



# CUSTOMER GUIDE

Everything you need to know about your plan

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





# PROTECTING YOU AND YOUR FAMILY WHEN LIVING ABROAD

# YOUR CIGNA GLOBAL PLAN

**Thank you for choosing a Cigna Global plan to protect you and your family. It's our mission to help improve your health, wellbeing and sense of security - and everything we do is designed to achieve this.**

Please read this Customer Guide, along with *your Certificate of Insurance* and *your Policy Rules* as they all form part of *your* contract between *you* and *us* for this *period of cover*.

*You* have chosen a plan to meet *your* own unique needs, so as *you* look through *your Customer Guide* and discover the full extent of the cover *we* provide, *you* may see some terms that are in *italics*. These terms are clearly defined in *your Policy Rules* so as to avoid any confusion.

In the meantime, we hope *you* enjoy the peace of mind that comes from knowing *you* and *your* family have quick access to the quality medical *treatment you* need, whenever and wherever *you* need it.

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# OUR CUSTOMER PROMISE

We pride ourselves in offering *you* exceptional customer service. This is *our* promise to *you*:

- > *you* can speak to *our* highly experienced Customer Care Team 24 hours a day;
- > *you* will have quick and easy access to healthcare facilities and professionals around the world through *our* extensive network;
- > *we* will reimburse *your treatment* provider directly in most cases. On the rare occasion that *you* have to pay for *treatment* yourself, *we* aim to process *your* claim within 5 working days after receiving all necessary documentation;
- > *you* can receive payment in over 135 currencies.

## How this is delivered



Customer Service centres with multi-language assistance and support.



A medical network comprising of over 1 million partnerships, including 89,000 behavioural health care professionals, and 11,400 facilities and *clinics*.



A simple claims system that enables *you* to access *treatment* without paying in many cases, simply by calling *our* Customer Care Team first.



# GETTING IN TOUCH

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

-  Call: **+44 (0) 1475 788 182**
-  Fax: **+44 (0) 1475 492 113**
-  Email: **[cignaglobal\\_customer.care@cigna.com](mailto:cignaglobal_customer.care@cigna.com)**



## Inside the USA:

*Call:* 800 835 7677

*Fax:* 855 358 6457



## Inside Hong Kong:

*Call:* 2297 5210



## Inside Singapore:

*Call:* 800 186 5047

# YOUR ONLINE CUSTOMER AREA

As a *Cigna* customer *you* have access to a wealth of information wherever *you* are in the world through *your* secure online Customer Area. Here *you* will be able to effectively manage *your* *policy* including;

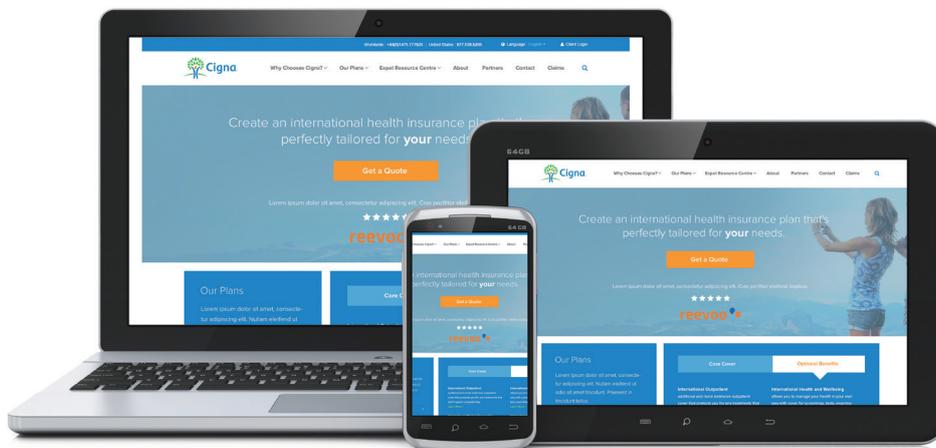
- > View *your* *policy* documents, including *your* *Certificate of Insurance* and *Cigna* ID cards for all the people covered under *your* *plan*
- > Check the *Policy Rules* that apply to *your* *policy*
- > Check *your* coverage for *you* and *your* family
- > Submit claims online
- > Search for healthcare facilities and professionals near *your* location
- > Country guides highlighting security and cultural information for many destinations around the globe
- > View *our* quarterly customer magazine
- > Download the Safe Travel app (Platinum and Gold plan customers only)

To access *your* secure online Customer Area, please log on to [www.cignaglobal.com](http://www.cignaglobal.com) then;

Click on the 'Customer Area Login' button at the top right of the page

Next, click on the 'Log into the Customer Area' button to access the Customer Area Login page

In the User ID field type the email address that *you* provided *us* with and then *your* password



If *you* have any problems accessing the Customer Area, please contact *our* Customer Care Team.

# YOUR GUIDE TO GETTING TREATMENT

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

## Prior approval

Please contact *our* Customer Care Team prior to *treatment*. 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.

If *we* cannot arrange direct payment with the provider, *we* will advise *you* of the nearest billing provider when *you* call for approval. There may be instances when *we* cannot arrange direct payments with a provider, and in such instances, *we* will let *you* know.

*Our* experts are available 24/7 to discuss *your treatment* plan and liaise directly with *your treatment* provider to arrange *guarantee of payment*, and ensure the *treatment* that *you* are about to undertake is covered under *your policy*.

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

## Emergency Treatment

*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

## Important note

Prior approval should be obtained from *us* for all *treatment*. This will help ensure *your* claim is covered under the *policy*. If *you* do not get prior approval from *us*, there may be delays in processing claims, or *we* may decline to pay all or part of the claim.

*We* will reduce the amount which *we* will pay by:

- > 50% if *you* did not obtain prior approval when it was required for *treatment* inside the USA;
- > 20% if *you* did not obtain prior approval for *treatment* outside the USA.

*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.

In the event of *emergency treatment* *we* will ask for an explanation of why the *treatment* was needed urgently, and may ask for evidence of this. If *we* agree that it was not reasonably possible or practical to seek prior approval, *we* will cover the cost of the initial *treatment* (including any prescribed medication) which was urgent (within the terms of this *policy*).

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

## Getting Treatment

Please remember to take *your Cigna ID card with you when you go for treatment* and ask *your hospital, medical practitioner or clinic* about direct billing if this has not already been confirmed. We will give the provider a *guarantee of payment*, if required. A copy of *your Cigna ID card* is available in *your secure online Customer Area*.

### Important note

All *beneficiaries* are responsible for paying any *deductible* and or *cost share* directly to the *hospital, medical practitioner or clinic* at the time of *treatment*.

