

**CIGNA GLOBAL HEALTH OPTIONS  
APPLICATION FORM**

**HELLO**

**We're glad you would like to join us.**



**Together, all the way.™**

Please complete this application form and return it to us, either by electronic mail, fax or post. See our contact information at the end of this form. Please complete this form in BLOCK CAPITALS.

## SECTION A

### APPLICATION DETAILS

Please complete this section for all persons to be covered under the policy, including the main policyholder and any dependents.

### YOUR PLAN

Which plan are you applying for?	Silver		Gold		Platinum	
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### POLICYHOLDER

You must notify us of any change of contact details so we can ensure that correspondence reaches you.

Title	First Name	Other Initials	Surname
Gender (please tick)	Male	Female	Date of birth (DD/MM/YYYY)
Occupation			
Correspondence address			
Daytime telephone number (Country code - Number)			
Mobile telephone number (Country code - Number)			
Fax (Country code - Number)			
Email address			
Nationality (What is the nationality of the primary passport that you hold?)			
Location (The country in which you live/will live for the majority of your time for the period of cover)			
Height: Feet	Inches	Centimetres	Weight: Stones
			Pounds
			Kilogrammes
Have you smoked, or used tobacco or nicotine replacement products in the last 12 months?	Yes	No	
If Yes, how many per day?	Less than 20 per day	20 or more per day	

### DEPENDANT 1

Title	First Name	Other Initials	Surname
Relationship to policyholder	Gender (please tick)	Male	Female
Date of birth (DD/MM/YYYY)	Occupation		
Nationality(What is the nationality of the primary passport that you hold?)			
Location (The country in which you live/will live for the majority of your time for the period of cover)			
Height: Feet	Inches	Centimetres	Weight: Stones
			Pounds
			Kilogrammes
Have you smoked, or used tobacco or nicotine replacement products in the last 12 months?	Yes	No	
If Yes, how many per day?	Less than 20 per day	20 or more per day	

### DEPENDANT 2

Title	First Name	Other Initials	Surname
Relationship to policyholder	Gender (please tick)	Male	Female
Date of birth (DD/MM/YYYY)	Occupation		
Nationality(What is the nationality of the primary passport that you hold?)			
Location (The country in which you live/will live for the majority of your time for the period of cover)			
Height: Feet	Inches	Centimetres	Weight: Stones
			Pounds
			Kilogrammes
Have you smoked, or used tobacco or nicotine replacement products in the last 12 months?	Yes	No	
If Yes, how many per day?	Less than 20 per day	20 or more per day	

### DEPENDANT 3

Title	First Name	Other Initials	Surname
Relationship to policyholder	Gender (please tick)	Male	Female
Date of birth (DD/MM/YYYY)	Occupation		
Nationality(What is the nationality of the primary passport that you hold?)			
Location (The country in which you live/will live for the majority of your time for the period of cover)			
<b>Height:</b> Feet	Inches	Centimetres	<b>Weight:</b> Stones
			Pounds
			Kilogrammes
Have you smoked, or used tobacco or nicotine replacement products in the last 12 months?			Yes
			No
If <b>Yes</b> , how many per day?	Less than 20 per day	20 or more per day	

### DEPENDANT 4

Title	First Name	Other Initials	Surname
Relationship to policyholder	Gender (please tick)	Male	Female
Date of birth (DD/MM/YYYY)	Occupation		
Nationality(What is the nationality of the primary passport that you hold?)			
Location (The country in which you live/will live for the majority of your time for the period of cover)			
<b>Height:</b> Feet	Inches	Centimetres	<b>Weight:</b> Stones
			Pounds
			Kilogrammes
Have you smoked, or used tobacco or nicotine replacement products in the last 12 months?			Yes
			No
If <b>Yes</b> , how many per day?	Less than 20 per day	20 or more per day	

## SECTION B

### APPLICANT DETAILS

Where do you want your cover?	Worldwide	Worldwide excluding USA
When do you want your cover to begin? (DD/MM/YYYY)		

### INTERNATIONAL MEDICAL INSURANCE PLAN

Choose your deductible	\$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
Then, select your cost share percentage	No cost share		10%	20%	30%		
Choose your out of pocket maximum (This is the maximum amount of cost share under International Medical Insurance plan you must pay in the event of a claim or claims per period of cover)						\$2,000	\$5,000
						€1,480	€3,700
						£1,330	£3,325

### OPTIONAL BENEFITS

Do you wish to upgrade your plan with any of the following options

<b>International Outpatient</b>	<b>Deductible</b>					
	Yes	No	\$0	\$150	\$500	\$1,000
			€0	€110	€370	€700
			£0	£100	£375	£600
<b>Cost share after deductible</b> (a \$3,000 / €2,200 / £2,000 out of pocket maximum is applied to cost shares on International Outpatient)						
		No cost share	10%	20%	30%	
<b>International Medical Evacuation</b>	Yes	No				
<b>International Health and Wellbeing</b>	Yes	No				
<b>International Vision and Dental</b>	Yes	No				

Please note that International Outpatient, International Medical Evacuation, International Health and Wellbeing and International Vision and Dental plans can only be purchased in conjunction with the International Medical Insurance plan.

Please note that each plan chosen will apply to all dependants.

Your plan selection can only be amended at policy renewal. Should you wish to increase your level of cover at renewal, full medical underwriting and waiting periods may apply and an additional premium amount will be payable.

## SECTION C

### PAYMENT DETAILS

Payment currency	<b>US Dollar</b>		<b>Euro</b>		<b>Sterling</b>	
Payment frequency	<b>Monthly</b>		<b>Quarterly</b>		<b>Annually</b>	
Payment method	<b>Credit/debit card</b>		<b>Bank wire transfer (Annual payment only)</b> (We will call you on receipt of your application to provide the relevant details)			
Credit/debit card number						
Type of card	<b>MasterCard</b>		<b>Visa</b>		<b>Visa Electron</b>	<b>Delta</b>
	<b>American Express</b>		<b>Solo</b>		<b>Maestro (UK Domestic)</b>	<b>Maestro (International)</b>
Name as it appears on the card						
Start date of the card (mm/yy)			Expiry date of the card (mm/yy)			
Security code (This is the 3 digit number on the reverse of most cards. For American Express cards, this is the 4 digit number found on the front of the card on the right hand side)						
Is the billing address the address you have provided for your policy?					<b>Yes</b>	<b>No</b>
If no, please provide the full billing address						
<b>Credit card authorisation:</b> I authorise Cigna to charge my credit/debit card account with my healthcare premium (of which I will be notified upon acceptance of cover/renewal). This will continue until the instruction is cancelled, and I will provide written notice to Cigna according to my Policy Rules documentation.						
Cardholder's signature						
Date (DD/MM/YYYY)						

## SECTION D

### CONFIDENTIAL HEALTH QUESTIONNAIRE

**You now need to provide information about the medical history of yourself and each person named in Section A. If you tick Yes to a question, please provide full details in Section E.**

Once you've done this we can finalise your application. It may help to have any relevant medical documentation to hand when you are filling out this form. Depending on the medical history, we might need some further information before we can finalise your cover.

Please read the following questions very carefully. Please take reasonable care to answer all questions honestly and fully. Careless misrepresentation could result in Cigna reducing the amount of any claims proportionately; whereas deliberate or reckless misrepresentation could result in Cigna rejecting claims, and/or cancelling cover. If you need help completing your application, please contact us.

If you are unsure about the answer to any question you should make the enquiries necessary to allow you to provide an accurate answer.

### YOUR PLAN

**Have you, or any person named in Section A been treated for:**  
(Please tick if Yes)

		<b>POLICYHOLDER</b>	<b>DEPENDANT 1</b>	<b>DEPENDANT 2</b>	<b>DEPENDANT 3</b>	<b>DEPENDANT 4</b>
<b>1</b>	<b>Diabetes and other endocrine (glandular) disorders</b> e.g. any thyroid disorder, weight problems, gout, pituitary or adrenal gland conditions?					
<b>2</b>	<b>Heart or circulatory disorders</b> e.g. chest pain, heart attack, high blood pressure, vascular disease, coronary artery disease, angina, irregular heartbeat, aneurysm or heart murmur.					
<b>3</b>	<b>Cancer, tumours or growths</b> including polyps, cysts or breast lumps.					
<b>4</b>	<b>Muscle or skeletal problems</b> e.g. back pain, whiplash, arthritis, joint pain or problems, gout, fractures, cartilage, tendon or ligament problems.					
<b>5</b>	<b>Asthma, allergies, breathing or respiratory disorders</b> e.g. chest infections, pneumonia, bronchitis, shortness of breath, rhinitis, TB, emphysema or chronic obstructive pulmonary disease.					
<b>6</b>	<b>Gall bladder, stomach, intestinal, gastric or liver problems</b> e.g. irritable bowel disease, colitis, Crohn's disease, gastric or peptic ulcers, reflux, indigestion, heartburn, gall stones, hernia, haemorrhoids or hepatitis.					

7	<b>Brain or neurological disorders</b> e.g. multiple sclerosis, epilepsy or seizures, stroke, migraines, recurring or severe headaches, meningitis, shingles or nerve pain.					
8	<b>Skin problems</b> e.g. eczema, acne, moles, rashes, allergic reactions, cysts, dermatitis or psoriasis					
9	<b>Blood, infective or immune disorders</b> e.g. high cholesterol, anaemia, malaria, HIV or systemic lupus erythematosus.					
10	<b>Urinary or reproductive disorders</b> e.g. urinary tract infections, kidney problems, fibroids, painful, irregular or heavy periods, fertility problems, polycystic ovarian syndrome, endometriosis, testicular or prostate problems.					
11	<b>Anxiety, depression, psychiatric or mental health issues</b> including eating disorders, post-traumatic stress disorder, alcohol or drug issues.					
12	<b>Ear, nose, throat, eye or dental problems</b> e.g. ear infections, sinus problems, tonsils and adenoids, cataracts, glaucoma, wisdom teeth problems.					
<b>Please also answer the following questions:</b>						
13	Does anyone have any illness, condition or symptom not already mentioned? Please include details of any known or suspected issues whether or not medical advice has been sought or a diagnosis reached.					
14	Does anyone take any medication, receive any treatment of any kind or expect to have a review or follow up for any current or past medical problem not already mentioned?					

