



HEALTH CARE PLAN

Effective from January 2022

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INTERNATIONAL HEALTH CARE BENEFITS

1. Annual Benefit

Maximum per Member or Dependant.

Benefit Limit - **Up to \$7,500,000 USD per Year of Insurance**

In-Patient/Day Case Health Care Benefits

2. Hospital Charges for:

- › nursing and accommodation for In-Patient Treatment;
- › Day Case Treatment;
- › operating theatre and recovery room;
- › prescribed medicines, drugs and dressings for In-Patient and Day Case Treatment.

Benefit Limit - **Paid in Full**

3. Parental Accommodation

This applies to Dependent children under the age of 18.

Cigna 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.

Benefit Limit - **Paid in Full**

4. Surgeon's and Anaesthetist's Fees

Benefit Limit - **Paid in Full**

5. Specialist Physician's Fees

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.

Benefit Limit - **Paid in Full**

6. Surgical Procedures

Benefit Limit - **Paid in Full**

7. Radiotherapy, Chemotherapy, Oncology and Physiotherapy

Benefit Limit - **Paid in Full**

8. Radiology, Pathology

Benefit Limit - **Paid in Full**

9. Home Nursing Charges

This Benefit will be paid:

- › if recommended by a Specialist immediately after Hospital Treatment for as long as is required by Medical Necessity;
- › on a full-time basis for as long as is required by Medical Necessity for Treatment which would normally be provided in a Hospital.

Benefit Limit - **Paid in Full**

10. Surgical Appliance and/or Medical Appliance

This Benefit will be paid in respect of:

- › 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.

Benefit Limit - **Paid in Full**

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.

Benefit Limit - **Paid in Full**

12. Maternity Cover

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

Benefit Limit - **Paid in Full**

13. International Emergency Services

This Benefit requires pre-approval. Please contact the Cigna Customer Service 24 hour helpline.

Benefit Limit - **Paid in Full**

14. Private Ambulance

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

Benefit Limit - **Paid in Full**

Out-Patient Health Care Benefits

15. Consultations with Medical Practitioners and Specialists

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

Benefit Limit - **Paid in Full**

16. Maternity Cover

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

Benefit Limit - **Paid in Full**

17. Non-surgical and Minor Surgical Procedures and Treatment

Benefit Limit - **Paid in Full**

18. Prescribed Medicines (including contraception), Drugs and Dressings

Benefit Limit - **Paid in Full**

19. Annual Routine Tests

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

Benefit Limit - **Paid in Full**

20. Well Child Tests

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

Benefit Limit - **Paid in Full**

21. Routine Well Child Tests

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 Customer Service.

Benefit Limit - **Paid in Full**

22. Travel Vaccinations

This Benefit will be payable for vaccinations related to travel.

Benefit Limit - **Paid in Full**

23. Emergency Dental Treatment

This Benefit will be payable for Treatment received during the emergency visit immediately after accidental damage to natural teeth.

Benefit Limit - **Up to \$1,500 USD per Year of Insurance**

24. Psychiatric Care

Benefit Limit - **Up to \$1,500 USD per Year of Insurance**

25. Health Risk Assessments

Please refer to [page 24](#) for more information.

Cigna will provide access to online Health Education, Health Risk Assessments and web-based coaching programmes.

Wellness Benefits

26. Routine Adult Physical Exams

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 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 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 before you book the Treatment in order to ensure all tests will be covered as part of your annual routine health check. Cigna may reject Treatments that are not performed on a routine basis or where there is no Medical Necessity to undergo these.

Benefit Limit - **Up to \$500 USD per Year of Insurance**

27. Pap Smear

Cigna will pay charges for an annual Papanicolaou screening.

Benefit Limit - **Paid in Full**

28. Prostate Cancer Screening

Cigna will pay charges for an annual prostate cancer screening for eligible males over 50 years old.

Benefit Limit - **Paid in Full**

29. 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.

Benefit Limit - **Paid in Full**

Note:

Cigna 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 before incurring any costs relating to organ donations.



Exclusions

Cigna 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 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 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.
- 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.
- x.** Treatment for or in connection with non-medical counselling or ancillary services 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

Annual Benefit

Maximum per Member.

Benefit Limit - **Up to \$2,000 USD per Year of Insurance**

All Dental services below apply to annual maximum.

Class One

Investigative and Preventative Treatment.

Benefits include:

- › examinations, x-rays, scale & polish.

Benefit Limit - **Paid in Full**

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.

Benefit Limit - **80% Refund**

Class Three

Major Restorative Treatment.

