

INTERNATIONAL PRIVATE MEDICAL INSURANCE

Insurance Product Information Document

Company: Cigna Global Insurance Company Limited



Product: Expatplus ORBIT

Cigna Global Insurance Company Limited is licensed as an insurer under Section 7 of The Insurance Business (Bailiwick of Guernsey) Law 2002, to carry on general insurance business, excluding domestic business. It is regulated by the Guernsey Financial Services Commission.

This is a summary of the insurance cover. Please note that this product is not open to new customers. Further information can be found in your policy documentation. Full terms and conditions of the policy are contained in the General Conditions and the Certificate of Insurance which you will receive upon completion of your renewal. It is important you read these documents carefully.

What is this type of insurance?

Cigna Expatplus private medical insurance is designed to cover the costs of private medical services, provided these have been incurred due an illness, accident or maternity, emergency evacuation and assistance services. The Cigna Expatplus insurance is available for individual expatriates and their dependents.



What is insured?

International Medical Insurance

Annual overall limit: of €1,500,000/£1,000,000/\$1,875,000/ CHF 2,250,000 per insured person per Insurance Year

- ✓ Hospital room and board: 100% of standard private room
- ✓ Doctors' fees (surgeon anaesthetists)
- ✓ Medical imaging, drugs and dressings and use of operating room
- ✓ Intensive care
- ✓ Parent accommodation: €1,500/£1,000/\$1,875/CHF 2,250

Outpatient treatment

- ✓ Doctors' fees: 90%
- ✓ Diagnostic tests, lab tests, medical imaging: 90%
- ✓ Prescribed drugs: 90%
- ✓ Physiotherapy: 90% up to €2,000/£1,300/\$2,500/CHF 3,000
- ✓ Preventive care: €800/£535/\$1,000/CHF 1,200
- ✓ Vaccinations: €400/£270/\$500/CHF 600
- ✓ Alternative medicines: 90% up to €2,000/£1,300/\$2,500/CHF 3,000
- ✓ Emergency inpatient dental treatment
- ✓ Therapies: 50% up to €1,000/£650/\$1,250/CHF 1,500

Other Medical Treatment

- ✓ Pregnancy: reimbursement according to type of Outpatient Treatment
- ✓ Childbirth (without complications): €7,500/£5,000/\$9,375/CHF 11,250
- ✓ Childbirth (with complications)
- ✓ Cancer treatment
- ✓ Chronic and pre-existing conditions
- ✓ Aids/ HIV treatment: Inpatient Treatment 100%, Outpatient Treatment 90%
- ✓ Nursing at home: 90% up to €180/£120/\$225/CHF 270 per day
- ✓ Organ transplant: €125,000/£83,500/\$156,250/CHF 187,500
- ✓ Kidney dialysis
- ✓ Local ambulance: €3,000/£1,950/\$3,750/CHF 4,500
- ✓ Emergency dental treatment: €1,000/£650/\$1,250/CHF 1,500
- ✓ Dental surgery: €2,500/£1,625/\$3,125/CHF 3,750
- ✓ Vision care: 90% up to €200/£135/\$250/CHF 300
- ✓ Palliative care: 90% up to €45,000/£30,000/\$56,000/CHF 67,000
- ✓ Psychiatric care: 90% up to €10,000/£6,500/\$12,500/CHF 15,000

Medical Evacuation and Assistance Services

Evacuation Assistance

- ✓ Organising and paying the cost of transportation to a hospital
- ✓ Organising and paying the cost of a trip of an insured partner and/or minor children
- ✓ Reimbursement or accommodation costs: €100/£65/\$125/CHF 150 (maximum of 10 days)
- ✓ Organising and paying the costs of the outward/ return journey for a family member
- ✓ Cost of accommodation locally: €100/£65/\$125/CHF 2,250
- ✓ Early return assistance
- ✓ Assistance in the event of the Insured's business assignment being curtailed: paying for the cost of a replacement colleague (one way)
- ✓ Dispatch of medicines unavailable locally
- ✓ Unforeseen events assistance: €400/£260/\$500/CHF 600
- ✓ Psychological support in the event of severe trauma: two telephone calls per insured person per insurance year



What is insured? (continued)

Medical Evacuation and Assistance Services

Evacuation Assistance (continued)

Assistance in the event of the insured person's death:

- ✓ Transporting the body or burial at the location
- ✓ Funeral costs necessary for transportation: €3,000/£2,000/\$3,750/CHF 5,500
- ✓ Additional costs for the transportation of the insured members of the deceased's family or an insured person.

