

HOSPITAL / SURGICAL
General insurance

Cigna HealthFirst Medical Plan Series Cigna Plus Medical Plan



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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.





About The Cigna Group

Our Mission

We are dedicated to improving the health and vitality of those we serve.



Sales capability in **OVER 30 COUNTRIES AND JURISDICTIONS**^I



RANKED 12TH on the 2022 Fortune 500 List



More than **190 MILLION CUSTOMER RELATIONSHIPS** around the world^I



Named a '**CARING COMPANY**' by the Hong Kong Council of Social Service



More Than **70,000 EMPLOYEES** around the world^I

Remarks:

I. The above data is for informational purposes only and may not relate to a particular subsidiary of The Cigna Group. Data is based on The Cigna Group's internal reporting as of 5 May 2023 and is subject to change.

Supplementary medical protection to fulfill your coverage gaps

Round out your protection with comprehensive coverage you can depend on

Many people in Hong Kong enjoy some form of basic medical protection, whether in the form of self-purchased insurance plans or group medical schemes provided by their employer. Nevertheless, the coverage of these medical protections may not be sufficient to cope with inflation of medical expenses and the increasing cost of quality medical treatments, especially if you are struck by major illnesses. Also, most medical plans come with maximum limit for individual benefit items, preventing you from getting the most out of your policy, even in the direst of situations.

This is why you need a supplementary medical protection to rely on.



How can we help?

At Cigna Healthcare, we understand the best protection is one you can easily access to, when you need it. That is why we designed **Cigna Plus Medical Plan** (hereafter “Plus Medical Plan”) to provide you with up to HK\$1 million in coverage for hospital and surgical expenses. Even for the most complex medical procedures or surgeries, you can claim up to 90% of your expenses when you have met a predetermined deductible of your choice.

The affordable premium also means that you can budget according to your needs, giving you plenty of financial flexibility.

How can you benefit from Cigna Plus Medical Plan?

We offer comprehensive coverage of up to HK\$1 million with premium as low as a few dollars a day¹, enabling you to choose more advanced or better medical treatment when you need quality medical services.

- **Supplement Your Existing Plan With Up to HK\$1 Million in Hospital and Surgical Benefits Per Year**

Plus Medical Plan can pay you up to HK\$1 million per year in hospital and surgical benefits. After paying the annual deductible, you can claim up to 90% of your hospital and surgical expenses.

- **Wide Range of Deductible Options for You to Tailor Your Protection**

Plus Medical Plan also comes with deductible options ranging from HK\$30,000 to HK\$200,000 per Policy Year, in addition to 3 plan levels room type for you to select the combination that best suits your needs.

- **Guaranteed Lifetime Renewal**

Once your policy is issued, regardless of your health conditions or claims record, the policy is guaranteed renewable every year as long as the plan is still available.

- **No Premium Loading Regardless of Claims Record, Health Condition or Occupation Change**

We will not increase your premium due to changes in Person Insured's health conditions, claims records or occupation upon policy renewal.

- **Worldwide Coverage**

We protect you anytime and anywhere. Subject to HK\$1 million maximum limit, you are covered up to 50% of your hospitalization expenses after your annual deductible has been met if the Person Insured is hospitalized outside Hong Kong.

- **Instant Coverage without Waiting Period**

Once the application for insurance is approved, the protection will take effect immediately.

Remarks:

1. The premium is calculated based on a female non-smoker Person Insured aged 39 with plan level of ward (plan 3) and annual deductible option of HK\$50,000, excluding any discount.



The plan at a glance

We designed three protection levels to meet different needs, so you can pick the best plan for your circumstances.

Issue age (at last birthday)	15 days to age 75
Plan type	<p>This product is a standalone individual policy which aims to provide hospitalization benefits.</p> <p>It is an indemnity insurance policy without cash value.</p>
Policy term and premium structure of basic plan	<p>1 year and annually renewable.</p> <p>The plan provides a protection period of 1 year and guaranteed renewable up to age 100 of Person Insured, with payment period until the end of protection period.</p> <p>Premium rate will increase with age, and yearly adjustable.</p>
Premium payment frequency	Annual / Monthly
Policy currency	HK\$

Annual Deductible Options

Plan Level	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
	HK\$		
Deductible options (per Policy Year)¹	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000 • \$150,000 • \$200,000 	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000 • \$150,000 	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000

Remarks:

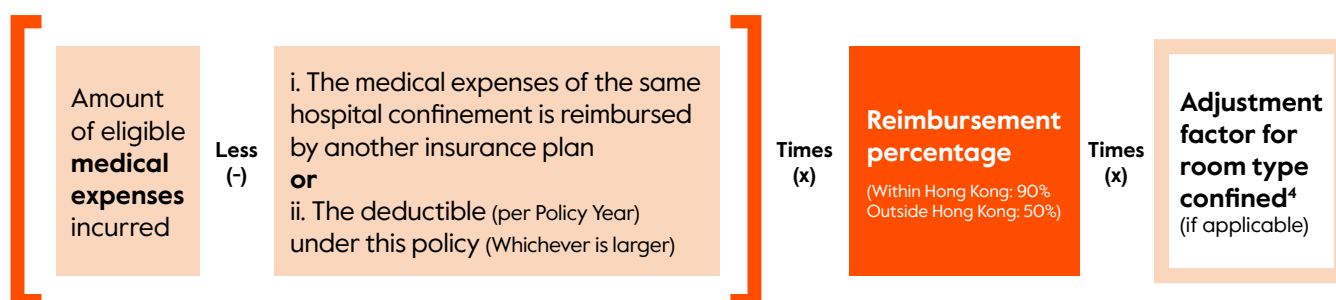
- Deductible refers to the amount of expenses to be borne by the policyholder or the Person Insured on each Policy Year, which shall be deducted from the incurred and covered medical expenses during the Policy Year. The amount of deductible will be split among the amount of actual expenses for the eligible items proportionally.

