Cigna Global Health options application form

Hello! We're glad you would like to join us

cigna healthcare

Please complete this application form and return it to us. See our contact information at the end of this form. Please complete this form in BLOCK CAPITALS.

IMPORTANT NOTES

1. Pursuant to Section 25(5) of the Insurance Act 1966 (or any subsequent amendment thereof), you are to disclose in this application form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise you may receive nothing from the policy.
2. This policy is underwritten by Cigna Europe Insurance Company S.A. – N.V. Singapore Branch ("Cigna") and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.
3. Please answer all the questions or indicate "Nil" or "NA" where applicable.
4. This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation ("SDIC"). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

SECTION A

APPLICATION DETAILS

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

YOUR PLAN

Which plan are you applying for?	Silver		Gold		Platinum
When do you want your cover to begin? (DD/MM/YYYY)					

POLICYHOLDER

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

Title		First Name		Other Initials		Surname	
Gender (please tick)		Male		Female		Date of birth (DD/MM/YYYY)	
Occupation							
Residential address:							
Address line 1							
Address line 2							
Address line 3							
Country						Zip/Postal Code	
Correspondence address (Where you would like any mail correspondence to be delivered if different from your residential address):							
Address line 1							
Address line 2							
Address line 3							
Country						Zip/Postal Code	
Daytime telephone number (Country code – Number)		Mobile telephone number (Country code – Number)				Fax (Country code – Number)	
Email address							
Nationality (What is the nationality on your passport that you will use to register this policy?)							
Location (The country in which you live/will live for the majority of your time for the period of cover)							
If you are currently residing in the USA, please provide us with your current USA address, state and zip code:							
Address							
City		State		Zip Code			
Height:	Feet		Inches		Centimetres	**Weight:**	Stones		Pounds		Kilogrammes	
Have you smoked, or used tobacco or nicotine replacement products in the last 12 months?						Yes		No				
If **Yes**, how many per day?		Less than 20 per day				20 or more per day						

DEPENDENT 1

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

DEPENDENT 2

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

DEPENDENT 3

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

DEPENDENT 4

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

SECTION B

APPLICANT DETAILS

Where do you want your cover?	Worldwide	Worldwide excluding USA

MAIN COVER – INTERNATIONAL PLAN – INPATIENT & DAYPATIENT BENEFITS

Choose your deductible							
	$0	$375	$750	$1,500	$3,000	$7,500	$10,000
	€0	€275	€550	€1,100	€2,200	€5,500	€7,400
	£0	£250	£500	£1,000	£2,000	£5,000	£6,650
Then, select your cost share percentage				No cost share	10%	20%	30%
Choose your out of pocket maximum (This is the maximum amount of cost share under International Medical Insurance plan you must pay in the event of a claim or claims per period of cover)						$2,000	$5,000
						€1,480	€3,700
						£1,330	£3,325

Further information relating to how Deductibles and Cost-shares work can be found on page 43 of the customer guide.

OPTIONAL BENEFITS

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

International Outpatient — Yes / No

As per our definitions in your Policy Rules document, Inpatient means a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

Daypatient means a patient who is admitted to a hospital or daypatient unit or other medical facility for treatment or because they need a period of medically supervised recovery, but who does not occupy a bed overnight. This also includes surgical procedures carried out in a doctor's surgery.

Outpatient means a patient who attends a hospital, consulting room, or outpatient clinic for treatment but is not admitted as a daypatient or an inpatient and does not occupy a bed.

Deductible

$0	$150	$500	$1,000	$1,500
€0	€110	€370	€700	€1,100
£0	£100	£335	£600	£1,000

Cost share after deductible (a $3,000 / €2,200 / £2,000 out of pocket maximum is applied to cost shares on International Outpatient)

No cost share	10%	20%	30%

International Evacuation	Yes	No
International Health and Wellbeing	Yes	No
International Vision and Dental	Yes	No

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

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

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

SECTION C

CONFIDENTIAL HEALTH QUESTIONNAIRE

Please tell us about past and present medical history for yourself and each person named in Section A. If you tick Yes to a question, please provide full details in Section D.

Once your application has been submitted we may need to contact you for further information before we can finalise your cover.

Careless or deliberate misrepresentation could result in Cigna rejecting claims, and/or cancelling cover. If you need help completing your application, please contact us.

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

Please note, if you have disclosed any medical information on a previous call or correspondence, you will be required to disclose this information again when answering the following medical questionnaire.

YOUR PLAN

	Has any applicant received treatment, tests or investigations for, or been diagnosed with, or had any symptoms of:	**POLICYHOLDER**		**DEPENDENT 1**		**DEPENDENT 2**		**DEPENDENT 3**		**DEPENDENT 4**	
1	**Diabetes and other endocrine (glandular) disorders** e.g. any thyroid disorder, weight problems, gout, pituitary or adrenal gland conditions.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2	**Heart or circulatory disorders** e.g. chest pain, heart attack, high blood pressure, vascular disease, coronary artery disease, angina, irregular heartbeat, aneurysm or heart murmur.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3	**Cancer, tumours or growths** including polyps, cysts or breast lumps.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
4	**Muscle or skeletal problems** e.g. back pain, whiplash, arthritis, joint pain or problems, gout, fractures, cartilage, tendon or ligament problems.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5	**Asthma, allergies, breathing or respiratory disorders** e.g. chest infections, pneumonia, bronchitis, shortness of breath, rhinitis, TB, emphysema or chronic obstructive pulmonary disease.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
6	**Gall bladder, stomach, intestinal, gastric or liver problems** e.g. irritable bowel disease, colitis, Crohn's disease, gastric or peptic ulcers, reflux, indigestion, heartburn, gall stones, hernia, haemorrhoids or hepatitis.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
7	**Brain or neurological disorders** e.g. multiple sclerosis, epilepsy or seizures, stroke, migraines, recurring or severe headaches, meningitis, shingles or nerve pain.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
8	**Skin problems** e.g. eczema, acne, moles, rashes, allergic reactions, cysts, dermatitis or psoriasis.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	**Blood, infective or immune disorders** e.g. high cholesterol, anaemia, malaria, HIV or systemic lupus erythematosus.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	**Urinary or reproductive disorders** e.g. urinary tract infections, kidney problems, fibroids, painful, irregular or heavy periods, fertility problems, polycystic ovarian syndrome, endometriosis, testicular or prostate problems.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
11	**Anxiety, depression, psychiatric or mental health issues** including eating disorders, post-traumatic stress disorder, alcohol or drug issues.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
12	**Ear, nose, throat, eye or dental problems** e.g. ear infections, sinus problems, tonsils and adenoids, cataracts, glaucoma, wisdom teeth problems.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Please also answer the following questions:										
13	Does anyone have any illness, condition or symptom not already mentioned? Please include details of any known or suspected issues whether or not medical advice has been sought or a diagnosis reached.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Does anyone take any medication, receive any treatment of any kind or expect to have a review or follow up for any current or past medical problem not already mentioned?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

SECTION D

ADDITIONAL HEALTH INFORMATION

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

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

SECTION E

DECLARATION FOR ALL CUSTOMERS

I hereby declare that I have taken reasonable care to answer all questions accurately, honestly and completely. I acknowledge that if I do not answer all questions accurately and completely as a result of my carelessness or as a result of deliberate or reckless misrepresentation, Cigna Healthcare may reject claims, and/or cancel cover as per the terms and conditions of this policy.

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

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

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

Signature	
Date (DD/MM/YYYY)	

FRAUD NOTICE

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

DATA PROTECTION

By providing the information set out in this application form, I agree and consent to Cigna Europe Insurance Company S.A.-N.V. Singapore Branch ("Cigna") and its related corporations (collectively, the "Companies"), as well as the Companies' authorised service providers and relevant third parties, collecting, using and/or disclosing my personal data for purposes reasonably required by the Companies to evaluate my application and to provide the products or services which I am applying for and such other purposes as described in Cigna's Personal Data Protection Policy.

Cigna's Personal Data Protection Policy is accessible from Cigna's website, which I confirm I have read and understood.

In respect of the dependents(s) as set out in this application form, I hereby confirm and represent to the Companies that each dependent of the policy I am applying for ("Dependent") has agreed and consented to the disclosure of their personal data to the Companies, and further, that for the Companies, its authorised service providers and relevant third parties, collecting, using and/or disclosing personal data of the Dependent for purposes reasonably required by the Companies to evaluate my application and to provide the products or services which I am applying for and such other purposes as described in Cigna's Personal Data Protection Policy. I hereby confirm to the Companies that the Dependent(s) has read and understood Cigna's Personal Data Protection Policy.

SPECIAL OFFERS, PROMOTIONS, PRODUCTS AND SERVICES

We would like to keep in touch with you to keep you updated about our special offers, promotions, products and services which we think will interest you. If you would like to receive this information, please tick the following: (you may choose more than one option) I consent to the Companies collecting, using and disclosing my personal data in their records for marketing and promotional purposes and providing me such information via:

Voice calls, SMS and fax	
Mail and e-mail	
Signature of Policyholder	
Date	

SECTION F
PAYMENT DETAILS

PAYMENT DETAILS FOR YOUR PREMIUM

This policy is an annual renewable contract with a minimum period of cover of three (3) months.									
Payment currency	**US Dollar**		**Euro**		**Sterling**				
Payment frequency	**Monthly**		**Quarterly**		**Annually**				
Payment method	**Credit/debit card**		**Bank wire transfer (Annual payment only)** (We will call you on receipt of your application to provide the relevant details)						
Type of card	**MasterCard**		**Visa**		**Visa Debit**		**Visa Electron**		**American Express**	
Please confirm that the payment card is that of the policyholder?	**Yes**		**No**						
If the cardholder is not the policyholder, please state the relationship to the policyholder	**Other beneficiary**		**Employer**		Company name				
	Spouse/partner		**Other**		Relationship				
	Family member								
Date of birth of cardholder (DD/MM/YYYY)									
Nationality of cardholder									
Is the billing address the residence address you have provided for your policy?	Yes		No						
If no, please provide the full billing address									

Product Summary

This Product Summary is for general information only. It is not a contract of insurance. The precise terms and conditions of this policy are shown in the Policy Rules. I hereby confirm that the following documents were given to me and the contents have been explained to me:

(a) Your Guide to Health Insurance (received a physical copy or informed to view or download from www.gia.org.sg or www.cigna.com.sg) and;

(b) Product Summary.

