Customer Guide

# Cigna Close Care℠ Plan

Everything you need to know about your plan

cigna healthcare

# Improving the health and vitality of those we serve.

# Contents



## Want to get in touch?

If you have any questions about your policy, need to get approval for treatment, or for any other reason, please contact our Customer Care team 24 hours a day, 7 days a week, 365 days a year.*

**USE YOUR CUSTOMER AREA**
Live chat with us
Message us
Arrange a call back

**CALL US**
International: **+44 (0) 1475 788 182**
USA: **800 835 7677** (toll free)
Hong Kong: **2297 5210** (toll free)
Singapore: **800 186 5047** (toll free)

Alternatively, you can email us at:
**cignaglobal_customer.care@cigna.com**

* For certain queries, our Customer Service team may direct you to our in-house team of specialists who are available during working hours (Monday to Friday from 8am to 8pm CET).

# Welcome

Welcome to *your Cigna* Close Care℠ plan and thank *you* for choosing *Cigna* as *your* health partner. It is *our* mission to improve the health and vitality of those we serve.

Global network of over 2.2 million partnerships - quick and easy access to healthcare in your area of coverage.

For *your* convenience, *we* offer direct billing in most cases if *you* receive *treatment* at an in-network healthcare provider.

Access to tools including *our* Clinical Case Management Programme, Cigna Wellbeing® app and *your* online Customer Area.

*We* put *you* and *your* family at the heart of everything *we* do. Contact *our* highly experienced Customer Care Team 24 hours a day.

## 1 Read all policy documentation.

The following documents form part of the insurance contract between *you* and us for this period of cover. The terms in *italics* have their meaning specified in the Definitions section of the Policy Rules.

- ☐ **Customer Guide**
- ☐ **Policy Rules**
- ☐ **Certificate of Insurance**

These documents are available in *your* secure online Customer Area (see page 14).

## 2 Discover the full extent of cover we provide.

Review *your Certificate of Insurance* to remind yourself exactly what optional benefits *you* may have added to *your* Core cover.

## 3 Download our Cigna Wellbeing® app.

*You* can download the app for free via Google Play or the Apple Store:

**Step 1:** Search 'Cigna Wellbeing' in your App Store and download the app;

**Step 2:** Select 'Global Individual Plan' from the drop down menu;

**Step 3:** Log-in with *your* Customer Area credentials.

See page 10 to learn more about the Cigna Wellbeing® app's features.

# Your Cigna Close Care℠ plan

## Area of coverage

- The Cigna Close Care℠ plan covers *you* in *your country of habitual residence* and *your country of nationality*. This means *you* only pay for coverage where *you* need it most, in the country *you* will be living and when *you* return home for temporary visits.
- These temporary visits may not exceed 180 days per *period of cover*, and the *country of nationality* must be within the *area of coverage*.
- *USA area of coverage* is only permitted if either of the following options apply:
  - *USA* coverage is included if the *country of habitual residence* is the USA.
  - *USA* nationals can choose to purchase *USA* coverage. If the policyholder does not elect to purchase *USA* coverage, then *beneficiaries* do not have coverage on visits home.

## Out of area emergency cover

- For additional peace of mind, when visiting a location outwith *your area of coverage*, *your* plan includes emergency medical coverage.
- *Beneficiaries* will be covered for emergency *treatment* on an *inpatient* or *daypatient* basis, as well as on an *outpatient* basis (only if the Outpatient and Wellness Care option has been purchased under *your policy*) during temporary trips, outside *your area of coverage*.
- Coverage is limited to a maximum period of twenty one (21) days per trip and a maximum of forty five (45) days per *period of cover* for all trips combined. Please read the full terms and conditions relating to this benefit in clause 8.3 of *your Policy Rules*.

## Your benefit cover

- *Your* Core cover will cover *you* comprehensively for *inpatient* and *daypatient treatment*.
- When building *your* tailored Cigna Close Care℠ plan, *you* may have chosen the following optional benefits to add to *your* Core cover : the Outpatient and Wellness Care module and the Dental Care and Treatment module.
- To remind yourself of which benefits you've chosen, take a look at *your Certificate of Insurance*, available on *your* online Customer Area.

## Condition limit

- *Your* Cigna Close Care℠ plan has a *condition* limit of $250,000/€200,000/£165,000 per *beneficiary*, per *period of cover*.
- This includes all claims paid across all sections of *inpatient*, *daypatient* and *outpatient treatment* in relation to the primary condition.
- For the avoidance of doubt, this excludes any *pre-existing conditions*. For full details please refer to the list of benefits on page 17.

# Our Customer Care

**We put people first and our teams are dedicated to providing you with the highest level of service and care.**

## We put YOU at the heart of everything we do.

- *You* can speak to *our* highly experienced Customer Care team 24 hours a day.
- *Our* multi-language service centres will aim to answer *your* call within 20 seconds.
- *We* aim to process *your guarantee of payment* within one hour after receiving all necessary documentation to avoid any delay to *your treatment*.
- *We* aim to process claims *you* submit within five working days after receiving all necessary documentation.

## We put you in control.

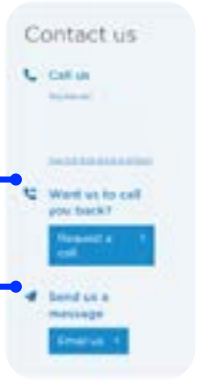
***You* have access to easy online tools to manage *your* policy and submit *your* claims.**

- Further details about *your* secure online Customer Area can be found on page 14 of this Customer Guide.
- *You* have several ways of contacting *us*, to get the help *you* need in a manner that is convenient to *you*.

**Live chat**

**Call us or arrange a call back**

**Email us**




Further details about how to contact *us* can be found on page 3 of this Customer Guide.

## We strive to continuously improve our service to you.

***We* strive to continuously enhance *our* health plans and services thanks to *your* feedback.**

- *We* may invite *you* to let us know if *we* are meeting your expectations through Net Promoter Score surveys.
- *We* may invite *you* to join *our* exclusive Online Community to open a dialogue with *you* on the things that matter to *you* (subject to *your* location).

# Our Whole Health Services

**We are your WHOLE HEALTH PARTNER and we're here to support you throughout your wellbeing journey.**

***Our* Clinical Case Management programme can be accessed by contacting *our* Customer Care team.**

## Access our Clinical Team

*You* have access to *our* Clinical Case Management programme that is carried out by *our* dedicated team of doctors and nurses. They will provide support if *you* are diagnosed with serious or complex health conditions to bring *you* the full medical support *you* deserve.

The programme can support *you* through:

- coordinating *your* healthcare and *treatment* plan;
- accessing global medical experts for advice and support;
- providing second medical opinions or medical reports if required.

Further details on *our* Clinical Case Management programme can be found on page 8 of this Customer Guide.

## Access our Cigna Wellbeing® App

The *Cigna* Wellbeing® App gives *you* easy access to a suite of healthcare tools.

*Our* interactive app enables you to:

- **Access Global Telehealth:** Video and phone consultations with *medical practitioners* and specialists;
- **Manage health:** Health risk assessments and chronic condition management;
- **Change behaviour:** Track biometrics and access online coaching programmes and a health library.

Further details on the Wellbeing® App can be found on page 10 of this Customer Guide.

***You* can download the App for free via Google Play and the Apple Store.**

Get started today:

- Search "Cigna Wellbeing" in your App Store
- Download the App
- Select "Global Individual Plan (policyholder)"
- Log-in with *your* Customer Area credentials.

## Life Management Assistance Programme

### Offered as part of the Outpatient and Wellness Care optional module only.

This service offers confidential assistance with any work, life, personal or family issue that matters to *you* through counselling, telephone support and online programmes.

**Available if *you* have selected the Outpatient and Wellness Care optional module. If *you* would like to use this service, please refer to all available options of accessing it on page 31.**

***You* will have access to:**

- Telephonic, face-to-face, or video short-term counselling;
- Mindfulness coaching sessions;
- An online Cognitive Behavioural Therapy (CBT) programme;

Career support with life coaching sessions and assistance for people managers;

- Information about local resources and referrals.

Further details can be found on page 31 of this Customer Guide.

# Clinical Case Management

**_We_ are dedicated to helping _you_ and _your_ family live happier, healthier lives thanks to _our_ clinical expertise. This programme provides all _beneficiaries_ access to clinical services by contacting _our_ Customer Care team.**

## Access care, anytime, anywhere

_Our_ **Global Telehealth** service gives _you_ access to licensed doctors around the world for non-emergency health issues. _We_ can arrange a callback appointment for _you_ often on the same day, or _you_ can arrange a telephone or video consultation from the _Cigna_ Wellbeing® app.

- _You_ can receive a diagnosis for non-emergency health conditions;
- It can help prepare _you_ for an upcoming consultation or hospitalisation;
- _You_ can discuss a medication or _treatment_ plan and potential side effects.

## Feel supported on your medical journey

_Our_ **Case Management** service assigns _you_ a case manager when _you_ are diagnosed with a complex condition requiring special support. They will serve as _your_ single point of contact, offering support through coordinating _your_ healthcare and _treatment_ plan.

- _You_ will receive personalised advice and support from _your_ assigned case manager;
- _We_ will create tailored _treatment_ plans to best suit _your_ individual needs.
- _We_ will aim to reduce the number of unnecessary or additional _hospital_ admissions.

_Our_ **Chronic Condition programme** offers support if _you_ are suffering from a chronic condition. If the condition is a special exclusion as detailed on _your Certificate of Insurance_, _we_ can still help _you_ manage _your_ condition although _your_ exclusion will still apply to any _treatment_.

- A case manager will schedule regular calls to monitor and evaluate _your_ condition and _treatment_ plan;
- _Your_ assigned case manager will create specific and achievable goals with _you_ to better help _you_ manage and maintain _your_ condition.

## Feel reassured thanks to second medical opinions

*Our* **Decision Support programme** gives *you* access to leading medical experts to provide advice and recommendations on *your* individual diagnosis and *treatment* plan.

This service is provided through *our* independent partner who work with global medical experts to provide advice and recommendations on individual cases and *treatment* plans.

