



CIGNA HEALTHFIRST MEDICAL PLAN SERIES

ELITE MEDICAL PLAN

Comprehensive healthcare tailored to suit your needs

A GLOBAL LEADER IN HEALTH AND WELL-BEING SERVICES

Cigna Group

Cigna is a global health service leader dedicated to helping people improve their health, well-being, and sense of security. We have a presence in 30 countries and jurisdictions, our global network includes more than one million healthcare professionals, clinics, and facilities.

Cigna Hong Kong

Positioned to be your active health and well-being partner, we offer solutions at the right place and the right time, providing advice throughout the different stages of your life journey. At Cigna in Hong Kong, we deliver comprehensive health and wellness solutions to employers, employees and individual customers.

Leveraging our extensive global network with access to international healthcare services, we provide medical benefit plans that are suitable for international companies with a worldwide workforce. We also have the flexibility to tailor cost-effective plans for local small and medium-sized enterprises, to meet the specific needs of the companies and employees.

As an individual customer of Cigna, you can select a plan from our full suite of medical products that best fits your personal needs. You can also enjoy our specialized health and well-being solutions, with access to our excellent customer service and worldwide network of healthcare facilities.

We are committed to helping you live well and stay well, because we know that this is your competitive edge, and we are with you all the way.

Cigna, Together all the way

Facts about Cigna



**Ranked 79¹
on the 2016
Fortune 500 list**



**90 million
customer relationships
around the world**



**More than
39,000 employees
worldwide**

Remarks:

1. Cigna Corporation was ranked 79 on the 2016 Fortune 500 list.

WE UNDERSTAND YOUR MEDICAL PROTECTION NEEDS

Your health should always come first.

However, inflation of medical costs remains significant and we can expect more of the same in the future. Though some Hong Kong people are covered by medical insurance provided by their employers, they may have no control over the plan. Their unique medical needs, and those of their dependents, may not be fully fulfilled.

If this depicts your situation, you may lack access to the healthcare you really need.

HOW CAN WE HELP? At Cigna, we understand your concerns, and are here to help. Our competitively priced **Cigna HealthFirst Elite Medical Plan** (hereafter “Elite Medical Plan”) has no lifetime cover limit¹, and offers unique benefits and privileges that give you comprehensive worldwide protection and real peace of mind. A range of optional benefits means you can tailor your healthcare protection to your own needs and budget.



Remarks:

1. The lifetime cover limit refers to the maximum benefit amount of insurance protection up to the person insured's 100th birthday. The basic benefits and most of the optional benefits of Elite Medical Plan are not subject to a lifetime cover limit. The lifetime cover limit only applies to the Optional Pharmacy Benefits.

HOW CAN YOU BENEFIT FROM ELITE MEDICAL PLAN?

Enjoy comprehensive worldwide cover without the stress — at a competitive price and with tailored benefits. Read on to see why Elite Medical Plan is right for you.

Our medical cover gives you...

Comprehensive coverage up to an annual limit of HK\$23,800,000

You are fully protected through a range of hospital and surgical benefits with a maximum annual limit as high as HK\$23,800,000¹. Subject to our prior approval, you need not pay any deposit when you are admitted to hospital, or make any claim upon discharge — we handle all that for you.

A flexible plan to suit your every need

We give you a number of geographical options for every lifestyle and situation. You can choose between coverage in Asia, Worldwide, or Worldwide (excluding US). To help with your budgeting, three levels of annual deductible options are also available to choose from.

A wide range of optional benefits means you can tailor your plan to your needs and budget. Our popular Optional Pharmacy Benefits provide cover for more than 50 major diseases² while other optional benefits cover outpatient, dental, and maternity protections to suit your every need.

Reliable lifetime coverage keeping you fully protected

Protection extends up to the age of 100 of the person insured, with Basic Benefits that are guaranteed to be renewable³! It's easy to adjust your protection upon retirement — on reaching the age of 55, 60, 65, or 70, you can reduce your annual deductible amount at the policy anniversary date, with no medical proof required⁴.

Expert assistance across the globe

Our second medical opinion service offers you an alternative medical opinion from a global pool of expert physicians who are actively involved in groundbreaking research and keenly aware of the latest clinical developments. We help you every step of the way, allowing you to make better-informed decisions and assisting you with arrangements for treatment.

Wherever you go, there's no need to worry about mishaps abroad — our coverage applies worldwide, and we have over 7,000 hospitals in our professional medical network. Our 24-hour HealthFirst Hotline is globally accessible and manned by experienced nurses, who can provide professional advice or refer you to qualified medical practitioners no matter where you are in the world.