Signature of customer _____

Signature of Intermediary _____

Date _____

You may wish to seek advice from a qualified adviser before making a commitment to purchase this product. In the event that you choose not to seek advice from a qualified adviser, you should consider whether the product in question is suitable for you. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. If you decide that the policy is not suitable after purchasing it, you may terminate the policy in accordance with the free-look provision, if any, and we may recover from you any expense incurred by us in underwriting the policy.

Product Information

International Medical Insurance

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

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.

As per our definitions in *your Policy Rules* document:

- ***Inpatient*** means a patient who is admitted to *hospital* and who occupies a bed overnight or longer, for medical reasons.
- ***Daypatient*** means a patient who is admitted to a *hospital* or *daypatient* unit or other medical facility for *treatment* or because they need a period of medically supervised recovery, but who does not occupy a bed overnight. This also includes surgical procedures carried out in a *doctor's surgery*.
- ***Outpatient*** means a patient who attends a *hospital*, consulting room, or *outpatient clinic* for *treatment* but is not admitted as a *daypatient* or an *inpatient* and does not occupy a bed.
  Some benefits (Cancer care, Advanced Medical Imaging and Mental health care) included under the International Medical Insurance provide cover for treatment on *inpatient*, *daypatient* and *outpatient* basis. For all other benefits, you will need to add the optional International Outpatient module to be covered for *outpatient* treatment, as indicated in the benefit descriptions.

Important to note, ***Prior authorisation*** is required for all *Inpatient* and *Daypatient* treatments. Please refer to Page 12 of the Customer Guide for more information regarding *prior authorisation* and Page 3 of the same document for contact details. For all general exclusions please refer to your *Policy Rules* document found in your Customer Area.

Annual overall benefit maximum - per beneficiary per period of cover This includes claims paid across all sections of International Medical Insurance.	**Silver**	**Gold**	**Platinum**
	$1,000,000 €800,000 £650,000	**$2,000,000 €1,600,000 £1,300,000**	**Paid in full**

Hospital charges Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*. **This benefit requires *prior authorisation*.**	**Silver**	**Gold**	**Platinum**
	Paid in full Private room	**Paid in full Private room**	**Paid in full Private room**

- Nursing & accommodation for *inpatient & daypatient treatment*, and recovery room
- Operating theatre
- Prescribed medicines, drugs and dressings for *inpatient* or *daypatient treatment* only
- Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging. Advanced Medical Imaging are covered under a specific benefit)
- Treatment room and nursing fees for outpatient *surgery* (we will cover the nursing fees whilst a beneficiary is undergoing *surgery* as well as post *surgery* in the treatment or recovery room)
- Intensive care: intensive therapy, coronary care and high dependency unit
- Surgeons' and anaesthetists' fees
- *Inpatient* and *daypatient* specialists' consultation fees
- Emergency *inpatient* dental *treatment*.

We will partner with *you* and *your medical practitioner* to ensure *you* receive the appropriate care and *treatment* in the right medical facility.

Important note:

- We will only pay for outpatient treatments received before or after inpatient and daypatient treatments and *surgery* if the beneficiary has **purchased the optional cover** under the International Outpatient module (unless the outpatient treatment is given as part of a cancer treatment).

Hospital accommodation for a parent or guardian

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
$1,000 €740 £665	**$1,000 €740 £665**	**Paid in full**

If a *beneficiary* who is under the age of 18 years old needs and requires *inpatient treatment* and has to stay in *hospital* overnight, *we* will also pay for *hospital* accommodation for a parent or legal guardian, if accommodation is available in the same *hospital* and the cost is reasonable.

We will only pay for *hospital* accommodation for a parent or legal guardian if the *treatment* which the *beneficiary* is receiving during their stay in *hospital* is covered under this *policy*.

Pandemics, epidemics and outbreaks of infectious illnesses

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

We will pay for *medically necessary treatment* for disease or illness resulting from a pandemic, epidemic or outbreak of infectious illness, as defined by the World Health Organisation (WHO).

The *medically necessary treatment* and related medical conditions will be covered on an *inpatient* and *daypatient* basis. We will pay for outpatient treatments only if the beneficiary has purchased the optional cover under the International Outpatient module.

Important note:

The medically necessary testing done on an outpatient basis (such as at home or in a diagnostic center) for pandemic, epidemic or outbreak of infectious illness will only be covered under the pathology, radiology and diagnostic tests benefit included in the International Outpatient module. These outpatient diagnostic tests, recommended according to the World Health Organisation (WHO) guidelines, will be covered in the same way as the diagnostics for other illnesses.

Inpatient cash benefit

Per night up to 30 days per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$100 €75 £65	**$100 €75 £65**	**$200 €150 £130**

We will make a cash payment directly to a *beneficiary* when they:

- receive *treatment* in *hospital* which is covered under this plan;
- stay in a *hospital* overnight; and
- the *hospital* does not charge any fees for the room, board and *treatment* costs to either the *beneficiary*, any Insurance company and/or any applicable local state or governmental authority.

Accident and Emergency Room treatment

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum Updated
$500 €370 £335	$1,000 €740 £665	$2,000 €1,600 £1,300

We will pay for 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 situations, and where the *beneficiary* does not occupy a bed overnight for medical reasons.

Important notes:

- If *you* have selected the International *Outpatient* option; this benefit and the limits are satisfied first and then the applicable International *Outpatient* benefits can be used thereafter.
- No deductible or cost share that you may have selected on the International Medical Insurance core cover and\or on the International Outpatient option will apply to this benefit for any of the three plans.

Transplant services

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

We will pay for *inpatient* and *daypatient treatment* directly associated with an organ transplant for a *beneficiary* if a transplant is *medically necessary*, and the organ to be transplanted has been donated by a verified and legitimate source. *We* will also pay for any anti-rejection medicines following a transplant.

If a *beneficiary* requires an organ transplant (regardless of whether or not the donor is covered for this *policy*) *we* will pay for:

- the harvesting of the organ or bone marrow;
- any *medically necessary* tissue matching tests or procedures;
- the donor's *hospital* costs; and
- any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure.

Kidney Dialysis

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

- *Treatment* for kidney dialysis will be covered if such *treatment* is available in the *beneficiary's* country of residence. We will pay for this on an *inpatient*, *daypatient*, or *outpatient* basis.
- *We* will pay for kidney dialysis treatment outside the *beneficiary's* country of habitual residence if the country where that treatment is provided is within the *beneficiary's selected area of coverage*. We will pay for this on a *daypatient* basis. Travel and accommodation expenses incurred in connection with such *treatment* will not be covered.

Advanced Medical Imaging (MRI, CT and PET scans)

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires prior authorisation for both *inpatient*, *daypatient* and *outpatient* treatments.

Silver	Gold	Platinum
$10,000 €7,400 £6,650	$15,000 €12,000 £9,650	Paid in full

We will pay for advanced medical imaging if it is recommended by a medical practitioner as a part of a beneficiary's *inpatient*, *daypatient* or *outpatient* treatment.

Important note:

This benefit is subject to any deductible or cost share that you may have selected on the International Medical Insurance core cover for any advanced medical imaging treatment, including MRI, CT and PET scans performed on an outpatient basis.

Rehabilitation

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
$5,000 €3,700 £3,325 Up to 30 days	**$10,000 €7,400 £6,650 Up to 60 days**	**Paid in full Up to 90 days**

We will pay for *rehabilitation treatments* including physical physiotherapy, occupational, cardiac, pulmonary, cognitive and speech therapies.

We will only pay for *rehabilitation treatment* immediately after *surgery* and/or a traumatic event. If the *rehabilitation treatment* is required in a residential *rehabilitation* centre, *we* will pay for accommodation and board.

In determining when the per day limit has been reached, *we* count each overnight stay during which a *beneficiary* receives *inpatient* and/or *daypatient treatment* as one day.

Subject to *prior approval* being obtained, prior to the commencement of any *treatment*, we will pay for *rehabilitation treatment* for more than the number of days specified, if further treatment is *medically necessary* and is recommended by the treating specialist.

Important note:

We will only approve *rehabilitation treatment* if the treating specialist provides *us* with a report, explaining how long the *beneficiary* will need to stay in *hospital*, the diagnosis and the *treatment* which the *beneficiary* has received, or needs to receive.

Home nursing

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
$2,500 €1,850 £1,650 Up to 30 days	**$5,000 €3,700 £3,325 Up to 60 days**	**Paid in full Up to 120 days**

We will only pay for home nursing if it is provided in the *beneficiary*'s home by a *qualified nurse* and it comprises *medically necessary* care that would normally be provided in a *hospital*. *We* will not pay for home nursing which only provides non-medical care or personal assistance.

