



# Health care plan

Member Guide

Effective from January 2024

Cigna Global Health Benefits®

RioTinto

  
cigna  
healthcare

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## International Health Care Benefits

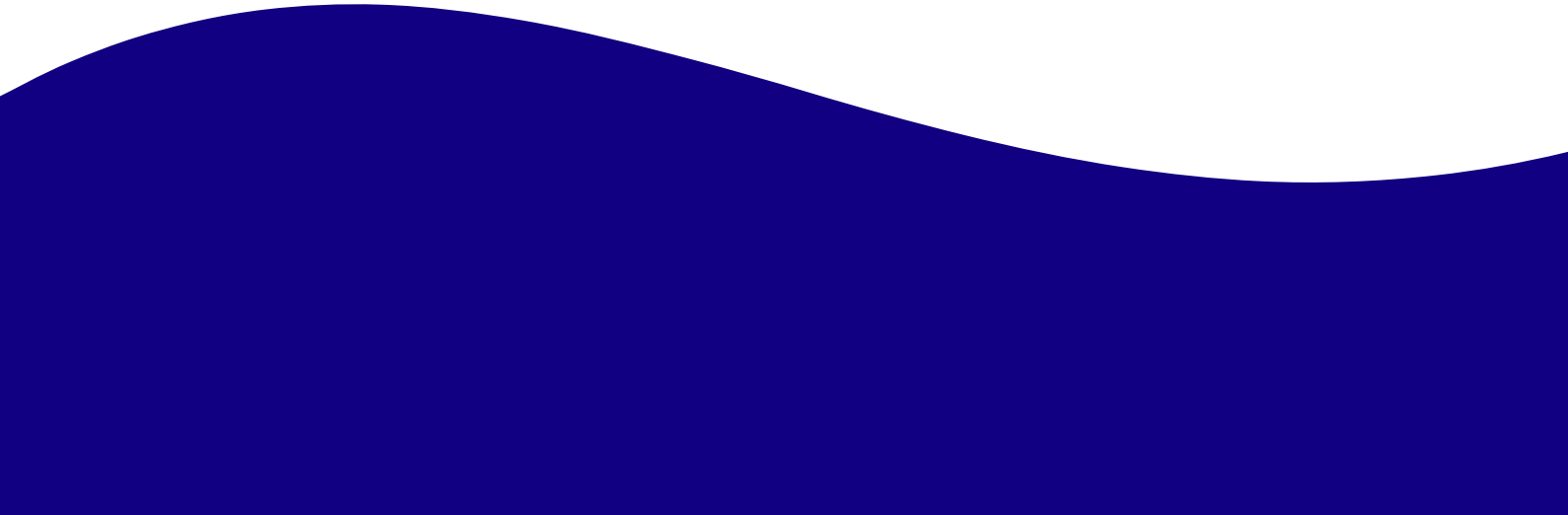
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# International health care benefits

## BENEFIT LIMIT

<b>1. Annual Benefit</b> Maximum per Member or Dependant.	<b>Up to \$7,500,000 USD per Year of Insurance</b>
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## In-Patient/Day Case Health Care Benefits

<b>2. Hospital Charges</b> for: <ul style="list-style-type: none"><li>nursing and accommodation for In-Patient Treatment;</li><li>Day Case Treatment;</li><li>operating theatre and recovery room;</li><li>prescribed medicines, drugs and dressings for In-Patient and Day Case Treatment.</li></ul>	<b>Paid in Full</b>
<b>3. Parental Accommodation</b> This applies to Dependent children under the age of 18. Cigna Healthcare will pay reasonable costs for a parent staying in the same Hospital with the child for up to 30 days in any one Year of Insurance.	<b>Paid in Full</b>
<b>4. Surgeon's and Anaesthetist's Fees</b>	<b>Paid in Full</b>
<b>5. Specialist Physician's Fees</b> This Benefit is paid in full for regular visits by a Specialist physician during stays in Hospital including intensive care by a Specialist physician for as long as is required by Medical Necessity.	<b>Paid in Full</b>
<b>6. Surgical Procedures</b>	<b>Paid in Full</b>
<b>7. Radiotherapy, Chemotherapy, Oncology and Physiotherapy</b>	<b>Paid in Full</b>
<b>8. Radiology, Pathology</b>	<b>Paid in Full</b>
<b>9. Home Nursing Charges</b> This Benefit will be paid: <ul style="list-style-type: none"><li>if recommended by a Specialist immediately after Hospital Treatment for as long as is required by Medical Necessity;</li><li>on a full-time basis for as long as is required by Medical Necessity for Treatment which would normally be provided in a Hospital.</li></ul>	<b>Paid in Full</b>
<b>10. Surgical Appliance and/or Medical</b> This Benefit will be paid in respect of: <ul style="list-style-type: none"><li>an artificial limb, prosthesis or device which is inserted during surgery;</li><li>an artificial prosthesis or device which is a necessary part of the Treatment immediately following surgery for as long as is required by Medical Necessity;</li><li>a prosthesis or appliance which is Medically Necessary and is part of the recuperation process on a short-term basis.</li></ul>	<b>Paid in Full</b>

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**11. Psychiatric Care**

This Benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions for a maximum of 30 days in any one Year of Insurance.

**Paid in Full**

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**12. Maternity Cover**

This Benefit is available to Eligible Females covered under the Plan.

**Paid in Full**

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**13. International Emergency Services**

This Benefit requires pre-approval.

Please contact the Cigna Healthcare Customer Service 24 hour helpline.

**Paid in Full**

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**14. Private Ambulance**

This Benefit is payable for transport to or from a Hospital when ordered for medical reasons.

**Paid in Full**

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## Out-Patient Health Care Benefits

**15. Consultations with Medical Practitioners and Specialists**

(this Benefit includes Treatment for physiotherapy, acupuncture, chiropody, osteopathy, homeopathy, pathology, radiography, radiology, chemotherapy).

**Paid in Full**

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**16. Telehealth Consultations**

Where possible, telehealth consultations should be accessed through the Cigna Wellbeing app with Teladoc.

Where virtual consultations are not available through Teladoc this Benefit is payable for video and phone consultations with a GP, Medical Practitioner or Specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of an Insured Member by a healthcare provider.

Choosing to access the telehealth service of a healthcare provider participating in Cigna Healthcare's global network ensures you will receive optimised discounts.

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.

Please note, 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.

**Covered Up to applicable policy limits**

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**17. Maternity Cover**

This Benefit is available to Eligible Females covered under the Plan.

**Paid in Full**

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**18. Non-surgical and Minor Surgical Procedures and Treatment**

**Paid in Full**

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**19. Prescribed Medicines (including contraception), Drugs and Dressings**

**Paid in Full**

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**20. Annual Routine Tests**

One eye test and hearing test for children under the age of 15.

**Paid in Full**

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**21. Well Child Tests**

This Benefit will be payable for Dependant children aged 6 and under, with immunisation covered for all Dependents.