## SECTION E

### ADDITIONAL HEALTH INFORMATION

Please tell us more if you have answered 'Yes' to any questions in Section D. If you are unsure if any details are relevant, please include them anyway. If you run out of space, please use a separate sheet.

	Section D Question Number	The name of the illness or medical problem. Where applicable state the area of the body affected (e.g. left arm, right foot).	When did the symptoms occur and when did you last have symptoms?	What treatment was provided? (Include details of medication and dates of when treatment started and ended.)	What is the current status of the illness or medical problem? (E.g. ongoing, complete, recovery, recurrent or likely to recur.)
POLICYHOLDER					
DEPENDANT 1					
DEPENDANT 2					
DEPENDANT 3					
DEPENDANT 4					

## SECTION F

### DECLARATION FOR ALL CUSTOMERS

I hereby declare that I have taken reasonable care to answer all questions accurately, honestly and completely. I acknowledge that if I do not answer all questions accurately and completely as a result of my carelessness that could result in Cigna reducing the amount of any claims proportionately. I also acknowledge that if I deliberately or recklessly provide inaccurate or incomplete information in answer to questions that could result in Cigna rejecting claims, and/or cancelling cover.

The duty to answer our questions accurately, honestly and completely applies in respect of each person who is covered by this policy. Although failure to fulfil this duty by one covered person may affect coverage or payment of their claims, it will not affect coverage or payment of claims in relation to any other covered person, unless that person has also made careless, deliberate or reckless misrepresentations in relation to our questions. I warrant and represent that I have each covered person's consent to disclose the personal information, including the sensitive personal information (e.g. medical information) contained in this form to you. I confirm that each covered person is aware of their duty to take reasonable care to answer your questions accurately, honestly, completely and to the best of their knowledge.

(Please note that if you are declaring the above on another person's behalf, it is your obligation to keep evidence of the consent you are providing hereto of your covered family members' actual declarations and consents.)

I hereby propose to Cigna for cover to begin on the cover date or such other agreed date. In the event that it is found that I, or any covered person, have deliberately or recklessly provided any information which is false or inaccurate, Cigna may void the contract of insurance as it relates to me or the covered person and refuse all claims and need not return any premiums paid in, except for where it would be unfair for the premiums to be retained. I have carefully read, understood and agree to abide by the Policy Rules and Customer Guide as they form part of my contract of insurance.

**Signature**

**Date (DD/MM/YYYY)**

If you are signing for on behalf of the Main policyholder please sign below where you are warranting and representing to us that you have read the above declaration and have the authority to enter into this application:

**Signature**

**Date**

Select the relationship to main policyholder

**Broker**

**Agent**

**Other (please specify)**

### ADDITIONAL DECLARATION APPLICABLE FOR HONG KONG AND SINGAPORE NATIONALS LIVING IN THEIR HOME COUNTRY

If you are a customer whose nationality is either Hong Kong or Singaporean and you are resident and living in Hong Kong or Singapore under this insurance policy then under your local law and regulation you might be entitled to have a Needs Analysis conducted of your particular insurance needs and/or a Customer Protection form completed. I consent to purchase this insurance product without a Needs Analysis or a completed Customer Protection form.

**I confirm and agree with the above declaration**

Policies issued by Cigna Europe Insurance Company S.A.-N.V Singapore Branch are covered under the Policy Owners' Protection Schemes Act 2011, Act No. 15 of 2011 of Singapore (the "Act") up to the limits prescribed by the Act.

**Main policyholder's signature**

**Date**

If you are signing for on behalf of the Main policyholder please sign below where you are warranting and representing to us that you have read the above declaration and have the authority to enter into this application:

**Signature**

**Date**

Select the relationship to main policyholder

**Broker**

**Agent**

**Other (please specify)**

### FRAUD NOTICE

Any person who, dishonestly and with intent to make a gain for himself or cause loss to another, or to expose another to a risk of loss: (1) makes an application for insurance or makes a claim under a policy containing any information he knows to be untrue or misleading ; or who (2) in making an application for insurance or a claim under a policy dishonestly and with intent to make a gain for himself or cause loss to another, or to expose another to a risk of loss fails to disclose information which has been asked for, commits fraud. We will investigate any claims or applications for insurance which we have grounds to believe may be fraudulent. Committing fraud may result in your policy being terminated and any claims you make under not being paid. We may, for the purposes of the detection and prevention of fraud, share information relating to suspected fraud with other insurance companies and/or with law enforcement authorities.

**HOW WE USE YOUR INFORMATION**

We will collect, use, store, and disclose your personal information, including sensitive information (in particular, information relating to your medical history and any medical treatment you may have or have had), in accordance with relevant data protection legislation. We collect and will use your personal information, including sensitive information, for the purpose of carrying out our obligations under this plan.

We may share your information, including sensitive information, with other Cigna companies and authorised healthcare providers, where necessary to carry out our obligations under this plan. This statement also applies to personal information of any beneficiaries detailed on this application form.

You have the right to request a copy of your personal information held by us, and beneficiaries under your policy have the request to request a copy of personal information we hold about them. We may charge a fee to provide this information.

**I consent to the collection, use and disclosure of my personal and medical data by Cigna for the purposes required by the contract of insurance I have entered into.**

**SPECIAL OFFERS, PROMOTIONS, PRODUCTS AND SERVICES**

We would like to keep in touch with you to keep you updated about our special offers, promotions, products and services which we think will interest you. We will not release your information to any third parties.

If you would like to receive this information, please tick here

If yes, how would you like us to contact you?

**Email**

**Telephone**

## PERSONAL DATA PROTECTION

I hereby acknowledge and agree that I have read the Personal Data Protection Policy (Appendix I, hereinafter referred to as the “Data Policy”), including as to how my Personal Data\* may be collected, used and disclosed by Cigna. I understand its meaning and agree that the information disclosure in connection with the insurance policy should be subject to the Data Policy.

I agree that Cigna may collect, use and disclose my Personal Data as described in the Data Policy.

**Signature of Customer** \_\_\_\_\_

**Date** \_\_\_\_\_

\*Including data that identifies and relates to my dependants.

## PRODUCT SUMMARY

I hereby confirm that the following documents were given and the contents have been explained to me in a satisfactory manner.

- (a) Your Guide to Health Insurance and;
- (b) Product Summary

**Signature of Customer** \_\_\_\_\_

**Signature of Intermediary** \_\_\_\_\_

**Date** \_\_\_\_\_



# PRODUCT INFORMATION

## INTERNATIONAL MEDICAL INSURANCE

Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum.

Choose your level of cover from the table below. All amounts apply per beneficiary and per period of cover (except where otherwise noted).

International Medical Insurance is your essential cover for inpatient, daypatient and accommodation costs, as well as cover for cancer, mental health care and much more. Our Gold and Platinum plans also give you cover for inpatient and daypatient maternity care.

### YOUR OVERALL LIMIT

	Silver	Gold	Platinum
<b>Annual benefit - maximum per beneficiary per period of cover.</b> This includes claims paid across all sections of International Medical Insurance.	\$1,000,000 €800,000 £650,000	\$2,000,000 €1,600,000 £1,300,000	Unlimited

### YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
<b>Hospital charges for:</b> Nursing and accommodation for inpatient and daypatient treatment and recovery room.	Paid in full for a semi-private room	Paid in full for a private room	Paid in full for a private room
<ul style="list-style-type: none"> <li> <span style="color: orange;">›</span> We will pay for nursing care and accommodation whilst a beneficiary is receiving inpatient or daypatient treatment; or the cost of a treatment room while a beneficiary is undergoing outpatient surgery, if one is required.                             </li> <li> <span style="color: orange;">›</span> We will only pay these costs if:                                     <ul style="list-style-type: none"> <li>• it is medically necessary for the beneficiary to be treated on an inpatient or daypatient basis;</li> <li>• they stay in hospital for a medically appropriate period of time;</li> <li>• the treatment which they receive is provided or managed by a specialist; and</li> <li>• they stay in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only).</li> <li>• they stay in a semi-private room with shared bathroom (applicable on the Silver plan only).</li> </ul> </li> <li> <span style="color: orange;">›</span> If a hospital's fees vary depending on the type of room which the beneficiary stays in, then the maximum amount which we will pay is the amount which would have been charged if the beneficiary had stayed in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only), or a semi-private room with shared bathroom or equivalent (applicable on the Silver plan only).                             </li> <li> <span style="color: orange;">›</span> If the treating medical practitioner decides that the beneficiary needs to stay in hospital for a longer period than we have approved in advance, or decides that the treatment which the beneficiary needs is different to that which we have approved in advance, then that medical practitioner must provide us with a report, explaining: how long the beneficiary will need to stay in hospital; the diagnosis (if this has changed); and the treatment which the beneficiary has received, and needs to receive.                             </li> </ul>			

	Silver	Gold	Platinum
<b>Hospital charges for:</b> <ul style="list-style-type: none"> <li>› operating theatre.</li> <li>› prescribed medicines, drugs and dressings for inpatient or daypatient treatment.</li> <li>› treatment room fees for outpatient surgery.</li> </ul>	Paid in full	Paid in full	Paid in full
<b>Operating theatre costs</b> <ul style="list-style-type: none"> <li>› We will pay any costs and charges relating to the use of an operating theatre, if the treatment being given is covered under this policy.</li> </ul>	<b>Medicines, drugs and dressings</b> <ul style="list-style-type: none"> <li>› We will pay for medicines, drugs and dressings which are prescribed for the beneficiary whilst he or she is receiving inpatient or daypatient treatment.</li> <li>› We will only pay for medicines, drugs and dressings which are prescribed for use at home if the beneficiary has cover under the International Outpatient option (unless they are prescribed as part of cancer treatment).</li> </ul>		