### Guarantee of payment

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

## Getting treatment in the USA

If prior approval is obtained, but the *beneficiary* decides to receive *treatment* at a *hospital, medical practitioner or clinic* which is not part of the *Cigna network*, we will reduce any amount which we will pay by 20%. A list of *Cigna network hospitals, clinics and medical practitioners* is available in *your secure online Customer Area* or you can contact *our Customer Care Team* for more information.

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

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



## How we will pay claims after treatment

### We pay your hospital clinic or medical practitioner directly

Some *hospitals, medical practitioners or clinics* are willing to invoice *us* directly. If the *treatment* is covered, the *hospital, medical practitioner or clinic* should send *us* the original invoice and we will pay them directly.

### If your hospital, clinic or medical practitioner gives you an invoice

If a *hospital, medical practitioner or clinic* invoices a *beneficiary* directly, and the *hospital, medical practitioner or clinic* has not been paid, the *beneficiary* must send the original invoice to *us* as soon as possible, and we will make any payment under this *policy* to that *hospital, medical practitioner or clinic* directly.

### If you have paid your hospital, clinic or medical practitioner

If the *hospital, medical practitioner or clinic* invoices a *beneficiary* directly, and the invoice is paid, the *beneficiary* may send *us* the original invoice, receipt and claim form for the payment which has been made to the *hospital, medical practitioner or clinic* as soon as possible. We will then reimburse the *beneficiary* for any portion of the cost of the *treatment* which is covered.

In each case, we will only pay the parts of the costs incurred which are covered. We will let *you* know if we believe that any part of the cost incurred is not covered. We can reimburse *you* using bank wire transfer or cheque.

*You* can submit claims online via *your* secure online Customer Area, email, fax or send them in the post. Please see page 10 on how to submit claims for *your* specific region.

*You* can download claims forms from *your* secure online Customer Area or at [www.cignaglobal.com/help/claims](http://www.cignaglobal.com/help/claims).

## Important note

We may need to ask for extra information to help us process a claim, for example; medical reports or other information about the *beneficiary's* condition or the results of any independent medical examination that we may ask and pay for.

*Beneficiaries* should submit claim forms and invoices as soon as possible after any *treatment*. If the claim and invoice is not submitted to *us* within 12 months of the date of *treatment*, the claim will not qualify for payment or reimbursement by *us*.

## We will pay for the following costs related to your claim:

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

# SUBMITTING YOUR CLAIM

If you've paid for *your treatment* yourself, *you* can send *your* invoice and claim form to *us* using any of the following methods. Please clearly state your policy number on all documentation.

 **Online Customer Area:** [www.cignaglobal.com](http://www.cignaglobal.com)

 **Email:** [cignaglobal\\_customer.care@cigna.com](mailto:cignaglobal_customer.care@cigna.com)

 **Fax:** +44 (0) 1475 492 113

 **Post:**

**Inside the USA:**

**Fax:** 855 358 6457

## **Treatment incurred outside the USA, Hong Kong and Singapore**

Cigna Global Health Options  
Customer Service  
1 Knowe Road  
Greenock  
Scotland PA15 4RJ

## **Treatment incurred in the USA**

Cigna International  
PO Box 15964  
Wilmington  
Delaware 19850  
USA

## **Treatment incurred in Hong Kong**

Cigna Worldwide General Insurance Company Ltd  
Cigna Global Health Options  
Customer Service  
14/F to 15/F, 28 Hennessy Road  
Wan Chai  
Hong Kong

## **Treatment incurred in Singapore**

Cigna Europe Insurance Company S.A.-N.V. -  
Singapore Branch  
Cigna Global Health Options  
152 Beach Road  
#33-05/06 The Gateway East  
Singapore 189721



# SUMMARY OF YOUR GUIDE TO GETTING TREATMENT

The diagram below summarises how the *treatment* and claiming process works



Before getting *treatment* call our Customer Care Team. Please see relevant contact details on page 5



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



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



If you've chosen a *deductible* and/or *cost share* option, you pay this amount directly to your *hospital, clinic* or *medical practitioner* and we will pay the rest

If your *hospital, clinic* or *medical practitioner* gives you an invoice

Submit your invoice and claims form to us

We will reimburse your *hospital, clinic* or *medical practitioner* (less your applicable *deductible* and/or *cost share* option)

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

Submit your invoice and claims form to us

We will reimburse you (less your applicable *deductible* and/or *cost share* option)



We aim to process your claim within 5 working days after receiving all necessary documentation

## Claims Submission

You and all *beneficiaries* must comply with the claims procedures set out in this *Customer Guide*.

# OUR GLOBAL HEALTH ASSIST PROGRAM

**Our unique Global Health Assist program is carried out by our dedicated team of doctors and nurses, who work hand in hand with customers with serious or complex health conditions to bring them the full medical support they deserve.**

We are dedicated to helping *you* and *your* family live happier, healthier lives with an unparalleled level of clinical expertise, which grants all *beneficiaries* access to:



## DECISION SUPPORT PROGRAM



We provide *our* customers with access to speak with a *doctor* or nurse. This can offer an international second opinion service or simple reassurance to *our* customers at what can often be a sensitive and potentially emotional time. Included within this service may be an independent view on their diagnosis or *treatment* plan.

## NURSE COMPLEX CASE MANAGEMENT



When *treatment* is more complex, *our* nurses can take over the case providing clinical guidance and reassurance. In addition, that nurse can become the *beneficiary's* dedicated point of contact throughout the *treatment* process.



*Our* Global Health Assist service works with a proactive and personalised approach to manage complex health conditions.

*Our qualified nurses* from the Clinical team will immediately contact customers suffering from pre-existing conditions or serious illnesses and confirm a personalised and dedicated point of contact for the customer, and *you* will receive personalised support and information about;

- > *Our* decision support program;
- > Medical network/preferred provider information;
- > *Hospital* visits and navigating the “Healthcare Maze”;
- > Detailed coverage information and;
- > Personalised support and case management;
- > Global Care On Demand.

# HELPFUL INFORMATION

## What your exclusions mean

Exclusions are costs or *treatments* that are not covered by *your* plan. Please refer to *your Policy Rules* to see the list of General Exclusions that apply to all coverage and options under Cigna Global Health Options. If *you* have any special exclusions applied to *your* individual *policy*, they'll be on *your Certificate of Insurance*. For some special exclusions, *we* may have agreed to remove the special exclusion at an additional premium, details of which will be on *your Certificate of Insurance*.

## Don't understand some words and terms?

If you're not sure what any of the terms in this guide mean, don't worry. You'll find a handy list of definitions in *your Policy Rules*.