**Paid in Full**

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<b>22. Routine Well Child Tests</b>	Charges made for routine preventative care up to age 17. Routine preventative care means health care assessments, wellness visits and any related services. For full details please contact Cigna Healthcare Customer Service.	<b>Paid in Full</b>
<b>23. Travel Vaccinations</b>	This Benefit will be payable for vaccinations related to travel.	<b>Paid in Full</b>
<b>24. Emergency Dental Treatment</b>	This Benefit will be payable for Treatment received during the emergency visit immediately after accidental damage to natural teeth.	<b>Up to \$1,500 USD per Year of Insurance</b>
<b>25. Psychiatric Care</b>		<b>Up to \$3,000 USD per Year of Insurance</b>
<b>26. Health Risk Assessments</b>	Please refer to <a href="#">page 24</a> for more information. Cigna Healthcare will provide access to online Health Education, Health Risk Assessments and web-based coaching programmes.	
<b>27. Sleep Apnoea</b>		<b>Full Refund</b>
<b>28. Sleep Apnoea Appliance</b>		<b>Full Refund</b>
<b>29. Alcohol and Drug abuse</b>		<b>up to 3,000 USD per year of insurance</b>
<b>30. Hormone Replacement Therapy (HRT)</b>	For symptoms of the menopause.	<b>Paid in Full</b>
<b>Wellness Benefits</b>		
<b>31. Routine Adult Physical Exams</b>	This Benefit will be paid for, or in connection with, routine physical examinations for Members over 18 years old.  This Benefit includes a list of preventive screenings and diagnostic tests as part of a routine annual health check. Other age and gender appropriate testing is covered as well. If you would like to check the Treatments covered under this Benefit kindly reach out to Cigna Healthcare customer service.  If you have any pre-existing conditions or experience certain symptoms that require tests based on Medical Necessity kindly reach out to Cigna Healthcare customer service to validate the applicable coverage. Finally, if your health care provider offers a range of tests as part of a package please call Cigna Healthcare before you book the Treatment in order to ensure all tests will be covered as part of your annual routine health check. Cigna Healthcare may reject Treatments that are not performed on a routine basis or where there is no Medical Necessity to undergo these.	<b>Up to \$500 USD per Year of Insurance</b>
<b>32. Pap Smear</b>	Cigna Healthcare will pay charges for an annual Papanicolaou screening.	<b>Paid in Full</b>
<b>33. Bone Densitometry</b>	Cigna Healthcare will pay charges for one scan every 5 years for women aged 50 and over.	<b>Paid in Full</b>
<b>34. Prostate Cancer Screening</b>	Cigna Healthcare will pay charges for an annual prostate cancer screening for eligible males over 50 years old.	<b>Paid in Full</b>



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### 35. Mammograms for Breast Cancer Screening or Diagnostic Purposes

This Benefit will be paid in respect of:

- one baseline mammogram for asymptomatic women aged 35-39;
- a mammogram for asymptomatic women aged 40-49 every two years or more if Medically Necessary;
- a mammogram every year for women aged 50 and over.

**Paid in Full**

## International Emergency Services

Provided that Medical Necessity exists, these Services will be only provided when the Treatment resulting in the emergency medical evacuation or repatriation is covered under the Plan.

All Benefits under the international Emergency Services section require Prior Approval.

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### 36. Emergency Medical Evacuation

Benefit will be payable for the cost of travel when treatment is not available locally and medical evacuation has been determined to be medically necessary to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and represent a threat to life or limb. The medical assistance service will arrange for the transport under proper medical supervision as soon as reasonably practicable.

**Full Refund**

Prior approval must be obtained from Cigna Healthcare before the evacuation takes place. Where it is not reasonably possible for prior approval to be requested before the evacuation takes place, approval must be requested within 7 days of the evacuation.

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### 37. Emergency Medical Repatriation

Benefit will be payable for the cost of travel when treatment is not available locally and it has been determined to be medically necessary for the patient to be returned to their Country of Domicile to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and represent a threat to life or limb. The medical assistance service will arrange for the transport under proper medical supervision as soon as reasonably practicable.

**Full Refund**

Prior approval must be obtained from Cigna Healthcare before the repatriation takes place. Where it is not reasonably possible for prior approval to be requested before the repatriation takes place, approval must be requested within 7 days of the repatriation.

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### 38. Accommodation following an Emergency Medical Evacuation or Repatriation

Following an emergency medical evacuation or repatriation, Cigna Healthcare will cover the reasonable cost of hotel accommodation for the Patient, comprising a standard private room with en-suite facilities, for as long as Medically Necessary and where Medical Necessity prevents repatriation or transportation back to the location of assignment immediately after discharge from an In-patient stay.

**Paid in Full**

Where the Patient is under the age of 18, accommodation costs may also be covered for a parent, guardian or other responsible adult to stay with the Patient in the same hotel room. In all circumstances the patient must first contact Cigna Healthcare to obtain prior approval for hotel accommodation to be covered.

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### 39. Accommodation for Accompanying Person in the Event of an Emergency Medical Evacuation

If the Patient is expected to require hospitalisation for more than 7 day at the location to which they are evacuated, Benefit will be payable for accommodation costs for an individual, as chosen by the Patient to accompany them.

**Paid in Full**

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### 40. Transport costs for Accompanying Person in the Event of an Emergency Medical Evacuation or Repatriation

If the Patient is expected to require hospitalisation for more than 7 days at the location to which they are evacuated, Benefit will be payable for return travel costs (economy only) for the most economical form of transport, such as train or bus, to the place of hospitalisation for an individual, as chosen by the Patient to accompany them.

**Paid in Full**

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**41. Transport costs for Transfer of Children in the Event of a Medical Evacuation or Repatriation**

Benefit will be payable for the cost of travel for one parent to accompany the Employee's child (under 18 years old) and for any individual who because of Medical Necessity has to go with the Patient.

If an Employee's child who is a Dependant is left alone without a parent or adult relative over the age of 18 after the Patient is evacuated or repatriated, the Medical Assistance Service will arrange as soon as reasonably practicable for the Dependant to return to their Country of Domicile. Qualified attendants (confirmed by the Medical Assistance Service) will travel with the child who is a Dependant, if the Medical Assistance Service decides.

**Paid in Full**

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**42. Transport costs for Compassionate Visit**

Cigna Healthcare will cover the return travel costs for the most economical form of transport to the place of hospitalisation for an individual, as chosen by the Patient. This benefit is payable if the Patient is in a different country and is expected to be hospitalised for more than 7 days after an accident or sudden illness, or has been given a short-term terminal prognosis.

**Paid in Full**

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**43. Accommodation for Compassionate Visit**

Cigna Healthcare will cover the reasonable cost of hotel accommodation for an individual, as chosen by the Patient, comprising a standard private room with en-suite facilities, where the Patient is in a different country and is expected to be hospitalised for more than 7 days after an accident or sudden illness, or has been given a short-term terminal prognosis.

**Paid in Full**

In all circumstances the patient must first contact Cigna Healthcare to obtain prior approval for hotel accommodation to be covered.

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**44. Compassionate Emergency Repatriation**

Benefit payable if the Patient is outside of their country of usual residence and has to return home due to the death or serious acute illness or injury of a close relative, such as parent, spouse, partner, sibling or child. Cigna Healthcare will cover the return travel costs for the most economical form of transport.