Benefit Schedule (HK\$)

The followings are for reference only, please refer to the policy provision and benefit schedule for details.

Hospital and surgical benefits	MAXIMUM LIMIT (HK\$)		
	Plan 1 (Private)	Plan 2 (Semi-Private)	Plan 3 (Ward)
Hospital Room & Board (maximum 270 days per Policy Year)	<p style="text-align: center;">\$1,000,000</p> <p style="text-align: center;">(Pays 90% of Hospital and Surgical Benefits after an annual Deductible³. If the hospitalization is incurred outside Hong Kong, the percentage will be 50%)</p>		
Intensive Care Unit Expenses			
Private Nursing Expenses (maximum 120 days per Policy Year)			
Surgical Expenses			
Anaesthetist's Expenses (subject to 35% of Surgical Expenses payable)			
Operation Theatre Expenses (subject to 35% of Surgical Expenses payable)			
Inpatient Doctor's Call (maximum 270 days per Policy Year) ¹			
Inpatient Specialist's Fees (written referral from the attending physician required)			
Cancer Treatment and Dialysis (e.g. radiotherapy, chemotherapy)			
Pre-admission and Post-Hospitalization Outpatient Expenses ² (subject to maximum limit of HK\$10,000 per Policy Year)			
Companion Bed (maximum 270 days per Policy Year)			
Other Medical Expenses			

Hospital and Surgical Benefits - Benefit Calculation



Remarks:

1. This benefit covers no more than one visit per day and payable for one physician a day.
2. It is applicable to up to 2 pre-admission and 2 post-hospitalization clinic visits which take place within 30 days before the admission or 30 days after discharge.
3. Please refer to the benefit calculation formula of Hospital and Surgical Benefits as stated above .
4. Please refer to the Important Information for the calculation of adjustment factor.

Case illustration

The following example is hypothetical and for illustrative purpose only.



Profile

Policyholder	Cathy
Current age	39 (non-smoker)
Marital status	Single
Occupation	Senior Graphic Designer at an Advertising Agency
Background	Cathy was covered by her employer's group medical scheme. Nevertheless, she felt the coverage was insufficient, so she purchased the Cigna Plus Medical Plan to help her cope with the significant expenses of treating a major illness.
Current plan level	Cigna Plus Medical Plan 3 with annual deductible option of HK\$50,000



Cathy suffered from a Benign Tumor and needed craniotomy surgery and brain tumor excision. She was worried about the high risk and complicated nature of the surgery, as well as the expensive medical bills, which totaled HK\$600,000.



Cathy's group medical policy entitles her to only HK\$42,000 for her medical expenses. Luckily, Cathy enrolled in Ward Level of the Plus Medical Plan (Plan 3) (with the HK\$50,000 annual deductible option), which helped to relieve her financial burdens arising from her expensive surgery.

How Plus Medical Plan helped Cathy?

For just a few dollars a day, Plus Medical Plan helped Cathy pay more than HK\$490,000 in medical expenses.

Total amount covered (HK\$):

Benefit item	Actual medical expenses incurred	Expenses covered by group medical policy	Calculation of deductible ¹	Deductible	Calculation illustration of expenses covered by Plus Medical Plan	Expenses covered by Plus Medical Plan
Room and Board	\$10,000	\$3,000	$\$8,000 \times (\$7,000 / \$558,000)$	\$100	$(\$10,000 - \$3,100) \times 90\%$	\$6,210
Surgical	\$300,000	\$25,000	$\$8,000 \times (\$275,000 / \$558,000)$	\$3,943	$(\$300,000 - \$28,943) \times 90\%$	\$243,951
Anaesthetist	\$90,000	\$3,000	$\$8,000 \times (\$87,000 / \$558,000)$	\$1,247	i. $(\$90,000 - \$4,247) \times 90\% = \$77,178$ ii. $(\$243,951 \times 35\%) = \$85,382$	\$77,178 ²
Operation Theatre	\$100,000	\$3,000	$\$8,000 \times (\$97,000 / \$558,000)$	\$1,391	i. $(\$100,000 - \$4,391) \times 90\% = \$86,048$ ii. $(\$243,951 \times 35\%) = \$85,382$	\$85,382 ²
Other Medical Expenses	\$90,000	\$4,000	$\$8,000 \times (\$86,000 / \$558,000)$	\$1,233	$(\$90,000 - \$5,233) \times 90\%$	\$76,290
Post-Hospitalization Outpatient Expenses	\$10,000	\$4,000	$\$8,000 \times (\$6,000 / \$558,000)$	\$86	$(\$10,000 - \$4,086) \times 90\%$	\$5,323
Total	\$600,000	\$42,000		\$8,000		\$494,334

