

Product Information

Cigna Global Health Options (CGHO)

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.

The plan at a glance

Name of the Insurer	Cigna Worldwide General Insurance Company Limited
Plan type	This product is a standalone individual policy. The CGHO plans provide hospitalisation benefits under International Medical Insurance as the core cover and optional coverage options can be added to the cover. The policy provides indemnity benefits and contains no cash value.
Policy term and premium structure of CGHO plans	1 year and annually renewable. The plan provides a period of cover of 1 year. Premium rate will increase with age upon renewal, and yearly adjustable.
Age Eligibility	18 years old or over at the time of purchase. No maximum age at policy inception or at renewal.
Premium payment frequency	Annual / Quarterly / Monthly
Policy currency	USD / EUR / GBP




Summary of benefits

International Medical Insurance	Silver	Gold	Platinum
Annual overall benefit maximum - per beneficiary per period of cover	\$1,000,000 €800,000 £650,000	\$2,000,000 €1,600,000 £1,300,000	Paid in full
Hospital charges <ul style="list-style-type: none"> Nursing and accommodation for inpatient and 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); Treatment room and nursing fees for outpatient surgery (we will only provide the nursing fees whilst a beneficiary is undergoing surgery); Intensive care: intensive therapy, coronary care and high dependency unit; Surgeons' and anaesthetists' fees; Inpatient and daypatient specialists' consultation fees; Emergency inpatient dental treatment. 	✓ Private room	✓ Private room	✓ Private room
Hospital accommodation for a parent or guardian	\$1,000/€740/£665	\$2,000/€1,480/£1,330	✓
Pandemics, epidemics and outbreaks of infectious illnesses	✓	✓	✓
Inpatient cash benefit <ul style="list-style-type: none"> Per night up to 30 days per beneficiary per period of cover. 	\$100/€75/£65	\$150/€120/£95	\$200/€150/£130
Accident and Emergency Room Treatment <ul style="list-style-type: none"> For necessary emergency treatment. 	\$500/€370/£335	\$1,000/€740/£665	\$2,000/€1,600/£1,300
Transplant services	✓	✓	✓
Kidney Dialysis	✓	✓	✓
Advanced Medical Imaging (MRI, CT and PET scans) Updated <ul style="list-style-type: none"> As part of inpatient, daypatient or outpatient treatment. 	\$10,000/€7,400/£6,650	\$30,000/€22,200/£19,200	✓
Rehabilitation We will pay for: <ul style="list-style-type: none"> Physiotherapy; Occupational therapy; Cognitive and Speech therapies; and Cardiac and pulmonary rehabilitation. 	\$5,000/€3,700/£3,325 Up to 30 days	\$10,000/€7,400/£6,650 Up to 60 days	✓ Up to 90 days
Home nursing	\$2,500/€1,850/£1,650 Up to 30 days	\$5,000/€3,700/£3,325 Up to 60 days	✓ Up to 120 days
Acupuncture & Chinese Medicine	\$1,500/€1,100/£1,000	\$2,500/€1,850/£1,650	✓
Palliative care	\$35,000/€25,900/£23,275	\$60,000/€44,400/£38,400	✓
Prosthetic devices	✓	✓	✓
Local ambulance & air ambulance services	✓	✓	✓
Mental and Behavioural Health Care <ul style="list-style-type: none"> As part of inpatient, daypatient or outpatient treatment. 	\$5,000/€3,700/£3,325 Up to 30 days*	\$10,000/€7,400/£6,650 Up to 60 days*	✓ Up to 90 days*
Treatment for Obesity 🕒 24 MONTHS	✗	70% refund up to \$20,000/€14,800/£13,300	80% refund up to \$25,000/€18,500/£16,500
Cancer preventative surgery 🕒 12 MONTHS	\$10,000/€7,400/£6,650	\$18,000/€13,300/£12,000	\$20,000/€14,800/£13,300
Extensive Cancer Care Updated	✓	✓	✓
Cancer related appliances <ul style="list-style-type: none"> Includes wigs / headbands and mastectomy bras for cancer patients 	\$125/€100/£85 per lifetime per cancer related appliance	\$250/€185/£165 per lifetime per cancer related appliance	\$500/ €370/£335 per lifetime per cancer related appliance
Congenital conditions	\$5,000/€3,700/£3,325	\$20,000/€14,800/£13,300	\$50,000/€40,000/£33,000




✓ Paid in full, up to the annual benefit maximum, if applicable, for your selected plan per beneficiary per period of cover.