**Paid in Full**

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**45. Assistance in the event of death Repatriation of mortal remains**

If the Employee or Dependant dies outside their Country of Domicile, the Medical Assistance Service will arrange as soon as reasonably practicable for the return of the bodily remains to the Country of Domicile of the deceased.

**Paid in Full**

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**46. Assistance in the event of death Travel costs for Insured Family Members in the Event of Repatriation of Mortal Remains**

If the Employee or Dependant dies outside their Country of Domicile, Cigna Healthcare will cover travel costs (economy only) for other insured family members to accompany bodily remains to the Country of Domicile of the deceased.

**Paid in Full**

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**47. Non-Emergency return to Home Country expenses for travel and accommodation**

Return costs for travel in economy class and accommodation when treatment is not available in the country of expatriation.

Return costs for travel in economy class and accommodation of one accompanying insured person and/or underage dependent children covered by the policy.

In all circumstances this Benefit requires Prior Approval.

**Paid in Full  
(max. 60 days)**

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**Notes**

Cigna Healthcare will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, and donor's medical costs. The amount payable for donor's medical costs is reduced by the amount payable for those costs from any other Plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures).

**The Member/Dependant must contact Cigna Healthcare before incurring any costs relating to organ donations.**



# Exclusions



Cigna Healthcare will not pay Benefit for the following Treatments and extras:

- a. Treatment that arises from or is in any way connected with attempted suicide or any Injury or illness that you inflict upon yourself which exceeds an upper lifetime limit of \$150,000 USD per Patient.
- b. Treatment for or in connection with speech and/or occupational therapy unless it:
  - is recommended by a Specialist, and;
  - is intended to restore skills which previously existed and have been lost as a result of an acute medical condition, or;
  - has a reasonable likelihood of being restored.
- c. Dental or orthodontic Treatment unless Benefit is specifically provided in the List of Benefits.
- d. Treatment in nature cure clinics, health spas and nursing homes.
- e. Charges for residential stays in a Hospital which are arranged wholly or partly for domestic reasons or where Treatment is not required or where the Hospital has effectively become the place of domicile or permanent abode.
- f. Hospital accommodation costs that are more expensive than those of a standard private room at the same Hospital. Deluxe, executive rooms or VIP suites are not covered.
- g. Treatment directly related to surrogacy. Cigna Healthcare will not pay maternity Benefits to:
  - an eligible female who acts as a
  - surrogate; or
  - anyone else acting as a surrogate for an eligible female.
- h. Treatment needed because of or relating to male or female birth control.
- i. Treatment needed because of or relating to infertility or any type of fertility Treatment, including complications arising out of such Treatment, with the exception of the investigation of infertility to the point of diagnosis.
- j. Treatment by way of the intentional termination of pregnancy, unless two medical practitioners certify in writing that the pregnancy were to endanger the life or mental stability of the mother.
- k. Supportive Treatment for chronic kidney failure or kidney failure which cannot be cured. Treatment for kidney dialysis will be covered if such Treatment is available in the location of assignment or if not available, Treatment will be covered in the Patient's country of domicile or centre of excellence nearest the location of assignment. Only Treatment costs for kidney dialysis will be covered; travel and accommodation expenses in connection with such Treatment will not be covered.
- l. Treatment to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratectomy (PRK), unless Cigna Healthcare agrees in writing.
- m. Injury or disability directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority, or while you or your Dependants are carrying out army, naval or air services operations, whether or not war has been declared.
- n. Treatment outside the selected area of coverage if one of the reasons the Patient travelled was for that Treatment, except if the medical assistance service has arranged emergency evacuation or medical repatriation.
- o. Any form of non-emergency travel costs, with the exception of the benefit listed under "Non-Emergency return to home country expenses for travel and accomodation".
- p. Any expenses for international emergency services which were not approved in advance by the medical assistance service.
- q. International services expenses for -emergency evacuation, medical repatriation and transportation costs for third parties where the Treatment needed is not covered under the Plan.
- r. International services expenses related to repatriation and evacuation for:
  - non-emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or sickness; or
  - a condition which would allow for Treatment at a future date convenient to the Patient and which does not require emergency evacuation or repatriation; or
  - medical care or services scheduled for the Patient's or provider's convenience which are not considered an emergency.
- s. Any expenses for ship-to-shore evacuations.
- t. Sex change operations or any Treatment needed to prepare for or recover from these operations (for example, psychological counselling) including complications arising out of such Treatment.
- u. Treatment that arises from or is any way connected with Injury, sickness or disablement as a result of:
  - taking part in a sporting activity on a professional basis; or
  - solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.
- v. Any form of experimental Treatment (or procedure) that does not amount to orthodox Treatment or does not adhere to the commonly accepted, customary or traditional practice of medicine in the United Kingdom.
- w. Treatment for or in connection with developmental disorders, including but not limited to:
  - developmental reading disorders;
  - developmental arithmetic disorders;
  - developmental language disorders;
  - developmental articulation disorders.

# Exclusions



for learning disabilities, developmental delays, autism or cognitive or developmental disabilities or disorders.

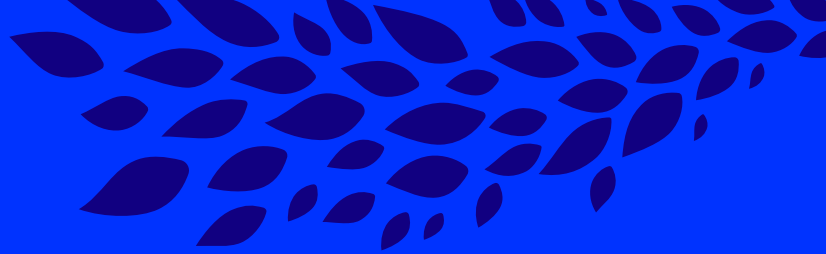
**y.** Expenses relating to:

- any form of sterilisation including vasectomy;
- any form of plastic, cosmetic or reconstructive surgery or Treatment, even for psychological reasons, unless it is of Medical Necessity as a direct result of the Patient having an accident or because of other surgery, which itself would have been covered under the Plan;
- appliances (including spectacles unless the vision Benefit has been selected and hearing aids) which do not fall within Cigna's definition of surgical appliance and/or medical appliance;
- hearing tests, except for one hearing test per Year of Insurance for a Dependant child under the age of 15 years;
- incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation;
- routine examinations or tests including health screens and medical examinations except for Well Child Tests

at the appropriate age intervals and those specifically included under the List of Benefits;

- eye tests except for one eye test per Year of Insurance for a Dependant child under the age of 15 years;
  - costs or fees for filling in a claim form or other administration charges.
  - costs that have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna will only pay its part of your Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, Cigna may claim back any of these costs it has paid.
  - costs for Treatment that has not yet taken place irrespective of whether advance authorisation has been given or a guarantee of payment has been put in place.
- z.** Cigna will not offer cover or pay Benefit when it is illegal to do so under applicable laws. Examples include but are not limited to, exchange controls, local licensing regulations, sanctions, anti-corruption or trade embargo.

