

Health care plan

Member Guide

Effective from January 2026

Cigna Global
Health Benefits



RioTinto





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Cigna Inspire healthcare benefits inspired by vitality

Cigna Inspire healthcare benefits inspired to improve the health and vitality of globally mobile employees and their families

	Benefit Limit
Annual Benefit Maximum per <i>Insured member, spouse or dependant</i>	Up to \$7,500,000 <i>per year of insurance</i>
Chronic Conditions	Covered up to applicable <i>policy</i> limits
Congenital and Hereditary Conditions This benefit will be paid in respect of: • any abnormalities, defects, disorders or diseases present at birth or inherited genetically	Covered up to applicable <i>policy</i> limits
Pandemics, Epidemics and Outbreaks of Infectious Illnesses Treatment for disease or <i>illness</i> resulting from a pandemic, epidemic or outbreak of infectious <i>illness</i> , as defined by the World Health Organisation (WHO)	Covered up to applicable <i>policy</i> limit
Emergency Out of Area of Cover • emergency treatment for conditions where immediate treatment is required while outside of the selected area of coverage for the purpose of business or pleasure This benefit is not intended for routine or pre-planned treatment	Treatment must commence within a period of 42 days of absence from the selected area of coverage



Global Virtual Care

Digital and Telehealth Support available 24/7

	Benefit Limit
Guided Health Advisor - manage your healthcare prior to and during your assignment to help avoid medical emergencies - our Cigna Healthcare nurses can provide your family with personalised information i.e.: - accessing healthcare - medications availability - how to find a doctor	Included - Access via Cigna Envoy app
Global Telehealth with Teladoc Video and phone GP consultations, free and confidential 24/7 access to real-time remote medical consultations with a licensed doctor, wherever you are in the world	Included - Access via Cigna Envoy app
Make One Small Change Coaching programmes designed to target and improve specific behaviours such as: - smoking - low physical activity - food choices - general life issues	Included - Access via Cigna Envoy app
Country Guides Providing useful information about your country of location for your assignment, such as: - medical - travel - safety - culture	Included - Access via Cigna Envoy app



Global Health Services and Clinical Programmes

Additional solutions to support the health and vitality of globally mobile employees and their families

	Benefit Limit
Health Risk Assessments - confidential review of your health and lifestyle habits - identify areas that may need attention - coaching programmes may be recommended to aid the relevant lifestyle improvements	Included - Access via Cigna Envoy app
Targeted Risk Assessments targeted and confidential review for any identified risk factor based on the answers to the Health Risk Assessment	Included - Access via Cigna Envoy app
Health Information Library The online library allows access to a portfolio of helpful articles to help improve lifestyle choices, including areas such as: - diet and recipes - exercises - disease prevention - stress management - ways to improve sleep	Included - Access via Cigna Envoy app
Nurse Case Management Your Cigna Healthcare case manager will provide a wide range of support during your treatment: - provide pre-authorisation and guidance on provider options - personalised patient guidance and education - emotional and psychological support - provider liaison - post care follow up	Included
Decision Support Programme with Teladoc Your Cigna Healthcare case manager can connect you to a specialist physician to help answer questions you may have regarding your diagnosis and treatment plan. This confidential service can provide you with an objective, evidence-based, and unbiased second opinion	Included
Hospital Support Programme For treatment requiring an extended hospital stay, a case manager will provide a wide range of support, both before and after hospitalisation: - personalised patient guidance and education - emotional and psychological support - medication management - facilitate smoother recovery and discharge processes - ensure patients receive the most appropriate care - coordination with the family	Included



Global Health Services and Clinical Programmes

Additional solutions to support the health and vitality of globally mobile employees and their families

Chronic Condition Management

Our case managers can offer **you** the opportunity to participate in a Chronic Condition Management programme, following a diagnosis of:

- hypertension
- diabetes
- cardiovascular condition
- metabolic disorders

Benefit Limit

Included

Diabetes Prevention Programme with Omada (available to members located in the US)

In collaboration with Omada, a digital lifestyle change programme for diabetes prevention, **you** can access:

- behavioural counselling and customised engagement
- weight monitoring via digital scales
- weekly online lessons
- a virtual health coach online
- a social network to learn about:
 - nutrition
 - stress management
 - sleep
 - lifelong fitness skills

Included





Wellness Benefits

Preventative health benefits to help improve the wellbeing and motivation of globally mobile employees and their families

	Benefit Limit
Routine Physical Exams* Exams for insured members aged 7 years and above, can include, but not limited to; • physical examination by a doctor • height, weight, waist circumference, body mass index (BMI) & body fat percentage • blood pressure • urine analysis • cholesterol test • full blood count • full biochemistry profile including liver and kidney function • lung function test • adult hearing test	Up to \$500 <i>per year of insurance</i>
Pap Smear Screening* • 1 papanicolaou screening <i>per year of insurance</i>	Paid in Full
Prostate Cancer Screening* • 1 prostate cancer screening <i>per year of insurance</i> for insured males over 50 years old	Paid in Full
Mammograms for Breast Cancer Screening or Diagnostic Purposes* • 1 baseline mammogram for asymptomatic women aged 35-39; • 1 mammogram for asymptomatic women aged 40-49 every 2 years or more if medically necessary; • 1 mammogram every Year of Insurance for women aged 50 and over	Paid in Full
Bowel Cancer Screening* • 1 colonoscopy every five years for insured member over 50 years old; • 1 colonoscopy for insured member over 40 years old if there is an immediate family history of bowel cancer	Paid in Full
Bone Densitometry* 1 scan every 5 years for women aged 50 and over	Paid in Full

