

Cigna VHIS Series

Flexi Plan (SMM) Flexi Plan (Superior)





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**



RANKED 15TH on the 2023 Fortune 500 List



More than **164 MILLION CUSTOMER RELATIONSHIPS**around the world



Awarded the "CARING COMPANY LOGO" by the Hong Kong Council of Social Service



More Than **72,000 EMPLOYEES** around the world

Remarks:

The above data is for informational purposes only and may not relate to a particular subsidiary of The Cigna Group. The information provided is as of December 31, 2023 and is subject to change.

Why should I consider the Cigna **VHIS Series?**

Tax deduction



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

Covering unknown Pre-existing Conditions



 Full cover from day I of the Policy Effective Period⁵.

Taking care of your emotional health



· Provides coverage for psychiatric treatments during hospitalization.

No fear of medical expenses



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

Guaranteed renewal



· Guaranteed renewal up to Age of 100, no matter how much you claim for illness(es) after the Policy has become effective, the premium will only be adjusted according to your Age⁶.

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



· Covers all Pre- and Post-Confinement/Day Case Procedure outpatient care^{2,3,7}.

Covering various cancer treatments



· All cancer treatment expenses are fully covered^{2,3}, including various common non-surgical cancer treatments4.

Outpatient surgeries in hospitals and clinics



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

Flexible deductible options²



· Features up to five deductible options, and you can also choose to lower or remove your deductibles once without re-underwriting8.

Remarks:

- Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. For details of tax deduction, please visit the websites of the Inland Revenue Department of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or consult with a professional tax advisor.
- 2. Applicable to Cigna VHIS Series Flexi (Superior) only.
- 3. Subject to the Annual Benefit Limit.
- 4. Covers a number of non-surgical cancer treatments including chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy etc. Proton therapy, gamma knife and cyber knife are radiation treatments that are also covered as radiotherapy.
- 5. Refer to Important Information for details of Pre-existing Conditions.
- The premium level is subject to change from time to time due to medical inflation.
- 7. Pre- and post-Confinement/Day Case Procedure outpatient care under Cigna VHIS Series Flexi (Superior) covers:
 - I prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 30 days before admission or Day Case
 - All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 30 days before admission or Day Case
- Procedure: and All follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
- 8. You can choose to reduce or remove your deductibles without re-underwriting within 30 days before the renewal date for one time at any one of the following Ages: 60, 65, 70, 75, 80 or 85.

Extra protection and valueadded services

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

Exclusive discount on virtual consultations and medication



Receive virtual medical consultations on the app to easily obtain doctors' advice and be able to get early diagnosis before your condition worsens.

Obtain medical advice from a range of general practitioners and specialists in Hong Kong without needing to leave your home.

Medication delivery to your door and referral services for a stress-free recovery.

Cashless Medical Service



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

Cigna Care Manager



If you need to have surgery, you may contact our Customer Service hotline to learn about related treatment classifications (e.g. Minor, Intermediate, Major, or Complex). This way, you can get prepared in case there are any out-of-pocket expenses.

For Major or Complex surgeries, our professional registered nurses will step in to answer all your medical related enquiries and help with your needs from pretreatment preparation to post-hospitalization care, and provide you and your family with both professional advice and emotional support.

Fast and easy online claim application



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

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

No Claim Bonus Extra coverage for Flexi Plan (Superior)²



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

Remarks

- I. The Cashless Medical Service is a value-added service and subject to terms and conditions. To use Cashless Medical Service, a Cigna Guarantee of Payment / Pre-Authorization ("GOP") Application Form must be submitted to us for approval prior to hospital admission. Cigna Healthcare requires 5 working days upon receipt of a completed form and supporting medical documents to process the application. We will confirm your application by issuing you a Cigna Health Insurance Scheme Guarantee of Payment (Inpatient) approval letter which sets out the conditions of the GOP arrangement. We have the absolute discretion to decline the GOP application based on information provided by the Insured Person and/or Policy Holder about the Insured Person's medical condition or if the GOP application does not include valid, sufficient and complete information for credit card authorization. All GOP 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. Applicable to Semi-Private Room (a single or double occupancy room, with a shared bath or shower room, in a Hospital) type only.

Plan at a glance

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

Flexi Plan options

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

	Supplementary benefits for enhanced confidence	Premium coverage with comprehensi protection to keep you secure	
Certified Plan(s)	Cigna VHIS Series – Flexi Plan (SMM)	Cigna VHIS Series – Flexi Plan (Superior)	
Area of coverage	Worldwide ⁱ	Asia ^{1,3,4}	
Choice of ward class	No restriction, except for supplementary major medical benefit ²	Standard Ward⁴	Semi-Private Room⁴
Annual Deductible options	×	HK\$0 HK\$15,000 HK\$25,000	HK\$0 HK\$15,000 HK\$25,000 HK\$50,000 HK\$75,000
Annual Benefit Limit (Eligible expenses and expenses payable shall be subject to the benefit limit of each benefit item, coinsurance/deductible (if applicable) and the annual benefit limit)	HK\$1,000,000 per Policy Year	HK\$5,000,000 per Policy Year	HK\$30,000,000 per Policy Year
Lifetime Benefit Limit	Nil	Nil	
Hospitalization benefits	✓ Please refer to the Benefit Schedule	No dollar limit	
Surgical benefits	for details		
Prescribed Diagnostic Imaging Tests	HK\$20,000 per Policy Year Subject to 30% coinsurance		
Prescribed Non-surgical Cancer treatments	HK\$80,000 per Policy Year		
Psychiatric treatments	HK\$30,000 per Policy Year		
Outpatient kidney dialysis	HK\$30,000 per Policy Year		
Home nursing for Confinement	\$700 per day Maximum I5 days per Policy Year	\$800 per day Maximum 90 days per Policy Year	\$1,000 per day Maximum 90 days per Policy Year
Companion Bed	\$450 per day Maximum 270 days per Policy Year	No dollar limit	
Accidental Emergency outpatient treatment	\$6,600 per Policy Year (Within 24 hours after the Accident)	No dollar limit (Within 24 hours after the Accident)	
Accidental Emergency dental treatment	\$6,600 per Policy Year (Within 2 weeks after the Accident)	No dollar limit (Within 2 weeks after the Accident)	
Enhanced Benefit: Supplementary major medical benefit	✓ HK\$150,000 per Policy Year Subject to 10% Coinsurance	X No dollar limit for the core benefits	

- Remarks:

 1. Psychiatric treatments benefit is limited to Hong Kong only.

 2. Supplementary major medical benefit is restricted to Eligible Expenses and expenses incurred during Confinement in a Standard Ward (a room in a Hospital with more than double occupancy) only.

 3. "Asia" refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

 4. In the situations described below, the benefit limits of the Standard Plan shall apply (the Deductible and Lifetime Benefit Limit stated above will still apply).

 5. Eligible Expenses and expenses incurred outside of Asia;

 6. Eligible Expenses and expenses incurred during Confinement in a ward class higher than the Accommodation Room Type selected (except in case of involuntary ward upgrade):

 - involuntary ward upgrade); Eligible Expenses and expenses incurred in mainland China outside of hospitals of Tier 3 Class A or above; and/or Eligible Expenses and expenses incurred when the Insured Person's Place of Residence is Australia or New Zealand.

Cigna VHIS Series - Flexi Plan (SMM)

Cigna's Flexi Plan (SMM) further extends the cover offered under the Standard Plan, and provides cover against costs associated with chronic kidney disease.

Level of ward class	No restriction, except for supplementary major medical benefit ⁱ	
VHIS Certification Number	F00012-01-000-03	
Area of coverage	Worldwide ²	
Choice of healthcare services providers	No restriction	
Annual Benefit Limit (Eligible Expenses and expenses payable shall be subject to the benefit limit of each benefit item, coinsurance (if applicable) and the annual benefit limit)	HK\$1,000,000 per Policy Year	
Lifetime Benefit Limit	Nii	

Outpatient kidney dialysis



Kidney disease is one of the most common "urban diseases". It requires fast, efficient care and typically involves ongoing dialysis treatment. What torments kidney patients the most is to receive dialysis treatment two to three times a week and have to pay the related expenses incurred, resulting in a long-term heavy financial burden. Cigna's Flexi Plan (SMM) takes away that worry by providing you with up to HK\$30,000 per year to cover the expenses of outpatient kidney dialysis treatments – sufficient for most dialysis circumstances.