	Silver	Gold	Platinum
<b>Intensive care:</b> <ul style="list-style-type: none"> <li>› intensive therapy.</li> <li>› coronary care.</li> <li>› high dependency unit.</li> </ul>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for a beneficiary to be treated in an intensive care, intensive therapy, coronary care or high dependency facility if: <ul style="list-style-type: none"> <li>• that facility is the most appropriate place for them to be treated;</li> <li>• the care provided by that facility is an essential part of their treatment; and</li> <li>• the care provided by that facility is routinely required by patients suffering from the same type of illness or injury, or receiving the same type of treatment.</li> </ul> </li> </ul>			

	Silver	Gold	Platinum
<b>Surgeons' and anaesthetists' fees</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for inpatient, daypatient or outpatient costs for: <ul style="list-style-type: none"> <li>• surgeons' and anaesthetists' surgery fees; and</li> <li>• surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).</li> </ul> </li> <li>› We will only pay for outpatient treatments received before or after surgery if the beneficiary has cover under the International Outpatient option (unless the treatment is given as part of cancer treatment).</li> </ul>			

	Silver	Gold	Platinum
<b>Specialists' consultation fees</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for regular visits by a specialist during stays in hospital including intensive care by a specialist for as long as is required by medical necessity.</li> <li>› We will pay for consultations with a specialist during stays in a hospital where the beneficiary: <ul style="list-style-type: none"> <li>• is being treated on an inpatient or daypatient basis;</li> <li>• is having surgery; or</li> <li>• where the consultation is a medical necessity.</li> </ul> </li> </ul>			

	Silver	Gold	Platinum
<b>Hospital accommodation for a parent or guardian</b> Up to the maximum amount shown per period of cover.	\$1,000 €740 £665	\$1,000 €740 £665	Paid in full
<ul style="list-style-type: none"> <li>› If a beneficiary who is under the age of 18 years old needs inpatient treatment and has to stay in hospital overnight, we will also pay for hospital accommodation for a parent or legal guardian, if:               <ul style="list-style-type: none"> <li>• accommodation is available in the same hospital; and</li> <li>• the cost is reasonable.</li> </ul> </li> <li>› We will only pay for hospital accommodation for a parent or legal guardian if the treatment which the beneficiary is receiving during their stay in hospital is covered under this policy.</li> </ul>			

	Silver	Gold	Platinum
<b>Transplant services for organ, bone marrow and stem cell transplants</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if:               <ul style="list-style-type: none"> <li>• the transplant is medically necessary, and the organ to be transplanted has been donated by a member of the beneficiary's family or comes from a verified and legitimate source.</li> </ul> </li> <li>› We will pay for anti-rejection medicines following a transplant, when they are given on an inpatient basis.</li> <li>› We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if:               <ul style="list-style-type: none"> <li>• the transplant is medically necessary; and</li> <li>• the material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source.</li> </ul> </li> <li>› We will not pay for bone marrow or peripheral stem cell transplants under this part of this policy if the transplants form part of cancer treatment. The cover which we provide in respect of cancer treatment is explained in other parts of this policy.</li> <li>› If a person donates bone marrow or an organ to a beneficiary, we will pay for:               <ul style="list-style-type: none"> <li>• the harvesting of the organ or bone marrow;</li> <li>• any medically necessary tissue matching tests or procedures;</li> <li>• the donor's hospital costs; and</li> <li>• any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure;</li> </ul>               whether or not the donor is covered by this policy.             </li> <li>› The amount which we will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source.</li> <li>› We will not pay for outpatient treatment for either the beneficiary or donor, unless the beneficiary has cover under the International Outpatient option for the specific outpatient treatment required.</li> <li>› If a beneficiary donates an organ for a medically necessary transplant, we will cover the medical costs incurred by the beneficiary associated with this donation up to any policy limits. However, we will only pay for the harvesting of the donated organ if the intended recipient is also a beneficiary under this plan.</li> <li>› We will consider all medically necessary transplants. Other transplants (such as transplants which are considered to be experimental procedures) are not covered under this policy. This is because of conditions or limitations to coverage which are explained elsewhere in this policy.</li> </ul> <p><b>Important note</b></p> <ul style="list-style-type: none"> <li>› A beneficiary must contact us and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant.</li> </ul>			

	Silver	Gold	Platinum
<b>Kidney dialysis</b>	Paid in full	Paid in full	Paid in full
<p>› Treatment for kidney dialysis will be covered if such treatment is available in the beneficiary's country of residence. We will pay for this on an inpatient, daypatient, or outpatient basis.</p> <p>› We will pay for kidney dialysis treatment outside the beneficiary's country of habitual residence if the country where that treatment is provided is within the beneficiary's selected area of coverage. We will pay for this on a daypatient basis. Travel and accommodation expenses incurred in connection with such treatment will not be covered.</p>			

	Silver	Gold	Platinum
<b>Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)</b>	Paid in full	Paid in full	Paid in full
<p>› Where investigations are provided on an inpatient or daypatient basis.</p> <p>› We will pay for:</p> <ul style="list-style-type: none"> <li>• blood and urine tests;</li> <li>• X-rays;</li> <li>• ultrasound scans;</li> <li>• electrocardiograms (ECG); and</li> <li>• other diagnostic tests (excluding advanced medical imaging);</li> </ul> <p>where they are medically necessary and are recommended by a specialist as part of a beneficiary's hospital stay for inpatient or daypatient treatment.</p>			

	Silver	Gold	Platinum
<b>Advanced Medical Imaging (MRI, CT and PET scans)</b> Up to the maximum amount shown per period of cover.	\$5,000 €3,700 £3,325	\$10,000 €7,400 £6,650	Paid in full
<p>› We will pay for the following scans if they are recommended by a specialist as a part of a beneficiary's inpatient, daypatient or outpatient treatment:</p> <ul style="list-style-type: none"> <li>• magnetic resonance imaging (MRI);</li> <li>• computed tomography (CT); and / or</li> <li>• positron emission tomography (PET);</li> </ul> <p>› We may require a medical report in advance of a magnetic resonance imaging (MRI) scan.</p>			

	Silver	Gold	Platinum
<b>Physiotherapy and complementary therapies</b> Up to the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› Where treatment is provided on an inpatient or daypatient basis.</p> <p>› We will pay for treatment provided by physiotherapist and complementary therapists; (acupuncturists, homeopaths, and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or daypatient treatment (but are not the primary treatment which they are in hospital to receive).</p>			

	Silver	Gold	Platinum
<b>Home nursing</b> Up to 30 days and the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› We will pay for a beneficiary to have up to 30 days of home nursing care per period of cover if:</p> <ul style="list-style-type: none"> <li>• it is recommended by a specialist following inpatient or daypatient treatment which is covered by this policy;</li> <li>• it starts immediately after the beneficiary leaves hospital; and</li> <li>• it reduces the length of time for which the beneficiary needs to stay in hospital.</li> </ul> <p><b>Important note</b></p> <p>› We will only pay for home nursing if it is provided in the beneficiary's home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing which only provides non-medical care or personal assistance.</p>			

	Silver	Gold	Platinum
<b>Rehabilitation</b> Up to 30 days and the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› We will pay for rehabilitation treatments (physical, occupational and speech therapies), which are recommended by a specialist and are medically necessary after a traumatic event such as a stroke or spinal injury.</p> <p>› If the rehabilitation treatment is required in a residential rehabilitation centre we will pay for accommodation and board for up to 30 days for each separate condition that requires rehabilitation treatment.</p> <p>In determining when the 30 day limit has been reached:</p> <ul style="list-style-type: none"> <li>• we count each overnight stay during which a beneficiary receives inpatient treatment as one day</li> <li>• we count each day on which a beneficiary receives outpatient and daypatient treatment as one day.</li> </ul> <p>› Subject to prior approval being obtained, prior to the commencement of any treatment, we will pay for rehabilitation treatment for more than 30 days, if further treatment is medically necessary and is recommended by the treating specialist.</p> <p><b>Important note</b></p> <p>› We will only pay for rehabilitation treatment if it is needed after, or as a result of, treatment which is covered by this policy and it begins within 30 days of the end of that original treatment.</p> <p>› All rehabilitation treatment must be approved by us in advance. We will only approve rehabilitation treatment if the treating specialist provides us with a report, explaining:</p> <ol style="list-style-type: none"> <li>how long the beneficiary will need to stay in hospital;</li> <li>the diagnosis; and</li> <li>the treatment which the beneficiary has received, or needs to receive.</li> </ol>			

	Silver	Gold	Platinum
<b>Hospice and palliative care</b> Up to the maximum amount shown per lifetime.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› If a beneficiary is given a terminal diagnosis, and there is no available treatment which will be effective in aiding recovery, we will pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.</p>			

**Internal prosthetic devices / surgical and medical appliances**

Up to the maximum amount shown per period of cover.

**Silver**

Paid in full

**Gold**

Paid in full

**Platinum**

Paid in full

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

**External prosthetic devices/surgical and medical appliances**

Up to the maximum amount shown per period of cover.

**Silver**

For each prosthetic device

\$3,100  
€2,400  
£2,000

**Gold**

For each prosthetic device

\$3,100  
€2,400  
£2,000

**Platinum**

For each prosthetic device

\$3,100  
€2,400  
£2,000

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

	Silver	Gold	Platinum
<b>Local ambulance and air ambulance services</b>	Paid in full	Paid in full	Paid in full
<p>› Where it is medically necessary, we will pay for a local ambulance to transport a beneficiary:</p> <ul style="list-style-type: none"> <li>• from the scene of an accident or injury to a hospital;</li> <li>• from one hospital to another; or</li> <li>• from their home to a hospital.</li> </ul> <p>› We will only pay for a local road ambulance where its use relates to treatment which a beneficiary needs to receive in hospital. Where it is medically necessary, we will pay for an air ambulance to transport the beneficiary from the scene of an accident or injury to a hospital or from one hospital to another.</p> <p><b>Important notes</b></p> <p>› Air ambulance cover is subject to the following conditions and limitations:</p> <ul style="list-style-type: none"> <li>• In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, we will not arrange or pay for an air ambulance. This policy does not guarantee that an air ambulance will always be available when requested, even if it is medically appropriate.</li> <li>• We will only pay for a local air ambulance, such as a helicopter, to transport a beneficiary for distances up to 100 miles (160 kilometres) and we will only pay for an air ambulance where its use relates to treatment which a beneficiary needs to receive in hospital.</li> </ul> <p>› This policy does not provide cover for mountain rescue services.</p> <p>› Cover for medical evacuation or repatriation is only available if you have cover under the International Medical Evacuation option. Please refer to the relevant section of this Customer Guide for details of that option.</p>			

	Silver	Gold	Platinum
<b>Inpatient cash benefit</b> Per night up to 30 nights per period of cover.	\$100 €75 £65	\$100 €75 £65	\$200 €150 £130
<p>› We will make a cash payment directly to a beneficiary when they:</p> <ul style="list-style-type: none"> <li>• receive treatment in hospital which is covered under this plan;</li> <li>• stay in a hospital overnight; and</li> <li>• have not been charged for their room, board and treatment costs.</li> </ul>			

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

### Treatment for mental health conditions and disorders and addiction treatment

Up to the maximum amount shown per period of cover.

