



Cigna Close CareSM Plan

A photograph of an elderly couple walking outdoors in a park-like setting. The man, on the left, has a white beard and is wearing a dark blue athletic shirt. The woman, on the right, has short white hair and is wearing a light blue athletic shirt. They are both smiling and looking down at their hands, which are clasped together. The woman is also wearing a white earbud and a black wristwatch. The background is a soft-focus green landscape.

CUSTOMER GUIDE

Everything you need to know about your plan

Together, all the way.SM





**HELPING TO IMPROVE YOUR
HEALTH, WELLBEING AND
PEACE OF MIND.**

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WANT TO GET IN TOUCH?

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



Use your Customer Area

- › Live chat with *us*
- › Message *us*
- › Arrange a callback



Call Us

International: **+44 (0) 1475 788 182**
USA: **800 835 7677** (toll free)
Hong Kong: **2297 5210** (toll free)
Singapore: **800 186 5047** (toll free)



Alternatively, *you* can email *us* at: cignaglobal_customer.care@cigna.com

WELCOME

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



Global network of over 1.65 million partnerships - quick and easy access to healthcare in *your* area of coverage.



For *your* convenience, we offer direct billing in most cases if *you* receive *treatment* at an in-network healthcare provider.



Access to tools including *our* Clinical Case Management Programme, Cigna WellbeingTM app and *your* online Customer Area.



We put *you* and *your* family at the heart of everything we do. Contact *our* highly experienced Customer Care Team 24 hours a day.

NEXT STEPS...

1

Read all policy documentation.

The following documents form part of the insurance contract between *you* and *us* for this *period of cover*. The terms in *italics* have their meaning specified in the Definitions section of the Policy Rules.

- ☐ **Customer Guide**
- ☐ **Policy Rules**
- ☐ **Certificate of Insurance**

These documents are available in *your* secure online Customer Area (see page 13).

2

Discover the full extent of cover we provide.

Review *your* *Certificate of Insurance* to remind yourself exactly what optional benefits *you* may have added to *your* *Core* cover.

3

Download our Cigna WellbeingTM app.

You can download the app for free via Google Play or the Apple Store:

- Step 1:** Search 'Cigna Wellbeing' in *your* App Store and download the app;
- Step 2:** Select 'Global Individual Plan' from the drop down menu;
- Step 3:** Log-in with *your* Customer Area credentials.

See page 9 to learn more about the Cigna WellbeingTM app's features.

YOUR CIGNA CLOSE CARESM PLAN

AREA OF COVERAGE



- › The Cigna Close CareSM plan covers *you* in *your country of habitual residence* and *your country of nationality*. This means *you* only pay for coverage where *you* need it most, in the country *you* will be living and when *you* return home for temporary visits.
- › These temporary visits may not exceed 180 days per *period of cover*, and the *country of nationality* must be within the *area of coverage*.



- › *USA area of coverage* is only permitted if either of the following options apply:
 - *USA coverage* is included if the *country of habitual residence* is the *USA*.
 - *USA nationals* can choose to purchase *USA coverage*. If the policyholder does not elect to purchase *USA coverage*, then *beneficiaries* do not have coverage on visits home.

OUT OF AREA EMERGENCY COVER



- › For additional peace of mind, when visiting a location outwith *your area of coverage*, *your* plan includes emergency medical coverage.
- › *Beneficiaries* will be covered for emergency *treatment* on an *inpatient* or *daypatient* basis, or *outpatient* basis (if the Outpatient and Wellness Care option has been purchased under *your policy*) during temporary trips, outside *your area of coverage*.
- › Coverage is limited to a maximum period of twenty one (21) days per trip and a maximum of forty five (45) days per *period of cover* for all trips combined. Please read the full terms and conditions relating to this benefit in clause 8.3 of *your Policy Rules*.

YOUR BENEFIT COVER



- › *Your Core cover* will cover *you* comprehensively for *inpatient* and *daypatient treatment*.
- › When building *your* tailored Cigna Close CareSM plan, *you* may have chosen the following optional benefits to add to *your Core cover* : the Outpatient and Wellness Care module and the Dental Care and Treatment module.
- › To remind yourself of which benefits you've chosen, take a look at *your Certificate of Insurance*, available on *your* online Customer Area.

CONDITION LIMIT



- › *Your Cigna Close CareSM plan* has a *condition limit* of \$250,000/€200,000/£165,000 per *beneficiary*, per *period of cover*.
- › This includes all claims paid across all sections of *inpatient*, *daypatient* and *outpatient treatment* in relation to the primary condition.
- › For the avoidance of doubt, this excludes any *pre-existing conditions*. For full details please refer to the list of benefits on page 16.

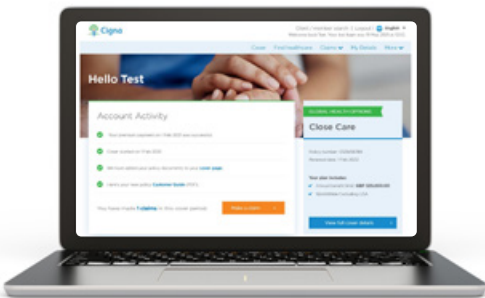
OUR CUSTOMER CARE

We put **PEOPLE FIRST** and *our* teams are dedicated to providing *you* with the highest level of service and care.



- › You can speak to *our* highly experienced Customer Care team 24 hours a day.
- › *Our* multi-language service centres will aim to answer *your* call within 20 seconds.
- › We aim to process *your guarantee of payment* within one hour after receiving all necessary documentation to avoid any delay to *your treatment*.
- › We aim to process claims *you* submit within five working days after receiving all necessary documentation.

You have access to easy online tools to manage *your policy* and submit *your claims*.



You have several ways of contacting *us*, to get the help *you* need in a manner that is convenient to *you*.



Live chat



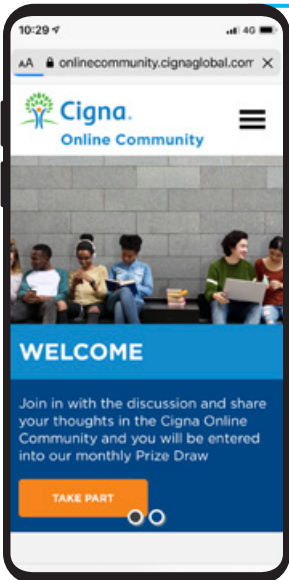
Call *us* or arrange a call back



Email *us*

Further details about *your* secure online Customer Area can be found on page 13 of this Customer Guide.

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



We strive to continuously enhance *our* health plans and services thanks to *your* feedback.

- › We may invite *you* to let *us* know if we are meeting *your* expectations through Net Promoter Score surveys.
- › We may invite *you* to join *our* exclusive Online Community to open a dialogue with *you* on the things that matter to *you* (subject to *your* location).



OUR WHOLE HEALTH SERVICES

We are your **WHOLE HEALTH PARTNER** and we're here to support you throughout your wellbeing journey.



Our Clinical Case Management programme can be accessed by **contacting our Customer Care team.**



Access our Clinical Team

You have access to our Clinical Case Management programme that is carried out by our dedicated team of *doctors* and nurses. They will provide support if you are diagnosed with *serious* or complex health conditions to bring you the full medical support you deserve.

The programme can support you through:

- › coordinating your healthcare and *treatment* plan;
- › accessing global medical experts for advice and support;
- › providing second medical opinions or medical reports if required.

Further details on our Clinical Case Management programme can be found on page 8 of this Customer Guide.

Access our Wellbeing™ App

The Cigna Wellbeing™ App gives you easy access to a suite of healthcare tools.