Supplementary major medical benefit



Apart from outpatient kidney dialysis coverage, the Flexi Plan (SMM) includes an extra cover of HK\$150,000 in the form of a supplementary major medical benefit, subject to annual limit of HK\$1,000,000 and no lifetime benefit limit. In case of serious Disability in which medical expenses exceed the individual benefit limits, the supplementary major medical benefit covers the remaining expenses in a Standard Ward (a room in a Hospital with more than double occupancy).

Remarks:

I. Supplementary major medical benefit is restricted to Eligible Expenses and expenses incurred during confinement in a Standard Ward (a room in a Hospital with more than double occupancy) only.

^{2.} Psychiatric treatments benefit is limited to Hong Kong only.

Benefit Schedule

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

Bei	nefit items¹	Benefit limit (in HKD)
(a)	Room and board	\$1,200 per day Maximum 270 days per Policy Year
(b)	Miscellaneous charges Covers the Eligible Expenses charged on miscellaneous charges (including medical devices, additional surgical appliances) incurred in a setting of Hospital Confinement and Day Case Procedure	\$14,000 per Policy Year
(c)	Attending doctor's visit fee	\$1,200 per day Maximum 270 days per Policy Year
(d)	Specialist's fee ²	\$4,300 per Policy Year
(e)	Intensive care	\$3,500 per day Maximum 90 days per Policy Year
(f)	Surgeon's fee ⁴	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures – Complex \$70,000 Major \$35,000 Intermediate \$17,500 Minor \$8,750
(g)	Anaesthetist's fee	35% of Surgeon's fee payable ³
(h)	Operating theatre charges	35% of Surgeon's fee payable ³
(i)	Prescribed Diagnostic Imaging Tests Covers computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined performed during Confinement or in a setting for providing Medical Services to a Day Patient	\$20,000 per Policy Year Subject to 30% Coinsurance
(j)	Prescribed Non-surgical Cancer Treatments ⁴ Covers chemotherapy, radiotherapy (including proton therapy, gamma knife and cyber knife), targeted therapy, immunotherapy and hormonal therapy performed during Confinement or in a setting for providing Medical Services to a Day Patient	\$80,000 per Policy Year
(k)	Pre- and post-Confinement/Day Case Procedure outpatient care ² Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test) Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test)	 \$1,000 per visit, up to \$15,000 per Policy Year Maximum 2 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure Maximum IO follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)

Bei	nefit items ¹	Benefit limit (in HKD)
(1)	Psychiatric treatments Covers the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist	\$30,000 per Policy Year
(m)	Outpatient kidney dialysis	\$30,000 per Policy Year
(n)	Home nursing for Confinement	\$700 per day Maximum I5 days per Policy Year
(o)	Companion Bed	\$450 per day Maximum 270 days per Policy Year
(p)	Accidental Emergency outpatient treatment Covers Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital	\$6,600 per Policy Year (Within 24 hours after the Accident)
(q)	Accidental Emergency dental treatment Covers expenses charged by a registered dentist, a registered medical practitioner or a hospital solely for Emergency Treatment which is necessitated by an Injury to sound natural teeth (including consultation, staunch bleeding, tooth extraction, root canals and x-ray) in a legally registered dental clinic or a hospital, given to the Insured Person	\$6,600 per Policy Year (Within 2 weeks after the Accident)
(r)	Supplementary major medical benefit ⁵ Applicable to benefit item (a) – (q)	\$150,000 per Policy Year Subject to 10% Coinsurance (except for Medical Services provided to Insured Person in a setting for providing Medical Services to a Day Patient where Coinsurance will not apply)

Remarks

- I. Unless otherwise specified, Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- 2. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- 3. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
- 4. This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures. If a medically necessary surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category.
- determine its surgical category.

 5. For Eligible Expenses and expenses resulting from Confinement, this benefit shall only be payable for Medical Services provided in a Standard Ward (a room in a Hospital with more than double occupancy). For Confinement in a higher ward class (e.g. Semi-Private or Private), this benefit shall only be payable if the Hospital provides satisfactory evidence to show the ward upgrade was involuntary (i.e. where ward upgrade was required due to [i] Isolation, [ii] room shortage in case of an Emergency; or [iii] other reasons not involving personal preference of the Policy Holder and/or the Insured Person). For full details of the calculation of this benefit, please refer to the Terms and Conditions and the Flexi Plan (SMM) Endorsement of the Terms and Benefits.

Cigna VHIS Series – Flexi Plan (Superior)

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

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

No sub-limits on core benefits



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

Most comprehensive cancer treatment



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

Remarks:

- I. In the situations described below, the benefit limits of the Standard Plan shall apply (the Deductible and Lifetime Benefit Limit stated above will still apply).
 - Eligible Expenses and expenses incurred outside of Asia;
 - Eligible Expenses and expenses incurred during Confinement in a ward class higher than the Accommodation Room Type selected (except in case of involuntary ward upgrade);
 - · Eligible Expenses and expenses incurred in mainland China outside of hospitals of Tier 3 Class A or above; and/or
 - · Eligible Expenses and expenses incurred when the Insured Person's Place of Residence is Australia or New Zealand.
- 2. Psychiatric treatments benefit is limited to Hong Kong only.
- "Asia" refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

Benefit Schedule

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

Ac	commodation Room Type	Standard Ward A room in a Hospital with more than double occupancy	Semi-Private Room A single or double occupancy room, with a shared bath or shower room in a Hospital		
Ben	efit items ^{1,2,3}	Benefit limit (in HKD)			
(a)	Room and board				
(b)	Miscellaneous charges Covers the Eligible Expenses charged on miscellaneous charges (including medical devices, additional surgical appliances) incurred in a setting of Hospital Confinement and Day Case Procedure				
(c)	Attending doctor's visit fee				
(d)	Specialist's fee⁴				
(e)	Intensive care				
(f)	Surgeon's fee⁵				
(g)	Anaesthetist's fee	No doll	an limit		
(h)	Operating theatre charges	No dollar limit			
(i)	Prescribed Diagnostic Imaging Tests ⁴ Covers computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined performed during Confinement or in a setting for providing Medical Services to a Day Patient				
(j)	Prescribed Non-surgical Cancer Treatments Covers chemotherapy, radiotherapy (including proton therapy, gamma knife and cyber knife), targeted therapy, immunotherapy and hormonal therapy performed during Confinement or in a setting for providing Medical Services to a Day Patient	s			
(k)	Pre- and post-Confinement/Day Case Procedure outpatient care ⁴ Prior outpatient visits or Emergency consultation (including but not limited to consultation, western medication prescribed or diagnostic test) Follow-up outpatient visits (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test)	No doll Maximum I prior outpatient visit or Eme Day Case Procedure taking place more Case Procedure; All prior outpatient visits or Emergency Case Procedure taking place within 30 Procedure; and All follow-up outpatient visits per Confidays after discharge from Hospital or confidence.	ergency consultation per Confinement/ than 30 days before admission or Day consultations per Confinement/Day days before admission or Day Case nement/Day Case Procedure (within 90		
(l)	Psychiatric treatments Covers the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist	No doll	ar limit		

Ac	commodation Room Type	Standard Ward A room in a Hospital with more than double occupancy	Semi-Private Room A single or double occupancy room, with a shared bath or shower room in a Hospital	
(n)	Home nursing for Confinement	\$800 per day \$1,000 per day Maximum 90 days per Policy Year Maximum 90 days per Policy Year		
(o)	Companion Bed	No dollar limit		
(p)	Accidental Emergency outpatient treatment Covers Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital	No dollar limit (Within 24 hours after the Accident)		
(q)	Accidental Emergency dental treatment Covers expenses charged by a registered dentist, a registered medical practitioner or a hospital solely for Emergency Treatment which is necessitated by an Injury to sound natural teeth (including consultation, staunch bleeding, tooth extraction, root canals and x-ray) in a legally registered dental clinic or a hospital, given to the Insured Person expenses	No doll (Within 2 weeks at	<u></u>	
(r)	Body check ⁶	Nil	Once every three consecutive years of no-claim record	

