INTERNATIONAL PRIVATE MEDICAL INSURANCE

Insurance Product Information Document

Company: Cigna Global Insurance Company Limited

Product: Cigna Close Care℠

Cigna Global Insurance Company Limited is licensed as an insurer under Section 7 of The Insurance Business (Bailiwick of Guernsey) Law 2002, to carry on general insurance business, excluding domestic business. It is regulated by the Guernsey Financial Services Commission.

This is a summary of the insurance cover. Before you purchase, further information can be found in your quotation and policy documentation. Full terms and conditions of the policy are contained in the Policy Rules, Customer Guide and the Certificate of Insurance which you will receive after your purchase. It is important you read all of these documents carefully.

What is this type of insurance?

International Private Medical Insurance for expatriates, which is designed to cover the costs of medically necessary private healthcare in the policyholder's country of residence and country of nationality only, allowing you quick and easy access to healthcare facilities and professionals within our extensive network.

What is insured?

Core cover
Annual overall maximum: of $500,000/€400,000/£325,000 per beneficiary per policy year

- ✔ Condition limit: $250,000/€200,000/£165,000
- ✔ Out of Area Emergency Cover (inpatient, daypatient and outpatient treatment): $40,000/€29,600/£26,600
- ✔ Nursing and hospital accommodation for a semi-private room
- ✔ Treatment for disease resulting from a pandemic, epidemic or outbreak of infectious illness
- ✔ Inpatient cash: $100/€75/£65 per night up to 30 days
- ✔ Intensive Care
- ✔ Surgeons' and anaesthetists' fees
- ✔ Specialists consultation fees
- ✔ Kidney dialysis: $5,000/€3,700/£3,325
- ✔ Pathology radiology and diagnostic tests
- ✔ Advanced Medical Imaging (MRI, CT and PET scans): $2,500/€1,850/£1,650
- ✔ Physiotherapy and complementary therapies: $2,000/€1,480/£1,330
- ✔ Rehabilitation: $2,000/€1,480/£1,330
- ✔ Hospice and palliative care: $2,500/€1,850/£1,650
- ✔ Local ambulance services
- ✔ Emergency inpatient dental treatment: $2,500/€1,850/£1,650
- ✔ Mental health care: $3,000/€2,200/£2,000
- ✔ Cancer care
- ✔ Cancer related appliances: $125/€100/£85 per lifetime per cancer related appliance

Other benefits apply, please refer to the Customer Guide for the full list.

The following coverage details our optional modules, which you can choose to add to your plan:

Outpatient and Wellness Care
Annual maximum of: $5,000/€3,700/£3,325 per beneficiary per policy year

- Consultations with medical practitioners and specialists: $650/€500/£425
- Global Telehealth with Teladoc: Unlimited consultations
- Telehealth consultations: $650/€500/£425
- Pathology, radiology and diagnostic tests: $1,000/€740/£665
- Physiotherapy treatment: $1,000/€740/£665
- Osteopathy and chiropractic treatment: $650/€500/£425
- Acupuncture and Chinese medicine: $650/€500/£425
- Prescribed drugs and dressings: $500/€370/£330
- Rental of durable equipment: $1,500/€1,100/£1,000
- Adult vaccinations:$250/€185/£165
- Dental accidents: $500/€370/£330
- Child immunisations: $1,000/€740/£665
- Child annual routine tests
- Routine adult physical exams: $100/€75/£65
- Cancer screenings: $400/€300/£260
- Life Management Assistance programme
- Telephonic Wellness Coaching

What is insured? (continued)

Dental Care and Treatment
Annual maximum of: $750/€550/£500 per beneficiary per policy year

- Preventative dental treatment
- Routine dental treatment: 80% refund per period of cover
- Major restorative dental treatment: 70% refund per period of cover

What is not insured?