Our interactive app enables you to:

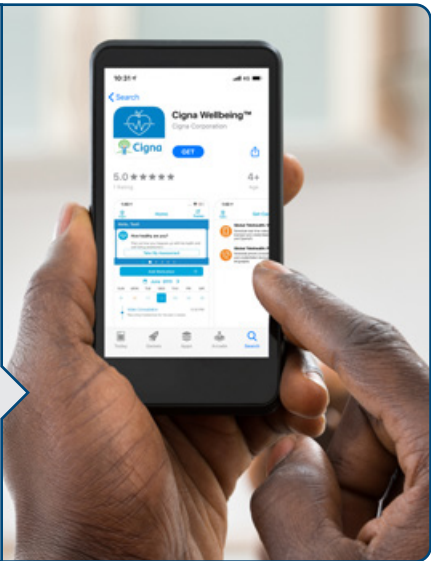
- › **Access Global Telehealth:** Video and phone consultations with *medical practitioners* and specialists;
- › **Manage health:** Health risk assessments and chronic condition management;
- › **Change behaviour:** Track biometrics and access online coaching programmes and a health library.

Further details on the Wellbeing™ App can be found on page 9 of this Customer Guide.

You can download the App for free via Google Play and the Apple Store.

Get started today:

- › Search “Cigna Wellbeing” in your App Store
- › Download the App
- › Select “Global Individual Plan (policyholder)”
- › Log-in with your Customer Area credentials.



Life Management Assistance Programme

Offered as part of the Outpatient and Wellness Care optional module only.

This service offers confidential assistance with any work, life, personal or family issue that matters to you through counselling, telephone support and online programmes.

You will have access to:

- › Telephonic, face-to-face, or video short-term counselling;
- › Mindfulness coaching sessions;
- › An online Cognitive Behavioural Therapy (CBT) programme;
- › Career support with life coaching sessions and assistance for people managers;
- › Information about local resources and referrals.

Further details can be found on page 26 of this Customer Guide.



Available if you have selected the Outpatient and Wellness Care optional module. If you would like to use this service, please **call us** and we will transfer you to our service provider.

CLINICAL CASE MANAGEMENT

We are dedicated to helping *you* and *your* family live happier, healthier lives thanks to *our* clinical expertise. This programme provides all *beneficiaries* access to clinical services by contacting *our* Customer Care team.

ACCESS CARE, ANYTIME, ANYWHERE

Our **Global Telehealth** service gives *you* access to licensed *doctors* around the world for non-emergency health issues. We can arrange a callback appointment for *you* often on the same day, or *you* can arrange a telephone or video consultation from the *Cigna Wellbeing™* app.

- › You can receive a diagnosis for non-emergency health conditions;
- › It can help prepare *you* for an upcoming consultation or hospitalisation;
- › You can discuss a medication or *treatment* plan and potential side effects.



FEEL SUPPORTED ON YOUR MEDICAL JOURNEY

Our **Case Management** service assigns *you* a case manager when *you* are diagnosed with a complex condition requiring special support. They will serve as *your* single point of contact, offering support through coordinating *your* healthcare and *treatment* plan.

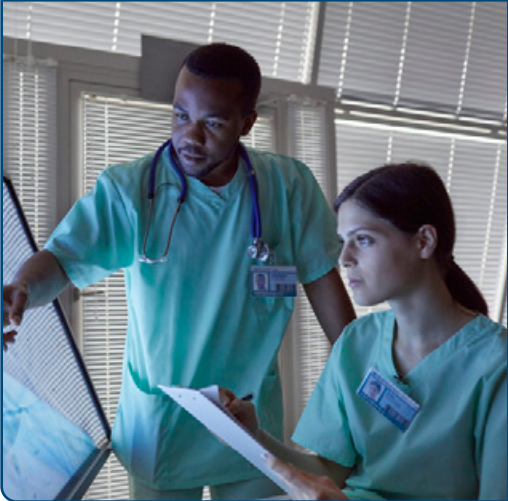
- › You will receive personalised advice and support from *your* assigned case manager;
- › We will create tailored *treatment* plans to best suit *your* individual needs.
- › We will aim to reduce the number of unnecessary or additional *hospital* admissions.



Our **Chronic Condition programme** offers support if *you* are suffering from a chronic condition. If the condition is a special exclusion as detailed on your *Certificate of Insurance*, we can still help *you* manage *your* condition although *your* exclusion will still apply to any *treatment*.

- › A case manager will schedule regular calls to monitor and evaluate *your* condition and *treatment* plan;
- › Your assigned case manager will create specific and achievable goals with *you* to better help *you* manage and maintain *your* condition.

FEEL REASSURED THANKS TO SECOND MEDICAL OPINIONS



Our **Decision Support programme** gives *you* access to leading medical experts to provide advice and recommendations on *your* individual diagnosis and *treatment* plan.

This service is provided through *our* independent partner, who work with global medical experts to provide advice and recommendations on individual cases and *treatment* plans.

- › You will receive contact from *our* partner within 48 hours of them receiving *your* medical history;
- › The medical report will contain the medical expert's opinion on *your* diagnosis and *treatment* plan;
- › You can also submit *your* own questions on *your* diagnosis and *treatment* plan to be answered in the report.

CIGNA WELLBEING™ APP

Our Cigna Wellbeing™ app provides *you* with a host of tools and features to help *you* manage *your* health and wellbeing.

ACCESS CARE, ANYTIME, ANYWHERE

The Cigna Wellbeing™ app is the easiest way to access Global Telehealth.

 Request an appointment	 Speak with a doctor	 Feel better
Use the Cigna Wellbeing™ app to make an appointment with a <i>doctor</i> anytime, anywhere.	The initial consultation will be with a General Practitioner (GP) - by phone or video.	Feel reassured <i>you</i> have spoken to a <i>doctor</i> .

Why use Global Telehealth?

- › **It's convenient.** There's no need to leave the house or workplace.
- › **It's available 24/7.** That's around the clock access to *doctors*, usually within 24 hours (depending on language preference).
- › **It's affordable.** It's an alternative to doctor office or clinic visits - with no deductibles or cost share payments and no limits to the number of consultations arranged.



MANAGE YOUR HEALTH

Health Assessments

The confidential online Health Risk Assessment allows *you* to create *your* own unique report. The 360° view of *your* health will provide *you* with:

- › Your health score
- › Your positive habits
- › The areas for improvement
- › Any risk areas

Chronic Condition Management

This programme, led by *our* highly experienced nurses, will help *you* take control of *your* chronic condition, including but not limited to:

- › Diabetes
- › High blood pressure
- › Heart problems

Please complete the Wellbeing Assessment and let *us* know if *you* would like to be contacted by *us*.

CHANGE BEHAVIOURS

Track Biometrics

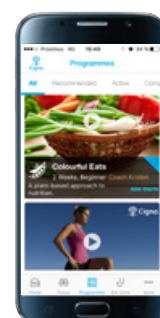
The Cigna Wellbeing™ App allows *you* to continuously track:

- › Sleep
- › Height/Weight
- › Blood sugar
- › Blood pressure
- › Cholesterol
- › Your health notes

Health Content & Coaching Programmes

Discover articles, online coaching programmes, and videos designed to help *you* make better decisions relating to sleep, stress, nutrition and exercise.

- › Lifestyle
- › General health
- › Nutrition / weight
- › Healthy recipes
- › Physical activity
- › Stress



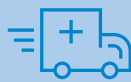
YOUR GUIDE TO GETTING TREATMENT

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

BEFORE TREATMENT

Contact our Customer Care team prior to *treatment*. You can contact us 24 hours a day via live chat on your secure online Customer Area, phone or email (See page 3 for details).

