

A photograph of a cyclist on a white mountain bike, wearing a red jersey and black shorts, riding through a wooded area. The scene is captured during sunset, with warm, golden light filtering through the trees. The cyclist's legs and the bike's frame are the primary focus. A blue semi-transparent banner is overlaid on the lower half of the image, containing the title text.

POLICY SUMMARY & KEY FACTS

About this document	<p>This document summarises the key benefits and the most significant exclusions of Cigna’s Global Health Options plans. However, a summary cannot fully describe all of the terms, conditions and exclusions and you should read in the full Policy Rules and the Customer Guide which contains the full list of benefits and claiming information.</p> <p>In the event of a discrepancy between the Policy documents (comprising of Policy Rules, the Customer Guide and your Certificate of Insurance) and this document, the Policy documents will prevail.</p>
Insurer	<p>The insurance will be provided by:</p> <ul style="list-style-type: none"> > Cigna Global Insurance Company Limited St Martin’s House, Le Bordage St Peter Port Guernsey GY1 4AU <p>The insurance is administered by:</p> <ul style="list-style-type: none"> > Cigna European Services (UK) Limited.
Regulator	<p>The insurer is authorised and regulated by the Guernsey Financial Services Commission for the conduct of insurance business in Guernsey, including matters relating to this policy.</p>
Main business activity	<p>Cigna’s main business activities are affecting and carrying out contracts of medical and life insurance.</p>
Address for summons and Authorised representative	<p>Alastair Watt Address as above.</p>
Directors	<p>Alastair Watt, Sébastien Haslé, Peter Greskoff, John Langlois, Eric Daoût.</p>

Type of insurance and cover

The policy is for individual private medical insurance, for expatriates only.

It covers certain costs of medically necessary treatment and certain services related to that treatment, as shown in the list of benefits in your Customer Guide. A summary of the benefits is detailed in the next section.

What is covered under your policy?

This Policy provides you, with cover for certain costs of medical treatment which you need and which is recommended for you by a qualified medical practitioner. There are three levels of cover available: Silver, Gold and Platinum which provide for different levels of treatment and different limits to the total costs of medical treatment that we will pay. All three levels of cover provide, subject to any deductible, cost share, special exclusions and the general exclusions and limitations (which are summarised below), cover for inpatient and daypatient treatment and accommodation costs associated with that treatment.

In addition, you may purchase optional benefits which provide cover, as follows:

International Outpatient: this provides cover for outpatient treatment including specialist consultations, medical emergencies where a hospital admission is not required, prescribed drugs and dressings and physiotherapy.

International Medical Evacuation: this provides cover for reasonable transport costs in the event that treatment which is medically necessary is not available where you are in an emergency, and for reasonable costs of repatriation to your home country or country of nationality.

International Health and Wellbeing: this provides cover for routine (i.e. non-diagnostic) screening, tests, examinations and for counselling support.

International Vision and Dental: this provides cover for a routine eye examination, spectacles and lenses, and a range of preventative, routine and major dental treatments.

How much of my claim will be covered?

Any claim you make will be subject to the individual benefit limits and overall maximum benefit limits applicable to your level of cover (Silver, Gold or Platinum). These are set out in the list of benefits in your Customer Guide.

The amount we pay in relation to each claim will also be subject to any deductible (that is, the amount towards each claim which you have chosen to pay) and any cost share (that is the percentage of each claim less any deductible which you have chosen to pay, up to a maximum amount, which we call your out-of-pocket maximum). Deductible, cost share after deductible and out of pocket maximums are determined separately for each beneficiary and each period of cover.

What is not covered?

There are certain medical treatments and conditions which are not covered under your policy. Those conditions which are not covered in relation to you specifically are set out in your Certificate of Insurance, known as special exclusions. Other treatments and conditions which are not covered are set out in your Policy Rules and Customer Guide. You should read your Certificate of Insurance, Policy Rules and Customer Guide carefully and ensure you understand what is and is not covered under your Policy.