Remarks:

- I. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- 2. The limits specified above for benefit items (a) (q) apply only to Eligible Expenses and expenses incurred in Asia. Claims incurred outside Asia shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

For the avoidance of doubt, "Asia" shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

For Eligible Expenses and expenses incurred in mainland China, the limits specified above for benefit items (a) – (q) apply only to Medical Services provided in Hospitals of Tier 3 Class A or above (or in other Hospitals where approval has been granted by the Company before Medical Services are provided). Eligible Expenses and expenses incurred in mainland China outside of this setting shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

If the Insured Person's Place of Residence is Australia or New Zealand when Eligible Expenses and expenses are incurred, any resulting claim(s) shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

3. For Eligible Expenses and expenses resulting from Confinement, the limits specified above for benefit items (a) to (l), (n) and (o) apply only to Medical Services provided in the Accommodation Room Type selected or a lower ward class. Claims incurred from Confinement in a higher ward class (e.g. illustrated in the table below) shall only be payable according to these limits if the Hospital provides satisfactory evidence to show the ward upgrade was involuntary (i.e. where ward upgrade was required due to [i] Isolation, [ii] room shortage in case of an Emergency, or [iii] other reasons not involving personal preference of the Policy Holder or Insured Person). Otherwise, such claims shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

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

- 4. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- 5. This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures. If a Medically Necessary surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category.
- 6. Applicable to appointed medical service provider(s) by Cigna Healthcare from time to time. A check-up coupon will be available after every 3 consecutive years of no-claim record.

Case Illustrations

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

Policy Holder Issac

Age 30 (non-smoker)

Background Issac got married when he was 30. For him, it was essential that such an important step in life

has to be backed by solid and reliable protection against risks in the future. He's aware of the many benefits of the Cigna VHIS Series, and strongly felt that he and his wife deserve above average medical protection so that they could be hassle-free while working hard to build an

ideal future together.

Plan level Cigna VHIS Series – Flexi Plan (SMM)

At Age 30



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

Suffered a mild heart attack at Age 31



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

After recovery



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







Benefit item (HK\$)



Room and board



Operating theatre charges



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



Surgeon's fee

In excess of item limit \$ 70,000



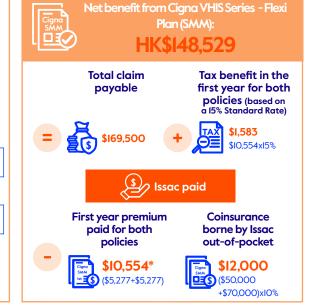
Miscellaneous charges

In excess of item limit \$50,000



Supplementary major medical benefit (\$50,000 + \$70,000) x 90%

\$108,000



Pomarks:

^{*}The premium level is subject to change from time to time due to medical inflation.

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

Policy Holder Helena

Age 40 (non-smoker)

Background Helena works for a major banking group and benefits from the bank's group cover insurance. She

had assumed that the group cover was all anyone might need. Then, her colleague fell sick on a trip to Korea. Her short hospital stay in Seoul came with a big bill and only half of the medical expenses are reimbursed by the bank's group insurance. Since Helena is a keen traveller who loves taking short breaks around Asia, she signed up for the Flexi Plan (Superior) for both herself and her IO-year-old

son.

Plan level Cigna VHIS Series – Flexi Plan (Superior)

Accommodation Room Type Semi-Private Room

Deductible HK\$25,000 for her own policy | HK\$0 for her son's policy

At Age 40



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

Got injured on a trip at Age 42



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

After recovery



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

Total medical expenses (HK\$)



Hospitalization expenses incurred in Japan \$208,000

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



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

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

HK\$141.894

Total claim payable

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











Total premium paid for both policies



\$47,835* uperior \$6.976 + \$6.9

(\$6,676 + \$6,940 + \$7,243)+

(\$8,998 + \$8,992 + \$8,986)

Remarks:

^{*}The premium level is subject to change from time to time due to medical inflation.

Cigna VHIS Series - Flexi Plan (Superior): Iris story

Policy Holder Iris

Age 50 (non-smoker)

Background Iris decided it was time to jump out of her comfort zone and start her own business at the Age

of 50. But at mid-life, she was concerned that her decision meant leaving her employer's group medical plan, which he's benefited from for many years. To replace it, she wanted a plan that offered full medical cover, because she would need to devote all her energies to her business,

and she didn't want to worry about limits and exclusions.

Plan level Cigna VHIS Series – Flexi Plan (Superior)

Accommodation Room Type Semi-Private Room

Deductible HK\$0

At Age 50



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

Iris had breast cancer at Age 53



Iris is diagnosed with breast cancer when she was 53. Every aspect of her treatment was covered by her plan and carried out by top professionals without delay. The timely and high-quality procedures, including diagnostic imaging processes, a series of cancer treatments and breast-reconstruction following mastectomy, made Iris's recovery go well.

After recovery



Iris's new business was not compromised.

After treatments and suitable rest, Iris
was once again able to pick up the
reins of her business and forge ahead
towards achieving her business goals.

Benefit item (HK\$)

Pre-Confinement



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



Prescribed Diagnostic Imaging Tests \$ 27,000

st Confinement for mastectomy



Hospitalization and surgical expenses \$150,000



Prescribed Diagnostic Imaging Tests
\$43,000

Ist Post-Confinement



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

breast reconstruction



Hospitalization and surgical expenses \$ 200,000

2nd Post-Confinement



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

\$1,740



Total medical expenses

\$424,480



Remarks:

^{*}The premium level is subject to change from time to time due to medical inflation.

Important Information

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

Cooling-off right and Policy Cancellation

You may cancel your policy and obtain a refund of any premium(s) and levy paid by you within the coolingoff period. The cooling-off period is the period of 30 calendar days immediately following either the day of delivery of the policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). The cooling-off notice is a notice that will be sent to you or your nominated representative by Cigna Worldwide General Insurance Company Limited to notify you of the cooling-off period around the time the policy is delivered. To exercise this right, a written notice of cancellation must be signed by you and received directly by Cigna Worldwide General Insurance Company Limited at 16/F, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. No refund can be made if a claim has been made.

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

Claims Procedure

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.

Reasonable and Customary

Reasonable and Customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable)–

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

Medically Necessary

Medically Necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services: and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

Pre-existing Conditions

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

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

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

Premium

I. Premium Level

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

2. Non-payment of Premium

If you fail to pay the initial premium, your Policy will not take effect from the commencement date of your Policy. Except for the initial premium payment, there will be a grace period of 30 days after any premium due date. Your Policy will remain effective during this grace period. If any premium is not paid at the end of the grace period, your Policy will lapse on the premium due date and you will lose the insurance cover.

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

3. Mis-statement of Age or Smoking Habit

If Age or smoking habit is mis-stated by you or any Insured Person (and the relevant Insured Person would still be eligible for coverage), we have the right to adjust the premiums payable based on the correct information.

4. Premium adjustment

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

Duplicated policy

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

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

Conversion of policy

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

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

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

Renewal

This Policy shall be effective for an initial period of twelve (I2) months and is thereafter guaranteed to be automatically renewable for successive periods of twelve (I2) months up to the Age of one hundred (IOO) years of the Insured Person. The Company shall have the right to revise the Terms and Benefits of the Policy and/or the Premium upon each renewal.

Termination

- I. The Policy will be automatically terminated when one of the following happens:
 - The Insured Person passes away;
 - Any premium is not paid at the end of the grace period;
 - The Policy is terminated or not renewed by the Policy Holder; or
 - The Company has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write this Policy.
- If there is any fraud, mis-statement or concealment in the application or declaration, or if you or your beneficiary makes a dishonest claim, we have the right to cancel the policy immediately. In such case, all the premium paid will not be returned and you shall immediately return all payment including claims paid by us under the Policy.

Inflation risk

Your current planned benefit may not be sufficient to meet your future needs since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, you may receive less in real terms even if we meet all of our contractual obligations.