Benefits include:

- › dentures - acrylic/synthetic, metal and metal/acrylic;
- › crowns, inlays, mouthguard or occlusal splint.

Benefit Limit - **50% Refund**

Orthodontic Treatment for Dependant children under the age of 18.

Benefit Limit - **50% Refund**

Up to \$1,500 USD per Year of Insurance

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 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 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 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 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 before Treatment starts, so that Cigna can confirm how much Benefit will be payable (Benefit will be payable only if Cigna 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 semi-precision 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

Vision Care

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

Benefit Limit - **Paid in Full**

Expenses for:

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

Benefit Limit - **Up to \$300 USD per Year of Insurance**



Exclusions

Cigna 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 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.

A 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 if your spouse or other dependents will not be living in the same location where you work. Cigna 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

Cigna 24 Hour Helpline Number	+44 (0) 1475 492197
Cigna Fax Number	+44 (0) 1475 492424
Cigna USA 24 Hour Helpline	+1 800 768 1725
Cigna USA Fax Number	+1 800 243 6998 or +1 302 797 3150
Mailing Address for Claims Incurred Outside the USA	Cigna Global Health Benefits, 1 Knowe Road, Greenock, Scotland, PA15 4RJ
Mailing Address for Claims Incurred in the USA	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
Email address	Ice.Team@Cigna.com
Website	www.CignaEnvoy.com

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	HOW WILL CIGNA REPLY?
Sending emails to Cigna from within CignaEnvoy/Mobile App	<p>Register on www.CignaEnvoy.com 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 Cigna Envoy mailbox/also viewable from the Mobile App</p>
Sending emails to Cigna from a personal email account (where you have also registered for Cigna Envoy)	<p>You will receive a reply from Cigna with an alert/link to access your CignaEnvoy/App mailbox</p>
Sending emails to Cigna from a personal email address (if you have not yet registered for CignaEnvoy)	<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>
TLS email* - sending emails to Cigna from your company email account	<p>If your employer has set up TLS email with Cigna, we will be able to correspond directly with you (no links to Cigna secure mailboxes need to be sent). If TLS has not been set up, then Cigna will reply as above</p>


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

USING YOUR CIGNA MEMBERSHIP CARD

When you receive your Cigna membership card check that the information is correct. If something needs to be changed contact the Cigna Helpline by telephone, fax or email and they will arrange for your information to be updated.

Tel: +44 (0) 1475 492197
Fax: + 44 (0) 1475 492424
Email: Ice.Team@Cigna.com

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



IN 605428 C control 2160000
Account 600940
Issuer (-80840)

GROUP NAME
MEMBER NAME
MEMBER NUMBER

24-HR International
Helpline Number:
+44 (0) 1475 492197
Toll Free Tel No:
1 800 259 7052
US Only:
1 800 768 1725

International
SOS


Network Group-Insurers

Away From Home Care

Provider Network: Cigna Healthcare P0

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 1508
Wilmington DE 19850 USA, Payor ID #6238
Fax: Inside US: 1 800 243 6956 or 1 302 797 315
Cigna International, 1 Knowle Road
Greenock, Scotland PA15 4RJ
Fax: 1 800 252 2471 or +44(0)1475 492424

Send all other Claims to:

Cigna EmailWeb: ice.team@cigna.com / www.cignaenvoy.com



EMERGENCY CARE

In the event of an emergency, please contact the Cigna Helpline:

For Non USA Based Members call +44 (0) 1475 492197.

For USA Based Members call +1 800 768 1725.

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-authorised by the Cigna Helpline. Where it is not possible for pre-authorisation 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 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 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.



PRE-AUTHORISATION OF YOUR TREATMENT

What is the pre-authorisation Procedure?

Pre-authorisation is the process of informing Cigna 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 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 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 customer services by phone or email (see contact details on page 12).

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 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 any time you have planned in-patient treatment.

Pre-Authorisation of Your Treatment

Emergency medical evacuation and repatriation of mortal remains: Cigna 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.

AREAS OF COVER

Cigna has two areas of cover available:

Area I: Worldwide INCLUDING USA	Every country throughout the world and at sea, excluding any country with whom, at the date of commencement of treatment, the Federal Government of the United States of America has prohibited trade to the extent that payments are illegal under applicable law.
Area II: Worldwide EXCLUDING USA	Worldwide, with the further exception of the United States of America.