#### Silver

\$5,000  
€3,700  
£3,325

#### Gold

\$10,000  
€7,400  
£6,650

#### Platinum

Paid in full

- › Subject to the limits explained below we will pay for:
  - the treatment of mental health conditions and disorders; and
  - the diagnosis of addictions (including alcoholism);

#### Addiction treatment

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

#### Important notes

- › For treatment of mental health conditions and disorders and addiction treatment, we will only pay for evidence-based, medically necessary treatment and recommended by a medical practitioner.
- › We will pay for up to a combined maximum total of 90 days of treatment for mental health conditions and disorders and addiction treatment in any one period of cover, including up to 30 days of inpatient treatment.
- › We will pay for up to a combined maximum total of 180 days of treatment for mental health conditions and disorders; and addiction treatment in any five year period. For example, if a beneficiary uses 90 days of mental health or addiction treatment in one period of cover, and 90 days of mental health or addiction treatment in the following period of cover, we will not pay for any further mental health or addiction treatment for the next three consecutive years of cover.
- › In determining when these 30, 90 and 180 day limits have been reached:
  - we count each overnight stay during which a beneficiary received inpatient treatment as one day; and
  - we count each day on which a beneficiary receives outpatient and daypatient treatment as one day.
- › We will not pay for prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option.
- › Subject to prior approval and provided the medical practitioner is within your selected area of coverage, we may pay for consultations that take place by use of electronic means or telephone.

### Cancer care

#### Silver

Paid in full

#### Gold

Paid in full

#### Platinum

Paid in full

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



## PARENT AND BABY CARE

	Silver	Gold	Platinum
<b>Routine maternity benefit care (Gold and Platinum plans only)</b> Up to the maximum amount shown per period of cover. Available once the mother has been covered by the policy for twelve (12) months or more.	Not covered	\$7,000 €5,500 £4,500	\$14,000 €11,000 £9,000
<ul style="list-style-type: none"> <li>› We will pay for the following parent and baby care and treatment, on an inpatient or daypatient basis as appropriate, if the mother has been a beneficiary under this policy for a continuous period of at least twelve (12) months or more:               <ul style="list-style-type: none"> <li>• hospital, obstetricians' and midwives' fees for routine childbirth; and</li> <li>• any fees as a result of post-natal care required by the mother immediately following routine childbirth.</li> </ul> </li> <li>› We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary.</li> </ul>			

	Silver	Gold	Platinum
<b>Complications from maternity (Gold and Platinum plans only)</b> Up to the maximum amount shown per period of cover. Available once the mother has been covered by the policy for twelve (12) months or more.	Not covered	\$14,000 €11,000 £9,000	\$28,000 €22,000 £18,000
<ul style="list-style-type: none"> <li>› We will pay for inpatient or outpatient treatment relating to complications resulting from pregnancy or childbirth if the mother has been a beneficiary under this policy for a continuous period of at least twelve (12) months or more. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth, including miscarriage and ectopic pregnancy.</li> <li>› This part of the policy does not provide cover for home births.</li> <li>› We will only pay for a Caesarean section, where it is medically necessary. If we cannot confirm that it was medically necessary, we will only pay up to the limit of the mother's routine maternity benefit care cover.</li> <li>› We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary.</li> </ul>			

	Silver	Gold	Platinum
<b>Homebirths (Gold and Platinum plans only)</b> Up to the maximum amount shown per period of cover. Available once the mother has been covered by the policy for twelve (12) months or more.	Not covered	\$500 €370 £335	\$1,100 €850 £700
<ul style="list-style-type: none"> <li>› We will pay midwives' and specialists' fees relating to routine home births if the mother has been a beneficiary under this policy for a continuous period of twelve (12) months or more.</li> <li>› Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the list of benefits.</li> </ul>			

	Silver	Gold	Platinum
<p><b>Newborn care</b> Up to the maximum amount shown for treatment within the first 90 days following birth. Available once at least one parent has been covered by the policy for 12 months or more.</p>	\$25,000 €18,500 £16,500	\$75,000 €55,500 £48,000	\$156,000 €122,000 £100,000
<p>           &gt; Provided the newborn is added to the policy, we will pay for:           <ul style="list-style-type: none"> <li>• up to 10 days routine care for the baby following birth; and</li> <li>• all treatment required for the baby during the first 90 days after birth instead of any other benefit; if at least one parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth.</li> </ul> </p> <p>We will not require information about the newborn's health or a medical examination if an application is received by us to add the newborn to the policy within 30 days of the newborn's date of birth. If an application is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire whereby we may apply special restrictions or exclusions.</p> <p>           &gt; We will pay for:           <ul style="list-style-type: none"> <li>• up to 10 days routine care for the baby following birth; and</li> <li>• all treatment required for the baby during the first 90 days after birth instead of any other benefit; if neither parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth and an application is received by us to add the newborn to the policy as a beneficiary. The newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby we may apply special restrictions or exclusions.</li> </ul> </p> <p>           &gt; The newborn care benefits explained above are not available for children who are born following fertility treatment (such as IVF), are born to a surrogate, or have been adopted. In these circumstances children can only be covered by the policy when they are 90 days old. Cover for the baby will be subject to completion of a medical health questionnaire whereby we may apply special restrictions or exclusions.         </p>			

	Silver	Gold	Platinum
<p><b>Congenital conditions</b> Up to the maximum amount shown per period of cover.</p>	\$5,000 €3,700 £3,325	\$20,000 €14,800 £13,300	\$39,000 €30,500 £25,000
<p>           &gt; We will pay for treatment of congenital conditions on an inpatient or daypatient basis which manifest themselves before the beneficiary's 18th birthday if:           <ul style="list-style-type: none"> <li>• at least one parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth and the newborn is added to the policy within 30 days of the birth.</li> <li>• they were not evident at policy inception.</li> </ul> </p>			

## YOUR DEDUCTIBLE AND COST SHARE OPTIONS

<p><b>Deductible (various)</b> A deductible is the amount which you must pay before any claims are covered by your plan.</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><b>Cost share after deductible and out of pocket maximum</b> Cost share is the percentage of each claim not covered by your plan.</p> <p>The out of pocket maximum is the maximum amount of cost share you would have to pay in a period of cover.</p> <p>The cost share amount is calculated after the deductible is taken into account. Only amounts you pay related to cost share contribute to the out of pocket maximum.</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 AVAILABLE TO ADD  
TO YOUR CORE COVER – **INTERNATIONAL  
MEDICAL INSURANCE.**

YOU CAN ADD AS MANY OPTIONAL  
BENEFITS AS YOU WISH TO BUILD A PLAN  
THAT SUITS YOUR NEEDS.



# INTERNATIONAL OUTPATIENT

International Outpatient covers you more comprehensively for outpatient care and medical emergencies that may arise where a hospital admission as a daypatient or inpatient is not required. As well as this, consultations with specialists and medical practitioners, prescribed outpatient drugs and dressings, pre-natal and post-natal outpatient care, physiotherapy, osteopathy, chiropractic and much more.

## YOUR OVERALL LIMIT

	Silver	Gold	Platinum
<b>Annual benefit - maximum per beneficiary per period of cover</b> This includes claims paid across all sections of International Outpatient.	\$10,000 €7,400 £6,650	\$25,000 €18,500 £16,625	Unlimited

## YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
<b>Consultation with medical practitioners and Specialists</b> Up to the maximum amount shown per period of cover.	\$125/€90/£80 limit per visit. Up to 15 visits per year.	\$250/€185/£165 limit per visit. Up to 30 visits per year.	Paid in full

- › We will pay for consultations or meetings with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment up to the maximum number of visits shown in the benefit table.
- › We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary.
- › Subject to prior approval and provided the medical practitioner is within your selected area of coverage, we may pay for consultations that take place by use of electronic means or telephone.

	Silver	Gold	Platinum
<b>Pre-natal and post-natal care (Gold and Platinum plans only)</b> Up to the maximum amount shown per period of cover. Available once the mother has been covered on this option for twelve (12) months or more.	<i>Not covered</i>	\$3,500 €2,750 £2,250	\$7,000 €5,500 £4,500

- › We will pay for medically necessary pre-natal and post-natal care on an outpatient basis, if the mother has been a beneficiary under the International Outpatient optional benefit for a continuous period of at least 12 months or more.

Examples of such treatment and tests include:

- Routine obstetricians' and midwives' fees;
- All scheduled ultrasounds and examinations;
- Prescribed medicines, drugs and dressings;
- Routine pre-natal blood tests, if required;
- Amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS);
- Non-invasive pre-natal testing (NIPT) for high risk individuals; and
- Any fees as a result of post-natal care required by the mother immediately following routine childbirth.

	Silver	Gold	Platinum
<b>Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)</b> Up to the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full

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

	Silver	Gold	Platinum
<b>Physiotherapy treatment</b> Up to the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full

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

	Silver	Gold	Platinum
<b>Osteopathy and chiropractic treatment</b> Up to the maximum amount shown per period of cover.	Paid in full up to 15 visits	Paid in full up to 15 visits	Paid in full up to 30 visits

- › We will pay up to a combined maximum total of visits in any one period of cover for osteopathy and chiropractic treatment which is evidence-based treatment, medically necessary and recommended by a treating specialist, if a medical practitioner recommends the treatment and provides a referral. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. We will require a medical report and treatment plan prior to approval. This excludes any sports medicine treatment.

