Cigna®

Global Health Options *Advance*

Policy Rules

If **you** do not fully understand the terms and conditions of this **policy**, then **you** should contact **us** within fourteen (14) days of the **start date** shown on **your Certificate of insurance**, and ask for clarification. Otherwise, **we** will assume that **you** understand and accept them.

If the **policy** does not meet **your** needs, or has not been issued in accordance with **your** intention, **you** may ask **us** to cancel it within fourteen (14) days of the **start date** shown on **your Certificate of insurance**. If no claims have been made, and no **guarantees of payment** or prior approvals have been put in place, **we** will refund any premium which has been paid. Words and phrases in **bold** have the meanings given to them in Section 3, 'Definitions'.

This **policy** does not replace any state health insurance scheme. **You** should not stop contributing to any state health insurance scheme unless **you** have received advice about the risks of doing so.

Section 1 - General Terms and Conditions

1. Insuring agreement

Subject to the terms, conditions, limits and exclusions set out in this **policy**, **Cigna** shall reimburse medical and related expenses relating to **treatment** provided within the **selected area of coverage** for **injury**, **sickness**, and medical conditions relating to pregnancy and childbirth. The **treatment** must occur during the **period of cover** and **deductibles, coinsurances**, and limits of cover may apply.

2. Policy documents

2.1 These **Policy Rules**, **your application**, **your Certificate of insurance** and the **Customer Guide** constitute the entire contract between **us** and **you**. **You** should read them carefully.

2.2 **You** must let **us** know if **your** health changes between the date of **your application** and the first **start date** of **your policy**. **We** will then review **your application** and may need to apply (additional) special exclusions or review coverage acceptance.

3. When does the cover begin?

3.1 The cover will begin on the **start date** shown on the first **Certificate of insurance** which **we** send to **you**. The renewal date will fall on this date each year.

3.2 If **you** choose to buy cover for any additional **beneficiaries**, their cover will begin on the **start date** shown on the first **Certificate of insurance** on which they are listed, which **we** send to **you**.

3.3 If **your** acceptance of the **policy** occurs after **your** selected **start date**, it is important that **you** notify **us** immediately of any change between the date of **application** and acceptance, in **your** answers to the medical questions on **your application**. **We** will then review **your application** and may need to apply (additional) special exclusions or review coverage acceptance.

4. When does the cover end?

4.1 This **policy** is an annual contract. This means that, unless it is terminated earlier or renewed, the cover will end one year after the **start date** shown on **your Certificate of insurance**. For example, if the **start date** is 1 January, the final day of cover will be 31 December.

4.2 Cover will automatically end for any **beneficiary** if:

4.2.1 the **beneficiary** dies (although any **benefits** which may be payable after death, such as repatriation of mortal remains, will still be paid); or

4.2.2 the **policy** is terminated. The circumstances in which **you** or **we** can terminate the **policy** are explained in Section 13.

4.3 If **you** die, cover will end for all **beneficiaries**. If this happens, **we** will try to contact any other **beneficiaries** who are covered under this **policy**, and offer them the opportunity to continue the cover until the **end date**, with one of them taking over as **policyholder**. If the **beneficiary** does wish to continue the cover, they must respond, in writing, within 30 days, to confirm their acceptance. If they do not do so, all cover will end, and **we** will not make any payments in relation to **treatment** or services which are received on or after the date on which the cover ends.

4.4 If this **policy** ends before the normal **end date**, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims have been made and no **guarantees of payment** or prior approvals have been put in place during the **period of cover**.

5. How is the policy renewed?

5.1 **We** will write to **you** at least one month before the **end date** and ask **you** whether **you** want to renew the cover you currently have. **We** will also inform **you** of any changes to the premiums or terms and conditions which would apply on renewal.

5.2 If **you** choose to renew, **you** do not need to do anything, and **your** cover will be renewed automatically for another 12 months. Renewal is subject to the definitions, **benefits** and terms of the **Policy Rules** in force at the time of renewal. If **we** are unable to renew **your** cover for the reasons detailed in paragraph 13.1, **we** will give **you** notice as described in paragraph 13.5. If **you** do not want to renew **your** cover, **you** must let **us** know at least seven days before **your policy end date**.

5.3 If **you** do not renew **your** cover, any **beneficiaries** who have been covered under the **policy** can apply for their own cover. **We** will consider their **applications** individually, and inform them whether, and on what terms, **we** are willing to offer them such cover.

6. Who is covered?

6.1 This **policy** will only provide cover for **you** if **you** are a UK national and **your country of habitual residence** is the UK.

6.2 This **policy** will only provide cover to other people iftheir **country of habitual residence** is the UK.

6.3 **You** may arrange cover for other people at **our** discretion. In order to do so, **you** must include them in **your application**. If **we** agree to cover them, **we** will include their names on **your Certificate of insurance**. Additional premium may be payable, and special exclusions may be applied in relation to them.

6.4 It is possible for **you** to take out cover for other people, whilst not taking out cover for yourself. In this situation, **you** will be the **policyholder**, and will be responsible for payment of premiums and all other obligations under the **policy**, but will not be covered. All **applications** will be subject to medical underwriting and **we** will let the **policyholder** know the terms that will apply to any **beneficiary** named on the **Certificate of insurance**.

7. Can I add or remove beneficiaries part way through the period of cover?

7.1 Unless there has been a relevant **qualifying life event**, **you** may add or remove a **beneficiary** only when **you** are renewing the cover at the end of an annual **period of cover**. For example, if the **start date** shown on **your Certificate of insurance** is 1 January, **you** may only add or remove a new **beneficiary** with effect from 1 January the following year.

7.2 If there has been a relevant **qualifying life event**, **you** may add or remove the other person involved in that **qualifying life event** as a **beneficiary** part way through the **period of cover**. If **you** would like to add a new **beneficiary** on this basis, **you** must send **us** a completed **application** for that person.

We will then tell **you** whether **we** will offer cover to that person and, if so, any special conditions or exclusions and any additional premium which would apply. Cover for the new **beneficiary** will begin from the date on which **you** confirm **your** acceptance. **We** will send **you** an updated **Certificate of insurance** to confirm that the new **beneficiary** has been added.

7.3 If **you** or **your spouse** gives birth, **you** may apply to add the newborn as a **beneficiary** to **your** existing plan:

7.3.1 If at least one parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and the **application** is received by **us** within 30 days of the newborn's date of birth, the newborn will not be subject to medical underwriting, **we** will not require information regarding the newborn's health or a medical examination, and cover will begin when **we** confirm receipt of the **application**. **We** will send **you** an updated **Certificate of insurance** confirming that the new **beneficiary** has been added.