## Paying your premiums

*You* can choose to pay for *your* premiums on a monthly, quarterly or annual basis. *You* can make payments by debit or credit card, or alternatively if *you* pay annually, *you* can pay by bank wire transfer. Please let *us* know if *your* credit card has expired or if *you* get a new credit card so that *we* can update *your* card number and expiry date.

## Renewing your policy

*We* will contact *you* at least one calendar month prior to the end of *your period of cover* to see whether *you* want to renew *your policy*. *We* will inform *you* of any changes (if any) to *your benefits* and *policy* terms and conditions which will apply on renewal. *Your policy* documentation for the forthcoming *period of cover* will be available in *your* secure online Customer

Area, including *your* schedule of insurance which details *your* premium. If *you* have chosen to receive printed copies of *your policy* documents, *we* will send them to the postal address *you* gave *us*. If *you* decide to renew, *you* don't need to do anything, and *your* cover will be renewed automatically for another 12 months. *We* will issue a *Certificate of Insurance* for your new *period of cover* on *your* annual renewal date.

## Changing your beneficiaries

Unless there has been a relevant *qualifying life event*, *you* can only add or remove a *beneficiary* when *your* cover is being renewed at the end of the annual *period of cover*. If there has been a relevant *qualifying life event*, such as marriage, divorce, or the birth of a child, *you* can add or remove a *beneficiary* at any time during *your* annual *period of cover*. If *you* would like to add, remove or change a *beneficiary*, just call the Customer Care Team, and they will be happy to help *you*.

## Making changes to your plan

If *you* want to make any changes to *your* plan, this can be done when *your* cover is being renewed at the end of the annual *period of cover*. Please contact the Customer Care Team who will be happy to help, and discuss the various options and any additional premiums payable.

## Cancelling your policy

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

# HOW THE DEDUCTIBLE, COST SHARE AND OUT OF POCKET MAXIMUM WORK

Our wide range of *deductible* and *cost share* options allow *you* to tailor *your* plan to suit *your* needs.

*You* can choose to have a *deductible* and / or *cost share* on the International Medical Insurance and / or International Outpatient option. No *deductible* applies to *inpatient* cash benefits or newborn care benefits.

*You* will be responsible for paying the amount of any *deductible* and *cost share* directly to the *hospital, clinic or medical practitioner*.

We will let *you* know what this amount is. If *you* select both a *deductible* and a *cost share*, the amount *you* will need to pay due to the *deductible* is calculated before the amount *you* will need to pay due to the *cost share*. The *out of pocket maximum* is the maximum amount of *cost share* any *beneficiary* would have to pay per *period of cover*.

The following examples show how the *deductible, cost share and out of pocket maximum* work.

## EXAMPLE 1: DEDUCTIBLE

(also known as 'excess')

This is the amount of money *you* pay towards *your* medical expenses per *period of cover*.

Claim value:	<b>\$1,200</b>
Deductible:	<b>\$500</b>



**YOU PAY..**  
Deductible of  
**\$500**



**WE PAY...**  
**\$700**

### WHAT THIS MEANS FOR YOU...

*You* only pay the *deductible* amount and *we* pay the rest.

## EXAMPLE 2: COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when *your cost share* after *deductible* amount is under the *out of pocket maximum*)

*Cost share* is the percentage of every claim *you* will pay. *Out of pocket* is the maximum amount *you* would have to pay in *cost share* per *period of cover*.

Claim value:	<b>\$5,000</b>
Deductible:	<b>\$0</b>
20% cost share:	<b>\$1,000</b>
Out of pocket maximum:	<b>\$2,000</b>



**YOU PAY..**  
The 20% cost  
share of **\$1,000**



**WE PAY...**  
**\$4,000**

### WHAT THIS MEANS FOR YOU...

*Your cost share* is 20% of \$5,000 (\$1,000). This is less than *your out of pocket maximum*, so *you* pay \$1,000 and *we* cover the rest.

### EXAMPLE 3: COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when your cost share after deductible amount is over the out of pocket maximum)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	<b>\$20,000</b>
Deductible:	<b>\$0</b>
20% cost share:	<b>\$4,000</b>
Out of pocket maximum:	<b>\$2,000</b>



#### YOU PAY..

The out of pocket maximum of  
**\$2,000**



#### WE PAY..

**\$18,000**

#### WHAT THIS MEANS FOR YOU...

Your cost share is 20% of \$20,000 (\$4,000). This is more than your out of pocket maximum, so you only pay \$2,000 and we cover the rest.

### EXAMPLE 4: DEDUCTIBLE, COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when your cost share after deductible amount is under the out of pocket maximum)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	<b>\$20,000</b>
Deductible:	<b>\$375</b>
20% cost share:	<b>\$3,925</b>
Out of pocket maximum:	<b>\$5,000</b>



#### YOU PAY..

The deductible of  
**\$375** and the cost share of  
**\$3,925**



#### WE PAY..

**\$15,700**

#### WHAT THIS MEANS FOR YOU...

After you paid your deductible of \$375, your cost share is 20% of \$19,625 (\$3,925). This is not more than your out of pocket maximum, so you pay the \$3,925 towards satisfying the out of pocket maximum for the cost share (and the initial \$375 deductible that you paid at the outset) and we cover the rest.

#### ! Please note:

The deductible, cost share after deductible, and out of pocket maximum is determined separately for each beneficiary and each period of cover.

# YOUR BENEFITS IN DETAIL

When building *your* tailored Cigna Global plan, *you* may have chosen optional benefits to add to *your* core cover – International Medical Insurance. In this section we detail exactly what cover *you* can look forward to with each option. To remind yourself of which benefits *you've* chosen, take a look at *your Certificate of Insurance*. Your *Certificate of Insurance* will also detail the area of coverage *you* have selected for *your* plan, either *Worldwide including USA* or *Worldwide excluding USA*.

The *benefit* tables detail what is covered in *your* plan. The Platinum plan provides unlimited cover for International Medical Insurance and the International Outpatient option, with the exception of any *benefits* which have individual limits. The Gold and Silver plans, along with the Dental options, have annual maximums. These are the maximum amounts we will pay for per *beneficiary* per *period of cover*.

The *benefits* under International Outpatient, International Medical Evacuation, International Health and Wellbeing and the International Vision and Dental options will only be available if *you* have purchased these in addition to *your* core level of cover - International Medical Insurance. Please read the additional accompanying notes applicable to each *benefit* in the *benefit* tables.

The International Outpatient option includes *treatments* which take place at a *hospital*, consulting room or *outpatient clinic* when an admission as an *inpatient* or *daypatient* is not required. This means that *emergency treatment* that does not require an admission as an *inpatient* or *daypatient* will only be covered if *you* have purchased the International Outpatient option.