We will pay for a *beneficiary* to have home nursing if:

- it is recommended by a specialist following *inpatient* or *daypatient treatment* which is covered by this *policy*;
- it starts immediately after the *beneficiary* leaves *hospital*; and
- it reduces the length of time for which the *beneficiary* needs to stay in *hospital*.

Acupuncture and Chinese medicine

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
$1,500 €1,100 £1,000	**$2,500 €1,850 £1,650**	**Paid in full**

We will only pay for acupuncture and Chinese medicine if it is not the primary *treatment* which the *beneficiary* is in *hospital* 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 *treatment* is received.

Palliative care

Silver	Gold	Platinum
$35,000 €25,900 £23,275	**$60,000 €44,400 £38,400**	**Paid in full**

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

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.

Prosthetic devices

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

We will pay for internal and external *prosthetic* devices which are necessary as part of a *beneficiary's treatment*, subject to the limitations explained below.

We will pay for:

- a *prosthetic device* which is a necessary part of the *treatment* immediately following *surgery* for as long as is required by *medical necessity* and/or is part of the recuperation process on a short-term basis;
- an initial external *prosthetic device* (but not any replacement devices) for *beneficiaries* aged 18 years old and over per *period of cover*.

We will pay for an initial external prosthetic device and up to two replacements for *beneficiaries* aged 17 years old or *younger* per *period of cover*.

If a *beneficiary* requires a replacement *prosthetic device* during the *period of cover*, we will require an appropriate medical report.

Local ambulance & air ambulance services

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

Where it is *medically necessary* and related to a covered condition, we will pay for a local or air ambulance to transport a *beneficiary*:

- from the scene of an accident or *injury* to a *hospital*;
- from one *hospital* to another; or
- from their home to a *hospital*.

Important notes:

- *We* will only pay for a local air ambulance when appropriate, such as a helicopter, to transport a *beneficiary* for distances up to 100 miles (160 kilometres) when medically appropriate.
- This *policy* does not provide cover for mountain rescue services.
- Cover for medical evacuation or repatriation is only available if you have cover under the International Evacuation & Crisis Assistance Plus™ option. Please refer to page 33 of this Customer Guide for details of that option.

Mental and Behavioural Health Care

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires prior authorisation for *inpatient* and *daypatient* treatments. Prior authorisation is not required for any *outpatient* treatment under this benefit.

Silver	Gold	Platinum
$5,000 €3,700 £3,325 Up to 30 days* (*Inpatient* and *Daypatient treatment*)	**$10,000 €7,400 £6,650 Up to 60 days* (*Inpatient* and *Daypatient treatment*)**	**Paid in full Up to 90 days* (*Inpatient* and *Daypatient treatment*)**

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.

Autism and Attention Deficit Hyperactivity Disorder (ADHD)

We will pay for:

- Medical costs, including *doctor* and paediatrician visits related to Autism and Attention Deficit Hyperactivity Disorder (ADHD) on an *outpatient* basis only which are *evidence-based treatment* and *medically necessary*.
- Assessment and diagnostic testing for Autism and Attention Deficit Hyperactivity Disorder (ADHD) when symptoms are present.
- Behavioural therapy when *medically necessary* according to evidence-based *treatment*.

Important notes:

- This benefit is subject to any deductible or cost share that you may have selected on the International Medical Insurance core cover for any mental and behavioral health care, including any mental health treatment taking place on an outpatient basis.

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 International *Outpatient* option.

*Day limit only applies to inpatient and daypatient treatments.

Treatment for Obesity

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover*.

Available after the *beneficiary* has been covered for 24 months or more.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
No coverage	70% refund up to: $20,000 €14,800 £13,300	80% refund up to: $25,000 €18,500 £16,500

We will pay for obesity *surgery* for *beneficiaries* over the age of 18 years in circumstances where there is documented evidence that all other methods of weight loss, including but not limited to slimming classes, nutrition programmes, aids and drugs have been tried over the past 24 months. Please note, we will not cover any cost related to slimming classes, nutrition programmes, aids and drugs prior or post the *surgery*.

Important notes:

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

Cancer preventative surgery

Up to the total limit shown for *your* selected plan per *beneficiary* per *period* up to the total limit shown for your selected plan per beneficiary per *period of cover*.

Available once the beneficiary has been covered by the policy for 12 months or more.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
70% refund up to: $10,000 €7,400 £6,650	80% refund up to: $18,000 €13,300 £12,000	90% refund up to: $18,000 €13,300 £12,000

We will pay for preventative *surgery* when a *beneficiary* has a significant family history of a disease which is part of a hereditary cancer syndrome (such as ovarian cancer), and has undergone genetic testing which has established the presence of a hereditary cancer syndrome.

We will only pay for the genetic test if the *beneficiary* has cover under the Gold or Platinum International *Outpatient* option.

Cancer care

Up to the annual overall benefit maximum for your selected plan per *beneficiary* per *period of cover*.

This benefit requires prior authorisation for both *inpatient*, *daypatient* and *outpatient* treatments.

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.

Important note:

- We will only pay for the genetic test if the beneficiary has cover under the Gold or Platinum International Outpatient option.
- Any outpatient treatments, including prescribed drugs, related to cancer care will be covered under this benefit included in your International Medical Insurance core cover, instead of any outpatient benefit included under the optional International Outpatient module.

Cancer related appliances

Up to the total limit shown per *beneficiary* per lifetime per cancer related appliance.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
$125 €100 £85	$125 €100 £85	$125 €100 £85

If a *beneficiary* receives a *cancer* diagnosis, we will pay for the purchase of:

- Wigs / headbands for cancer patients
- Mastectomy bras for cancer patients

Congenital conditions

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum Updated
$5,000 €3,700 £3,325	$20,000 €14,800 £13,300	$50,000 €40,000 £33,000

We will pay for *treatment* of *congenital conditions* on an *inpatient* or *daypatient* basis that have manifested prior to a *beneficiary's* 18th birthday, regardless of the *beneficiary's* age at the time of the *treatment*.

Important notes:

- We cover the treatment of *congenital conditions* only under this specific benefit, and not under any other benefits listed, unless it is diagnosed within the first 90 days of a newborn care (see newborn care inpatient benefit) or after the 18th birthday.
- If a *congenital condition* is diagnosed after the beneficiary's 18th birthday, the treatment will be covered under the applicable *inpatient* and *daypatient* benefits, instead of this specific benefit.

Out of Area Emergency Hospitalisation Cover

For *beneficiaries* who do not have *Worldwide including USA* coverage.

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires *prior authorisation*.

Silver	Gold	Platinum
$100,000 €75,000 £65,000 (*Inpatient* and *Daypatient* treatment)	$250,000 €200,000 £162,500 (*Inpatient* and *Daypatient* treatment)	Paid in full (*Inpatient* and *Daypatient* treatment)

Emergency treatment for *inpatient* and *daypatient treatment* during temporary short term business or leisure trips outside *your area of coverage*, under life threatening circumstances.

Important notes:

The *beneficiary* must have been *treatment* free, symptom and advice free of the medical condition requiring *emergency treatment*, prior to initiating the travel.

Coverage is limited to:

- a duration not exceeding 21 days per trip; and
- a maximum of 60 days in aggregate per *period of cover* for all trips combined.

- Only if the International Outpatient option has been purchased under your policy, will beneficiaries also be covered for emergency Outpatient treatment. Cover will be subject to the overall outpatient annual maximum and the International Outpatient individual benefit limits. Please note this cover will be in addition to the Out of Area Emergency Hospitalisation Cover (for *inpatient* and *daypatient* treatment), described in this benefit.
- Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency *Hospitalisation* Cover.
- This benefit is not applicable if you have selected the *Worldwide including USA* coverage option.
- *We* will require evidence of *your* entry and exit to the *USA*.
- This option is not available if *your country of habitual residence* is the *USA*.
- Receiving medical *treatment* must not have been one of the objectives of the trip.
- *Emergency treatment* is only applicable if *you* are not able to benefit from free state-provided healthcare in that country.

GLOBAL TELEHEALTH

Global Telehealth with Teladoc Up to the total limit shown per *beneficiary* per *period of cover.*	Silver	Gold	Platinum
	Unlimited consultations	**Unlimited consultations**	**Unlimited consultations**

You have access to unlimited video and phone *doctor* consultations via the Cigna Wellbeing® App, or via a referral from *our* Customer Care team for non-emergency health issues. This includes but is not limited to:

- A diagnosis for non-emergency health issues ranging from acute conditions to complex chronic conditions
- Treating medical conditions like fever, rash, and pain
- Non-emergency paediatric care
- Making preparations for an upcoming consultation
- Discussing a medication plan and potential side effects
- Prescriptions for common health concerns, when *medically necessary* and permitted

If required, in-app referrals can be made to available Teladoc Global Telehealth specialists. This includes but is not limited to:

- Dermatology, Psychiatry, Internal Medicine, Gastroenterology, Gynaecology, Paediatrics, Orthopaedics

GPs can schedule these Global Telehealth Specialist appointments within five days of the initial consultation.

Important notes

- You can access Global Telehealth via the Cigna Wellbeing® App. Please see page 5 for details on how to download the app and register. On the app home screen, click on the 'Get Care' icon and select 'Global Telehealth'. Once you have accepted the Terms and Conditions and Privacy Policy, select 'Schedule Consultation' and proceed to book your consultation by selecting either 'phone consultation' or 'video consultation' and then follow the steps.
- Where you 'Request a call for later' a doctor will typically phone you back on the same day, dependent on language availability. Where you request a video consultation, you can select the day and time to suit you. We recommend having the application open 10 minutes before the scheduled time.
- Prescribing medication is permissible only when the *doctor* is licensed to prescribe medication in the state or country of where the *policy* is underwritten. *You* must have purchased the optional International *Outpatient* module to receive coverage under the *outpatient* prescribed drugs and dressing benefit.
- If you have selected a deductible or cost share for *outpatient treatment*, *you* will be required to pay this if *you* are prescribed medication.