*Exams and screenings required for symptomatic conditions are covered under *out-patient diagnostic benefits*



Mental Health Care Benefits

We recognise that mental health is just as important as physical health, and to support this, we have a wide range of benefits to help throughout life's challenges

Headspace

In collaboration with Headspace, a global digital mental health company, **you** can access:

- mindfulness tools for everyday life including meditations and sleepcasts
- mindful movement and focus exercises
- mental health coaching from qualified professionals via text based chats

In-patient Mental Health Care

Treatment for **mental health disorders**, relating but not limited to:

- anxiety
- depression
- addiction
- obsessive compulsive disorder
- post-traumatic stress disorder
- eating disorders
- burnout
- attention deficit hyperactivity disorder (ADHD)

Out-patient Mental Health Care

Treatment for **mental health disorders**, including but not limited to:

- anxiety
- depression
- addiction
- obsessive compulsive disorder
- post-traumatic stress disorder
- eating disorders
- burnout
- attention deficit hyperactivity disorder (ADHD)

Benefit Limit

Included - via the Headspace app

Up to 30 days
per year of insurance

Up to \$3,000
per year of insurance

Please note that **mental health care benefits** are not subject to the **out-patient** annual limit or any co-insurances/cost shares.



Out-patient Health Care Benefits

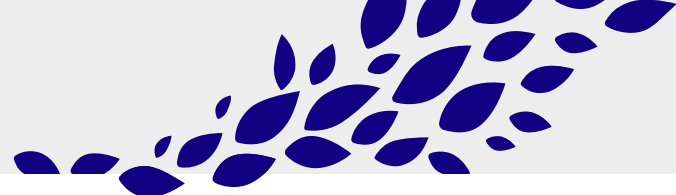
Comprehensive out-patient care to maintain and improve health

Out-patient Annual Benefit
Maximum per *insured member, spouse* or *dependant*

Please note that cancer-related *treatment* and *mental health care* are not subject to the *out-patient* annual limit

Benefit Limit
Paid in Full up to overall plan limit





Out-patient Preventative Benefits

	Benefit Limit
Travel Vaccinations Immunisations related to travel, namely: • tetanus - every 10 years • hepatitis A • hepatitis B • meningitis • rabies • cholera • yellow fever • Japanese encephalitis • polio booster • typhoid • malaria - tablet form, daily or weekly Anything not listed will be subject to prior approval	Paid in Full
Well Child Tests This benefit will be payable for each dependant child aged 6 and under. Cover includes 1 visit at each of the appropriate age intervals, limited to 13 visits per dependant. Cover includes the following services: • medical history of the child • physical examination • development assessment • anticipatory guidance • appropriate immunisations and laboratory tests: • DPT (Diphtheria, Pertussis and Tetanus) • MMR (Measles, Mumps and Rubella) • HiB (Haemophilus influenza Type b) • polio • influenza • hepatitis B • meningitis • Human Papilloma Virus (HPV) Anything not listed will be subject to prior approval	Paid in Full
Annual Routine Tests 1 eye test and 1 hearing test for children aged 17 years or under	Paid in Full



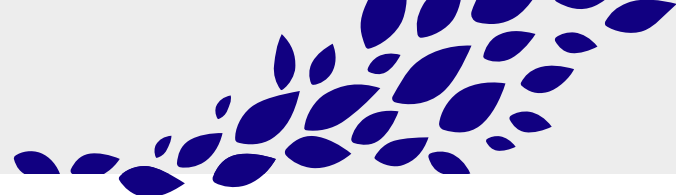
Out-patient General Benefits

	Benefit Limit
Out-patient Consultations We pay for: • medical practitioners • GP / family doctor • specialist consultations • virtual consultations • Teladoc via the Cigna Envoy app (go to page 4) Virtual consultations with a healthcare provider not accessed through the Cigna Envoy app or Teladoc are limited to, 1 initial session; and 2 follow-up sessions. Further sessions subject to prior approval	Paid in Full
Prescribed Medicines, Drugs and Dressings We pay for: • medicines, drugs and dressings when prescribed by a medical practitioner for eligible treatment • vitamins when prescribed as treatment for a diagnosed vitamin deficiency condition • the shipment of drugs where a specific drug or suitable alternative is not available in location, unless prevented by local restrictions. Drug shipment requires prior approval Important Note: Medications prescribed by a medical practitioner in the USA are subject to our pharmacy management rules. Please refer the 'Pharmacy in the US' section of the helpful guide for more information.	Paid in Full
Non-surgical and Minor Surgical Procedures and Treatment We pay for treatment or surgery: • that does not require an overnight hospital stay • that does not incur a hospital room charge	Paid in Full
Surgical Appliance and/or Medical Appliance This benefit will be paid in respect of: • a prosthesis; or • appliance when medically necessary and is part of the recuperation process on a short-term basis	Paid in Full