✗ Not covered. 🕒 Waiting period applies.

Please note, this is a representation of the benefits available and does not contain the terms, conditions, and exclusions specific to each benefit. The benefits may be subject to change. Please see the Customer Guide for full details. *Day limit only applies to inpatient and daypatient treatments.

International Medical Insurance (Continued)	Silver	Gold	Platinum
Out of Area Emergency Hospitalisation Cover • For beneficiaries who do not have Worldwide including USA coverage. Only includes inpatient and daypatient treatment costs.	\$100,000/€75,000/£65,000	\$250,000/€200,000/£162,500	✓
Global Telehealth			
Global Telehealth with Teladoc • Video and phone doctor consultations via the Cigna Wellbeing® App, or via a referral from our Customer Care team for non-emergency health issues.	Unlimited consultations	Unlimited consultations	Unlimited consultations
Parent and Baby Care			
Routine maternity care  12 MONTHS**	✗	\$7,000/€5,500/£4,500	\$14,000/€11,000/£9,000
Complications from maternity  12 MONTHS**	✗	\$14,000/€11,000/£9,000	\$28,000/€22,000/£18,000
Homebirths  12 MONTHS**	✗	\$500/€370/£335	\$1,100/€850/£700
Newborn Care • The newborn may be required to be medically underwritten.	\$25,000/€18,500/£16,500 For first 90 days from birth	\$75,000/€55,500/£48,000 For first 90 days from birth	\$156,000/€122,000/£100,000 For first 90 days from birth
Family Building Support with Carrot	✗	✗	✓

The following details the optional benefits available to add to your core cover - International Medical Insurance. You can add as many optional benefits as you wish to build a plan that suits your needs.

International Outpatient OPTIONAL MODULE	Silver	Gold	Platinum
Annual International Outpatient benefit maximum - per beneficiary per period of cover.	\$15,000 €12,000 £9,650	\$35,000 €25,900 £23,275	Paid in full
Consultations and outpatient procedures with medical practitioners and specialists	\$2,500/€1,850/£1,650	\$7,500/€6,000/£4,825	✓
Prescribed drugs and dressings	\$1,500/€1,100/£1,000	\$4,500/€3,300/£3,000	✓
Pathology, Radiology and diagnostic tests (excluding Advanced Medical Imaging)	\$2,500/€1,850/£1,650	\$5,000/€3,700/£3,325	✓
Outpatient Rehabilitation We will pay for: • Outpatient Physiotherapy; • Outpatient Occupational therapy; • Osteopathy and Chiropractic treatment; • Speech therapy; • Cardiac and pulmonary rehabilitation.	\$5,000/€3,700/£3,325	\$15,000/€12,000/£9,650	✓
Pre-natal and post natal care  12 MONTHS**	✗	\$3,500/€2,750/£2,250	\$7,000/€5,500/£4,500
Infertility Investigations and treatment  24 MONTHS • Up to a maximum of 4 attempts per lifetime. Available to beneficiaries up to 41 years old.	✗	✗	\$10,000/€7,400/£6,650
Hormone Therapy	\$500/€370/£335	\$1,000/€740/£665	\$1,500/€1,100/£1,000
Sleep Apnoea	✗	\$1,500/€1,100/£1,000	\$2,000/€1,480/£1,330
Genetic Cancer test  12 MONTHS	\$1,000/€740/£665	\$2,000/€1,480/£1,330	\$4,000/€2,950/£2,650

✓ Paid in full, up to the annual benefit maximum, if applicable, for your selected plan per beneficiary per period of cover.

✗ Not covered.  Waiting period applies.

