

INTERNATIONAL PRIVATE MEDICAL INSURANCE

Insurance Product Information Document



Company: Cigna Global Insurance Company Limited

Product: Cigna Global Gold

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. Before you purchase, further information can be found in your quotation and policy documentation. Full terms and conditions of the policy are contained in the Policy Rules, Customer Guide and the Certificate of Insurance which you will receive after your purchase. It is important you read all of these documents carefully.

What is this type of insurance?

International Private Medical Insurance for expatriates, which is designed to cover the costs of medically necessary private healthcare in your selected area of coverage, allowing you quick and easy access to healthcare facilities and professionals within our extensive network.



What is insured?

International Medical Insurance

Annual overall limit: of \$2,000,000/ €1,600,000/£1,300,000 per beneficiary per policy year

- ✓ Nursing and hospital accommodation for a private room
- ✓ Intensive Care
- ✓ Surgeon's and Anaesthetists fees
- ✓ Specialists consultation fees
- ✓ Transplant services for organ, bone marrow and stem cell transplants
- ✓ Kidney dialysis
- ✓ Pathology radiology and diagnostic tests
- ✓ Advanced Medical Imaging (MRI, CT and PET scans): \$10,000/€7,400/£6,650
- ✓ Physiotherapy and complimentary therapies: \$5,000/€3,700/£3,325
- ✓ Home nursing: \$5,000/€3,700/£3,325
- ✓ Rehabilitation: \$5,000/€3,700/£3,325
- ✓ Hospice and palliative care: \$5,000/€3,700/£3,325
- ✓ Local ambulance and air ambulance
- ✓ Emergency inpatient dental treatment
- ✓ Mental health care: \$10,000/€7,400/£6,650
- ✓ Cancer care
- ✓ Newborn Care: \$75,000/€55,500/£48,000
- ✓ Congenital conditions: \$20,000/€14,800/£13,300
- ✓ Routine maternity: \$7,000/€5,500/£4,500
- ✓ Complications from maternity: \$14,000/€11,000/£4,500
- ✓ Homebirths: \$500/€370/£335

Other benefits apply, please refer to the Customer Guide for the full list.

The following coverage details our optional modules, which you can choose to add to your plan:

International Outpatient

Annual maximum of: \$25,000/€18,500/£16,625 per beneficiary per policy year

- ✓ Consultations with medical practitioners and specialists: \$250/€185/£165
- ✓ 60+ Care: \$1,000/€740/£665
- ✓ Pre-natal and post-natal care: \$3,500/€2,750/£2,250
- ✓ Pathology, radiology and diagnostic tests: \$5,000/€3,700/£3,325
- ✓ Physiotherapy treatment: \$5,000/€3,700/£3,325
- ✓ Osteopathy and chiropractic treatment
- ✓ Acupuncture, homeopathy and Chinese medicine
- ✓ Prescribed drugs and dressings: \$2,000/€1,480/£1,330
- ✓ Adult vaccinations
- ✓ Dental accidents
- ✓ Annual routine tests

International Medical Evacuation

- ✓ Medical evacuation
- ✓ Medical repatriation
- ✓ Repatriation of mortal remains
- ✓ Travel costs for an accompanying person
- ✓ Compassionate visits - travel costs: \$1,200/€1,000/£800
- ✓ Compassionate visits - living allowance costs: \$155/€125/£100



What is insured? (continued)

International Health and Wellbeing

- ✓ Routine adult physical examinations: \$450/€330/£300
- ✓ Cancer screenings: \$450/€330/£300

International Vision and Dental

- ✓ Eye examination: \$200/€150/£130
 - ✓ Spectacle frames and lenses: \$155/€125/£100
- Dental overall limit: \$2,500/€1,850/£1,650**
- Refund percentages are up to the combined overall limit
- ✓ Preventative dental treatment
 - ✓ Routine dental treatment: 90% refund per period of cover
 - ✓ Major restorative dental treatment: 80% refund per period of cover
 - Orthodontic dental treatment: 50% refund per period of cover.

Other benefits apply, please refer to the Customer Guide for the full list.



What is not insured?