7.3.2 If at least one parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and the **application** is received by **us** more than 30 days after the newborn's date of birth, the newborn will be subject to medical underwriting. **We** will then tell **you** whether **we** will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. If **you** accept the offered terms, cover will begin when **we** confirm receipt of the **application**. **We** will send **you** an updated **Certificate of insurance** confirming that the new **beneficiary** has been added.

7.3.3 If neither parent has been covered by the **policy** for a period of 10 consecutive months or more prior to the newborn's birth, the newborn will be subject to medical underwriting. **We** will then tell **you** whether **we** will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. If **you** accept the offered terms, cover will begin when **we** confirm receipt of the **application**. **We** will send **you** an updated **Certificate of insurance** confirming that the new **beneficiary** has been added.

8. What is covered?

8.1 This **policy** covers certain costs of services or supplies which are recommended by a **medical practitioner**, and which are **medically necessary** for the care and **treatment** of an **injury** or **sickness**, as determined by **our medical team**.

8.2 The costs which are covered are set out in the **Customer Guide**. These costs are subject to the limits and exclusions which are set out in these **Policy Rules**, the **Customer Guide**, and **your Certificate of insurance**.

8.3 Special exclusions, imposed on an individual basis, may apply. Details of these special exclusions will be shown on **your Certificate of insurance**.

8.4 Any claim subject to the applicable **deductible**, **coinsurance**, and limits of cover set out in these **Policy Rules**, the **Customer Guide**, and **your Certificate of insurance**.

8.5 This **policy** will not cover any costs relating to **treatment** received before the cover starts, or after the cover ends (even if that **treatment** was approved by **us** before the cover ends).

9. Coverage options

9.1 The International Medical Insurance plan is provided to every **beneficiary**. The **benefits** which are available (subject to the applicable terms, conditions, limits and exclusions) are set out in 'Your Benefits In Detail' in the **Customer Guide**.

9.2 **You** may (for additional premium) add to the cover provided under the International Medical Insurance plan by choosing one or more from the following extra coverage options for any **beneficiary** or **beneficiaries**:

9.2.1 International Medical Insurance Plus;

9.2.2 International Emergency Evacuation;

9.2.3 International Health and Wellbeing; and

9.2.4 International Vision and Dental.

9.3 Details of the extra coverage options are set out in 'Your Benefits In Detail' in the **Customer Guide**.

9.4 Coverage options cannot be changed at **your** request during the **period of cover**. If **you** want to add or remove coverage options, **you** should let **us** know before the **annual renewal date**.

9.5 If **you** want to add new coverage options, **we** may ask for a completed medical history questionnaire, and **we** may apply new special restrictions or exclusions on the new coverage options.

9.6 **You** may choose between two options, which determine where in the world **beneficiaries** will be covered.

9.6.1 If no **beneficiaries** will be living in or travelling to the **USA** during the **period of cover**, **you** may wish to choose the "**Worldwide, excluding USA**" option.

9.6.2 If the **beneficiary** will be living in or travelling to the **USA** during the **period of cover**, **you** may wish to choose the "**Worldwide, including USA**" option.

10. Premium and other charges

10.1 **Your Certificate of insurance** sets out the premium and any other charges (such as taxes) which are payable, and states when and how they must be paid.

10.2 Payments must be made in the currency and in the manner detailed on **your Certificate of insurance**.

10.3 **You** are responsible for paying the premium and any other charges as detailed on **your Certificate of insurance**, and are also responsible for making sure they are made on time.

10.4 If **you** do not pay premium and other charges when they are due, cover for all **beneficiaries** will be suspended. Any **treatment** received while the cover is suspended will not be covered. **We** will not consider any claim while any payment to **us** is outstanding, unless and until the outstanding amount is paid.

10.5 **We** will write to **you** before the **annual renewal date** to tell **you** about any proposed changes in premium and/or other charges which will apply during the next **period of cover**. The premium and/or other charges may vary from year to year.

11. Deductible

11.1 **We** will reduce the amount which **we** will pay towards the cost of **treatment** in respect of each claim which is made under the International Medical Insurance or International Medical Insurance Plus option (if applicable) by the amount of any **deductible** until the **deductible** for the **period of cover** is reached.

11.2 The **deductible** applies separately to each **beneficiary**, each coverage option, and each **period of cover**.

11.3 **You** can choose to have a **deductible** on the International Medical Insurance or International Medical Insurance Plus option. If **you** do so, **your** premium will be lower than it otherwise would be. If **you** would like to apply a **deductible**, **you** should tell **us** so in **your application**.

11.4 No **deductible** applies to 'Inpatient Cash Benefits' or 'Newborn Care Benefits'.

11.5 **You** will be responsible for paying the amount of any **deductible** directly to the **hospital**, **clinic** or **medical practitioner**. **We** will let **you** know what this amount is.

11.6 **You** can request a change to the **deductibles** with effect from **your annual renewal date** each year. If **you** wish to remove or reduce **your deductible**, **we** may require a medical history questionnaire, and **we** may apply new special restrictions or exclusions.

12. Coinsurance

12.1 If a **coinsurance** is selected on the International Medical Insurance plan, **we** will reduce the amount **we** pay towards the cost of **treatment** by the **coinsurance** percentage. The **coinsurance** percentage results in part of the costs of **treatment** not being covered by **us**; these costs will be capped by the **out of pocket maximum you** have chosen for any one **period of cover**.

12.2 If a **coinsurance** is selected on the International Medical Insurance Plus option, **we** will reduce the amount **we** pay towards the cost of **treatment** by the **coinsurance** percentage. The **coinsurance** percentage results in parts of costs of **treatment** not being covered by **us**; for the International Medical Insurance Plus option there is no capping **out of pocket maximum** available under the terms of this **policy**.

12.3 Only amounts **you** pay related to the **coinsurance** on the International Medical Insurance plan are subject to the capping effect of the **out of pocket maximum**.

Any amounts **you** pay due to a **deductible**, due to exceeding limits of cover, for **treatment** not covered by the International Medical Insurance plan, or due to penalties for not obtaining proper pre-authorisation or using out of network providers in the **USA**, are not subject to the **out of pocket maximum**.

12.4 The **out of pocket maximum** and the **coinsurance** apply separately to each **beneficiary** and each **period of cover**.