Please note, this is a representation of the benefits available and does not contain the terms, conditions, and exclusions specific to each benefit. The benefits may be subject to change. Please see the Customer Guide for full details.

** For treatment incurred in either the UK, 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.

International Outpatient (Continued)	Silver	Gold	Platinum
Acupuncture & Chinese medicine • Up to a combined maximum of 15 consultations per period of cover.	\$2,500/€1,850/£1,650	\$5,000/€3,700/£3,325	✓
Durable medical equipment	✓	✓	✓
Hearing Aids Updated	\$500/€370/£335	\$5,000/€3,700/£3,325	✓
Adult vaccinations	\$250/€185/£165	✓	✓
Dental accidents	\$1,000/€740/£665	✓	✓
Child and Adolescence Wellbeing health	✓	✓	✓
60+ Pre-Existing Condition Care Updated	\$500/€370/£335	\$1,500/€1,100/£1,000	\$3,000/€2,220/£2,000
40-59 Pre-Existing Condition Care New	✗	✗	\$2,000/€1,480/£1,330

International Medical Evacuation OPTIONAL MODULE	Silver	Gold	Platinum
International Medical Evacuation Annual benefit maximum - per beneficiary per period of cover.	✓	✓	✓
Medical evacuation	✓	✓	✓
Medical repatriation	✓	✓	✓
Repatriation of mortal remains	✓	✓	✓
Travel cost for an accompanying person	✓	✓	✓
Compassionate visit - travel costs • Up to a maximum of 5 trips per lifetime.	\$1,200/€1,000/£800	\$1,200/€1,000/£800	\$1,200/€1,000/£800
Compassionate visit - living allowance costs • Per day up to 10 days per visit.	\$155/€125/£100	\$155/€125/£100	\$155/€125/£100

International Health & Wellbeing OPTIONAL MODULE	Silver	Gold	Platinum
Life Management Assistance programme • 24/7 access to counsellors for mental and behavioural health support.	✓	✓	✓
Mental Health Support Programme • Up to 20 face to face counselling sessions per condition per period of cover.	✓	✓	✓
Wellness Coaching • Access to a personal wellness coach for lasting lifestyle changes.	✓	✓	✓
Routine adult physical examination	\$325 / €250 / £220	\$650 / €500 / £440	\$2,000/€1,600/£1,300
Footcare by a Chiropodist or Podiatrist Updated	\$325/€250/£220 up to 5 sessions	\$650/€500/£440 up to 10 sessions	\$2,000/€1,600/£1,300 up to 20 sessions
Cervical cancer screening Updated	\$325 / €250 / £220	\$650 / €500 / £440	✓
Prostate cancer screening	\$325 / €250 / £220	\$650 / €500 / £440	✓
Breast cancer screening Updated	\$325 / €250 / £220	\$650 / €500 / £440	✓





✓ Paid in full, up to the annual benefit maximum, if applicable, for your selected plan per beneficiary per period of cover.

✗ Not covered. 🕒 Waiting period applies.

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International Health & Wellbeing (Continued)		Silver	Gold	Platinum
Bowel cancer screening	Updated	\$325 / €250 / £220	\$650 / €500 / £440	✓
Skin cancer screening		\$325 / €250 / £220	\$650 / €500 / £440	✓
Lung cancer screening		\$325 / €250 / £220	\$650 / €500 / £440	✓
Diabetes screening		\$325 / €250 / £220	\$650 / €500 / £440	✓
Bone densitometry		\$325/€250/£220	\$650/€500/£440	✓
Dietetic consultations		\$325 / €250 / £220	\$650 / €500 / £440	✓
<ul style="list-style-type: none"> 1 consultation available to all eligible beneficiaries. Up to 4 consultations per period of cover. 				

International Vision & Dental	OPTIONAL MODULE	Silver	Gold	Platinum
Vision Care				
Eye Test		\$100/€75/£65	\$200/€150/£130	✓
<ul style="list-style-type: none"> 1 eye examination per period of cover. 				
Expenses for:	Updated	\$155/€125/£100	\$200/€150/£130	\$310/€245/£200
<ul style="list-style-type: none"> Spectacle lenses; Contact lenses; Spectacle frames; Prescription sunglasses. 				