You may have chosen our optional Dental Care plan to add to your cover:

Dental Care

Basic

Maximum annual reimbursement per insured: €3,000/£2,000/\$3,750/CHF 4,500

- ✓ Basic dental care: 80% up to €1,500/£1,000/\$1,875/CHF 2,250
- ✓ Major dentistry (orthodontic treatment is only covered if started before age 15 years): 60% up to €1,500/£1,000/\$1,875/CHF 2,250

Comprehensive

Maximum annual reimbursement per insured: €5,000/£3,250/\$6,250/CHF 7,500

- ✓ Basic dental care: €2,500/£1,625/\$3,125/CHF 3,750
- ✓ Major dentistry (orthodontic treatment is only covered if started before age 15 years): 60% up to €2,500/£1,625/\$3,125/CHF 3,750



What is not insured?

- ✗ Treatment in relation to conflict or disaster if you are an active participant or put yourself in danger
- ✗ Treatment in any facility other than in a recognised medical treatment facility
- ✗ Treatment by a medical practitioner who is not recognised by the relevant authorities
- ✗ Treatment that arises from, or is in any way connected with attempted suicide, or any injury or illness which a beneficiary inflicts upon him or herself
- ✗ Treatment for a related condition resulting from any kind of substance or alcohol use or misuse
- ✗ Experimental treatment
- ✗ Plastic, cosmetic or reconstructive treatment (unless this treatment is medically necessary)
- ✗ Complimentary (and or alternative) Medical Treatments other than those explicitly mentioned in the Benefits Overview
- ✗ Rejuvenation and spa cures, cosmetic Treatments and convalescent rest
- ✗ Surgical procedures costs related to corrective eye surgery
- ✗ Sunglasses and orthoptic treatment
- ✗ Participation in any sport as a professional or under contract providing remuneration.

Other exclusions apply, please refer to the General Conditions for the full details of exclusions, limitations and terms and conditions.



Are there any restrictions on cover?

- ! **Cover is always subject to eligibility criteria**
- ! **The policy must be domiciled in the European Economic Area**
- ! **Limitations per person per policy year unless stated otherwise:**
 - 60 days: Home nursing
- ! **Waiting periods (the time from when you first purchased the benefit before you can claim)**
 - First 10 months: Pregnancy and childbirth
 - First 12 months: Major dentistry.
- ! If you select a deductible for Outpatient Treatment, you will be liable to pay the deductible amount per insurance year
- ! We will only cover treatment which is medically necessary and clinically appropriate
- ! All inpatient and day patient treatments are subject to pre-certification, and Cigna has to be informed, in writing, at the latest 5 days before the treatment will be performed.
- ! In case of an emergency hospitalisation, Cigna has to be informed as soon as possible (normally within 48 hours, and at the latest before discharge from hospital. A penalty of 25% will be applied by the insurer, meaning that the reimbursement of the eligible expenses will be reduced to 75%.
- ! During business trips or holidays not exceeding 90 days in total per insurance year, medical expenses are incurred in the excluded countries as a direct consequence of an accident or medical emergency, are covered up to the limits of the policy. Expenses related to pregnancy (and complications thereof) and/or childbirth will not be covered.

Other restrictions apply, please see the General Conditions for the full list of limits and limitations.



Where am I covered?

- ✓ This plan covers you and any additional people on your policy either Worldwide, or Worldwide excluding USA, Canada, China, Hong Kong and Singapore. In the case the insured is residing in the USA, China, Hong Kong or Singapore, the subscription to Worldwide area of cover is compulsory.



What are my obligations?

- You must pay your premium
- If you have selected a deductible you must pay the agreed amount before Cigna will make any payment
- You must provide full medical history as required
- You must obtain prior-certification before treatment
- You must inform us if you or anyone on your policy changes address, Home Country, or Host Country.



When and how do I pay?

- You can choose to pay your premiums on a quarterly or annual basis.



When does the cover start and end?

- This policy is an annual contract. This means that, unless it is terminated or renewed, the cover will end one (1) year after the start date. Your start date will be shown on the first Certificate of Insurance.
- Your policy will be renewed automatically and payment taken unless you, or we in certain circumstances, choose not to renew.



How do I cancel the contract?

- You have a statutory right to cancel your policy within fourteen (14) days from the date of purchase or renewal of this policy, or from the date on which you receive the contractual terms and conditions, if that date is later. The insured will be entitled to the return of the full premium paid, on the condition that not one claim has been submitted yet. The notice of withdrawal must be sent by post or e-mail to Cigna.