Benefit (if applicable).

(n) Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.

(o) Expenses incurred for treatment for Disability arising from War, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power, or Terrorism.

(p) Expenses incurred for treatment for developmental conditions including but not limited to learning difficulties such as dyslexia, behavioral problems such as autism or attention deficit disorder (ADHD); or physical development problems such as short height.

(q) Expenses incurred for treatment for obesity, or which is necessary because of obesity, which includes but not limited to slimming class, aids and drugs. The Company shall only pay for gastric banding or gastric bypass surgery if the Insured Person has a body mass index (BMI) of forty (40) or over and had been diagnosed as being morbidly obese; and can provide documented evidence of other methods of weight loss which have been tried over the past twenty-four (24) Calendar Months.

(r) Expenses incurred for artificial life maintenance including mechanical ventilation where such treatment will not or is not expected to result in the Insured Person's recovery, or restore the Insured Person to his/ her previous state of health, except such expenses are covered under "Vegetative State" under Optional Pharmacy Benefit (if applicable).

(s) Expenses incurred for fetal surgery or treatment.

(t) Expenses incurred for treatment for a related condition resulting from addictive conditions and disorders, including but not limited to smoking cessation.

(u) Expenses arising from sleeping disorders except for –

(i) sleep test (subject to a limit of one (I) sleep test per Policy Year) if there is a diagnosis of sleep apnea of the Insured Person; and

(ii) treatment in relation to sleep apnea and as recommended in writing by a Specialist.

(v) Expenses incurred for or in connection with speech therapy that is not restorative in nature; or if such therapy is used to improve speech skills that have not fully developed, can be considered custodial or educational or intended to maintain speech communication.

(w) Expenses incurred for sex change operations or any treatment needed to prepare for or recover from these operations including complication arising out of such treatment.

(x) Expenses incurred for gene therapy and cell therapy.

(y) Expenses incurred for non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (apart from VAT and GST charged on Eligible Expenses), medical report charges, fax and the like.

(z) Expenses incurred for mental, psychiatric or nervous illness, personality disorder and character disorders, except such occurrences are covered under psychiatric treatments, post-Confinement/ Day Case Procedure auxiliary treatment, psychiatric outpatient treatment or psychological outpatient treatment, or "Alzheimer's Disease/Dementia" under Optional Pharmacy Benefit (if applicable).

(aa) Expenses incurred for organ transplantation, except such occurrences are covered under organ transplantation benefit or "Major Organ Transplantation" under Optional Pharmacy Benefit (if applicable).

(bb) Expenses arising from the Insured Person's engagement and participation in:

(i) naval, military or air force service or operations, armed force or service with the police of any nation;

(ii) professional sports or hazardous activities such as but not limited to rock climbing or mountaineering, parachuting, hang-gliding (whether powered or not), para-gliding, bungee-jumping or any kind of race other than by foot;

(iii) cave, wreck or free diving, professional diving, diving without holding the correct diving certification such as a Professional Association of Diving Instructors (PADI) and diving at depths more than forty (40) meters;

(iv) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off-piste skiing or snowboarding, speed skiing;

(v) working at height (over twenty (20) feet);

(vi) operating heavy machinery;

(vii) aviation or aerial activities, except air travel as a fare-paying passenger in or as a member of the aircrew of a properly licensed, fixed-wing multi-engined aircraft constructed to carry passengers and operated by a licensed commercial air carrier, or in a helicopter owned and operated by a commercial concern which is licensed for the regular transportation of fare-paying passengers provided such helicopter is operating only between commercial airports and/or licensed commercial heliports, and provided further that in either event such travel is not for the purpose of any trade or technical operation in or on the aircraft; or

(viii) manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker) or chemical material.

(cc) In respect of any Optional Dental Benefits (if applicable), in addition to the above (a) to (bb) exclusions, the Company shall not pay expenses incurred for the following:

(i) Appliances or restoration necessary to increase vertical dimension or restore an occlusion;

(ii) Dental implants or transplants;

(iii) Cosmetic dentistry procedures such as bleaching and veneers;

(iv) Orthodontic services;

(v) Repair or replacement of orthodontic appliances;

(vi) Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;

(vii) Procedures or appliances to correct congenital malformations;

(viii) Treatment of malignancies, cysts, or neoplasms;

(ix) Replacement of lost or stolen dentures;

(x) Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder, or for orthognathic surgery;

(xi) Services or supplies intended to diagnose or treat any condition that is occupational Injury or Disease; or

(xii) Replacement or additions to existing dentures or bridgework.

(dd) In respect of the Optional Pharmacy Benefit (if applicable), in addition to the above (a) to (bb) exclusions, the Company shall not pay expenses incurred for the following:

(i) Any drugs that are experimental or investigational; or

(ii) Replacement of claimed Western Medications due to loss, theft, damaged, spoiled or expired.

In addition to the above (a) to (dd) exclusions, the Company shall not pay any Accidental Death Benefit in relation to or arising from the following:

(a) Illness, Disease, bacterial or viral infection, even if contracted by an Accident. This does not exclude bacterial infection that is the direct result of an Accidental cut or wound or Accidental food poisoning.

(b) Medical or surgical treatment, except where such treatment is rendered necessary by Injury within the scope of the Accidental Death Benefit.

(c) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by Injury.

(d) Any illegal act of the Insured Person in the country or territory where Injury occurs.

(e) Being in a state of insanity or psychiatric or psychological disturbance.

(f) Being under the influence of alcohol or drugs unless the drugs are properly prescribed by a Registered Medical Practitioner and were not taken for the treatment of drug addiction.

(g) Driving any kind of vehicle while the alcohol level in the Insured Person's breath, blood or urine is higher than the legal limit in the country or territory where Injury occurs.

(h) Service in any armed force while: i) in the time of War; ii) under orders for warlike operations; or iii) restoration of public order. For the avoidance of doubt, armed force shall include any police force of a country or territory.

(i) War or any act of War, invasion, act of foreign enemy, hostilities (whether War be declared or not), strike, riot and/or Civil Commotion, civil war, rebellion, revolution, insurrection, military or usurped power, or Terrorism.

(j) Taking part in any air sport, air travel or any other kind of aviation activities, other than travelling as a fare-paying passenger on regular scheduled commercial aircraft which is provided and operated by an airline or air charter company which is properly licensed to do so.

(k) Suicide, attempted suicide, suicide pact or deliberate self-inflicted Injury, while sane or insane.

(l) Workers involved in the manufacture, storage, filling, breakdown, handling and transport of any explosive (including but not limited to firework or firecracker).

(m) The Insured Person participating in or conducting training for any of the following activities:

(i) underwater swimming or diving and use any type of equipment to aid breathing;

(ii) any kind of climbing, or mountaineering using rope or guides;

(iii) pot-holing;

(iv) parachuting, any kind of gliding, ballooning, bungee-jumping or micro-lighting;

(v) cave, wreck or free diving, professional diving, diving without holding the correct diving certification such as a Professional Association of Diving Instructors (PADI) and diving at depths more than forty (40) meters;

(vi) professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off-piste skiing or snowboarding, speed skiing;

(vii) hunting;

(viii) driving or riding in any kind of race; or

(ix) professional sports.

Notes:
"Cigna Healthcare", "the Company", "We", "our" or "us" herein refer 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。

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The 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 the Policy.

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

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