Out-patient General Benefits

	Benefit Limit
Sleep Apnea Appliance Where sleep apnea has been diagnosed following a sleep study, this benefit will be paid on a long-term basis in respect of: • continuous positive airway pressure (CPAP) machine once every five years • annual servicing of CPAP • annual replacement of CPAP consumables • oral appliances	Paid in Full
Diagnostic Tests and Advanced Medical imaging We pay for: • pathology • X-rays • radiology • electrocardiogram (ECG) and ultrasound scans • magnetic resonance imaging (MRI) • computed tomography (CT) • positron emission tomography (PET)	Paid in Full
Rehabilitation Therapies We pay for: • Treatment for the following medically necessary physical therapies intended to restore normal physical function: • physiotherapy • chiropractic • osteopathy • chiroprody • Treatment for the following medically necessary intended to restore normal physical function which has been lost as a result of an accident or an acute medical condition, such as a stroke: • speech therapy • oculomotor therapy • occupational therapy All of the treatment must be carried out by a qualified practitioner who holds the appropriate license to practice in the country where the treatment is received	Paid in Full
Musculoskeletal Support Programme (MSK Support) A personalised intervention programme provided by a Cigna Healthcare clinician, including: • medical assessment • pain management • medication advice • monitor progress and goals • guidance and coaching • ongoing support, and second opinion services • access to educational resources	Included



Out-patient General Benefits

Menopause Support

We cover **treatment** to relieve symptoms and offer support for menopause, such as:

- blood tests
- hormone replacement therapy (HRT)
- 1 visit with a dietician
- online health library information
 - menopause symptoms
 - emotions and menopause
 - early and perimenopause
 - diet

Benefit Limit

Paid in Full

Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS)

Including drug therapy, or antiretroviral therapy (ART)

Paid in Full

Kidney Dialysis

The **benefit** will be paid on an *in-patient*, *day-case* or *out-patient* basis

Paid in Full



Emergency Dental Support

To offer protection from unexpected dental accidents

Emergency Out-patient Dental Treatment

We will cover **out-patient** dental **treatment**:

- received during an **emergency** visit immediately after accidental damage to natural teeth; and
- to stabilise and relieve pain only

Benefit Limit

Up to \$1,500
per year of insurance

Emergency In-patient / Day-case Dental Treatment

We will cover **in-patient** dental **treatment**:

- after accidental damage to natural teeth; and
- to stabilise and relieve pain only

Paid in Full

Health Library Support

The online library allows access to a portfolio of helpful articles to help improve **oral health**

Included – Access via
Cigna Envoy app





In-patient/Day-case Health Care Benefits

Access to in-patient care when a hospital stay is needed

	Benefit Limit
Private Ambulance Local transport to or from a hospital by road, air or water ambulance when ordered for medical reasons	Paid in Full
Hospital charges For in-patient and day-case treatment we cover: • nursing • accommodation • operating theatre and recovery room • prescribed medicines, drugs and dressings • Surgeon, Anesthetist and Physician Fees • high dependency, intensive care and cardiac care units for as long as critical care is medically necessary • surgical procedures	Paid in Full - Standard private room
Parental Accommodation For dependant children aged 17 or under, we will pay reasonable costs for a parent or legal guardian staying in the same hospital with the child	Paid in Full up to 30 days <i>per year of insurance</i>
Diagnostic Tests We will cover: • pathology • X-rays • radiology • electrocardiogram (ECG) and ultrasound scans • magnetic resonance imaging (MRI) • computed tomography (CAT) • positron emission tomography (PET)	Paid in Full
Surgical Appliance / Medical Appliance We will cover: • an artificial limb, prosthesis or device which is inserted during surgery • 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 • a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis	Paid in Full
Rehabilitation and Physiotherapy We will cover treatment in the form of a combination of therapies aimed at restoring full function after an acute event such as a stroke: • physiotherapy • speech therapy • occupational therapy	Paid in Full
Reconstructive Surgery We will cover when reconstructive treatment is required to restore appearance following illness, injury or surgery. For example, reconstruction following a car accident . This benefit requires prior approval	Paid in Full



In-patient/Day-case Health Care Benefits

Access to in-patient care when a hospital stay is needed

	Benefit Limit
Sleep Surgery (Uvulopalatopharyngoplasty - UPPP) We will cover sleep surgery following a confirmed diagnosis of sleep apnea and if symptoms have persisted after: • completing sleep hygiene coaching; and • documented methods of weight loss have been attempted where there is a BMI of 30 or over; and • unsuccessful sustained CPAP treatment This benefit requires prior approval	Paid in Full
Kidney Dialysis We will cover kidney dialysis treatment on an in-patient, day-case or out-patient basis	Paid in Full
Home Nursing Charges We will cover you to have home nursing as long as required by medical necessity if it is: • recommended by a specialist immediately after in-patient or day-case treatment • for treatment that would normally be provided in a hospital	Paid in Full
Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) We will cover HIV/AIDS treatment, including drug therapy, or antiretroviral therapy (ART)	Paid in Full
In-patient Cash Benefit We will cover a cash benefit payable to you for each overnight stay spent in a hospital if: • the stay starts before midnight • the in-patient treatment and accommodation in the hospital is free of charge • the in-patient treatment is covered under this plan	\$150 each night up to 30 nights per year of insurance



Cardiovascular and Diabetes Health

Prevent, manage and improve cardiovascular diseases

	Benefit Limit
Weight Loss Support The Online Health Library allows access to a portfolio of helpful articles to help improve lifestyle choices. These include areas such as: • diet • recipes • exercises • ways to improve sleep	Included – Access via Cigna Envoy app
Chronic Condition Management Our case managers can offer you the opportunity to participate in a Chronic Condition Management programme, for example, following a diagnosis of: • hypertension • diabetes • cardiovascular conditions • metabolic disorders	Included
Diabetes Prevention Programme with Omada (available to members located in the US) In collaboration with Omada, a digital lifestyle change programme for diabetes prevention, you can access: • behavioural counselling and customised engagement • weight monitoring via digital scales • weekly online lessons • a virtual health coach online • a social network to learn about: • nutrition • stress management • sleep • fitness lifelong skills	Included - via Omada App
Diabetes Screening We will cover a diabetes screening: • every 3 years for individuals from age 30; or • every year for individuals from age 18 with a high risk factor for example, obesity or family history	Paid in Full
Obesity Surgery We will cover obesity surgery for members from age 18 if you have: • a BMI of 40 or over; or • a BMI of 35 to 39.9 with more than one weight related health condition; and • attempted other documented methods of weight loss over a 2 year period; and • been confirmed through psychological assessment as a suitable candidate This benefit requires prior approval	Paid in Full