# Dental Benefits



	BENEFIT LIMIT
<b>1. Annual Benefit</b> Maximum per Member.	<b>Up to \$2,000 USD per Year of Insurance</b>
<b>All Dental services below apply to annual maximum.</b>	
<b>2. Class One</b> Investigative and Preventative Treatment. Benefits include: <ul style="list-style-type: none"><li>• examinations, x-rays, scale &amp; polish.</li></ul>	<b>Paid in Full</b>
<b>3. Class Two</b> Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury. Benefits include: <ul style="list-style-type: none"><li>• Root canal Treatment, extractions, surgical procedures, occasional Treatment, anaesthetics, periodontal Treatment.</li></ul>	<b>80% Refund</b>
<b>4. Class Three</b> Major Restorative. Benefits include: <ul style="list-style-type: none"><li>• Dentures - acrylic/synthetic, metal and metal/acrylic;</li><li>• Crowns, inlays, mouthguard or occlusal splint.</li></ul>	<b>50% Refund</b>
<b>5. Orthodontic Treatment for Dependant children under the age of 18</b>	<b>50% Refund Up to \$1,500 USD per Year of Insurance</b>

## Notes

1. Examinations and Scale and Polish will both be limited to 2 visits per Year of Insurance.
2. Full case assessment will be limited to one per Year of Insurance.
3. X-rays will be limited to four Bitewings and six Intra Oral per Year of Insurance and OPG every 3 years.
4. Prolonged periodontal Treatment limit of one course per Year of Insurance.

# Exclusions



Cigna Healthcare will not pay Benefit for the following Treatments and extras:

**a.** Benefit is not payable for Treatment which:

- is directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion, (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act or any lawfully constituted authority, or while you or your Dependants are carrying out army, naval or air services operations, whether or not war has been declared;
- Is purely cosmetic;
- is not necessary for continued oral health;
- is in any way caused by the Patient carrying out an illegal act.

**b.** Benefit is not payable for refunding costs which:

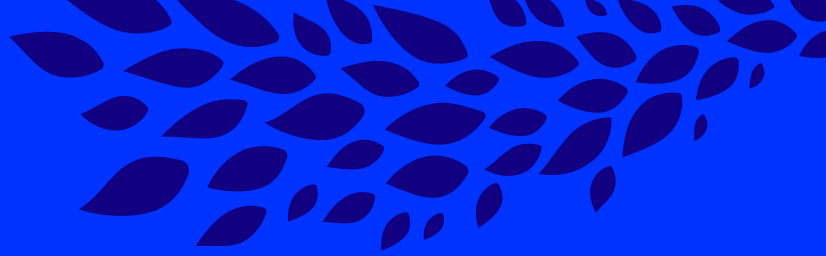
- are fees for filling in a claim form or other administration charges;
- have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna Healthcare will only pay it's part of your Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, Cigna Healthcare may claim back any of these costs it has paid.

**c.** Benefit is not payable for the following procedures, services or items:

- replacing any dental appliance which is lost or stolen;
- replacing a bridge, crown or denture which is or can be made usable according to a standard acceptable to a dentist of ordinary competence and skill in the United Kingdom;
- replacing a bridge, crown or denture within five years of original fitting unless:
  - the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
  - the bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury you or your Dependant receives while covered under the Plan.

- porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars;
- 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, e.g. gold alloy crown; or
  - a temporary crown or pontic is required as part of routine or emergency dental Treatment.
- surgical implants of any type including any attaching prosthetic device;
- procedures and materials which are experimental or which do not meet accepted dental standards.
- instruction for plaque control, oral hygiene and diet;
- procedures, services and supplies which are deemed by Cigna Healthcare to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where dental Treatment is neither wholly nor partly the reason for the stay in Hospital);
- orthodontic Treatment for Members and Dependants who are over the age of 18 (orthodontic Treatment will only be paid for Dependant children who are under the age of 18). In this case, you or your Dependant must send the following information prepared by the dentist who is to carry out the proposed Treatment to Cigna Healthcare before Treatment starts, so that Cigna Healthcare can confirm how much Benefit will be payable (Benefit will be payable only if Cigna Healthcare has confirmed cover before Treatment starts):
  - a full description of the proposed Treatment;
  - X-rays and study models;
  - an estimate of the cost of the Treatment.
- bite registration, precision or semiprecision attachments;
- procedures, appliances or restorations (except full dentures) whose 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.
- major Treatment on deciduous or baby teeth for Dependant children.

# Vision Benefits



## BENEFIT LIMIT

### I. Vision Care

One eye examination per Year of Insurance by an Optometrist or an Ophthalmologist.

**Paid in Full**

Expenses for:

- lenses to correct vision;
- eyeglass frames;
- prescription sunglasses.

**Up to \$300 USD per Year of Insurance**

# Exclusions



Cigna Healthcare will not pay Benefit for the following:

- more than one eye examination in any one Year of Insurance;
- sunglasses, unless medically prescribed;
- medical or surgical Treatment of the eye;
- lenses which are not a Medical Necessity and are not prescribed by an Optometrist or Ophthalmologist or frames for such lenses.

# Your International Cover

Membership of the Cigna Healthcare plan means that you and your family can be sure of receiving comprehensive advice and treatment, in the case of illness or accident. Your membership pack contains a list of benefits detailing your specific cover and limitations. Please familiarise yourself with the benefit structure and be aware of your level of cover.

An electronic membership card is provided for each of your family members and while it does not act as a payment mechanism it is a means of identification and assists medical practitioners and hospitals in obtaining guarantees of direct payment.

## Important

**Please notify Cigna Healthcare if your spouse or other dependents will not be living in the same location where you work. Cigna Healthcare may not provide coverage for dependents who live in an area sanctioned by certain governments. Organisations, such as the United Nations, can also impose sanctions.**

## Important Contact Information

<b>Cigna 24 Hour Helpline Number</b>	+44 (0) 1475 492197
<b>Cigna Healthcare Fax Number</b>	+44 (0) 1475 492424
<b>Cigna USA 24 Hour Helpline</b>	+1 800 768 1725
<b>Cigna USA Fax Number</b>	+1 800 243 6998 or +1 302 797 3150
<b>Mailing Address for Claims Incurred Outside the USA</b>	Cigna Global Health Benefits, I Knowe Road, Greenock, Scotland, PA15 4RJ
<b>Mailing Address for Claims Incurred in the USA</b>	Cigna Global Health Benefits, PO Box 15050, Wilmington, DE 19850-5050 USA Courier delivery: Cigna Global Health Benefits, 300 Bellevue Parkway, Wilmington, DE, 19809 USA
<b>Email address</b>	<a href="mailto:Ice.Team@Cigna.com">Ice.Team@Cigna.com</a>
<b>Website</b>	<a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a>

# Secure Email Practices

The table below shows the various options available to our members for communicating with us.

Our method of responding will depend on how we receive your emails.