The *benefits* and any additional options chosen are provided subject to all of the terms, conditions, limits and exclusions of this *policy* (including the General Exclusions found in the *Policy Rules*, specific exclusions set out in the *list of benefits* and any special exclusions set out in *your Certificate of Insurance*). The *list of benefits* in this *Customer Guide* shows any limits which apply to the *benefits*. *Benefits* that are 'paid in full' are subject to the overall annual benefit maximum, where applicable. There are some *benefits* which have waiting periods, meaning *you* can only submit a claim for *treatments* incurred after the duration of the waiting period has been satisfied.

The *benefit* limits are displayed in USD, EUR and GBP. The currency in which *you* have chosen to pay *your* premium is the currency that applies to *your* plan *benefits*.



## **Out of Area Emergency cover - for customers who have Worldwide excluding USA area of coverage.**

For additional peace of mind, *your* plan includes emergency short-term medical coverage when *you* are visiting a location outside of *your selected area of coverage*.

*Beneficiaries* will be covered for *emergency treatment* on an *inpatient* or *daypatient* basis, or *outpatient* basis (if the International Outpatient additional coverage option has been purchased under *your policy*) during temporary business or holiday trips, even if those trips are outside *your selected area of coverage*. Coverage is limited to a maximum period of three (3) weeks per trip and a maximum of sixty (60) days per *period of cover* for all trips combined. Please read the full terms and conditions relating to this *benefit* in clause 10.6.1 of *your Policy Rules*.

# INTERNATIONAL MEDICAL INSURANCE

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

Your chosen level of cover is detailed in 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
<p><i>Annual benefit - maximum per beneficiary per period of cover.</i> This includes claims paid across all sections of International Medical Insurance.</p>	<p>\$1,000,000 €800,000 £650,000</p>	<p>\$2,000,000 €1,600,000 £1,300,000</p>	<p>Unlimited</p>

## YOUR STANDARD MEDICAL BENEFITS

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

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

	Silver	Gold	Platinum
<p><b>Intensive care:</b></p> <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 <i>beneficiary</i> to be treated in an <i>intensive care</i>, intensive therapy, coronary care or high dependency facility if: <ul style="list-style-type: none"> <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 <i>treatment</i>; and</li> <li>the care provided by that facility is routinely required by patients suffering from the same type of illness or <i>injury</i>, or receiving the same type of <i>treatment</i>.</li> </ul> </li> </ul>			

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

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

	Silver	Gold	Platinum
<b>Hospital accommodation for a parent or guardian</b> Up to the maximum amount shown per <i>period of cover</i> .	\$1,000 €740 £665	\$1,000 €740 £665	Paid in full
<ul style="list-style-type: none"> <li>› If a <i>beneficiary</i> who is under the age of 18 years old needs <i>inpatient treatment</i> and has to stay in <i>hospital</i> overnight, we will also pay for <i>hospital</i> accommodation for a parent or legal guardian, if:               <ul style="list-style-type: none"> <li>• accommodation is available in the same <i>hospital</i>; and</li> <li>• the cost is reasonable.</li> </ul> </li> <li>› We will only pay for <i>hospital</i> accommodation for a parent or legal guardian if the <i>treatment</i> which the <i>beneficiary</i> is receiving during their stay in <i>hospital</i> is covered under this <i>policy</i>.</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 <i>inpatient treatment</i> directly associated with an organ transplant, for the <i>beneficiary</i> if:               <ul style="list-style-type: none"> <li>• the transplant is <i>medically necessary</i>, and the organ to be transplanted has been donated by a member of the <i>beneficiary's</i> 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 <i>inpatient</i> basis.</li> <li>› We will pay for <i>inpatient treatment</i> directly associated with a bone marrow or peripheral stem cell transplant if:               <ul style="list-style-type: none"> <li>• the transplant is <i>medically necessary</i>; and</li> <li>• the material to be transplanted is the <i>beneficiary's</i> 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 <i>policy</i> if the transplants form part of <i>cancer treatment</i>. The cover which we provide in respect of <i>cancer treatment</i> is explained in other parts of this <i>policy</i>.</li> <li>› If a person donates bone marrow or an organ to a <i>beneficiary</i>, we will pay for:               <ul style="list-style-type: none"> <li>• the harvesting of the organ or bone marrow;</li> <li>• any <i>medically necessary</i> tissue matching tests or procedures;</li> <li>• the donor's <i>hospital</i> 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 <i>policy</i>.             </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 <i>outpatient treatment</i> for either the <i>beneficiary</i> or donor, unless the <i>beneficiary</i> has cover under the International Outpatient option for the specific <i>outpatient treatment</i> required.</li> <li>› If a <i>beneficiary</i> donates an organ for a <i>medically necessary</i> transplant, we will cover the medical costs incurred by the <i>beneficiary</i> associated with this donation up to any <i>policy</i> limits. However, we will only pay for the harvesting of the donated organ if the intended recipient is also a <i>beneficiary</i> under this plan.</li> <li>› We will consider all <i>medically necessary</i> transplants. Other transplants (such as transplants which are considered to be experimental procedures) are not covered under this <i>policy</i>. This is because of conditions or limitations to coverage which are explained elsewhere in this <i>policy</i>.</li> </ul> <p><b>Important note</b></p> <ul style="list-style-type: none"> <li>› A <i>beneficiary</i> 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>› <i>Treatment</i> for kidney dialysis will be covered if such <i>treatment</i> is available in the <i>beneficiary's</i> country of residence. We will pay for this on an <i>inpatient, daypatient, or outpatient</i> basis.</p> <p>› We will pay for kidney dialysis <i>treatment</i> outside the <i>beneficiary's</i> country of habitual residence if the country where that <i>treatment</i> is provided is within the <i>beneficiary's selected area of coverage</i>. We will pay for this on a <i>daypatient</i> basis. Travel and accommodation expenses incurred in connection with such <i>treatment</i> 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 <i>inpatient or daypatient</i> 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 <i>diagnostic tests</i> (excluding advanced medical imaging);</li> </ul> <p>where they are <i>medically necessary</i> and are recommended by a <i>specialist</i> as part of a <i>beneficiary's hospital stay</i> for <i>inpatient or daypatient treatment</i>.</p>			