Cancer Care Benefits

Treatment and clinical support following a cancer diagnosis

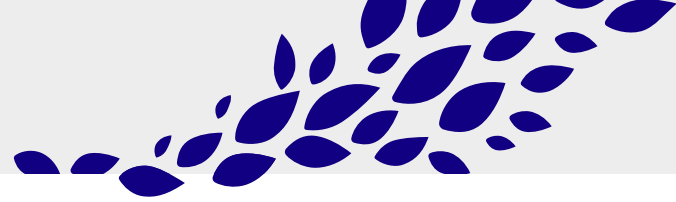
	Benefit Limit
Prophylactic Surgery This is preventative surgery to remove an organ or gland not yet showing signs of cancer, in an effort to prevent cancer developing, for example, a mastectomy. We will cover: when there is a significant family history; and it is deemed appropriate following genetic testing This benefit requires prior approval	Paid in Full
Out-patient & In-patient Cancer Treatment We will cover in-patient, day-case or out-patient treatment such as, but not limited to: - consultations / specialist consultations - oncology - diagnostic tests and pathology - surgery and hospitalisation - drugs - chemotherapy - radiotherapy This benefit requires prior approval	Paid in Full
Cancer Related Appliances We will cover appliances for external cosmetic purposes because of cancer treatment, for example: - a wig - a prosthetic bra	Paid in Full
Cancer Related Reconstructive Surgery We will cover when reconstructive treatment is required to restore appearance following cancer treatment . For example, reconstruction following a mastectomy This benefit requires prior approval	Paid in Full
Cancer Related Dietician Consultations We will cover consultations with a dietician following a diagnosis of cancer	Paid in Full
Coping with Cancer Support Services For additional support for all insured family members following a cancer diagnosis, please see our mental health benefits section	Go to page 8



Maternity and Fertility Benefits

Comprehensive support for family planning and pregnancy

	Benefit Limit
Routine Maternity and Childbirth For an insured employee or their spouse, we will cover routine maternity for in-patient, day-case or out-patient routine maternity expenses, including: • standard routine examinations • pathology tests including urine, blood and blood pressure • 2D ultrasound scans • childbirth, including childbirth at home • elective caesarean sections	Paid in Full
Complicated Maternity and Childbirth For an insured employee or their spouse, we will cover complicated maternity for in-patient, day-case or out-patient complicated maternity expenses, including: • medically necessary caesarean section • complicated maternity conditions, including, but not limited to, pre-eclampsia/ eclampsia, ectopic pregnancies and premature contractions • complicated maternity if as a result of assisted conception	Paid in Full
Newborn Care We will cover: • up to 10 days routine care for the baby following birth; and • all treatment required for the baby during the first 90 days after birth	Paid in Full



Non-emergency Medical Transport Benefit

Global medical evacuation and repatriation services

Provided that medical necessity exists, these services will be only provided when the treatment resulting in the medical evacuation or repatriation is covered under the Plan.

All benefits under the Non-emergency Medical Transport Benefit section require prior approval.

Medical Travel Benefit (MTB) / Non-Emergency Travel and Accommodation

Return cost for travel in economy class and accommodation when **treatment** is not available or recommended in 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, we must be contacted to obtain **prior approval** for travel costs to be covered

Benefit Limit
Paid in Full (max 60 days)



International Emergency Services

Global medical evacuation and repatriation 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.

Emergency Medical Evacuation

Benefit will be payable:

- for the cost of travel when **treatment** is not available locally; and
- if the 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.

In all circumstances, **we** must be contacted to obtain **prior approval** for an **emergency** medical evacuation to be covered, and as follows:

- **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

Benefit Limit

Paid in Full

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.

In all circumstances, **we** must be contacted to obtain **prior approval** for an **emergency** medical repatriation to be covered, and as follows:

- **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

Paid in Full



International Emergency Services

	Benefit Limit
Accommodation following an <i>Emergency Medical Evacuation</i> or Repatriation Following an emergency medical evacuation or repatriation, we will cover: - the reasonable cost of hotel accommodation for the patient, comprising a standard private room with ensuite facilities, when medical necessity prevents repatriation or transportation back to the location of assignment immediately after discharge from an in-patient stay - if the patient is aged 18 or under, accommodation costs may also be covered for a parent, guardian or other responsible adult to stay with the patient in the same room In all circumstances, we must be contacted to obtain <i>prior approval</i> for hotel accommodation to be covered	Paid in Full
Accommodation for Accompanying Person in the event of an <i>Emergency Medical Evacuation</i> Following an emergency medical evacuation, and if the patient is expected to require hospitalisation for more than 7 days at the location to which they are evacuated, we will cover: accommodation costs for an individual, as chosen by the patient to accompany them In all circumstances, we must be contacted to obtain <i>prior approval</i> for hotel accommodation to be covered	Paid in Full
Transport costs for Accompanying Person in the event of an <i>Emergency Medical Evacuation</i> or Repatriation Following an emergency medical evacuation or repatriation, and if the patient is expected to require hospitalisation for more than 7 days at the location to which they are evacuated, we will cover: 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 In all circumstances, we must be contacted to obtain <i>prior approval</i> for travel costs to be covered	Paid in Full