- › We can help you arrange your *treatment* plan, and point you in the right direction, saving you the time and hassle of looking for a *hospital, clinic* or *medical practitioner* yourself.
- › We can liaise directly with your *treatment* provider to ensure the *treatment* that you are about to undertake is covered under your *policy* and issue a prior authorisation.
- › We can liaise directly with your *treatment* provider to arrange direct billing by issuing a *guarantee of payment*.



If it's an emergency and you can't call us before, contact us within the next 48 hours.

RECEIVING TREATMENT

- › Please remember to take your *Cigna* ID card with you. A copy of your *Cigna* ID card is available in your secure online Customer Area.



AFTER TREATMENT

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

- › We will only pay the parts of the *treatment* costs incurred which are covered.
- › All *beneficiaries* are responsible for paying any deductible or cost share directly to the *hospital, clinic, medical practitioner* or pharmacy at the time of *treatment*.



A list of *Cigna* network *hospitals, clinics* and *medical practitioners* is available in your **secure online Customer Area** or you can **contact our Customer Care team** for more information.

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

- › Submit your invoice and claims to us:
 - Online via your secure online Customer Area;
 - Or via email, fax, or post (See page 12).
- › We will reimburse you (less your applicable deductible and/or cost share option).
- › We aim to process your claim within 5 working days after receiving all necessary documentation.



You can download your claims forms from your secure online Customer Area or at www.cignaglobal.com/help/claims.

Please note there may be certain countries where we are unable to pay a provider directly. In this instance, you will be responsible for paying any treatment costs to your provider and *Cigna* will reimburse you.

Please note, we may, at our sole discretion and without notification, make changes to the *Cigna* network from time to time by adding and/or removing *hospitals, clinics, medical practitioners* and pharmacies.

Before getting *treatment*, please read the following information regarding prior authorisation, *emergency treatment*, and getting *treatment* in the *USA*.



PRIOR AUTHORISATION

Please contact our Customer Care Team prior to *treatment*. Prior authorisation should be obtained from us for all *treatment*. This will help ensure your claim is covered under the *policy*.

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

If you do not get prior authorisation from us, there may be delays in processing claims, or we may decline to pay all or part of the claim. We will reduce the amount which we will pay by:

- › 50% if you did not call us for prior authorisation when it was required for *treatment* inside the *USA* (if the *USA* is included in your area of coverage);
- › 20% if you did not obtain prior authorisation for *treatment* outside the *USA*.

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



EMERGENCY TREATMENT

We appreciate that there will be times when it will not be practical or possible to contact us prior to *treatment* in an emergency and the priority is to get *treatment* as soon as possible. In circumstances like these, we ask that you or the affected *beneficiary* get in touch with us within 48 hours of receiving the *treatment*. This will allow us to confirm whether your *treatment* is covered and arrange settlement with your *treatment* provider.

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

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



GETTING TREATMENT IN THE USA

Treatment in the *USA* is covered under the terms of the *policy*, if it is covered within your *area of coverage*. If prior authorisation 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%.

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 *beneficiary's* home address; or
- › when the *treatment* the *beneficiary* needs is not available from a local *Cigna* network *hospital, medical practitioner* or *clinic*; or
- › when the *treatment* is *emergency treatment*.

For customers residing in the *USA*, we offer a home delivery pharmacy if you have a mailing address in the *USA*. This service may be a convenient option if you develop a condition that requires to take regular medication. Terms and conditions apply.

HOW TO SUBMIT CLAIMS

If you have paid for *your treatment* yourself, you can send *your* invoice and claim form to us. The easiest way to do this is via *your* secure online Customer Area.

YOU WILL NEED:



1 The **Invoice** from *your* medical provider



2 A completed **Claims Form**



3 The **Receipt** from *your* payment

Please clearly state *your* **Policy** number on any documentation *you* submit to us.

You can download *your* claims forms from *your* secure online Customer Area or at <https://www.cignaglobal.com/help/claims>.

YOU CAN SUBMIT YOUR CLAIMS VIA:



Your secure online Customer Area: see page 13 for more details



Email: cignaglobal_customer.care@cigna.com



Post:

Treatment incurred outside the USA

Cigna Global Health Options
Customer Service
1 Knowe Road
Greenock
Scotland PA14 4RJ

Treatment incurred inside the USA

Cigna International
PO Box 15964
Wilmington
Delaware 19850
USA

IMPORTANT INFORMATION

- › You and all *beneficiaries* must comply with the claims procedures set out in this Customer Guide.
- › We can reimburse *you* using bank wire transfer or cheque.
- › We may need to ask for extra information to help *us* process a claim, for example: medical reports or other information about the *beneficiary's* condition or the results of any independent medical examination that *we* may ask and pay for.
- › *Beneficiaries* should submit claims forms and invoices as soon as possible after any *treatment*. If the claim and invoice is not submitted to *us* within 12 months of the date of *treatment*, the claim will not qualify for payment or reimbursement by *us*.

Subject to the terms of this *policy*, 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.
- › If *you* exceed any individual benefit sub limit, or the overall annual benefit limit, we will seek reimbursement from *you* to cover the costs where *you* have exceeded *your* limit.

YOUR ONLINE CUSTOMER AREA

As a *Cigna Close Care*SM customer, *you* have access to a wealth of information wherever *you* are in the world through *your* secure online Customer Area.

To access *your* secure online Customer Area, please go to www.cignaglobal.com then:



Click on the **'Member Login'** button at the top right of the page.

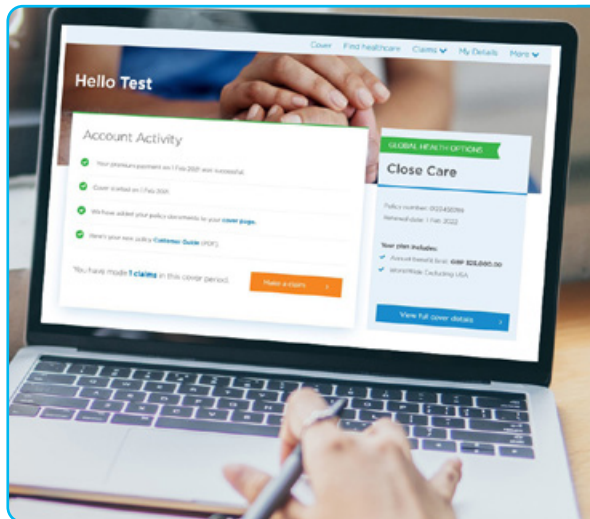


Select **'Global Individual Policy'** from the list and click **'Login'** button.



Enter the **email address** that *you* provided *us* with and then *your* password.

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



MANAGE YOUR POLICY

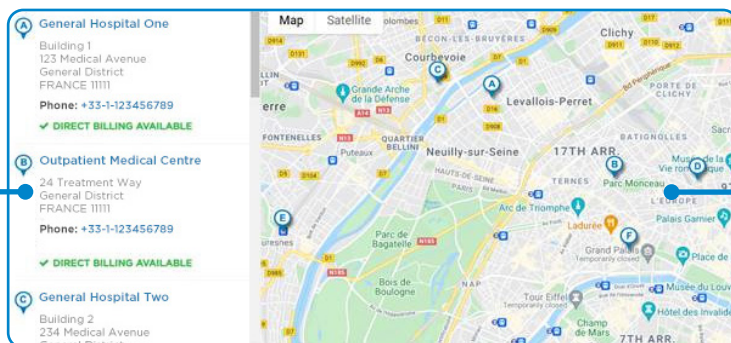
Your secure online Customer Area is the easiest way for *you* to manage *your* policy and access all information relating to *your* plan. Here *you* can:

- › View *your* policy documents, including *your* Certificate of Insurance and Cigna ID cards for all beneficiaries;
- › View any special exclusions that are applied to *your* policy;
- › View the benefits *your* plan includes;
- › View a summary of *your* premium payments;
- › View all correspondence with *us*;
- › Easily submit and track the status of *your* claims;
- › Update *your* details if required.