- *You* will receive contact from *our* partner within 48 hours of them receiving *your* medical history;
- The medical report will contain the medical expert's opinion on *your* diagnosis and *treatment* plan;

*You* can also submit *your* own questions on *your* diagnosis and *treatment* plan to be answered in the report.

# Cigna Wellbeing® App

Our *Cigna* Wellbeing® app provides *you* with a host of tools and features to help *you* manage *your* health and wellbeing. This app is available to all Cigna Healthcare members regardless of their chosen plan.

## Access care, anytime, anywhere

**The *Cigna* Wellbeing® app is the easiest way to access Global Telehealth.**

| REQUEST AN APPOINTMENT | SPEAK WITH A DOCTOR | FEEL BETTER |
|---|---|---|
| Use the *Cigna* Wellbeing® app to make an appointment with a doctor anytime, anywhere. | The initial consultation will be with a General Practitioner (GP) - by phone or video. | Get the right advice for you. Includes prescription services and referrals for treatment if you require further care. |

## Why use Global Telehealth?

**It's convenient.**
There's no need to leave the house or workplace.

**It's available 24/7.**
That's around the clock access to doctors, usually within 24 hours (depending on language preference).

**It's affordable.**
It's an alternative to doctor office or clinic visits - with no deductibles or cost share payments and no limits to the number of consultations arranged.

## Manage your health

### Health Assessments

The confidential online Health Risk Assessment allows *you* to create *your* own unique report. The 360° view of *your* health will provide *you* with:

- **Your health score**
- **Your positive habits**
- **The areas for improvement**
- **Any risk areas**

### Chronic Condition Management

This programme, led by *our* highly experienced nurses, will help you take control of *your* chronic condition, including but not limited to:

- **Diabetes**
- **High blood pressure**
- **Heart problems**

Please complete the Wellbeing Assessment and let *us* know if *you* would like to be contacted by *us*.

## Change behaviours

### Track Biometrics

The Cigna Wellbeing® App allows *you* to continuously track:

- **Sleep**
- **Height/Weight**
- **Blood sugar**
- **Blood pressure**
- **Cholesterol**
- **Your health notes**

### Health Content & Coaching Programmes

Discover articles, online coaching programmes, and videos designed to help *you* make better decisions relating to sleep, stress, nutrition and exercise.

- **Lifestyle**
- **General health**
- **Nutrition / weight**
- **Healthy recipes**
- **Physical activity**
- **Stress**

# Your Guide to Getting Treatment

## We want to make sure that getting treatment is as stress free as possible for you or your family.

### Before treatment

**Contact *our* Customer Care team prior to *treatment*.** *You* can contact *us* 24 hours a day via live chat on *your* secure online Customer Area, phone or email (See page 3 for details).

- *We* can help *you* arrange *your treatment* plan, and point *you* in the right direction, saving *you* the time and hassle of looking for a *hospital*, *clinic* or *medical practitioner yourself*.
- *We* can liaise directly with *your treatment* provider to ensure the *treatment* that *you* are about to undertake is covered under *your policy* and issue a prior authorisation.
- *We* can liaise directly with *your treatment* provider to arrange direct billing by issuing a guarantee of payment.

**If it's an emergency and *you* can't call *us* before, contact *us* within the next 48 hours.**

### Receiving treatment

Please remember to take *your Cigna Healthcare* ID card with *you*. A copy of *your Cigna Healthcare* ID card is available in *your* secure online Customer Area.

### After treatment

**In most cases *we* will pay *your hospital*, *clinic*, medical practitioner directly.**

- *We* will only pay the parts of the *treatment* costs incurred which are covered.
- All *beneficiaries* are responsible for paying any deductible or cost share directly to the *hospital*, *clinic*, *medical practitioner* or pharmacy at the time of *treatment*.

A list of *Cigna Healthcare* network *hospitals*, *clinics* and *medical practitioners* is available in *your* secure online Customer Area or *you* can contact *our* Customer Care team for more information.

**If *you've* paid your *hospital*, *clinic*, *medical practitioner yourself*.**

- Submit *your* invoice and claims to *us*:
  - Online via *your* secure online Customer Area;
  - Or via email, fax, or post (See page 13).
- *We* will reimburse *you* (less *your* applicable deductible and/or cost share option).
- *We* aim to process *your* claim within 5 working days after receiving all necessary documentation.

*You* can download *your* claims forms from *your* secure online Customer Area or at **www.cignaglobal.com/help/claims**

Please note there may be certain countries where *we* are unable to pay a provider directly. In this instance, *you* will be responsible for paying any *treatment* costs to *your* provider and *Cigna Healthcare* will reimburse *you*.

Please note, *we* may, at *our* sole discretion and without notification, make changes to the *Cigna Healthcare* network from time to time by adding and/or removing *hospitals*, *clinics*, *medical practitioners* and pharmacies.

Before getting *treatment*, please read the following information regarding prior authorisation, *emergency* treatment, and getting *treatment* in the USA.

## Prior authorisation

Please call *us* as soon as possible before *you* receive *treatment* under the core medical insurance plan, and any of the additional modules *you* have selected (if applicable).

Prior *authorisation* is **required for all** *Inpatient* and *Daypatient treatments* as indicated under each applicable *inpatient* and *daypatient* benefit. It is **not required for most** *Outpatient treatments* with the exception of the *treatments* listed on page 27.

*We* may ask for further information, such as a medical report in order for *us* to approve *treatment*. *We* will confirm authorisation, and where applicable, the number of *treatments* approved.

If *you* do not get *prior authorisation* from *us*, there may be delays in processing claims and *we* will reduce the amount which *we* will pay by:

- 20% if you did not call *us* for prior authorisation when it was required. This applies for any referenced *inpatient* and *daypatient treatments* (and some *outpatient* treatments) both inside the *USA* and outside the USA.

In most circumstances, *we* will give a *beneficiary* or a *hospital*, *medical practitioner* or *clinic* a *guarantee of payment*. This means that *we* agree in advance to pay some or all of the cost of a particular *treatment*. Where *we* have given a *guarantee of payment we* will pay the *beneficiary* or *hospital*, *medical practitioner* or *clinic* the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the *treatment* has been provided.

## Emergency treatment

*We* appreciate that there will be times when it will not be practical or possible to contact *us* prior to *treatment* in an emergency and the priority is to get *treatment* as soon as possible. In circumstances like these, *we* ask that *you* or the affected *beneficiary* get in touch with *us* within 48 hours of receiving the *treatment*. This will allow *us* to confirm whether *your treatment* is covered and arrange settlement with *your treatment provider*.

*We* may ask for further information, such as a medical report in order for us to approve *treatment*. *We* will confirm approval, and where applicable, the number of *treatments approved*.

If a *beneficiary* has been taken to a *hospital*, *medical practitioner* or *clinic* which is not part of *our* network, then *we* may make arrangements (with the *beneficiary's* consent) to move the *beneficiary* to a *Cigna Healthcare* network *hospital*, *medical practitioner* or *clinic* to continue *treatment*, once it is medically appropriate to do so.

## Getting treatment in the USA

If a *beneficiary* decides to receive *treatment* at a *hospital*, *medical practitioner*, *clinic* or *pharmacy* which is not part of the *Cigna Healthcare* network, *we* will reduce any amount which *we* will pay by 20%.

*We* realise that there may be occasions when it is not reasonably possible for *treatment* to be provided by a *Cigna Healthcare* network *hospital*, *medical practitioner*, *clinic* or *pharmacy*. In these cases, *we* will not apply any reduction to the payments *we* will make. Examples include, but are not limited to:

- when there is no *Cigna Healthcare* network *hospital*, *medical practitioner*, *clinic* or *pharmacy* within 30 miles/50 kilometres of the *beneficiary's* home address; or
- when the *treatment* the *beneficiary* needs is not available from a local *Cigna Healthcare* network hospital, *medical practitioner*, *clinic* or *pharmacy*; or
- when the *treatment is emergency treatment*.

For customers residing in the USA, *we* offer a home delivery pharmacy if *you* have a mailing address in the *USA*. This service may be a convenient option if *you* develop a condition that requires to take regular medication. Terms and conditions apply. Please refer to your policy rules for further information.

# How to submit claims

If *you* have paid for *your treatment yourself*, *you* can send *your* invoice and claim form to *us*. The easiest way to do this is via *your* secure online Customer Area.

**You will need:**

- The Invoice from *your* medical provider
- A completed Claims Form
- The Receipt from *your* payment

**Please clearly state your policy number on any documentation you submit to us.**

*You* can download *your* claims forms from *your* secure online Customer Area or at **www.cignaglobal.com/help/claim**.

## You can submit your claims via:

- Your secure online **Customer Area** (see page 14)
- Email: **cignaglobal_customer.care@cigna.com**
- Post: **For Treatment Incurred:**
- Fax: +44 (0) 1475 492 113 (Outside the *USA*); 855 358 6457 (Inside the *USA*)

| | |
|---|---|
| Outside the ***USA*** | Cigna Global Health Options , Customer Service, 1 Knowe Road, Greenock, Scotland PA14 4RJ |
| In the ***USA*** | Cigna International , PO Box 15964, Wilmington, Delaware 19850, USA |

## Important information

- *You* and all *beneficiaries* must comply with the claims procedures set out in this Customer Guide.
- *We* can reimburse *you* using bank wire transfer or cheque.
- *We* may need to ask for extra information to help *us* process a claim, for example: medical reports or other information about the *beneficiary*'s condition or the results of any independent medical examination that *we* may ask and pay for.
- *Beneficiaries* should submit claims forms and invoices as soon as possible after any *treatment*. If the claim and invoice is not submitted to *us* within 12 months of the date of *treatment*, the claim will not qualify for payment or reimbursement by *us*.
- If *you* exceed any individual benefit sub limit, or the overall annual benefit limit, *we* will seek reimbursement from *you* to cover the costs where *you* have exceeded *your* limit.

**Subject to the terms of this policy within your policy rules, we will pay for the following costs related to your claim:**

- Costs as described in the list of benefits section of this Customer Guide as applicable on the date(s) of the *beneficiary*'s *treatment*.
- Costs for *treatment* which have taken place, however, *we* will not cover future *treatment* costs that require payment deposits or payment in advance.
- *Treatment* which is *medically necessary* and clinically appropriate for the *beneficiary*.
- Reasonable and customary costs for *treatment*, and services related to *treatments* which are shown in the list of benefits. *We* will pay for such *treatment* costs in line with the appropriate fees in the location of *treatment* and according to established clinical and medical practice.