PARENT AND BABY CARE

Routine maternity care *(Gold and Platinum plans only)* Up to the total limit shown for your selected plan per *beneficiary* per *period of cover.* **Available once the mother has been covered by the *policy* for 12 months or more.*** **This benefit requires *prior authorisation.***	Silver	Gold	Platinum
	No coverage	**$7,000 €5,500 £4,500**	**$14,000 €11,000 £9,000**

We will pay for the following *treatment*, on an *inpatient* or *daypatient* basis as appropriate, if the mother has been a *beneficiary* under this *policy* for a continuous period of at least 12 months or more*:

- *hospital*, obstetricians' and midwives' fees for routine childbirth; and
- any fees as a result of post-natal care required by the mother immediately following routine childbirth.

We will not pay for surrogacy or any related *treatment*. *We* will not pay for maternity care or *treatment* for a *beneficiary* acting as a surrogate, or anyone acting as a surrogate for a *beneficiary*.

Important note:

* For *treatment* incurred in either Hong Kong or Singapore, this benefit is only available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 24 months or more.

Complications from maternity *(Gold and Platinum plans only)*	Silver	Gold	Platinum
Up to the total limit shown for your selected plan per *beneficiary* per *period of cover.* **Available once the mother has been covered by the *policy* for 12 months or more.*** **This benefit requires prior authorisation for both *inpatient*, *daypatient* and *outpatient* treatments.**	**No coverage**	**$14,000 €11,000 £9,000**	**$28,000 €22,000 £18,000**

We will pay for *inpatient* or *outpatient treatment* relating to complications resulting from pregnancy or childbirth if the mother has been a *beneficiary* under this *policy* for a continuous period of at least 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.

- This part of the *policy* does not provide cover for home births.
- We will only pay for a Caesarean section, where it is *medically necessary*. If we cannot confirm that it was *medically necessary*, we will only pay up to the limit of the mother's routine maternity benefit care cover.

We will not pay for surrogacy or any related *treatment*. *We* will not pay for maternity benefit care or *treatment* for a *beneficiary* acting as a surrogate or anyone acting as a surrogate for a *beneficiary*.

Important note:

* For *treatment* incurred in either Hong Kong or Singapore, this benefit is only available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 24 months or more.

Homebirths *(Gold and Platinum plans only)*	Silver	Gold	Platinum
Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover.* **Available once the mother has been covered by the *policy* for 12 months or more.*** **This benefit requires *prior authorisation*.**	**No coverage**	**$500 €370 £335**	**$1,100 €850 £700**

We will pay midwives' and specialists' fees relating to routine home births if the mother has been a *beneficiary* under this *policy* for a continuous period of 12 months or more.*

- Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the list of benefits.

Important note:

* For *treatment* incurred in either Hong Kong or Singapore, this benefit is only available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 24 months or more.

Newborn Care	Silver	Gold	Platinum
Up to the total limit shown for your selected plan per *period of cover* within the first 90 days following birth. **Available once either parent has been covered by the policy for 12 months or more.*** **This benefit requires *prior authorisation*.**	**$25,000 €18,500 £16,500**	**$75,000 €55,500 £48,000**	**$156,000 €122,000 £100,000**

In order for any care or treatment to be provided to a newborn, the newborn must first be added to the policy, which will incur an additional premium, alongside the policyholder. Please see below the eligibility criteria for adding a newborn.

Once the newborn has been added to the policy, we will pay for

- up to 10 days routine care for the baby following birth; and
- all *inpatient and daypatient* treatment required for the baby during the first 90 days after birth instead of any other *inpatient or daypatient* benefit.

Important notes:

Adding the newborn to the *policy*:

- If at least one (1) parent has been covered by the *policy* for a continuous period of twelve (12) months or more* prior to the newborns birth, we will not require information about the newborn's health or a medical examination if an *application* is received by us to add the newborn to the *policy* within thirty (30) days of the newborn's date of birth. However, if an *application* is received by us more than thirty (30) days after the newborn's date of birth, the newborn will be subject to medical underwriting.
- If neither parent has been covered by the *policy* for a period of twelve (12) consecutive months or more* prior to the newborn's birth, the newborn will be subject to medical underwriting, and you can submit an *application* to add the newborn. If medical underwriting is required for the newborn, *we* will then tell you whether *we* will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. Cover will begin no sooner than the date you accept our offered terms.
- Children who are born to a surrogate or have been adopted can be covered under this benefit but will be subject to medical underwriting, regardless of the length of cover under this *policy* by either of the parents. On completion of a medical health questionnaire, we will tell you whether we will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. Cover will begin no sooner than the date you accept our offered terms.

Any treatment required for *congenital conditions* for a newborn will be covered under this benefit for the first 90 days following birth as per the terms of this benefit. If the congenital condition is diagnosed after the first 90 days of the newborn, any treatment related to the *congenital condition* will be covered under the 'Congenital conditions' benefit, as described on page 23, and is subject to the terms of adding the newborn to the *policy* as detailed above.

*For *treatment* incurred in either Hong Kong or Singapore, this benefit is only available once either parent has been a *beneficiary* under this *policy* for a continuous period of at least 24 months or more.

Your deductible and cost share options

Deductible A *deductible* 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	
Cost share is the percentage of each claim not covered by *your* plan.	**First choose your cost share percentage: 0% / 10% / 20% / 30%**

Out of Pocket Maximum			
The *out of pocket maximum* is the maximum amount of *cost share* you would have to pay in a *period of cover*. The *cost share* amount is calculated after the *deductible* is taken into account. Only amounts you pay related to *cost share* contribute to the out of *pocket maximum*.	**Next, choose your out of pocket maximum:**		
	$2,000 €1,480 £1,330	**or**	**$5,000 €3,700 £3,325**

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

Optional Module

The International *Outpatient* optional module provides more comprehensive *outpatient* care where a *hospital* admission as a *daypatient* or *inpatient* is not required, including consultations with specialists, prescribed *outpatient* drugs and dressings, *rehabilitation*, genetic cancer testing and much more.

As per our definition, *Outpatient* means a patient who attends a hospital, consulting room, or *outpatient clinic* for treatment but is not admitted as a *daypatient* or an *inpatient* and does not occupy a bed.

***You* do not require *prior authorisation* for most of the International Outpatient benefits. However, prior *authorisation* is required for the following outpatient benefits:**

- Genetic Cancer tests
- Infertility investigations and *treatment*
- Physiotherapy, chiropractic and osteopathy *treatments* when you have exceeded 10 sessions (Note: a *prior authorisation* is not required for the first 10 sessions referred by a *medical practionner*).

For any other treatment under the International Outpatient module, you do not need to contact us for *prior authorisation*.

If you do not obtain a required *prior authorisation* from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%.

Annual overall benefit maximum - per beneficiary per period of cover This includes claims paid across all sections of International *Outpatient*.	Silver	Gold	Platinum
	$15,000 €12,000 £9,650	**$35,000 €25,900 £23,275**	**Paid in full**

Consultations with medical practitioners and specialists Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$2,500 €1,850 £1,650	**$5,000 €3,700 £3,325**	**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*.
- *We* will pay for non-surgical *treatment* on an *outpatient* basis, which is recommended by a specialist as being *medically necessary*.

Telehealth consultations

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for your selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$2,500 €1,850 £1,650	$5,000 €3,700 £3,325	Paid in full

Where possible, telehealth consultations should be accessed through the Cigna Wellbeing® App or via Customer Care with Teladoc. Where virtual consultations are not available through Teladoc, *we* will pay for video and phone consultations with a *medical practitioner* or specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of a *beneficiary* by a healthcare provider.

Telehealth consultations with a healthcare provider are limited to:

- 1 initial session; and
- 2 follow-up sessions

Any further sessions are subject to *prior-approval* and require a medical report to be provided by the treating *medical practitioner*. The medical report should include:

- evolution of medical condition
- *treatment* goal
- *treatment* plan and estimated number of sessions still required.

Important notes

- Telehealth expenses should not exceed the cost of an equivalent face-to-face consultation. Expenses deemed to be excessive, unreasonable or unusual will not be covered or the amount of the benefit paid will be reduced.
- This benefit is payable up to the combined benefit maximum of the consultations with *medical practitioners* and specialists benefit.

Prescribed drugs and dressings

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold Updated	Platinum
$1,500 €1,100 £1,000	$4,500 €3,300 £3.000	Paid in full

We will pay for prescribed drugs and dressings which are prescribed by a *medical practitioner* on an *outpatient* basis.

Important note:

Medication prescribed by a *medical practitioner* in the *USA* and/or delivered by a pharmacy in the *USA* are subject to *our formulary drugs list*.

Pathology, Radiology and diagnostic tests (excluding Advanced Medical Imaging)

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$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).

Important note:

We *will* pay under this benefit for *medically necessary* testing done on an *outpatient* basis for pandemic, epidemic or outbreak of infectious illnesses in line with the World Health Organisation (WHO) guidelines. These outpatient diagnostic tests will not be covered under the inpatient pandemics, epidemics and outbreak of infectious illnesses benefit.