Key Exclusions

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

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

- I. Medical Services that are not Medically Necessary.
- 2. Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy.
- 3. Human Immunodeficiency Virus ("HIV") and its related Disability.
- 4. Dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae.
- 5. Services for beautification or cosmetic purposes, or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens.
- 6. Prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, immunisation or health supplements.
- 7. Dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident or to the extent covered by the Accidental Emergency dental treatment benefit. Follow up dental treatment or oral surgery after discharge from Hospital shall not be covered.
- 8. Maternity conditions and its complications.
- 9. Purchase of durable medical equipment or appliances.
- 10. Traditional Chinese Medicine treatment.
- II. Experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
- 12. Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
- 13. Eligible Expenses which have been reimbursed under any law, or other medical program or insurance policy.
- 14. War, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Remarks:

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

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



Cigna Worldwide General Insurance Company Limited

Tel: (852) 2560 1990 www.cigna.com.hk

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. For complete details of terms, conditions and exclusions, please refer to the Terms and Conditions. If there is any conflict between the Terms and Conditions and this brochure, the Terms and Conditions shall prevail.

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

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



信諾自願醫保系列

Premium Table 保費表 Effective from I July 2024 | 2024年7月1日起生效



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1

Cigna VHIS Series - Standard Plan - Standard Premium schedule (Effective from I July 2024) 信諾自願醫保系列 – 標準計劃 – 標準保費表(2024年7月I日生效)

Premium for Non Smoker 非吸煙人士保費

	Cigna VHIS Series - Standard Plan 信諾自願醫保系列 - 標準計劃					
Age 年齢	Annual 年繳	Monthly 月繳	Age 年齢	Annual 年繳	Monthly 月繳	
<u>+</u> □₹	3,152	274	50	牛 椒 5,l42	月 級 447	
ı	3,152	274	51	5,368	467	
2	3,152	274	52	5,603	487	
3	3,152	274	53	5,850	509	
4	3,152	274	54	6,108	531	
5	2,102	183	55	6,495	565	
6	2,102	183	56	6,795	591	
7	2,102	183	57	7,106	618	
8	2,102	183	58	7,433	647	
9	2,102	183	59	7,775	676	
10	2,102	183	60	8,206	714	
11	2,102	183	61	8,600	748	
12	2,102	183	62	9,013	784	
13	2,102	183	63	9,445	822	
14	2,102	183	64	9,899	861	
15	2,102	183	65	10,374	903	
16	2,102	183	66	10,893	948	
17	2,102	183	67	II,437	995	
18	2,229	194	68	12,009	1,045	
19	2,229	194	69	12,610	1,097	
20	2,233	194	70	13,239	1,152	
21	2,258	196	71	13,928	1,212	
22	2,282	199	72	14,651	1,275	
23	2,345	204	73	15,414	1,341	
24	2,403	209	74	16,215	1,411	
25	2,461	214	75	17,059	1,484	
26	2,521	219	76	17,980	1,564	
27	2,583	225	77	18,951	1,649	
28	2,646	230	78	19,974	1,738	
29	2,710	236	79	21,053	1,832	
30	2,776	242	80	22,190	1,931	
31	2,843	247	81*	22,412	1,950	
32	2,913	253	82*	22,636	1,969	
33	2,983	260	83*	22,862	1,989	
34	3,057	266	84*	23,090	2,009	
35	3,094	269	85*	23,321	2,029	
36	3,106	270	86*	23,555	2,049	
37	3,143	273	87*	23,790	2,070	
38	3,219	280	88*	24,029	2,091	
39	3,281	285	89*	24,269	2,111	
40	3,456	30I	90*	24,511	2,132	
			91*			
41	3,582	312		24,756	2,154	
42	3,713	323	92*	25,003	2,175	
43	3,848	335	93*	25,253	2,197	
44	3,989	347	94*	25,504	2,219	
45	4,214	367	95*	25,760	2,241	
46	4,369	380	96*	26,017	2,263	
47	4,530	394	97*	26,277	2,286	
48	4,695	408	98*	26,540	2,309	
49	4,867	423	99*	26,806	2,332	

^{*} These rates apply only to Policy Renewal. 此保費只供續保之用。

I. All the currencies in this table are in Hong Kong dollars. 本保費表內之所有貨幣均以港元計算。

^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

^{3.} The premium is adjusted at each Renewal based on the age of the Insured Person, according to the prevailing Standard Premium schedule. 保費會於每次續保時根據受保人的年齡 按當時生效的標準保費表調整。

^{4.} This Standard Premium schedule is subject to update from time to time at Cigna Healthcare's sole discretion. 信諾環球保留權利以不時更新此標準保費表。

^{5.} This Standard Premium schedule does not include levy which is collected by the Insurance Authority. 此標準保費表並未包括由保險業監管局徵收的保費徵費。 2

Premium for Non Smoker 非吸煙人士保費

Cigna VHIS Series – Flexi Plan (SMM) 信諾自願醫保系列 – 靈活計劃(附加保障)					
Age 年齢	Annual 年繳	Monthly 月繳	Age 年齢	Annual 年繳	Monthly 月繳
0	5,790	504	50	9,733	847
1	5,790	504	51	10,162	884
2	5,790	504	52	10,608	923
3	5,790	504	53	II,075	964
4	5,790	504	54	II,563	1,006
5	3,860	336	55	12,349	1,074
6	3,860	336	56	12,919	1,124
7	3,860	336	57	13,513	I,I76
8	3,860	336	58	14,134	1,230
9	3,860	336	59	14,783	1,286
10	3,860	336	60	15,673	1,364
II	3,860	336	61	16,425	1,429
" 12	3,860	336	62	17,214	1,429
13	3,860	336	63	18,040	1,498
14	3,860	336	64	18,905	1,645
15	3,860	336	65	19,813	1,724
16 	3,860	336	66	20,803	1,810
17	3,860	336	67	21,845	1,901
18	4,101	357	68	22,936	1,995
19	4,101	357	69	24,082	2,095
20	4,176	363	70	25,286	2,200
21	4,229	368	71	26,601	2,314
22	4,286	373	72	27,984	2,435
23	4,398	383	73	29,439	2,561
24	4,506	392	74	30,970	2,694
25	4,616	402	75	32,580	2,834
26	4,728	411	76	34,339	2,987
27	4,844	421	77	36,194	3,149
28	4,961	432	78	38,149	3,319
29	5,082	442	79	40,208	3,498
30	5,277	459	80	42,379	3,687
31	5,406	470	81*	42,8OI	3,724
32	5,539	482	82*	43,231	3,761
33	5,674	494	83*	43,663	3,799
34	5,812	506	84*	44,098	3,837
35	5,921	515	85*	44,540	3,875
36	5,938	517	86*	44,986	3,914
37	6,OII	523	87*	45,435	3,953
38	6,163	536	88*	45,889	3,992
39	6,296	548	89*	46,348	4,032
40	6,608	575	90*	46,811	4,073
41	6,849	596	91*	47,280	4,113
42	7,100	618	92*	47,753	4,155
43	7,360	640	93*	48,231	4,196
44	7,628	664	94*	48,713	4,238
45	7,984	695	95*	49,201	4,280
46	8,275	720	96*	49,694	4,323
47	8,577	746	97*	50,190	4,367
48	8,891	774	98*	50,691	4,410
	3,031	//-		30,031	7,710

^{*} These rates apply only to Policy Renewal. 此保費只供續保之用。

I. All the currencies in this table are in Hong Kong dollars. 本保費表內之所有貨幣均以港元計算。

^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

^{3.} The premium is adjusted at each Renewal based on the age of the Insured Person, according to the prevailing Standard Premium schedule. 保費會於每次續保時根據受保人的年齡 按當時生效的標準保費表調整。

^{4.} This Standard Premium schedule is subject to update from time to time at Cigna Healthcare's sole discretion. 信諾環球保留權利以不時更新此標準保費表。

^{5.} This Standard Premium schedule does not include levy which is collected by the Insurance Authority. 此標準保費表並未包括由保險業監管局徵收的保費徵費。 3

Premium for Non Smoker 非吸煙人士保費

Cigna VHIS Series – Flexi Plan (Superior) 信諾自願醫保系列 – 靈活計劃(優越)