International Emergency Services

	Benefit Limit
Transport costs for Transfer of Children in the event of a Medical Evacuation or Repatriation Following an emergency medical evacuation or repatriation, we will cover: - the cost of travel for one parent to accompany the dependant 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 employee or dependant 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. In all circumstances, we must be contacted to obtain prior approval for travel costs to be covered	Paid in Full
Assistance in the event of death: Repatriation of Mortal Remains If the insured member dies outside their country of domicile, we will cover: 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 In all circumstances, we must be contacted to obtain prior approval for the costs to be covered	Paid in Full
Assistance in the event of death: Travel costs for Insured Family Members in the Event of Repatriation of Mortal Remains If the insured member dies outside their country of domicile, we will cover: travel costs (economy only) for other insured family members to accompany bodily remains to the country of domicile of the deceased In all circumstances, we must be contacted to obtain prior approval for travel costs to be covered	Paid in Full
Transport costs for Compassionate Visit We will cover the return travel costs (economy only) for the most economical form of transport to the place of hospitalisation for an individual, as chosen by the patient. This benefit will be 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 In all circumstances, we must be contacted to obtain prior approval for transport costs to be covered	Paid in Full



International Emergency Services

	Benefit Limit
Accommodation for Compassionate Visit We 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. This benefit will be 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 In all circumstances, we must be contacted to obtain prior approval for accommodation costs to be covered	Paid in Full
Compassionate Emergency Repatriation We will cover: • return travel costs for the most economical form of transport for the insured member This benefit is payable if the insured member 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 In all circumstances, we must be contacted to obtain prior approval for travel costs to be covered	Paid in Full



Exclusions

As per the exclusions specified in the **policy** Terms and Conditions, Cigna Healthcare will not pay **benefit** for the following **treatment** in relation to medical cover.

a. Allergy Testing and Desensitization: (except testing for allergy towards medications and supplies used in **treatment**); any physical, psychiatric or psychological examinations or investigations during these examinations.

b. Alternative Therapies: that are not considered **medically necessary** or an **orthodox** form of **treatment** in the country where they are incurred. This includes, but is not limited to traditional Chinese medicine, herbal medication, acupuncture, ayurveda, hypnosis, rolfing, aromatherapy, massage, dietary therapy, joint manipulation and meditation. Unless this **benefit** or **treatment** is specifically provided in the **list of benefits**.

c. Any Expenses for Weight Loss Drugs and Slimming Aids: These drugs are not covered even if they are prescribed for weight management by a **medical practitioner** or acknowledged as having therapeutic effects

d. Artificial Life Maintenance: Cigna Healthcare will not pay for non-medical **treatment** or artificial life maintenance including mechanical ventilation for more than ninety (90) consecutive days after a diagnosis of permanent neurological damage.

e. Administration Charges: costs or fees for filling in a claim form or other administration charges.

f. Appliances: including hearing aids, and spectacles which do not fall within Cigna Healthcare's definition of **surgical appliance** and/or **medical appliance**. Unless this **benefit** is specifically provided in the **list of benefits**.

g. Birth Control: **Treatment** needed because of or relating to male or female birth control.

h. Chemical Contamination and Radioactivity: **Treatment** for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

i. Consultations Performed by The Insured Member or A Family Member: Services rendered by any **healthcare provider** who is a relative of the **patient** or the **insured member** themselves.

j. Cosmetic Surgery: 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**.

k. Dental or Orthodontic Treatment: Unless this **benefit** is specifically provided in the **list of benefits**.

l. Failure to seek or follow medical advice: **Treatment** required as direct result of not seeking or following medical advice.

m. Developmental Disorders: **Treatment** for or in connection with developmental disorders, including but not limited to:

- Developmental reading, arithmetic, language or articulation disorders; or
- Treatment for, or in connection with, non-medical counselling; or
- Ancillary services for learning disabilities, developmental delay, cognitive or developmental disabilities or disorders.

n. Expenses Relating To:

- Routine examinations or tests including health screens and medical examinations except for those included in the plan/s selected.
- Eye tests except for one eye test per year of insurance for a dependant child under the age of seventeen (17) years.

o. Experimental Treatment: 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 country where **treatment** is incurred.

p. Routine Eye or Vision Treatment: unless this **benefit** is specifically provided under the **plan/s**.

q. Fertility Treatment: **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. Please refer to your **plan** benefits to check if this **treatment** is covered or excluded.

- Cigna Healthcare will not pay costs or expenses for the following infertility services:
 - A reversal of voluntary sterilisation; or
 - Infertility services when the infertility is caused by or related to voluntary sterilisation; or
 - Donor charges and services; or
 - Any experimental or investigational infertility procedures or therapies.

r. Funeral Costs: Costs relating to a funeral, ceremony, burial or cremation are not covered.

s. Genetic Screening: Cigna Healthcare does not pay for genetic screening or pre-implantations genetic screening when such screenings are solely performed to determine whether or not the **insured member** or the **insured member's** descendants may be genetically likely to develop a medical condition, unless included in the **list of benefits**.

t. Future Treatment Costs: costs for a **treatment** that has not yet taken place, irrespective of whether advance authorisation has been given or a **prior approval** has been put in place.

u. Hazardous Sports: **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 thirty (30) metres unless the diver is padi qualified (or equivalent) for that depth and
- Including but not limited to mountaineering, rock or cliff climbing, pot holing, parachuting or piloting

v. Hearing Tests and Hearing Aids: Unless this **benefit** is specifically provided in the **list of benefits**.

w. Hospital Accommodation: costs that are more expensive than those of a standard private room at the same **hospital**. Deluxe or executive rooms or VIP suites are not covered.

x. Home Visits: Unless they are **Medically necessary** after the sudden onset of an **acute illness** that leaves the **insured member** incapable of visiting a **healthcare provider**.

y. Illegal Cover: Cigna Healthcare 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 embargoes.

z. Incidental Costs: Including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation, aside from those costs that would be covered under with the "Medical Travel Benefit (MTB) / Non-Emergency Travel and Accommodation".