Outpatient Rehabilitation

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

This benefit requires prior *authorisation.**

Silver	Gold	Platinum
$5,000 €3,700 £3,325	**$10,000 €7,400 £6,650**	**Paid in full**

We will pay for:

- *Outpatient* Physiotherapy;
- *Outpatient* Occupational therapy;
- Osteopathy and Chiropractic *treatment*;
- Speech therapy; and
- Cardiac and pulmonary *rehabilitation*.

Important notes:

Outpatient Physiotherapy, Osteopathy and Chiropractic treatment:

We will pay for this *treatment* if it 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*.

* *Prior-authorisation* will be required from us after the initial 10 sessions to continue these *outpatient* treatments and will be reviewed by our clinical team based on medical necessity.

Speech therapy treatment:

We will pay for restorative speech therapy if it is required immediately following *treatment* which is covered under this *policy* (for example, as part of a *beneficiary*'s follow-up care after they have suffered a stroke) and it is confirmed by a specialist to be *medically necessary* on a short-term basis.

Pre-natal and post-natal care

(Gold and Platinum plans only)

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover*.

Available once the mother has been covered by the *policy* for 12 months or more.*

Silver	Gold	Platinum
No coverage	**$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* option for a continuous period of 12 months or more.*
- Examples of pre-natal *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); and
  - Non-invasive pre-natal testing (NIPT) for high risk individuals.

  Post-natal care:
  - Any fees, including prescribed drugs and dressings, as a result of post-natal care required by the mother immediately following routine childbirth.

Important note:

* For *beneficiaries* whose country of habitual residence is either Hong Kong or Singapore, this benefit is only available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 24 months or more.

Infertility Investigations and treatment

Up to the total limit shown for *your* selected plan per *beneficiary* per lifetime.

Available once the beneficiary has been covered by this option for 24 months or more.

This benefit requires prior *authorisation*.

Silver	Gold	Platinum
No coverage	No coverage	$10,000 €7,400 £6,650

We will pay for investigations into the cause of infertility if a specialist rules out any medical cause and the *beneficiary* was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this *policy* commenced.

If necessary, *we* will pay a maximum of 4 attempts for Infertility *treatment* up to the total limit shown in aggregate, per lifetime of the *policy*. This benefit is available for *beneficiaries* up to 41 years old.

Prior authorisation is required for all infertility investigations and *treatment*.

We will not pay for infertility investigations or *treatment* for anyone acting as a surrogate for a *beneficiary*.

Important Notes:

- *Prior authorisation* is required for all infertility investigations and treatment. If you do not obtain a required prior authorisation from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%.
- We will not pay for infertility investigations or treatment for anyone acting as a surrogate for a beneficiary.

Hormone Replacement Therapy

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$250 €185 £165	$500 €370 £335	$1,000 €740 £665

We will pay for Horomone Replacement Therapy when it is *medically necessary* to treat the symptoms of menopause.

Sleep Apnoea

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
No coverage	$1,500 €1,100 £1,000	$2,000 €1,480 £1,330

Following a referral from *your medical practitioner*, *we* will pay for one sleep study or home sleep test to diagnose if *you* have sleep apnoea.

If it has been determined a *beneficiary* has sleep apnoea *we* will pay for the hire of a Continuous Positive Airway Pressure (CPAP) machine, or other appropriate oral appliances.

Once the *beneficiary* has been covered by this option for a continuous period of 12 months or more and if the hire of a CPAP machine is not available to the *beneficiary*, *we* will pay, when *medically necessary*, for the purchase of a CPAP machine up to the total limit of this benefit for your selected plan.

If it is medically appropriate, *we* will pay for *surgery*.

Genetic Cancer test

Up to the total limit shown for *your* selected plan per *beneficiary* per lifetime.

Available once the beneficiary has been covered by this option for 12 months or more.

This benefit requires prior *authorisation*.

Silver	Gold	Platinum
No coverage	$2,000 €1,480 £1,330	$4,000 €2,950 £2,650

We will pay for one genetic test for *beneficiaries* with an increased risk of cancer, when *medically necessary* and in accordance with medical evidence.

Important Note:

- *Prior authorisation* is required for all genetic cancer tests. If you do not obtain a required prior authorisation from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%

Acupuncture and Chinese medicine

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$2,500 €1,850 £1,650	$5,000 €3,700 £3,325	Paid in full

We will pay for a combined maximum total of 15 consultations with an acupuncturist and practitioner of Chinese medicine, if those *treatments* are recommended by a *medical practitioner*. The *treatment* must be carried out by a properly qualified practitioner who holds the appropriate licence to practice in the country where the *treatment* is received.

Durable medical equipment

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

We will pay for the use of durable medical equipment if the use of that equipment is recommended by a specialist in order to support the *beneficiary*'s *treatment* which is covered under this *policy*.

We will only pay for one type of medical equipment per *period of cover* 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 *injury*.

Hearing Aids

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$500 €370 £335	$1,000 €740 £665	$2,000 €1,480 £1,330

We will pay for one hearing aid appliance per *period of cover* which is medically necessary and is prescribed to support everyday living.

This includes the purchase of one original pair of hearing aids only and does not include a replacement pair within the same *period of cover* if the original pair is damaged or lost.

Adult vaccinations

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$250 €185 £165	Paid in full	Paid in full

We will pay for certain vaccinations and immunisations that are clinically appropriate.

Dental accidents

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$1,000 €740 £665	Paid in full	Paid in full

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 and Adolescence Wellbeing Health

Up to the annual overall benefit maximum for *your* selected plan *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

We will pay for child and adolescence wellbeing health at *appropriate age intervals*, carried out by a *medical practitioner* for the following preventative care services:

- evaluating medical history;
- physical examinations;
- development assessment;
- anticipatory guidance; and
- appropriate immunisations, vaccinations and laboratory tests.

Important notes:

Mental health consultations with a psychiatrist or psychologist are covered under the Mental Health and Behavioural Care benefit under International Medical Insurance.

In addition, *we* will pay for:

- One school entry health check, to assess growth, hearing and vision, for each child at the first school entry date.
- Diabetic retinopathy screening for children who have diabetes.

60+ Care

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$500 €370 £335	$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 (and is a special exclusion as detailed on *your Certificate of Insurance*), we will pay for the *medically necessary outpatient treatment* costs associated with the maintenance of this condition: Hypertension, Type 2 Diabetes, Glaucoma, Arthritis, joint or back pain, Osteoporosis/ Osteopenia.

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*, prescribed drugs and dressings, pathology and radiology, *outpatient rehabilitation* and acupuncture 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 total limits 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

Deductible

A *deductible* is the amount which *you* must pay before any claims are covered by *your* plan.

$0 $150 $500 $1,000 $1,500	€0 €110 €370 €700 €1,100	£0 £100 £335 £600 £1,000

Cost share after deductible

Cost share is the percentage of each claim not covered by *your* plan.

First choose *your cost share* percentage:
0% / 10% / 20% / 30%

Out of Pocket Maximum

The *out of pocket maximum* is the maximum amount of cost *share* you would have to pay in a *period of cover*.

The *cost share amount* is calculated after the *deductible* is taken into account. Only amounts *you* pay related to *cost share* contribute to the *out of pocket maximum*.

Next, choose *your out of pocket maximum*:

$3,000
€2,200
£2,000

International Evacuation & Crisis Assistance Plus™

Optional Module

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 medical repatriation coverage as a result of a *serious* illness or after a traumatic event or *surgery*, and 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.

Peace of mind for *you* and *your* family, particularly while travelling globally, is very important to *us*. As well as providing coverage for medical evacuation events, this option also includes the Crisis Assistance Plus™ programme providing 24/7 time-sensitive advice and coordinated in-country crisis response services in the event of a travel or security risk that may occur while *you* and *your* family are travelling globally.

INTERNATIONAL MEDICAL EVACUATION

	Silver	Gold	Platinum
International Medical Evacuation Annual overall benefit maximum - per beneficiary per period of cover	**Paid in full**	**Paid in full**	**Paid in full**

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

Transfer to the nearest centre of medical excellence if the *treatment* the *beneficiary* needs is not available locally in an emergency.

If a *beneficiary* requires *emergency treatment*, *we* will pay for medical evacuation for them:

- to be taken to the nearest *hospital* where the necessary *treatment* is available (even if this is in another part of the country, or in another country); and
- to return to the place they were taken from, provided the return journey takes place not more than 14 days after the *treatment* is completed.

As regards to the return journey, *we* will pay:

- the price of an economy class air ticket; or
- the reasonable cost of travel by land or sea; whichever is lesser.

We will only pay for taxi fares if:

- It is medically preferable for the *beneficiary* to travel to the airport by taxi, rather than by ambulance; and
- Approval is obtained in advance from the *medical assistance service*.

We will pay for evacuation (but not repatriation) if the *beneficiary* needs diagnostic tests or cancer *treatment* (such as chemotherapy) if, in the opinion of *our medical assistance service*, evacuation is appropriate and *medically necessary* in the circumstances.

We will not pay any other costs related to an evacuation (such as accommodation costs).

Important notes:

- If *you* require to return to the *hospital* where you were evacuated for follow up *treatment*, *we* will not pay for travel costs or living allowance costs.
- In the event that evacuation services are not organised by *us*, *we* reserve the right to decline the costs.

Medical Repatriation

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

If a *beneficiary* requires a medical repatriation as a result of a serious illness or after a traumatic event or *surgery*, *we* will pay:

- for them to be returned to their *country of habitual residence* or *country of nationality*; and
- to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the *treatment* is completed.

The above journey must be approved in advance by *our medical assistance* service and to avoid doubt all transportation costs are required to be reasonable and customary.

