



Customer Guide

Cigna Close CareSM Plan

Everything you need to know about your plan





**Helping to improve your
health, wellbeing and
peace of mind.**



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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)

Welcome

Welcome to *your* Cigna Close CareSM plan and thank *you* for choosing *Cigna* as *your* health partner. It is *our* mission to improve *your* health, wellbeing and peace of mind - and everything we do is designed to achieve this.



Global network of over 1.65 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 WellbeingTM 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 WellbeingTM 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 WellbeingTM app's features.

Your Cigna Close CareSM plan



Area of coverage

- The Cigna Close CareSM 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 CareSM 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 CareSM 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*.



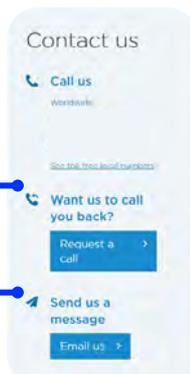
Live chat



Call us or arrange a call back



Email us



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).



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

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 call us and we will transfer you to our service provider.

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 30 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

Use the Cigna Wellbeing™ app to make an appointment with a doctor anytime, anywhere.



SPEAK WITH A DOCTOR

The initial consultation will be with a General Practitioner (GP) - by phone or video.



FEEL BETTER

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.

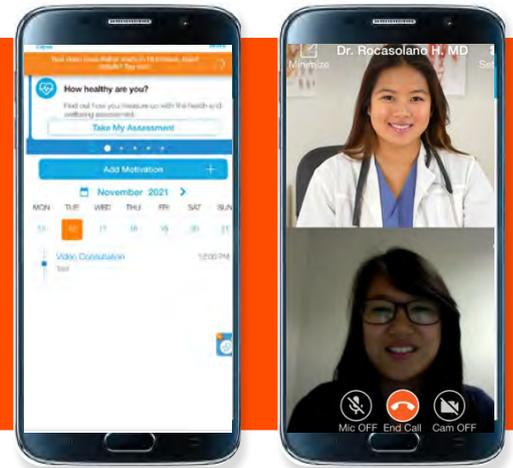
There's no need to leave the house or workplace.

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
- Blood pressure
- Height/Weight
- Cholesterol
- Blood sugar
- 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
- Healthy recipes
- General health
- Physical activity
- Nutrition / weight
- 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 International Medical Insurance plan, and any of the additional modules you have selected (if applicable).

Prior authorisation is required for all *Inpatient* and *Daypatient* treatments. It is not required for *Outpatient* treatments with the exception of the treatments listed on page 24.

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, or we may decline to pay all or part of the claim. We will reduce the amount which we will pay by:

- 50% if you did not call us for prior authorisation when it was required for *treatment* inside the USA;
- 20% if you did not obtain prior authorisation for *treatment* 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, I 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.

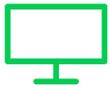
Subject to the terms of this policy within your policy rules, we will pay for the following costs related to your claim:

- 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 CareSM 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



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:

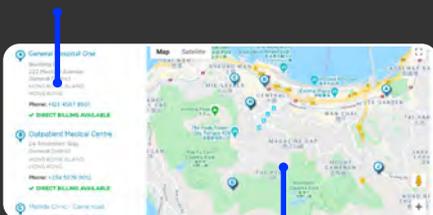
View your policy documents, including your Certificate of Insurance and Cigna Healthcare ID cards for all beneficiaries;

- 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

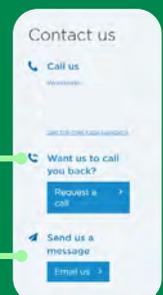


Message us



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.

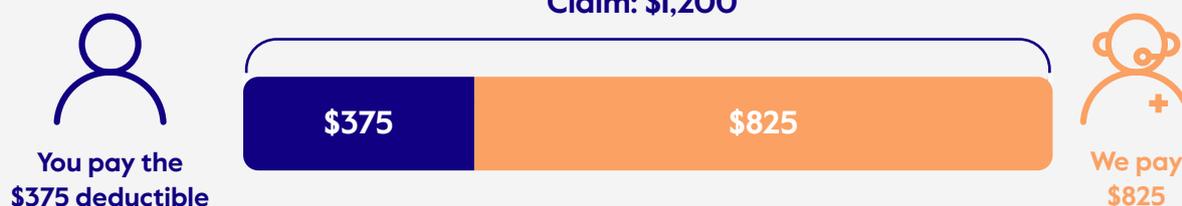
If you have selected a deductible and/or cost share, the examples below demonstrate how it works.

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.

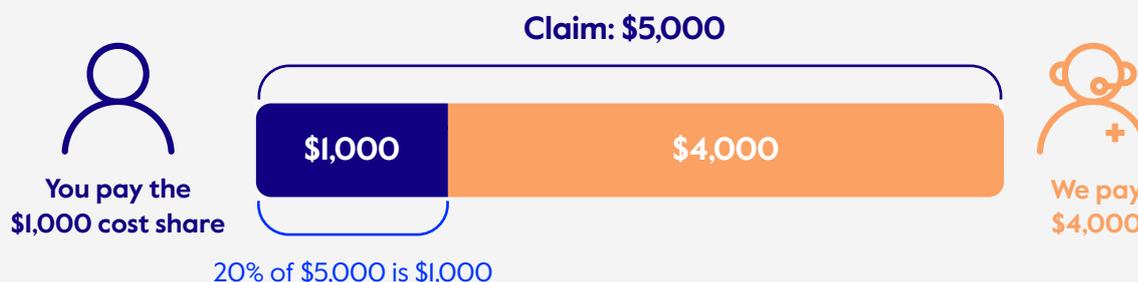


Example 2:

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.