SOS Worldwide Emergency Assistance Services

Cigna SOS 24 Hours Worldwide Emergency Assistance Services provide up to US\$1,000,000 towards arranging and paying for emergency medical evacuation to the nearest hospital where appropriate medical care is available, or repatriation to Hong Kong or your home country if you have a serious medical condition.



Remarks:

1. The Basic Benefits and Optional Outpatient Benefits are subject to an overall maximum annual limit of HK\$23,800,000.
2. The Optional Pharmacy Benefits cover pharmacies, dispensaries, clinics or hospitals, for medically necessary western medication prescribed by a physician to treat the major diseases.
3. Guaranteed renewal is applicable to the Basic Benefits. The Basic Benefits shall be effective for an initial period of 12 months and thereafter guaranteed and automatically renewable for 12 months each, provided that new policy(ies) under the "Cigna HealthFirst Elite Medical Plan" continue to be issued and the premium of the policy is paid at the time of renewal.
4. This privilege is applicable within 31 days immediately before the policy anniversary date or immediately following the person insured's 55th, 60th, 65th or 70th birthday. This privilege can only be exercised once per lifetime.

EXCLUSIVE PRIVILEGES FOR YOU AND YOUR FAMILY

Free annual health check-ups

Keeping track of your health is important. Because we know how much this matters, we offer our person insured a free annual health check-up, to give them a clear and up-to-date understanding about the state of their health.

The free annual health check-up coupon will be sent out 30 days after the policy is renewed.

THE PLAN AT A GLANCE

	Basic Benefits	Optional Insurance Benefits			
	Hospitalization and Surgical Benefits and Extended Benefits	Optional Outpatient Benefits	Optional Pharmacy Benefits	Optional Dental Benefits	Optional Maternity Benefits
Issue age (at last birthday) ¹	15 days to age 75				Age 18 to 45
Protection period	1 year and guaranteed renewable, up to age 100	1 year and renewable, up to age 100			1 year and renewable, up to age 50
Premium payment term	Until the end of protection period				
Options for geographical coverage (please refer to policy provisions for details)	› Worldwide › Worldwide (excluding US) › Asia				
Annual deductible options ²	› No deductible › HK\$25,000 › HK\$50,000				
Premium payment frequency	Annual / Monthly				
Policy currency	HKD				

Remarks:

- Children aged under 6: Your child must enroll when you do. The child is required to enroll in the same area of coverage and deductible as the parent. Your child's policy will end if you terminate your policy.
Children aged 6 or above: Your child can enroll without you or your spouse enrolling together. Your child's policy will continue if you terminate your policy.
- Deductible applies to Basic Benefits with the exception of Accidental Death Benefit.

Benefit Schedule (HKD)

Subject to pre-approval, you need not pay any deposit when you are admitted to hospital, or make any claim when you discharge — simply fill in a form for prior approval to enjoy cashless hospitalization.

The following information is for reference only, please refer to the policy provisions for details.

Basic Benefits – Hospitalization and Surgical Benefits	
Items	Maximum Limit (HK\$)
1. Hospital Room and Board (standard private, semi-private and ward)	Fully covered
2. Intensive Care Unit Expenses	
3. Inpatient Doctor's Call	
4. Inpatient Specialist's Fee	
5. Companion Bed (includes accommodation and meals for 1 immediate family member of the person insured aged below 18)	
6. Surgical Expenses	Fully covered (for both inpatient and outpatient surgeries)
7. Anaesthetist's Expenses	
8. Operation Theatre Expenses	
9. Hospital Cash	\$2,000 per day (up to 45 days per policy year)
10. Private Nurse's Fees	Fully covered (up to 45 days per policy year)
11. Medical Appliances Specified items: (a) Pacemaker; (b) Stents for Percutaneous Transluminal Coronary Angioplasty; (c) Intraocular lens (surgery performed during day confinement or in a clinic); (d) Artificial cardiac valve; (e) Metallic or artificial joint for joint replacement; (f) Prosthetic ligaments for replacement or implantation between bones; and (g) Prosthetic intervertebral disc. Non-specified items	Fully covered
12. Other Medical Expenses	\$100,000 per lifetime
13. Cancer Treatment and Dialysis	Fully covered
14. HIV/AIDS Treatment	Fully covered (for both inpatient and outpatient expenses)
15. Organ Transplantation	\$800,000 per lifetime
16. Advanced Diagnostic Imaging – includes MRI, CT Scan and PET Scan	\$500,000 per disability per policy year
17. Rehabilitation Benefit (Within 90 days after discharge from hospital and such claim had been paid under Hospitalization and Surgical Benefits)	\$75,000 per policy year (for both inpatient and outpatient expenses)
18. Palliative Care Benefit	\$300,000 per policy year
19. Psychiatric Inpatient Treatment	\$300,000 once per lifetime
20. End of Life Care Benefit	\$60,000 (up to 30 days per policy year)
Remarks: › For item 4 & 10, a written referral letter from the attending physician is required. › The benefits under item 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 16 will not be payable if Hospital Room and Board Benefit and/or Intensive Care Unit Expenses are not payable (except the treatment done in day confinement or clinic).	