Remarks:

- Since Cathy has reimbursed HK\$42,000 from her group medical policy, the remaining deductible amount will be HK\$8,000 (HK\$50,000 minus HK\$42,000). When calculating the deductible amount among each benefit item, Cigna Healthcare will proportionally split HK\$8,000 for each benefit item in the calculation.
 E.g. For Room and Board Benefit, the deductible is calculated as follows:
 $\text{HK\$8,000} \times (\text{Actual Room and Board expenses incurred} - \text{Room and Board expenses covered by group medical policy}) / (\text{Total actual medical expenses incurred} - \text{Total expenses covered by group medical policy}) = \text{HK\$8,000} \times (\text{HK\$10,000} - \text{HK\$3,000}) / (\text{HK\$600,000} - \text{HK\$42,000}) = \text{HK\$8,000} \times (\text{HK\$7,000} / \text{HK\$558,000}) = \text{HK\$100}$
- The reimbursement amount of Anaesthetist and Operation Theatre benefits is 90% of the claim after deductible, but the maximum amount is subject to 35% of Surgical Expenses payable.

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.

Premium

1. Premium Level

The premium level corresponding to the plan level you select is determined based on the age, sex and smoking habit of the Person Insured 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, your policy will not take effect from the commencement date of your policy. Except for the initial premium payment, there will be a grace period of 30 days after any premium due date. Your policy will remain effective during this grace period. If any premium is not paid at the end of the grace period, your policy will lapse on the premium due date and you will lose the insurance coverage.

We will not make any claim payment or any other payment payable under the policy, until we receive payment of all outstanding premium up to the date of the claim payment or when the policy terminates.

3. Mis-statement of Age, Sex or Smoking Habit

If age, sex or smoking habit has been mis-stated by you or any Person Insured but the relevant Person Insured would still be eligible for coverage, we have the right to adjust the premiums payable based on the correct information.

4. Premium Adjustment

The company reserves the right to revise the premium of the policy on the anniversary date or upon renewal. Factors leading to premium adjustment may include but are not limited to our experience in claims and expenses incurred by and/ or to this product.

The amount of the renewal premium will be stated in the policy schedule enclosed in the renewal pack which will be sent to you 45 days in advance of the policy anniversary date.

Benefits

Hospital and Surgical Benefits

In the event of hospital confinement for receiving medically necessary western medicine treatment, the Company will reimburse the actual medical expenses incurred according to the following calculation formula:

{Amount of eligible medical expenses incurred **LESS (-)** (the medical expenses of same hospital confinement is reimbursed by another party or by us under another insurance plan or the deductible (per Policy Year) under this policy, whichever is the larger)} **TIMES(x)** reimbursement percentage (Hospitalization within Hong Kong: 90%; Hospitalization outside Hong Kong: 50%) **TIMES(x)** adjustment factor in room type confined (if applicable).

Adjustment factor will be applied if the Person Insured is confined to a higher level of hospital facility than is originally entitled under the policy:

PLAN LEVEL	ROOM TYPE CONFINED	ADJUSTMENT FACTOR
Semi-Private	Private	50%
Ward	Semi-Private	50%
Ward	Private	25%

The benefit will not be payable for hospitalization in class of suite / VIP / deluxe room of a hospital.

Duplicated Policy

Person Insured can only be covered under one single "Cigna Plus Medical Plan Series" policy. The series include "Cigna Plus Medical Plan", "Cigna HealthFirst TopUp Medical Plan", and any other insurance policies that fall under the "Cigna Plus Medical Plan Series" as defined and issued by the Company from time to time.

Renewal

The policy will be effective for an initial period of 12 months and thereafter guaranteed and automatically renewable, for successive periods of 12 months each provided that we continue to issue new policy(ies) under the “Cigna Plus Medical Plan”, and upon payment of the premium at time of renewal. The Company reserves the right to revise the terms of the policy and/or the premium and/or benefit schedule upon each renewal.

Termination

- I. The policy will be automatically terminated when one of the following happens:
 - the Person Insured passed away;
 - the policy is not renewed;
 - any premium is not paid at the end of the grace period; and
 - the master policy (i.e. the policy to which the parent or guardian of the Person Insured belong) is terminated or lapsed, and the plan level and deductible option of child's policy is different from the master policy (applicable to Person Insured whose age is 17 or below).
2. If there is any fraud, mis-statement or concealment in the application or declaration, or if you or your beneficiary makes a dishonest claim, we have the right to cancel the policy immediately. In such case, all of the premium paid will not be returned and you shall immediately return all payment including claims paid by us under the policy.

Inflation risk

While your current planned benefits will not be adjusted during the policy term, future medical costs may be higher than they are today due to inflation.

Pre-existing Medical Conditions

“Pre-existing Medical Conditions” means Bodily Injury or Sickness sustained or suffered by the Person Insured which has been diagnosed or has exhibited symptoms or has occurred or required medical advice and/or treatment and/or the prescriptions of drugs before:

- (a) the Issue Date or the Commencement Date (whichever is the later);
- (b) the approval date of reinstatement (if the Policy

has been reinstated); or

- (c) the issue date or the effective date of increase in benefit, whichever is the later (if any benefit under this Policy has been increased).