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

	Silver	Gold	Platinum
<b>Home nursing</b> Up to 30 days and the maximum amount shown per <i>period of cover</i> .	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› We will pay for a <i>beneficiary</i> to have up to 30 days of <i>home nursing</i> care per <i>period of cover</i> if:</p> <ul style="list-style-type: none"> <li>• it is recommended by a <i>specialist</i> following <i>inpatient</i> or <i>daypatient treatment</i> which is covered by this <i>policy</i>;</li> <li>• it starts immediately after the <i>beneficiary</i> leaves <i>hospital</i>; and</li> <li>• it reduces the length of time for which the <i>beneficiary</i> needs to stay in <i>hospital</i>.</li> </ul> <p><b>Important note</b></p> <p>› We will only pay for <i>home nursing</i> if it is provided in the <i>beneficiary's</i> home by a <i>qualified nurse</i> and it comprises <i>medically necessary</i> care that would normally be provided in a <i>hospital</i>. We will not pay for <i>home nursing</i> 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 <i>period of cover</i> .	\$2,500 €1,850 £1,650	\$5,000 €3,700 £3,325	Paid in full
<p>› We will pay for <i>rehabilitation treatments</i> (physical, occupational and speech therapies), which are recommended by a <i>specialist</i> and are <i>medically necessary</i> after a traumatic event such as a stroke or spinal <i>injury</i>.</p> <p>› If the <i>rehabilitation treatment</i> is required in a residential <i>rehabilitation</i> centre we will pay for accommodation and board for up to 30 days for each separate condition that requires <i>rehabilitation treatment</i>.</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 <i>beneficiary</i> receives <i>inpatient treatment</i> as one day</li> <li>• we count each day on which a <i>beneficiary</i> receives <i>outpatient</i> and <i>daypatient treatment</i> as one day.</li> </ul> <p>› Subject to prior approval being obtained, prior to the commencement of any <i>treatment</i>, we will pay for <i>rehabilitation treatment</i> for more than 30 days, if further <i>treatment</i> is <i>medically necessary</i> and is recommended by the treating <i>specialist</i>.</p> <p><b>Important note</b></p> <p>› We will only pay for <i>rehabilitation treatment</i> if it is needed after, or as a result of, <i>treatment</i> which is covered by this <i>policy</i> and it begins within 30 days of the end of that original <i>treatment</i>.</p> <p>› All <i>rehabilitation treatment</i> must be approved by us in advance. We will only approve <i>rehabilitation treatment</i> if the treating <i>specialist</i> provides us with a report, explaining:</p> <ol style="list-style-type: none"> <li>i) how long the <i>beneficiary</i> will need to stay in <i>hospital</i>;</li> <li>ii) the diagnosis; and</li> <li>iii) the <i>treatment</i> which the <i>beneficiary</i> 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 <i>beneficiary</i> is given a terminal diagnosis, and there is no available <i>treatment</i> which will be effective in aiding recovery, we will pay for <i>hospital</i> or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.</p>			

	Silver	Gold	Platinum
<b>Internal prosthetic devices / surgical and medical appliances</b> Up to the maximum amount shown per <i>period of cover</i> .	Paid in full	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for internal prosthetic implants, devices or appliances which are put in place during <i>surgery</i> as part of a <i>beneficiary's treatment</i>.</li> <li>› A <i>surgical appliance</i> or a <i>medical appliance</i> can mean:               <ul style="list-style-type: none"> <li>• an artificial limb, prosthesis or device which is required for the purpose of or in connection with <i>surgery</i>; or</li> <li>• an artificial device or prosthesis which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as required by <i>medical necessity</i>; or</li> <li>• a prosthesis or appliance which is <i>medically necessary</i> and is part of the recuperation process on a <i>short-term</i> basis.</li> </ul> </li> </ul>			

	Silver	Gold	Platinum
<b>External prosthetic devices/surgical and medical appliances</b> Up to the maximum amount shown per <i>period of cover</i> .	For each prosthetic device  \$3,100 €2,400 £2,000	For each prosthetic device  \$3,100 €2,400 £2,000	For each prosthetic device  \$3,100 €2,400 £2,000
<ul style="list-style-type: none"> <li>› We will pay for external prosthetics, devices or appliances which are necessary as part of a <i>beneficiary's treatment</i> (subject to the limitations explained below).</li> <li>› We will pay for:               <ul style="list-style-type: none"> <li>• a prosthetic device or appliance which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as is required by <i>medical necessity</i>;</li> <li>• a prosthetic device or appliance which is <i>medically necessary</i> and is part of the recuperation process on a short-term basis.</li> </ul> </li> <li>› We will pay for an initial external prosthetic device for <i>beneficiaries</i> aged 18 or over per <i>period of cover</i>. We do not pay for any replacement prosthetic devices for <i>beneficiaries</i> who are aged 18 and over.</li> <li>› We will pay for an initial external prosthetic device and up to two replacements for <i>beneficiaries</i> aged 17 or younger per <i>period of cover</i>.</li> <li>› By an external 'prosthetic device', we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is <i>medically necessary</i> as part of <i>treatment</i> immediately following the <i>beneficiary's surgery</i> or as part of the recuperation process on a <i>short-term</i> basis.</li> </ul>			

	Silver	Gold	Platinum
<b>Local ambulance and air ambulance services</b>	Paid in full	Paid in full	Paid in full
<p>› Where it is <i>medically necessary</i>, we will pay for a local ambulance to transport a <i>beneficiary</i>:</p> <ul style="list-style-type: none"> <li>• from the scene of an accident or <i>injury</i> to a <i>hospital</i>;</li> <li>• from one <i>hospital</i> to another; or</li> <li>• from their home to a <i>hospital</i>.</li> </ul> <p>› We will only pay for a local road ambulance where its use relates to <i>treatment</i> which a <i>beneficiary</i> needs to receive in <i>hospital</i>. Where it is <i>medically necessary</i>, we will pay for an air ambulance to transport the <i>beneficiary</i> from the scene of an accident or <i>injury</i> to a <i>hospital</i> or from one <i>hospital</i> 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 <i>policy</i> 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 <i>beneficiary</i> for distances up to 100 miles (160 kilometres) and we will only pay for an air ambulance where its use relates to <i>treatment</i> which a <i>beneficiary</i> needs to receive in <i>hospital</i>.</li> </ul> <p>› This <i>policy</i> does not provide cover for mountain rescue services.</p> <p>› Cover for medical evacuation or repatriation is only available if <i>you</i> have cover under the International Medical Evacuation option. Please refer to the relevant section of this <i>Customer Guide</i> for details of that option.</p>			