# Your Online Customer Area

As a *Cigna* Close Care℠ customer, *you* have access to a wealth of information wherever *you* are in the world through *your* secure online Customer Area.

**To access *your* secure online Customer Area, please go to www.cignaglobal.com then:**

Click on the **'Member Login' button** at the top right of the page.

Select **'Global Individual Policy'** from the list and click **'Login'** button.

Enter the **email address that *you* provided *us* with** and then *your* password.

If you have any problems accessing the Customer Area, please contact our Customer Care team. Contact details provided below and on page 3.

## Manage your policy

*Your* secure online Customer Area is the easiest way for you to manage *your* policy and access all information relating to *your* plan. Here *you* can:

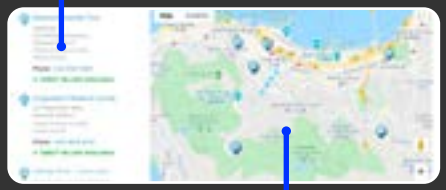
View *your policy documents*, including *your Certificate of Insurance* and *Cigna Healthcare* ID cards for all *beneficiaries*;

- View any special exclusions that are applied to *your policy*;
- View the benefits *your* plan includes;
- View a summary of *your* premium payments;
- View all correspondence with *us*;
- Easily submit and track the status of *your* claims;
- Update *your* details if required.

## Access care

*Our* search tool provides *you* with an easy way to find medical providers in *your* location. *You* can refine *your* search by medical speciality, type of facility, or healthcare professional.

A clear list of providers with direct billing.



A clear map showing where *you* are in relation to the providers.

## Contact us

*Your* secure online Customer Area also provides *you* with convenient methods to contact *us* that include live chat, sending *us* a direct message, or by letting *us* know a convenient time for *you* in which we will call *you* back.

**Live chat**

**Request a call back**

**Message us**

**Call us**

International: **+44 (0) 1475 788 182**
USA: **800 835 7677** (toll free)
Hong Kong: **2297 5210** (toll free)
Singapore: **800 186 5047** (toll free)

# How Deductible and Cost Share work

*Our* wide range of deductible and cost share options allow *you* to tailor *your* plan to suit *your* budget. *You* may have chosen a deductible and/or cost share on the International Medical Insurance and/or on the International *Outpatient* optional module.

If *you* chose a deductible and/or cost share, *your* premium will be lower than it otherwise would be.

- **Deductible** - this is the amount *you* must pay towards *your* cost of *treatment* until the deductible for the *period of cover* is reached.
- **Cost Share** - this is the cost share percentage *you* must pay towards *your* cost of *treatment*. This applies once the deductible amount (if selected) has been calculated.
- **Out-of-Pocket Maximum** - this is the maximum amount of cost share *you* have to pay per *period of cover*. Only the amounts *you* pay related to the cost share are subject to the capping effect of the out of pocket maximum.

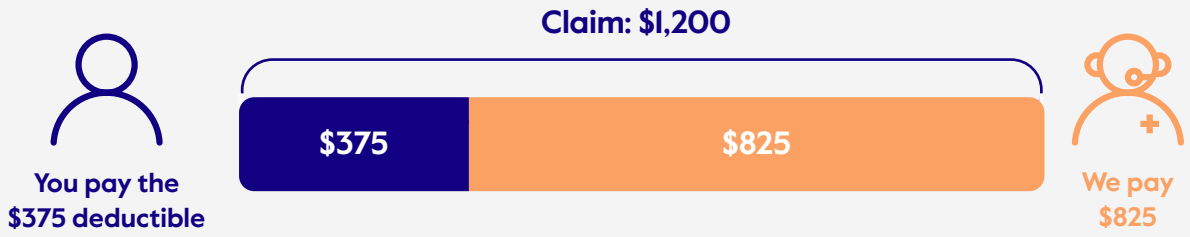
If *you* have selected a deductible and/or cost share, the examples below demonstrate how it works.

### Example 1:

How the **deductible** works

Claim value: **$1,200**
Deductible: **$375**

The amount of cost share is subject to the capping effect of the out of pocket maximum.
In this example, $1,000 has been paid towards the $2,000 out of pocket maximum for this period of cover.

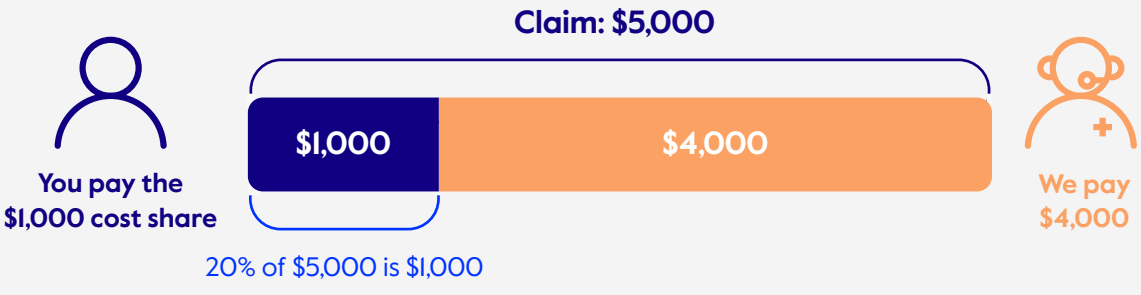



### Example 2:

How the **cost share** works

Claim value: **$5,000**
Deductible: **$0**
Cost share: **20% = $1,000**
Out of Pocket Maximum: **$2,000**

The amount of cost share is subject to the capping effect of the out of pocket maximum.
In this example, $1,000 has been paid towards the $2,000 out of pocket maximum for this period of cover.



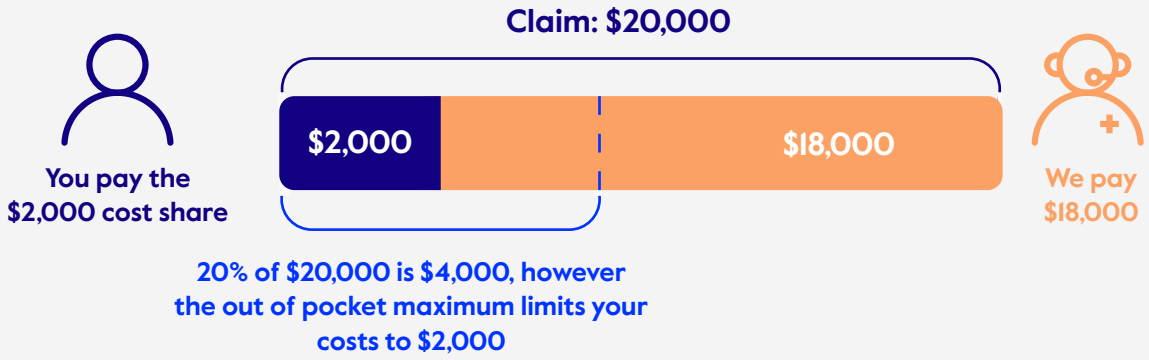
**Example 3:**

**How the cost share and out of pocket maximum works**

Claim value: **$20,000**
Deductible: **$0**
Cost Share: **20% = $4,000**
Out of Pocket Maximum: **$2,000**

The out of pocket maximum protects *you* from large cost share amounts.

In this example, *you* have satisfied *your* out of pocket maximum and *we* will cover the rest for this *period of cover*.



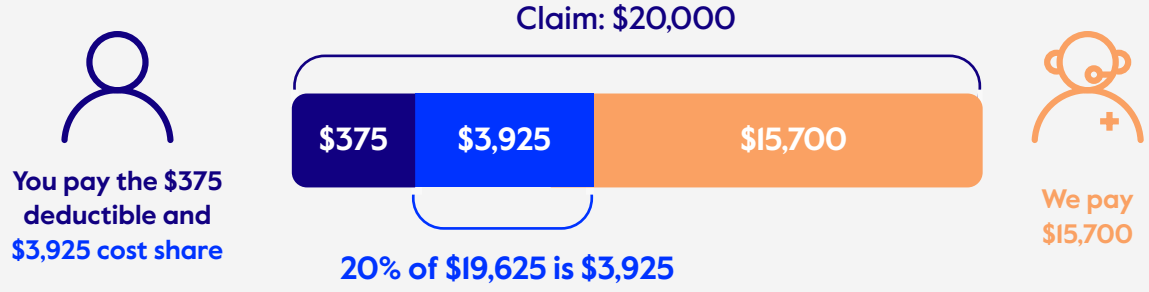

**Example 4:**

**How the deductible and cost share work if you have selected both**

Claim value: **$20,000**
Deductible: **$375**
Cost Share: **20% = $3,925**
Out of Pocket Maximum: **$5,000**

The deductible is due before the cost share is calculated.

In this example, *your* deductible of $375 is taken off the cost of *treatment* first and then the 20% cost share is calculated. $3,925 has been paid towards the $5,000 out of pocket maximum for this *period of cover*.




## Important information

- *You* will be responsible for paying the amount of any deductible and cost share directly to the *hospital*, *clinic*, *medical practitioner* or pharmacy.
- The deductible, cost share, and out of pocket maximum is determined separately for each *beneficiary* and each *period of cover*.
- If *you* select both a deductible and a cost share, the amount *you* will need to pay due to the deductible is calculated before the amount *you* will need to pay due to the cost share.
- *You* can request a change to the deductible and/or cost share and out of pocket maximum with effect from *your annual renewal date* each year. If *you* wish to remove or reduce *your* deductible, cost share or reduce *your* out of pocket maximum on *your* coverage, *we* may require *you* to provide *us* with more detailed medical information (including medical information of any *beneficiaries* if relevant) and *we* may apply new special restrictions or exclusions based on the information *you* provide *us* with.
- *You* can remind *yourself* of any deductible or cost shares *you* may have selected by checking *your Certificate of Insurance* which is available in *your* secure online Customer Area.