Notwithstanding the foregoing, “Pre-existing Medical Conditions” shall not include Bodily Injury or Sickness which:

- (a) has been fully disclosed in the Application Form; and
- (b) the Company agrees not to classify as an exclusion under the Policy.

Conversion of policy

If you have an existing medical insurance policy and intend to switch the coverage to this plan, please be aware of the potential implications in terms of insurability, claims eligibility and financial values regarding the change to the insurance arrangement.

Some benefits under the existing policy may be changed or not be covered under this plan due to changes in policy features, Age, health conditions, occupation, lifestyle, habit or recreational activities. Also, riders or supplementary benefits under your existing insurance policy may not be available under this plan.

Benefits under the existing insurance policy will no longer be payable to you if you surrender the policy or allow it to lapse. Besides, you may need to start a new waiting period (if any) in respect of certain benefits under the terms and conditions of the new policy.

Claims Procedure

To make a claim, please login to our customer portal or register at www.mycigna.com.hk or download our MyCigna app. For details of procedures by claims type, please visit the Company website www.cigna.com.hk/en/customer-service/insurance-claim-procedure.

Medically Necessary

We only cover the charges and / or expenses of the Person Insured on medically necessary and reasonable and customary basis.

“Medically Necessary” means the necessity to have a medical service which is:

1. Consistent with the diagnosis and customary medical treatment for the condition at a Reasonable and Customary charge;
2. In accordance with standards of good and prudent medical practice;
3. Necessary for such a diagnosis or treatment;
4. Not furnished primarily for the convenience of the Person Insured, Physician, Chinese Medicine Practitioner, Physiotherapist, Anaesthetist or any other medical service providers;
5. Furnished at the most appropriate level which can be safely and effectively provided to the Person Insured; and
6. With respect to hospital confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy.

Reasonable and Customary

“Reasonable and Customary” in relation to a fee, a charge or an expense, means any fee or expense which

1. Is charged for treatment, supplies (inclusive of medication) or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a Physician;
2. Does not exceed the usual level of charges for similar treatment, supplies (inclusive of medication) or medical services in the locality where the expense is incurred; and
3. Does not include charges that would not have been made if no insurance existed.

The Company reserves the right to determine whether any particular Hospital/medical charge is a reasonable and customary charge with reference but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. The Company reserves the right to adjust any and all benefits payable in relation to any Hospital/medical charges which are not reasonable and customary.





Key Exclusions

The following list is for reference only. Please refer to the policy provisions for the complete list and details of exclusions.

Cigna Healthcare shall not be liable to pay any claim or expenses incurred directly or indirectly resulting from or consequent upon or contributed by:

1. Pre-existing medical conditions;
2. War, invasion, acts of a foreign enemy, hostilities (whether war is declared or not), civil commotion, rebellion, revolution, insurrection, military or usurped power, or terrorism;
3. Engaging in or taking part in:
 - (a) Naval, military or air force service or operations, armed forces or services with the police of any nation;
 - (b) Professional sports or hazardous activities such as, but not limited to, rock climbing or mountaineering, parachuting, hang-gliding (whether powered or not), paragliding, bungee-jumping or any kind of race other than by foot;
 - (c) 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 below 40 meters;
 - (d) Professional, semiprofessional or competitive winter sports, cross country skiing or snowboarding, ski or snowboard jumping, heli-skiing, off piste skiing or snowboarding, Speed Skiing;
 - (e) Working at height (over 20 feet);
 - (f) Operating heavy machinery;
 - (g) Aviation or aerial activities except air travel as a fare-paying passenger in or as a member of the aircrew; or
 - (h) The manufacture, storage, filling, breaking down, handling, or transportation of any explosive (including but not limited to fireworks or firecrackers) or chemical material;

4. Suicide, attempted suicide, or intentionally self-inflicted injuries, while sane or insane;
5. Being under the influence of alcohol or drugs unless the drugs are properly prescribed by a physician and were not taken for the treatment of drug addiction;
6. Pregnancy, childbirth, and miscarriage of or abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury or sickness;
7. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC), or other forms of virus;
8. Any congenital conditions, development conditions, hereditary conditions, cosmetic and elective surgery;
9. Eye refraction error except due to bodily injury, routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids, and artificial lenses; vaccination and immunization injections;
10. Dental care and treatment, except emergency treatments by a physician during hospital confinement due to bodily injury. Follow-up treatment after hospital confinement shall not be covered;
11. Any treatment, investigation, service or supplies which is/are not medically necessary;
12. Being voluntarily exposure to any hazard or danger;
13. Expenses incurred in respect of the following conditions:
 - (a) Any convalescence accommodation or treatment or services rendered in any sanatorium or similar establishment;
 - (b) Prosthesis, corrective devices, and medical appliances which are not intra-operatively required;
 - (c) All organ transplantation
 - (d) Medical treatment received after termination or expiry of this policy
- (e) Routine medical examinations or health screening checks;
- (f) Any bodily injury or sickness for which compensation is payable under any laws or regulations or any other insurance plan except to the extent that such charges are not reimbursed by such laws or regulations or other insurance plan;
- (g) Alternative treatment including, but not limited to, chinese medicine treatment, acupuncture, acupressure, Tui Nai, hypnotism, rolfing, massage therapy, and aromatherapy;
- (h) Experimental and/or new medical technology or procedures not yet approved by Cigna Healthcare; or
- (i) Non medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, medical report charges and the like.