As regards to the return journey, *we* will pay:

- the price of an economy class air ticket; or
- the reasonable cost of travel by land or sea; whichever is lesser.

We will only pay for taxi fares if:

- it is medically preferable for the *beneficiary* to travel to the airport by taxi, rather than by ambulance; and
- approval is obtained in advance from the *medical assistance service*.

We will not pay any other costs related to a repatriation (such as accommodation costs).

Important notes:

- If *you* require to return to the *hospital* where *you* were repatriated for follow up *treatment*, *we* will not pay for travel costs or living allowance costs.
- If a *beneficiary* contacts the *medical assistance service* to ask for *prior approval* for repatriation, but the *medical assistance* service does not consider repatriation to be medically appropriate, we may instead arrange for the *beneficiary* to be evacuated to the nearest *hospital* where the necessary *treatment* is available. *We* will then repatriate the *beneficiary* to his or her specified *country of nationality* or *country of habitual residence* when his or her condition is stable, and it is medically appropriate to do so.
- In the event that repatriation services are not organised by *us*, *we* reserve the right to decline the costs.

Repatriation of mortal remains

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

If a *beneficiary* dies outside their *country of habitual residence* during the *period of cover*, the *medical assistance* service will arrange for their mortal remains to be returned to their *country of habitual residence* or country of *nationality* as soon as reasonably practicable, subject to airlines requirements and restrictions.

We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the *beneficiary*'s mortal remains.

Important note:

- In the event that repatriation services are not organised by *us*, we reserve the right to decline the costs.

Travel cost for an accompanying person	Silver	Gold	Platinum
	Paid in full	Paid in full	Paid in full

If a *beneficiary* needs a parent, sibling, child, *spouse* or partner, to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they:

- need help getting on or off an aeroplane or other vehicle;
- are travelling 1000 miles (or 1600km) or further;
- are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort; or
- are very seriously ill or injured;

we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the *medical assistance service* and the return journey must take place not more than 14 days after the *treatment* is completed.

We will pay:

- the price of an economy class air ticket; or
- the reasonable cost of travel by land or sea;

whichever is the lesser.

If it is appropriate, considering the *beneficiary*'s medical requirements, the family member or partner who is accompanying them may travel in a different class.

If it is *medically necessary* for a *beneficiary* to be evacuated or repatriated, and they are going to be accompanied by their *spouse* or partner, *we* will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian.

Important notes:

- *We* will not pay for a third party to accompany a *beneficiary* if the original purpose of the evacuation was to enable the *beneficiary* to receive *outpatient treatment*.
- *We* will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation.

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

Compassionate visit - travel costs Up to a maximum of 5 trips per lifetime up to the total limit shown for *your* selected plan per *beneficiary*.	Silver	Gold	Platinum
	$1,200 €1,000 £800	$1,200 €1,000 £800	$1,200 €1,000 £800

Compassionate visit - living allowance costs Up to the total limit shown per day for each visit with a maximum of 10 days per visit.	Silver	Gold	Platinum
	$155 €125 £100	$155 €125 £100	$155 €125 £100

For each *beneficiary* we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by our *medical assistance service*.

We will pay the cost of economy class return travel for a parent, *spouse*, partner, sibling or child to visit a *beneficiary* after an accident or sudden illness, if the *beneficiary* is in a different country and is anticipated to be hospitalised for 5 days or more, or has been given a short-term terminal prognosis.

We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days per visit while they are away from their *country of habitual residence* up to the limits shown in the list of benefits (subject to being provided with receipts in respect of the costs incurred).

Important note:

- *We* will not pay for a compassionate visit when the *beneficiary* has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, *we* will not pay any further third party transportation costs.

CRISIS ASSISTANCE PLUS™ PROGRAMME

This programme is provided by global crisis response experts, FocusPoint International®, who support global travellers with 24/7 multilingual response centres and resources in over 100 countries.Crisis Assistance Plus™ (CAP) provides time-sensitive advice and coordinated in-country crisis assistance for ten different risks that have the potential to impact *beneficiaries* when traveling:

- Terrorism
- Pandemic
- Political threats
- Natural disasters
- Blackmail or extortion
- Violent crimes
- Disappearances of persons
- Hijacks
- Kidnaps for ransom
- Wrongful detentions

The programme provides *beneficiaries* with 24/7 on-demand access to FocusPoint International's global assistance centres for advice and coordinated in-country crisis response services, when necessary. Depending on the situation, the programme offers:

- Rapid-response teams and dedicated CAP managers deployed globally within 24 hours;
- Experienced security personnel for field rescue, shelter in place and ground evacuations;
- Nationally recognized crisis communications teams;
- Highly experienced kidnap-for-ransom and extortion-response specialists;
- Emergency-message relay to family members or employers;
- Point-in-time geographic threat information; and
- Access to private aviation fleet, with aircraft launched in as little as 60 minutes.

Important notes:

- FocusPoint International® will provide crisis response services for a maximum of two physical incidents per *beneficiary* per *period of cover*. The programme provides access to unlimited crisis consultations during the *period of cover*.
- The eligible physical incident response is limited to forty five (45) calendar days of assistance.
- The Crisis Assistance Plus™ Programme is not an insurance *policy*. Focuspoint does not and will not reimburse or indemnify *beneficiaries* for any expenses incurred directly by a *beneficiary* and/or on behalf of a *beneficiary*. All additional expenses are incurred and paid directly by and at the sole discretion of Focuspoint.

We have no involvement in, nor are we liable for, any decisions and/or outcomes that are made or determined by FocusPoint International®. FocusPoint International® will not provide crisis response services:

- With respect to kidnapping or violent crime by a relative;
- To any person who has had kidnap insurance cancelled or declined;
- To any person who has been kidnapped in the past;
- To any kidnapping of a protected person within their country of residence;
- Where such service would be prohibited under United Nations' resolutions or any laws of the European Union, United Kingdom or the United States;
- For the payment of any ransom;
- If the *beneficiary* elects to travel to location(s) with an issued and active advisory against all travel to said location(s);
- For a business dispute;
- For extra expenses caused by a non-covered travel delay;
- For suicide or attempted suicide;
- For war, whether declared or not, between China, France, the United Kingdom, the Russian Federation and the United States, or war in Europe other than civil war;
- For any enforcement action by or on behalf of the United Nations in which countries stated above or any armed forces are engaged; and
- For loss or destruction to any property arising from any consequential loss or any legal liability caused from radioactivity.

In the event of one of the crisis situations as detailed above, please contact *our* Customer Care Team. We will transfer *you* to a FocusPoint crisis consultant who can provide advice and coordinate immediate worldwide assistance. In order to use this service *we* are required to pass *your* name and contact information to FocusPoint International®.

Silver	Gold	Platinum

FocusPoint International® will pay for crisis consulting expenses and other additional expenses per covered response (up to a maximum of two physical incidents per beneficiary per period of cover) and included but not limited to:

- Emergency political or natural disaster evacuation costs;
- Legal referrals and fees;
- Fees and expenses of an independent interpreter;
- Costs of relocations, travel and accommodations;
- Fees and expenses of security personnel temporarily deployed solely and directly for the purposes of protecting a *beneficiary* and located in a country where a crisis event has occurred.

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 & Wellbeing

Optional Module

We understand the importance of *your* overall wellbeing and living a balanced life. In addition to health screenings, tests and examinations; this module also empowers *you* and *your* family with the services and support to manage *your* own individual day-to-day health and wellbeing.

Your Wellness companion, comprising of the Life Management Assistance, the Wellness Coaching and the Mental Health Support programmes, is available to help *you* and *your* eligible dependents stay healthy and well, both physically and mentally.

The benefits listed below are available only to beneficiaries aged 18 year old and over.

In addition, specific age eligibility will apply to the different cancer screenings.

Wellness Coaching	Silver	Gold	Platinum
	Paid in full	**Paid in full**	**Paid in full**

We will match *you* with *your* own personal qualified wellness coach who is specifically trained in health behaviour change. *Your coach* will partner with *you* to identify a specific wellness goal that is important to *you*, and will support you 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.

- *You* will have access to 6 confidential coaching sessions per focus area per *period of cover* with *your* dedicated coach to build *your* strategy and motivation to reach *your* wellbeing goal.
- *You* will be supported by *your* personal coach with advice and recommendations that can be implemented in between *your* 6 coaching sessions to ensure lasting lifestyle changes.

The coaching sessions are delivered via phone or a video call which means *you* can access it from the comfort of *your* own home and can be scheduled at a convenient time for *you*, based on time zone and language preference. Please note, this is a confidential service.

To use the Wellness Coaching benefit, please contact us through one of the following options:

- **Call us:** +1 984 810 5338 (Line exclusively for Cigna Global Health Options customers, customers should identify themselves with: "Life Management Programme". You can dial this number directly from the 'Mental Health Support' section of the Cigna Wellbeing® App.)
- **Live Chat:** accessible through the website - LiveConnect
- **Email us:** support@resourcesforyourlife.com
- **Request a callback via the Cigna Wellbeing® App.**

This service is provided by our chosen coaching provider.

Life Management Assistance Programme	Silver	Gold	Platinum
	Paid in full	Paid in full	Paid in full

Our Life Management Assistance programme is available 24 hours a day, 7 days a week, 365 days a year meaning *you* can contact the service for access to free, confidential assistance with any work, life, personal or family issue that matters to *you* at a time that is suitable for *you*.

You 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 *period of cover*. 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 *period of cover*. 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 *your day* to day demands, such as relocation logistics, child or eldercare, legal or financial services.