# Your core cover

*Your Core cover* is detailed in the table below. This is *your* essential cover for *inpatient*, *daypatient* and accommodation costs, as well as cover for *cancer*, mental health care and much more. All amounts apply per *beneficiary* and per *period of cover* (except where otherwise noted).

# Inpatient and Daypatient benefits

As per our definitions in *your Policy Rules* document:

- ***Inpatient*** means a patient who is admitted to *hospital* and who occupies a bed overnight or longer, for medical reasons.
- ***Daypatient*** means a patient who is admitted to a *hospital* or *daypatient* unit or other medical facility for *treatment* or because they need a period of medically supervised recovery, but who does not occupy a bed overnight. This also includes surgical procedures carried out in a *doctor's surgery*.
- ***Outpatient*** means a patient who attends a *hospital*, consulting room, or *outpatient clinic* for *treatment* but is not admitted as a *daypatient* or an *inpatient* and does not occupy a bed.

Important to note, ***Prior authorisation*** is required for all *Inpatient* and *Daypatient* treatments. Please refer to Page 12 for more information regarding Prior Authorisation and Page 3 for contact details. For all general exclusions please refer to your *Policy Rules* document found in your Customer Area.

## Area of Coverage

- The *area of coverage* is limited to *your country of habitual residence* and *country of nationality*.
- *USA* coverage is included if the *country of habitual residence* is the *USA*.
- *USA* nationals can choose to purchase *USA* coverage (if the *policyholder* does not elect to purchase *USA* coverage, then *beneficiaries* do not have coverage on visits home).
- *USA area of coverage* is not permitted if either of the options above do not apply.

## YOUR OVERALL LIMIT

| | |
|---|---|
| **Annual overall benefit maximum - per *beneficiary* per *period of cover*.**<br>This includes claims paid across all sections of *inpatient* and *daypatient benefits*. | **$500,000**<br>**€400,000**<br>**£325,000** |
| **Condition limit**<br>Up to the total limit shown per *beneficiary* per *period of cover*. | **$250,000**<br>**€200,000**<br>**£165,000** |

This is the annual amount *we* will pay towards all costs of *treatment* following the diagnosis of a *condition*. This includes all claims paid across *inpatient*, *daypatient* and *outpatient* in relation to the primary *condition*. This applies to each *beneficiary* per *period of cover*.

**Important notes**

- *We* will only pay up to the maximum amount in aggregate per *period of cover* as detailed in the *list of benefits*.
- The costs do not include any evacuation or repatriation services.
- Any further costs directly related to the medical *condition*, that exceed the *benefit* limit, will not be covered by *us*.
- In determining when this limit has been reached, *our medical team* will take into account and review all of the relevant medical *treatment* and care received.
- *We* will only pay for *outpatient* costs if the Outpatient and Wellness Care option has been selected, with the exception of certain *benefits* which include *outpatient treatment* as part of *your Core cover*.

| | |
|---|---|
| **Out of area emergency cover**<br>Up to the total limit shown per *beneficiary* per *period of cover*.<br>**This benefit requires *prior authorisation*.** | **$40,000**<br>**€29,600**<br>**£26,600** |

- Emergency *inpatient*, *daypatient* and *outpatient* medical *treatment* during temporary trips outside *your country of habitual residence* or *country of nationality*.
- This is limited to 21 treatment days per trip and a maximum of 45 treatment days for all trips combined per *policy* year.
- Emergency *outpatient treatment* may also be included and only up to $2,500/€1,850/£1,650. This is only available if *you* have selected the Outpatient and Wellness Care option. Please refer to Policy Rules clause 8.3 for terms relating to this overall *benefit* limit.

## *Hospital* charges for:

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full for a semi-private room**

- *We* will pay for nursing care and accommodation whilst a *beneficiary* is receiving *inpatient* or *daypatient treatment*; or the cost of a *treatment* room while a *beneficiary* is undergoing *outpatient surgery*, if one is required.
- *We* will only pay these costs if:
  - it is *medically necessary* for the *beneficiary* to be treated on an *inpatient* or *daypatient* basis;
  - they stay in *hospital* for a medically appropriate period of time;
  - the *treatment* which they receive is provided or managed by a specialist; and
  - they stay in a semi-private room with shared bathroom.
- If a *hospital's* fees vary depending on the type of room which the *beneficiary* stays in, then the maximum amount which *we* will pay is the amount which would have been charged if the *beneficiary* had stayed in a standard semi-private room with shared bathroom or equivalent.
- If the treating *medical practitioner* decides that the *beneficiary* needs to stay in *hospital* for a longer period than *we* have approved in advance, or decides that the *treatment* which the *beneficiary* needs is different to that which *we* have approved in advance, then that *medical practitioner* must provide *us* with a report, explaining: how long the *beneficiary* will need to stay in *hospital*; the diagnosis (if this has changed); and the *treatment* which the *beneficiary* has received, and needs to receive.

## Hospital charges for:

- operating theatre.
- prescribed medicines, drugs and dressings for *inpatient* or *daypatient treatment*.
- *treatment* room fees for *outpatient surgery*.

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

Operating theatre costs:

- *We* will pay any costs and charges relating to the use of an operating theatre, if the *treatment* being given is covered under this *policy*.

Medicines, drugs and dressings:

- *We* will pay for medicines, drugs and dressings which are prescribed for the *beneficiary* whilst he or she is receiving *inpatient* or *daypatient treatment*.
- Medicines, drugs and dressings which are prescribed for use at home will be covered under the limits of the prescribed drugs and dressing limit in the Outpatient and Wellness Care *benefits* (unless they are prescribed as part of *cancer treatment*).

## Pandemics, epidemics and outbreaks of infectious illnesses

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- *We* will pay for *medically necessary treatment* for disease or illness resulting from a pandemic, epidemic or outbreak of infectious illness, as defined by the World Health Organisation (WHO).
- The *medically necessary treatment* and related medical conditions will be covered on an *inpatient and daypatient* basis. We will only pay for *outpatient* treatments if the *beneficiary* has purchased the optional Outpatient and Wellness module.

**Important notes**

- The *medically necessary* testing done on an outpatient basis (such as at home or in a diagnostic center) for pandemic, epidemic or outbreak of infectious illness will only be covered under the pathology, radiology and diagnostic tests benefit included in the Outpatient and Wellness Care module. These outpatient diagnostic tests, recommended according to the World Health Organisation (WHO) guidelines, will be covered in the same way as the diagnostics for other illnesses.

## Inpatient cash benefit

Per night up to 30 days per *beneficiary* per *period of cover*.

Any deductible chosen under your core cover will not apply to this benefit, as per policy rules

**$100**
**€75**
**£65**

*We* will make a cash payment directly to a *beneficiary* when they:

- receive *treatment* in *hospital* which is covered under this plan;
- stay in a *hospital* overnight; and
- the *hospital* does not charge any fees for the room, board and *treatment* costs to either the *beneficiary*, any Insurance company and/or any applicable local state or governmental authority.

## *Intensive care*:

- intensive therapy.
- coronary care.
- high dependency unit.

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- *We* will pay for a *beneficiary* to be treated in an *intensive care*, intensive therapy, coronary care or high dependency facility if:
  - that facility is the most appropriate place for them to be treated;
  - the care provided by that facility is an essential part of their *treatment*; and
  - the care provided by that facility is routinely required by patients suffering from the same type of illness or *injury*, or receiving the same type of *treatment*.

## Surgeons' and Anaesthetists' fees

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- *We* will pay for *inpatient*, *daypatient* or *outpatient* costs for:
  - surgeons' and anaesthetists' *surgery* fees; and
  - surgeons' and anaesthetists' fees in respect of *treatment* which is needed immediately before or after *surgery* (i.e. on the same day as the *surgery*).
- *We* will only pay for *outpatient treatments* received before or after *surgery* if the *beneficiary* has cover under the Outpatient and Wellness Care option (unless the treatment is given as part of *cancer treatment*).

## Specialists' consultation fees

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- *We* will pay for regular visits by a specialist during stays in *hospital* including *intensive care* by a specialist for as long as is required by *medical necessity*.
- *We* will pay for consultations with a specialist during stays in a *hospital* where the *beneficiary*:
  - is being treated on an *inpatient* or *daypatient* basis;
  - is having *surgery*; or
  - where the consultation is a *medical necessity*.

## Pathology, radiology and *diagnostic tests* (excluding Advanced Medical Imaging)

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- Where investigations are provided on an *inpatient* or *daypatient* basis.
- *We* will pay for:
  - blood and urine tests;
  - X-rays;
  - ultrasound scans;
  - electrocardiograms (ECG); and
  - other *diagnostic tests*;

  where they are *medically necessary* and are recommended by a specialist as part of a *beneficiary's hospital* stay for *inpatient* or *daypatient treatment*.

| **Kidney Dialysis**<br>Up to the total limit shown per *beneficiary* per *period of cover*.<br>**This benefit requires *prior authorisation*.** | **$5,000**<br>**€3,700**<br>**£3,325** |
|---|---|

- *Treatment* for kidney dialysis will be covered if such *treatment* is available in the *beneficiary's country of habitual residence*. *We* will pay for this on an *inpatient*, *daypatient*, or *outpatient* basis.
- *We* will not pay for kidney dialysis *treatment outside the beneficiary's area of coverage* unless it is covered under the terms of the out of area emergency cover *benefit*.

| **Advanced Medical Imaging (MRI, CT and PET scans)**<br>Up to the total limit shown per *beneficiary* per *period of cover*.<br>**This benefit requires prior authorisation for *inpatient*, *daypatient* and *outpatient* treatments.** | **$2,500**<br>**€1,850**<br>**£1,650** |
|---|---|

- *We* will pay for the following scans if they are recommended by a specialist as a part of a *beneficiary's inpatient*, *daypatient* or *outpatient treatment*:
  - magnetic resonance imaging (MRI);
  - computed tomography (CT); and/or
  - positron emission tomography (PET);
- *We* may require a medical report in advance of a magnetic resonance imaging (MRI) scan.

| **Physiotherapy and complementary therapies**<br>Up to the total limit shown per *beneficiary* per *period of cover*.<br>**This benefit requires *prior authorisation*.** | **$2,000**<br>**€1,480**<br>**£1,330** |
|---|---|

- Where *treatment* is provided on an *inpatient* or *daypatient* basis.
- *We* will pay for *treatment* provided by physiotherapist and *complementary therapists*; (acupuncturists and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the *beneficiary's hospital* stay for *inpatient* or *daypatient treatment* (but is not the primary *treatment* which they are in *hospital* to receive). The Acupuncturist and the practitioner of Chinese medicine must be a properly qualified practitioner who holds the appropriate licence in the country where the *treatment* is received.

| ***Rehabilitation***<br>Up to 30 days and the total limit shown per *beneficiary* per *period of cover*.<br>**This benefit requires *prior authorisation*.** | **$2,000**<br>**€1,480**<br>**£1,330** |
|---|---|

- *We* will pay for *rehabilitation treatments* (physical, occupational and speech therapies), which are recommended by a specialist and are *medically necessary* after a traumatic event such as a stroke or spinal *injury*.
- If the *rehabilitation treatment* is required in a residential *rehabilitation* centre *we* will pay for accommodation and board for up to 30 days for each separate *condition* that requires *rehabilitation treatment*.