Notes: "Cigna Healthcare", "the Company", "We", "our" or "us" herein refers to Cigna Worldwide General Insurance Company Limited.

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



Cigna Worldwide General Insurance Company Limited

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The above insurance plan is underwritten by Cigna Worldwide General Insurance Company Limited, an authorized insurer to carry on General insurance business in or from Hong Kong. This brochure is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any products of Cigna Healthcare outside Hong Kong. It is designed to provide you with a brief summary of the named insurance plan, its terms, conditions and exclusions, and is not a contract of insurance. You are recommended to seek professional advice from your independent advisors if you find it necessary. For complete details of terms, conditions and exclusions, please refer to the policy provisions. If there is any conflict between the policy provisions and this brochure, the policy provisions shall prevail.

This policy is excluded from the application of the Contracts (Right of Third Parties) Ordinance (the "Ordinance"). Other than the Company and the policyholder, a person who is not a party to the policy (including, but not limited to, the Person Insured or the beneficiary) shall have no right under the Ordinance to enforce any term of this policy.

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

住院 / 手術
一般保險

信諾醫療保系列 信諾升級醫療保



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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



有關信諾集團

我們的宗旨

我們致力幫助客戶提升健康和活力



業務遍佈**超過 30 個國家及地區**¹



2022年《財富》500強排行**12**



與全球**超過 1.9億客戶**建立了業務關係¹



獲香港社會服務聯會頒發「**商界展關懷**」標誌



全球**超過 70,000 名員工**¹

註：

1. 以上數據僅供參考用途，並不針對信諾集團旗下個別營運附屬公司。數據是基於信諾集團截至 2023 年 5 月 5 日的內部資料，並有可能作出更改。

多一重保障 補足您所需

及早預備值得信賴的保障，全面照顧您的需要。

無論是自行購買的醫療保險計劃還是由僱主提供的團體醫療計劃，不少香港人都享有某種形式的基本醫療保障。然而，醫療通脹不斷加劇，當您不幸患上嚴重疾病之時，這些醫療保障未必足夠應付日益上升的費用，令您難以得到優質治療。此外，大部分醫療保險計劃均設有每項保障的最高賠償額，即使情況迫切，您亦未必能充分利用保障。

因此，您需要可靠的額外支援。



信諾環球如何助您盡享充分保障？

信諾環球深明最理想的保障應可及時提供充足支援，為此我們特別設計「**信諾升級醫療保**」（下文簡稱「**升級醫療保**」），賠償高達港幣\$100萬的住院及手術費用。只需繳付自選的墊底費，當您需要接受複雜的治療或手術，亦可得到高達醫療費用90%的賠償。

計劃保費相宜，您可因應個人情況安排預算，靈活稱心。

「信諾升級醫療保」 如何給您周全保障？

計劃提供周全醫療保障，賠償額高達港幣\$100萬，而保費低至每日數元¹。當您需要優質醫療服務之時，能選擇以更為先進理想的方式接受治療。

- **住院保障賠償額高達港幣\$100萬，補足現有醫療保障**

「升級醫療保」每年提供高達港幣\$100萬元的住院保障。扣除每年墊底費後，您可就住院及手術費用獲取高達90%賠償。

- **提供多種墊底費選項讓您靈活選擇保障**

「升級醫療保」具備每保單年度由港幣\$30,000至港幣\$200,000的多種墊底費選項，更設3種不同計劃級別，讓您靈活組合最適合您的保障。

- **保證終身續保**

您的保單只要一經簽發，無論您的健康狀況或索償紀錄如何，只要我們仍然提供本計劃，則保證每年續保。

- **不會因健康狀況、索償紀錄或職業改變收取額外保費**

當保單續保時，保費不會因受保人健康狀況、索償紀錄或職業改變而上調。

- **全球保障**

我們隨時隨地為您提供所需保障。倘若您在香港以外地區住院，扣除每年墊底費後，計劃仍會以最高賠償額港幣\$100萬為限，保障高達50%的住院費用。

- **不設等候期 保障立即生效**

投保申請一經批核，保障即時生效。

備註：

1. 保費計算假設受保人為39歲女性非吸煙人士，投保普通房計劃，並選擇港幣\$50,000的年度墊底費，不包括任何折扣。



計劃一覽

我們特設三個計劃級別，配合不同需要，您可因應個人情況從中選擇最適切的計劃。

投保年齡（上次生日年齡）	15日至75歲
產品類別	此保險計劃是一份獨立個人保單，主要提供住院及手術保障。 此保險計劃提供彌償式賠償，並不含有保單價值。
基本計劃保單年期及保費結構	一年及可每年續保 此保險計劃提供一年保障期並保證續保直至受保人100歲， 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。
保費繳付形式	年繳/月繳
保單貨幣	港幣