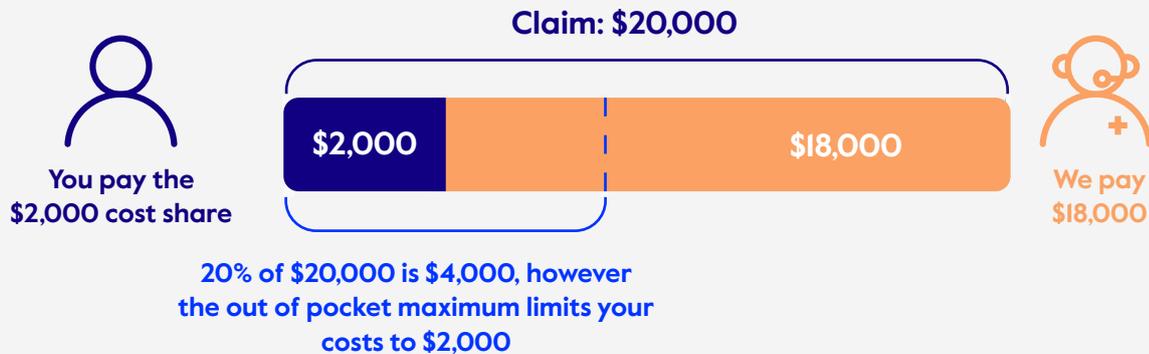
Example 3:

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.



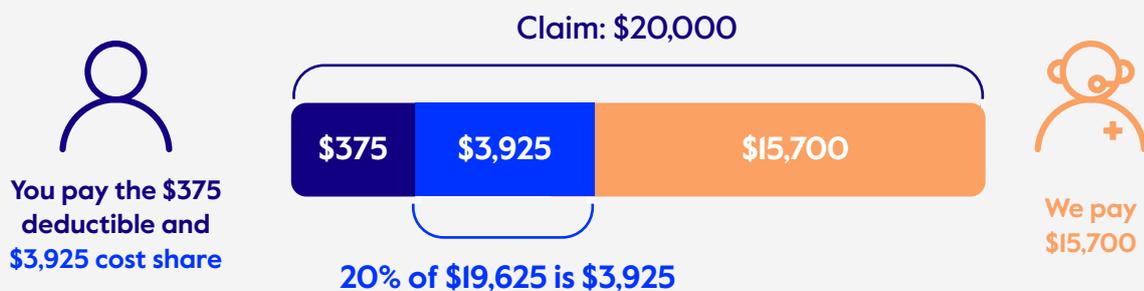
Example 4:

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.

Area of Coverage	
<ul style="list-style-type: none"> The <i>area of coverage</i> is limited to your <i>country of habitual residence</i> and <i>country of nationality</i>. USA coverage is included if the <i>country of habitual residence</i> is the USA. USA nationals can choose to purchase USA coverage (if the <i>policyholder</i> does not elect to purchase USA coverage, then <i>beneficiaries</i> do not have coverage on visits home). USA <i>area of coverage</i> 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. This includes claims paid across all sections of <i>inpatient</i> and <i>daypatient</i> benefits.	\$500,000 €400,000 £325,000
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Condition limit Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$250,000 €200,000 £165,000
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<p>This is the annual amount we will pay towards all costs of <i>treatment</i> following the diagnosis of a <i>condition</i>. This includes all claims paid across <i>inpatient</i>, <i>daypatient</i> and <i>outpatient</i> in relation to the <i>primary condition</i>. This applies to each <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Important notes</p> <ul style="list-style-type: none"> We will only pay up to the maximum amount in aggregate per <i>period of cover</i> as detailed in the <i>list of benefits</i>. The costs do not include any evacuation or repatriation services. Any further costs directly related to the <i>medical condition</i>, that exceed the <i>benefit</i> limit, will not be covered by us. In determining when this limit has been reached, our <i>medical team</i> will take into account and review all of the relevant <i>medical treatment</i> and care received. We will only pay for <i>outpatient</i> costs if the <i>Outpatient and Wellness Care</i> option has been selected, with the exception of certain <i>benefits</i> which include <i>outpatient treatment</i> as part of your <i>Core cover</i>. 	
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Out of area emergency cover Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$40,000 €29,600 £26,600
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<ul style="list-style-type: none"> Emergency <i>inpatient</i>, <i>daypatient</i> and <i>outpatient</i> <i>medical treatment</i> during temporary trips outside your <i>country of habitual residence</i> or <i>country of nationality</i>. This is limited to 21 days per trip and a maximum of 45 days for all trips combined per <i>policy year</i>. Emergency <i>outpatient treatment</i> may also be included and only up to \$2,500/€1,850/£1,650. This is only available if you have selected the <i>Outpatient and Wellness Care</i> option. Please refer to Policy Rules clause 8.3 for terms relating to this overall <i>benefit</i> limit. 	
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<p>Hospital charges for: Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full for a semi-private room</p>
<ul style="list-style-type: none"> • We will pay for nursing care and accommodation whilst a <i>beneficiary</i> is receiving <i>inpatient</i> or <i>daypatient</i> treatment; or the cost of a <i>treatment</i> room while a <i>beneficiary</i> is undergoing <i>outpatient surgery</i>, if one is required. • We will only pay these costs if: <ul style="list-style-type: none"> • it is <i>medically necessary</i> for the <i>beneficiary</i> to be treated on an <i>inpatient</i> or <i>daypatient</i> basis; • they stay in <i>hospital</i> for a medically appropriate period of time; • the <i>treatment</i> which they receive is provided or managed by a specialist; and • they stay in a semi-private room with shared bathroom. • If a <i>hospital's</i> fees vary depending on the type of room which the <i>beneficiary</i> stays in, then the maximum amount which we will pay is the amount which would have been charged if the <i>beneficiary</i> had stayed in a standard semi-private room with shared bathroom or equivalent. • If the treating <i>medical practitioner</i> decides that the <i>beneficiary</i> needs to stay in <i>hospital</i> for a longer period than we have approved in advance, or decides that the <i>treatment</i> which the <i>beneficiary</i> needs is different to that which we have approved in advance, then that <i>medical practitioner</i> must provide us with a report, explaining: how long the <i>beneficiary</i> will need to stay in <i>hospital</i>; the diagnosis (if this has changed); and the <i>treatment</i> which the <i>beneficiary</i> has received, and needs to receive. 	