	Silver	Gold	Platinum
<b>Acupuncture, Homeopathy, and Chinese medicine</b> Up to a combined maximum of 15 visits per period of cover.	Paid in full	Paid in full	Paid in full

- › We will pay for a combined maximum total of 15 consultations with acupuncturists, homeopaths and practitioners of Chinese medicine for each beneficiary in any one period of cover, if those treatments are recommended by a medical practitioner. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.



	Silver	Gold	Platinum
<b>Restorative speech therapy</b> Up to the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› We will pay for restorative speech therapy if:</p> <ul style="list-style-type: none"> <li>it is required immediately following treatment which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke);</li> <li>it is confirmed by a specialist to be medically necessary on a short-term basis.</li> </ul> <p><b>Important notes</b></p> <p>› We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function.</p> <p>› We will not pay for speech therapy which:</p> <ul style="list-style-type: none"> <li>aims to improve speech skills which are not fully developed;</li> <li>is educational in nature;</li> <li>is intended to maintain speech communication;</li> <li>aims to improve speech or language disorders (such as stammering); or</li> <li>is as a result of learning difficulties, developmental problems (such as dyslexia), attention-deficit hyperactivity disorder or autism.</li> </ul>			

	Silver	Gold	Platinum
<b>Prescribed drugs and dressings</b> Up to the maximum amount shown per period of cover.	\$500 €370 £330	\$2,000 €1,480 £1,330	Paid in full
<p>› We will pay for prescription drugs and dressings which are prescribed by a medical practitioner on an outpatient basis.</p>			

	Silver	Gold	Platinum
<b>Rental of durable equipment</b> Up to a maximum of 45 days in the period of cover.	Paid in full	Paid in full	Paid in full
<p>› We will pay for the rental of durable medical equipment for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment.</p> <p>› We will only pay for the rental of durable medical equipment which:</p> <ul style="list-style-type: none"> <li>is not disposable, and is capable of being used more than once;</li> <li>serves a medical purpose;</li> <li>is fit for use in the home; and</li> <li>is of a type only normally used by a person who is suffering from the effect of a disease, illness or injury.</li> </ul>			

	Silver	Gold	Platinum
<b>Adult vaccinations</b> Up to the maximum amount shown per period of cover.	\$250 €185 £165	Paid in full	Paid in full
<p>› We will pay for certain vaccinations and immunisations that are clinically appropriate namely:</p> <ul style="list-style-type: none"> <li>Influenza (flu);</li> <li>Tetanus (once every 10 years);</li> <li>Hepatitis A;</li> <li>Hepatitis B;</li> <li>Meningitis;</li> <li>Rabies;</li> <li>Cholera;</li> <li>Yellow Fever;</li> <li>Japanese Encephalitis;</li> <li>Polio booster;</li> <li>Typhoid; and</li> <li>Malaria (in tablet form, either daily or weekly).</li> </ul>			

	Silver	Gold	Platinum
<b>Dental accidents</b> Up to the maximum amount shown per period of cover.	\$1,000 €740 £665	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› If a beneficiary needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for outpatient dental treatment for any sound natural tooth/teeth damaged or affected by the accident, provided the treatment commences immediately after the accident and is completed within 30 days of the date of the accident.</li> <li>› In order to approve this treatment, we will require confirmation from the beneficiary's treating dentist of:               <ul style="list-style-type: none"> <li>• the date of the accident; and</li> <li>• the fact that the tooth/teeth which are the subject of the proposed treatment are sound natural tooth/teeth.</li> </ul> </li> <li>› We will pay for this treatment instead of any other dental treatment the beneficiary may be entitled to under this policy, when they need treatment following accidental damage to a tooth or teeth.</li> <li>› We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this policy.</li> </ul>			

	Silver	Gold	Platinum
<b>Well child tests</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› Payable for children at appropriate age intervals up to the age of 6.</li> <li>› We will pay for well child routine tests at any of the 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) and for a medical practitioner to provide preventative care consisting of:               <ul style="list-style-type: none"> <li>• evaluating medical history;</li> <li>• physical examinations;</li> <li>• development assessment;</li> <li>• anticipatory guidance; and</li> <li>• appropriate immunisations and laboratory tests; for children aged 6 or younger.</li> </ul> <p>We will pay for one visit to a medical practitioner at each of the appropriate age intervals (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.</p> </li> <li>› In addition, we will pay for:               <ul style="list-style-type: none"> <li>• one school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger.</li> <li>• diabetic retinopathy screening for children over the age of 12 who have diabetes.</li> </ul> </li> </ul>			

	Silver	Gold	Platinum
<b>Child immunisations</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for the following immunisations for children aged 17 or younger:               <ul style="list-style-type: none"> <li>• DPT (Diphtheria, Pertussis and Tetanus);</li> <li>• MMR (Measles, Mumps and Rubella);</li> <li>• HiB (Haemophilus influenza type b);</li> <li>• Polio;</li> <li>• Influenza;</li> <li>• Hepatitis B;</li> <li>• Meningitis; and</li> <li>• Human Papilloma Virus (HPV).</li> </ul> </li> </ul>			

	Silver	Gold	Platinum
Annual routine tests	Paid in full	Paid in full	Paid in full
<p>› We will pay for the following routine tests for children aged 15 or younger:</p> <ul style="list-style-type: none"> <li>• one eye test; and</li> <li>• one hearing test.</li> </ul>			

	Silver	Gold	Platinum
<b>60+ Care</b> <i>(Gold and Platinum plans only)</i> Up to the maximum amount shown per period of cover.	Not covered	\$1,000 €740 £665	\$2,000 €1,480 £1,330
<p>› If a beneficiary is aged 60 years old and above, or turning 60 years old within the period of cover, and has one of the following conditions as declared on their medical questionnaire, we will pay for the medically necessary outpatient treatment costs associated with the maintenance of this condition:</p> <ul style="list-style-type: none"> <li>• Arthritis, joint or back pain</li> <li>• Glaucoma</li> <li>• Hypertension</li> <li>• Osteoporosis / Osteopenia</li> <li>• Type 2 Diabetes</li> </ul> <p><b>Important notes</b></p> <p>› If, during the application stage you have selected the option to have one of the above conditions covered at an additional premium, whereby the condition is covered comprehensively on an inpatient and outpatient basis (if the International Outpatient option has been selected); this benefit will not be applicable.</p> <p>› Examples of medically necessary treatment and tests include but are not limited to: consultations with medical practitioners and specialists; pathology and radiology; physiotherapy; prescribed drugs and dressings, osteopathy and chiropractic treatment and acupuncture, homeopathy and Chinese medicine. Please note this benefit excludes Advanced Medical Imaging.</p> <p>› You are eligible to have the condition(s) covered (but not conditions, symptoms or complications arising from those conditions) on an outpatient basis, up to the maximum amounts shown per period of cover.</p> <p>› The benefit is subject to any cost shares or deductibles elected on your policy.</p>			

## YOUR DEDUCTIBLE AND COST SHARE OPTIONS

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



# INTERNATIONAL MEDICAL EVACUATION

International Medical Evacuation provides coverage for reasonable transportation costs to the nearest centre of medical excellence in the event that the treatment is not available locally in an emergency. This option also includes repatriation coverage, allowing the beneficiary to return to their country of habitual residence or country of nationality to be treated in a familiar location. Also includes compassionate visits for a parent, spouse, partner, sibling or child to visit a beneficiary after an accident or sudden illness and the beneficiary has not been evacuated or repatriated.

## YOUR OVERALL LIMIT

	Silver	Gold	Platinum
Annual benefit - maximum per beneficiary per period of cover	Paid in full	Paid in full	Paid in full

## YOUR STANDARD MEDICAL BENEFITS

	Silver	Gold	Platinum
Medical Evacuation	Paid in full	Paid in full	Paid in full

- › Transfer to the nearest centre of medical excellence if the treatment the beneficiary needs is not available locally in an emergency.
- › If a beneficiary requires emergency treatment, we will pay for medical evacuation for them:
  - to be taken to the nearest hospital where the necessary treatment is available (even if this is in another part of the country, or in another country); and
  - to return to the place they were taken from, provided the return journey takes place not more than 14 days after the treatment is completed.
- › As regards the return journey, we will pay:
  - the price of an economy class air ticket; or
  - the reasonable cost of travel by land or sea; whichever is lesser.
- › We will only pay for taxi fares if:
  - it is medically preferable for the beneficiary to travel to the airport by taxi, rather than by ambulance; and
  - approval is obtained in advance from the medical assistance service.
- › We will pay for evacuation (but not repatriation) if the beneficiary needs diagnostic tests or cancer treatment (such as chemotherapy) if, in the opinion of our medical assistance service, evacuation is appropriate and medically necessary in the circumstances.
- › We will not pay any other costs related to an evacuation (such as accommodation costs).

### Important note

- › If you require to return to the hospital where you were evacuated for follow up treatment, we will not pay for travel costs or living allowance costs.