Accommodation Room Type: Standard Ward 疾長類別・英漢疾長

						病房類別	: 普通病房							
						D	Deductible Option 自付費選項							
Age 年齢	НК	\$0	HK\$I	5,000	HK\$2	5,000	Age	Hi	(\$0	HK\$I	5,000	HK\$2	5,000	
	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	年齢	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	
0	10,572	920	5,668	493	5,030	438	50	17,936	1,560	8,989	782	8,167	7II	
1	9,515	828	5,IOI	444	4,527	394	51	18,640	1,622	10,309	897	8,785	764	
2	8,459	736	4,535	395	4,024	350	52	19,393	1,687	10,687	930	9,107	792	
3	8,459	736	4,535	395	4,024	350	53	20,323	1,768	II,O87	965	9,448	822	
4	8,459	736	4,535	395	4,024	350	54	21,319	1,855	11,516	1,002	9,814	854	
5	8,257	718	4,427	385	3,929	342	55	22,364	1,946	12,097	1,052	10,309	897	
6	8,056	701	4,319	376	3,833	333	56 	23,725	2,064	12,847	1,118	10,948	952	
7	7,853	683	4,211	366	3,737	325	57	25,274	2,199	13,624	1,185	11,610	1,010	
8	7,652	666	4,102	357	3,641	317	58	27,048	2,353	14,497	1,261	12,354	1,075	
9	7,451	648	3,994	347	3,545	308	59	28,986	2,522	15,580	1,355	13,277	1,155	
10	7,249	631	3,886	338	3,449	300	60	30,963	2,694	16,706	1,453	14,236	1,239	
11	7,142	621	3,779	329	3,354	292	61	33,117	2,881	17,906	1,558	15,882	1,382	
12	7,142	621	3,671	319	3,258	283	62	35,327	3,073	19,134	1,665	16,971	1,476	
13	7,142	621	3,563	310	3,162	275	63	37,612	3,272	20,620	1,794	18,289	1,591	
14	7,051	613	3,455	301	3,066	267	64	40,016	3,481	22,025	1,916	19,533	1,699	
15	6,956	605	3,347	291	2,970	258	65	42,519	3,699	23,444	2,040	20,793	1,809	
16	6,859	597	3,385	294	3,003	261	66	45,089	3,923	24,899	2,166	22,083	1,921	
17	6,800	592	3,413	297	3,028	263	67	47,665	4,147	26,355	2,293	23,375	2,034	
18	6,802	592	3,431	298	3,044	265	68	50,246	4,371	27,646	2,405	24,519	2,133	
19	6,844	595	3,568	310	3,166	275	69	52,575	4,574	28,999	2,523	25,720	2,238	
20	6,940	604	3,592	313	3,187	277	70 71	54,865	4,773	30,289	2,635	26,866	2,337	
21	7,090 7,269	617	3,617	315	3,209	279	71 72	57,I2I 50,779	4,970	31,669	2,755	28,089	2,444 2,556	
22 23	,	632 648	3,711	323 331	3,293 3.379	286 294	72 73	59,378	5,166	33,125	2,882	29,379		
25 24	7,454		3,806	340	-,-	294 30I	73 74	61,651	5,364	34,689	3,018	30,767	2,677 2,820	
2 4 25	7,659 7,906	666 688	3,904 4,004	348	3,464 3,558	310	7 4 75	64,266 66,957	5,59I 5,825	36,546 38,557	3,180 3,354	32,4I4 34,I97	2,820	
26	7,906 8,185	712	4,004	357	3,670	319	75 76	69,740	6,067	40,534	3,526	35,95l	3,128	
27	8,483	738	4,106	367	3,76I	327	76 77	72,639	6,320	42,520	3,699	37,713	3,281	
28	8,772	763	4,32I	376	3,896	339	77 78	75,624	6,579	44,603	3,880	39,560	3,442	
29	9,058	788	4,433	386	3,978	346	70 79	78,695	6,846	46,788	4,071	41,500	3,442 3,611	
30	9,347	813	4,546	396	4,034	35I	80	81,879	7,123	49,082	4,270	43,534	3,787	
31	9,64I	839	4,664	406	4,159	362	81*	85,182	7,123	51,036	4,440	45,267	3,938	
32	9,870	859	4,784	416	4,345	378	82*	88,555	7,704	52,327	4,552	46,412	4,038	
33	10,134	882	4,907	427	4,532	394	83*	92,034	8,007	53,330	4,640	47,30I	4,115	
34	10,430	907	5,034	438	4,644	404	84*	95,543	8,312	54,155	4,711	48,032	4,179	
35	10,656	927	5,163	449	4,704	409	85*	98,388	8,560	54,982	4,783	48,766	4,243	
36	10,894	948	5,296	461	4,879	424	86*	101,262	8,8IO	55,956	4,868	49,630	4,318	
37	11,239	978	5,432	473	5,057	440	87*	104,261	9,071	56,911	4,951	50,479	4,392	
38	11,601	1,009	5,572	485	5,228	455	88*	107,388	9,343	57,9II	5,038	51,364	4,469	
39	11,971	1,041	5,714	497	5,392	469	89*	110,736	9,634	58,939	5,128	52,277	4,548	
40	12,450	1,083	5,884	512	5,523	481	90*	114,986	10,004	60,977	5,305	54,085	4,705	
41	12,855	1,118	6,119	532	5,737	499	91*	118,876	10,342	63,659	5,538	56,464	4,912	
42	13,283	1,156	6,386	556	5,938	517	92*	123,975	10,786	66,460	5,782	58,949	5,129	
43	13,726	1,194	6,665	580	6,165	536	93*	129,430	11,260	69,384	6,036	61,543	5,354	
44	14,187	1,234	6,956	605	6,389	556	94*	135,126	11,756	72,437	6,302	64,251	5,590	
45	14,662	1,276	7,259	632	6,591	573	95*	141,072	12,273	75,624	6,579	67,077	5,836	
46	15,271	1,329	7,577	659	7,047	613	96*	147,278	12,813	78,952	6,869	70,029	6,093	
47	15,821	1,376	7,907	688	7,388	643	97*	153,759	13,377	82,425	7,171	73,110	6,361	
48	16,564	1,441	8,253	718	7,744	674	98*	160,524	13,966	86,052	7,487	76,327	6,640	
49	17,276	1,503	8,613	749	8,038	699	99*	167,587	14,580	89,839	7,816	79,686	6,933	

^{*} These rates apply only to Policy Renewal. 此保費只供續保之用。

I. All the currencies in this table are in Hong Kong dollars. 本保費表內之所有貨幣均以港元計算。

^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

^{3.} The premium is adjusted at each Renewal based on the age of the Insured Person, according to the prevailing Standard Premium schedule. 保費會於每次續保時根據受保人的年齡按當時生效的標準保費表調整。

^{4.} This Standard Premium schedule is subject to update from time to time at Cigna Healthcare's sole discretion. 信諾環球保留權利以不時更新此標準保費表。

^{5.} This Standard Premium schedule does not include levy which is collected by the Insurance Authority. 此標準保費表並未包括由保險業監管局徵收的保費徵費。

Premium for Non Smoker 非吸煙人士保費

Cigna VHIS Series – Flexi Plan (Superior) 信諾自願醫保系列 – 靈活計劃(優越)