## Sending emails to Cigna Healthcare

## How will Cigna Healthcare reply?

<p><b>Sending emails to Cigna Healthcare from within CignaEnvoy/Mobile App</b></p>	<p>Register on <a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a> online or via our Mobile App. Enter your preferred email alert address (this can be a personal email account e.g. xxxx@gmail.com)</p> <p>Your chosen email address will receive a notification, with a click through link to access your CignaEnvoy mailbox/ also viewable from the Mobile App</p>
<p><b>Sending emails to Cigna Healthcare from a personal email account (where you have also registered for CignaEnvoy)</b></p>	<p>You will receive a reply from Cigna Healthcare with an alert/link to access your CignaEnvoy/App mailbox</p>
<p><b>Sending emails to Cigna Healthcare from a personal email address (if you have not yet registered for CignaEnvoy)</b></p>	<p>If you are relying on an email service/server that is TLS secured, you can receive emails directly to your personal mailbox. If the email cannot be delivered securely, it will be posted on a secured portal. You will receive a notification email with a link to the portal. Simply register/ signon to retrieve your message.</p>
<p><b>Transport Layer Security email* - sending emails to Cigna Healthcare from your company email account</b></p>	<p>If your employer has set up TLS email with Cigna Healthcare, we will be able to correspond directly with you (no links to Cigna Healthcare secure mailboxes need to be sent). If TLS has not been set up, then Cigna Healthcare will reply as above</p>

\* Refer to your Human Resources department to find out if your employer has TLS set up with Cigna Healthcare.



# Using Your Cigna Healthcare Membership Card

When you receive your electronic Cigna Healthcare membership card check that the information is correct.

If something needs to be changed contact the Cigna Healthcare helpline by telephone, fax or email and they will arrange for your information to be updated.



Telephone

**+44 (0) 1475 492197**



Fax


**+ 44 (0) 1475 492424**



E-mail

**Ice.Team@Cigna.com**

When receiving treatment please present your membership card to the provider.

 RxBIN 17010 RxPCN 0216N1TL RxGRP P47A Issuer (80840)	24-HR International Helpline Number: +44 (0) 1475 492197 Toll Free Tel No: 1 800 253 7052 US Only 1 800 768 1725
	COMPANY NAME MEMBER NAME 851234567 01

 Network Savings Program	<b>Provider Network: Cigna Healthcare PPO</b> <b>Away From Home Care</b>
All benefits are subject to verification of eligibility, definitions, exclusions and contract limitations. Card possession does not certify eligibility or benefits.	
Send US claims to:	Cigna International, PO Box 15050 Wilmington DE 19850 USA, Payor ID #62308 Fax: Inside US: 1 800 243 6998 or 1 302 797 3150
Send all other Claims to:	Cigna International, 1 Knowles Road Greenock, Scotland PA15 4RJ Fax: 1 800 262 2471 or +44(0)1475 492424
Cigna Email/Web:	ice.team@cigna.com / www.CignaEnvoy.com



# Emergency Care

The helpline shall:

- co-ordinate evacuation to the nearest suitable location or repatriation to your home country if medically necessary;
- arrange the care and repatriation of your family members if your medical condition leaves them at risk.

Emergency medical evacuations or repatriations must be pre-authorized by the Cigna Healthcare helpline. Where it is not possible for pre-authorization to be sought before the evacuation or repatriation takes place, this must be sought as soon as possible thereafter, and always within 7 days. Cigna Healthcare will only authorise medical evacuations or repatriations after the evacuation or repatriation has occurred where it was not reasonably possible for authorisation to be sought before this took place. Medical evacuations or repatriations must be determined by Cigna Healthcare to be medically necessary to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and represent a threat to life or limb, and it has been determined that the treatment is not available locally.



**In the event of an emergency, please contact the Cigna Healthcare helpline:**

For Non USA Based Members call:

**Tel: +44 (0) 1475 492197**

For USA Based Members call:

**Tel: +1 800 768 1725**



## Areas of Cover

Area of cover is the geographic location around the world in which a member's plan applies.

Cigna Healthcare will apply the appropriate area of coverage based on the location of you and your dependants, as agreed with your employer.

To view your Area of Cover please refer to your Certificate of Coverage which can be found via the secure member portal [www.CignaEnvoy.com](http://www.CignaEnvoy.com).

# Pre-Authorisation of Your Treatment

## What is the pre-authorisation Procedure?

Pre-authorisation is the process of informing Cigna Healthcare in advance of your medical treatment, when it meets certain criteria.

## Why should I follow the pre-authorisation Procedure?

By following this process you ensure that Cigna Healthcare can organise direct payment to your medical service provider, avoiding you having to first make payment and then make a claim for reimbursement, which in some cases can be very costly. Also, if planned treatment is known in advance, Cigna Healthcare can assist with the management of your care and may be able to negotiate a pricing reduction through our extensive Provider Network.

## When is it necessary to pre-authorise treatment or service?

- Any planned or non-emergency in-patient treatment, including maternity
- Treatment in relation to:
  - Cancer
  - Renal Failure
  - Home Nursing
  - Organ Transplant
- Emergency medical evacuation
- Repatriation of mortal remains

To arrange pre-authorisation please contact Cigna Healthcare customer services by phone or email (see contact details on page I2).

## What happens if you do not follow the pre-authorisation procedure?

**Medical services:** There is no requirement for you to pre-authorise your medical treatment, but by doing so it ensures that your costs can be settled directly with your treating provider and any associated cost savings helps reduce future healthcare premiums for Rio Tinto. In addition, if you do not reach out to Cigna Healthcare in advance you may run into delays obtaining a necessary Guarantee of Payment resulting in delays in your treatment. It is strongly recommended you contact Cigna Healthcare any time you have planned inpatient treatment.

## Pre-Authorisation of Your Treatment

**Emergency medical evacuation and repatriation of mortal remains:** Cigna Healthcare should be contacted to approve and coordinate related services and support.

## Second Medical Opinion

In some countries health care is a 'business' and doctors may recommend invasive procedures even if the patient does not necessarily require them, or if the medical condition can be treated by a non-invasive medical procedure. In some cases the reason for a diagnosis could be simply due to the fact that the patient has a comprehensive medical insurance which covers such treatment.

If you have concerns regarding the treatment being recommended by your doctor, you are entitled to request a second medical opinion, which you can arrange with a doctor or specialist of your choice. The plan will reimburse this second opinion as it may affect the treatment being taken and the charges to the plan. A second opinion will assist you in making an informed choice on the nature of treatment to be carried out and to help you to weigh up the benefits and any potential risks of surgical procedures. For some conditions there are medically sound alternatives which may be more suitable to your circumstances.

# Cigna Wellbeing<sup>®</sup> App

## Take control of your health with Cigna Wellbeing<sup>®</sup>

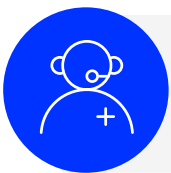
Today, there's an expectation that access to information is available to us at all times - whether we're at home, in the office or out and about. At Cigna Healthcare, we've applied the same thinking to your wellbeing. We want you to be healthy and happy and for you to stay in control wherever you're located. Here's how it works.

Cigna Wellbeing<sup>®</sup> app is built to support your health in three key areas:

- Access the care you need, when you need it
- Manage your care to get well
- Change your lifestyle behaviours to stay well

Each area of support focuses on specific healthcare issues. However it's their collective impact that can bring about life-changing improvements to your health and personal wellbeing.