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

	Silver	Gold	Platinum
<b>Repatriation of mortal remains</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› If a beneficiary dies outside their country of habitual residence during the period of cover, the medical assistance service will arrange for their mortal remains to be returned to their country of habitual residence or country of nationality as soon as reasonably practicable, subject to airlines requirements and restrictions.</li> <li>› We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the beneficiary's mortal remains.</li> </ul>			

	Silver	Gold	Platinum
<b>Travel costs for an accompanying person</b>	Paid in full	Paid in full	Paid in full
<p>› If a beneficiary needs a parent, sibling, child, spouse or partner, to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they:</p> <ul style="list-style-type: none"> <li>• need help getting on or off an aeroplane or other vehicle;</li> <li>• are travelling 1000 miles (or 1600km) or further;</li> <li>• are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort and; or</li> <li>• are very seriously ill or injured;</li> </ul> <p>we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the medical assistance service and the return journey must take place not more than 14 days after the treatment is completed.</p> <p>› We will pay:</p> <ul style="list-style-type: none"> <li>• the price of an economy class air ticket; or</li> <li>• the reasonable cost of travel by land or sea; whichever is the lesser.</li> </ul> <p>If it is appropriate, considering the beneficiary's medical requirements, the family member or partner who is accompanying them may travel in a different class.</p> <p>If it is medically necessary for a beneficiary to be evacuated or repatriated, and they are going to be accompanied by their spouse or partner, we will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian.</p> <p><b>Important notes</b></p> <p>› We will not pay for a third party to accompany a beneficiary if the original purpose of the evacuation was to enable the beneficiary to receive outpatient treatment.</p> <p>› We will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation.</p>			

**If you have purchased this option, we will also make available the provision below for compassionate visits to you by immediate family members.**

	Silver	Gold	Platinum
<b>Compassionate visits - travel costs</b> Up to a maximum of 5 trips per lifetime. Up to the maximum amount shown per period of cover.	\$1,200 €1,000 £800	\$1,200 €1,000 £800	\$1,200 €1,000 £800
<b>Compassionate visits - living allowance costs</b> Up to the maximum amount shown per day for each visit with a maximum of 10 days per visit. Up to the maximum amount shown per period of cover.	\$155 €125 £100	\$155 €125 £100	\$155 €125 £100
<p>› For each beneficiary we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by our medical assistance service.</p> <p>› We will pay the cost of economy class return travel for a parent, spouse, partner, sibling or child to visit a beneficiary after an accident or sudden illness, if the beneficiary is in a different country and is anticipated to be hospitalised for five days or more, or has been given a short-term terminal prognosis.</p> <p>› We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days per visit while they are away from their country of habitual residence up to the limits shown in the list of benefits (subject to being provided with receipts in respect of the costs incurred).</p> <p><b>Important note</b></p> <p>› We will not pay for a compassionate visit when the beneficiary has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, we will not pay any further third party transportation costs.</p>			

# INTERNATIONAL HEALTH AND WELLBEING

International Health and Wellbeing covers the beneficiary for screenings, tests, examinations and counselling support for a range of life crises and tailored advice and support through our online health education and health risk assessment, helping the beneficiary to take control and manage their health the way they want.

During each period of cover we will pay for the following tests to be carried out by a medical practitioner.

	Silver	Gold	Platinum
<b>Routine adult physical examinations</b> Up to the maximum amount shown per period of cover.	\$225 €165 £150	\$450 €330 £300	\$600 €440 £400
> We will pay for routine adult physical examinations (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc), for persons aged 18 or older.			

	Silver	Gold	Platinum
<b>Pap smear</b> Up to the maximum amount shown per period of cover.	\$225 €165 £150	\$450 €330 £300	Paid in full
> We will pay for one papanicolaou test (pap smear) for female beneficiaries.			

	Silver	Gold	Platinum
<b>Prostate cancer screening</b> Up to the maximum amount shown per period of cover.	\$225 €165 £150	\$450 €330 £300	Paid in full
> We will pay for one prostate examination (prostate specific antigen (PSA) test) for male beneficiaries aged 50 or over.			

	Silver	Gold	Platinum
<b>Mammograms for breast cancer screening</b> Up to the maximum amount shown per period of cover.	\$225 €165 £150	\$450 €330 £300	Paid in full
> We will pay for: <ul style="list-style-type: none"> <li>• Aged 35-39: one baseline mammogram for asymptomatic women.</li> <li>• Aged 40-49: one mammogram for asymptomatic women every two years.</li> <li>• Aged 50 or older: one mammogram each year.</li> </ul>			

	Silver	Gold	Platinum
<b>Bowel cancer screening</b> Up to the maximum amount shown per period of cover.	\$225 €165 £150	\$450 €330 £300	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for one bowel cancer screening for beneficiaries aged 55 or older.</li> </ul>			

	Silver	Gold	Platinum
<b>Bone densitometry</b> Up to the maximum amount shown per period of cover.	\$225 €165 £150	\$450 €330 £300	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for one scan to determine the density of the beneficiary's bones.</li> </ul>			

	Silver	Gold	Platinum
<b>Dietetic consultations</b>	<i>Not covered</i>	<i>Not covered</i>	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for up to 4 consultations with a dietician per period of cover, if the beneficiary requires dietary advice relating to a diagnosed disease or illness such as diabetes (<i>Platinum plan only</i>).</li> </ul>			

	Silver	Gold	Platinum
<b>Life management assistance programme</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› Our Life Management service is available 24 hours a day, 7 days a week, 365 days a year. Professionals are ready to assist you with any issue that matters to you.</li> <li>› We will pay for up to 5 counselling sessions per issue per period of cover. This could be telephonic or face to face counselling support.</li> <li>› Unlimited in the moment telephonic support for live assistance.</li> <li>› Provides information, resources and counselling on any work, life, personal, or family issue that matters to you.</li> <li>› Information services provide support including assistance for day to day demands or the logistics of relocating. The information specialists can offer assistance over the phone and perform research and provide pre-qualified referrals to local resources.</li> </ul> <p><b>Please contact us for approval. The service is provided by our chosen counselling provider.</b></p>			

	Silver	Gold	Platinum
<b>Online health education, health assessments and web-based coaching programmes</b>	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› Access to our health and wellbeing section is available in your secure online Customer Area.</li> </ul>			

# INTERNATIONAL VISION AND DENTAL

International Vision and Dental pays for the **beneficiary's** routine eye examination and pays costs for spectacles and lenses. It also covers a wide range of preventative, routine and major dental **treatments**.

## VISION CARE

	Silver	Gold	Platinum
<b>Eye examination</b> Maximum per beneficiary per period of cover.	\$100 €75 £65	\$200 €150 £130	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for one routine eye examination per period of cover, to be carried out by either an ophthalmologist or optometrist.</li> <li>› We will not pay for more than one eye examination in any one period of cover.</li> </ul>			

	Silver	Gold	Platinum
<b>Expenses for:</b> <ul style="list-style-type: none"> <li>› Spectacle lenses;</li> <li>› Contact lenses;</li> <li>› Spectacle frames;</li> <li>› Prescription sunglasses;</li> </ul> when all are prescribed by an optometrist or ophthalmologist.	\$155 €125 £100	\$155 €125 £100	\$310 €245 £200
Up to the maximum amount shown per period of cover.			
<ul style="list-style-type: none"> <li>› We will not pay for:                             <ul style="list-style-type: none"> <li>• sunglasses, unless medically prescribed, by an ophthalmologist or optometrist;</li> <li>• glasses or lenses which are not medically necessary or not prescribed by an ophthalmologist or optometrist; or</li> <li>• treatment or surgery, including treatment or surgery which aims to correct eyesight, such as laser eye surgery, refractive keratotomy (RK) or photorefractive keratectomy (PRK).</li> </ul> </li> <li>› A copy of a prescription or invoice for corrective lenses will need to be provided to us in support of any claim for frames.</li> </ul>			

## DENTAL TREATMENT

### YOUR OVERALL LIMIT

	Silver	Gold	Platinum
<b>Annual benefit - maximum per beneficiary per period of cover</b>	\$1,250 €930 £830	\$2,500 €1,850 £1,650	\$5,500 €4,300 £3,500

	Silver	Gold	Platinum
<b>Preventative dental treatment</b> After the beneficiary has been covered on this option for 3 months.	Paid in full	Paid in full	Paid in full
<p>› We will pay for the following preventative dental treatment recommended by a dentist after a beneficiary has had International Vision and Dental cover for at least 3 months:</p> <ul style="list-style-type: none"> <li>• two dental check-ups per period of cover;</li> <li>• X-rays, including bitewing, single view, and orthopantomogram (OPG);</li> <li>• scaling and polishing including topical fluoride application when necessary (two per period of cover);</li> <li>• one mouth guard per period of cover;</li> <li>• one night guard per period of cover; and</li> <li>• Fissure sealant.</li> </ul>			

	Silver	Gold	Platinum
<b>Routine dental treatment</b> After the beneficiary has been covered on this option for 3 months.	80% refund per period of cover	90% refund per period of cover	Paid in full
<p>› We will pay treatment costs for the following routine dental treatment after the beneficiary has had International Vision and Dental cover for at least 3 months (if that treatment is necessary for continued oral health and is recommended by a dentist):</p> <ul style="list-style-type: none"> <li>• root canal treatment;</li> <li>• extractions;</li> <li>• surgical procedures;</li> <li>• occasional treatment;</li> <li>• anaesthetics; and</li> <li>• periodontal treatment.</li> </ul>			

	Silver	Gold	Platinum
<b>Major restorative dental treatment</b> After the beneficiary has been covered on this option for 12 months.	70% refund per period of cover	80% refund per period of cover	Paid in full
<p>› We will pay treatment costs for the following major restorative dental treatments after the beneficiary has had International Vision and Dental cover for at least 12 months:</p> <ul style="list-style-type: none"> <li>• dentures (acrylic/synthetic, metal and metal/acrylic);</li> <li>• crowns;</li> <li>• inlays; and</li> <li>• placement of dental implants.</li> </ul> <p>› If a beneficiary needs major restorative dental treatment before they have had International Vision and Dental cover for 12 months, we will pay 50% of the treatment costs.</p>			

	Silver	Gold	Platinum
<b>Orthodontic treatment</b> After the beneficiary has been covered on this option for 18 months.	40% refund per period of cover	50% refund per period of cover	50% refund per period of cover
<p>› We will pay for orthodontic treatment for beneficiaries aged 18 years old or younger, if they have had International Vision and Dental cover for at least 18 months.</p> <p>› We will only pay for orthodontic treatment if:</p> <ul style="list-style-type: none"> <li>• the dentist or orthodontist who is going to provide the treatment provides us, in advance, with a detailed description of the proposed treatment (including X-rays and models), and an estimate of the cost of treatment; and</li> <li>• we have approved the treatment in advance.</li> </ul>			

# KEY PRODUCT PROVISIONS

The following are key product provisions found in our Policy contracts. This is only a brief summary, intended for guidance and information. You are advised to also refer to the Policy Rules, which will prevail in the event of a conflict between the two documents and which contains the terms and conditions, definitions and general exclusions. The Customer Guide also shows the limits which apply to benefits. Please consult your insurance advisor or Cigna should you require further explanation.