ACCESS CARE

Our search tool provides *you* with an easy way to find medical providers in *your* location. *You* can refine *your* search by medical speciality, type of facility, or healthcare professional.

A clear list of providers with direct billing.



A clear map showing where *you* are in relation to the providers.

CONTACT US

Your secure online Customer Area also provides *you* with convenient methods to contact *us* that include live chat, sending *us* a direct message, or by letting *us* know a convenient time for *you* in which we will call *you* back.



Live chat



Request a call back



Message us

HOW DEDUCTIBLE AND COST SHARE WORK

Our wide range of deductible and cost share options allow *you* to tailor *your* plan to suit *your* budget. *You* can choose to have a deductible and/or cost share on your *Core* cover and/or the Outpatient and Wellness Care optional module. .

If *you* chose a deductible and/or cost share, *your* premium will be lower than it otherwise would be.

- › **Deductible** - this is the amount *you* must pay towards *your* cost of *treatment* until the deductible for the *period of cover* is reached.
- › **Cost Share** - this is the cost share percentage *you* must pay towards *your* cost of *treatment*. This applies once the deductible amount (if selected) has been calculated.
- › **Out-of-Pocket Maximum** - this is the maximum amount of cost share *you* have to pay per *period of cover*. Only the amounts *you* pay related to the cost share are subject to the capping effect of the out of pocket maximum.

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

Example 1:
HOW THE DEDUCTIBLE WORKS

Claim value: **\$1,200**
Deductible: **\$375**

Once the deductible amount has been reached, we pay for all subsequent *treatment* costs for that *period of cover*.
In this example, the deductible amount has now been reached for this *period of cover*.



You pay the \$375 deductible

Claim: **\$1,200**

\$375

\$825



We pay \$825

Example 2:
HOW THE COST SHARE WORKS

Claim value: **\$5,000**
Deductible: **\$0**
Cost share: **20% = \$1,000**
Out of Pocket Maximum: **\$2,000**

The amount of cost share is subject to the capping effect of the out of pocket maximum.
In this example, \$1,000 has been paid towards the \$2,000 out of pocket maximum for this *period of cover*.



You pay the \$1,000 cost share

Claim: **\$5,000**

\$1,000

\$4,000

20% of \$5,000 is \$1,000



We pay \$4,000

Example 3:

HOW THE COST SHARE AND OUT OF POCKET MAXIMUM WORKS

Claim value: **\$20,000**

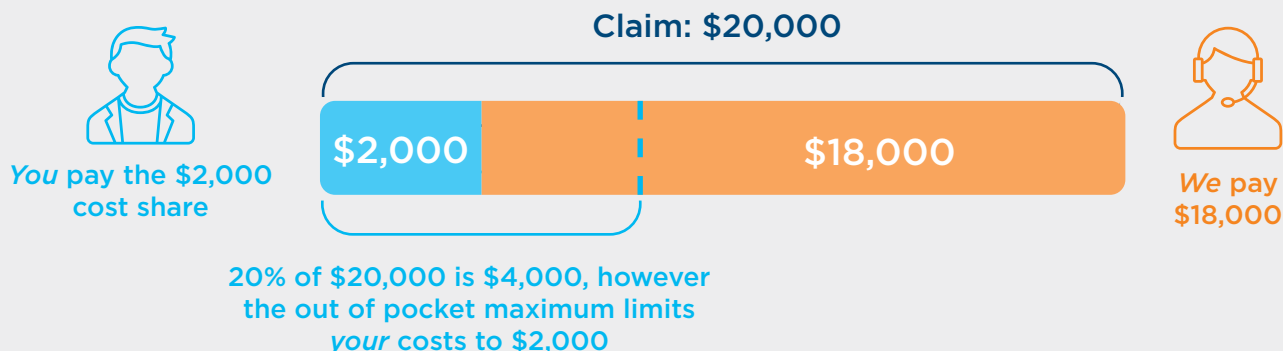
Deductible: **\$0**

Cost Share: **20% = \$4,000**

Out of Pocket Maximum: **\$2,000**

The out of pocket maximum protects *you* from large cost share amounts.

In this example, *you* have satisfied *your* out of pocket maximum and we will cover the rest for this *period of cover*.



Example 4:

HOW THE DEDUCTIBLE AND COST SHARE WORK IF YOU HAVE SELECTED BOTH

Claim value: **\$20,000**

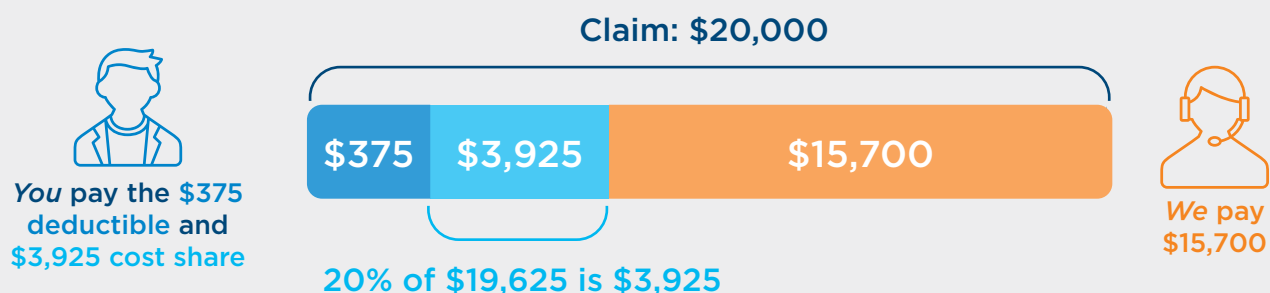
Deductible: **\$375**

Cost Share: **20% = \$3,925**

Out of Pocket Maximum: **\$5,000**

The deductible is due before the cost share is calculated.

In this example, *your* deductible of \$375 is taken off the cost of *treatment* first and then the 20% cost share is calculated. \$3,925 has been paid towards the \$5,000 out of pocket maximum for this *period of cover*.



IMPORTANT INFORMATION

- › You will be responsible for paying the amount of any deductible and cost share directly to the *hospital, clinic, medical practitioner* or pharmacy.
- › The deductible, cost share, and out of pocket maximum is determined separately for each *beneficiary* and each *period of cover*.
- › If *you* select both a deductible and a cost share, the amount *you* will need to pay due to the deductible is calculated before the amount *you* will need to pay due to the cost share.
- › You can request a change to the deductible and/or cost share and out of pocket maximum with effect from *your annual renewal date* each year. If *you* wish to remove or reduce *your* deductible, cost share or reduce *your* out of pocket maximum on *your* coverage, we may require *you* to provide us with more detailed medical information (including medical information of any *beneficiaries* if relevant) and we may apply new special restrictions or exclusions based on the information *you* provide us with.
- › You can remind yourself of any deductible or cost shares *you* may have selected by checking *your Certificate of Insurance* which is available in *your* secure online Customer Area.