Accommodation Room Type: Semi-Private Room

		·····································								
A 112					Deductik 自付	ole Option 費選項				
Age 年齢	HI	(\$0	HK\$15,000		HK\$25,000		HK\$50,000		HK\$75,000	
	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Month! 月繳
0	12,922	1,124	7,190	626	6,319	550	5,287	460	4,479	390
1	11,630	1,012	6,471	563	5,687	495	4,759	414	4,273	372
2	10,338	899	5,753	501	5,055	440	4,226	368	3,846	335
3	10,338	899	5,753	501	5,055	440	4,226	368	3,846	335
4	10,338	899	5,753	5OI	5,055	440	4,226	368	3,846	335
5	10,092	878	5,616	489	4,935	429	4,127	359	3,756	327
6	9,845	857	5,479	477	4,814	419	4,026	350	3,413	297
7	9,599	835	5,341	465	4,695	408	3,925	341	3,326	289
8	9,353	814	5,204	453	4,575	398	3,824	333	3,241	282
9	9,108	792	5,067	441	4,453	387	3,724	324	3,157	275
Ю	8,998	783	4,931	429	4,334	377	3,716	323	3,071	267
11	8,992	782	4,793	417	4,213	367	3,716	323	2,986	260
12	8,986	782	4,658	405	4,093	356	3,673	320	2,901	252
13	8,720	759	4,520	393	3,972	346	3,566	310	2,817	245
14	8,456	736	4,384	381	3,851	335	3,457	301	2,731	238
15	8,586	747	4,301	374	3,732	325	3,349	291	2,840	247
16	8,809	766	4,301	374	3,773	328	3,390	295	2,872	250
17	9,032	786	4,330	377	3,804	331	3,416	297	2,896	252
18	9,289	808	4,353	379	3,824	333	3,435	299	2,912	253
19	9,516	828	4,528	394	3,977	346	3,571	311	3,027	263
20	9,747	848	4,570	398	4,014	349	3,726	324	3,158	275
21	9,985	869	4,612	401	4,051	352	3,823	333	3,238	282
22	10,335	899	4,805	418	4,157	362	3,920	341	3,322	289
23	10,693	930	4,906	427	4,265	371	4,020	350	3,408	296
24	11,064	963	5,410	471	4,561	397	4,124	359	3,458	301
25	11,334	986	5,611	488	4,645	404	4,251	370	3,500	305
26	II,832	1,029	5,757	501	4,859	423	4,360	379	3,533	307
27	12,496	1,087	5,905	514	4,968	432	4,473	389	3,564	310
28	12,841	1,117	6,055	527	5,091	443	4,587	399	3,599	313
29	12,968	1,128	6,214	541	5,269	458	4,706	409	3,631	316
30	13,098	1,140	6,464	562	5,347	465	4,897	426	3,682	320
31	13,407	1,166	6,548	570	5,426	472	5,024	437	3,901	339
32	13,723	1,194	6,654	579	5,548	483	5,153	448	4,152	361
33	14,046	1,222	6,762	588	5,735	499	5,285	460	4,420	385
34	14,378	1,251	6,938	604	5,828	507	5,420	472	4,596	400
35	14,716	1,280	7,047	613	5,998	522	5,560	484	4,714	410
36	15,300	1,331	7,229	629	6,200	539	5,702	496	4,834	421
37	15,744	1,370	7,415	645	6,206	540	5,851	509	4,959	431
38	16,128	1,403	7,606	662	6,363	554	6,001	522	5,086	442
39	16,224	1,411	7,866	684	6,528	568	6,155	535	5,217	454
40	16,408	1,427	8,114	706	6,676	581	6,385	555	5,336	464
41	16,910	1,471	8,610	749	6,940	604	6,638	578	5,549	483
42	17,590	1,530	8,812	767	7,243	630	6,883	599	5,789	504
43	18,301	1,592	9,215	802	7,560	658	7,137	621	6,043	526
44	19,038	1,656	9,517	828	7,891	687	7,426	646	6,307	549
45	19,848	1,727	9,996	870	8,292	721	7,753	675	6,626	576
46	20,992	1,826	10,517	915	8,653	753	8,136	708	6,918	602
47	21,847	1,901	11,122	968	9,031	786	8,472	737	7,219	628
48	22,946	1,996	11,617	I,OII	9,425	820	8,808	766	7,536	656
49	24,100	2,097	12,104	1,053	9,838	856	9,144	796	7,863	684

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^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

^{3.} The premium is adjusted at each Renewal based on the age of the Insured Person, according to the prevailing Standard Premium schedule. 保費會於每次續保時根據受保人的年齡 按當時生效的標準保費表調整。

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^{5.} This Standard Premium schedule does not include levy which is collected by the Insurance Authority. 此標準保費表並未包括由保險業監管局徵收的保費徵費。 5

Premium for Non Smoker 非吸煙人士保費

Cigna VHIS Series – Flexi Plan (Superior) 信諾自願醫保系列 – 靈活計劃(優越)

Accommodation Room Type: Semi-Private Room 病房類別:半私家病房

	病房類別:半私家病房 Deductible Option									
Age					自付記	費選項	,			
Age 年齢	НК	\$0	HK\$15,000		HK\$25,000		HK\$50,000		HK\$75,000	
	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳	Annual 年繳	Monthly 月繳
50	25,312	2,202	12,424	1,081	10,366	902	9,488	825	8,286	721
51	26,633	2,317	13,438	1,169	10,873	946	10,307	897	8,693	756
52	28,025	2,438	13,746	1,196	II,4O7	992	10,716	932	9,119	793
53	29,489	2,566	14,485	1,260	11,965	1,041	II,264	980	9,565	832
54	30,862	2,685	15,110	1,315	12,552	1,092	II,922	1,037	10,034	873
55	32,120	2,794	16,081	1,399	13,458	1,171	12,617	1,098	10,758	936
56	34,012	2,959	16,869	1,468	14,118	1,228	13,363	1,163	II,285	982
57	36,101	3,141	17,741	1,543	14,809	1,288	14,154	1,231	11,838	1,030
58	37,893	3,297	18,788	1,635	15,535	1,352	14,996	1,305	12,661	1,102
59	39,917	3,473	20,152	1,753	16,296	1,418	15,866	1,380	13,551	1,179
60	41,971	3,651	21,305	1,854	17,657	1,536	17,007	1,480	14,441	1,256
61	44,035	3,831	22,986	2,000	21,135	1,839	18,456	1,606	15,331	1,334
62	46,198	4,019	25,089	2,183	22,854	1,988	19,786	1,721	16,221	1,411
63	50,864	4,425	27,817	2,420	24,456	2,128	21,310	1,854	17,473	1,520
64	55,936	4,866	30,405	2,645	25,655	2,232	22,353	1,945	18,725	1,629
65	58,684	5,106	32,960	2,868	27,818	2,420	24,239	2,109	19,977	1,738
66	61,565	5,356	34,575	3,008	29,183	2,539	25,425	2,212	21,229	1,847
67	64,584	5,619	36,269	3,155	30,611	2,663	26,673	2,321	22,482	1,956
68	67,752	5,894	38,045	3,310	32,111	2,794	27,979	2,434	23,723	2,064
69	71,079	6,184	39,890	3,470	33,685	2,931	29,350	2,553	24,884	2,165
70	74,566	6,487	41,149	3,580	35,335	3,074	30,789	2,679	26,104	2,271
71	77,075	6,706	43,916	3,821	37,067	3,225	32,296	2,810	27,384	2,382
72	79,670	6,931	46,069	4,008	38,884	3,383	33,879	2,947	28,725	2,499
73	82,353	7,165	48,326	4,204	40,788	3,549	35,540	3,092	30,131	2,621
74	85,124	7,406	50,694	4,410	42,786	3,722	37,280	3,243	31,608	2,750
75	87,989	7,655	53,178	4,626	44,884	3,905	39,106	3,402	33,158	2,885
76	89,603	7,795	55,783	4,853	47,082	4,096	41,024	3,569	34,783	3,026
77	91,247	7,938	58,516	5,091	49,388	4,297	43,033	3,744	36,486	3,174
78	92,920	8,084	61,384	5,340	51,810	4,507	45,141	3,927	38,274	3,330
79	94,625	8,232	63,380	5,514	54,349	4,728	47,354	4,120	40,149	3,493
80	96,360	8,383	64,542	5,615	56,671	4,930	49,376	4,296	41,611	3,620
81*	98,794	8,595	66,172	5,757	58,812	5,117	51,241	4,458	42,662	3,712
82*	101,818	8,858	68,198	5,933	61,030	5,310	53,174	4,626	43,968	3,825
83*	104,714	9,110	69,235	6,023	63,033	5,484	54,541	4,745	44,637	3,883
84*	108,590	9,447	70,668	6,148	64,346	5,598	55,686	4,845	45,561	3,964
85*	112,603	9,796	71,567	6,226	65,359	5,686	56,720	4,935	46,140	4,014
86*	116,760	10,158	72,743	6,329	66,497	5,785	57,763	5,025	46,898	4,080
87*	121,064	10,533	73,909	6,430	67,638	5,885	58,817	5,117	47,650	4,146
88*	125,521	10,920	75,823	6,597	69,111	6,013	59,876	5,209	48,485	4,218
89*	130,136	II,322	78,667	6,844	70,995	6,177	60,943	5,302	49,402	4,298
90*	134,915	II,738	81,613	7,100	72,929	6,345	62,018	5,396	50,858	4,425
91*	139,862	12,168	84,667	7,366	74,916	6,518	63,098	5,490	52,758	4,590
92*	144,981	12,613	87,831	7,641	77,168	6,714	64,544	5,615	54,727	4,761
93*	150,282	13,075	91,110	7,927	80,044	6,964	66,950	5,825	56,766	4,939
94*	155,770	13,552	94,508	8,222	83,025	7,223	69,442	6,041	58,880	5,123
95*	161,448	14,046	98,028	8,528	86,III	7,492	72,025	6,266	61,069	5,313
96*	167,325	14,557	101,675	8,846	89,309	7,770	74,700	6,499	63,337	5,510
97*	173,406	15,086	105,453	9,174	92,622	8,058	77,471	6,740	65,686	5,715
98*	179,697	15,634	109,367	9,515	96,052	8,357	80,341	6,990	68,120	5,926
99*	186,208	16,200	113,422	9,868	99,607	8,666	83,313	7,248	70,640	6,146