  In determining when the 30 days limit has been reached:
  - *we* count each overnight stay during which a *beneficiary* receives *inpatient treatment* as I day; and
  - *we* count each day on which a *beneficiary* receives *outpatient* and *daypatient treatment* as I day.
- Subject to prior approval being obtained, prior to the commencement of any *treatment*, *we* will pay for *rehabilitation treatment* for more than 30 days, if further *treatment* is *medically necessary* and is recommended by the treating specialist.

**Important notes**

- *We* will only pay for *rehabilitation treatment* if it is needed after, or as a result of, *treatment* which is covered by this *policy* and it begins within 30 days of the end of that original *treatment*.
- All *rehabilitation treatment* must be approved by *us* in advance. *We* will only approve *rehabilitation treatment* if the treating specialist provides *us* with a report, explaining:

  i) how long the *beneficiary* will need to stay in *hospital*;

  ii) the diagnosis; and

  iii) the *treatment* which the *beneficiary* has received, or needs to receive.

## Mental and Behavioural Health Care

Up to the total limit shown per *beneficiary* per *period of cover*.
Up to 60 days (*inpatient* and *outpatient* combined).
Up to 30 days (*inpatient* only).

**This benefit requires prior authorisation for *inpatient* and *daypatient* treatments. Prior authorisation is not required for any *outpatient* treatment under this benefit.**

**$3,000**
**€2,200**
**£2,000**

*We* will pay for:

- *Evidence-based and medically necessary treatment which is recommended by a medical practitioner.*
- *Inpatient, daypatient or outpatient treatment carried out by a psychologist and/or psychiatrist who is licensed as such under the laws of that country.*
- The diagnosis of addictions (including alcoholism);

**Addiction treatment**

- *We* will pay for one course or programme of addiction *treatment* at a specialist centre providing *evidence-based treatment*, if that treatment is *medically necessary* and recommended by a *medical practitioner*, up to the benefit limit.
- *We* pay for up to three attempts at *detoxification*, following which we will only pay for further *detoxification* treatment if the *beneficiary* completes a formal *outpatient* course or programme of addiction treatment.
- *We* will not pay for any other *treatment* related to alcoholism or addiction; or *treatment* of any related condition (such as depression, dementia or liver failure); where we reasonably believe that the condition which requires *treatment* was the direct result of alcoholism or addiction.

**Autism and Attention Deficit Hyperactivity Disorder (ADHD)**

- Medical costs, including doctor and paediatrician visits related to Autism and Attention Deficit Hyperactivity Disorder (ADHD) on an outpatient basis only which are evidence-based treatment and medically necessary.
- Assessment and diagnostic testing for Autism and Attention Deficit Hyperactivity Disorder (ADHD) when symptoms are present
- Behavioural therapy when medically necessary according to evidence-based treatment.

### Important notes

**This benefit is subject to any deductible or cost share that you may have selected on the inpatient core cover for any mental and behavioral health care, including any mental health treatment taking place on an outpatient basis.**

*We* will not pay for:

- Educational intervention, speech therapy and any devices to aid speech.
- Prescription drugs or medication prescribed on an *outpatient* basis for any of these conditions, unless you have purchased the Outpatient and Wellness Care optional module.

## *Cancer* care

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires prior authorisation for both *inpatient*, *daypatient* and *outpatient* treatments.**

**Paid in full**

- Following a diagnosis of *cancer*, *we* will pay for costs for the *treatment* of *cancer* if the *treatment* is considered by *us* to be *active treatment* and *evidence-based treatment*. This includes chemotherapy, radiotherapy, oncology, *diagnostic tests* and drugs, whether the *beneficiary* is staying in a *hospital* overnight or receiving *treatment* as a *daypatient* or *outpatient*.
- *We* do not pay for genetic *cancer* screening.

## *Cancer* related appliances

Up to the total limit shown per *beneficiary* per lifetime per cancer related appliance.

**This benefit requires *prior authorisation*.**

**$125**
**€100**
**£85**

If a *beneficiary* receives a *cancer* diagnosis, *we* will pay for the purchase of:

- Wigs / headbands for *cancer* patients
- Mastectomy bras for *cancer* patients

## Hospice and Palliative care

Up to the maximum amount shown per lifetime.

**This benefit requires *prior authorisation*.**

**$2,500**
**€1,850**
**£1,650**

*We* will pay for palliative care if a *beneficiary* is given a terminal diagnosis and their life expectancy is less than six months, and there is no available *treatment* which will be effective in aiding recovery.

*We* will pay for:

- Home care;
- *Inpatient* and *daypatient hospital* or hospice care and accommodation;
- Prescribed medicines; and
- Physical and psychological care.

## Internal *prosthetic devices*

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- *We* will pay for internal *prosthetic devices* which are necessary as part of a *beneficiary's treatment*.
- A *prosthetic device* means:
  - an artificial limb, prosthesis or device which is required for the purpose of or in connection with *surgery*;
  - an artificial device or prosthesis which is a necessary part of the *treatment* immediately following *surgery* for as long as required by *medical necessity*; or
  - a prosthesis or appliance which is *medically necessary* and is part of the recuperation process on a *short-term* basis.

## External *prosthetic devices*

Up to the total limit shown per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**$2,500**
**€1,850**
**£1,650**

- *We* will pay for external *prosthetic devices* which are necessary as part of a *beneficiary's treatment* (subject to the limitations explained below).
- *We* will pay for:
  - a *prosthetic device* or appliance which is a necessary part of the *treatment* immediately following *surgery* for as long as is required by *medical necessity*; or
  - a *prosthetic device* or appliance which is *medical necessary* and is part of the recuperation process on a *short-term* basis.
- *We* will pay for an initial external prosthetic device for *beneficiaries* aged 18 or over per *period of cover*. *We* do not pay for any replacement prosthetic devices for *beneficiaries* who are aged 18 and over.
- *We* will pay for an initial external prosthetic device and up to 2 replacements for *beneficiaries* aged 17 or younger per *period of cover*.
- By an external *prosthetic device*, *we* mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is *medically necessary* as part of *treatment* immediately following the *beneficiary's surgery* or as part of the recuperation process on a *short-term* basis.

## Local ambulance services

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

**This benefit requires *prior authorisation*.**

**Paid in full**

- Where it is *medically necessary*, *we* will pay for a local road ambulance to transport a *beneficiary*:
  - from the scene of an accident or *injury* to a *hospital*;
  - from one *hospital* to another; or
  - from their home to a *hospital*.
- *We* will only pay for a local road ambulance where its use relates to *medically necessary treatment* which a *beneficiary* needs to receive in *hospital*.
- This *policy* does not provide cover for mountain rescue services.

| **Emergency *inpatient dental treatment*** Up to the total limit shown per *beneficiary* per *period of cover*. **This benefit requires *prior authorisation*.** | **$2,500 €1,850 £1,650** |
|---|---|

- *We* will cover *dental treatment* in *hospital* after a serious accident, subject to the *conditions* set out below.
- *We* will pay for emergency *dental treatment* which is required by a *beneficiary* while they are in *hospital* as an *inpatient*, if that emergency *inpatient dental treatment* is recommended by the treating *medical practitioner* because of a *dental emergency* (but is not the primary *treatment* which the *beneficiary* is in *hospital* to receive).
- This benefit is paid instead of any other dental benefits the *beneficiary* may be entitled to in these circumstances.

| **Global Telehealth with Teladoc** Up to the total limit shown per *beneficiary* per *period of cover*. | **Unlimited consultations** |
|---|---|

*You* have access to unlimited video and phone *doctor* consultations via the Cigna Wellbeing® App, or via a referral from *our* Customer Care team for non-emergency health issues. This includes but is not limited to:

- A diagnosis for non-emergency health issues ranging from acute conditions to complex chronic conditions
- Treating medical conditions like fever, rash, and pain
- Non-emergency paediatric care
- Making preparations for an upcoming consultation
- Discussing a medication plan and potential side effects
- Prescriptions for common health concerns, when medically necessary and permitted

If required, in-app referrals can be made to available Teladoc Global Telehealth specialists. This includes but is not limited to:

- Dermatology, Psychiatry, Internal Medicine, Gastroenterology, Gynaecology, Paediatrics, Orthopaedics

GPs can schedule these Global Telehealth Specialist appointments within five days of the initial consultation.