YOUR CORE COVER

Your Core cover is detailed in the table below. This is your essential cover for *inpatient*, *daypatient* and accommodation costs, as well as cover for *cancer*, mental health care and much more. All amounts apply per *beneficiary* and per *period of cover* (except where otherwise noted).

INPATIENT AND DAYPATIENT BENEFITS

Area of Coverage

- › The *area of coverage* is limited to your *country of habitual residence* and *country of nationality*.
- › USA coverage is included if the *country of habitual residence* is the USA.
- › USA nationals can choose to purchase USA coverage (if the *policyholder* does not elect to purchase USA coverage, then *beneficiaries* do not have coverage on visits home).
- › USA *area of coverage* is not permitted if either of the options above do not apply.

YOUR OVERALL LIMIT

Annual overall benefit maximum - per beneficiary per period of cover.

This includes claims paid across all sections of *inpatient* and *daypatient* benefits.

\$500,000
€400,000
£325,000

Condition limit

Up to the total limit shown per *beneficiary* per *period of cover*.

\$250,000
€200,000
£165,000

This is the annual amount we will pay towards all costs of *treatment* following the diagnosis of a *condition*. This includes all claims paid across *inpatient*, *daypatient* and *outpatient* in relation to the primary *condition*. This applies to each *beneficiary* per *period of cover*.

Important notes

- › We will only pay up to the maximum amount in aggregate per *period of cover* as detailed in the *list of benefits*.
- › The costs do not include any evacuation or repatriation services.
- › Any further costs directly related to the medical *condition*, that exceed the *benefit* limit, will not be covered by us.
- › In determining when this limit has been reached, our *medical team* will take into account and review all of the relevant medical *treatment* and care received.
- › We will only pay for *outpatient* costs if the Outpatient and Wellness Care option has been selected, with the exception of certain *benefits* which include *outpatient treatment* as part of your *Core cover*.

Out of area emergency cover

Up to the total limit shown per *beneficiary* per *period of cover*.

\$40,000
€29,600
£26,600

- › Emergency *inpatient*, *daypatient* and *outpatient* medical *treatment* during temporary trips outside your *country of habitual residence* or *country of nationality*.
- › This is limited to 21 days per trip and a maximum of 45 days for all trips combined per *policy* year.
- › Emergency *outpatient treatment* is included up to \$2,500/€1,850/£1,650. This is only available if you have selected the Outpatient and Wellness Care option. Please refer to Policy Rules clause 8.3 for terms relating to this overall *benefit* limit.

Hospital charges for: Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full for a semi-private room
› We will pay for nursing care and accommodation whilst a <i>beneficiary</i> is receiving <i>inpatient</i> or <i>daypatient treatment</i>; or the cost of a <i>treatment</i> room while a <i>beneficiary</i> is undergoing <i>outpatient surgery</i>, if one is required. › We will only pay these costs if: • it is <i>medically necessary</i> for the <i>beneficiary</i> to be treated on an <i>inpatient</i> or <i>daypatient</i> basis; • they stay in <i>hospital</i> for a medically appropriate period of time; • the <i>treatment</i> which they receive is provided or managed by a <i>specialist</i>; and • they stay in a semi-private room with shared bathroom. › If a <i>hospital's</i> fees vary depending on the type of room which the <i>beneficiary</i> stays in, then the maximum amount which we will pay is the amount which would have been charged if the <i>beneficiary</i> had stayed in a standard semi-private room with shared bathroom or equivalent. › If the treating <i>medical practitioner</i> decides that the <i>beneficiary</i> needs to stay in <i>hospital</i> for a longer period than we have approved in advance, or decides that the <i>treatment</i> which the <i>beneficiary</i> needs is different to that which we have approved in advance, then that <i>medical practitioner</i> must provide us with a report, explaining: how long the <i>beneficiary</i> will need to stay in <i>hospital</i>; the diagnosis (if this has changed); and the <i>treatment</i> which the <i>beneficiary</i> has received, and needs to receive.	
Hospital charges for: › operating theatre. › prescribed medicines, drugs and dressings for <i>inpatient</i> or <i>daypatient treatment</i>. › <i>treatment</i> room fees for <i>outpatient surgery</i>. Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full
Operating theatre costs: › 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>. Medicines, drugs and dressings: › 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 treatment</i>. › Medicines, drugs and dressings which are prescribed for use at home will be covered under the limits of the prescribed drugs and dressing limit in the Outpatient and Wellness Care <i>benefits</i> (unless they are prescribed as part of <i>cancer treatment</i>).	
Pandemics, epidemics and outbreaks of infectious illnesses Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full
› We will pay for <i>medically necessary treatment</i> for disease or illness resulting from a pandemic, epidemic or outbreak of infectious illness, as defined by the World Health Organisation (WHO). › The <i>medically necessary treatment</i> and related medical conditions will be covered on an <i>inpatient</i> and <i>daypatient</i> basis. We will only pay for <i>outpatient treatments</i> if the <i>beneficiary</i> has cover under the Outpatient and Wellness Care option. Important notes › We will cover <i>medically necessary</i> testing for pandemic, epidemic or outbreak of infectious illness, according to the World Health Organisation (WHO) guidelines, on an <i>outpatient</i> basis under the pathology, radiology and diagnostic tests <i>outpatient</i> benefit in line with <i>policy</i> coverage for diagnostics for other illnesses.	

Intensive care: › intensive therapy. › coronary care. › high dependency unit. Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full
› 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: • that facility is the most appropriate place for them to be treated; • the care provided by that facility is an essential part of their <i>treatment</i>; and • the care provided by that facility is routinely required by patients suffering from the same type of illness or <i>injury</i>, or receiving the same type of <i>treatment</i>.	
Surgeons' and Anaesthetists' fees Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full
› We will pay for <i>inpatient</i>, <i>daypatient</i> or <i>outpatient</i> costs for: • surgeons' and anaesthetists' <i>surgery</i> fees; and • surgeons' and anaesthetists' fees in respect of <i>treatment</i> which is needed immediately before or after <i>surgery</i> (i.e. on the same day as the <i>surgery</i>). › We will only pay for <i>outpatient treatments</i> received before or after <i>surgery</i> if the <i>beneficiary</i> has cover under the Outpatient and Wellness Care option (unless the treatment is given as part of <i>cancer treatment</i>).	
Specialists' consultation fees Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full
› 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>. › We will pay for consultations with a <i>specialist</i> during stays in a <i>hospital</i> where the <i>beneficiary</i>: • is being treated on an <i>inpatient</i> or <i>daypatient</i> basis; • is having <i>surgery</i>; or • where the consultation is a <i>medical necessity</i>.	
Kidney Dialysis Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>.	\$5,000 €3,700 £3,325
› <i>Treatment</i> for kidney dialysis will be covered if such <i>treatment</i> is available in the <i>beneficiary's</i> country of <i>habitual residence</i>. We will pay for this on an <i>inpatient</i>, <i>daypatient</i>, or <i>outpatient</i> basis. › We will not pay for kidney dialysis <i>treatment outside the beneficiary's area of coverage</i> unless it is covered under the terms of the out of area emergency cover <i>benefit</i>.	
Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging) Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i>.	Paid in full
› Where investigations are provided on an <i>inpatient</i> or <i>daypatient</i> basis. › We will pay for: • blood and urine tests; • X-rays; • ultrasound scans; • electrocardiograms (ECG); and • other <i>diagnostic tests</i>; where they are <i>medically necessary</i> and are recommended by a <i>specialist</i> as part of a <i>beneficiary's</i> <i>hospital</i> stay for <i>inpatient</i> or <i>daypatient</i> <i>treatment</i>.	