Exclusions

aa. International Emergency Services: Any expenses for international emergency services for emergency evacuation, medical repatriation and transportation costs if:

- Not approved in advance by the medical assistance service; or
- The **treatment** needed is not covered by the plan; or
- In relation to 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
- In relation to 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
- In relation to medical care or services scheduled for the **patient's** or provider's convenience which are not considered an **emergency** unless expressly covered by the "Medical Travel Benefit (MTB) / Non-Emergency Travel and Accommodation"; or
- In relation to any expenses for ship-to-shore evacuations.

bb. Kidney Dialysis: Only **treatment** costs for kidney dialysis will be covered; travel and accommodation expenses in connection with such **treatment** will not be covered.

cc. Laser Eye Surgery: Treatment to change the refraction of one or both eyes, including refractive keratotomy, photorefractive keratectomy and includes the implant of multifocal lenses solely for refractive purposes or following a standard cataract removal unless this **benefit** is specifically provided in the **list of benefits**.

dd. Medical Error: Treatment required as a result of medical error.

ee. Nature cure clinics, health spas and nursing homes.

ff. Non-Medically Necessary: Treatment considered by Cigna Healthcare's Medical Team to not be Medically Necessary.

gg. Non-Prescribed Products: Products purchased without a medical professional's prescription.

hh. Oral and Maxillofacial Surgeries: Treatment for temporomandibular joint disorders, unless administered by a certified oral and maxillofacial surgeon when the treatment is considered **medically necessary**.

ii. Pre- and post-natal classes

jj. Psychiatric Treatment and Care: Cigna Healthcare will not pay for psychiatric, psychotherapy and psychological **treatment** costs for or in relation to relationship counselling, family counselling, academic problems or acculturation difficulties.

kk. Reckless Behaviour / Illegal Acts: treatment resulting from the **insured member's** own act or omission, being a deliberate or reckless exposure to danger (except in an attempt to save human life). This includes, but is not limited to, voluntary participation in bets, gambling, criminal offences or illegal acts, or fights, except in the case of legitimate self-defence.

ll. 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.

mm. Routine Footcare: Including the paring and removing of corns and calluses or trimming of nails or thickened or misshapen nails

nn. Routine Physical Exams: Cigna Healthcare will not pay for **routine physical exams** for **dependants** aged six (6) years or under. Cover for **routine physical exams** is subject to the terms and conditions specified in the **plan**. Please refer to the **plan** for coverage details.

oo. Speech and Occupational Therapy: 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,
- And have a reasonable likelihood of being restored.

pp. Stem Cells: Cigna Healthcare does not pay for harvesting or storage of stem cells. For example, ovum, cord blood or sperm storage.

qq. Sterilisation and Contraception: Any form of sterilisation or contraception, including vasectomy.

rr. Subrogation: Costs that have been or can be paid by another insurance company, person, organisation or public programme. If the **employee, spouse or dependant** is covered by other insurance, Cigna Healthcare will only pay its part of the **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 under the conditions set forth in Section 2 - Clause VIII of the General Terms and Conditions.

ss. Suicide and Self-Inflicted Injuries: Treatment that arises from or is in any way connected with attempted suicide or any **injury** or **illness** that the **insured member** inflicts upon themselves which exceeds an upper lifetime limit of GBP 100,000 / USD 150,000/ EUR 150,000 per **patient**.

tt. Surrogacy: Treatment directly related to surrogacy. Cigna Healthcare will not pay **maternity benefits** to:

- Anyone who acts as a surrogate; or
- Anyone else acting as a surrogate for an **insured member**.

uu. Termination of Pregnancy: Treatment by way of the intentional termination of a pregnancy, unless two **medical practitioners** certify in writing that the pregnancy would endanger the life or mental stability of the mother.

vv. 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.

ww. Travel Costs: Any form of non-emergency travel costs where Cigna Healthcare has not requested the **insured member** to travel to their **home country** for **treatment**, aside from those costs that would be covered under with the "Medical Travel Benefit (MTB) / Non-Emergency Travel and Accommodation"

xx. Vitamins and Minerals: Products classified as vitamins or minerals (except during pregnancy or to treat diagnosed, clinically significant vitamin deficiency syndromes) and supplements including, but not limited to, special infant formula and cosmetic products, even if medically recommended, prescribed or acknowledged as having therapeutic effects.

yy. War and Terrorism: Injury or disability directly or indirectly caused or contributed to whilst engaging in or taking part in a war, invasion, act of terrorist activities, rebellion (whether war has been declared or not), civil war, commotion, military or usurped power, martial law, riot or in the act of any lawfully- constituted authority, or while an **insured member** is carrying out army, naval or air services operations, whether or not war has been declared.



Definitions

The words and phrases set out in bold have the below specified meaning. Where those words and phrases are used with those meanings, they will appear in bold italics format in the ***insured member*** documentation.