Dental Treatment				
Annual Dental benefit maximum - per beneficiary per period of cover.		\$1,250/€930/£830	\$2,500/€1,850/£1,650	\$5,500/€4,300/£3,500
Preventative	 3 MONTHS	✓	✓	✓
Routine	 3 MONTHS	80% refund	90% refund	✓
Major restorative	 12 MONTHS	70% refund	80% refund	✓
Orthodontic treatment	 18 MONTHS	40% refund	50% refund	50% refund
<ul style="list-style-type: none"> Available up to 18 years old 				

✓ Paid in full, up to the annual benefit maximum, if applicable, for your selected plan per beneficiary per period of cover.

✗ Not covered.  Waiting period applies.

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Your deductible and cost share options


Our wide range of deductible and cost share options allow you to tailor your plan to suit your needs. You can choose to have a deductible and/or a cost share on the International Medical Insurance plan or International Outpatient module. If you do so, your premium will be lower than it otherwise would be.

	Deductible This is the amount you must pay towards your cost of treatment until the deductible for the period of cover is reached.			Cost Share This is the cost share percentage you must pay towards your cost of treatment.	Out of Pocket Maximum This is the maximum amount of cost share you have to pay per period of cover.
International Medical Insurance	\$0	€0	£0		
	\$375	€275	£250	0%	\$2,000 €1,480 £1,330
	\$750	€550	£500	10%	
	\$1,500	€1,100	£1,000	20%	
	\$3,000	€2,200	£2,000	30%	\$5,000 €3,700 £3,325
	\$7,500	€5,500	£5,000		
	\$10,000	€7,400	£6,650		
International Outpatient	\$0	€0	£0	0%	
	\$150	€110	£100	10%	
	\$500	€370	£335	20%	\$3,000 €2,200 £2,000
	\$1,000	€700	£600	30%	
	\$1,500	€1,100	£1,000		

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

Example 1: DEDUCTIBLE


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


You pay the \$375 deductible

Claim: **\$1,200**

\$375


\$825


We pay \$825

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

Example 2: COST SHARE

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



You pay the \$1,000 cost share

Claim: **\$5,000**

\$1,000

\$4,000


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


We pay \$4,000

The amount of cost share is subject to the capping effect of the out of pocket maximum.

Example 3: COST SHARE AND OUT OF POCKET MAXIMUM

Claim value: **\$20,000**
Deductible: **\$0**
Cost Share: **20% = \$4,000**
Out of Pocket Maximum: **\$2,000**



You pay the \$2,000 cost share

Claim: **\$20,000**

\$2,000

\$18,000


20% of \$20,000 is \$4,000, however the out of pocket maximum limits your costs to \$2,000


We pay \$18,000

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

Example 4: DEDUCTIBLE AND COST SHARE

Claim value: **\$20,000**
Deductible: **\$375**
Cost Share: **20% = \$3,925**
Out of Pocket Maximum: **\$5,000**


You pay the \$375 deductible and \$3,925 cost share


Claim: **\$20,000**

\$375

\$3,925

\$15,700

20% of \$19,625 is \$3,925


We pay \$15,700

The deductible is due before the cost share is calculated.

Important Information

The product information in this section does not contain the full terms of the policy and the full terms can be found in the policy documents.

1. FREE LOOK PERIOD - You have a right to cancel your policy within twenty one (21) 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 and levy. 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 this during the free look period, it will continue in force for one (1) year, inclusive of the free look period, from the initial start date and you will be required to make any premium payments that are due to us.

For your cancellation rights outside of the twenty one (21) day cooling off period, please refer to clause 6 of this policy.

2. 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 and levy 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 or prior approvals 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.

3. SCOPE OF COVER - Subject to the terms, conditions, limits, exclusions (and special exclusions as detailed in your Certificate of Insurance, if applicable) of this policy, Cigna Healthcare will cover you for medical and related expenses relating to medically necessary treatment which is recommended by a medical practitioner, and provided within the selected area of coverage for injury and sickness. The treatment must occur during the period of cover and deductibles, cost shares and limits of cover may apply. In some circumstances we may, at our absolute discretion, agree to remove an exclusion if you pay an additional premium. This will be agreed at the time you purchase your policy.