Advanced Medical Imaging (MRI, CT and PET scans) Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$2,500 €1,850 £1,650
› 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>: • magnetic resonance imaging (MRI); • computed tomography (CT); and/or • positron emission tomography (PET); › We may require a medical report in advance of a magnetic resonance imaging (MRI) scan.	
Physiotherapy and complementary therapies Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$2,000 €1,480 £1,330
› Where <i>treatment</i> is provided on an <i>inpatient</i> or <i>daypatient</i> basis. › We will pay for <i>treatment</i> provided by physiotherapist and <i>complementary therapists</i>; (acupuncturists and practitioners of Chinese medicine) if these therapies are recommended by a <i>specialist</i> as part of the <i>beneficiary's hospital stay for inpatient or daypatient treatment</i> (but is not the primary <i>treatment</i> which they are in <i>hospital</i> to receive). The Acupuncturist and the practitioner of Chinese medicine must be a properly qualified practitioner who holds the appropriate licence in the country where the <i>treatment</i> is received.	
Rehabilitation Up to 30 days and the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$2,000 €1,480 £1,330
› 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>. › 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 <i>condition</i> that requires <i>rehabilitation treatment</i>. In determining when the 30 days limit has been reached: • we count each overnight stay during which a <i>beneficiary</i> receives <i>inpatient treatment</i> as 1 day; and • we count each day on which a <i>beneficiary</i> receives <i>outpatient</i> and <i>daypatient treatment</i> as 1 day. › 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>.	
Important notes › We will only pay for <i>rehabilitation treatment</i> if it is needed after, or as a result of, <i>treatment</i> which is covered by this <i>policy</i> and it begins within 30 days of the end of that original <i>treatment</i>. › All <i>rehabilitation treatment</i> must be approved by <i>us</i> in advance. We will only approve <i>rehabilitation treatment</i> if the treating <i>specialist</i> provides <i>us</i> with a report, explaining: i) how long the <i>beneficiary</i> will need to stay in <i>hospital</i>; ii) the diagnosis; and iii) the <i>treatment</i> which the <i>beneficiary</i> has received, or needs to receive.	

Mental Health Care

Up to the total limit shown per *beneficiary* per *period of cover*.

Up to 60 days (*inpatient* and *outpatient* combined).

Up to 30 days (*inpatient* only).

\$3,000

€2,200

£2,000

We will pay for:

- › Evidence-based and medically necessary treatment which is recommended by a medical practitioner.
- › Inpatient, daypatient or outpatient treatment carried out by a Psychologist and/or Psychiatrist who is licensed as such under the laws of that country.
- › Up to 60 days combined maximum total for *inpatient* and *outpatient* mental health care
- › Up to 30 days maximum for *inpatient* mental health care

Important notes

We will not pay for:

- › Educational intervention, speech therapy and any devices to aid speech.
- › Prescription drugs or medication prescribed on an *outpatient* basis for any of these conditions, unless you have purchased the Outpatient and Wellness Care option.
- › Prior authorisation is required for all *inpatient*, *daypatient* and *outpatient treatment*.
- › The *treatment* and diagnosis of addictions (including alcoholism) or any facilities specialised in addictions treatments.

Cancer care

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

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.

Hospice and Palliative care

Up to the maximum amount shown per lifetime.

\$2,500

€1,850

£1,650

We will pay for palliative care if a *beneficiary* is given a terminal diagnosis and their life expectancy is less than six months, and there is no available *treatment* which will be effective in aiding recovery.

We will pay for:

- › Home care;
- › *Inpatient* and *daypatient hospital* or hospice care and accommodation;
- › Prescribed medicines; and
- › Physical and psychological care.

Internal prosthetic devices

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

Paid in full

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

External prosthetic devices Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$2,500 €1,850 £1,650
➤ We will pay for external <i>prosthetic devices</i> which are necessary as part of a <i>beneficiary's treatment</i> (subject to the limitations explained below). ➤ We will pay for: • a <i>prosthetic device</i> or appliance which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as is required by <i>medical necessity</i>; or • a <i>prosthetic device</i> or appliance which is <i>medical necessary</i> and is part of the recuperation process on a <i>short-term</i> basis. ➤ We will pay for an initial external prosthetic device for <i>beneficiaries</i> aged 18 or over per <i>period of cover</i>. We do not pay for any replacement prosthetic devices for <i>beneficiaries</i> who are aged 18 and over. ➤ We will pay for an initial external prosthetic device and up to 2 replacements for <i>beneficiaries</i> aged 17 or younger per <i>period of cover</i>. ➤ By an external <i>prosthetic device</i>, we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is <i>medically necessary</i> as part of <i>treatment</i> immediately following the <i>beneficiary's surgery</i> or as part of the recuperation process on a <i>short-term</i> basis.	

Local ambulance services Up to the annual overall benefit maximum per <i>beneficiary</i> per <i>period of cover</i> .	Paid in full
➤ Where it is <i>medically necessary</i>, we will pay for a local road ambulance to transport a <i>beneficiary</i>: • from the scene of an accident or <i>injury</i> to a <i>hospital</i>; • from one <i>hospital</i> to another; or • from their home to a <i>hospital</i>. ➤ We will only pay for a local road ambulance where its use relates to <i>medically necessary treatment</i> which a <i>beneficiary</i> needs to receive in <i>hospital</i>. ➤ This <i>policy</i> does not provide cover for mountain rescue services. ➤ Cover for a medical evacuation or repatriation is not available.	

Emergency inpatient dental treatment Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$2,500 €1,850 £1,650
➤ We will cover <i>dental treatment</i> in <i>hospital</i> after a serious accident, subject to the <i>conditions</i> set out below. ➤ We will pay for emergency <i>dental treatment</i> which is required by a <i>beneficiary</i> while they are in <i>hospital</i> as an <i>inpatient</i>, if that emergency <i>inpatient dental treatment</i> is recommended by the treating <i>medical practitioner</i> because of a <i>dental emergency</i> (but is not the primary <i>treatment</i> which the <i>beneficiary</i> is in <i>hospital</i> to receive). ➤ This benefit is paid instead of any other dental benefits the <i>beneficiary</i> may be entitled to in these circumstances.	

Deductible (various) A <i>deductible</i> is the amount which you must pay before any claims are covered by your plan.	\$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
Cost share after deductible and out of pocket maximum <i>Cost share</i> is the percentage of each claim not covered by your plan. 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> . 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> .	First, choose your <i>cost share</i> percentage: 0% / 10% / 20% / 30% Next, choose your <i>out of pocket maximum</i> : \$2,000 or \$5,000 €1,480 or €3,700 £1,330 or £3,325

THE FOLLOWING PAGES DETAIL THE
OPTIONAL BENEFITS YOU MAY HAVE
CHOSEN TO ADD TO YOUR CORE COVER.



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



OUTPATIENT AND WELLNESS CARE

Outpatient and Wellness Care covers *you* more comprehensively for *outpatient* care that may arise where a *hospital* admission as a *daypatient* or *inpatient* is not required. Benefits include coverage for consultations with *medical practitioners* and *specialists*, prescribed drugs and dressings, physiotherapy and osteopathic and chiropractic treatments. As *your* whole health partner, *you* will also be covered for a range of pre-cancer screenings, routine adult physical exams, and have access to *our* Life Management Assistance Programme and *our* Telephonic Wellness Coaching programme.

Please note, we will only pay for *medically necessary* emergency *treatment* on an *outpatient* basis at an Accident and Emergency department in a *hospital* following an accident, sudden illness, and/or life threatening situation if the *beneficiary* has selected the Outpatient and Wellness Care option. We will only cover *outpatient* emergency *treatment* at an Accident and Emergency department up to the maximum applicable benefit limits.