Unless otherwise provided, the singular includes the plural and the masculine includes the feminine, and vice versa

Accident - Any bodily injury not intended by the person who suffered it, resulting from sudden action by an external cause. It is the insured member's responsibility to provide proof of the accident and the direct cause-and-effect relationship between the accident and the costs incurred.

Acupuncture - Branch of traditional Chinese medicine which consists of inserting needles into specific points on the patient's body to relieve various illnesses or to create an analgesic effect

Acute - A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Alternative Therapies - Refers to complementary and alternative medicine, which may be used in conjunction with orthodox treatment, for which there is also scientific evidence of safety and effectiveness, as defined by the us national center for complementary and alternative medicine (NCCAM).

Appropriate Age Intervals - Birth, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years and six (6) years.

Benefit - Any medical, optical or dental benefit shown in the list of benefits.

Chiropractic - Therapeutic approach which aims to treat a variety of conditions by manipulation.

Chronic a disease, illness, or injury that has one or more of the following characteristics:

- it requires ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it requires ongoing or long-term control or relief of symptoms
- it requires rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

Cigna Healthcare or The Insurer or We/Our - Means the insurance company underwriting the risks covered by the policy.

Co-Insurance - A set amount or percentage of the costs of treatment required to be paid by the insured member for treatment which is covered under the plan.

Congenital - A condition present at or prior to birth, whether inherited, caused by the uterine environment, or occurring during the process of childbirth.

Cosmetic - Services, procedures or items that are supplied only for aesthetic purposes, including those for dental treatment, which are not needed in order to maintain an acceptable standard of oral health.

Day-Case - Admission to a specialty clinical care that requires supervised recovery in the place of treatment which does not extend overnight

Dental Injury - A physical injury to the teeth, gums, alveolar bone or soft tissue of the mouth

Dependant - The insured member's unmarried children, whose names have been provided to Cigna Healthcare prior to the commencement of any treatment, but only if those persons are aged twenty-six (26) or under, either in full-time education or residing at the same residence as the insured

member at the commencement of any treatment.

- Eligible dependants include step-children, legally adopted children and children under a primary care when the insured member provides appropriate evidence of the fact that the child is now their dependant.
- The insured member must apply to us within 30 days of the effective date of the adoption or fostering for the child to be covered.

Doctor - A person holding a degree of doctor of medicine who is authorised to practice medicine under the laws of the country where the treatment is administered, within the limits of the licence they have been granted.

Emergency / Emergency Treatment - Refers to the medical condition or symptoms resulting from an illness or injury occurring suddenly and which clearly requires immediate treatment, usually within twenty-four (24) hours of onset, without which there would be a risk of endangering the health of the affected person, and/or creating a serious risk of substantial and irreversible impairment of a major bodily function.

Only medical treatment through a physician, medical practitioner or specialist and hospitalisation that commences within twenty-four (24) hours of the emergency event will be covered.

Employee - Any member of staff of the client who is eligible to be covered under the plan.

Fertility Treatment - Methods of medically-assisted reproduction, also known as medically-assisted procreation, enabling a person previously diagnosed as infertile to have a child.

Healthcare Provider - Any individual or organisation which is registered or licensed as a medical or surgical healthcare provider in the country in which it is located. The following are not classed as healthcare providers: wellness and fitness centres, spas, nursing homes, retirement homes and convalescent homes.

Home Nursing - Visits from a nurse to the insured members home to give expert nursing services.

Homeopathy - Therapeutic method consisting of prescribing a highly diluted and energised form of a substance capable of producing similar symptoms to those experienced by the patient.

Hospital - Any institution which is registered or licensed as a medical or surgical hospital in the country in which it is located. The following are not classed as hospitals: wellness and fitness centres, spas, nursing homes, retirement homes and convalescent homes.

Illness - Any deterioration in the state of health certified by a competent medical authority.

Injury - A physical damage done to a person or a part of their body.

In-patient - A patient who stays overnight in hospital while undergoing treatment.

Insured Member Or You/Your - Refers generically to the employee, spouse and/or dependant covered under the plan. The insured member receives the benefits provided by Cigna Healthcare in respect of claims made and covered under the plan.

Intensive Care - Refers to a specialised hospital department the purpose of which is to care for patients in a critical condition, that is, who are presenting with failure of one or more of their vital functions or who are at risk of developing severe complications. the service has highly-specialised



Definitions

technical resources. These are in continuous use by a multidisciplinary team in order to identify, prevent and correct acute and presumable reversible imbalances related to the underlying condition (illness, surgery, trauma and intoxication). This type of facility includes intensive care units, critical care units, intensive therapeutic services units or intensive treatment units.

Maternity Benefit - All aspects of pregnancy or childbirth for any employee or spouse covered under the plan, including:

- **routine maternity benefits:** pregnancy and childbirth costs which are medically necessary including, but not limited to, pre- and post-natal care, hospital charges and specialist fees.
- Caesarean sections which are not medically necessary will be covered up to the cost of a routine delivery.
- **complicated maternity benefits:** costs related to complications of pregnancy and childbirth including but not limited to,
 - diabetes, eclampsia, foetal distress during labour, retained placenta and postpartum haemorrhage. caesarean sections which are medically necessary will be covered under the complicated maternity benefit.
- **newborn care:** meaning routine examinations and screenings including but not limited to bcg, hepatitis b and neo-natal screening test, (phenylketonuria (pku), congenital hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).
- coverage for newborn care will be applied if eligible and effective up to 10 days from birth for routine treatment. Additional medical treatment required beyond the 90 days will only be covered if the newborn is added to the plan.