**Important notes**

- You can access Global Telehealth via the Cigna Wellbeing® App. Please see page 7 for details on how to download the app and register. On the app home screen, click on the 'Get Care' icon and select 'Global Telehealth'. Once you have accepted the Terms and Conditions and Privacy Policy, select 'Schedule Consultation' and proceed to book your consultation by selecting either 'phone consultation' or 'video consultation' and then follow the steps.
- Where you 'Request a call for later' a doctor will typically phone you back on the same day, dependent on language availability. Where you request a video consultation, you can select the day and time to suit you. We recommend having the application open 10 minutes before the scheduled time.
- Prescribing medication is permissible only when the *doctor* is licensed to prescribe medication in the state or country of where the policy is underwritten. *You* must have purchased the optional Outpatient and Wellness Care module to receive coverage under the outpatient prescribed drugs and dressing benefit.
- If *you* have selected a deductible or cost share for outpatient *treatment*, *you* will be required to pay this if *you* are prescribed medication.

| | |
|---|---|
| ***Deductible* (various)** A *deductible* is the amount which *you* must pay before any claims are covered by *your* plan. | **$0 / $375 / $750 / $1,500 / $3,000 / $7,500 / $10,000 €0 / €275 / €550 / €1,100 / €2,200 / €5,500 / €7,400 £0 / £250 / £500 / £1,000 / £2,000 / £5,000 / £6,650** |
| ***Cost share* after *deductible* and *out of pocket maximum*** *Cost share* is the percentage of each claim not covered by *your* plan.<br><br>The *out of pocket maximum* is the maximum amount of *cost share you* would have to pay in a *period of cover*.<br><br>The *cost share* amount is calculated after the *deductible* is taken into account. Only amounts *you* pay related to *cost share* contribute to the *out of pocket maximum*. | **First, choose your cost share percentage:**<br><br>**0% / 10% / 20% / 30%**<br><br>**Next, choose your out of pocket maximum:**<br><br>**$2,000 or $5,000 €1,480 or €3,700 £1,330 or £3,325** |

## Medical Evacuation

Any deductible chosen under your core cover will not apply to this benefit.

**$50,000**
**€37,000**
**£33,250**

Transfer to the nearest centre of medical excellence if the *treatment* the *beneficiary* needs is not available locally in an emergency.

If a *beneficiary* requires *emergency treatment*, *we* will pay for medical evacuation for them:

- to be taken to the nearest *hospital* where the necessary *treatment* is available (even if this is in another part of the country, or in another country); and
- to return to the place they were taken from, provided the return journey takes place not more than 14 days after the *treatment* is completed.

As regards to the return journey, *we* will pay:

- the price of an economy class air ticket; or
- the reasonable cost of travel by land or sea; whichever is lesser.

*We* will only pay for taxi fares if:

- It is medically preferable for the *beneficiary* to travel to the airport by taxi, rather than by ambulance; and
- Approval is obtained in advance from the *medical assistance service*.

*We* will pay for evacuation (but not repatriation) if the *beneficiary* needs diagnostic tests or cancer *treatment* (such as chemotherapy) if, in the opinion of *our medical assistance service*, evacuation is appropriate and *medically necessary* in the circumstances.

*We* will not pay any other costs related to an evacuation (such as accommodation costs).

**Important notes:**

- If *you* require to return to the *hospital* where you were evacuated for follow up *treatment*, *we* will not pay for travel costs or living allowance costs.
- In the event that evacuation services are not organised by *us*, *we* reserve the right to decline the costs.

## Medical Repatriation

Any deductible chosen under your core cover will not apply to this benefit.

**$100,000**
**€74,000**
**£66,500**

If a *beneficiary* requires a medical repatriation as a result of a serious illness or after a traumatic event or *surgery*, *we* will pay:

- for them to be returned to their *country of habitual residence* or *country of nationality*; and
- to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the *treatment* is completed.

The above journey must be approved in advance by *our medical assistance* service and to avoid doubt all transportation costs are required to be reasonable and customary.

As regards to the return journey, *we* will pay:

- the price of an economy class air ticket; or
- the reasonable cost of travel by land or sea; whichever is lesser.

*We* will only pay for taxi fares if:

- it is medically preferable for the *beneficiary* to travel to the airport by taxi, rather than by ambulance; and
- approval is obtained in advance from the *medical assistance service*.

*We* will not pay any other costs related to a repatriation (such as accommodation costs).

**Important notes:**

- If *you* require to return to the *hospital* where *you* were repatriated for follow up *treatment*, *we* will not pay for travel costs or living allowance costs.
- If a *beneficiary* contacts the *medical assistance service* to ask for prior approval for repatriation, but the *medical assistance* service does not consider repatriation to be medically appropriate, we may instead arrange for the *beneficiary* to be evacuated to the nearest *hospital* where the necessary *treatment* is available. *We* will then repatriate the *beneficiary* to his or her specified *country of nationality* or *country of habitual residence* when his or her condition is stable, and it is medically appropriate to do so.
- In the event that repatriation services are not organised by *us*, *we* reserve the right to decline the costs.

| **Repatriation of Mortal Remains**<br>Any deductible chosen under your core cover will not apply to this benefit. | **$25,000**<br>**€18,500**<br>**£16,500** |
|---|---|
| If a *beneficiary* dies outside their *country of habitual residence* during the *period of cover*, the *medical assistance* service will arrange for their mortal remains to be returned to their *country of habitual residence* or country of *nationality* as soon as reasonably practicable, subject to airlines requirements and restrictions.<br>*We* will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the *beneficiary*'s mortal remains.<br>**Important note:**<br>· In the event that repatriation services are not organised by *us*, we reserve the right to decline the costs. | |

**The following important notes and general conditions apply to all the cover which is provided under the benefits of Medical Evacuation, Medical Repatriation and Repatriation of Mortal Remains.**

## Important notes

The services described in this section are provided or arranged by the *medical assistance* service under this policy.

The following conditions apply to both emergency medical evacuations and repatriations:

- all evacuations and repatriations must be approved in advance by the *medical assistance* service, which is contactable through the Customer Care Team (Please refer to page 3 for contact details);
- the *treatment* for which, or following which, the evacuation or repatriation is required must be recommended by a *qualified nurse* or *medical practitioner*;
- evacuation and repatriation services are only available under this *policy* if the *beneficiary* is being treated (or needs to be treated) on an *inpatient* or *daypatient* basis;
- the *treatment* because of which the evacuation or repatriation service is required must:
  - be *treatment* for which the *beneficiary* is covered under this *policy*; and
  - not be available in the location from which the *beneficiary* is to be evacuated or repatriated;
  - the *beneficiary* must already have cover under the Close Care℠ core cover, before they need the evacuation or repatriation service;
  - the *beneficiary* must have cover in the *selected area of coverage* which includes the country where the *treatment* will be provided after the evacuation or repatriation (*treatment* in the USA is excluded unless the *beneficiary* has purchased the *USA cover as country of habitual residence, or country of nationality)*.
- *We* will only pay for evacuation or repatriation services if all arrangements are approved in advance by *our medical assistance service*. Before that approval will be given, *we* must be provided with any information or proof that *we* may reasonably request;
- *We* will not approve or pay for an evacuation or repatriation if, in *our* reasonable opinion, it is not appropriate, or if it is against medical advice. In coming to a decision as to whether an evacuation or repatriation is appropriate, *we* will refer to established clinical and medical practice;
- From time to time *we* may carry out a review of this cover and reserve the right to contact *you* to obtain further information when it is reasonable for *us* to do so.

# General conditions

- Where local conditions make it impossible, impractical, or unreasonably dangerous to enter an area, for example because of political instability or war, *we* may not be able to arrange evacuation or repatriation services. This *policy* does not guarantee that evacuation or repatriation services will always be available when requested, even if they are medically appropriate.
- *We* will only pay for *hospital* accommodation for as long as the *beneficiary* is being treated. *We* will not pay for *hospital accommodation* if a *beneficiary* is no longer being treated but is waiting for a return flight.
- Any medical *treatment* which a *beneficiary* receives before or after an evacuation or repatriation will be paid from the Close Care[SM] core cover plan (or under another coverage option if appropriate) provided that the *treatment* is covered under this *policy* and *you* have purchased the relevant cover.
- *We* cannot be held liable for any delays or lack of availability of evacuation or repatriation services which result from adverse weather conditions, technical or mechanical problems, conditions or restrictions imposed by public authorities, or any other factor which is beyond *our* reasonable control.
- *We* will only pay for evacuation, repatriation and third party transportation if the *treatment* for which, or because of which, the evacuation or repatriation is necessary is covered under this *policy*.
- All decisions as to:
  - the *medical necessity* of evacuation or repatriation;
  - the means and timing of any evacuation or repatriation;
  - the medical equipment and medical personnel to be used; and
  - the destination to which the *beneficiary* should be transported;

  will be made by *our medical team*, after consultation with the *medical practitioners* who are treating the *beneficiary*, taking into account all of the relevant medical factors and considerations.

## How Medical Evacuation, Repatriation and Out of Area Emergency cover works:

**You are residing in Spain and your country of nationality is France.**

**Example I:**

You require emergency treatment following a stroke at home; however, your treatment is not available to you locally. We will pay for you to be taken to the nearest hospital where this treatment is available; this may be within Spain, or over the border in Portugal.

If you are transferred to a hospital within Portugal, any emergency treatment would be included within the Out of Area Emergency Cover benefit up to $40,000 / €29,600/ £26,600. The medical evacuation to Portugal would be covered under medical evacuation benefit up to $50,000 / €37,000 / £33,250. If you receive treatment locally within Spain (county of cover), treatment costs would be covered under your core inpatient cover.

**Example 2:**

You require emergency treatment, following surgery for a heart attack, whilst on holiday in Thailand **(Out of Area)**. We will pay for you to be repatriated to either France or Spain (countries of cover) following surgery. Emergency treatment following a heart attack would be covered under the out of area emergency benefit up to $40,000 / €29,600 / £26,600. Repatriation to France or Spain would be covered up to $100,000 / €74,000 / $66,500.

**The following pages detail the optional benefits you may have chosen to add to your core cover - International Medical Insurance.**

**Take a look at your certificate of insurance to remind yourself exactly what cover you have.**

# Outpatient and Wellness Care

## Optional Module

Outpatient and Wellness Care covers *you* more comprehensively for *outpatient* care that may arise where a *hospital* admission as a *daypatient* or *inpatient* is not required. Benefits include coverage for consultations with *medical practitioners* and specialists, prescribed drugs and dressings, physiotherapy and osteopathic and chiropractic treatments. As *your* whole health partner, *you* will also be covered for a range of pre-cancer screenings, routine adult physical exams, and have access to *our* Life Management Assistance Programme and *our* Wellness Coaching programme.

Please note, *we* will only pay for *medically necessary* emergency *treatment* on an *outpatient* basis at an Accident and Emergency department in a *hospital* following an accident, sudden illness, and/or life threatening situation if the *beneficiary* has selected the Outpatient and Wellness Care option. *We* will only cover *outpatient* emergency *treatment* at an Accident and Emergency department up to the maximum applicable benefit limits.