12.5 **You** can choose to have a **coinsurance** on the International Medical Insurance plan or International Medical Insurance Plus option. If **you** do so, **your** premium will be lower than it otherwise would be. If **you** would like to apply a **coinsurance**, **you** should tell **us** so in **your application**. Additionally, if **you** choose to have a **coinsurance** on the International Medical Insurance plan, **you** also select a corresponding **out of pocket maximum**.

12.6 If **you** select both a **deductible** and a **coinsurance**, the amount **you** will need to pay due to the **deductible** is calculated before the amount **you** will need to pay due to the **coinsurance**. Refer to section 11 for more information relating to **deductibles**.

12.7 **You** will be responsible for paying the amount of any **coinsurance** directly to the **hospital**, **clinic** or **medical practitioner. We** will let **you** know what this amount is.

12.8 **You** can request a change to the **coinsurances** and **out of pocket maximum** with effect from **your annual renewal date** each year. If **you** wish to remove or reduce **your coinsurance** or reduce **your out of pocket maximum, we** may require a medical history questionnaire and **we** may apply new special restrictions or exclusions.

13. Termination of cover

13.1 Subject to any conflicting legal or regulatory requirements **we** may terminate this **policy** if:

13.1.1 any premium or other charge (including any relevant tax) is not paid in full within 30 days of the date on which it is due. **We** will give **you** written notice if **we** are going to terminate the **policy** for this reason. This **policy** will not cover any costs relating to **treatment** received before the cover starts, or after the cover ends (even if that **treatment** was approved by **us** before the cover ends); or

13.1.2 it becomes unlawful for **us** to provide any of the cover available under this **policy**; or

13.1.3 any **beneficiary** is identified on any sanctions listings of any government or the European Union; or

13.1.4 **we** determine **you** have failed to take reasonable care to answer all questions honestly and to the best of **your** knowledge. This could affect payment of claims under **your policy** and may result in **us** terminating **your cover;** or

13.1.5 **we** are no longer in the market to sell the **policy** or a suitable alternative in your geographical area.

13.2 If **you** want to terminate this **policy** and end cover for all **beneficiaries**, **you** may do so at any time by giving **us** at least seven days' notice in writing.

13.3 If this **policy** ends before the normal **end date**, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims have been made and no **guarantees of payment** or prior approvals have been put in place during the **period of cover**.

13.4 If **treatment** has been authorised, **Cigna** will not be held responsible for any **treatment** costs if the **policy** ends or a **beneficiary** leaves the **policy** before **treatment** has taken place.

13.5 **We** will wherever possible, write to **you** at least one month before the **end date** to give **you** written notice that the **policy** will not be renewed with effect from the **end date**.

14. Reasonable care

Failure to take reasonable care to answer all questions honestly and to the best of **your** knowledge could affect payment of claims under **your policy** and may result in **Cigna** terminating **your** cover.

15. Changes of country of habitual residence, address and nationality

15.1 If any **beneficiary** changes their **country of habitual residence** to a country other than the UK, then **you** may:

15.1.1 leave the **policy** in force. Cover will remain unaffected for any **beneficiary** who still resides in the UK; or

15.1.2 terminate the **policy** by giving written notice, with the effect that cover will end for all **beneficiaries**. Any premium which has been paid in relation to the period after termination will be refunded on a pro rata basis, so long as no claims have been made and no **guarantees of payment** or prior approvals have been put in place during the **period of cover**.

If a **beneficiary** does move away from the UK, **we** may offer **you** the option to take out cover for them under a different **Cigna policy**, which is designed to provide cover to expatriates and people living outside the UK.

*__You__ will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in **your** Welcome Pack for full details.

16. Contacting you

If **we** need to contact **you** in relation to this **policy**, or if **we** need to give **you** notice that **we** are going to amend or terminate this **policy**, **we** will write to **you** at the address which **you** gave **us** in **your application**.

17. Contacting us

17.1 In some circumstances, which are explained in these rules, **you** may need to contact **us** in writing. If so, **you** should write to **us** at:

Head of Customer Service
Cigna Global Health Options *Advance*
1 Knowe Road
Greenock
Scotland
PA15 4RJ
or email **us** at:
cignaglobal_customer.care@cigna.com

17.2 In any other circumstances, **you** may contact **us** at cignaglobal_customer.care@cigna.com or call **our** Customer Care Team 24/7 helpline on +44 (0) 1475 788182 or toll free by dialling the AT&T access code in country* followed by 1 800 835 7677.

18. Changes to this policy

18.1 No person other than an executive officer of **Cigna** has authority to change this **policy** or to waive any of its provisions on **our** behalf, for example, sales representatives, brokers and other intermediaries cannot vary or extend the terms of the **policy**.

18.2 **We** reserve the right to change this **policy** to comply with any changes to relevant laws and regulations. If this happens, **we** will write and tell **you** of the change.

18.3 **We** also reserve the right to make changes to the terms of cover on renewal. **We** will give **you** at least 28 days' notice of such changes and the changes will take effect from the **annual renewal date**.

18.4 If special exclusion(s) have been applied to any **beneficiary** there may be occasions when **we** can review them at a future **annual renewal date**, to consider whether **we** are willing to remove the exclusion. If this is the case, **we** will show the exclusions review date on the **Certificate of insurance**.

You should contact **us** upon receipt of the renewal notification, and at least 14 days before the **annual renewal date** if there is an exclusion which is due for review at that date.

We will then advise **you** of changes (if any) **we** have made to the special exclusion(s) and, where appropriate, issue an amended **Certificate of insurance**. Amendments to special exclusion(s) will be effective from the relevant **annual renewal date**.

We do not guarantee that any special exclusion(s) will be removed on review.

Failure to take reasonable care to answer all questions honestly and to the best of **your** knowledge could affect payment of claims under **your policy** and may result in **Cigna** terminating **your** cover.

19. Who can enforce this policy?

Only **we** and **you** have legal rights in connection with this **insurance**. This means that only **we** or **you** may enforce the agreement (although **we** will allow anyone who is covered under this **policy** to use **our** complaints process).

20. Our right of subrogation

If a **beneficiary** requires **treatment** as a result of an accident or deliberate act, **we** (or any person or company **we** nominate) will have full 'rights of **subrogation**'. This means that **we** can take on the **beneficiary's** right to recover the cost of **treatment** that **we** have paid from the person who was at fault (or their insurance company). If **we** ask a **beneficiary** to do so, he or she must take all steps to include the amount of **benefit** claimed from **us** under this **policy** in any claim against the person at fault (or their insurance company).

The **beneficiary** will need to sign and deliver all documents or papers, and anything else that is required to secure these rights or assign any rights to **us**. The **beneficiary** must not take any action which could damage or affect these rights.