## The Cigna Wellbeing<sup>®</sup> App also makes it easy to:



Schedule a free doctor consultation by phone or video\*



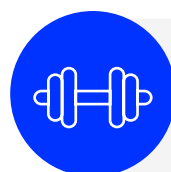
Measure and monitor Health with simple online Assessments



Get support to manage chronic conditions like diabetes and cardiovascular disease



Find relevant wellness articles and healthy recipes



Use online coaching programmes to manage nutrition, exercise or sleep patterns

Video consultation appointments can be scheduled from Monday to Friday, UK: 8am-10:30pm (USA EST: 3:00am - 5:30pm)

## Global Telehealth

When you don't feel well, you want to get better fast. There are times when a visit to a doctor's office is difficult to manage. But you can have convenient access to quality health care through Global Telehealth, a service available with the Cigna Wellbeing® app. Global Telehealth gives you access to licensed doctors around the world – by phone or video – for nonemergency health issues. Simply arrange a telephone or video consultation from your Cigna Wellbeing® app. Appointments are often scheduled for the same day†.

### What can I use Global Telehealth for?



**Video or phone consultations** with a licensed doctor



**A diagnosis** for non-emergency health issues and acute conditions



**Prescriptions** or common health concerns, when medically necessary



**Making preparations** for an upcoming consultation

†Video consultation appointments can be scheduled from Monday to Friday, UK: 8am-10:30pm (USA EST: 3:00am - 5:30pm)







## Emergency Out of Area Cover

If you or your insured family members travel outside your area of cover, your plan will provide you with health care cover for emergency treatment for a period of 60 days per trip whether you are travelling for business or pleasure. If you are outside your area of cover for more than 60 days, you must notify your HR department immediately to arrange for a change to your area of cover, if appropriate.

If you or your family travel to a sanctioned country for longer than six weeks, Cigna Healthcare cannot reimburse any medical claims incurred, including emergency treatment. In addition, Cigna Healthcare may not reimburse claims for "elective treatments," such as planned surgeries, including C-Sections, dental treatment and routine visits, regardless of the length of stay.

By '**emergency treatment**' we mean the following:

'Emergency treatment' - treatment which is medically necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which if left untreated could result in a significant deterioration in health. Only medical treatment through a physician, medical practitioner or specialist and hospitalisation that commences within 24 hours of the emergency event will be covered.

Due to trade sanctions, Cigna Healthcare may not cover members on assignment in sanctioned countries or regions. Sanctioned countries and regions include, but may not be limited to Syria, Cuba, Iran, Crimea and North Korea. Any claims for urgent/emergency care incurred by a member visiting a sanctioned country for a short personal or work trip must be paid directly by the member. Members may submit such claims for reimbursement. If approved, the claim will be paid into a bank account outside of the sanctioned country.



# Choosing a provider

Cigna Healthcare will not be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical treatment at a hospital or from a medical practitioner, even when Cigna Healthcare has approved the treatment as being covered.

## In-patient Treatment

When you have a planned hospital admission, please contact Cigna Healthcare as early as possible prior to the date of admission. We can assist with administration and arrange direct payment of medical bills, with the treating specialist or hospital. Our **Guarantee of Payment (GOP)**<sup>1</sup> will remain valid, providing the patient remains an active member of the plan at the time of treatment.

## Out-patient Treatment

When visiting a health care provider for out-patient treatment we recommend you select a provider from our network to allow costs to be settled directly. This can be accessed at [www.CignaEnvoy.com](http://www.CignaEnvoy.com), or you can contact one of our customer service representatives for help.

Alternatively, you can pay your medical bills and then submit a claim to us, for covered treatment(s). Please check your benefit details before receiving treatment.

If you have a high-cost out-patient treatment planned (e.g. an MRI scan or cancer treatments), we advise you to contact us prior to the date of treatment. If you do not contact us prior to receiving treatment the provider may require you to pay your bill upfront. If this happens you will need to pay the provider directly then submit a claim to us.



# Choosing a U.S. Provider

Cigna Healthcare will not be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical treatment at a hospital or from a medical practitioner, even when Cigna Healthcare has approved the treatment as being covered.

## In-Network Care<sup>4</sup>

For members who are on our Worldwide area of coverage and wish to access treatment in the United States of America, Cigna Healthcare has a Preferred Provider Organisation (PPO) network. This network will enable you to access more than 675,000 Cigna Healthcare U.S. in-network providers, where you will receive optimum discounts and service. It is important that you always present your Cigna Healthcare membership card to your provider when accessing services.

To access the PPO network, some of the providers require their identifying logo to be clearly displayed on the Cigna Healthcare membership card. Depending on the address we hold for you, an additional identifying logo may therefore be displayed on your membership card. Alternatively, if your address is outside of the designated regions and you have Worldwide cover through Cigna Healthcare, the "Away From Home Care" logo on the membership card ensures you will receive optimum discounts at participating network providers in the U.S.

Please keep Cigna Healthcare informed if you or your family members move address. You can email Cigna Healthcare your new address at [Ice.Team@Cigna.com](mailto:Ice.Team@Cigna.com) or alternatively inform us via the secure member portal [www.CignaEnvoy.com](http://www.CignaEnvoy.com). A change of address may result in a new membership card being issued.

Full details of the Cigna Healthcare Provider Directory can be found by accessing our member portal [www.CignaEnvoy.com](http://www.CignaEnvoy.com). To register for access to the Cigna Healthcare member portal, access the web portal and follow the instructions online. You will need your membership details which can be found on your membership card. Alternatively, you can contact our customer service team who will be happy to assist you in locating a US provider. Our team can be contacted by using the 24-hr helpline number on your membership card.

## Out-of-Network Care<sup>5</sup>

If you choose to receive services from out-of-network US providers, the Network Savings Programme provides access to discounts from many physicians, hospitals and other facilities not otherwise participating in the Cigna Healthcare PPO Network. We do however encourage you to use the in-network Cigna Healthcare providers to optimise discounts and quality service.

To receive available discounts for providers included within the Network Savings Programme, please present your Cigna Healthcare membership card.

You can contact our customer service team who will be happy to assist you in locating a US provider. Our team can be contacted by using the 24-hr helpline number on your Cigna Healthcare membership card.



## Claiming Procedure

We endeavour to pay claims within 10 working days on receipt of complete claim information, but here are our top tips for speeding up the process:

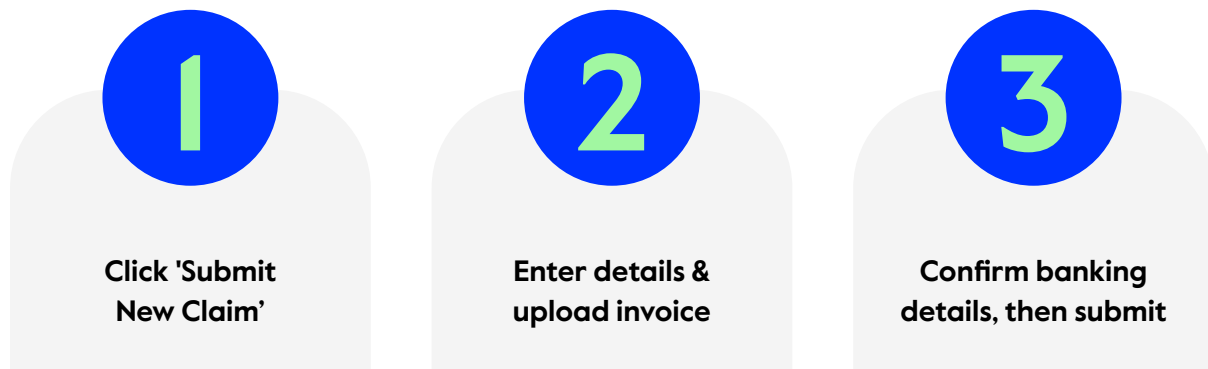
- Seek care from one of Cigna Healthcare's in-network health care professionals. That way you do not need to submit a claim for reimbursement because we generally have direct pay arrangements in place with these doctors and hospitals for in-patient or high cost out-patient services.
- Get in touch with Cigna Healthcare in the first instance to pre-notify us of your treatment at least 5 days in advance so that we can arrange a Guarantee of Payment (GOP) where required.
- If you do need to submit a claim to us, there are a number of ways you can do this. We recommend that you use the online tool on CignaEnvoy or our Mobile App.