YOUR OVERALL LIMIT

Annual overall benefit maximum - per beneficiary per period of cover This includes claims paid across all sections of Outpatient and Wellness Care.	\$5,000 €3,700 £3,325
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YOUR STANDARD MEDICAL BENEFITS

Consultations with <i>medical practitioners</i> and <i>specialists</i> Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$100/€75/£65 per visit. Up to 8 visits per year.
› We will pay for consultations or meetings with a <i>medical practitioner</i> which are necessary to diagnose an illness, or to arrange or receive <i>treatment</i> up to the maximum number of visits shown in the benefit table. › We will pay for non-surgical <i>treatment</i> on an <i>outpatient</i> basis, which is recommended by a specialist as being <i>medically necessary</i>.	
Pathology, radiology and <i>diagnostic tests</i> (excluding Advanced Medical Imaging) Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$1,000 €740 £665
› We will pay for the following tests where they are <i>medically necessary</i> and are recommended by a specialist as part of a <i>beneficiary's outpatient treatment</i>: • blood and urine tests; • X-rays; • ultrasound scans; • electrocardiograms (ECG); and • other <i>diagnostic tests</i> (excluding advanced medical imaging). Important note › We will pay for <i>medically necessary</i> testing for pandemic, epidemic or outbreak of infectious illnesses in line with the World Health Organisation (WHO) guidelines.	

Physiotherapy Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$1,000 €740 £665
› We will pay for physiotherapy <i>treatment</i> on an <i>outpatient</i> basis that is <i>medically necessary</i> and restorative in nature to help <i>you</i> to carry out <i>your</i> normal activities of daily living. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the <i>treatment</i> is received. This excludes any sports medicine <i>treatment</i>. › We will require a medical report and <i>treatment</i> plan prior to approval.	
Osteopathy and chiropractic treatment Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$100/€75/£65 per visit. Up to 8 visits per year.
› We will pay up to a combined maximum total of 8 visits in any 1 <i>period of cover</i> for osteopathy and chiropractic <i>treatment</i> which is <i>evidence-based treatment</i>, <i>medically necessary</i> and recommended by a treating <i>specialist</i>, if a <i>medical practitioner</i> recommends the <i>treatment</i> and provides a referral. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the <i>treatment</i> is received. This excludes any sports medicine <i>treatment</i>. › We will require a medical report and <i>treatment</i> plan prior to approval.	
Acupuncture and Chinese medicine Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$100/€75/£65 per visit. Up to 15 visits per year.
› We will pay for a combined maximum total of 15 consultations with acupuncturists and practitioners of Chinese medicine for each <i>beneficiary</i> in any 1 <i>period of cover</i>, if those <i>treatments</i> are recommended by a <i>medical practitioner</i>. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the <i>treatment</i> is received. › We will require a medical report and <i>treatment</i> plan prior to approval.	
Prescribed drugs and dressings Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$500 €370 £330
› We will pay for prescription drugs and dressings which are prescribed by a <i>medical practitioner</i> on an <i>outpatient</i> basis. Important note › Medication prescribed by a <i>medical practitioner</i> in the <i>USA</i> and/or delivered by a pharmacy in the <i>USA</i> are subject to <i>our formulary drugs</i> list.	
Rental of durable medical equipment Up to 45 days and the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$1,500 €1,100 £1,000
› 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>. › We will only pay for the rental of durable medical equipment which: • is not disposable, and is capable of being used more than once; • serves a medical purpose; • is fit for use in the home; and • is of a type only normally used by a person who is suffering from the effect of a disease, illness or <i>injury</i>.	
Adult vaccinations Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i> .	\$250 €185 £165
› We will pay for certain vaccinations and immunisations that are clinically appropriate.	

Dental accidents

Up to the total limit shown per *beneficiary* per *period of cover*.

\$500
€370
£330

- › If a *beneficiary* needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for *outpatient* dental treatment for any sound natural tooth/teeth damaged or affected by the accident, provided the *treatment* commences immediately after the accident and is completed within 30 days of the date of the accident.
- › In order to approve this *treatment*, we will require confirmation from the *beneficiary's* treating *dentist* of:
 - the date of the accident; and
 - the fact that the tooth/teeth which are the subject of the proposed *treatment* are sound natural tooth/teeth.
- › We will pay for this *treatment* instead of any other *dental treatment* the *beneficiary* may be entitled to under this *policy*, when they need *treatment* following accidental damage to a tooth or teeth.
- › We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this *policy*.

Child wellbeing tests

Up to the total limit shown per *beneficiary* per *period of cover*.

\$1,000
€740
£665

- › Payable for children at *appropriate age intervals* up to the age of 6.
 - › We will pay for child routine wellbeing tests at any of the *appropriate age intervals* and carried out by a *medical practitioner* to provide preventative care consisting of:
 - evaluating medical history;
 - physical examinations;
 - development assessment;
 - anticipatory guidance; and
 - appropriate immunisations and laboratory tests; for children aged 6 or younger.
- We will pay for 1 visit to a *medical practitioner* at each of the *appropriate age intervals* (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.
- › In addition, we will pay for:
 - 1 school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger; and
 - diabetic retinopathy screening for children over the age of 12 who have diabetes.

Child immunisations

Up to the total limit shown per *beneficiary* per *period of cover*.

\$1,000
€740
£665

- › We will pay for certain vaccinations and immunisations that are clinically appropriate for children aged 17 or younger.

Annual eye and hearing test for children aged 15 and younger

Up to the annual overall benefit maximum per *beneficiary* per *period of cover*.

Paid in full

- › We will pay for the following routine tests for children aged 15 or younger:
 - 1 eye test; and
 - 1 hearing test.

YOUR WELLNESS CARE BENEFITS

Life Management Assistance Programme	Included
Our Life Management Assistance programme is available 24 hours a day, 7 days a week, 365 days a year meaning <i>you</i> can contact the service for access to free, confidential assistance with any work, life, personal or family issue that matters to <i>you</i> at a time that is suitable for <i>you</i>. <i>You</i> will have access to the following services and tools: Short-term counselling: - Up to 6 counselling sessions via telephone, video, or face-to-face, per issue per <i>period of cover</i>. Common use cases include: managing anxiety and depression, couples' and family relationship support, bereavement, and more. Behavioural health: - Up to 6 sessions with a mindfulness coach via telephone per <i>period of cover</i>. Beneficial for individuals experiencing stress, and challenges with focus and concentration. - An online self-help Cognitive Behavioural Therapy (CBT) programme to address mild to moderate anxiety, stress, and depression, with unlimited access to the programme for 6 months. Career and workplace support: - Life coaching telephonic sessions to assist with personal growth and career development at work. - Telephonic sessions with a counsellor for managers to develop their people management skills. Practical needs: - Unlimited in the moment telephonic support for live assistance. - Pre-qualified referrals and information to assist with <i>your</i> day to day demands, such as relocation logistics, child or eldercare, legal or financial services. Please contact the Customer Service team if <i>you</i> wish to use this service. This service is provided by <i>our</i> chosen counselling provider.	
Telephonic Wellness Coaching	Included
We will match <i>you</i> with <i>your</i> own personal qualified wellness coach who is specifically trained in health behaviour change. <i>Your</i> coach will partner with <i>you</i> to identify a specific wellness goal that is important to <i>you</i>, and will support <i>you</i> in building a wellness plan around one of the following areas of focus: weight management, healthy eating, physical activity, sleep, stress management and tobacco cessation. <i>You</i> will have access to 6 confidential telephonic coaching sessions per focus area per <i>period of cover</i> with <i>your</i> dedicated coach to build <i>your</i> strategy and motivation to reach <i>your</i> wellbeing goal. <i>You</i> will be supported by <i>your</i> personal coach with advice and recommendations that can be implemented in between <i>your</i> 6 coaching sessions to ensure lasting lifestyle changes. The coaching sessions are delivered via telephone which means <i>you</i> can access it from the comfort of <i>your</i> own home and can be scheduled at a convenient time for <i>you</i>, based on time zone and language preference. Please note, this is a confidential service. Please contact the Customer Service team if <i>you</i> wish to use this service. This service is provided by <i>our</i> chosen coaching provider.	
Routine adult physical examination	\$100 €75 £65
Up to the total limit shown per <i>beneficiary</i> per <i>period of cover</i>. We will pay for 1 routine adult physical examination (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc.) for persons aged 18 or older.	