Medical Appliance - See the surgical appliance definition.

Medical Assistance Service - A service which provides medical evacuation, assistance and repatriation, as well as medical advice and/or co-ordination before and during an evacuation or repatriation event.

Medically Necessary - Has the same meaning as medical necessity.

Medical Necessity - Medically necessary covered services and supplies are those determined by the medical team to be:

- required to diagnose or treat an illness, injury, disease or its symptoms;
- orthodox, and accepted as standard practice as supported by evidence based medicine guidelines worldwide;
- clinically appropriate in terms of type, frequency,
- extent, site and duration;
- not primarily for the convenience of the patient, physician or other health care provider; 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 the least intensive setting.

Mental Health Care - Treatment of mental health disorders, addictions or alcoholism considered medically necessary and approved by Cigna Healthcare as being evidence based treatment. Psychotherapy treatment (on an in-patient or out-patient basis) is only covered where the insured member is initially diagnosed by a psychiatrist and referred to a registered psychotherapist for further treatment.

Mental Health Disorder - Any acute mental or psychological disorder or combination of disorders relating to excessive or unhealthy levels of anxiety, depression, panic or stress. The disorder can be reasonably diagnosed, managed, relieved or cured by evidence based treatment. This can include a diagnosis of obsessive compulsive disorder or post-traumatic stress disorder.

Oral Health - The practice of keeping the oral cavity clean and free of disease and other problems.

Orthodontic - Dental specialty dedicated to the correction of improper positioning of the jaws and teeth in order to optimise the closure of the

mouth (occlusion), to ensure proper functioning and alignment.

Orthodox - A procedure or treatment that is medically accepted in the country where treatment is incurred at the time of the commencement of the procedure or treatment, in that it accords with that upheld by a respectable, responsible and substantial body of medical opinion, experienced in the particular field of medicine.

Osteopathy - A system of complementary medicine involving the treatment of medical disorders through the manipulation and massage of the skeleton and musculature.

Out-Patient - Treatment which does not require a stay overnight in hospital for either consultation with a medical practitioner or for treatment.

Palliative - Treatment offered for end-stage of a terminal illness with a life expectancy of less than six (6) months that no longer attempts to alter the condition's growth or progression but is given to alleviate symptoms.

Patient - The insured member who undergoes treatment.

Physiotherapy - All treatment dispensed by a licensed physical therapist for which a doctor's prescription is issued before the start of treatment.

Policy - The general terms and conditions, the policy schedules and the insured member documentation, together with any endorsements or subsequent variations.

Private Ambulance - A purpose-built vehicle operated as an ambulance by a recognised private ambulance service.

Prior Approval - The requirement to obtain prior authorisation from Cigna Healthcare, when indicated in the plan, to access certain benefits. Once approved, Cigna Healthcare will issue a guarantee of payment to the treating hospital.

Specialist - A doctor who has

- received advanced specialist training;
- practices a particular branch of medicine or surgery; and
- holds or has held a consultant appointment in a hospital or an appointment which Cigna Healthcare accepts as being of equivalent status.
- A physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided is only a specialist for the purpose of physiotherapy as described in the list of benefits.

Spouse - The employee's legal husband or wife, or unmarried or civil partner Cigna Healthcare has accepted and who can benefit from cover under the plan.

Surgical Appliance or Medical Appliance -

- **Surgical appliances** are those which are required for a surgical procedure, including, but not limited to, pacemakers and valve replacement appliances.
- **Medical appliance** refers to any device which is prescribed and medically necessary to enable the insured member to function to a capacity consistent with everyday living were reasonably possible, including, but not limited to, insulin pumps and prostheses.

Treatment - Medical treatment: refers to any surgery or medical treatment performed by a medical practitioner, considered to be medically necessary, in order to diagnose, cure or alleviate an illness or injury.

Vaccinations - Refers to all vaccines and boosters required by the health authorities of the country in which the vaccination is administered and any medically required vaccinations for travel to a foreign country. The cost of the consultation and the purchase of the vaccine are included.

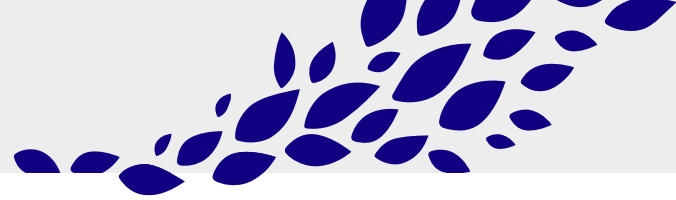


Dental Benefits

	BENEFIT LIMIT
I. Annual Benefit Maximum per Member.	Up to \$2,000 USD per Year of Insurance
All Dental services below apply to annual maximum.	
2. Class One Investigative and Preventative Treatment. Benefits include: examinations, x-rays, scale & polish.	Paid in Full
3. Class Two Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury. Benefits include: Root canal Treatment, extractions, surgical procedures, occasional Treatment, anaesthetics, periodontal Treatment.	80% Refund
4. Class Three Major Restorative. Benefits include: - Dentures - acrylic/synthetic, metal and metal/acrylic; - Crowns, inlays, mouthguard or occlusal splint.	50% Refund
5. Orthodontic Treatment for Dependant children under the age of 18	50% Refund Up to \$1,500 USD per Year of Insurance

Notes

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



I Knowe Road, Greenock, Scotland PA15 4RJ
Tel : +44 (0) 1475 492197 Fax : +44 (0) 1475 492424

Claims can be submitted via 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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