### Mobile App Claims Submission

Using the Cigna Mobile App, you can send claims for payment using your mobile device. A convenient solution for when you are on the move. See page 29 for more Mobile App features and benefits.

### Online Claims Submission

If you are a registered user of [www.CignaEnvoy.com](http://www.CignaEnvoy.com) you can submit claims through the secure web portal in an easy-to-follow process:



In addition to being able to submit claims online, you can view claims that have been previously submitted online.

## Submitting your claims by email or post

We recommend that you contact us to tell us about your expected claim no later than 90 days from the start of treatment. Please ensure you submit your claim as soon as is reasonably practicable following the start of treatment, and no later than 12 months from the start of treatment. Prompt filing results in faster payment of your claims. Claims received more than 12 months after the start of treatment may not be paid.

To enable us to process your claim as quickly as possible you should ensure you send your claim form or such other document telling us about your claim which must describe the occurrence, nature and extent of the treatment and clearly itemise the charges incurred together with all supporting documentation regarding your claim such as invoices. Failure to provide all such information may require us to contact you to obtain additional information which could delay reimbursement of your claim.

In the event the claim together with all the supporting documentation is not submitted within a timely manner then the processing of the claim could be delayed or in some instances may not be paid.

Claim forms can be downloaded from CignaEnvoy. Your claim form and invoices can be sent as follows:

<b>Email address</b>	<a href="mailto:Ice.Team@cigna.com">Ice.Team@cigna.com</a>
<b>Postal Claims</b>	Cigna Global Health Benefits, I Knowe Road, Greenock, Scotland PA15 4RJ

## Tips to Speed Claims Process

- submit claims online;
- provide a diagnosis or explanation of treatment;
- state how and where you want the reimbursement issued;
- where the payment method selected is electronic bank transfer, full details must be provided, including bank name and address, account name, account number and routing code.

A claim form is not always necessary, providing we receive confirmation of your medical condition and treatment details. No claim form is necessary if submitted via CignaEnvoy or via the Mobile App.

In order for us to assess your claim in full, we may contact the provider for further details regarding your claim.

Remember you can track the progress of your claim by accessing the secure member website, [www.CignaEnvoy.com](http://www.CignaEnvoy.com).

# Reimbursement Options

Where possible Cigna Healthcare will aim to pay the medical practitioner or hospital direct to reduce the need for you to pay directly and reclaim the cost of treatment. In cases where you have paid the provider directly Cigna Healthcare can reimburse your claim by cheque or electronic transfer. Please note that reimbursements will be processed more efficiently by the receiving bank if you provide full bank details for your transfer (payee name, bank address, account number/IBAN, routing code/swift). For cheque payments, Cigna Healthcare may not send payments directly to a nominated address located in a sanctioned country.

**IMPORTANT: Cigna Healthcare may not directly reimburse any health care provider or facility that is located in a sanctioned country. In these instances and where claims are capable of being paid, Cigna Healthcare will reimburse the insured directly and the insured will be responsible for paying the provider.**

All monetary limits are dependent on the currency of your policy and are based on the contractual agreement between Cigna Healthcare and your employer. The first 2 digits of your membership number determines your monetary limits. If the first two digits of your membership number are:

- 82 - all monetary limits apply in Euros.
- 85 - all monetary limits apply in US Dollars.
- 88 - all monetary limits apply in Sterling.

#### **Example:**

Policy currency = Sterling

Benefit limit €7500 / \$7500 / £5000

Claim incurred = \$9000

The Claim shall be converted to Sterling and the resulting Sterling amount offset against the £5000 for payment.

Claims are reimbursed in the currency in which the claim was incurred, or upon request, the currency of the premium paid on the insurance policy. This is calculated using the Applicable Exchange Rate (defined below). You may request reimbursement in a currency other than the currency of premium or the currency in which the claim was incurred, and any such request is an "Alternative Currency Request". Should Cigna Healthcare agree to provide reimbursement consistent with an Alternative Currency Request, we will apply a standard exchange rate charge of 3% (a "Convenience Charge") over the Applicable Exchange Rate.

The Convenience Charge will be added to the exchange rate of the requested currency and will impact the final amount to be reimbursed. This means that if an Alternative Currency Request is made, subject to exchange rate fluctuations, the amount reimbursed may be less than the original amount claimed. The Applicable Exchange Rate is the rate charged by Citibank (inclusive of any fees and commissions charged to Cigna Healthcare by Citibank) to exchange the currency in which a claim was originally incurred into the currency of the Alternative Currency Request or the premium of the insurance policy, as the case may be, as of the date a claim was incurred. In the event an Alternative Currency Request cannot be met, we will contact you to find your preference as to another Alternative Currency Request or standard reimbursement.

Please contact the Cigna Healthcare helpline for the Applicable Exchange Rate applied to any particular claim. Cigna Healthcare reserves the right to withdraw or vary the Convenience Charge at any time on 60 days prior notice.



## Expenses for which a third party may be liable

You and your dependants must tell us in writing as soon as possible about any claim or right of legal action against any other insurance, person or source, that arises from a claim under this plan. You must keep us fully informed of any developments.

In respect of any expenses which arise from a claim under this plan for which another party may be responsible as a result of having caused or contributed to the injury or sickness, Cigna Healthcare will apply the normal principles of equitable contribution and indemnity and reserves the right of subrogation to recover such expenses from any insurance, person or source.

If we ask, you or your dependant must take all steps to include the amount of benefit you are claiming from us under this plan in your claim against the other insurance, person or source. We can take over and defend or settle any claim, or prosecute any claim in your or your dependant's name for our own benefit. We will decide how to carry out any proceedings and settlement.

Providing your claim is eligible for cover within the terms and conditions, and benefit limits of this policy, the recovery by Cigna Healthcare of claims costs from a third party will not delay or prevent the payment of your claim by Cigna Healthcare. Cigna Healthcare will not pay for the proportion of any treatment which is over the benefit limits in the list of benefits.

Please contact our customer contract centre if you have any questions.



# Using the Secure Website & Mobile App

Your personal information at your fingertips.

By registering on our secure website, you can access your plan details at any time. Your secure web pages are tailored to your own insurance plan. Additionally, you will have access to our network of health care providers.

Please note it must be the primary insured member who should register with Envoy and not the spouse/partner or dependants.