Basic Benefits – Extended Benefits	
Items	Maximum Limit (HK\$)
1. Pre-admission and Post-hospitalization Outpatient Expenses	Fully covered (up to 30 pre-admission clinic visits and 90 follow-up visits , which take place within 30 days before the admission or surgery and 180 days after discharge from the hospital/date of surgery at physician's clinic respectively)
2. Post-hospitalization Auxiliary Treatment › Physiotherapist/Occupational Therapist/Speech Therapist › Chiropractor	Fully covered (up to 60 visits per policy year) \$1,600 per visit (up to 30 visits per policy year)
3. Traditional Chinese Medicine Treatment (during hospital confinement or within 90 days after discharge from the hospital/date of surgery at physician's clinic)	\$600 per visit (up to 30 visits per policy year)
4. Home Nursing Expenses (immediately after discharge from the hospital rendered with the recommendation by attending physician)	Fully covered (up to 120 days per policy year)
5. Accident Emergency Outpatient Treatment (Outpatient treatment at hospital within 24 hours of the accident)	Fully covered
6. Accident Emergency Dental Treatment (Dental injury to natural teeth / tooth caused by accident, and the treatment is rendered within 2 weeks of the accident.)	
7. Accidental Death Benefit	Hong Kong – \$100,000 Overseas – \$200,000
8. Local Ambulance Benefit	Fully covered
Remarks: › For item 2 & 4, a written referral from the physician is required. If more than one Physiotherapist, Occupational Therapist, Speech Therapist or Chiropractor consultation incurred on the same day, only one consultation will be entitled under this benefit. › For item 3, the benefit applies only to consultation fee (including two packs of basic Chinese medicines).	

Optional Outpatient Benefits	
Items	Maximum Limit (HK\$)
1. General Practitioner	Fully covered
2. Specialist	
3. Home Consultation	
4. Physiotherapist	
5. Chiropractor	
6. Chinese Herbalist (includes 2 packs of Chinese medicines)	\$800 per visit
7. Chinese Bonesetter	
8. Acupuncturist	
9. Psychiatric Outpatient Treatment	\$800 per visit (up to 5 visits per policy year)
10. Dietetic Guidance/Speech Therapy/ Occupational Therapy	\$800 per visit (maximum limit of \$1,600 and up to 5 visits per policy year)
11. Prescribed Western Medicine	\$10,000 per policy year
12. Diagnostic Imaging and Laboratory Tests	
13. Vaccinations	\$200 per shot (maximum limit of \$1,000 per policy year)
Remarks: › Only one of the “General Practitioner”, “Home Consultation”, “Chinese Herbalist”, “Chinese Bonesetter” or “Acupuncturist” Benefits would be paid for any one day. › Only one of the “Specialist”, “Physiotherapist”, or “Chiropractor” Benefits would be paid for any one day. › For item 1-10, the benefit applies only to consultation/ treatment and only one consultation/ treatment would be paid for any one day. › For items 2, 4, 5, 9, 10 & 12, a written referral letter from a physician is required. › Maximum 40 visits for items 1 to 10, within which a maximum of 10 visits for items 6-8 per policy year.	