Important Notes:

This service is not suitable if:

- You are reporting imminent risk of harm to self or others;
- You have an addiction, such as substance or impulse control for example gambling;
- You have symptoms or a diagnosis or mental health issues other than anxiety or depression, for example Borderline Personality.

To use the Life Management Assistance Programme, please contact us through one of the following options:

- **Call us:** +1 984 810 5338 (Line exclusively for Cigna Global Health Options customers, customers should identify themselves with: "Life Management Programme". You can dial this number directly from the 'Mental Health Support' section of the Cigna Wellbeing® App.)
- **Live Chat:** accessible through the website - LiveConnect
- **Email us:** support@resourcesforyourlife.com
- **Request a callback via the Cigna Wellbeing® App.**

This service is provided by our chosen counselling provider.

Mental Health Support Programme

Up to 20 face to face counselling sessions per condition per *period of cover*.

Silver	Gold	Platinum
Paid in full	Paid in full	Paid in full

In addition to the short-term support provided in the Life Management Assistance Programme above, our Mental Health Support Programme provides access to long-term counselling in the case of clinically diagnosed depression and/or anxiety from experienced Cognitive Behavioural Therapy (CBT) psychologists.

This confidential counselling is provided in a one to one offline setting (the most traditional way of counselling), or video or phone sessions can also be considered as an alternative depending on your location.

The process to access this Mental Health Support Programme is as follows:

- **Reach out to the Life Management Assistance Programme (see above)**, by phone via our Customer Care Team or from the Cigna Wellbeing App for help and advice with any personal or work-related issue.
- **Speak with a clinician** who will carry out an initial telephone-based assessment. If you have been diagnosed with moderate to severe depression or anxiety, the clinician will recommend referral to a CBT psychologist.
- **Receive initial counselling sessions** where a CBT psychologist will assess you over a maximum of 2 face to face sessions. Where in-person meetings are not possible, telephone or video meeting options can be made available.
- **Receive counselling support over a maximum of 20 sessions**. Psychometric testing is carried out at this stage and after every 6 sessions.
- **Start to feel the benefits** by achieving a happier, healthier state of wellbeing.
- **Monitor you progress**. A case manager will check in with you to ensure you're on track.

This programme offers you fast and easy access to CBT psychologist as our counsellors are often available in areas of the world where mental health services might be harder to access.

Important Notes:

This service is not suitable if:

- You are reporting imminent risk of harm to self or others;
- You have an addiction, such as substance or impulse control for example gambling;
- You have symptoms or a diagnosis or mental health issues other than anxiety or depression, for example Borderline Personality Disorder, Schizophrenia, Bi-Polar or OCD; or
- You are under 18 years old.

To use the Mental Health Support Programme, please contact us through one of the following options:

- **Call us:** +1 984 810 5338 (Line exclusively for Cigna Global Health Options customers, customers should identify themselves with: "Life Management Programme". You can dial this number directly from the 'Mental Health Support' section of the Cigna Wellbeing® App.)
- **Live Chat:** accessible through the website - LiveConnect
- **Email us:** support@resourcesforyourlife.com
- **Request a callback via the Cigna Wellbeing® App.**

Routine adult physical examinations

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Updated	Updated	Updated
$325 €250 £220	$650 €500 £440	$2000 €1600 £1300

We will pay for routine adult physical examinations for persons aged 18 years or older. The health assessment may include but is not limited to:

- Height and weight measurements
- Waist circumference
- Body mass index (BMI)
- Body fat percentage
- Blood pressure
- Urine analysis
- Cholesterol test
- Full blood count
- Physiology and balance assessment
- Resilience to stressors measurement

In addition, for eligible *beneficiaries* of a Platinum *policy*, we will cover additional assessments, including but not limited to:

- Full biochemistry profile including liver and kidney function
- Lung function test
- Spinal assessment
- Chest X-ray (if clinically indicated)
- Advanced cardiovascular test (ECG or Aerobic fitness test)
- Body metabolism test (Resting Metabolic Rate (RMR) and VO2 test)
- Neurological examinations

Footcare by a Chiropodist or Podiatrist

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225 €165 £150 up to 5 sessions	$450 €330 £300 up to 10 sessions	$900 €660 £600 up to 15 sessions

We will pay for the treatment of bunions, calluses, corns and fungal infection if it 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 podiatrist or chiropodist who holds the appropriate license to practice in the country where the treatment is received. This excludes any massage or sports medicine treatment.

Cervical cancer screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For female *beneficiaries* from the age of 25 year old, we will provide cover every 3 year for:

- 1 Papanicolaou test (pap smear) and
- 1 HPV DNA test.

Prostate cancer screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For male *beneficiaries* from the age of 50 year old, we will provide cover every year for:

- 1 prostate examination (prostate specific antigen (PSA) test).

Important Note:

Any follow-up test or additional screening required on an *outpatient* basis following an abnormal result will be covered under the pathology, radiology and diagnostics tests benefit included in the International *Outpatient* option. You must have purchased the International *Outpatient* option in order to have these additional diagnostic tests covered.

Breast cancer screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For female *beneficiaries* from the age of 40 year old, we will provide cover for:

- 1 breast awareness consultation and Clinical Breast Exam (CBE) every year;
- 1 screening mammogram every 2 year.

For female *beneficiaries* between the age of 25 and 39 year old if they have a prior history or an increased risk of breast cancer, we will provide cover for:

- 1 screening mammogram every year, when *medically necessary*.

Bowel cancer screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For female and male *beneficiaries* from the age of 45 year old, we will provide cover for:

- 1 Fecal occult blood test (FOB) or 1 Fecal Immunochemical Test (FIT) every year
- 1 Colonoscopy every 7 years.

Skin cancer screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For female and male *beneficiaries* from the age of 18 year old, we will provide cover for:

- 1 skin cancer examination every year.

Lung cancer screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For female and male beneficiaries from the age of 45 year old who are current or past smokers, *we* will provide cover for:

- 1 lung cancer examination every year.

Diabetes screening New

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

For female and male *beneficiaries* from the age of 18 year old, we will provide cover for:

- 1 AIC test or Fasting Blood Sugar test every year.

Bone densitometry

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225 €165 £150	$450 €330 £300	Paid in full

We will pay for:

- 1 scan for women aged 65 years old or older;
- 1 scan for post-menopausal women younger than 65 years old when *medically necessary*; and
- 1 scan for men aged 50 years or older when *medically necessary*.

Dietetic consultations

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver Updated	Gold Updated	Platinum
$325 €250 £220	$650 €500 £440	Paid in full

We provide coverage for an initial consultation with a dietitian without the need of a referral for any beneficiary seeking to enhance and improve their overall well-being, encompassing dietary modifications and preventative measures.

We provide additional coverage, when *medically necessary*, for up to 4 consultations in total per period of cover for *beneficiaries* in need of dietary advices related to a diagnosed conditions such as diabetes, pre-diabetes or eating disorders.

International Vision & Dental

Optional Module

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

Eye Test Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$100 €75 £65	**$200 €150 £130**	**Paid in full**

We will pay for one routine eye examination per *period of cover*, to be carried out by either an ophthalmologist or optometrist.

We will not pay for more than one eye examination in any one *period of cover*.

Expenses for: Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$155 €125 £100	**$155 €125 £100**	**$310 €245 £200**

- Spectacle lenses.
- Contact lenses.
- Spectacle frames.
- Prescription sunglasses

when all are prescribed by an optometrist or ophthalmologist.

We will not pay for:

- sunglasses, unless medically prescribed, by an ophthalmologist or optometrist;
- glasses or lenses which are not *medically necessary* or not prescribed by an ophthalmologist or optometrist; or
- *treatment* or *surgery*, including *treatment* or *surgery* which aims to correct eyesight, such as laser eye *surgery*, refractive keratotomy (RK) or photorefractive keratectomy (PRK).

A copy of a prescription or invoice for corrective lenses will need to be provided to *us* in support of any claim for frames.

DENTAL TREATMENT

Overall annual Dental treatment benefit maximum **Annual overall benefit maximum - per beneficiary per period of cover**	Silver	Gold	Platinum
	$1,250 €930 £830	**$2,500 €1,850 £1,650**	**$5,500 €4,300 £3,500**

Preventative Up to the overall annual Dental treatment benefit maximum for *your* selected plan *beneficiary* per *period of cover*. **Available once the *beneficiary* has been covered by this option for 3 months.**	Silver	Gold	Platinum
	Paid in full	**Paid in full**	**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:

- 2 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*);
- 1 mouth guard per *period of cover*;
- 1 night guard per *period of cover*; and
- Fissure sealant.

Routine

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for your selected plan per *beneficiary* per *period of cover*.

Available once the *beneficiary* has been covered by this option for 3 months.

Silver	Gold	Platinum
80% refund	**90% refund**	**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

Up to the total limit shown for your selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Available once the *beneficiary* has been covered by this option for 12 months.

Silver	Gold	Platinum
70% refund	**80% refund**	**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

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Available for beneficiaries aged 18 or younger, once they have been covered by this option for 18 months.

Silver	Gold	Platinum
40% refund	**50% refund**	**50% refund**

We will pay for orthodontic *treatment* for *beneficiaries* only under the age of 19 years old, 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.

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*.
- 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.