We can take over and defend or settle any claim, or prosecute any claim, in a **beneficiary's** name for **our** own benefit. **We** will decide how to carry out any proceedings and settlement.

21. Other insurance

If another insurer also provides cover, **we** will negotiate with them as regards who pays what proportion of any claim.

22. Data protection

22.1 **Cigna** needs to collect and process personal and sensitive data relating to **you** which includes all identifiable information that relates to **you,** for example: name, address, date of birth, telephone numbers, and details of health information relating to **you** for the purposes of administering this **policy** and providing the **insurance**. **You** consent to **Cigna** collecting and processing all personal and sensitive data relating to **you** to the extent reasonably necessary for these purposes.

22.2 Telephone calls to and from **Cigna** may be recorded, for quality control. Under the EU Data Protection Directive (Directive 95/46/EC) and the Data Protection Act 1998, **we** act as the data controller for the personal and sensitive information **we** hold.

This data will be processed by **us** to carry out **our** obligations, and **we** may need to share it with authorised third parties, which may mean in certain instances **we** need to transfer data outside the European Economic Area (EEA).

Such processing is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act. If **you** would like a copy of the information **we** hold about **you**, please write to **us** quoting **your** membership number. Please note that **we** may charge a reasonable fee to provide this information.

22.3 To help **us** detect and prevent fraud, **we** may need to share information with other insurers or organisations. If **we** need to share information for this reason, **we** will only share information relating to fraud or attempted fraud, and will not share information about any **beneficiary's** medical history.

23. Regulatory information

23.1 **Cigna** is regulated in Belgium by National Bank of Belgium (La Banque Nationale de Belgique/De Nationale Bank van België) for prudential supervision and the Financial Services and Markets Authority (L'Autorité des services et marchés financiers/De Autoriteit voor Financiële Diensten en Markten) for the integrity of the financial markets and fair treatment of financial consumers and is subject to the limited regulation by the Financial Services Authority (FSA) for the conduct of insurance business in the UK**.**

23.2 **Our** FSA register number is 202845. This can be confirmed by consulting the FSA's register at www. fsa.gov.uk/register or by contacting the FSA at:

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London
E14 5HS

23.3 **Cigna** participates in the Financial Services Compensation Scheme (FSCS) and **you** may be entitled to compensation from the scheme, for some or all of **your** loss, if **we** cannot meet **our** obligations.

Further information about the compensation scheme arrangements is available from:

The Financial Services Compensation Scheme Limited
7th Floor
Lloyds Chambers
Portsoken Street
London
E1 8BN

24. Complaints

24.1 Any complaint should in the first instance be sent to **us** at:

Head of Customer Service
Cigna Global Health Options *Advance*
1 Knowe Road
Greenock
Scotland
PA15 4RJ

24.2 If the complaint is not resolved, the complaint may be referred to the Financial Ombudsman Service at:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

24.3 The Financial Ombudsman Service can adjudicate most (but not all) complaints. Its decision is binding on **us** but the person making the complaint may reject it without affecting their legal rights (including their right to bring court proceedings).

25. Applicable law and jurisdiction

25.1 This **policy** is governed by, and will be interpreted in accordance with English law.

25.2 Any disputes about this **policy**, including disputes about its validity, formation and termination, will be determined in the courts of England and Wales.

Section 2 - General Exclusions

1. Cover under this policy is subject to the following general exclusions:

1.1 **We** will not offer cover or pay claims when it is illegal for **us** to do so under applicable laws. Examples include but are not limited to, exchange controls, local licensing regulations, sanctions or trade embargo.

1.2 **We** cannot be held responsible for any loss, damage, illness and/or **injury** that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered.

1.3 If a **beneficiary** does not have cover under the International Medical Insurance Plus, International Emergency Evacuation, International Health and Wellbeing, or International Vision and Dental options, **we** will not pay for any of the **treatments** or other **benefits** which are available under those options.

1.4 The following exclusions apply to the International Medical Insurance plan and to all of the extra coverage options.

Where, in the exclusions which are set out below, **we** have stated that **we** will pay for **treatment** in some circumstances, this is subject to the **beneficiary** having cover under the appropriate coverage option or options.

1.5 **We** will not pay for:

1.5.1 Life support **treatment** (such as mechanical ventilation) unless such **treatment** has a reasonable prospect of resulting in the **beneficiary's** recovery, or restoring the **beneficiary** to his or her previous state of health.

1.5.2 **Treatment** for:

(a) a **pre-existing condition**; or

(b) any condition or symptoms which result from, or are related to, a **pre-existing condition** which **we** asked about before the start of cover, but which was not disclosed to **us**.

Pre-existing conditions will only be covered under this **policy** if details were given honestly and to the best of **your** knowledge during the **application** process and **our** medical underwriters agreed to provide that cover.

1.5.3 **Treatment** for a condition which is the subject of a special exclusion. Special exclusions are set out in **your Certificate of insurance**.

1.5.4 Non medical admissions or stays in **hospital** which includes:

- **treatment** that could take place on a **daypatient** or **outpatient** basis;
- convalescence;
- social or domestic reasons e.g. washing, dressing and bathing

1.5.5 Costs of **hospital** accommodation for a deluxe, executive or VIP suite.

1.5.6 Donor organs:

(a) mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant;

(b) purchase of a donor organ from any source; or

(c) harvesting and storage of stem cells, when a preventative measure against possible future disease.

1.5.7 Foetal **surgery**, i.e. **treatment** or **surgery** undertaken in the womb before birth, unless this is resulting from complications arising through maternity and shall be subject to the limits detailed in the 'Complicated Maternity' section of **your policy**.

1.5.8 Footcare by a Chiropodist or Podiatrist.

1.5.9 Sleep disorders unless there are indications that the **beneficiary** is suffering from severe sleep apnoea:

in these circumstances, **we** will only pay for:

- one sleep study;
- **surgery**, if medically appropriate; and
- the hire of equipment such as a Continuous Positive Airway Pressure (CPAP) machine because all other methods have failed to resolve the issue (only if the **beneficiary** has cover under the International Medical Insurance Plus option).

1.5.10 **Treatment** which is provided by:

(a) a **medical practitioner** who is not recognised by the relevant authorities in the country where the **treatment** is received as having specialist knowledge of, or expertise in, the **treatment** of the disease, illness or **injury** being treated;

(b) a **medical practitioner**, **therapist**, **hospital**, **clinic**, or facility to whom **we** have given written notice that **we** no longer recognise them as a **treatment** provider. Details of individuals, institutions and organisations to whom **we** have given such notice may be obtained by calling **our** general enquiries number; or

(c) a **medical practitioner**, **therapist**, **hospital**, **clinic**, or facility which, in **our** reasonable opinion, is either not properly qualified or authorised to provide **treatment**, or is not competent to provide **treatment**.