**1. CANCELLATION CLAUSE** - Subject to any conflicting legal or regulatory requirements we may terminate this policy if:

- 1.1 Any premium or other charge (including any relevant tax) is not paid in full within thirty (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; or
- 1.2 It becomes unlawful for us to provide any of the cover available under this policy; or
- 1.3 Any beneficiary is identified on any list imposing financial sanctions on targeted individuals or entities maintained by the United Nations Security Council, the European Union, the United States Office of Foreign Assets Control or any other applicable jurisdiction; or
- 1.4 We determine, you have knowingly or recklessly provided information which you know or believe to be untrue or inaccurate or failed to provide information which we have asked for. This could affect payment of claims under your policy and may result in us terminating your cover; or
- 1.5 We are no longer in the market to sell the policy or a suitable alternative in your geographical area.

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. If your policy is terminated in accordance with clause 14.1.4 of the Policy Rules, we may not refund any premiums you paid nor pay any claims you have made under your policy.

If the policy ends before the normal end date and you have made claims under it, you will be liable for the remainder of any premiums in respect of the policy which are unpaid.

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.

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.

**2. TERMS OF RENEWAL** - 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.

We will write to you at least one calendar 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, definitions, benefits and terms and conditions which will apply on renewal. We will give you at least one (1) calendar month's notice of such changes.



If you choose to renew, you do not need to do anything, and your cover will be renewed automatically for another twelve (12) months. Renewal is subject to the definitions, benefits and terms and conditions of the Policy Rules in force at the time of renewal. If you do not want to renew your cover, you must let us know at least seven (7) days before your policy end date.

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.

**3. NON-GUARANTEED PREMIUM** - We will write to you at least one (1) calendar month before the end date and ask you whether you want to renew the cover you currently have. Premiums may change if you request to change coverage options at the annual renewal date. We will inform you of any changes to the premiums or terms and conditions which would apply on your renewal. The premium and/or other charges may vary from year to year.

**4. STANDARD EXCLUSIONS** - There are certain conditions under which no benefits will be payable. You are advised to read the Policy Rules for the full list of exclusions. Please find below some important exclusions.

- > Treatment for a pre-existing condition or any conditions or symptoms which result from, or are related to, a pre-existing condition. We will not pay for treatment for which a pre-existing condition of which the policyholder was (or should reasonably have been aware) at the date cover commenced, and in respect of which we have not expressly agreed to provide cover.
- > Congenital anomalies or defects, except new-borns who are eligible to join the plan without medical underwriting, who exhibit such conditions which manifest themselves before the beneficiary's 18th birthday, or were not evident at policy inception.
- > Routine maternity and childbirth cover, Complications from maternity and Homebirths benefit cover is excluded from our Silver plan. The benefits are included in the Gold and Platinum plan.

**5. WAITING PERIOD** - The cover will begin on the start date shown on the first Certificate of insurance which we send to you. 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.

The following benefits have a Waiting Period:

- > **Routine maternity benefit and childbirth cover on an inpatient and daypatient basis** (Benefit only available in Gold and Platinum plans) A twelve (12) month waiting period applies for parent and baby care and treatment.
  - The mother has been covered by the policy for a continuous period of at least twelve (12) months or more.
- > **Pre-natal and post-natal care** (Benefit only available in Gold and Platinum plans) on an outpatient basis if the mother has been covered under the International Outpatient benefit for a continuous period of at least twelve (12) months or more.

> **Complications from Maternity** (Benefit only available in Gold and Platinum plans)

- A twelve (12) month waiting period applies for complications resulting from pregnancy or childbirth
- The mother has been covered by the policy for a continuous period of at least twelve (12) months or more.

> **Homebirths** (Benefit only available in Gold and Platinum plans)

- A twelve (12) month waiting period applies for Homebirths.
- Available once the mother has been covered by the policy for a continuous period of twelve (12) months or more.

> **Newborn care**

- A twelve (12) month waiting period applies.
- At least one (1) parent has been covered by the policy for a continuous period of twelve (12) months or more prior to the newborn's birth.

## **International Vision and Dental Care optional module**

### **Dental Treatment:**

> **Preventative & Routine treatment**

- International Vision and Dental cover for at least three (3) months

> **Major Restorative treatment**

- International Vision and Dental cover for at least twelve (12) months. If the beneficiary needs major restorative dental treatment before they have had International Vision and Dental cover for twelve (12) months, will pay 50% of the treatment costs.

> **Orthodontic treatment**

- International Vision and Dental cover for at least eighteen (18) months.

**6. REASONABLE AND CUSTOMARY CHARGES** - We will pay 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.

**7. AREA OF COVER** - You may choose between two (2) options, which determine where in the world beneficiaries will be covered. The options are: Worldwide including USA and Worldwide excluding USA.

**8. FREE LOOK PERIOD** - 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 date of receipt of the policy. If no claims have been made, and no guarantees of payment or prior approvals have been put in place, we will refund any premium that has been paid.

**9. TERMINATIONS** - 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 (7) days' notice in writing.

Please contact us at [Cignaglobal\\_customer.care@cigna.com](mailto:Cignaglobal_customer.care@cigna.com)

If this policy ends before the normal 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. If the policy ends before the normal end date and you have made claims under it, you will be liable for the remainder of any premiums in respect of the policy which are unpaid.

For full details, please refer to the Policy Rules.

**10. CLAIMS** - Please contact our Customer Care Team for prior approval for all treatment using the following numbers:

Singapore Toll free 800 186 5047  
International +44 1475 788182 (overseas)

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. What's more, in most cases we can arrange direct payment with your treatment provider, cutting down the hassle and letting you focus on your health.

We appreciate that there will be times when it will not be practical or possible for a beneficiary to contact us for prior approval (for example, emergencies, or when a family member is suddenly sick and the priority is to get treatment for them as soon as possible). In circumstances like these, we ask that you or the affected beneficiary get in touch with us within 48 hours after treatment has been sought, so that we can confirm whether treatment is covered and arrange settlement with your provider. This will also allow us to make sure that you or the affected beneficiary is making the best use of the cover.

For full details of our Claims process please refer to the Customer Guide.

**11. CHANGE OF OCCUPATION** - No requirement for you to inform us of a change of occupation.

**12. DEFERMENT PERIOD** - Not applicable to our products.

**13. SURVIVAL PERIOD** - No benefit payable.

**14. DISTRIBUTION COSTS** - Cigna pays a remuneration to your sales representative and/or insurance brokers when we issue and renew your policy. Whilst the type and value of this remuneration varies, it normally constitutes a commission of 10-15% of the value of the policy premium. If you require more information about remuneration we pay, we can share this upon request.

## **MEDISHIELD LIFE**

If you are a citizen or permanent resident of Singapore, you are covered by MediShield Life for life, for treatments in Singapore, regardless of pre-existing medical conditions or other circumstances that you face. For more details on your coverage, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg)

### **Not Medisave-approved Policy**

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

### **Renewable Short-term Accident and Health Policy**

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving you 30 days' notice in writing.

# APPENDIX I

## PERSONAL DATA PROTECTION POLICY RELATING TO CIGNA EUROPE INSURANCE COMPANY S.A.-N.V. – SINGAPORE BRANCH

Personal data protection in Singapore is regulated by the Personal Data Protection Act 2012 (the “PDPA”), which is fully in force on and from 2nd July 2014. The Do Not Call Registry obligations came into force on 2nd January 2014.

This Policy describes in summary our practices in connection with personal data processed through the Cigna systems, and mobile applications we use to communicate with you. Please review it carefully.

### Our Personal Data Protection Commitment

Cigna Europe Insurance Company S.A.-N.V. – Singapore Branch (“Cigna”) is committed to the responsible management, use and protection of personal data of our customers and users of our systems. Any personal data processed through our systems is subject to the requirements of the PDPA.

This Policy is designed to assist you in understanding how Cigna collects, uses, discloses and/or processes the personal data you have provided to Cigna, as well as to assist you in making an informed decision before providing Cigna with any of your personal data.

### Personal Data Processed

“Personal Data” is defined under the PDPA to mean data, whether true or not, about an individual who can be identified from that data, or from that data and other information to which an organisation has or is likely to have access.

- > The personal data processed by Cigna includes:
- > Name, address, email address, and birthdate which is supplied by you, or your broker on your behalf;
- > Financial and health information;
- > Cigna ID;
- > Password and PIN;
- > Medical claims status and information;
- > Plan information including benefits and coverage;
- > Eligibility information; and
- > Other personal data supplied by our customers and users.

### How We Collect Personal Data

Cigna will collect your personal data in accordance with the PDPA. Cigna will notify you of the purposes for which your personal data may be collected, used, disclosed and/or processed, as well as obtain your consent for the collection, use, disclosure and/or processing of your personal data for the intended purposes, unless an exception under the law permits Cigna to collect and process your personal data without your consent.

## How We Use Personal Data

We collect, use and/or disclose personal data for various purposes, depending on the circumstances for which we may/will need to process your personal data, including:

- > **Transactions and Management of your relationship with us.** We use personal data for processing, dealing with and/or completing transactions, responding to your requests and administering/managing your relationship with us, for example, to process claims or insurance payments, provide plan information, administer your policy, search for health care providers, ensure that you obtain services and treatment you may need, or to allow you to view and print information about your plan. This includes Cigna considering your application for a policy with Cigna.
- > **Communications.** We use personal data to send administrative information to you in order to administer and/or manage your relationship, account and/or policy with us, or to deal with your requests or instructions, for example, information regarding changes to our terms, conditions, and policies, or providing a quote for the product(s) or service(s) you have applied for. Except as permitted by law or with your consent, we will not use your personal data for marketing purposes.
- > **Customer Service.** We use personal data to provide and improve customer services, including through any chat or similar feature available through our services, to deal with and/or manage your relationship, account and/or policy with us, or to deal with your enquiry or request.
- > **Authentication.** We use personal data in order to authenticate you or confirm your identity when you return to our customer interface site.
- > **Conducting our business.** Where consented by you, we use personal data for data analysis, that is integral or required for our business, in order to improve our services to you, to benefit you, to developing new products, to enhance, improve or modify our services, to identify usage trends, to determine the effectiveness of our promotional campaigns and to operate and expand our business activities.
- > **Research.** We may use your personal data for research purposes, but only according to and as allowed by law.
- > **Compliance with the law and legal process.** We may collect, use and disclose your personal data in order to carry out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Cigna; to investigate fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy or policies, whether such policy is issued by Cigna or another Insurer, and whether or not there is any suspicion of the aforementioned (“Insurer” means any insurer or company operating insurance business in Singapore); and to comply with applicable law in administering and managing your relationship with Cigna;
- > **Data Storage.** We may also store, host, back up (whether for disaster recovery or otherwise) your personal data in servers located within and outside Singapore.
- > **Other.** We use personal data for other purposes which we notify you of at the time of obtaining your consent.