<p>Hospital charges for:</p> <ul style="list-style-type: none"> • operating theatre. • prescribed medicines, drugs and dressings for <i>inpatient</i> or <i>daypatient</i> treatment. • <i>treatment</i> room fees for <i>outpatient surgery</i>. <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full</p>
<p>Operating theatre costs:</p> <ul style="list-style-type: none"> • We will pay any costs and charges relating to the use of an operating theatre, if the <i>treatment</i> being given is covered under this <i>policy</i>. <p>Medicines, drugs and dressings:</p> <ul style="list-style-type: none"> • We will pay for medicines, drugs and dressings which are prescribed for the <i>beneficiary</i> whilst he or she is receiving <i>inpatient</i> or <i>daypatient</i> 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 <i>benefits</i> (unless they are prescribed as part of <i>cancer treatment</i>). 	

<p>Pandemics, epidemics and outbreaks of infectious illnesses</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full</p>
<ul style="list-style-type: none"> • We will pay for <i>medically necessary treatment</i> for disease or illness resulting from a pandemic, epidemic or outbreak of infectious illness, as defined by the World Health Organisation (WHO). • The <i>medically necessary treatment</i> and related medical conditions will be covered on an <i>inpatient</i> and <i>daypatient</i> basis. We will only pay for <i>outpatient treatments</i> if the <i>beneficiary</i> has cover under the Outpatient and Wellness Care option. <p>Important notes</p> <ul style="list-style-type: none"> • We will cover <i>medically necessary</i> testing for pandemic, epidemic or outbreak of infectious illness, according to the World Health Organisation (WHO) guidelines, on an <i>outpatient</i> basis under the pathology, radiology and diagnostic tests <i>outpatient</i> benefit in line with <i>policy</i> coverage for diagnostics for other illnesses. 	

<p>Inpatient cash benefit</p> <p>Per night up to 30 days per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$100 €75 £65</p>
<p>We will make a cash payment directly to a <i>beneficiary</i> when they:</p> <ul style="list-style-type: none"> • receive <i>treatment</i> in <i>hospital</i> which is covered under this plan; • stay in a <i>hospital</i> overnight; and • the <i>hospital</i> does not charge any fees for the room, board and <i>treatment</i> costs to either the <i>beneficiary</i>, any Insurance company and/or any applicable local state or governmental authority. 	

<p>Intensive care:</p> <ul style="list-style-type: none"> intensive therapy. coronary care. high dependency unit. <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	Paid in full
<ul style="list-style-type: none"> We will pay for a <i>beneficiary</i> to be treated in an <i>intensive care</i>, intensive therapy, coronary care or high dependency facility if: <ul style="list-style-type: none"> that facility is the most appropriate place for them to be treated; the care provided by that facility is an essential part of their <i>treatment</i>; and the care provided by that facility is routinely required by patients suffering from the same type of illness or <i>injury</i>, or receiving the same type of <i>treatment</i>. 	

<p>Surgeons' and Anaesthetists' fees</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	Paid in full
<ul style="list-style-type: none"> We will pay for <i>inpatient</i>, <i>daypatient</i> or <i>outpatient</i> costs for: <ul style="list-style-type: none"> surgeons' and anaesthetists' <i>surgery</i> fees; and surgeons' and anaesthetists' fees in respect of <i>treatment</i> which is needed immediately before or after <i>surgery</i> (i.e. on the same day as the <i>surgery</i>). We will only pay for <i>outpatient</i> treatments received before or after <i>surgery</i> if the <i>beneficiary</i> has cover under the Outpatient and Wellness Care option (unless the treatment is given as part of <i>cancer treatment</i>). 	