1.5.11 **Treatment** which is provided by anyone who lives at the same address as the **beneficiary**, or who is a member of the **beneficiary's** family.

1.5.12 **Treatment** for, or in connection with, smoking cessation.

1.5.13 **Treatment** which is necessary as a result of conflict or disaster including but not limited to:

(a) nuclear or chemical contamination;

(b) war, invasion, acts of terrorism, rebellion (whether or not war is declared), civil war, commotion, military coup or other usurpation of power, martial law, riot, or the act of any unlawfully constituted authority;

(c) outbreaks of disease which are declared to be epidemics and put under the control of the local public health authorities; and

(d) any other conflict or disaster events if the **beneficiary** has:

(i) knowingly put themselves in danger by entering an area of conflict (as identified by an EU government, such as the British Foreign and Commonwealth Office);

(ii) actively participated in the conflict; or

(iii) displayed a blatant disregard for their own safety.

1.5.14 **Treatment** that arises from, or is in any way connected with attempted suicide, or any **injury** or illness that the **beneficiary** inflicts upon him or herself.

1.5.15 **Treatment** for or in connection with speech therapy that is not restorative in nature, or if such therapy is:

(a) used to improve speech skills that have not fully developed;

(b) can be considered custodial or educational; or

(c) is intended to maintain speech communication.

1.5.16 Developmental problems including:

(a) learning difficulties such as dyslexia;

(b) behavioural problems such as autism or attention deficit disorder (ADHD);

(c) physical development problems such as short height.

1.5.17 Disorders of the temporomandibular joint (TMJ).

1.5.18 **Treatment** for obesity, or which is necessary because of obesity. This includes, but is not limited to, slimming classes, aids and drugs. **We** will only pay for gastric banding or gastric bypass **surgery** if a **beneficiary**:

- has a body mass index (BMI) of 40 or over and has been diagnosed as being morbidly obese;
- can provide documented evidence of other methods of weight loss which have been tried over the past 24 months;
- has been through a psychological assessment which has confirmed that it is appropriate for them to undergo the procedure.

1.5.19 **Treatment** in nature cure **clinics**, health spas, nursing homes, or other facilities which are not **hospitals** or recognised medical **treatment** providers.

1.5.20 Charges for residential stays in **hospital** which are arranged wholly or partly for domestic reasons or where **treatment** is not required or where the **hospital** has effectively become the place of domicile or permanent abode.

1.5.21 **Treatment** for a related condition resulting from addictive conditions and disorders.

1.5.22 **Treatment** for a related condition resulting from any kind of substance or alcohol use or misuse.

1.5.23 **Treatment** needed because of or relating to male or female birth control, including but not limited to:

(a) surgical contraception namely:

- vasectomy, sterilisation or implants;

(b) non surgical contraception, namely:

- pills or condoms;

(c) family planning namely:

- meeting a **doctor** to discuss becoming pregnant or contraception.

1.5.24 **Treatment** relating to infertility (other than investigation to the point of diagnosis), fertility **treatment** of any sort, or **treatment** of complications arising as a result of such **treatment**. This includes, but is not limited to:

(a) in-vitro fertilisation (IVF);

(b) gamete intrafallopian transfer (GIFT);

(c) zygote intrafallopian transfer (ZIFT);

(d) artificial insemination (AI);

(e) prescribed drug **treatment**;

(f) embryo transportation (from one physical location to another); or

(g) ovum and/or semen donation and related costs.

We will pay for investigations into the cause of infertility if:

(a) the **specialist** wishes to rule out any medical cause;

(b) the **beneficiary** has been covered under this **policy** for two consecutive years before the investigations have commenced; and

(c) the **beneficiary** was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this **policy** commenced.

1.5.25 **Treatment** by way of the intentional termination of pregnancy, unless the pregnancy endangers a **beneficiary's** life or mental stability.

1.5.26 **Treatment** directly related to surrogacy. **We** will not pay **maternity benefits**:

(a) to a **beneficiary** who acts as a surrogate; or

(b) to anyone else acting as a surrogate for a **beneficiary**.

1.5.27 'Newborn Care benefits' for children born as a result of fertility **treatment**, such as IVF, or for children born to a surrogate, or who have been adopted. These children can only join once they are 90 days old, and will be subject to medical underwriting.

1.5.28 Nursery care for a newborn in **hospital**, unless the mother is required to remain in **hospital** due to **medical necessity** for **treatment** that is covered by this **policy**.

1.5.29 **Treatment** for more than 90 continuous days for a **beneficiary** who has suffered permanent neurological damage and/or is in a **persistent vegetative state (PVS)**.

1.5.30 **Treatment** for personality and/or character disorders, including but not limited to:

(a) affective personality disorder;

(b) schizoid personality disorder; or

(c) histrionic personality disorder.

1.5.31 Preventative **treatment**, including but not limited to health screening, routine health checks and vaccinations (unless that **treatment** is available under one of the options under which a **beneficiary** has cover). **We** will pay for preventative **surgery** when a **beneficiary**:

(a) has a significant family history of a disease which is part of a hereditary **cancer** syndrome (such as ovarian **cancer**); and

(b) has undergone genetic testing which has established the presence of a hereditary **cancer** syndrome. (Please note that **we** will not pay for the genetic testing).

Under the International Medical Insurance plan, the limits of cover for preventative **surgery** in respect of congenital and hereditary conditions will apply, other than for **cancer** .

1.5.32 **Treatment** for sexual dysfunction disorders (such as impotence) or other sexual problems regardless of the underlying cause.

1.5.33 **Treatment** in the **USA**, unless the **beneficiary** has purchased **Worldwide including USA** cover under this **policy**.

1.5.34 **Treatment** in the **USA** if **we** know or reasonably suspect that:

(a) the cover was purchased; and

(b) the **beneficiary** travelled to the **USA**;

for the purpose of receiving **treatment** for a **pre- existing condition** (whether or not **treatment** was the main or sole purpose of the visit).

1.5.35 **Treatment** which is intended to change the refraction of one or both eyes, including but not limited to laser **treatment**, refractive keratotomy and photorefractive keratectomy.

We will pay for **treatment** to correct or restore eyesight if it is needed as a result of a disease, illness or **injury** (such as cataracts or a detached retina).