- ✘ Maternity
- ✘ Congenital conditions
- ✘ Foetal surgery
- ✘ Sleep disorders
- ✘ Smoking cessation
- ✘ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger
- ✘ Developmental problems
- ✘ Obesity treatment
- ✘ Treatment in any facility other than in a recognised medical treatment facility
- ✘ Treatment by a medical practitioner who is not recognised by the relevant authorities
- ✘ Treatment that arises from, or is any way connected with attempted suicide, or any injury or illness which a beneficiary inflicts upon him or herself
- ✘ Infertility treatment
- ✘ Surrogacy
- ✘ Personality and/or character disorders
- ✘ Treatment for a related condition resulting from any kind of substance or alcohol use or misuse
- ✘ Sexual dysfunction disorders
- ✘ Experimental treatment
- ✘ Cosmetic or reconstructive treatment (unless this treatment is medically necessary)
- ✘ Non-emergency treatment outside your area of coverage

Other exclusions apply, please refer to the Customer Guide and Policy Rules for the full details of exclusions, limitations and terms and conditions.

Are there any restrictions on cover?

! **Cover is always subject to eligibility criteria**
! **Limitations per person per policy year unless stated otherwise:**
- 30 days: Rehabilitation
- 60 days: Mental Health Care (30 days on an inpatient and daypatient basis only)

! **Waiting periods (the time from when you first purchased the benefit before you can claim)**
- First 3 months: Preventative and routine dental treatment
- First 12 months: Major restorative dental treatment

! If you select a deductible and/or a cost share on the Core cover or Outpatient and Wellness Care option, you will be liable to pay the deductible and/or cost share amounts directly to the hospital, clinic, medical practitioner or pharmacy
! If you select a cost share of either 10%/ 20%/ 30%, we will reduce the amount we will pay towards the cost of treatment by the cost share percentage
! We will only cover treatment which is medically necessary and clinically appropriate
! If you receive treatment in the USA out with the Cigna network, we will reduce the amount which we will pay by 20%
! If you do not obtain prior approval for treatment inside the USA we will reduce the amount we pay by 50%. If this treatment is out with the Cigna network, we will reduce the amount we pay by a further 20%. Please note, we may, at our sole discretion and without notification, make changes to the Cigna network from time to time by adding and /or removing hospitals, clinics, medical practitioners and pharmacies. Details of providers within the network can be found by following the link in your secure online Customer Area or by contacting our Customer Care team.
! If you do not obtain prior approval for treatment outside of the USA we will reduce the amount we pay by 20%
! Out of area emergency cover is limited to a maximum of 3 weeks per trip and a maximum of 45 days per period of cover. This is covered up to a maximum of $40,000 per policy year
! This policy will only cover costs of treatment in the policyholder's country of nationality for any beneficiary in circumstances where the beneficiary is temporarily resident in their country of nationality for a period not exceeding 180 days in aggregate per period of cover, and the country of nationality must be in the area of coverage
! For the prescribed drugs and dressings benefit under the Outpatient and Wellness Care optional module, 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.

Other restrictions apply, please see full terms and conditions in the Policy Rules and Customer Guide.

Where am i covered?

✔ This plan covers you and any additional people on your policy in the policyholder's country of habitual residence and country of nationality only

What are my obligations?

- You must pay your premium
- You are liable for the remainder of any premiums unpaid if we have paid a claim or made a guarantee of payment during the period of cover
- If you have selected a deductible or cost share, you must pay the agreed amount before Cigna will make any payment
- You must provide full medical history as required
- You must obtain prior-approval before treatment
- You must inform us if you or anyone on your policy changes address, country of residence, or country of nationality or is no longer an expatriate.

When and how do I pay?

- You can choose to pay your premiums on a monthly, quarterly or annual basis by credit card. Alternatively you can pay annually by bank transfer.

When does the cover start and end?

- This policy is an annual contract. This means that, unless it is terminated or renewed, the cover will end one (1) year after the start date. Your start date will be shown on the first Certificate of Insurance.
- Except in the case of fraud, if this policy ends before the end date any premium which has been paid in relation to the period after cover has ended will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid any claim, or made any guarantee of payment during the period of cover.
- Your policy will be renewed automatically and payment taken unless you, or we in certain circumstances, choose not to renew.

How do I cancel the contract?

- You have a statutory right to cancel your policy within fourteen (14) days from the date you receive this policy. After this 14 day period you can terminate your policy at any time by giving us at least 14 days' notice in writing.