<p>Specialists' consultation fees</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	Paid in full
<ul style="list-style-type: none"> We will pay for regular visits by a specialist during stays in <i>hospital</i> including <i>intensive care</i> by a specialist for as long as is required by <i>medical necessity</i>. We will pay for consultations with a specialist during stays in a <i>hospital</i> where the <i>beneficiary</i>: <ul style="list-style-type: none"> is being treated on an <i>inpatient</i> or <i>daypatient</i> basis; is having <i>surgery</i>; or where the consultation is a <i>medical necessity</i>. 	

<p>Kidney Dialysis</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	\$5,000 €3,700 £3,325
<ul style="list-style-type: none"> <i>Treatment</i> for kidney dialysis will be covered if such <i>treatment</i> is available in the <i>beneficiary's country of habitual residence</i>. We will pay for this on an <i>inpatient</i>, <i>daypatient</i>, or <i>outpatient</i> basis. We will not pay for kidney dialysis <i>treatment outside the beneficiary's area of coverage</i> unless it is covered under the terms of the out of area emergency cover <i>benefit</i>. 	

<p>Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	Paid in full
<ul style="list-style-type: none"> Where investigations are provided on an <i>inpatient</i> or <i>daypatient</i> basis. We will pay for: <ul style="list-style-type: none"> blood and urine tests; X-rays; ultrasound scans; electrocardiograms (ECG); and other <i>diagnostic tests</i>; <p>where they are <i>medically necessary</i> and are recommended by a specialist as part of a <i>beneficiary's hospital stay</i> for <i>inpatient</i> or <i>daypatient</i> <i>treatment</i>.</p>	

<p>Advanced Medical Imaging (MRI, CT and PET scans) Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$2,500 €1,850 £1,650</p>
<ul style="list-style-type: none"> We will pay for the following scans if they are recommended by a specialist as a part of a <i>beneficiary's inpatient, daypatient or outpatient treatment</i>: <ul style="list-style-type: none"> 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. 	

<p>Physiotherapy and complementary therapies Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$2,000 €1,480 £1,330</p>
<ul style="list-style-type: none"> Where <i>treatment</i> is provided on an <i>inpatient or daypatient</i> basis. We will pay for <i>treatment</i> provided by physiotherapist and <i>complementary therapists</i>; (acupuncturists and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the <i>beneficiary's hospital stay for inpatient or daypatient treatment</i> (but is not the primary <i>treatment</i> which they are in <i>hospital</i> 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 <i>treatment</i> is received. 	

<p>Rehabilitation Up to 30 days and the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$2,000 €1,480 £1,330</p>
<ul style="list-style-type: none"> We will pay for <i>rehabilitation treatments</i> (physical, occupational and speech therapies), which are recommended by a specialist and are <i>medically necessary</i> after a traumatic event such as a stroke or spinal <i>injury</i>. If the <i>rehabilitation treatment</i> is required in a residential <i>rehabilitation centre</i> we will pay for accommodation and board for up to 30 days for each separate <i>condition</i> that requires <i>rehabilitation treatment</i>. <p>In determining when the 30 days limit has been reached:</p> <ul style="list-style-type: none"> we count each overnight stay during which a <i>beneficiary</i> receives <i>inpatient treatment</i> as 1 day; and we count each day on which a <i>beneficiary</i> receives <i>outpatient and daypatient treatment</i> as 1 day. <ul style="list-style-type: none"> Subject to prior approval being obtained, prior to the commencement of any <i>treatment</i>, we will pay for <i>rehabilitation treatment</i> for more than 30 days, if further <i>treatment</i> is <i>medically necessary</i> and is recommended by the treating specialist. <p>Important notes</p> <ul style="list-style-type: none"> We will only pay for <i>rehabilitation treatment</i> if it is needed after, or as a result of, <i>treatment</i> which is covered by this <i>policy</i> and it begins within 30 days of the end of that original <i>treatment</i>. All <i>rehabilitation treatment</i> must be approved by us in advance. We will only approve <i>rehabilitation treatment</i> if the treating specialist provides us with a report, explaining: <ol style="list-style-type: none"> how long the <i>beneficiary</i> will need to stay in <i>hospital</i>; the diagnosis; and the <i>treatment</i> which the <i>beneficiary</i> has received, or needs to receive. 	

