

# INTERNATIONAL PRIVATE MEDICAL INSURANCE

## Insurance Product Information Document



Company: Cigna Global Insurance Company Limited

Product: Cigna ACA GLOBAL HEALTH®

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 who are non US citizens relocating to the USA who are required to have Minimum Essential Coverage as prescribed by the US Patient Protection and Affordable Care Act (PPACA).



#### What is insured?

##### Inpatient and daypatient treatment and care

##### No annual maximum applies per beneficiary per policy year

- ✓ Nursing and accommodation treatment
- ✓ Operating theatre costs
- ✓ Intensive care, including intensive therapy, coronary care and high dependency unit
- ✓ Surgeon's and anaesthetists fees
- ✓ Specialist consultation fees
- ✓ Emergency inpatient dental treatment
- ✓ Bariatric surgery
- ✓ Local and air ambulance
- ✓ Inpatient cash benefit
- ✓ Pathology radiology and diagnostic tests
- ✓ Advanced Medical Imaging (MRI, CT and PET scans)
- ✓ Physiotherapy
- ✓ Osteopathy and chiropractic treatment
- ✓ Acupuncture, Homeopathy and Chinese medicine
- ✓ Restorative speech therapy

##### Outpatient treatment and care

- ✓ Consultations with medical practitioners and specialists
- ✓ Surgical procedures
- ✓ Diabetes services
- ✓ Emergency outpatient dental care
- ✓ Pharmacy prescription drugs
- ✓ Maternity, childbirth and newborn care
- ✓ Cancer care
- ✓ Mental health and addiction treatment
- ✓ Kidney dialysis
- ✓ Transplant services
- ✓ Wellbeing and Preventive Care
- ✓ Rehabilitation, habilitation and other therapies
- ✓ Prosthetics, devices and appliances
- ✓ Rental of durable medical equipment
- ✓ Child dental, vision and hearing care
- ✓ Child wellness and preventative care

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

##### International Vision and Dental Care

- ✓ Eye examination
- ✓ Spectacles and lenses



#### What is insured? (continued)

##### Dental overall limit: \$5,500 per beneficiary per period of cover for beneficiaries aged 22 years and older

- ✓ Preventative dental treatment
- ✓ Routine dental treatment
- ✓ Major restorative dental treatment

##### International Medical Evacuation

- ✓ Repatriation of Mortal remains
- ✓ Travel costs for an accompanying person
- ✓ Compassionate visits - travel costs: \$1,200
- ✓ Compassionate visits - living allowance costs: \$155



#### 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 in 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)

\*With the exception of any tests, screenings and counselling services as described in the Customer Guide as determined by the US Preventative Services Task Force (USPSTF).

**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: Rehabilitation treatment
  - 30 days: Home nursing
  - 30 nights: Inpatient cash benefit
  - 15 visits: Acupuncture, Homeopathy and Chinese medicine
- ! **Waiting periods (the time from when you first purchased the benefit before you can claim):**
  - First 3 months: Adult preventative dental treatment and routine dental treatment
  - First 12 months: Adult major restorative dental treatment
- ! We will only cover treatment which is medically necessary and clinically appropriate
- ! We will not provide cover to any beneficiary where we believe that the policy has been purchased or premiums have been or are being reimbursed by another insurer or health organisation
- ! We will not provide cover in circumstances where a beneficiary does or is eligible to participate in any health insurance plan provided by their employer
- ! If you do not obtain prior approval for treatment inside the USA we will reduce the amount we pay by 50%
- ! If you do not obtain approval for treatment outside of the USA we will reduce the amount we pay by 20%
- ! You have 3 cost share options to choose from. Each option has different cost share percentages. We will reduce the amount we pay towards the cost of treatment, in accordance with the option chosen
- ! We will only pay for treatment for some benefits if that treatment is received at an USA in-network provider
- ! A further 10% coinsurance applies to routine childbirth
- ! All beneficiaries who will be residing in the USA must have an eligible visa throughout the 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.

**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



## 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 cost share option, you must pay the agreed amount before Cigna will make any payment
- 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
- For individuals residing in the USA, you must have an eligible visa
- You must inform us immediately should you or any beneficiary cease to hold an eligible visa or otherwise lose the right to live and/or work in the USA



## When and how do I pay?

- You can choose to pay your premiums on a 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.