**You do not require *prior authorisation* for most of the Outpatient and Wellness Care benefits. However, *prior authorisation* is required for the following outpatient benefits:**

Physiotherapy, chiropractic and osteopathy *treatments* when you have exceeded 10 sessions (Note: a *prior authorisation* is not required for the first 10 sessions referred by a *medical practitioner*).

### YOUR OVERALL LIMIT

| | |
|---|---|
| **Annual overall benefit maximum - per *beneficiary* per *period of cover***<br>This includes claims paid across all sections of Outpatient and Wellness Care. | **$5,000**<br>**€3,700**<br>**£3,325** |

| | |
|---|---|
| **Consultations with *medical practitioners* and specialists**<br>Up to the total limit shown per *beneficiary* per *period of cover*. | **$650**<br>**€500**<br>**£425** |

- *We* will pay for consultations or meetings with a *medical practitioner* which are necessary to diagnose an illness, or to arrange or receive *treatment*.
- *We* will pay for non-surgical *treatment* on an *outpatient* basis, which is recommended by a specialist as being *medically necessary*.

## Telehealth consultations

Up to the total limit shown per *beneficiary* per *period of cover*.
This is a combined benefit limit with the consultations with *medical practitioners* and specialists benefit.

**$650**
**€500**
**£425**

We will pay for video and phone consultations with a *medical practitioner* or specialist of your choice, intended to facilitate the assessment, diagnosis, treatment, education and care management of a *beneficiary* by a healthcare provider.

Telehealth consultations with a healthcare provider are limited to:

- 1 initial session; and
- 2 follow-up sessions

Any further sessions are subject to prior-approval and require a medical report to be provided by the treating *medical practitioner*. The medical report should include:

- evolution of medical condition
- treatment goal
- treatment plan and estimated number of sessions still required.

**Important notes**

- Telehealth expenses should not exceed the cost of an equivalent face-to-face consultation. Expenses deemed to be excessive, unreasonable or unusual will not be covered or the amount of the benefit paid will be reduced.
- This benefit is payable up to the combined benefit maximum of the consultations with *medical practitioners* and specialists benefit.

## Pathology, radiology and *diagnostic tests* (excluding Advanced Medical Imaging)

Up to the total limit shown per *beneficiary* per *period of cover*.

**$1,000**
**€740**
**£665**

- *We* will pay for the following tests where they are *medically necessary* and are recommended by a specialist as part of a *beneficiary's outpatient treatment*:
  - blood and urine tests;
  - X-rays;
  - ultrasound scans;
  - electrocardiograms (ECG); and
  - other *diagnostic tests* (excluding advanced medical imaging).

**Important note**

- We will pay under this benefit for *medically necessary* testing done on an *outpatient* basis for pandemic, epidemic or outbreak of infectious illnesses in line with the World Health Organisation (WHO) guidelines. These outpatient diagnostic tests will not be covered under the inpatient pandemics, epidemics and outbreak of infectious illnesses benefit.

## Physiotherapy

Up to the total limit shown per *beneficiary* per *period of cover*.
**This benefit requires prior *authorisation**.**

**$1,000**
**€740**
**£665**

- *We* will pay for physiotherapy *treatment* on an *outpatient* basis that is *medically necessary* and restorative in nature to help *you* to carry out *your* normal activities of daily living. The *treatment* must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the *treatment* is received. This excludes any sports medicine *treatment*.

* Prior-authorisation will be required from us after an initial 10 sessions to continue these outpatient treatments and will be reviewed by our clinical team based on medical necessity.

## Osteopathy and chiropractic *treatment*

Up to the total limit shown per *beneficiary* per *period of cover*.

**This benefit requires prior *authorisation**.**

**$650**
**€500**
**£425**

- *We* will pay for osteopathy and chiropractic *treatment* which is *evidence-based treatment*, *medically necessary* and recommended by a treating specialist, if a *medical practitioner* recommends the *treatment* and provides a referral. The *treatment* must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the *treatment* is received. This excludes any sports medicine *treatment*.

* *Prior-authorisation* will be required from us after an initial 10 sessions to continue these *outpatient* treatments and will be reviewed by our clinical team based on medical necessity.

## Acupuncture and Chinese medicine

Up to the total limit shown per *beneficiary* per *period of cover*.

**$650**
**€500**
**£425**

- *We* will pay for consultations with acupuncturists and practitioners of Chinese medicine, if those *treatments* are recommended by a *medical practitioner*. The *treatment* must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the *treatment* is received.

## Prescribed drugs and dressings

Up to the total limit shown per *beneficiary* per *period of cover*.

**$500**
**€370**
**£330**

- *We* will pay for prescription drugs and dressings which are prescribed by a *medical practitioner* on an *outpatient* basis.

**Important note**

- Medication prescribed by a *medical practitioner* in the *USA* and/or delivered by a pharmacy in the *USA* are subject to *our formulary drugs* list.

## Rental of durable medical equipment

Up to 45 days and the total limit shown per *beneficiary* per *period of cover*.

**$1,500**
**€1,100**
**£1,000**

- *We* will pay for the rental of durable medical equipment for up to 45 days per *period of cover*, if the use of that equipment is recommended by a specialist in order to support the *beneficiary's treatment*.
- *We* will only pay for the rental of durable medical equipment which:
  - is not disposable, and is capable of being used more than once;
  - serves a medical purpose;
  - is fit for use in the home; and
  - is of a type only normally used by a person who is suffering from the effect of a disease, illness or *injury*.

## Adult vaccinations

Up to the total limit shown per *beneficiary* per *period of cover*.

**$250**
**€185**
**£165**

- *We* will pay for certain vaccinations and immunisations that are clinically appropriate.

## Dental accidents

Up to the total limit shown per *beneficiary* per *period of cover*.

**$500**
**€370**
**£330**

- If a *beneficiary* needs dental treatment as a result of injuries which they have suffered in an accident, *we* will pay for *outpatient* dental treatment for any sound natural tooth/teeth damaged or affected by the accident, provided the *treatment* commences immediately after the accident and is completed within 30 days of the date of the accident.
- In order to approve this *treatment*, *we* will require confirmation from the *beneficiary's* treating *dentist* of:
  - the date of the accident; and
  - the fact that the tooth/teeth which are the subject of the proposed *treatment* are sound natural tooth/teeth.
- *We* will pay for this *treatment* instead of any other *dental treatment* the *beneficiary* may be entitled to under this *policy*, when they need *treatment* following accidental damage to a tooth or teeth.
- *We* will not pay for the repair or provision of dental implants, crowns or dentures under this part of this *policy*.

| **Child wellbeing tests**<br>Up to the total limit shown per *beneficiary* per *period of cover*. | **$1,000**<br>**€740**<br>**£665** |
|---|---|

- Payable for children at *appropriate age intervals* up to the age of 6.
- *We* will pay for child routine wellbeing tests at any of the *appropriate age intervals* and carried out by a *medical practitioner* to provide preventative care consisting of:
  - evaluating medical history;
  - physical examinations;
  - development assessment;
  - anticipatory guidance; and
  - appropriate immunisations and laboratory tests; for children aged 6 or younger.

  *We* will pay for 1 visit to a *medical practitioner* at each of the *appropriate age intervals* (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.
- In addition, *we* will pay for:
  - 1 school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger; and
  - diabetic retinopathy screening for children over the age of 12 who have diabetes.

| **Child immunisations**<br>Up to the total limit shown per *beneficiary* per *period of cover*. | **$1,000**<br>**€740**<br>**£665** |
|---|---|

- *We* will pay for certain vaccinations and immunisations that are clinically appropriate for children aged 17 or younger.

| **Annual eye and hearing test for children aged 15 and younger**<br>Up to the annual overall benefit maximum per *beneficiary* per *period of cover*. | **Paid in full** |
|---|---|

- *We* will pay for the following routine tests for children aged 15 or younger:
  - 1 eye test; and
  - 1 hearing test.

| | |
|---|---|
| ***Deductible* (various)**<br>A *deductible* is the amount which *you* must pay before any claims are covered by *your* plan. | **$0 / $150 / $500 / $1,000 / $1,500**<br>**€0 / €110 / €370 / €700 / €1,100**<br>**£0 / £100 / £335 / £600 / £1,000** |
| ***Cost share* after *deductible* and *out of pocket maximum***<br>*Cost share* is the percentage of each claim not covered by *your* plan.<br><br>The *out of pocket maximum* is the maximum amount of *cost share you* would have to pay in a *period of cover*.<br><br>The *cost share* amount is calculated after the *deductible* is taken into account. Only amounts *you* pay related to *cost share* contribute to the *out of pocket maximum*. | **Choose your cost share percentage:**<br><br>**0% / 10% / 20% / 30%**<br><br>**and your applicable out of pocket maximum is:**<br><br>**$3,000**<br>**€2,200**<br>**£2,000** |

# YOUR WELLNESS CARE BENEFITS

The benefits listed below are available only to beneficiaries aged **18 years old and over**. Any chosen deductible by Policyholder and all beneficiaries, apply to only Outpatient benefits. Deductible will not apply to any Wellness Care benefits noted from page 31.

| **Life Management Assistance Programme**<br>Deductible does not apply. | **Included** |
|---|---|

*Our* Life Management Assistance programme is available 24 hours a day, 7 days a week, 365 days a year meaning you can contact the service for access to free, confidential assistance with any work, life, personal or family issue that matters to you at a time that is suitable for you.

*You* will have access to the following services and tools:

**Short-term counselling:**

- Up to 6 counselling sessions via telephone, video, or face-to-face, per issue per *period of cover*. Common use cases include: managing anxiety and depression, couples' and family relationship support, bereavement, and more.

**Behavioural health:**

- Up to 6 sessions with a mindfulness coach via telephone per *period of cover*. Beneficial for individuals experiencing stress, and challenges with focus and concentration.
- An online self-help Cognitive Behavioural Therapy (CBT) programme to address mild to moderate anxiety, stress, and depression, with unlimited access to the programme for 6 months.

**Career and workplace support:**

- Life coaching telephonic sessions to assist with personal growth and career development at work.
- Telephonic sessions with a counsellor for managers to develop their people management skills.