Optional Pharmacy Benefits	
Maximum Limit per policy year	HK\$80,000
Lifetime Limit	HK\$500,000
Medication benefits for the following Major Diseases are provided on the basis of reimbursement.	
Applicable to age of 16 or above	
1. Alzheimer's Disease/Dementia 2. Amyotrophic Lateral Sclerosis 3. Aplastic Anaemia 4. Bacterial Meningitis 5. Benign Brain Tumor 6. Blindness 7. Brain Surgery 8. Cancer 9. Carcinoma-in-situ 10. Cardiomyopathy 11. Chronic Relapsing Pancreatitis 12. Coma 13. Coronary Angioplasty 14. Coronary Artery Bypass Surgery 15. Creutzfeldt-Jakob Disease 16. Crohn's Disease 17. Ebola 18. Elephantiasis 19. Encephalitis 20. End Stage Lung Disease 21. Fulminant Viral Hepatitis 22. Heart Valve Replacement 23. HIV Infection due to Blood Transfusion 24. Kidney Failure 25. Liver Failure 26. Loss of Hearing 27. Loss of Limbs	28. Loss of Speech 29. Major Burns 30. Major Organ Transplantation 31. Meningeal Tuberculosis 32. Medullary Cystic Disease 33. Multiple Sclerosis 34. Muscular Dystrophy 35. Myocardial Infarction 36. Necrotising Fasciitis/Gangrene 37. Occupationally acquired HIV 38. Parkinson's Disease 39. Poliomyelitis 40. Primary Lateral Sclerosis 41. Primary Pulmonary Arterial Hypertension 42. Progressive Bulbar Palsy 43. Progressive Muscular Atrophy 44. Progressive Supranuclear Palsy 45. Rheumatoid Arthritis (Adult) 46. Severe Brain Damage 47. Severe Myasthenia Gravis 48. Severe Ulcerative Colitis 49. Spinal Muscular Atrophy 50. Stroke 51. Surgery to Aorta 52. Terminal Illness 53. Total and Permanent Disability 54. Vegetative State
Applicable to below age 16	
1. Cancer 2. Coma 3. Coronary Artery Bypass Surgery 4. Hand, foot and mouth diseases with severe (life threatening) complications 5. Insulin-Dependent Diabetes Mellitus 6. Kawasaki Disease with Heart Complications 7. Kidney Failure 8. Liver Failure	9. Major Burns 10. Major Organ Transplantation 11. Myocardial Infarction 12. Poliomyelitis 13. Rheumatic Fever with Valvular Impairment 14. Severe Asthma 15. Severe Epilepsy 16. Stroke
Remarks: › The Optional Pharmacy Benefits is payable if the person insured suffers from first confirmed diagnosis of any listed Major Diseases after the Waiting Period and has survived for 30 days. › The coverage of Alzheimer's Disease/Dementia shall cease upon the policy anniversary after the person insured reaches age 65. › The benefit payable for Carcinoma-in-situ and Coronary Angioplasty is limited to 20% of the benefit's annual Maximum Limit and Lifetime Limit.	

Optional Dental Benefits (Maximum limit per policy year is up to HK\$5,000 for the following benefits)	
Scaling and Polishing	Once every 6 months
Fillings; dentures, crowns and bridges (only if necessitated by an accident); drainage of abscesses; extractions; X-ray; root canal fillings; routine oral examination	Fully covered

Optional Maternity Benefits	
Normal Delivery	HK\$40,000 per policy year
Miscarriage	
Caesarean Section	HK\$60,000 per policy year
Remarks: › The benefits cover the actual expense arising from pregnancy, including prenatal check-up, childbirth/miscarriage and postnatal check-up fee.	

Waiting Period

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

Benefits	Waiting Period*
Optional Pharmacy Benefits	180 days
Optional Maternity Benefits	1 year
Palliative Care Benefit	2 years
HIV / AIDS Treatment	5 years

* Waiting Period refers to each of the period after (a) the policy issue date or the commencement date (whichever is later), (b) the approval date of any reinstatement and (c) the issue date or the effective date of any increase in benefit (whichever is later).

Service Directory

Service	Contact Details	Service Suppliers
24-hour Cigna HealthFirst Hotline › General claims › Health-related advice	(852) 8203 2202	Quality HealthCare Medical Services Limited
Second Medical Opinion Service	(852) 2887 0099	MediNet Services Limited
Worldwide Medical Assistance	(852) 3122 2222	International SOS
Outpatient Network	www.cigna.com.hk/opnetwork User ID: healthfirst Password: healthfirst	Quality HealthCare Medical Services Limited



IMPORTANT INFORMATION

Premium

1. Premium Level

The premium 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 1 month 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, 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 in relation to this product.

Benefits

1. Benefit in General

For hospitalization in mainland China, benefit is payable only if the diagnosis and hospital confinement are made in a hospital of Tier 3 Class A or above.

Except for the benefit payment in case of death of the person insured, we shall pay the benefit amount to the policyholder.

For the benefit payment in case of death of the person insured, we shall pay the benefit amount to the beneficiary.

2. Hospitalization and Surgical Benefits

Prior written approval must be obtained from us before the admission or taking of treatment for all non-emergency hospital admission and stay outside Hong Kong; otherwise, there may be delays in processing claims, and we will only pay 50% of the eligible medical expense.

Area of Cover

If the person insured's country of residence is the United States (US) at the time of loss incurred, all benefits payable under the Basic Benefits and the Optional Insurance Benefits (if any) which takes place in the US will be reduced to 60% of relevant charges, subject to pre-approval on non-emergency hospital admission.