	Silver	Gold	Platinum
<b>Inpatient cash benefit</b> Per night up to 30 nights per <i>period of cover</i> .	\$100 €75 £65	\$100 €75 £65	\$200 €150 £130
<p>› We will make a cash payment directly to a <i>beneficiary</i> when they:</p> <ul style="list-style-type: none"> <li>• receive <i>treatment</i> in <i>hospital</i> which is covered under this plan;</li> <li>• stay in a <i>hospital</i> overnight; and</li> <li>• have not been charged for their room, board and <i>treatment</i> 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 <i>treatment</i> in <i>hospital</i> after a serious accident, subject to the conditions set out below.</p> <p>› We will pay for emergency dental <i>treatment</i> which is required by a <i>beneficiary</i> while they are in <i>hospital</i> as an <i>inpatient</i>, if that emergency <i>inpatient</i> dental <i>treatment</i> is recommended by the treating <i>medical practitioner</i> because of a <i>dental emergency</i> (but is not the primary <i>treatment</i> which the <i>beneficiary</i> is in <i>hospital</i> to receive).</p> <p>› This <i>benefit</i> is paid instead of any other dental <i>benefits</i> the <i>beneficiary</i> 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	Gold	Platinum
\$5,000 €3,700 £3,325	\$10,000 €7,400 £6,650	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	Gold	Platinum
Paid in full	Paid in full	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
<p><b>Routine maternity benefit care</b> (Gold and Platinum plans only)</p> <p>Up to the maximum amount shown per <i>period of cover</i>. Available once the mother has been covered by the <i>policy</i> for twelve (12) months or more.</p>	Not covered	\$7,000 €5,500 £4,500	\$14,000 €11,000 £9,000
<p>› We will pay for the following parent and baby care and <i>treatment</i>, on an <i>inpatient</i> or <i>daypatient</i> basis as appropriate, if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of at least twelve (12) months or more:</p> <ul style="list-style-type: none"> <li>• <i>hospital</i>, 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> <p>› We will not pay for surrogacy or any related <i>treatment</i>. We will not pay for <i>maternity benefit care</i> or <i>treatment</i> for a <i>beneficiary</i> acting as a surrogate or anyone acting as a surrogate for a <i>beneficiary</i>.</p>			

	Silver	Gold	Platinum
<p><b>Complications from maternity</b> (Gold and Platinum plans only)</p> <p>Up to the maximum amount shown per <i>period of cover</i>. Available once the mother has been covered by the <i>policy</i> for twelve (12) months or more.</p>	Not covered	\$14,000 €11,000 £9,000	\$28,000 €22,000 £18,000
<p>› We will pay for <i>inpatient</i> or <i>outpatient treatment</i> relating to complications resulting from pregnancy or childbirth if the mother has been a <i>beneficiary</i> under this <i>policy</i> 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.</p> <p>› This part of the <i>policy</i> does not provide cover for home births.</p> <p>› We will only pay for a Caesarean section, where it is <i>medically necessary</i>. If we cannot confirm that it was <i>medically necessary</i>, we will only pay up to the limit of the mother's routine <i>maternity benefit care</i> cover.</p> <p>› We will not pay for surrogacy or any related <i>treatment</i>. We will not pay for <i>maternity benefit care</i> or <i>treatment</i> for a <i>beneficiary</i> acting as a surrogate or anyone acting as a surrogate for a <i>beneficiary</i>.</p>			

	Silver	Gold	Platinum
<p><b>Homebirths</b> (Gold and Platinum plans only)</p> <p>Up to the maximum amount shown per <i>period of cover</i>. Available once the mother has been covered by the <i>policy</i> for twelve (12) months or more.</p>	Not covered	\$500 €370 £335	\$1,100 €850 £700
<p>› We will pay midwives' and <i>specialists'</i> fees relating to routine home births if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of twelve (12) months or more.</p> <p>› 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 <i>list of benefits</i>.</p>			

	Silver	Gold	Platinum
<p><b>Newborn care</b> Up to the maximum amount shown for <i>treatment</i> within the first 90 days following birth. Available once at least one parent has been covered by the <i>policy</i> 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>› Provided the newborn is added to the <i>policy</i>, we will pay for:</p> <ul style="list-style-type: none"> <li>up to 10 days routine care for the baby following birth; and</li> <li>all <i>treatment</i> required for the baby during the first 90 days after birth instead of any other <i>benefit</i>; if at least one parent has been covered by the <i>policy</i> for a continuous period of 12 months or more prior to the newborn's birth.</li> </ul> <p>We will not require information about the newborn's health or a medical examination if an <i>application</i> is received by us to add the newborn to the <i>policy</i> within 30 days of the newborn's date of birth. If an <i>application</i> 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>› We will pay for:</p> <ul style="list-style-type: none"> <li>up to 10 days routine care for the baby following birth; and</li> <li>all <i>treatment</i> required for the baby during the first 90 days after birth instead of any other <i>benefit</i>; if neither parent has been covered by the <i>policy</i> for a continuous period of 12 months or more prior to the newborn's birth and an <i>application</i> is received by us to add the newborn to the <i>policy</i> as a <i>beneficiary</i>. 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>› 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 <i>policy</i> 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 <i>period of cover</i>.</p>	\$5,000 €3,700 £3,325	\$20,000 €14,800 £13,300	\$39,000 €30,500 £25,000
<p>› We will pay for <i>treatment</i> of congenital conditions on an <i>inpatient</i> or <i>daypatient</i> basis which manifest themselves before the beneficiary's 18th birthday if:</p> <ul style="list-style-type: none"> <li>at least one parent has been covered by the <i>policy</i> for a continuous period of 12 months or more prior to the newborn's birth and the newborn is added to the <i>policy</i> within 30 days of the birth.</li> <li>they were not evident at <i>policy</i> inception.</li> </ul>			

## YOUR DEDUCTIBLE AND COST SHARE OPTIONS

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

THE FOLLOWING PAGES DETAIL THE  
OPTIONAL BENEFITS YOU MAY HAVE  
CHOSEN TO ADD TO YOUR CORE COVER –  
**INTERNATIONAL MEDICAL INSURANCE.**



**TAKE A LOOK AT YOUR  
CERTIFICATE OF INSURANCE  
TO REMIND YOURSELF EXACTLY  
WHAT COVER YOU HAVE.**



# 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.	Not covered	\$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 <i>diagnostic tests</i> (excluding Advanced Medical Imaging)</b> Up to the maximum amount shown per <i>period of cover</i> .	\$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 <i>treatment</i></b> Up to the maximum amount shown per <i>period of cover</i> .	\$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 <i>treatment</i></b> Up to the maximum amount shown per <i>period of cover</i> .	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 <i>period of cover</i> .	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 <i>period of cover</i> .	\$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 <i>treatment</i> which is covered under this <i>policy</i> (for example, as part of a <i>beneficiary's</i> follow-up care after they have suffered a stroke);</li> <li>it is confirmed by a <i>specialist</i> to be <i>medically necessary</i> on a <i>short-term</i> 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 <i>period of cover</i> .	\$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 <i>medical practitioner</i> on an <i>outpatient</i> basis.</p>			