(collectively, the “Purposes”)

As the purposes for which we may/will collect, use, disclose or process your personal data depend on the circumstances at hand, such purpose may not appear above. However, we will notify you of such other purpose at the time of obtaining your consent, unless processing of your personal data without your consent is permitted by the PDPA or by law.

## How We Disclose Personal Data

We may/will need to disclose your personal data to third parties, whether sited in Singapore or outside of Singapore, for one or more of the above Purposes as well as the following purposes:

- > Payment. We may share personal data with your broker (if you have one), plan sponsor, administrator, financial or health service providers to obtain payments, including premiums for your coverage, or to make coverage determinations, and to coordinate benefits with other coverage you may have, and to otherwise determine and fulfill our responsibility to provide your health benefits – for example, to administer claims.
- > Health care operations. We share personal data to provide customer service, to support and/or improve the programs or services we offer you, to assist you in managing your health, or to support another insurer, or health care professional who has a relationship with you for activities such as case management, care coordination and quality improvement activities.
- > Disclosure to other Insurers. We may also disclose personal data to other Insurers for one or more of the above Purposes.

We may also disclose your personal data to third parties, without first obtaining your consent, as permitted or required by law, which may include, without limitation, the following:

- > cases in which the disclosure is required or authorized based on the applicable laws and/or regulations;
- > cases in which the purpose of such disclosure is clearly in your interests, and if consent cannot be obtained in a timely way;
- > cases in which the disclosure is necessary to respond to an emergency that threatens the life, health or safety of yourself or another individual;
- > cases in which the disclosure is necessary for any investigation or proceedings;
- > cases in which the personal data is disclosed to any officer of a prescribed law enforcement agency, upon production of written authorisation signed by the head or director of that law enforcement agency or a person of a similar rank, certifying that the personal data is necessary for the purposes of the functions or duties of the officer;
- > cases in which the disclosure is to a public agency and such disclosure is necessary in the public interest; and/or
- > where such disclosure without your consent is permitted by the PDPA or by law.

The instances listed above are not intended to be exhaustive. For more information on the exceptions, you are encouraged to peruse the Second, Third and Fourth Schedules of the PDPA which is publicly available at <http://statutes.agc.gov.sg>.

In order to conduct our business operations more smoothly, we may also be disclosing the personal data you have provided to us to our third party service providers, agents and/or our affiliates or related corporations, and/or other third parties, whether sited in Singapore or outside of Singapore, for one or more of the above-stated Purposes. Such third party service providers, agents and/or affiliates or related corporations and/or other third parties would be processing your personal data either on our behalf or otherwise, for one or more of the above-stated Purposes.

Sharing with Affiliates. In addition, Cigna Europe Insurance Company S.A.- N.V. Singapore branch may share personal data with Cigna Corporation and other affiliates, for one or more of the Purposes, to ensure that we are meeting our contractual obligations on a 24/7 service delivery promise and to support our operations. Please view here a list of affiliates who may access or receive personal data:



Cigna Global Insurance Company Ltd.  
Cigna Health and Life Insurance Company  
Cigna Life Insurance Company of Canada  
Cigna Life Insurance Company of Europe S.A.- N.V.  
Cigna Worldwide Life Insurance Company Limited (Hong Kong)  
Life Insurance Company of North America  
Cigna Corporate Services LLC  
Connecticut General Life Insurance Company

Note that personal data may be shared with recipients located in countries that provide different legal protection for personal data.

Other than for the purposes described in this Policy or as permitted by applicable law, we will obtain your written authorization to use or disclose your personal data.

### **How We Administer And Manage Your Personal Data**

We will take reasonable efforts to ensure that your personal data is accurate and complete, if your personal data is likely to be used by us to make a decision that affects you, or disclosed to another organisation. However, this means that you must also update us of any changes in your personal data that you had initially provided us with. We will not be responsible for relying on inaccurate or incomplete personal data arising from you not updating us of any changes in your personal data that you had initially provided us with.

We understand the importance of protecting your personal data. We restrict access to your personal data to authorized workforce members who need that information for legitimate purposes such as but not limited to your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your personal data.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored. Workforce members are trained on topics including:

- > Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- > Technical, physical and administrative safeguards in place to maintain the privacy and security of your personal data.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

We will also put in place measures such that your personal data in our possession or under our control is destroyed and/or anonymized as soon as it is reasonable to assume that (i) the purpose for which that personal data was collected is no longer being served by the retention of such personal data; and (ii) retention is no longer necessary for any other legal or business purposes.

Where your personal data is to be transferred out of Singapore, we will comply with the PDPA in doing so. In this regard, this includes us obtaining your consent unless an exception under the PDPA or law applies, and taking appropriate steps to ascertain that the foreign recipient organisation of the personal data is bound by legally enforceable obligations to provide to the transferred personal data a standard of protection that is at least comparable to the protection under the PDPA. This may include us entering into an appropriate contract with the foreign recipient organisation dealing with the personal data transfer or permitting the personal data transfer without such a contract if the PDPA or law permits us to.



## Your Individual Rights

### **Request for access and/or correction of personal data**

You may request to access and/or correct the personal data currently in our possession or control by submitting a request to us. We will need enough information from you in order to ascertain your identity as well as the nature of your request, so as to be able to deal with your request. Hence, please submit your request to us using the usual forms of communication e.g. phone and/or email.

For a request to access personal data, once we have sufficient information from you to deal with the request, we will seek to provide you with the relevant personal data within 30 days. Where we are unable to respond to you within the said 30 days, we will notify you of the soonest possible time within which we can provide you with the information requested. Note that the PDPA exempts certain types of personal data from being subject to your access request.

We may also charge you a reasonable fee for the handling and processing of your requests to access your personal data. If we make a charge, we will advise you at the time you contact us and then proceed with the request once the payment is made.

For a request to correct personal data, once we have sufficient information from you to deal with the request, we will:

- (a) correct your personal data within 30 days. Where we are unable to do so within the said 30 days, we will notify you of the soonest practicable time within which we can make the correction. Note that the PDPA exempts certain types of personal data from being subject to your correction request as well as provides for situation(s) when correction need not be made by us despite your request; and
- (b) subject to the paragraph immediately following this, we will send the corrected personal data to every other organisation to which the personal data was disclosed by us within a year before the date the correction was made, unless that other organisation does not need the corrected personal data for any legal or business purpose.

Notwithstanding the paragraph immediately above, we may, if you so consent, send the corrected personal data only to specific organisations to which the personal data was disclosed by us within a year before the date the correction was made.

### **Request to withdraw consent in relation to your personal data**

You may withdraw your consent for the collection, use and/or disclosure of your personal data in our possession or under our control by submitting a request to us (refer to our contact information below).

We will process your request within a reasonable time from such a request for withdrawal of consent being made, and will thereafter not collect, use and/or disclose your personal data in the manner stated in your request.

However, your withdrawal of consent could result in certain legal consequences arising from such withdrawal. In this regard, depending on the extent of your withdrawal of consent for us to process your personal data, it may mean that we will not be able to continue with your existing relationship with us/the contract you have with us will have to be terminated.

## Cookies

We must advise you we use cookies. These are small bits of computer code embedded into web pages to help you navigate through our websites. If you choose to disable cookies, you may find parts of our sites do not work. You can read more about cookies at [www.CignaGlobal.com/Cookie-Policy](http://www.CignaGlobal.com/Cookie-Policy).

## Contact Us & Complaint Process

If you, at any time, have any queries on this Policy or any other queries in relation to how we may manage, protect and/or process your personal data, please do not hesitate to contact our Data Protection Officer.

If you have any complaint or grievance regarding about how we are handling your personal data or about how we are complying with the PDPA, we also welcome you to contact our Data Protection Officer with your complaint or grievance.

Please contact our Data Protection Officer through one of the following methods:

### **E-mail: [Singapore.Feedback@Cigna.com](mailto:Singapore.Feedback@Cigna.com)**

(kindly use the word "PDPA" in the subject line)

### **Address:**

Cigna Europe Insurance Company S.A.-N.V. – Singapore Branch  
Attn: Data Protection Officer  
152 Beach Road  
#26-05 The Gateway East  
Singapore 189721  
Fax: +65 6391 9530

## Policy Availability and Duration

Policy availability. A copy of this Policy is available for you to view, print, and/or download on [www.Cigna.com.sg](http://www.Cigna.com.sg) and click Personal Data Protection Policy.

Right to change terms of this Policy. We may change the terms of this Policy at any time, and we may, at our discretion, make the new terms effective for all of your personal data in our possession, including any personal data we created or received before we issued the new Policy.

If we change this Policy, we will update the Policy on our website and, if you are enrolled in a Cigna Global Healthcare Business plan at that time, we will send you the new Policy, as required. In addition, you can obtain a copy of the new Policy upon request when you call the International Service Centers or from our website.

You are encouraged to visit the above website from time to time to ensure that you are well informed of our latest policies in relation to personal data protection.

Effective date. This Policy is effective as of July 2014.

## Useful Links

Personal Data Protection Commission Singapore:  
[www.pdpc.gov.sg](http://www.pdpc.gov.sg)

Do Not Call (DNC) Registry:  
[www.dnc.gov.sg](http://www.dnc.gov.sg)

**Please return your fully completed form by email or by post to:**

**Cigna Global Health Options  
The Grosvenor Building  
72 Gordon Street  
Glasgow  
G1 3RS  
United Kingdom**

**[globalindividual.asia@cigna.com](mailto:globalindividual.asia@cigna.com)**



**Together, all the way.<sup>SM</sup>**

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