<p>Mental Health Care</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>. Up to 60 days (<i>inpatient</i> and <i>outpatient</i> combined). Up to 30 days (<i>inpatient</i> only).</p>	<p>\$3,000 €2,200 £2,000</p>
<p>We will pay for:</p> <ul style="list-style-type: none"> • <i>Evidence-based</i> and <i>medically necessary treatment</i> which is recommended by a <i>medical practitioner</i>. • <i>Inpatient, daypatient</i> or <i>outpatient treatment</i> carried out by a Psychologist and/or Psychiatrist who is licensed as such under the laws of that country. • Up to 60 days combined maximum total for <i>inpatient</i> and <i>outpatient</i> mental health care • Up to 30 days maximum for <i>inpatient</i> mental health care <p>Important notes</p> <p>We will not pay for:</p> <ul style="list-style-type: none"> • Educational intervention, speech therapy and any devices to aid speech. • Prescription drugs or medication prescribed on an <i>outpatient</i> basis for any of these conditions, unless you have purchased the <i>Outpatient and Wellness Care</i> option. • Prior authorisation is required for all <i>inpatient, daypatient</i> and <i>outpatient treatment</i>. • The <i>treatment</i> and diagnosis of addictions (including alcoholism) or any facilities specialised in addictions <i>treatments</i>. 	
<p>Cancer care</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full</p>
<ul style="list-style-type: none"> • Following a diagnosis of <i>cancer</i>, we will pay for costs for the <i>treatment</i> of <i>cancer</i> if the <i>treatment</i> is considered by us to be <i>active treatment</i> and <i>evidence-based treatment</i>. This includes chemotherapy, radiotherapy, oncology, <i>diagnostic tests</i> and drugs, whether the <i>beneficiary</i> is staying in a <i>hospital</i> overnight or receiving <i>treatment</i> as a <i>daypatient</i> or <i>outpatient</i>. • We do not pay for genetic <i>cancer</i> screening. 	
<p>Cancer related appliances</p> <p>Up to the total limit shown per <i>beneficiary</i> per lifetime per cancer related appliance.</p>	<p>\$125 €100 £85</p>
<p>If a <i>beneficiary</i> receives a <i>cancer</i> diagnosis, we will pay for the purchase of:</p> <ul style="list-style-type: none"> • Wigs / headbands for <i>cancer</i> patients • Mastectomy bras for <i>cancer</i> patients 	
<p>Hospice and Palliative care</p> <p>Up to the maximum amount shown per lifetime.</p>	<p>\$2,500 €1,850 £1,650</p>
<p>We will pay for palliative care if a <i>beneficiary</i> is given a terminal diagnosis and their life expectancy is less than six months, and there is no available <i>treatment</i> which will be effective in aiding recovery.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> • Home care; • <i>Inpatient</i> and <i>daypatient hospital</i> or hospice care and accommodation; • Prescribed medicines; and • Physical and psychological care. 	
<p>Internal prosthetic devices</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full</p>
<ul style="list-style-type: none"> • We will pay for internal <i>prosthetic devices</i> which are necessary as part of a <i>beneficiary's treatment</i>. • A <i>prosthetic device</i> means: <ul style="list-style-type: none"> • an artificial limb, prosthesis or device which is required for the purpose of or in connection with <i>surgery</i>; • an artificial device or prosthesis which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as required by <i>medical necessity</i>; or • a prosthesis or appliance which is <i>medically necessary</i> and is part of the recuperation process on a <i>short-term</i> basis. 	

<p>External prosthetic devices</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$2,500 €1,850 £1,650</p>
<ul style="list-style-type: none"> • We will pay for external <i>prosthetic devices</i> which are necessary as part of a <i>beneficiary's treatment</i> (subject to the limitations explained below). • We will pay for: <ul style="list-style-type: none"> • a <i>prosthetic device</i> or appliance which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as is required by <i>medical necessity</i>; or • a <i>prosthetic device</i> or appliance which is <i>medical necessary</i> and is part of the recuperation process on a <i>short-term</i> basis. • We will pay for an initial external prosthetic device for <i>beneficiaries</i> aged 18 or over per <i>period of cover</i>. We do not pay for any replacement prosthetic devices for <i>beneficiaries</i> who are aged 18 and over. • We will pay for an initial external prosthetic device and up to 2 replacements for <i>beneficiaries</i> aged 17 or younger per <i>period of cover</i>. • By an external <i>prosthetic device</i>, we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is <i>medically necessary</i> as part of <i>treatment</i> immediately following the <i>beneficiary's surgery</i> or as part of the recuperation process on a <i>short-term</i> basis. 	

<p>Local ambulance services</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full</p>
<ul style="list-style-type: none"> • Where it is <i>medically necessary</i>, we will pay for a local road ambulance to transport a <i>beneficiary</i>: <ul style="list-style-type: none"> • from the scene of an accident or <i>injury</i> to a <i>hospital</i>; • from one <i>hospital</i> to another; or • from their home to a <i>hospital</i>. • We will only pay for a local road ambulance where its use relates to <i>medically necessary treatment</i> which a <i>beneficiary</i> needs to receive in <i>hospital</i>. • This <i>policy</i> does not provide cover for mountain rescue services. • Cover for a medical evacuation or repatriation is not available. 	

<p>Emergency inpatient dental treatment</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$2,500 €1,850 £1,650</p>
<ul style="list-style-type: none"> • We will cover <i>dental treatment</i> in <i>hospital</i> after a serious accident, subject to the <i>conditions</i> set out below. • We will pay for emergency <i>dental treatment</i> which is required by a <i>beneficiary</i> while they are in <i>hospital</i> as an <i>inpatient</i>, if that emergency <i>inpatient dental treatment</i> is recommended by the treating <i>medical practitioner</i> because of a <i>dental emergency</i> (but is not the primary <i>treatment</i> which the <i>beneficiary</i> is in <i>hospital</i> to receive). • This benefit is paid instead of any other dental benefits the <i>beneficiary</i> may be entitled to in these circumstances. 	

<p>Global Telehealth with Teladoc Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Unlimited consultations</p>
<p>You have access to unlimited video and phone <i>doctor</i> 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:</p> <ul style="list-style-type: none"> • 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 <p>If required, in-app referrals can be made to available Teladoc Global Telehealth specialists. This includes but is not limited to:</p> <ul style="list-style-type: none"> • Dermatology, Psychiatry, Internal Medicine, Gastroenterology, Gynaecology, Paediatrics, Orthopaedics <p>GPs can schedule these Global Telehealth Specialist appointments within five days of the initial consultation.</p> <p>Important notes</p> <ul style="list-style-type: none"> • The initial <i>doctor</i> appointments can typically be scheduled for the same day, dependent on language availability. • Prescribing medication is permissible only when the <i>doctor</i> 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 <i>treatment</i>, you will be required to pay this if you are prescribed medication. 	