	Silver	Gold	Platinum
<b>Rental of durable equipment</b> Up to a maximum of 45 days in the <i>period of cover</i> .	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 <i>period of cover</i>, if the use of that equipment is recommended by a <i>specialist</i> in order to support the <i>beneficiary's treatment</i>.</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 <i>injury</i>.</li> </ul>			

	Silver	Gold	Platinum
<b>Adult vaccinations</b> Up to the maximum amount shown per <i>period of cover</i> .	\$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 <i>period of cover</i> .	\$1,000 €740 £665	Paid in full	Paid in full
<ul style="list-style-type: none"> <li>› If a <i>beneficiary</i> needs <i>dental treatment</i> as a result of injuries which they have suffered in an accident, we will pay for <i>outpatient dental treatment</i> for any <i>sound natural tooth/teeth</i> damaged or affected by the accident, provided the <i>treatment</i> commences immediately after the accident and is completed within 30 days of the date of the accident.</li> <li>› In order to approve this <i>treatment</i>, we will require confirmation from the <i>beneficiary's</i> treating <i>dentist</i> of:               <ul style="list-style-type: none"> <li>• the date of the accident; and</li> <li>• the fact that the tooth/teeth which are the subject of the proposed <i>treatment</i> are <i>sound natural tooth/teeth</i>.</li> </ul> </li> <li>› We will pay for this <i>treatment</i> instead of any other <i>dental treatment</i> the <i>beneficiary</i> may be entitled to under this <i>policy</i>, when they need <i>treatment</i> following accidental damage to a tooth or teeth.</li> <li>› We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this <i>policy</i>.</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 <i>appropriate age intervals</i> up to the age of 6.</li> <li>› We will pay for well child routine tests at any of the <i>appropriate age intervals</i> (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 <i>medical practitioner</i> 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 <i>medical practitioner</i> at each of the <i>appropriate age intervals</i> (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.</p> </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:               <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <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> </ul> </td> <td style="vertical-align: top; padding-left: 20px;"> <ul style="list-style-type: none"> <li>• Influenza;</li> <li>• Hepatitis B;</li> <li>• Meningitis; and</li> <li>• Human Papilloma Virus (HPV).</li> </ul> </td> </tr> </table> </li> </ul>				<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> </ul>	<ul style="list-style-type: none"> <li>• Influenza;</li> <li>• Hepatitis B;</li> <li>• Meningitis; and</li> <li>• Human Papilloma Virus (HPV).</li> </ul>
<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> </ul>	<ul style="list-style-type: none"> <li>• Influenza;</li> <li>• Hepatitis B;</li> <li>• Meningitis; and</li> <li>• Human Papilloma Virus (HPV).</li> </ul>				

	Silver	Gold	Platinum
Annual routine tests	Paid in full	Paid in full	Paid in full

> We will pay for the following routine tests for children aged 15 or younger:
 

- one eye test; and
- one hearing test.

	Silver	Gold	Platinum
<b>60+ Care</b> <i>(Gold and Platinum plans only)</i> Up to the maximum amount shown per <i>period of cover</i> .	Not covered	\$1,000 €740 £665	\$2,000 €1,480 £1,330

> 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:
 

- Arthritis, joint or back pain
- Glaucoma
- Hypertension
- Osteoporosis / Osteopenia
- Type 2 Diabetes

**Important notes**

> 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.

> 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.

> *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*.

> The *benefit* is subject to any *cost shares* or *deductibles* elected on *your policy*.

## YOUR DEDUCTIBLE AND COST SHARE OPTIONS

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

# 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. It 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
<ul style="list-style-type: none"> <li>› Transfer to the nearest centre of medical excellence if the <i>treatment</i> the <i>beneficiary</i> needs is not available locally in an emergency.</li> <li>› If a <i>beneficiary</i> requires <i>emergency treatment</i>, we will pay for medical evacuation for them:             <ul style="list-style-type: none"> <li>• to be taken to the nearest <i>hospital</i> where the necessary <i>treatment</i> is available (even if this is in another part of the country, or in another country); and</li> <li>• to return to the place they were taken from, provided the return journey takes place not more than 14 days after the <i>treatment</i> is completed.</li> </ul> </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 <i>beneficiary</i> to travel to the airport by taxi, rather than by ambulance; and</li> <li>• approval is obtained in advance from the <i>medical assistance service</i>.</li> </ul> </li> <li>› We will pay for evacuation (but not repatriation) if the <i>beneficiary</i> needs <i>diagnostic tests</i> or <i>cancer treatment</i> (such as chemotherapy) if, in the opinion of our <i>medical assistance service</i>, evacuation is appropriate and <i>medically necessary</i> in the circumstances.</li> <li>› We will not pay any other costs related to an evacuation (such as accommodation costs).</li> </ul> <p><b>Important note</b></p> <ul style="list-style-type: none"> <li>› If you require to return to the <i>hospital</i> where you were evacuated for follow up <i>treatment</i>, we will not pay for travel costs or living allowance costs.</li> </ul>			

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

	Silver	Gold	Platinum
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full
<p>› If a <i>beneficiary</i> dies outside their <i>country of habitual residence</i> during the <i>period of cover</i>, the <i>medical assistance service</i> will arrange for their mortal remains to be returned to their <i>country of habitual residence</i> or <i>country of nationality</i> as soon as reasonably practicable, subject to airlines requirements and restrictions.</p> <p>› We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the <i>beneficiary's</i> mortal remains.</p>			

	Silver	Gold	Platinum
<b>Travel costs for an accompanying person</b>	Paid in full	Paid in full	Paid in full
<p>› If a <i>beneficiary</i> needs a parent, sibling, child, <i>spouse</i> 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 <i>medical assistance service</i> and the return journey must take place not more than 14 days after the <i>treatment</i> 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 <i>beneficiary's</i> medical requirements, the family member or partner who is accompanying them may travel in a different class.</p> <p>If it is <i>medically necessary</i> for a <i>beneficiary</i> to be evacuated or repatriated, and they are going to be accompanied by their <i>spouse</i> 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 <i>beneficiary</i> if the original purpose of the evacuation was to enable the <i>beneficiary</i> to receive <i>outpatient treatment</i>.</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 <i>period of cover</i> .	\$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 <i>period of cover</i> .	\$155 €125 £100	\$155 €125 £100	\$155 €125 £100
<p>› For each <i>beneficiary</i> we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by our <i>medical assistance service</i>.</p> <p>› We will pay the cost of economy class return travel for a parent, <i>spouse</i>, partner, sibling or child to visit a <i>beneficiary</i> after an accident or sudden illness, if the <i>beneficiary</i> is in a different country and is anticipated to be hospitalised for five days or more, or has been given a <i>short-term</i> 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 <i>country of habitual residence</i> up to the limits shown in the <i>list of benefits</i> (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 <i>beneficiary</i> 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>			

**The following important notes and general conditions apply to all of the cover which is provided under the International Medical Evacuation option.**

## Important notes

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

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

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

## General conditions

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

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

# 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 <i>period of cover</i> .	\$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 <i>period of cover</i> .	\$225 €165 £150	\$450 €330 £300	Paid in full
> We will pay for one papanicolaou test (pap smear) for female <i>beneficiaries</i> .			