年度墊底費選項

計劃級別	計劃一 (私家房)	計劃二 (半私家房)	計劃三 (普通房)
	港幣		
墊底費選項 (每個保單年度) ¹	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000 • \$150,000 • \$200,000 	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000 • \$150,000 	<ul style="list-style-type: none"> • \$30,000 • \$40,000 • \$50,000 • \$60,000 • \$80,000 • \$100,000

註：

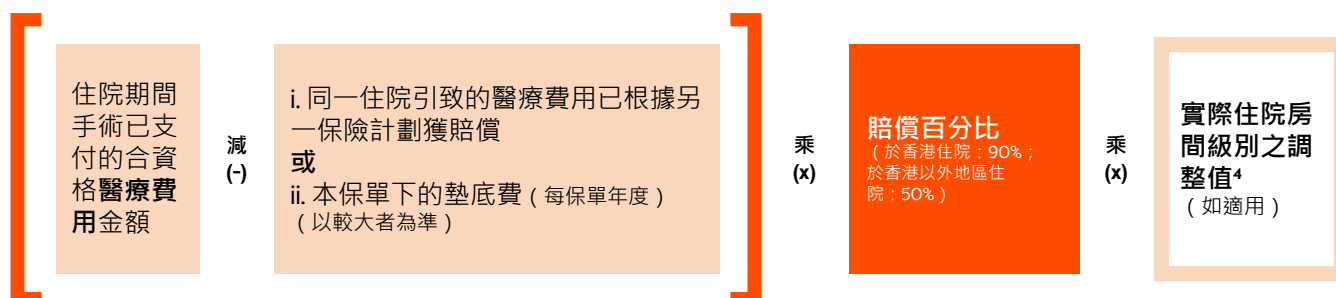
1. 墊底費指由保單持有人或受保人於每個保單年度須自行承擔的金額，該金額將從每個保單年度可獲得賠償的醫療費用中扣除。墊底費金額將按比例從合資格項目的實際費用金額中扣除。

保障賠償表 (港幣)

下列僅供參考之用，有關詳情請參閱保單條款及保障賠償表。

住院保障	最高賠償額 (港幣)		
	計劃一 (私家房)	計劃二 (半私家房)	計劃三 (普通房)
住院及膳食 (每保單年度最多270日)	<p style="text-align: center;"> \$1,000,000 (扣除每年墊底費³後 每次可獲90%住院賠償 假如您在香港以外地區住院， 賠償百分比為50%) </p>		
深切治療部費用			
家中看護費 (每保單年度最多120日)			
手術費			
麻醉師費 (最多為手術費賠償額35%)			
手術室費用 (最多為手術費賠償額35%)			
主診醫生巡房費 (每保單年度最多270日) ¹			
專科診治費 (須獲主診醫生書面轉介)			
癌症治療及透析 (例：電療、化療)			
入院前及出院後之門診護理 ² (最高賠償額為每保單年度港幣\$10,000)			
家屬陪伴床位費 (每保單年度最多270日)			
其他醫療費用			

住院保障 - 賠償計算方式



備註：

- 此保障只支付每日不多於一次的一位醫生之費用。
- 入院前及出院後只適用於入院前或出院後30日內各2次之門診護理。
- 請參閱上述住院保障之賠償計算方式。
- 有關調整值之計算，請參閱重要資料部份。

參考例子

下列例子皆為假設性質，並僅用作舉例說明。



概況

保單持有人

Cathy

年齡

39歲，非吸煙人士

婚姻狀況

未婚

職業

廣告公司高級平面設計師

背景

Cathy現雖然受到僱主提供的團體醫療計劃的保障，但認為保障仍然不足，因而投保「信諾升級醫療保」。萬一患上嚴重疾病，她亦可應付龐大費用。

現時計劃級別

「信諾升級醫療保」計劃三，年度墊底費選項為港幣\$50,000



Cathy不幸患上良性腫瘤，需要接受顱骨切開手術，切除腦腫瘤。由於手術複雜，她不單擔心其中風險，亦憂慮高昂的醫療費用，總額為港幣\$600,000。



根據Cathy的團體醫療保單，她僅可就醫療費用獲賠償港幣\$42,000，幸而Cathy已投保「信諾升級醫療保」的「普通房級別」（計劃三）（年度墊底費選項為港幣\$50,000），加上她的團體醫療保險的賠償，助她應付手術的高昂費用。

「升級醫療保」如何協助Cathy？

只需每日數元的保費，「升級醫療保」幫助Cathy支付超過港幣\$490,000的醫療費用。

總賠償金額 (港幣)

保障項目	實際所需之醫療費用	團體醫療保單賠償之費用	墊底費計算 ¹	墊底費	「升級醫療保」賠償費用之計算方式	「升級醫療保」賠償之費用
住院及膳食	\$10,000	\$3,000	\$8,000 x (\$7,000 / \$558,000)	\$100	(\$10,000 - \$3,100) x 90%	\$6,210
手術費	\$300,000	\$25,000	\$8,000 x (\$275,000 / \$558,000)	\$3,943	(\$300,000 - \$28,943) x 90%	\$243,951
麻醉師費	\$90,000	\$3,000	\$8,000 x (\$87,000 / \$558,000)	\$1,247	i. (\$90,000 - \$4,247) x 90% = \$77,178 ii. (\$243,951 x 35%) = \$85,382	\$77,178 ²
手術室費用	\$100,000	\$3,000	\$8,000 x (\$97,000 / \$558,000)	\$1,391	i. (\$100,000 - \$4,391) x 90% = \$86,048 ii. (\$243,951 x 35%) = \$85,382	\$85,382 ²
其他醫療費用	\$90,000	\$4,000	\$8,000 x (\$86,000 / \$558,000)	\$1,233	(\$90,000 - \$5,233) x 90%	\$76,290
出院後之門診護理費用	\$10,000	\$4,000	\$8,000 x (\$6,000 / \$558,000)	\$86	(\$10,000 - \$4,086) x 90%	\$5,323
總額	\$600,000	\$42,000		\$8,000		\$494,334