^{*} These rates apply only to Policy Renewal. 此保費只供續保之用。

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^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

^{3.} The premium is adjusted at each Renewal based on the age of the Insured Person, according to the prevailing Standard Premium schedule. 保費會於每次續保時根據受保人的年齡按當時生效的標準保費表調整。

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^{5.} This Standard Premium schedule does not include levy which is collected by the Insurance Authority. 此標準保費表並未包括由保險業監管局徵收的保費徵費。

Cigna VHIS Series - Standard Plan - Standard Premium schedule (Effective from I July 2024) 信諾自願醫保系列 - 標準計劃 - 標準保費表 (2024年7月1日生效)

Premium for Smoker 吸煙人士保費

		Cigna VHIS Series 信諾自願醫保系	- Standard Plan 列 - 標準計劃		
Age 年齢	Annual 年繳	Monthly 月繳	Age 年齢	Annual 年繳	Monthly 月繳
0	—— intx	/ J X X -	<u>+</u> ₩	5,982	520
1	-	-	51	6,245	543
2	_	_	52	6,520	567
3	_	_	53	6,807	592
4	_	_	54	7,107	618
5	_	_	55	7,555	657
6	_	_	56	7,902	687
7	_	_	57	8,265	719
8	_	_	58	8,645	752
9	_	_	59	9,042	787
10	-	-	60	9,541	830
11	-	-	61	10,000	870
12	_	_	62	10,480	912
13	_	_	63	10,983	956
14	_	_	64	II,509	1,001
15	_	_	65	12,062	1,049
16	_	_	66	12,666	1,102
17	_	_	67	13,299	1,157
18	2,598	226	68	13,963	1,215
19	2,598	226	69	14,661	1,276
20	2,604	227	70	15,395	1,339
21	2,632	229	70 71	16,194	1,409
22	2,661	232	72	17,036	1,482
23	2,735	238	72 73	17,923	1,559
24	2,802	244	73 74	18,855	1,640
25	2,870	250	75	19,836	1,726
26	2,938	256	76 76	20,906	1,720
27	3,012	262	77	22,035	1,019
28	3,085	268	78	23,225	2,021
29	3,159	275	78 79	24,481	2,021
30	3,236	282	80	25,800	2,130
31	3,314	288	81*	26,059	2,243
32	3,395	295	82*	26,319	2,290
33	3,479	303	83*	26,582	2,290
34	3,563	310	84*	26,847	2,336
35	3,606	314	85*	27,117	2,359
36	3,621	315	86*	27,117	2,383
3 0 37	3,665	319	87*	27,662	2,363
38	3,752	326	88*	27,939	2,407
38 39	3,825	333	89*	28,220	2,451 2,455
			90*		
40 41	4,026 4,172	350 363	9I*	28,5O2 28,785	2,480 2,504
42	4,325	376	92*	26,765 29,072	2,504
42	4,325 4,483	390	92° 93*	29,363	2,529 2,555
		390 404	93* 94*		2,535
44	4,647		94* 95*	29,655	
45	4,906	427	96*	29,950	2,606
46	5,088	443	96* 97*	30,250	2,632
47	5,273	459	9/*	30,556	2,658
48	5,465	475	98*	30,861	2,685

^{*} These rates apply only to Policy Renewal. 此保費只供續保之用。

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^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

^{3.} The premium is adjusted at each Renewal based on the age of the Insured Person, according to the prevailing Standard Premium schedule. 保費會於每次續保時根據受保人的年齡 按當時生效的標準保費表調整。

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^{5.} This Standard Premium schedule does not include levy which is collected by the Insurance Authority. 此標準保費表並未包括由保險業監管局徵收的保費徵費。 7

Premium for Smoker 吸煙人士保費

		Cigna VHIS Serie 信諾自願醫保系列 –	s – Flexi Plan (SMM) 靈活計劃(附加保障)		
Age 年齢	Annual 年繳	Monthly 月繳	Age 年齢	Annual 年繳	Monthly 月繳
0	-	_	50	II,324	985
1	_	-	51	II,82I	1,028
2	-	-	52	12,342	1,074
3	_	-	53	12,882	1,121
4	-	-	54	13,451	1,170
5	-	-	55	14,357	1,249
6	_	-	56	15,019	1,307
7	_	-	57	15,708	1,367
8	_	-	58	16,433	1,430
9	_	-	59	17,188	1,495
10	-	-	60	18,216	1,585
II	_	-	61	19,089	1,661
12	_	-	62	20,006	1,741
13	-	-	63	20,965	1,824
14	-	-	64	21,971	1,911
15	-	-	65	23,025	2,003
16	_	-	66	24,176	2,103
17	_	-	67	25,387	2,209
18	4,779	416	68	26,656	2,319
19	4,779	416	69	27,990	2,435
20	4,865	423	70	29,386	2,557
21	4,927	429	71	30,916	2,690
22	4,995	435	72	32,523	2,830
23	5,124	446	73	34,214	2,977
24	5,250	457	74	35,994	3,131
25	5,378	468	75	37,865	3,294
26	5,509	479	76	39,910	3,472
27	5,644	491	77	42,063	3,659
28	5,780	503	78	44,335	3,857
29	5,921	515	79	46,730	4,066
30	6,146	535	80	49,252	4,285
31	6,298	548	81*	49,746	4,328
32	6,450	561	82*	50,242	4,371
33	6,609	575	83*	50,745	4,415
34	6,769	589	84*	51,251	4,459
35	6,896	600	85*	51,765	4,504
36	6,916	602	86*	52,282	4,549
37	7,002	609	87*	52,804	4,594
38	7,177	624	88*	53,333	4,640
39	7,332	638	89*	53,867	4,686
40	7,693	669	90*	54,405	4,733
41	7,975	694	91*	54,949	4,781
42	8,265	719	92*	55,499	4,828
43	8,569	746	93*	56,054	4,877
44	8,882	773	94*	56,614	4,925
45	9,292	808	95*	57,181	4,975
46	9,632	838	96*	57,752	5,024
47	9,983	869	97*	58,332	5,075
48	IO,348	900	98*	58,913	5,125
49	10,726	933	99*	59,502	5,177

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Premium for Smoker 吸煙人士保費

Cigna VHIS Series – Flexi Plan (Superior) 信諾自願醫保系列 – 靈活計劃(優越)