- ✗ Foetal surgery
- ✗ Sleep disorders
- ✗ Smoking cessation
- ✗ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger
- ✗ Developmental problems
- ✗ Obesity treatment
- ✗ 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 any way connected with attempted suicide, or any injury or illness which a beneficiary inflicts upon him or herself
- ✗ Infertility treatment
- ✗ Surrogacy
- ✗ Treatment for more than 90 continuous if you suffer permanent neurological damage and/or are in a Persistent Vegetative State (PVS)
- ✗ Personality and/or character disorders
- ✗ Treatment for a related condition resulting from any kind of substance or alcohol use or misuse
- ✗ Sexual dysfunction disorders
- ✗ Experimental treatment
- ✗ Plastic, cosmetic or reconstructive treatment (unless this treatment is medically necessary)
- ✗ Treatment outside your area of coverage.

Other exclusions apply, please refer to the Customer Guide and Policy Rules for the full details of exclusions, limitations and terms and conditions.



Are there any restrictions on cover?

- ! **Cover is always subject to eligibility criteria**
- ! **Limitations per person per policy year unless stated otherwise:**
 - 30 days: Home nursing
 - 30 days: Rehabilitation
 - 90 days: Mental health care (30 days inpatient. 180 days in a 5 year period)
 - 30 visits: Consultations with medical practitioners and specialists
 - 15 visits: Osteopathy and chiropractic treatment
 - 15 visits: Acupuncture, homeopathy and Chinese medicine
- ! **Waiting periods (the time from when you first purchased the benefit before you can claim)**
 - First 12 months: Congenital conditions
 - First 3 months: Preventative and routine dental treatment
 - First 12 months: Major restorative dental treatment
 - First 18 months: Orthodontic dental treatment
 - First 12 months: Routine maternity
 - First 12 months: Complications from maternity
 - First 12 months: Homebirths
- ! We may agree to include certain pre-existing conditions at an additional premium in some circumstances
- ! If you select a deductible and / or a cost share on International Medical Insurance or International Outpatient, you will be liable to pay the deductible and/ or cost share amounts
- ! If you select a cost share of either 10%/ 20%/ 30%, we will reduce the amount we will pay towards the cost of treatment by the cost share percentage
- ! We will only cover treatment which is medically necessary and clinically appropriate
- ! If you receive treatment in the USA out with the Cigna network, we will reduce the amount which we will pay by 20%
- ! If you do not obtain prior approval for treatment inside the USA we will reduce the amount we pay by 50%. If this treatment is out with the Cigna network, we will reduce the amount we pay by a further 20%
- ! If you do not obtain prior approval for treatment outside of the USA we will reduce the amount we pay by 20%
- ! Out of area emergency cover is limited to a maximum of 3 weeks per trip and a maximum of 60 days per period of cover
- ! We will not pay for any treatment obtained in a country in which you are a national, unless this treatment is received within your 180 day home cover period and the country is within the selected area of coverage
- ! For the newborn care benefit, the newborn will be subject to medical underwriting if the application is received more than 30 days after the newborn's birth or if neither parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth.

Other restrictions apply, please see full terms and conditions in the Policy Rules and Customer Guide.



Where am I covered?

- ✓ This plan covers you and any additional people on your policy worldwide (either including or excluding the USA as you have selected).



What are my obligations?

- You must pay your premium
- You are liable for the remainder of any premiums unpaid if we have paid a claim or made a guarantee of payment during the period of cover
- If you have selected a deductible or cost share, you must pay the agreed amount before Cigna will make any payment
- You must provide full medical history as required
- You must obtain prior-approval before treatment
- You must inform us if you or anyone on your policy changes address, country of residence, or country of nationality or is no longer an expatriate.



When and how do I pay?

- You can choose to pay your premiums on a monthly, quarterly or annual basis by credit card. Alternatively you can pay annually by bank transfer.



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.
- Except in the case of fraud, if this policy ends before the end date 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 made any guarantee of payment during the period of cover.
- 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 Customer Guide or Policy Rules, if that date is later. After this 14 day period you can cancel at any time by giving us at least 7 days' notice in writing.

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