<p>Medical Evacuation</p>	<p>\$50,000 €37,000 £33,250</p>
<p>Transfer to the nearest centre of medical excellence if the <i>treatment</i> the <i>beneficiary</i> needs is not available locally in an emergency.</p> <p>If a <i>beneficiary</i> requires <i>emergency treatment</i>, we will pay for medical evacuation for them:</p> <ul style="list-style-type: none"> • to be taken to the nearest <i>hospital</i> where the necessary <i>treatment</i> 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 <i>treatment</i> is completed. <p>As regards to the return journey, we will pay:</p> <ul style="list-style-type: none"> • the price of an economy class air ticket; or • the reasonable cost of travel by land or sea; whichever is lesser. <p>We will only pay for taxi fares if:</p> <ul style="list-style-type: none"> • It is medically preferable for the <i>beneficiary</i> to travel to the airport by taxi, rather than by ambulance; and • Approval is obtained in advance from the <i>medical assistance service</i>. <p>We will pay for evacuation (but not repatriation) if the <i>beneficiary</i> needs diagnostic tests or cancer <i>treatment</i> (such as chemotherapy) if, in the opinion of our <i>medical assistance service</i>, evacuation is appropriate and <i>medically necessary</i> in the circumstances.</p> <p>We will not pay any other costs related to an evacuation (such as accommodation costs).</p> <p>Important notes:</p> <ul style="list-style-type: none"> • If you require to return to the <i>hospital</i> where you were evacuated for follow up <i>treatment</i>, 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. 	

<h2>Medical Repatriation</h2>	<p>\$100,000 €74,000 £66,500</p>
<p>If a <i>beneficiary</i> requires a medical repatriation as a result of a serious illness or after a traumatic event or <i>surgery</i>, we will pay:</p> <ul style="list-style-type: none"> • for them to be returned to their <i>country of habitual residence</i> or <i>country of nationality</i>; and • to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the <i>treatment</i> is completed. <p>The above journey must be approved in advance by our <i>medical assistance</i> service and to avoid doubt all transportation costs are required to be reasonable and customary.</p> <p>As regards to the return journey, we will pay:</p> <ul style="list-style-type: none"> • the price of an economy class air ticket; or • the reasonable cost of travel by land or sea; whichever is lesser. <p>We will only pay for taxi fares if:</p> <ul style="list-style-type: none"> • it is medically preferable for the <i>beneficiary</i> to travel to the airport by taxi, rather than by ambulance; and • approval is obtained in advance from the <i>medical assistance</i> service. <p>We will not pay any other costs related to a repatriation (such as accommodation costs).</p> <p>Important notes:</p> <ul style="list-style-type: none"> • If you require to return to the <i>hospital</i> where you were repatriated for follow up <i>treatment</i>, we will not pay for travel costs or living allowance costs. • If a <i>beneficiary</i> contacts the <i>medical assistance</i> service to ask for prior approval for repatriation, but the <i>medical assistance</i> service does not consider repatriation to be medically appropriate, we may instead arrange for the <i>beneficiary</i> to be evacuated to the nearest <i>hospital</i> where the necessary <i>treatment</i> is available. We will then repatriate the <i>beneficiary</i> to his or her specified <i>country of nationality</i> or <i>country of habitual residence</i> 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. 	

<h2>Repatriation of Mortal Remains</h2>	<p>\$25,000 €18,500 £16,500</p>
<p>If a <i>beneficiary</i> dies outside their <i>country of habitual residence</i> during the <i>period of cover</i>, the <i>medical assistance</i> service will arrange for their mortal remains to be returned to their <i>country of habitual residence</i> or <i>country of nationality</i> as soon as reasonably practicable, subject to airlines requirements and restrictions.</p> <p>We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the <i>beneficiary's</i> mortal remains.</p> <p>Important note:</p> <ul style="list-style-type: none"> • 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;
- 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 International Medical Evacuation option, 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 *Worldwide including USA cover*).
- 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 International Medical Insurance 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.

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

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.

YOUR OVERALL LIMIT

<p>Annual overall benefit maximum - per beneficiary per period of cover This includes claims paid across all sections of Outpatient and Wellness Care.</p>	<p>\$5,000 €3,700 £3,325</p>
<p>Consultations with <i>medical practitioners</i> and specialists Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$650 €500 £425</p>
<ul style="list-style-type: none"> • We will pay for consultations or meetings with a <i>medical practitioner</i> which are necessary to diagnose an illness, or to arrange or receive <i>treatment</i>. • We will pay for non-surgical <i>treatment</i> on an <i>outpatient</i> basis, which is recommended by a specialist as being <i>medically necessary</i>. 	