Accommodation Room Type: Standard Ward 病房類別:普通病房

Deductible Option 自付費選項 HK\$O HK\$15.000 HK\$25.000 HK\$15.000 HK\$0 HK\$25.000 Age 年齢 Annual Monthly Monthly Monthly Annual Monthly Annual Annual 年繳 月繳 年繳 月繳 年繳 月繳 年繳 月繳 年繳 月繳 年繳 月繳 0 50 10.787 21.524 1.873 938 9.800 853 1 51 22 368 1946 12 370 1.076 10542 917 2 52 23.272 2025 12.824 1.116 10.929 951 3 53 24,387 2,122 13,305 1,158 11,338 986 54 25,583 2.226 13,819 1,202 11,776 1,025 5 55 12,370 26.837 2.335 14.516 1.263 1.076 6 56 28,469 2.477 15,416 1,341 13,137 1,143 57 30,329 2,639 16.349 1,422 13,932 1,212 8 58 32.458 2.824 17.396 1,513 14.825 1.290 9 59 34.783 3.026 18.696 1.627 15.932 1.386 10 20.047 60 37.156 3.233 1.744 17.084 1.486 11 61 39740 3457 21487 1869 19059 1658 12 62 42 392 3688 22 960 1998 20365 1772 3,927 13 63 45,135 24,743 2,153 21.947 1,909 14 48.019 4,178 26,430 2.299 23,440 2.039 4,439 15 51.022 28,133 24,951 2,171 16 66 54,106 4,707 29,878 26,500 2,306 17 67 57.198 4.976 31.626 2.751 28.050 2,440 18 8.163 710 4.118 358 3.653 318 68 60.295 5.246 33,175 2.886 29,423 2,560 19 8,213 4,281 69 63,089 5,489 34,799 3,028 30,863 2,685 715 372 3,799 331 70 32,239 20 8,328 725 4,311 375 3,825 333 65,838 5,728 36,346 3,162 2,805 2.933 21 8.508 740 4.340 378 3.851 335 71 68.545 5.963 38.002 3.306 33.707 22 8.723 759 4,453 387 3.952 344 72 71,254 6,199 39,750 3,458 35.254 3.067 23 8.945 778 4,567 397 4,055 353 73 73,981 6,436 41,626 3,621 36.921 3,212 24 9.190 800 4.685 408 4.157 362 74 77.119 6.709 43.855 3.815 38.897 3.384 25 9,487 825 4,805 418 4,270 371 75 80,349 6.990 46.269 4.025 41.037 3.570 26 383 9,823 855 4,930 429 4,405 76 83,689 7,281 48,641 4,232 43,141 3,753 27 10.180 886 5.056 440 4.513 393 77 87.167 7.584 51.024 4.439 45.256 3.937 28 10.527 916 5.185 451 4.675 407 78 90.749 7.895 53.524 4.657 47.472 4.130 29 10,869 946 5,320 463 4,774 415 79 94,434 8,216 56,146 4,885 49,800 4,333 30 976 5.455 421 98.255 8.548 58.898 11.216 475 4.841 80 5.124 52.241 4.545 31 81* 1.007 5.597 487 4.991 434 102.218 8.893 5.328 54.320 11.569 61.243 4.726 1.030 32 5.741 454 82 9.245 55.694 11.844 499 5.214 106.266 62,793 5.463 4.845 33 1.058 5.888 5.438 473 83 110.441 9.608 5.568 12.161 512 63.996 56.761 4.938 34 12 516 1089 6041 526 5573 485 84* 114 651 9 9 7 5 64 986 5654 57639 5015 35 12,788 1,113 6,196 539 5,644 491 85* 118,066 10,272 65,978 5,740 58.520 5.091 10,572 36 13,073 1,137 6,355 553 5.855 509 86* 121,515 67,147 5,842 59.556 5,181 37 6.068 528 87* 10,885 60.575 5,270 13,487 1,173 6.518 567 125.113 68,293 38 13,921 1,211 6,686 582 546 88 128,866 11,211 69,493 6,046 61,637 5,362 39 14,365 1,250 6,857 597 6,471 89 132,884 70,726 6,153 62,733 5,458 40 14.940 7,061 614 6.628 577 90 137.983 12.005 73.172 6.366 64.902 5.646 41 15.426 1.342 7.343 639 6.884 599 91 142,652 12.411 76.391 6.646 67.757 5.895 42 15,939 7,663 7,126 620 92* 148,769 12,943 6,938 70,738 1,387 667 79,752 6,154 7.998 7.398 93 83.261 73.851 43 16,471 1.433 696 644 155.316 13.512 6.425 7.244 8.347 667 86.925 6.708 17.024 1.481 726 7.667 94 162.151 7.562 77.101 44 14.107 45 17.594 1.531 8.711 758 7.909 688 95 169,286 14.728 90.749 7,895 80.493 7.003 8,456 46 18.325 1.594 9.092 791 736 96* 176.734 15 376 94.742 8.243 84.034 7.311 47 18.985 1,652 9,488 825 8.865 771 97* 184,511 16.052 98.910 8.605 87.731 7.633 48 98* 19,877 1,729 9,904 862 9,293 808 192,629 16,759 103,262 8,984 91,593 7,969 20,731 1,804 10,336 9,645 99* 201,105 17,496 107,807 9,379 95,623

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^{2.} The initial premium is determined by the age and smoking habit of the Insured Person at the Policy Effective Date. 初始保費是根據受保人於保單生效日的年齡及吸煙習慣而計算。

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Premium for Smoker 吸煙人士保費

Cigna VHIS Series – Flexi Plan (Superior) 信諾自願醫保系列 – 靈活計劃 (優越)

Accommodation Room Type: Semi-Private Room 病房類別:半私家病房 **Deductible Option** 自付費選項 HK\$O HK\$15,000 HK\$25,000 HK\$50,000 HK\$75,000 **Annual** Monthly 年繳 月繳 年繳 月繳 年繳 月繳 年繳 月繳 年繳 月繳 0 1 2 3 5 6 7 8 9 10 11 12 13 14 15 16 17 18 970 5.224 454 4.589 4.122 304 11.147 399 359 3.494 19 4.286 3.632 11.419 993 5.433 473 4.773 415 373 316 20 11,696 1,018 5.484 477 4,817 419 4,471 389 3.789 330 21 11,982 1,042 5.534 481 4,861 423 4,587 399 3.885 338 22 12.402 1.079 5.766 502 4.988 434 4.704 409 3.987 347 23 12,832 1,116 5,887 512 5,118 445 4,824 420 4,089 356 24 13,277 1,155 6,492 565 5,473 476 4,948 430 4,150 361 25 13,601 1,183 6,733 586 5,574 485 5,101 444 4,200 365 26 14,198 1,235 6,908 601 5,830 507 5,232 455 4,239 369 27 14,995 1,305 7,087 617 5,962 519 5,368 467 4,277 372 28 632 531 5,504 479 376 15.410 1.341 7.266 6.109 4.318 29 7.457 649 6.323 550 5.648 491 4.357 379 15.561 1.354 30 15.717 1.367 7.757 675 6.416 558 5.876 511 4.418 384 31 407 16088 1400 7858 684 6511 566 6029 525 4682 32 16.467 1433 7985 695 6658 579 6183 538 4982 433 1,466 5,304 33 16,855 8,114 706 6,882 599 6,342 552 461 34 17.254 1.501 8.325 724 6.993 608 6.504 566 5.515 480 35 17,659 1.536 8,456 736 7,198 626 6,672 580 5,657 492 36 18,360 1,597 8,675 755 7,440 647 6,842 595 5,801 505 37 18,893 1,644 8,898 7,021 5,951 518 38 19,354 1,684 9,127 794 7,636 664 7.201 626 6,104 531 39 9,439 7,834 682 7,386 643 6,261 545 19,469 1,694 821 40 19,690 7,662 6,403 557 1,713 9,737 847 8,011 697 667 41 20.292 1.765 10.332 899 8.328 725 7.966 693 6.658 579 42 21,108 1.836 10.574 920 8,692 756 8.259 719 6.946 604 7,252 43 21.961 1.911 11.058 962 9.072 789 8.564 745 631 44 22 846 1988 11421 994 9469 824 8911 775 7569 659 45 23.818 2072 11.995 1.044 9.950 866 9.304 809 7.952 692 46 25,190 2,192 12,620 1,098 10,384 903 9,764 849 8,302 722 47 10,837 943 885 754 26.216 2.281 13.346 1.161 10.167 8.663 10,570 920 9,043 787 48 27.535 2.396 13.941 1.213 11.310 984

14,525

2,516

28,920

11.806

1,027

10,973

955

9,435

821

1,264

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Premium for Smoker 吸煙人士保費

Cigna VHIS Series - Flexi Plan (Superior) 信諾自願醫保系列 - 靈活計劃(優越)

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223,450

19.440

10.399

99.976

8.698

84.768

7.375

11.841

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信諾環球保險有限公司

Cigna Worldwide General Insurance Company Limited

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本文的「信諾環球」、「本公司」、「我們」是指信諾環球保險有限公司。

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

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本保費表只作參考。信諾環球保留修改本保費表之權利。如有任何爭議、信諾環球保留最終決定權。如中、英文版本如有差異、概以英文版本為準。

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