**Practical needs:**

- Unlimited in the moment telephonic support for live assistance.
- Pre-qualified referrals and information to assist with your day to day demands, such as relocation logistics, child or eldercare, legal or financial services.

**Important Notes:**

This service is not suitable if:

- You are reporting imminent risk of harm to self or others;
- You have an addiction, such as substance or impulse control for example gambling;
- You have symptoms or a diagnosis or mental health issues other than anxiety or depression, for example Borderline Personality.

**To use the Life Management Assistance Programme, please contact us through one of the following options:**

- **Call us:** +1 984 810 5338 (Line exclusively for Cigna Global Health Options customers, customers should identify themselves with: "Life Management Programme". You can dial this number directly from the 'Mental Health Support' section of the Cigna Wellbeing® App).
- **Live Chat:** accessible through the website. To login, please enter 'assist' as the 'company code'. To access the Live Chat, click on 'LIVECONNECT' at the top of the home page.
- **Request a callback via the Cigna Wellbeing® App.**

This service is provided by our chosen counselling provider.

| **Wellness Coaching**<br>Deductible does not apply. | **Included** |
|---|---|

*We* will match you with your own personal qualified wellness coach who is specifically trained in health behaviour change. *Your coach* will partner with you to identify a specific wellness goal that is important to you, and will support you in building a wellness plan around one of the following areas of focus: weight management, healthy eating, physical activity, sleep, stress management and tobacco cessation.

- *You* will have access to 6 confidential coaching sessions per focus area per *period of cover* with *your* dedicated coach to build your strategy and motivation to reach your wellbeing goal.
- You will be supported by *your* personal coach with advice and recommendations that can be implemented in between *your* 6 coaching sessions to ensure lasting lifestyle changes.

The coaching sessions are delivered via telephone or video consultations, which means *you* can access it from the comfort of *your* own home and can be scheduled at a convenient time for *you*, based on time zone and language preference.

Please note, this is a confidential service.

**To use the Wellness Coaching benefit, please contact us through one of the following options:**

- **Call us:** +1 984 810 5338 (Line exclusively for Cigna Global Health Options customers, customers should identify
- themselves with: "Life Management Programme". You can dial this number directly from the 'Mental Health Support'
- section of the Cigna Wellbeing® App).
- **Live Chat:** accessible through the website. To login, please enter 'assist' as the 'company code'. To access the Live Chat, click on 'LIVECONNECT' at the top of the home page.
- **Request a callback via the Cigna Wellbeing® App.**

This service is provided by our chosen counselling provider.

| **Routine adult physical examination**<br>Up to the total limit shown per *beneficiary* per *period of cover*.<br>Deductible does not apply. | **$225**<br>**€165**<br>**£150** |
|---|---|

*We* will pay for routine adult physical examinations for persons aged 18 years or older. The health assessment may include but is not limited to:

- Height and weight measurements
- Waist circumference
- Body mass index (BMI)
- Body fat percentage
- Blood pressure
- Urine analysis
- Cholesterol test
- Full blood count
- Physiology and balance assessment

**Any deductible chosen under the optional outpatient and wellness care module, will not apply to the benefits listed below.**

| | |
|---|---|
| **Cervical cancer screening**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>For female *beneficiaries* from the age of 25 year old, we will provide cover every 3 year for:<br>• I Papanicolaou test (pap smear) and<br>• I HPV DNA test. | **Per screening limit**<br>**$225**<br>**€165**<br>**£150**<br><br>**Combined aggregate limit of $400**<br>**€300**<br>**£260** |
| **Prostate cancer screening**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>• *We* will pay for I prostate examination (prostate specific antigen (PSA) test) for male *beneficiaries* aged 50 or over. | |
| **Breast cancer screening**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>• *We* will pay for:<br>  • Aged 35-39: I baseline mammogram for asymptomatic women.<br>  • Aged 40-49: I mammogram for asymptomatic women every 2 years.<br>  • Aged 50 or older: I mammogram each year. | |
| **Bowel cancer screening**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>For female and male *beneficiaries* from the age of 45 year old, we will provide cover for:<br>• I Fecal occult blood test (FOB) or I Fecal Immunochemical Test (FIT) every year<br>• I Colonoscopy every 7 years. | |
| **Skin cancer screening**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>• *We* will pay for I skin cancer examination for men and women aged 18 or older. | |
| **Lung cancer screening**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>• *We* will pay for I lung cancer examination for men and women aged 45 or older who are current or past smokers. | |
| **Bone densitometry**<br>Up to the per screening limit and the combined aggregate limit shown per *beneficiary* per *period of cover*.<br>• *We* will pay for I scan to determine the density of the *beneficiaries* bones when *medically necessary*. | |

# Dental Care and Treatment

## Optional Module

Maintain *your* oral health with the Dental Care and Treatment option. This option covers *you* for a wide range of preventative, routine and major dental treatments.

### YOUR OVERALL LIMIT

| | |
|---|---|
| **Annual overall benefit maximum - per *beneficiary* per *period of cover*.** | **$750<br>€550<br>£500** |

| | |
|---|---|
| **Preventative dental treatment**<br>**After the beneficiary has been covered on this option for 3 months.**<br>Up to the annual overall benefit maximum per *beneficiary* per *period of cover*. | **Paid in full** |

- *We* will pay for the following preventative dental treatment recommended by a *dentist* after a *beneficiary* has had Dental Care and Treatment cover for at least 3 months:
  - 2 dental check-ups per *period of cover*;
  - X-rays, including bitewing, single view, and orthopantomogram (OPG);
  - scaling and polishing including topical fluoride *application* when necessary (2 per *period of cover*);
  - I mouth guard per *period of cover*;
  - I night guard per *period of cover*; and
  - fissure sealant.

| | |
|---|---|
| **Routine dental treatment**<br>**After the beneficiary has been covered on this option for 3 months.**<br>Up to the annual overall benefit maximum per *beneficiary* per *period of cover*. | **80% refund per *period of cover*** |

- *We* will pay *treatment* costs for the following routine dental treatment after the *beneficiary* has had Dental Care and Treatment cover for at least 3 months (if that *treatment* is necessary for continued oral health and is recommended by a *dentist*):
  - root canal *treatment*;
  - extractions;
  - surgical procedures;
  - occasional *treatment*;
  - anaesthetics; and
  - periodontal *treatment*.

| | |
|---|---|
| **Major restorative dental treatment**<br>After the *beneficiary* has been covered on this option for 12 months.<br>Up to the annual overall benefit maximum per *beneficiary* per *period of cover*. | **70% refund per *period of cover*** |

- *We* will pay *treatment* costs for the following major restorative dental treatments after the *beneficiary* has had Dental Care and Treatment cover for at least 12 months:
  - dentures (acrylic/synthetic, metal and metal/acrylic);
  - crowns;
  - inlays; and
  - placement of dental implants.
- If a *beneficiary* needs major restorative dental treatment before they have had the Dental Care and Treatment option for 12 months, *we* will pay 50% of the *treatment* costs.

# Dental exclusions

The following exclusions apply to dental treatment, in addition to those set out elsewhere in this *policy* and in *your Certificate of Insurance*.

*We* will not pay for:

- Purely *cosmetic treatments*, or other *treatments* which are not necessary for continued or improved oral health.
- The replacement of any dental appliance which is lost or stolen, or associated *treatment*.
- The replacement of a bridge, crown or denture which (in the reasonable opinion of a *dentist* of ordinary competence and skill in the *beneficiary's country of habitual residence*) is capable of being repaired and made usable.
- The replacement of a bridge, crown or denture within five (5) years of its original fitting unless:
  - it has been damaged beyond repair, whilst in use, as a result of a dental *injury* suffered by the *beneficiary* whilst they are covered under this *policy*;
  - the replacement is necessary because the *beneficiary* requires the extraction of a sound natural tooth/teeth; or
  - the replacement is necessary because of the placement of an original opposing full denture.
- Acrylic or porcelain veneers.
- Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:
  - they are constructed of either porcelain; bonded-to-metal or metal alone (for example, a gold alloy crown); or
  - a temporary crown or pontic is necessary as part of routine or emergency dental treatment.
- *Treatments*, procedures and materials which are experimental or do not meet generally accepted dental standards.
- *Treatment* for dental implants directly or indirectly related to:
  - failure of the implant to integrate;
  - breakdown of osseointegration;
  - peri-implantitis;
  - replacement of crowns, bridges or dentures; or
  - any accident or *emergency treatment* including for any prosthetic device.
- Advice relating to plaque control, oral hygiene and diet.
- Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
- Medical *treatment* carried out in *hospital* by an oral specialist may be covered under *your core cover* and/or Outpatient and Wellness Care option, if this option has been bought, except when dental treatment is the reason for *you* being in *hospital*.
- Bite registration, precision or semi-precision attachments.
- Any *treatment*, procedure, appliance or restoration (except full dentures) if its main purpose is to:
  - change vertical dimensions;
  - diagnose or treat *conditions* or dysfunction of the temporomandibular joint;
  - stabilise periodontally involved teeth; or
  - restore occlusion.

# Improving the health and vitality of those we serve.

# Want to get in touch?

If you have any questions about your policy, need to get approval for treatment, or for any other reason, please contact our Customer Care team 24 hours a day, 7 days a week, 365 days a year.*

**USE YOUR CUSTOMER AREA**
Live chat with us
Message us
Arrange a call back

Alternatively, you can email us at:
cignaglobal_customer.care@cigna.com

**CALL US**
International: **+44 (0) 1475 788 182**
USA: **800 835 7677** (toll free)
Hong Kong: **2297 5210** (toll free)
Singapore: **800 186 5047** (toll free)

Details of the *Cigna Healthcare* company who provides *your* cover under *your policy* can be found in *your Policy Rules* and on *your Certificate of Insurance*.

* For certain queries, our Customer Service team may direct you to our in-house team of specialists who are available during working hours (Monday to Friday from 8am to 8pm CET).

For policies arranged through our Dubai International Finance Centre office, under insurance license Cigna Global Insurance Company Limited, the underwriting agent is Cigna Insurance Management Services (DIFC) Limited which is regulated by the Dubai Financial Services Authority.



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