## How do I register for the website?

**Step 1:** Go to [www.CignaEnvoy.com](http://www.CignaEnvoy.com) and click on '**Register**'.

**Step 2:** Member enters their Cigna Healthcare ID Number (details are on the member card) and click '**Register**'.

**Step 3\*:** Fill in your registration details, using the relevant information as it appears on your member card, and click '**Register**'. A registration confirmation email a link to the second part of the registration.

**Step 4:** Choose your security question and enter your answer, then click '**Update**'.

**Step 5:** Enter a secure password of your choice and then click '**Confirm Password**'.

**Step 6:** You can set up Two-Step Authentication by registering your mobile number. If you do not wish to register for this, please click the '**Skip Authentication**' button. Either SMS or email can be used - is it also possible to use an email address that is shared amongst other family members here.

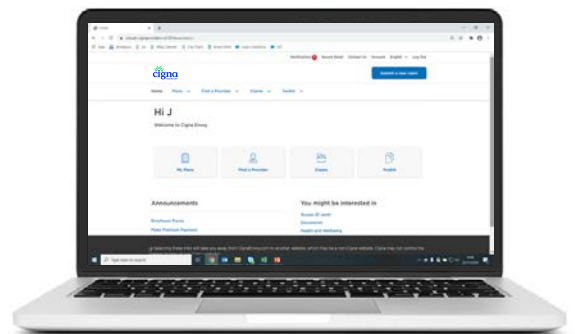
## Why use the website?

There is a wide range of information available to you on our secure website, including:

- You and your dependants' full claim history.
- Your benefits and exclusions - what you and your dependants are covered for.
- Our vast provider directory, allowing you to find an appropriate provider in your location.
- Health and wellness information on managing any conditions, plus healthy living information.
- Country guides allowing you to access practical travel information, such as cultural, health & safety, travel tips, visitor and currency information for over 190 countries.

You can also carry out the following activities on the secure website, including:

- Download claim forms.
- Submit and track claims.
- Send queries to us via our secure messaging tool.
- Update your personal details (address, telephone, email).





## Mobile App

Using the Cigna Mobile App, you can send claims for payment using your mobile device. A convenient solution for when you are on the move.

With the App, you can:

- Submit new claims, and manage and track the status of pending claims.
- Locate nearby health care professionals and facilities, and get directions delivered via Google Maps™.
- Download or send an electronic version of your membership cards.
- Contact us with the tap of a finger.

You can download the CignaEnvoy Mobile App from Apple App Store<sup>SM</sup>, Google Play<sup>TM</sup> or the Amazon Appstore<sup>®</sup>.

## Express Scripts Pharmacy<sup>SM</sup>

Members based in the USA have access to Express Scripts Pharmacy. There is no need to submit a claim when accessing one of the 65,000 pharmacies within this network. Simply present your membership card and charges will be sent directly to Cigna Healthcare. To determine if your preferred pharmacy is in the network, simply log into the secure member website, [www.CignaEnvoy.com](http://www.CignaEnvoy.com) where you can access the pharmacy directory.





## Frequently Asked Questions

### **Is my membership card a credit or payment guarantee card?**

No. The membership card is purely a means of identifying you. It has no payment capabilities. You should contact the Cigna Healthcare helpline for payment guarantees or queries.

### **How do I know which geographical area of cover I have?**

If unsure of your area of cover, please contact Cigna Healthcare via telephone, fax or email.

### **Will my spouse and children be covered?**

Yes, providing your company has agreed to include them under your cover. Please notify Cigna Healthcare if your family will not be living at the same location where you work. Cigna Healthcare may not provide coverage for dependents who live in an area sanctioned by certain governments. Organisations, such as the United Nations, can also impose sanctions.

### **Can I choose the medical provider of my choice?**

Yes, however if you contact us we can help you find an appropriate medical provider or hospital locally. We can also arrange direct payment for planned in-patient, and high-cost out-patient treatment.

### **What if my cover ends before my treatment is finished?**

If your plan ends, cover and services under the policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid.

If treatment has been authorised or a guarantee of payment issued, Cigna Healthcare will not be held responsible for any treatment costs if the plan ends or you or your dependant leave the plan before treatment has taken place.

### **How do I obtain a claim form?**

You can obtain a claim form via the member website, [www.CignaEnvoy.com](http://www.CignaEnvoy.com) or by contacting us by telephone, fax or email.

#### **Contact us:**

**Tel:** +44 (0) 1475 492197

**Fax:** + 44 (0) 1475 492424

**Email:** [lce.Team@Cigna.com](mailto:lce.Team@Cigna.com)

# What to do if you have a complaint

If you have any cause for complaint, or wish to highlight any concerns, please contact Cigna Healthcare in the first instance:

... **in writing** Cigna Global Health Benefits, I Knowe Road, Greenock, PA15 4RJ

... **by phone** + 44 (0) 1475 492 197

... **by email** [Ice.Team@Cigna.com](mailto:Ice.Team@Cigna.com)

We endeavour to acknowledge your complaint within 5 business days of it being received by us and aim to resolve all complaints fairly, consistently and promptly.

If the complaint is not resolved to your satisfaction, you may wish to use an independent dispute resolution scheme. As our services are provided from the UK, you can refer your complaint to the Financial Ombudsman Service (FOS) at:

 **The Financial Ombudsman Service**  
**Exchange Tower**  
**London**  
**E14 9SR**

 [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

The FOS can adjudicate most (but not all) complaints, and can be contacted in over 25 languages. If for any reason your complaint is outwith their jurisdiction they may be able to advise you of other schemes available to you. Their decision is binding on us but you may reject it without affecting your legal rights.

## Data Protection

Telephone calls to and from our organisation may be recorded to help us monitor and improve the service we provide.

In line with the EU Data Protection Directive, Cigna Healthcare will act as Data Controller for the personal information we hold about you. This data will be managed by us to carry out our obligations under the policy and we may need to share it with authorised third parties to fulfil the contract, such as emergency repatriation providers and reinsurers.

If you would like a copy of the information we hold about you, please write to us quoting your membership number. Please note that we may charge a fee to provide this information.

As the main point of contact for the policy, you will have administrative access to personal data held about you and your dependants. In the event of a claim, this may include access to some limited sensitive personal data.

# Privacy Notice

As a provider of quality Health Care around the world, at Cigna Global Health Benefits we are committed to protecting the privacy of the individuals we encounter in conducting our business, and thus also yours.

Please see CignaEnvoy for more information.

## US Healthcare Reform

Based on guidance issued by the U.S. Department of Health and Human Services on October 31, 2013, this plan can be considered Minimum Essential Coverage (MEC) for purposes of PPACA's individual mandate requirement for covered employees and their dependents who are:

- Individuals who, for a month, are physically absent from the United States for at least one day of that month.
- Expatriates who are physically present in the United States for an entire month if the coverage provides health benefits within the United States while the individuals are on expatriate status.



**I Knowe Road, Greenock, Scotland PA15 4RJ**

**Tel : +44 (0) 1475 492197 Fax : +44 (0) 1475 492424**

Claims can be submitted via [CignaEnvoy.com](https://www.cignaenvoy.com), which also provides your link to easy access to quality healthcare around the world. Mailing address for claims is Cigna Global Health Benefits, I Knowe Road Greenock, Scotland PA15 4RJ.

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