備註：

- 由於 Cathy 從團體醫療保單獲得港幣 \$42,000 的賠償，餘下的墊底費將為港幣 \$8,000 (港幣 \$50,000 減去港幣 \$42,000)。當計算每個保障項目的墊底費金額時，信諾環球會將港幣 \$8,000 按比例從每個保障項目金額中扣除。例如：在住院及膳食保障方面，墊底費計算如下：
 港幣 \$8,000 x (實際所需之住院及膳食費用 - 團體醫療保單賠償之住院及膳食費用) / (實際所需之醫療費用總額 - 團體醫療保單賠償之費用總額) = 港幣 \$8,000 x (港幣 \$10,000 - 港幣 \$3,000) / (港幣 \$600,000 - 港幣 \$42,000) = 港幣 \$8,000 x (港幣 \$7,000 / 港幣 \$558,000) = 港幣 \$100
- 麻醉師費及手術室費用保障之賠償金額為扣除墊底費後索償金額的 90%，但上限為手術費賠償額的 35%。

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。

保費

1. 保費計算

保費根據您所選擇的計劃級別及受保人於保單生效日及於每個保單周年日續保時的年齡、性別及吸煙習慣而計算。

2. 不支付保費

如您未能支付首期保費，保單將被視為自生效日起無效。除首期保費付款外，其後任何保費到期日後的三十天為寬限期，寬限期內保單仍然生效。倘若任何有關保費在寬限期結束時仍未全數繳付，保單會於有關的保費到期日失效，而您將失去計劃保障。截至索償支付日或保單終止日時所有未繳付的保費須全數清繳，否則我們將不會支付任何索償款項或保單下應支付的其他款項。

3. 錯誤陳述年齡、性別或吸煙習慣

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

4. 保費調整

在每個保單周年日或續保時，本公司保留絕對權利及酌情權調整保單的應繳保費。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 / 或有關此保險計劃之整體索償及開支等因素。續保保費之金額會列於隨續保文件附上的保單承保表上，並於保單周年日前45日發出。

保障

1. 住院保障

如受保人在住院期間接受醫療必須的西方醫療或服務，本公司將根據以下公式賠償實際醫療費用： $\{ \text{住院期間手術已支付的合資格醫療費用金額減} (-) \text{ (同一住院引致的醫療費用已根據另一保險計劃獲其他人士或我們作出賠償或在本保單下的墊底費 (每保單年度) , 以較大者為準) } \times \text{乘} (x) \text{賠償百分比 (於香港住院: 90\%; 於香港以外地區住院: 50\%) 乘} (x) \text{實際住院房間級別之調整值 (如適用)} \}$ 如受保人入住之醫院住房級別較本保單指定級別的為高，下列調整值將適用：

計劃級別	實際入院房間級別	調整值
半私家病房	私家病房	50%
普通房	半私家病房	50%
普通房	私家病房	25%

此保障並不支付就入住總統套房 / 貴賓房 / 豪華房的住院費用。

重複保單

受保人只可獲得一份「信諾升級醫療保系列」保單保障。此系列包括「信諾升級醫療保」、「信諾醫療上保」及任何其他由本公司不時簽發及列入「信諾升級醫療保系列」的保險計劃。

續保

保單的首次有效期限為12個月，其後只需每次續保時繳付保費，及若本公司仍繼續簽發新的「信諾升級醫療保」保單，則保單將會保證每次自動續保連續12個月。本公司保留在每次續保時修訂保單條款及 / 或保費及 / 或保障賠償表之權利。

終止

1. 保單將於任何下列事件發生時自動終止：

- 受保人身故；
- 本保單未有續保；
- 任何應繳付保費於寬限期屆滿時尚未繳付；或
- 當主要保單（即受保人之父母或監護人所屬的保單）終止或失效時，而子女的保單與主要保單的計劃級別及墊底費選項不同（適用於17歲或以下的受保人）。

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

通脹風險

保障期內保障額會維持不變，然而通脹可能導致未來醫療費用增加。

之前已存在病症

「之前已存在病症」指在

- (a) 「簽發日」或「生效日」（以較遲者為準）；
- (b) 批准復效日（如保單已復效）；或

- (c) 保障增加的簽發日或生效日，以較遲者為準（如保單之下的任何保障有所增加）前，受保人承受或蒙受、已被診斷、或已呈現徵狀、或已發生、或已尋求醫護意見及 / 或治療、及 / 或醫生藥物配方的任何身體損傷或疾病。