Pap smear Up to the combined total limit shown per <i>beneficiary</i> per <i>period of cover</i>. › We will pay for 1 papanicolaou test (pap smear) for female <i>beneficiaries</i>.	Combined aggregate limit of \$400 €300 £260
Prostate cancer screening Up to the combined total limit shown per <i>beneficiary</i> per <i>period of cover</i>. › We will pay for 1 prostate examination (prostate specific antigen (PSA) test) for male <i>beneficiaries</i> aged 50 or over.	
Mammograms for breast cancer screening Up to the combined total limit shown per <i>beneficiary</i> per <i>period of cover</i>. › We will pay for: • Aged 35-39: 1 baseline mammogram for asymptomatic women. • Aged 40-49: 1 mammogram for asymptomatic women every 2 years. • Aged 50 or older: 1 mammogram each year.	
Bowel cancer screening Up to the combined total limit shown per <i>beneficiary</i> per <i>period of cover</i>. › We will pay for 1 bowel cancer screening for <i>beneficiaries</i> aged 50 or older.	
Bone densitometry Up to the combined total limit shown per <i>beneficiary</i> per <i>period of cover</i>. › We will pay for 1 scan to determine the density of the <i>beneficiaries</i> bones when <i>medically necessary</i>.	
Deductible (various) 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
Cost share after deductible and out of pocket maximum <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>.	Choose <i>your cost share</i> percentage: 0% / 10% / 20% / 30% and <i>your applicable out of pocket maximum</i> is: \$3,000 €2,200 £2,000

DENTAL CARE AND TREATMENT

Maintain *your* oral health with the Dental Care and Treatment option. This option covers *you* for a wide range of preventative, routine and major dental treatments.

YOUR OVERALL LIMIT

Annual overall benefit maximum - per <i>beneficiary</i> per period of cover.	\$750 €550 £500
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YOUR STANDARD DENTAL BENEFITS

Preventative dental treatment After the <i>beneficiary</i> has been covered on this option for 3 months. Up to the annual overall benefit maximum per <i>beneficiary</i> per period of cover.	Paid in full
› We will pay for the following preventative dental treatment recommended by a <i>dentist</i> after a <i>beneficiary</i> has had Dental Care and Treatment cover for at least 3 months: • 2 dental check-ups per <i>period of cover</i>; • X-rays, including bitewing, single view, and orthopantomogram (OPG); • scaling and polishing including topical fluoride <i>application</i> when necessary (2 per <i>period of cover</i>); • 1 mouth guard per <i>period of cover</i>; • 1 night guard per <i>period of cover</i>; and • fissure sealant.	
Routine dental treatment After the <i>beneficiary</i> has been covered on this option for 3 months. Up to the annual overall benefit maximum per <i>beneficiary</i> per period of cover.	80% refund per period of cover
› We will pay <i>treatment</i> costs for the following routine dental treatment after the <i>beneficiary</i> has had Dental Care and Treatment cover for at least 3 months (if that <i>treatment</i> is necessary for continued oral health and is recommended by a <i>dentist</i>): • root canal <i>treatment</i>; • extractions; • surgical procedures; • occasional <i>treatment</i>; • anaesthetics; and • periodontal <i>treatment</i>.	
Major restorative dental treatment After the <i>beneficiary</i> has been covered on this option for 12 months. Up to the annual overall benefit maximum per <i>beneficiary</i> per period of cover.	70% refund per period of cover
› We will pay <i>treatment</i> costs for the following major restorative dental treatments after the <i>beneficiary</i> has had Dental Care and Treatment cover for at least 12 months: • dentures (acrylic/synthetic, metal and metal/acrylic); • crowns; • inlays; and • placement of dental implants. › If a <i>beneficiary</i> needs major restorative dental treatment before they have had the Dental Care and Treatment option for 12 months, we will pay 50% of the <i>treatment</i> costs.	

Dental exclusions

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

- › We will not pay for:
 - Purely *cosmetic treatments*, or other *treatments* which are not necessary for continued or improved oral health.
 - The replacement of any dental appliance which is lost or stolen, or associated *treatment*.
 - The replacement of a bridge, crown or denture which (in the reasonable opinion of a *dentist* of ordinary competence and skill in the *beneficiary's country of habitual residence*) is capable of being repaired and made usable.
 - The replacement of a bridge, crown or denture within five (5) years of its original fitting unless:
 - it has been damaged beyond repair, whilst in use, as a result of a dental *injury* suffered by the *beneficiary* whilst they are covered under this *policy*;
 - the replacement is necessary because the *beneficiary* requires the extraction of a sound natural tooth/teeth; or
 - the replacement is necessary because of the placement of an original opposing full denture.
 - Acrylic or porcelain veneers.
 - Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:
 - they are constructed of either porcelain; bonded-to-metal or metal alone (for example, a gold alloy crown); or
 - a temporary crown or pontic is necessary as part of routine or emergency dental treatment.
 - *Treatments*, procedures and materials which are experimental or do not meet generally accepted dental standards.
 - *Treatment* for dental implants directly or indirectly related to:
 - failure of the implant to integrate;
 - breakdown of osseointegration;
 - peri-implantitis;
 - replacement of crowns, bridges or dentures; or
 - any accident or *emergency treatment* including for any prosthetic device.
 - Advice relating to plaque control, oral hygiene and diet.
 - Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
 - Medical *treatment* carried out in *hospital* by an oral specialist may be covered under *your core cover* and/or Outpatient and Wellness Care option, if this option has been bought, except when dental treatment is the reason for *you* being in *hospital*.
 - Bite registration, precision or semi-precision attachments.
 - Any *treatment*, procedure, appliance or restoration (except full dentures) if its main purpose is to:
 - change vertical dimensions;
 - diagnose or treat *conditions* or dysfunction of the temporomandibular joint;
 - stabilise periodontally involved teeth; or
 - restore occlusion.



**HELPING TO IMPROVE YOUR
HEALTH, WELLBEING AND
PEACE OF MIND.**

NOTES

[illegible]

WANT TO GET IN TOUCH?

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



Use your Customer Area

Live chat with *us*
Message *us*
Arrange a call back



Call Us

International: **+44 (0) 1475 788 182**
USA: **800 835 7677** (toll free)
Hong Kong: **2297 5210** (toll free)
Singapore: **800 186 5047** (toll free)



Alternatively, *you* can email *us* at: cignaglobal_customer.care@cigna.com

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

For policies arranged through our Dubai International Finance Centre office, under insurance license Cigna Global Insurance Company Limited, the underwriting agent is Cigna Insurance Management Services (DIFC) Limited which is regulated by the Dubai Financial Services Authority.

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Together, all the way.SM