<p>Telehealth consultations</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>. This is a combined benefit limit with the consultations with <i>medical practitioners</i> and specialists benefit.</p>	<p>\$650 €500 £425</p>
<p>Where possible, telehealth consultations should be accessed through the Cigna Wellbeing™ app or via Customer Care with Teladoc. Where virtual consultations are not available through Teladoc, we will pay for video and phone consultations with a <i>medical practitioner</i> or specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of a <i>beneficiary</i> by a healthcare provider.</p> <p>Telehealth consultations with a healthcare provider are limited to:</p> <ul style="list-style-type: none"> • 1 initial session; and • 2 follow-up sessions <p>Any further sessions are subject to prior-approval and require a medical report to be provided by the treating <i>medical practitioner</i>. The medical report should include:</p> <ul style="list-style-type: none"> • evolution of medical condition • treatment goal • treatment plan and estimated number of sessions still required. <p>Important notes</p> <ul style="list-style-type: none"> • 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 <i>medical practitioners</i> and specialists benefit. 	

<p>Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$1,000 €740 £665</p>
<ul style="list-style-type: none"> • We will pay for the following tests where they are <i>medically necessary</i> and are recommended by a specialist as part of a <i>beneficiary's outpatient treatment</i>: <ul style="list-style-type: none"> • blood and urine tests; • X-rays; • ultrasound scans; • electrocardiograms (ECG); and • other <i>diagnostic tests</i> (excluding advanced medical imaging). <p>Important note</p> <ul style="list-style-type: none"> • We will pay for <i>medically necessary</i> testing for pandemic, epidemic or outbreak of infectious illnesses in line with the World Health Organisation (WHO) guidelines. 	

<p>Physiotherapy</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$1,000 €740 £665</p>
<ul style="list-style-type: none"> • We will pay for physiotherapy <i>treatment</i> on an <i>outpatient</i> basis that is <i>medically necessary</i> and restorative in nature to help you to carry out your normal activities of daily living. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the <i>treatment</i> is received. This excludes any sports medicine <i>treatment</i>. • We will require a medical report and <i>treatment plan</i> prior to approval. 	

<p>Osteopathy and chiropractic treatment Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$650 €500 £425</p>
<ul style="list-style-type: none"> • We will pay for osteopathy and chiropractic <i>treatment</i> which is <i>evidence-based treatment, medically necessary</i> and recommended by a treating specialist, if a <i>medical practitioner</i> recommends the <i>treatment</i> and provides a referral. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the <i>treatment</i> is received. This excludes any sports medicine <i>treatment</i>. • We will require a medical report and <i>treatment</i> plan prior to approval. 	
<p>Acupuncture and Chinese medicine Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$650 €500 £425</p>
<ul style="list-style-type: none"> • We will pay for consultations with acupuncturists and practitioners of Chinese medicine, if those <i>treatments</i> are recommended by a <i>medical practitioner</i>. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the <i>treatment</i> is received. • We will require a medical report and <i>treatment</i> plan prior to approval. 	
<p>Prescribed drugs and dressings Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$500 €370 £330</p>
<ul style="list-style-type: none"> • We will pay for prescription drugs and dressings which are prescribed by a <i>medical practitioner</i> on an <i>outpatient</i> basis. <p>Important note</p> <ul style="list-style-type: none"> • Medication prescribed by a <i>medical practitioner</i> in the <i>USA</i> and/or delivered by a pharmacy in the <i>USA</i> are subject to our <i>formulary drugs</i> list. 	
<p>Rental of durable medical equipment Up to 45 days and the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$1,500 €1,100 £1,000</p>
<ul style="list-style-type: none"> • We will pay for the rental of durable medical equipment for up to 45 days per <i>period of cover</i>, if the use of that equipment is recommended by a specialist in order to support the <i>beneficiary's treatment</i>. • We will only pay for the rental of durable medical equipment which: <ul style="list-style-type: none"> • 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 <i>injury</i>. 	
<p>Adult vaccinations Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$250 €185 £165</p>
<ul style="list-style-type: none"> • We will pay for certain vaccinations and immunisations that are clinically appropriate. 	

<p>Dental accidents</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$500 €370 £330</p>
<ul style="list-style-type: none"> • If a <i>beneficiary</i> needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for <i>outpatient</i> dental treatment for any sound natural tooth/teeth damaged or affected by the accident, provided the <i>treatment</i> commences immediately after the accident and is completed within 30 days of the date of the accident. • In order to approve this <i>treatment</i>, we will require confirmation from the <i>beneficiary's</i> treating <i>dentist</i> of: <ul style="list-style-type: none"> • the date of the accident; and • the fact that the tooth/teeth which are the subject of the proposed <i>treatment</i> are sound natural tooth/teeth. • We will pay for this <i>treatment</i> instead of any other <i>dental treatment</i> the <i>beneficiary</i> may be entitled to under this <i>policy</i>, when they need <i>treatment</i> 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 <i>policy</i>. 	

<p>Child wellbeing tests</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$1,000 €740 £665</p>
<ul style="list-style-type: none"> • Payable for children at <i>appropriate age intervals</i> up to the age of 6. • We will pay for child routine wellbeing tests at any of the <i>appropriate age intervals</i> and carried out by a <i>medical practitioner</i> to provide preventative care consisting of: <ul style="list-style-type: none"> • evaluating medical history; • physical examinations; • development assessment; • anticipatory guidance; and • appropriate immunisations and laboratory tests; for children aged 6 or younger. <p>We will pay for 1 visit to a <i>medical practitioner</i> at each of the <i>appropriate age intervals</i> (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.</p> • In addition, we will pay for: <ul style="list-style-type: none"> • 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. 	