1.5.36 Any **treatment** outside **your selected area of coverage**.

1.5.37 Travel costs for **treatment** including any fares such as taxis or buses, unless otherwise specified, and expenses such as petrol or parking fees.

1.5.38 Any expenses for international emergency services which were not approved in advance by the **medical assistance service**.

1.5.39 **International services** expenses for emergency evacuation, medical repatriation and transportation costs for third parties where the **treatment** needed is not covered under this **policy**.

1.5.40 Any expenses for ship-to-shore evacuations.

1.5.41 Sex change **operations** or any **treatment** needed to prepare for or recover from these **operations** (for example, psychological counselling) including complications arising out of such **treatment**.

1.5.42 **Treatment** which is necessary because of, or is any way connected with, any **injury** or **sickness** suffered by a **beneficiary** as a result of:

(a) taking part in a sporting activity on a professional basis;

(b) solo scuba-diving; or

(c) scuba-diving at a depth of more than 30 metres unless the **beneficiary** is appropriately qualified (namely PADI or equivalent) to scuba-dive at that depth.

1.5.43 **Treatment** which (in **our** reasonable opinion) is experimental, is not **orthodox**, or has not been proven to be effective. This includes but is not limited to:

(a) **treatment** which is provided as part of a clinical trial;

(b) **treatment** which has not been approved by the relevant public health authority in the country in which it is received; or

(c) any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed.

1.5.44 Any form of plastic, **cosmetic** or reconstructive **treatment**, the purpose of which is to alter or improve appearance even for psychological reasons, unless that **treatment** is **medically necessary** and is a direct result of an illness or an **injury** suffered by the **beneficiary**, or as a result of **surgery**. This includes but is not limited to:

(a) facelifts (rhytidectomy);

(b) nose reshaping (rhinoplasty);

(c) liposuction and other procedures which remove fat tissue;

(d) hair transplants; and

(e) **surgery** to change the shape of, enhance or reduce breasts (other than breast reconstruction following **treatment** for **cancer**).

We will only pay for plastic, **cosmetic** or reconstructive **treatment** if the illness, **injury** or **surgery** as a result of which the **treatment** is required took place during the **beneficiary's** current continuous **period of cover** and is itself covered under the **policy**.

1.5.45 Incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation.

1.5.46 Costs or fees for filling in a claim form or other administration charges.

1.5.47 Costs that have been or can be paid by another insurance company, person, organisation or public programme. If a **beneficiary** is covered by other insurance, **we** may only pay part of the cost of **treatment**. If another person, organisation or public programme is responsible for paying the costs of **treatment**, **we** may claim back any of the costs **we** have paid.

1.5.48 **Treatment** that is in any way caused by, or necessary because of, a **beneficiary** carrying out an illegal act.

1.6 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:

1.6.1 Purely **cosmetic treatments**, or other **treatments** which are not necessary for continued or improved **oral health**.

1.6.2 **Treatment** which is, to any extent, made necessary by a **beneficiary** engaging in any illegal activity.

1.6.3 Fees or costs which relate to the filling of a claim form, or any other administrative service.

1.6.4 Fees or costs which either have been paid, or could be paid, by another insurance company, person, organisation or public body. If the **beneficiary** is also covered by other insurance, **we** will only pay a proportion of the cost of **treatment**, as appropriate. If all or any of the cost of the **treatment** could also be met by some other person, organisation or public body, **we** may claim back all or any of the amount **we** have paid from them, as appropriate.

1.6.5 The replacement of any dental appliance which is lost or stolen, or associated **treatment**.

1.6.6 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.

1.6.7 The replacement of a bridge, crown or denture within five years of its original fitting unless:

(a) 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**; or

(b) the replacement is necessary because the **beneficiary** requires the extraction of a **sound natural tooth/teeth**; or

(c) the replacement is necessary because of the placement of an original opposing full denture.

1.6.8 Acrylic or porcelain veneers.

1.6.9 Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:

(a) they are constructed of either porcelain bonded-to-metal or metal alone (for example, a gold alloy crown); or

(b) a temporary crown or pontic is necessary as part of routine or emergency **dental treatment**.

1.6.10 **Treatments**, procedures and materials which are experimental or do not meet generally accepted dental standards.

1.6.11 **Treatment** for dental implants directly or indirectly related to:

(a) failure of the implant to integrate;

(b) breakdown of osseointegration;

(c) peri implantitis;

(d) replacement of crowns, bridges or dentures; or

(e) any accident or **emergency treatment** including for any prosthetic device.

1.6.12 Advice relating to plaque control, oral hygiene and diet.

1.6.13 Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.

1.6.14 Medical **treatment** carried out in **hospital** by an oral **specialist** may be covered under International Medical Insurance plan and/ or International Medical Insurance Plus, if this option has been bought, except when **dental treatment** is the reason for **you** being in **hospital**.

1.6.15 Orthodontic **treatment** for anyone after their 19th birthday.

1.6.16 Bite registration, precision or semi-precision attachments.

1.6.17 Any **treatment**, procedure, appliance or restoration (except full dentures) if its main purpose is to:

(a) change vertical dimensions; or

(b) diagnose or treat conditions or dysfunction of the temporomandibular joint; or

(c) stabilise periodontally involved teeth; or

(d) restore occlusion.

Section 3 – Definitions

The words and phrases set out below have the meanings specified. Where those words and phrases are used with those meanings, they will appear in bold in these **Policy Rules**, and in the **Customer Guide**, including the **list of benefits**.

All definitions that are marked with an asterisk apply to admissions in the **USA** only. Unless otherwise provided, the singular includes the plural and the masculine includes the feminine and vice versa.

'Active treatment' - **treatment** which is intended to shrink a **cancer**, stabilise it or slow down the spread of the disease. This excludes **treatment** given solely to relieve symptoms.

'Acute' - a disease, illness or **injury** that is likely to respond quickly to **treatment** which aims to return the **beneficiary** to the state of health he or she was in immediately before suffering the disease, illness or **injury**, or which leads to his or her full recovery.

'Annual renewal date' - the anniversary of the **start date**.

'Application' - the **policyholder's** application (whether they have sent in a form directly to **us** or through a broker or applied online or through telemarketers), and any declarations that they made during their enrolment for them and any **beneficiaries** included in the application.

'Appropriate age intervals' - birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years.

'Beneficiaries', 'beneficiary', - anybody named on **your Certificate of insurance** as being covered under this **policy**, including newborn children.

'Benefit(s)'- any benefit(s) shown in the **list of benefits**.