Key Product Provisions

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

I. TERMINATION CLAUSE - Subject to any conflicting legal or regulatory requirements we may terminate this policy for all beneficiaries immediately if:

I.1 Any premium or other charge (including any relevant tax) is not paid in full within thirty (30) days of the date on which it is due. We will give you written notice if we are going to terminate the policy for this reason; or

I.2 It becomes unlawful for us to provide any of the cover available under this policy or we are required to terminate the policy in any particular jurisdiction or territory at the direction of a regulator or authority with competent jurisdiction; or

I.3 Any beneficiary is identified on any list imposing financial sanctions on targeted individuals or entities maintained by the United Nations Security Council, the European Union, the United States Office of Foreign Assets Control or any other applicable jurisdiction. Furthermore, we will not pay claims for services received in sanctioned countries if doing so would violate the requirements of the United Nations Security Council, the European Union or the United States Department of Treasury's Office of Foreign Assets Control; or

I.4 We, at our sole discretion determine, on reasonable grounds, that you have, in the course of applying for the policy or when making any claim under it, withheld information or knowingly or recklessly provided information which you know or believe to be untrue or inaccurate or failed to provide information which we have asked for, including medical information; or

I.5 Subject to the terms and conditions of the policy, we may terminate the policy if any beneficiary ceases to be an expatriate whether as a result of a change to a beneficiary's country of nationality or country of habitual residence.

I.6 We are no longer in the market to sell the policy or suitable alternative in your geographical area. We will notify you at least one (I) month before the end date to advise you that the policy will be terminated (and therefore unable to be renewed) with effect from the end date.

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 fourteen (I4) days' notice in writing. Termination of your policy will take effect fourteen (I4) days after you, the policyholder, notifies us of the request by using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.

If the policy is terminated in accordance with clause 6.5 of the Policy Rules, before the end date, and we have paid a claim or issued a guarantee of payment during the period of cover, you will be liable for the remainder of any premiums in respect of the policy which are unpaid. If your annual premium is collected at intervals throughout the policy year, you will be responsible for making these payments for the remainder of the period of cover or alternatively, settle the outstanding premium amount.

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

In relation to the period after your cover has ended, unless your policy is terminated in accordance with clause 6.2 and/or clause 7 of the Policy Rules, then any premium which has been paid in relation to the period after cover has ended will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid any claim, or issued any guarantee of payment during the period of cover.

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

2. POLICY RENEWAL - This policy is an annual contract. This means that, unless it is terminated earlier or renewed, the cover will end one year after the start date. This is a short-term accident and health policy and Cigna is not required to renew this policy. Cigna may terminate this policy by giving you 30 days' notice in writing.

If we determine to renew, we will write to you at least one (1) calendar month before the end date to invite you to renew on the terms we offer you. We will inform you of any changes to the policy and premium for the forthcoming period of cover. Premium rates are not guaranteed and may be adjusted based on future experience. The policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy. If local law and/or regulation dictates, we may be required to offer you an alternative health plan. Subject to clause 7 of the Policy Rules, any decision by Cigna not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.

If you accept the invitation to renew, please ensure you have read and understood the policy documents for the forthcoming period of cover. Your cover will be renewed for another twelve (12) months.

If you do not want to renew your cover, you must let us know in writing at least fourteen (14) days before your policy end date. If you do not renew your cover, any beneficiaries who have been covered under the policy can apply for their own cover. We will consider their applications individually, and inform them whether, and on what terms, we are willing to offer them such cover.

3. NON-GUARANTEED PREMIUM - If we determine to renew, we will write to you at least one (1) calendar month before the end date to invite you to renew on the terms we offer you. We will inform you of any changes to the policy and premium for the forthcoming period of cover. If local law and/or regulation dictates, we may be required to offer you an alternative health plan.

Subject to clause 7 of the Policy Rules, any decision by Cigna not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.

4. STANDARD EXCLUSIONS - There are certain conditions under which no benefits will be payable. These are stated as exclusions in the Policy Rules. You are advised to read the Policy Rules for the full list of exclusions. The following is a list of some of the exclusions for the Policy:

- Treatment for a pre-existing condition or any conditions or symptoms which result from, or are related to, a pre-existing condition. We will not pay for treatment for which a pre-existing condition of which the policyholder was (or should reasonably have been aware) at the date cover commenced, and in respect of which we have not expressly agreed to provide cover.
- Congenital anomalies or defects, except in the instance where we can provide cover under the 'Congenital conditions' benefit within the International Medical Insurance plan.
- Routine maternity and childbirth cover, Complications from maternity and Homebirths benefit cover is excluded from our Silver plan. The benefits are included in the Gold and Platinum plan.

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

The following benefits have a Waiting Period:

International Medical Insurance

- **Treatment for Obesity** (Gold and Platinum plans only)
  - A twenty four (24) month* waiting period applies.
- **Cancer preventative surgery**
  - A twelve month (12) * waiting period applies
  - Available once the beneficiary has been covered by the policy for 12 months or more.
- **Routine maternity benefit and childbirth cover on an inpatient and daypatient basis** (Gold and Platinum plans only)

- A twenty four (24) month* waiting period applies for parent and baby care and treatment.
- Available once the mother has been covered by the policy for a continuous period of at least twenty four (24) months or more*.

- **Complications from Maternity** (Gold and Platinum plans only)
  - A twenty four (24) month* waiting period applies for complications resulting from pregnancy or childbirth.
  - Available once the mother has been covered by the policy for a continuous period of at least twenty four (24) months or more*.
- **Homebirths** (Gold and Platinum plans only)
  - A twenty four (24) month* waiting period applies for Homebirths.
  - Available once the mother has been covered by the policy for a continuous period of twenty four (24) months or more*.
- **Newborn care**
  - A twenty four (24) month* waiting period applies.
  - Available once either parent has been covered by the policy for a continuous period of twenty four (24) months or more* prior to the newborn's birth.

* For treatment incurred outside of either Hong Kong or Singapore, this benefit is available once the mother has been a beneficiary under this policy for a continuous period of at least 12 months or more.

International Outpatient optional module

- **Pre-natal and post-natal care on an outpatient basis** (Gold and Platinum plans only)
  - A twenty four (24) month* waiting period applies for Pre-natal and post-natal care.
  - Available once the mother has been covered under the International Outpatient optional module for a continuous period of at least twenty four (24) months* or more.
- **Infertility Investigations and treatment** (Platinum plan only)
  - A twenty four (24) month waiting period applies for Infertility Investigations and treatment.
- **Genetic Cancer test** (Gold and Platinum plans only)
  - A twelve (12) month waiting period applies for Genetic Cancer test.

* For treatment incurred outside of either Hong Kong or Singapore, this benefit is available once the mother has been a beneficiary under this policy for a continuous period of at least 12 months or more.

International Vision and Dental optional module

Dental Treatment:

- **Preventative & Routine dental treatment**
  - A three (3) month waiting period applies for Preventative and Routine dental treatment in the International Vision and Dental optional module.
- **Major Restorative dental treatment**
  - A twelve (12) month waiting period applies for Major restorative dental treatment in the International Vision and Dental optional module.
  - If the beneficiary needs major restorative dental treatment before they have had International Vision and Dental cover for twelve (12) months, we will pay 50% of the treatment costs.
- **Orthodontic treatment**
  - An eighteen (18) month waiting period applies for Orthodontic treatment in the International Vision and Dental optional module.

6. REASONABLE AND CUSTOMARY CHARGES - We will pay reasonable and customary costs for treatment, and services related to treatments which are shown in the list of benefits. We will pay for such treatment costs in line with the appropriate fees in the location of treatment and according to established clinical and medical practice.

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

8. FREE LOOK PERIOD - You have a right to cancel your policy within fourteen (14) days from the date you receive this policy. If you wish to cancel this policy and we have not paid a claim or issued a guarantee of payment, you will receive a full refund of your premium. Alternatively, if we have paid a claim, or issued a guarantee of payment, we will not refund any premium which has been paid.

If you do not exercise your right to cancel the policy, it will continue in force and you will be required to make any premium payments that are due to us.

9. CANCELLATION - 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 fourteen (14) days' notice in writing.

Please contact us at **Cignaglobal_customer.care@cigna.com**

If this policy ends before the normal date, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims have been made or yet to be submitted and no guarantees of payment have been put in place during the period of cover. If the policy ends before the normal end date and you have made claims under it or you have received treatment not reimbursed yet, you will be liable for the remainder of any premiums in respect of the policy which are unpaid.

For full details, please refer to the Policy Rules.

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

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

We can help you arrange your treatment plan, and point you in the right direction, saving you the time and hassle of looking for a hospital, clinic or medical practitioner yourself. 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 also liaise directly with your treatment provider to arrange direct billing by issuing a guarantee of payment.

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.

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

11. OTHER CIRCUMSTANCES THAT AFFECT PREMIUM RATES OR POLICY BENEFITS – If any beneficiary changes their country of habitual residence, this may result in an increase to the premium or additional tax becoming payable. Please note that the insurance may be provided by another Cigna group company.

12. DEFERMENT PERIOD - Not applicable.

13. SURVIVAL PERIOD - Not applicable.

14. DISTRIBUTION COSTS – Cigna pays a remuneration to your sales representative and/or insurance brokers when we issue and renew your policy. The total distribution cost of this product may be up to 15% of the premium. Such costs may include cash payments in the form of commission, cost of benefits and services paid to the distribution channel. Please note that the total distribution cost is not an additional cost to the customer and has already been allowed for in calculating the premium.

15. RISKS & LIMITATIONS INVOLVED IN SWITCHING YOUR POLICY - If you intend to switch from your other health insurance policy to this replacement policy, do take note that:

(a) you may not be insurable at standard terms;

(b) you may have to pay a different premium;

(c) the terms and conditions may defer; or

(d) there may be fee or charge you would have to bear.

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

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

globalindividual.asia@cigna.com

200030 CGHO SGP Application Form EN 07/2025