<p>Child immunisations</p> <p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>\$1,000 €740 £665</p>
<ul style="list-style-type: none"> • We will pay for certain vaccinations and immunisations that are clinically appropriate for children aged 17 or younger. 	

<p>Annual eye and hearing test for children aged 15 and younger</p> <p>Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.</p>	<p>Paid in full</p>
<ul style="list-style-type: none"> • We will pay for the following routine tests for children aged 15 or younger: <ul style="list-style-type: none"> • 1 eye test; and • 1 hearing test. 	

YOUR WELLNESS CARE BENEFITS

Life Management Assistance Programme	Included
<p>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.</p> <p>You will have access to the following services and tools:</p> <p>Short-term counselling:</p> <ul style="list-style-type: none"> Up to 6 counselling sessions via telephone, video, or face-to-face, per issue per <i>period of cover</i>. Common use cases include: managing anxiety and depression, couples' and family relationship support, bereavement, and more. <p>Behavioural health:</p> <ul style="list-style-type: none"> Up to 6 sessions with a mindfulness coach via telephone per <i>period of cover</i>. 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. <p>Career and workplace support:</p> <ul style="list-style-type: none"> 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. <p>Practical needs:</p> <ul style="list-style-type: none"> Unlimited in the moment telephonic support for live assistance. Pre-qualified referrals and information to assist with <i>your</i> day to day demands, such as relocation logistics, child or eldercare, legal or financial services. <p>Please contact the Customer Care team if you wish to use this service. This service is provided by our chosen counselling provider.</p>	

Wellness Coaching	Included
<p>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.</p> <ul style="list-style-type: none"> You will have access to 6 confidential coaching sessions per focus area per <i>period of cover</i> 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. <p>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.</p> <p>Please contact the Customer Care team if you wish to use this service. This service is provided by our chosen coaching provider.</p>	

Routine adult physical examination	\$100 €75 £65
<p>Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 routine adult physical examination (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc.) for persons aged 18 or older. 	

<p>Cervical cancer screening</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 papanicolaou test (pap smear) for female <i>beneficiaries</i>. 	<p>Per screening limit</p> <p>\$225</p> <p>€165</p> <p>£150</p> <p>Combined aggregate limit of \$400</p> <p>€300</p> <p>£260</p>
<p>Prostate cancer screening</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 prostate examination (prostate specific antigen (PSA) test) for male <i>beneficiaries</i> aged 50 or over. 	
<p>Breast cancer screening</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for: <ul style="list-style-type: none"> Aged 35-39: 1 baseline mammogram for asymptomatic women. Aged 40-49: 1 mammogram for asymptomatic women every 2 years. Aged 50 or older: 1 mammogram each year. 	
<p>Bowel cancer screening</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 bowel cancer screening for <i>beneficiaries</i> aged 50 or older. 	
<p>Skin cancer screening</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 skin cancer examination for men and women aged 18 or older. 	
<p>Lung cancer screening</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 lung cancer examination for men and women aged 45 or older who are current or past smokers. 	
<p>Bone densitometry</p> <p>Up to the per screening limit and the combined aggregate limit shown per <i>beneficiary per period of cover</i>.</p> <ul style="list-style-type: none"> We will pay for 1 scan to determine the density of the <i>beneficiaries</i> bones when <i>medically necessary</i>. 	

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

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 €550 £500
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Preventative dental treatment After the <i>beneficiary</i> has been covered on this option for 3 months. Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i> .	Paid in full
<ul style="list-style-type: none"> We will pay for the following preventative dental treatment recommended by a <i>dentist</i> after a <i>beneficiary</i> has had Dental Care and Treatment cover for at least 3 months: <ul style="list-style-type: none"> 2 dental check-ups per <i>period of cover</i>; X-rays, including bitewing, single view, and orthopantomogram (OPG); scaling and polishing including topical fluoride <i>application</i> when necessary (2 per <i>period of cover</i>); 1 mouth guard per <i>period of cover</i>; 1 night guard per <i>period of cover</i>; and fissure sealant. 	

Routine dental treatment After the <i>beneficiary</i> has been covered on this option for 3 months. Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i> .	80% refund per period of cover
<ul style="list-style-type: none"> We will pay <i>treatment</i> costs for the following routine dental treatment after the <i>beneficiary</i> has had Dental Care and Treatment cover for at least 3 months (if that <i>treatment</i> is necessary for continued oral health and is recommended by a <i>dentist</i>): <ul style="list-style-type: none"> root canal <i>treatment</i>; extractions; surgical procedures; occasional <i>treatment</i>; anaesthetics; and periodontal <i>treatment</i>. 	

Major restorative dental treatment After the <i>beneficiary</i> has been covered on this option for 12 months. Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i> .	70% refund per period of cover
<ul style="list-style-type: none"> We will pay <i>treatment</i> costs for the following major restorative dental treatments after the <i>beneficiary</i> has had Dental Care and Treatment cover for at least 12 months: <ul style="list-style-type: none"> dentures (acrylic/synthetic, metal and metal/acrylic); crowns; inlays; and placement of dental implants. If a <i>beneficiary</i> needs major restorative dental treatment before they have had the Dental Care and Treatment option for 12 months, we will pay 50% of the <i>treatment</i> 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.



**Helping to improve your
health, wellbeing and
peace of mind.**

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

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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 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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