'Cancer' - a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

***'CareAllies'** - a claims review organisation used in respect of **treatment** in the **USA**.

'Certificate of insurance' - the certificate issued to the **policyholder**. This shows the policy number, **start date**, the **deductible** amounts (if selected), the **coinsurance** amounts (if selected), the **out of pocket maximum** (if applicable), details of who is covered, any special exclusions and **benefits** which apply.

'Cigna', 'we', 'us', 'our', 'the insurer' - Cigna Life Insurance Company of Europe S.A.-N.V.

'Clinic(s)' - a health care facility which is registered or licensed in the country in which it is located, primarily to provide care for **outpatients** and where care or supervision is by a **medical practitioner**.

'Coinsurance(s)' - is the percentage of any claim which a **beneficiary** must pay themselves. A separate coinsurance may apply to the International Medical Insurance plan and International Medical Insurance Plus option. These will be shown in the **Certificate of insurance** if selected.

'Complementary therapist' - an acupuncturist, homeopath or practitioner of Chinese medicine who is appropriately qualified and entitled to practise in the country where **treatment** is given.

'Congenital condition' - any abnormality, deformity, disease, illness or **injury** present at birth, whether diagnosed or not.

***'Continued stay review'** or **'CSR'** - a review and decision by **CareAllies**, during the **beneficiary's** stay in **hospital**, on the suitability of the **beneficiary's** continued **treatment** as an **inpatient**.

'Cosmetic' - services, procedures or items that are supplied primarily for aesthetic purposes and which are not necessary in order to maintain an acceptable standard of health.

'Country of habitual residence' - the United Kingdom, where a **beneficiary** habitually resides, as stated on **your application**.

'Country of nationality' – the United Kingdom, of which a **beneficiary** is a citizen, national or subject, as stated on **your application**.

'Customer Guide' –contains the **list of benefits** and forms part of the **policy**.

'Daypatient treatment' - care involving admission to **hospital** and using a bed but not staying overnight. In respect of **USA** based admissions, this also includes surgical procedures carried out in the **doctor's** surgery.

'Daypatient' - 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.

'Deductible(s)' – is the amount of any claim which a **beneficiary** must pay themselves. This will be shown in the **Certificate of insurance** if selected.

'Dental emergency' – where either severe pain which is not amenable to relief by painkillers or facial swelling or uncontrollable bleeding after an extraction is being suffered and it is either outside the business hours of a **beneficiary's** usual **dentist** or the **beneficiary** is staying at a place which is away from the dental practice he or she usually visits. The **treatment** covered in such an instance is to purely stabilise the problem and relieve severe pain.

'Dental injury' - **injury** to a **sound natural tooth** caused by extra-oral impact. **Treatment** for dental implants, crowns or dentures is not covered unless **you** have purchased the International Vision and Dental option and subject to the conditions outlined in the **policy**.

'Dental treatment' - any dental procedure or service which:

- is needed for continued **oral health**; and
- is carried out or personally controlled by a **dentist**, including procedures provided by a hygienist; and
- is included in the **list of benefits**, or, though not included in the **list of benefits**, is accepted by **us** as a procedure or service meeting common dental standards as upheld by a respectable, responsible and substantial body of dental opinion, experienced in the particular field of dentistry.

'Dentist' - a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the **treatment** is provided.

'Detoxification' - **treatment** for withdrawal symptoms after a **beneficiary** has been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise the body.

'Diagnostic tests' – investigations such as x-rays or blood tests to find or to help to find the cause of the **beneficiary's** symptoms.

'Doctor' – a medical professional who holds an appropriate doctoral degree, is registered and licensed under the laws of the country, state or regulated area to practice medicine in the country in which the **treatment** is provided.

'Eligible female' - a female **policyholder** or **beneficiary**.

'Emergency treatment' - **treatment** which is **medically necessary** to prevent the immediate and significant effects of illnesses, **injuries** or conditions which, if left untreated, could result in a significant deterioration in health. Only medical **treatment** through a physician, **medical practitioner** and hospitalisation that commences within 24 hours of the emergency event will be covered.

'End date' - the date on which cover under this **policy** ends, as shown in the **Certificate of insurance**.

'Evidence-based treatment' – **treatment** which has been researched, reviewed and recognised by:

- the National Institute for Health and Clinical Excellence; or
- the **Cigna Medical Team**; or
- another source recognised by the **Cigna Medical Team**.

'Guarantee of payment' - a guarantee to pay agreed costs associated with particular **treatment** which **we** may give to a **beneficiary** or a **hospital**, **clinic** or **medical practitioner**.

'Home nursing' - visits from a **qualified nurse** to the **beneficiary's** home to give expert nursing services:

- immediately after **hospital treatment** for as long as is required by **medical necessity**; and
- visits for as long as is required by **medical necessity** for **treatment** which would normally be provided in a **hospital**.

Home nursing is only covered when the **specialist** who treated the **beneficiary** has recommended such services.

'Hospital' - any organisation or institution which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the **beneficiary** is under the daily care or supervision of a **medical practitioner** or **qualified nurse**.

'Initial start date' - the first day the **beneficiary's** cover commenced on the International Medical Insurance plan.

'Injury' - a physical injury.

'Inpatient' - a patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

'Insurance' - the coverage which is provided by **us** to the **beneficiaries** subject to the terms, conditions, limits and exclusions set out in these **Policy Rules**, the **Customer Guide**, and **your Certificate of insurance**.

'Intensive care' - a specialised department in a **hospital** that provides intensive care **treatment**, for example an intensive care unit, critical care unit, intensive therapy unit, or intensive **treatment** unit.

'International services' - services arranged by the **medical assistance service**.

'List of benefits' - the latest list of **benefits** detailed in the **Customer Guide**, including any notes to it.

'Maternity benefit' - **benefits** available in relation to all aspects of pregnancy or childbirth, including any complications, for any **eligible female** covered under this **policy**, but excluding:

- **treatment** by way of the intentional termination of pregnancy unless the pregnancy endangers the life or mental stability of the mother; and
- nursery care for a newborn in **hospital**, unless the mother is required to remain in **hospital** due to **medical necessity** for **treatment** that is covered by this **policy**.

Refer to **your List of Benefits** to confirm whether **your policy** covers routine maternity costs.

'Medical assistance service' - a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available 24 hours per day.

'Medically necessary/ medical necessity' – medically necessary covered services and supplies are those determined by the **medical team** to be:

- required to diagnose or treat an illness, **injury**, disease or its symptoms;
- **orthodox**, and in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the **beneficiary**, physician or other **hospital**, **clinic** or **medical practitioner**; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Where applicable, the **medical team** may compare the cost effectiveness of alternative services, settings or supplies when determining what the least intensive setting is.