Treatments and conditions which are not cover in your Policy include:

- > Any condition set out in your certificate of insurance (as discussed above);
- > Any pre-existing condition (that is any condition in relation to which you sought medical advice or treatment or which you knew about before the start of your Policy) unless we have agreed with you that a pre-existing condition may be covered;
- > Any treatment which is not recognised by accepted standards of medical practice or which is not clinically appropriate;
- > Treatment required as a consequence of a suicide attempt, self-inflicted injury or any illegal act on your part;
- > Any treatment for, or which is required as a result of, obesity (although we may pay for gastric banding surgery in certain circumstances);
- > Conditions resulting from addiction or substance or alcohol use or misuse;
- > Contraception, family planning or fertility treatment (although investigations into the cause of infertility may be covered in some circumstances);

- > Treatment outside your selected geographical area of cover, unless it can be covered under the terms of the out of area emergency cover benefit;
- > Cosmetic treatment (unless this is medically necessary as a result of an illness or injury you suffer which is itself covered by your Policy);
- > Treatment in a country of which you are a national at the time of treatment, except where you are on a visit to that country, the country is within your selected area of coverage, and the visits to that country during the period of your Policy amount to 90 days or less; and
- > (in relation to the Silver level of cover) maternity care.

In addition, we will not pay a claim where:

- > To do so would be illegal (for example, because of financial sanctions or other trade restrictions);
- > If you have not kept your premium payments up-to-date in accordance with the Policy;
- > You have not purchased the necessary optional benefits; or
- > The claim is submitted to us later than 12 months after the date of treatment.

The amount of your claim that we pay will be reduced if you did not obtain prior approval from us for all treatments (unless it is in respect of urgent treatment, in which case it must be notified to us within 48 hours of treatment being sought). Please see your Customer Guide for details of applicable penalties.

How long will my cover last?

This is an annual contract, effective from the policy start date, which will be shown on your Certificate of Insurance.

How do I renew my cover?

We will write to you at least one (1) calendar month before the end date and ask you whether you want to renew the cover you currently have. We will also inform you of any changes to the premiums, definitions, benefits and terms and conditions which would apply on renewal.

If you choose to renew, you do not need to do anything, and your cover will be renewed automatically for another twelve (12) months. If you do not want to renew your cover, you must let us know at least seven (7) days before your policy end date.

If you renew your policy, you may need to review and update your cover to ensure that it remains adequate.

Your right to cancel

You may ask us to cancel your policy within fourteen (14) days of the date of receipt of the policy. If no claims have been made, and no guarantees of payment or prior approvals have been put in place, we will refund any premium which has been paid.

Outside of this period, if you want to terminate this policy and end cover for all beneficiaries, you may do so at any time by giving us at least seven (7) days' notice in writing.

How do I pay my premium?

Premiums can be paid in the following ways:

- > Annually by electronic funds transfer
- > Monthly, quarterly or annually by credit or debit card

Your premiums, and details of how you have chosen to pay, are stated on your Certificate of Insurance.

Making a claim outside the USA

You must obtain prior approval from us, before receiving treatment or incurring costs.

If you have paid for treatment yourself, send your claim form and documentation relating to treatment to the following address. You can also email or fax us your claim form and documentation or submit claims in your secure online Customer Area.

- > Cigna Global Health Options
Customer Care Team
1 Knowe Road
Greenock
Scotland PA15 4RJ
- > Fax: +44 (0) 1475 492 113
- > Email: cignaglobal_customer.care@cigna.com

If you require assistance call: +44 (0) 1475 788 182

Making a claim inside the USA

If you have paid for treatment carried out in the USA, send your claim forms and documentation relating to treatment to the following address. You can also email or fax us your claim form and documentation or submit claims in your secure online Customer Area.

- > Cigna International
PO Box 15964
Wilmington
Delaware 19850
USA
- > Fax: +44 (0) 1475 492 113
- > Email: cignaglobal_customer.care@cigna.com

If you require assistance call: +44 (0) 1475 788 182

Inside the USA:

- > Call: 800 835 7677
- > Fax: 855 358 6457

Complaints

In the event that you wish to make a complaint, you may:

- > Write to:
Cigna Global Health Options
Customer Care Team
1 Knowe Road
Greenock
PA15 4RJ
- > Call: +44 (0) 1475 788 182
- > Email: cignaglobal_customer.care@cigna.com

If you are not satisfied, you may complain to the following body without prejudice to your right to bring proceedings in court.

Complaints body

If the complaint is not resolved, you may refer it to:

The Channel Islands Financial Ombudsman (CIFO)
PO Box 114
Jersey Channel Islands
JE4 9QG

Email: complaints@ci-fo.org

Together, all the way.SM



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