This policy will not cover any costs relating to treatment received before the cover starts, or after the cover ends (even if that treatment was approved by us before the cover ends, unless it has been expressly agreed by us).

4. POLICY RENEWAL - This policy is an annual renewable contract with a minimum period of cover of three (3) months and a maximum period of cover of twelve (12) months. This means that, unless it is terminated before the end date or automatically renewed, the period of cover will end one (1) year after the start date. Please see Clause 13 of the Policy Rules for more information on the policy renewal process at the end of your period of cover.

If we determine to renew, we will write to you at least one (1) calendar month before the end date. Unless you inform us of your wish not to renew, the policy will automatically renew. 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. The minimum period of cover of three (3) month doesn't apply to renewed policies. This requirement applies only to the first year of your policy.

We reserve the right to make any changes to this policy that are necessary to comply with any changes to relevant laws and regulations. We also reserve the right to make changes to the terms of cover at the time of renewal. 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 Healthcare not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.

Prior to renewal, 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.

5. NON-GUARANTEED PREMIUM - Premium rates are not guaranteed and may be adjusted upon renewal based on future experience. Factors leading to premium adjustment may include but are not limited to our experience in claims and expenses incurred by and/or in relation to this product overall and not directly related to individual policies.

We will inform you of the premium and any other charges which will apply during the next period of cover. The premium and/or other charges will change each period of cover.

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

- 6.1 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
- 6.2 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
- 6.3 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
- 6.4 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
- 6.5 Subject to the terms and conditions of the policy, we may terminate the policy for any beneficiary who ceases to be an expatriate whether as a result of a change to a beneficiary's country of nationality or country of habitual residence.
- 6.6 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 (1) 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 must give us at least fourteen (14) days' notice in writing. Termination of your policy will take effect fourteen (14) 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 the 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, covered a treatment 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.

In relation to the period after your cover has ended outside the minimum period of cover of three (3) months, unless your policy is terminated in accordance with clause 6.2 and/or clause 7, 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, unless we have expressly agreed otherwise.

7. 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 (12) month 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**
 - For infants born in the UK, Hong Kong or Singapore, in order for full medical underwriting to be waived for the newborn, either parent must have been covered by the policy for a continuous period of twenty four (24) months.
 - For infants born outside of the UK, Hong Kong or Singapore, in order for full medical underwriting to be waived for the newborn, either parent must have been covered by the policy for a continuous period of twelve (12) months.

* For treatment incurred outside of either the UK, 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 Testing**
 - A twelve (12) month waiting period applies for Genetic Testing.

* For treatment incurred outside of either the UK, 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.

8. 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.

9. MEDICALLY NECESSARY TREATMENT - We will cover treatment which is medically necessary and clinically appropriate for the beneficiary. Medically necessary covered services and supplies are those determined in accordance with International Clinical Guidelines by the medical team to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- orthodox, and in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the beneficiary, physician or other hospital, clinic or medical practitioner; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Where applicable, the medical team may compare the cost effectiveness of alternative services, settings or supplies when determining what the least intensive setting is.

10. 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.

II. CLAIMS - Please contact our Customer Care Team as soon as possible before you receive treatment using the following numbers:

Inside Hong Kong 2297 5210

International +44 1475 788182 (overseas)

Prior authorisation is required for all Inpatient and Daypatient treatments. It is not required for Outpatient treatments with the exception of the treatments listed on page 30 of the Customer Guide.

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, or as soon as reasonably possible. 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 Healthcare 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.

12. 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.

This policy does not replace any state health insurance scheme. You may wish to take appropriate advice before stopping contributions to any state health insurance scheme of which you are a member.

13. 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 cover benefits are excluded from our Silver plan. These benefits are included in the Gold and Platinum plan.

Important note: This document serves only as a reference and does not form part of a legal contract. The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains a partial and general description of benefits. We recommend that you examine your (product) policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law

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