'Medical practitioner' - a **doctor** or **specialist** who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the **treatment** is provided, and who is not covered under this **policy**, or a family member of someone covered under this **policy**.

'Medical team' – means **our** clinical team and / or the **medical assistance service**.

'Operation(s)' - any procedure described as an operation in the **schedule of surgical procedures**.

'Oral health' - for a patient, a reasonable standard of **oral health** of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, according to a standard acceptable to a **dentist** of ordinary competence and skill in the patient's **country of habitual residence** which will safeguard his or her general health.

'Orthodox' - when used in relation to a procedure or **treatment**, 'orthodox' means that the procedure or **treatment** in question is medically accepted in the country where it takes place at the time of the commencement of the procedure or **treatment**, that complies with a respectable, responsible and substantial body of medical opinion, held and expressed by **medical practitioners** experienced in the particular field of medicine in question.

'Out of pocket maximum' - is the maximum amount of **coinsurance** under the International Medical Insurance plan any **beneficiary** must pay. This will be shown in the **Certificate of insurance** if applicable. This applies only to amounts paid relating to **coinsurance** on the International Medical Insurance plan. Any amounts paid due to a **deductible**, due to exceeding limits of cover, for **treatment** not covered by the International Medical Insurance plan, or due to penalties for not obtaining proper pre-authorisation or using out of network providers in the **USA**, are not subject to the out of pocket maximum.

'Outpatient' - a patient who attends a **hospital**, consulting room, or outpatient **clinic** for **treatment** and is not admitted as a **daypatient** or an **inpatient**.

'Palliative care' - **treatment** that does not cure or substantially improve a condition but is given in order to alleviate symptoms.

'Period of cover' - the 12 month continuous period during which the **beneficiaries** are covered under this **policy**, being the period from the **start date** to the **end date** as noted on the **Certificate of insurance** or earlier if terminated in accordance with the **Policy Rules**.

'Persistent vegetative state' - a **beneficiary** who is in a vegetative state for at least 90 consecutive days. A persistent vegetative state means a condition caused by **injury**, disease or illness in which the **beneficiary** has suffered a loss of consciousness, with no behavioural evidence of awareness of self or surroundings in a learned manner, other than reflex activity of muscles and nerves for low level conditioned response, and from which to a reasonable degree of medical probability, there can be no recovery.

'Policy' - the policy comprising these **Policy Rules**, the **Customer Guide** (which contains the **list of benefits** and claiming information), and **your Certificate of insurance**.

'Policy documents' - the documentation relating to the **policy**, comprising of these **Policy Rules**, the **Customer Guide**, **your Certificate of insurance**, the **Cigna** claim form, and **your Cigna** ID Card.

'Policyholder' - a person who has made an **application** to **us** which has been accepted in writing by **us**, and who pays the premium under the **policy**.

'Policy Rules' - the terms and conditions governing the **policy**, detailing 'General Exclusions' and 'Definitions'.

*'Pre-admission certification' or 'PAC' - a review and an initial decision by **CareAllies**, before admission to a **hospital** in the **USA**, on the suitability of **inpatient treatment** or **daypatient treatment** for a patient.

'Pre-existing condition' - any disease, illness or **injury**, or symptoms linked to such disease, illness or **injury** for which:

- medical advice or **treatment** has been sought or received; or
- the **beneficiary** knew about and did not seek medical advice or **treatment**; before the **initial start date**.

'Psychiatric treatment' - management and care of a person who is suffering from a mental health condition including but not limited to eating disorders.

'Psychologist' - is a person who is qualified (and holds the appropriate license to practice in the country where **treatment** is received) in clinical psychology and who provides **treatment** services to patients with mental and emotional disorders.

'Qualified nurse' - a nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the **treatment** is provided.

'Qualifying life event' means:

- marriage or civil partnership;
- commencing cohabitation with a partner;
- divorce or separation;
- birth of a child;
- legal adoption of a child; or
- death of a **spouse**, partner or child.

We may require evidence of the above event.

'Rehabilitation' - physical, speech and occupational therapy for the purpose of **treatment** aimed at restoring the **beneficiary** to their previous state of health after an **acute** event.

'Schedule of surgical procedures' - the current schedule of surgical procedures approved by **our** chief medical officer.

'Selected area of coverage' - means either:

- **Worldwide, including USA**; or
- **Worldwide, excluding USA**.

'Short-term' - means a period of time consistent with the recuperation time required for the **treatment** and as prescribed by the treating **medical practitioner** with the approval of **our** medical director.

'Sickness' - a physical or mental illness, including illness resulting from or relating to pregnancy.

'Sound natural tooth/teeth' - a tooth that functions normally for chewing and speech purposes and that is not a dental implant. Such natural tooth/teeth should not have experienced any of the following:

- decay or filling;
- gum disease associated with bone loss;
- root canal **treatment.**

'Specialist' - a **doctor** who is recognised, registered or licensed as such under the laws of the country, state or other regulated area in which the **treatment** is provided and only for the **treatment** which is being recommended.

'Spouse' - a **beneficiary's** legal husband or wife, or unmarried or civil partner who **we** have accepted for cover under this **policy**.

'Start date' - the date on which coverage under this **policy** starts, as shown in the **Certificate of insurance**.

'Subrogation' - the right by **Cigna** on behalf of the **beneficiary** to recover any expenses or costs from another insurance company or source related to claims paid by **us** for **treatment**. **Cigna** will apply the normal principles of equitable contribution and indemnity.

'Surgery' - the branch of medicine that treats diseases, injuries, and deformities by operative methods which involves an incision into the body.

'Symptomatic' - **treatment** that no longer attempts to alter **cancer** growth or progression but is given to alleviate symptoms.

'Therapist' – a speech therapist, dietician or orthoptist who is suitably qualified and holds the appropriate license to practice in the country where **treatment** is received.

'Treatment' – any surgical or medical treatment controlled by a **medical practitioner** that are **medically necessary** to diagnose, cure or substantially relieve disease, illness or **injury**.

'USA' – the United States of America.

'Worldwide including USA' - every country throughout the world and at sea, excluding any country with whom, at the date of commencement of **treatment**, the Federal Government of the **USA** has prohibited trade to the extent that payments are illegal under applicable law.

'Worldwide excluding USA' - worldwide, with the exception of the **USA**.

'You, your' - the **policyholder**.

Cigna®

you are one of a kind

so are we

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