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

Duplicated Policy

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

Renewal

The Basic Benefits and Optional Insurance Benefits will be effective for an initial period of 12 months and thereafter renewable for successive periods of 12 months each provided that we continue to issue new policy(ies) under the "Cigna HealthFirst Elite Medical Plan", and upon payment of the premium at time of renewal. Renewal for Basic Benefits is guaranteed and automatic. The Company reserves the right to revise the terms of the policy and/or the premium and/or the benefit schedule upon each renewal.

Termination

1. The policy will be automatically terminated when one of the following happens:
 - The person insured reaches the age of 100;
 - The person insured passes away; or
 - Any premium is not paid at the end of the grace period.
2. The Optional Maternity Benefits will be terminated upon the policy anniversary after the person insured reaches age 50.
3. 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.
4. The Company may terminate any Optional Insurance Benefit, by giving not less than 30 days' advance notice in writing to you.
5. The person insured is required to settle any shortfall of expenses incurred with the use of the Cigna HealthFirst Elite Medical Card but is not covered by the policy or exceeding the maximum limit. If such shortfall amount is not settled within 14 days after receipt of an advice from us, the Company reserves the right to terminate this policy.
6. The person insured aged below 6 must apply the same Basic Benefits and Optional Insurance Benefits with the policyholder's. If the policyholder terminates or changes his/ her policy, the policy of the child must be terminated or changed accordingly as per the policyholder's with effect from the next anniversary date. The policyholder is required to notify us in writing the request of changes.

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.

KEY EXCLUSIONS

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

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

- (a) Pre-existing medical conditions and any specified special exclusion(s);
- (b) War, invasion, act of foreign enemy, hostilities, civil commotion, rebellion, revolution, insurrection, military or usurped power or terrorism;
- (c) The person insured's suicide, attempted suicide or intentionally self-inflicted injuries, whether sane or insane;
- (d) The person insured 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;
- (e) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury or sickness (this exclusion is not applicable to Maternity Benefit);
- (f) Infection with Human Immunodeficiency Virus (HIV) or variants including Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (ARC) except such occurrence are covered under HIV/AIDS Treatment section and HIV Infection due to Blood Transfusion and Occupational acquired HIV of Pharmacy Benefits (optional benefit);
- (g) Sexually-transmitted diseases or treatment thereof;
- (h) Infertility or sterilization or any type of fertility;
- (i) Birth defects, congenital conditions, hereditary conditions or any disabilities arising therefrom except such occurrence are covered under Medullary Cystic Disease of Pharmacy Benefits;
- (j) Cosmetic and elective surgery;
- (k) Routine eye/ear examinations, cost of spectacles, contact lenses, hearing aids and artificial lens except such occurrence are covered under the item of Medical Appliances of the Hospitalization and Surgical Benefits;
- (l) Routine medical examinations or health screening checks;
- (m) All dental treatment prescribed by dentist except emergency treatments by a physician during hospital confinement due to bodily injury. No claims shall be payable for any follow up treatment from such hospital confinement. (This exclusion is not applicable to Dental Benefit); or
- (n) Organ transplantation except such occurrence is covered under the item of Organ Transplantation of the Hospitalization and Surgical Benefits and Major Organ Transplantation of the Pharmacy Benefits;

The following exclusions items are applicable to Dental Benefits only:

- (a) Dental implants or transplants;
- (b) Cosmetic dentistry procedures such as bleaching and veneers;
- (c) Orthodontic services;
- (d) Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- (e) Procedures or appliances to correct congenital malformations;
- (f) Treatment of malignancies, cysts, or neoplasms;
- (g) Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder, or for orthognathic surgery;
- (h) Services or supplies intended to diagnose or treat any condition that is occupational injury or disease; or
- (i) Replacement or additions to existing dentures or bridgework;

The following exclusions items are applicable to Pharmacy Benefits only:

- (a) Any drugs that are experimental or investigational; or
- (b) Cost or expense incurred for replacement of claimed western medications due to loss, theft, damaged, spoiled or expired;

The following exclusions items are applicable to accidental death benefit only:

- (a) Illness, disease, bacterial or viral infection, even if contracted by an accident. This does not exclude bacterial infection that is the direct result of an accidental cut or wound or accidental food poisoning;
- (b) Medical or surgical treatment, except where such treatment is rendered necessary by bodily injury within the scope of this accidental death benefit;
- (c) Pregnancy, childbirth, miscarriage, abortion or complications arising from any of them even though such loss may have been accelerated or induced by bodily injury;
- (d) 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; or
- (e) Suicide, attempted suicide, suicide pact or deliberate self-inflicted injury, while sane or insane.

Notes: "Cigna", "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。



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