儘管上述如此規定，「之前已存在病症」不包括：

- (a) 已在申請書全面披露；及
- (b) 本公司同意不列為保單之下的豁免事項的身體損傷或疾病。

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）。

索償手續

請登入客戶服務平台或於www.mycigna.com.hk註冊或下載「MyCigna」手機應用程式。有關索償手續的詳情請登入公司網頁www.cigna.com.hk/zh-hant/customer-service/insurance-claim-procedure

醫療必須

我們只會根據受保人在醫療必須、合理及慣常下所需的費用作出賠償。

醫療必須指醫療上必需的醫療服務：

1. 以「合理及慣常」費用對診斷作出相應及慣常之治療；
2. 根據良好及謹慎的醫療標準；
3. 就其診斷或治療而所需的；
4. 非純為「受保人」、「醫生」、「中醫」、「物理治療師」、「麻醉科醫生」或任何其他醫療服務供應商提供方便；
5. 以最合適之程度對「受保人」作安全及有效的治療；及
6. 「住院」非純為診斷掃描目的、影像學檢驗或物理治療。

合理及慣常

有關費用、收費或費用而言，指任何費用或開支：

1. 乃根據良好的醫療標準，在「醫生」的護理、監督或命令下就其照顧受傷或患病的人所需的「醫療必須」療程、用品（包括藥物）或醫療服務而收取的；
2. 不超過在引致有關開支的當地進行類似療程、用品（包括藥物）或醫療服務的正常水平；及
3. 不包括若保險不存在則不會產生的費用。

我們保留權利參考但不限於任何政府、當地的相關機構及認可的醫療協會所提供的任何相關出版物或已有的資料，而決定任何特定的「醫院」或醫療費用是否合理及慣常。倘該「醫院」或醫療費用不是合理及慣常，我們保留調整就「醫院」或醫療費用而支付任何及所有保障的權利。



主要不保事項

下列事項僅供參考之用，有關不保事項的完整版本及詳情，請參閱保單條款。

在本計劃下，我們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：

1. 投保前已存在之病症；
2. 戰爭、侵略、外敵入侵、戰鬥（不論已宣戰與否）、內亂、叛亂、革命、起義、軍事、奪權力量或恐怖主義；
3. 從事或參與：
 - (a) 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；
 - (b) 職業體育運動或危險活動，例如但不限、攀石或攀山、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；
 - (c) 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（如潛水教練專業協會）及下潛深度低於40米的潛水；
 - (d) 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；
 - (e) 高空工作（20呎以上）；
 - (f) 操作重型機器；
 - (g) 航空或空中活動，除非身為購票乘客或空中工作人員乘搭飛機；或
 - (h) 製造、儲存、注滿、細分、處理或運送任何爆炸品（包括但不限於煙花或爆竹）或化學物品；

4. 不論在神智清醒或錯亂的情況下，自殺、企圖自殺或蓄意自我損傷；
5. 受酒精或藥物影響，除非就服用藥物而言，能證明該藥物乃根據醫生的正式處方服用，且並非作戒毒用途；
6. 懷孕、分娩、小產或墮胎，包括有關併發症，儘管該事件可能由身體損傷或疾病促成或引致；
7. 染上人體免疫缺陷病毒、後天免疫缺陷綜合症（愛滋病）及愛滋病相關綜合症，或其變體病症；
8. 任何先天性疾病、發育異常、遺傳性疾病或整容及非必要施行的外科手術；
9. 眼睛折射偏差；惟因身體損傷導致的則除外、眼睛及耳朵例行檢查、眼鏡、隱形眼鏡、助聽器及人工晶體費用；疫苗及防疫注射；
10. 所有由牙醫提供的牙科治療；因身體損傷須在住院期間由醫生提供的緊急牙科治療則除外。但不包括該住院後之跟進療程；
11. 任何不是醫療必須的治療、檢查、服務或用品；
12. 自願暴露於任何災難或危險中。
13. 就下列原因引致的費用：
 - (a) 在任何療養院或類似機構接受康復住院、治療或護理服務；
 - (b) 並非外科手術所需的義肢、矯形器具及醫療設備；
 - (c) 所有器官移植；
 - (d) 在本保單終止後或保障期屆滿後接受的醫療；
 - (e) 例行醫療檢查或健康檢查；
 - (f) 任何在政府法例下或其他醫療保險計劃內可獲賠償之治療身體損傷或疾病費用，除非此等費用未能在該等法例或保險計劃內獲得賠償；
 - (g) 另類治療，包括但不限於中藥治療、針灸、穴位按摩、推拿、催眠治療、羅爾夫按摩療法、按摩治療及香薰治療；
 - (h) 所有未經信諾批准之實驗性及 / 或最新醫療技術或程序；或
 - (i) 服務，包括但不限於客人膳食、收音機、電話、影印、稅項、醫療報告費用及類似費用。

註：本文中「信諾環球」、「本公司」及「我們」指信諾環球保險有限公司。

此產品小冊子同時備有英文版本，閣下可向本公司索取英文版本。

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



信諾環球

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《合約（第三者權利）條例》（下稱「《條例》」）不適用於「本保單」。除「本公司」及「保單持有人」外，任何非「本保單」一方之人士（包括但不限於「投保人」或受益人）無權於《條例》下執行「本保單」內的任何條款。

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