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

	Silver	Gold	Platinum
<b>Mammograms for breast cancer screening</b> Up to the maximum amount shown per <i>period of cover</i> .	\$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 <i>period of cover</i> .	\$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 <i>beneficiaries</i> aged 55 or older.</li> </ul>			

	Silver	Gold	Platinum
<b>Bone densitometry</b> Up to the maximum amount shown per <i>period of cover</i> .	\$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 <i>beneficiary's</i> bones.</li> </ul>			

	Silver	Gold	Platinum
<b>Dietetic consultations</b>	Not covered	Not covered	Paid in full
<ul style="list-style-type: none"> <li>› We will pay for up to 4 consultations with a dietician per <i>period of cover</i>, if the <i>beneficiary</i> 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 <i>you</i> with any issue that matters to <i>you</i>.</li> <li>› We will pay for up to 5 counselling sessions per issue per <i>period of cover</i>. 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 <i>you</i>.</li> <li>› Information services provide support including assistance for day to day demands or the logistics of relocating. The information <i>specialists</i> 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 <i>our</i> health and wellbeing section is available in <i>your</i> 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 <i>beneficiary</i> per <i>period of cover</i> .	\$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 <i>period of cover</i>, 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 <i>period of cover</i>.</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 <i>period of cover</i> .			
<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 <i>medically necessary</i> or not prescribed by an ophthalmologist or optometrist; or</li> <li>• <i>treatment or surgery</i>, including <i>treatment or surgery</i> 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 <i>us</i> 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

### Preventative dental treatment

After the *beneficiary* has been covered on this option for 3 months.

#### Silver

Paid in full

#### Gold

Paid in full

#### Platinum

Paid in full

- › 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:
  - two dental check-ups per *period of cover*;
  - X-rays, including bitewing, single view, and orthopantomogram (OPG);
  - scaling and polishing including topical fluoride application when necessary (two per *period of cover*);
  - one mouth guard per *period of cover*;
  - one night guard per *period of cover*; and
  - Fissure sealant.

### Routine dental treatment

After the *beneficiary* has been covered on this option for 3 months.

#### Silver

80% refund per *period of cover*

#### Gold

90% refund per *period of cover*

#### Platinum

Paid in full

- › 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*):
  - root canal *treatment*;
  - extractions;
  - surgical procedures;
  - occasional *treatment*;
  - anaesthetics; and
  - periodontal *treatment*.

### Major restorative dental treatment

After the *beneficiary* has been covered on this option for 12 months.

#### Silver

70% refund per *period of cover*

#### Gold

80% refund per *period of cover*

#### Platinum

Paid in full

- › 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:
  - dentures (acrylic/synthetic, metal and metal/acrylic);
  - crowns;
  - inlays; and
  - placement of dental implants.
- › If a *beneficiary* needs major restorative *dental treatment* before they have had International Vision and Dental cover for 12 months, we will pay 50% of the *treatment* costs.

### Orthodontic treatment

After the *beneficiary* has been covered on this option for 18 months.

#### Silver

40% refund per *period of cover*

#### Gold

50% refund per *period of cover*

#### Platinum

50% refund per *period of cover*

- › 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.
- › We will only pay for orthodontic *treatment* if:
  - 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
  - we have approved the *treatment* in advance.

## Other dental treatment

If a *beneficiary* requires a form of *dental treatment* which is not provided for in this *Customer Guide*, they may contact *us* (before the *treatment* is received) to enquire whether *we* will provide cover for that *treatment*. *We* will consider the request, and will decide, at our discretion:

- whether *we* will pay for the *treatment*;
- if so, whether *we* will pay all or part of the cost; and
- which of the areas of cover it will come within (for the purposes of calculating when limits of cover are reached).
- prior approval should be obtained before any *treatment* is received.

## Dental exclusions

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

- › We will not pay for:
  - Purely *cosmetic* treatments, or other treatments which are not necessary for continued or improved *oral health*.
  - The replacement of any dental appliance which is lost or stolen, or associated *treatment*.
  - The replacement of a bridge, crown or denture which (in the reasonable opinion of a *dentist* of ordinary competence and skill in the *beneficiary's country of habitual residence*) is capable of being repaired and made usable.
  - The replacement of a bridge, crown or denture within five years of its original fitting unless:
    - it has been damaged beyond repair, whilst in use, as a result of a *dental injury* suffered by the *beneficiary* whilst they are covered under this *policy*; or
    - the replacement is necessary because the *beneficiary* requires the extraction of a *sound natural tooth/teeth*; or
    - the replacement is necessary because of the placement of an original opposing full denture.
  - Acrylic or porcelain veneers.
  - Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:
    - they are constructed of either porcelain; bonded-to-metal or metal alone (for example, a gold alloy crown); or
    - a temporary crown or pontic is necessary as part of routine or emergency *dental treatment*.
  - *Treatments*, procedures and materials which are experimental or do not meet generally accepted dental standards.
  - *Treatment* for dental implants directly or indirectly related to:
    - failure of the implant to integrate;
    - breakdown of osseointegration;
    - peri-implantitis;
    - replacement of crowns, bridges or dentures; or
    - any accident or *emergency treatment* including for any prosthetic device.
  - Advice relating to plaque control, oral hygiene and diet.
  - Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
  - Medical *treatment* carried out in *hospital* by an oral *specialist* may be covered under International Medical Insurance plan and/or International Outpatient, if this option has been bought, except when *dental treatment* is the reason for *you* being in *hospital*.
  - Orthodontic *treatment* for anyone after their 19th birthday.
  - Bite registration, precision or semi-precision attachments.
  - Any *treatment*, procedure, appliance or restoration (except full dentures) if its main purpose is to:
    - change vertical dimensions; or
    - diagnose or treat conditions or dysfunction of the temporomandibular joint; or
    - stabilise periodontally involved teeth; or
    - restore occlusion.





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

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



For insurances provided by Cigna Global Insurance Company Limited, the underwriting agent is Cigna Insurance Management Services (DIFC) Limited which is regulated by the Dubai Financial Services Authority.

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