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

*** Due to trade sanctions we cannot pay claims into any sanctioned bank account or to any provider located in a sanctioned country, including Syria, Cuba, Iran, Crimea or North Korea. Any member with a sanctioned nationality must have a bank account outside of the sanctioned country.**

CIGNA WELLBEING® APP

Take control of your health with Cigna Wellbeing®

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, 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® 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® 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 non-emergency 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

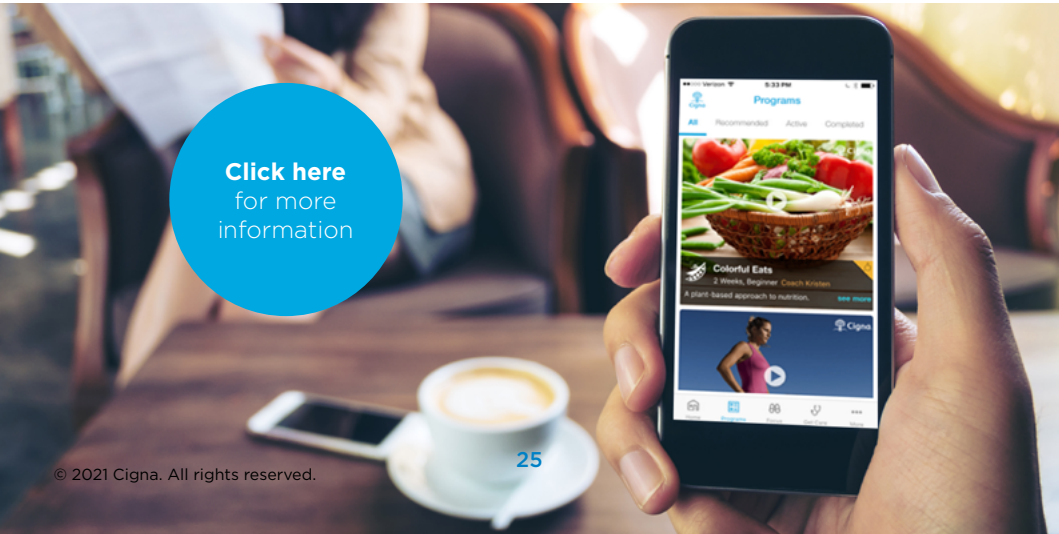


Prescriptions or common health concerns, when medically necessary



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)



Click here
for more
information

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 30 days per trip whether you are travelling for business or pleasure. If you are outside your area of cover for more than 30 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 cannot reimburse any medical claims incurred, including emergency treatment. In addition, Cigna 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 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 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 have approved the treatment as being covered.

In-patient Treatment

When you have a planned hospital admission, please contact Cigna 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) 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, 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 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 have approved the treatment as being covered.

In-Network Care

For members who are on our Worldwide area of coverage and wish to access treatment in the United States of America, Cigna has a Preferred Provider Organisation (PPO) network. This network will enable you to access more than 675,000 Cigna U.S. in-network providers, where you will receive optimum discounts and service. It is important that you always present your Cigna 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 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, the “Away From Home Care” logo on the enclosed membership card ensures you will receive optimum discounts at participating network providers in the U.S.

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

Full details of the Cigna Provider Directory can be found by accessing our member portal www.CignaEnvoy.com. To register for access to the Cigna 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

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 PPO Network. We do however encourage you to use the in-network Cigna providers to optimise discounts and quality service.

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



CLAIMING PROCEDURE

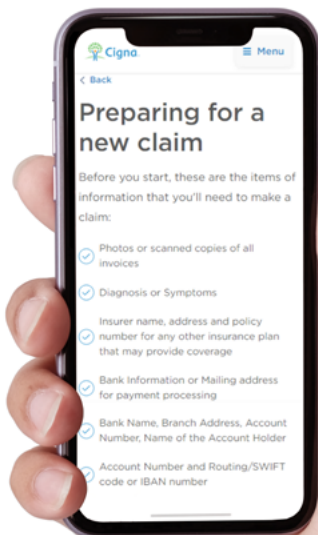
We endeavour to pay claims within 10 working days on receipt of complete claim information, but here are our top tips for speeding up the process:

- Seek care from one of Cigna'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 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 39 for more Mobile App features and benefits.



Online Claims Submission

If you are a registered user of www.CignaEnvoy.com you can submit claims through the secure web portal in an easy-to-follow three step 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.

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

Email address	Ice.Team@cigna.com
Postal Claims	Cigna Global Health Benefits, 1 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 of 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.



REIMBURSEMENT OPTIONS

Where possible Cigna 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 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 may not send payments directly to a nominated address located in a sanctioned country.

IMPORTANT: Cigna may not directly reimburse any health care provider or facility that is located in a sanctioned country. In these instances, Cigna 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 and your employer. Your plan currency is US Dollar.

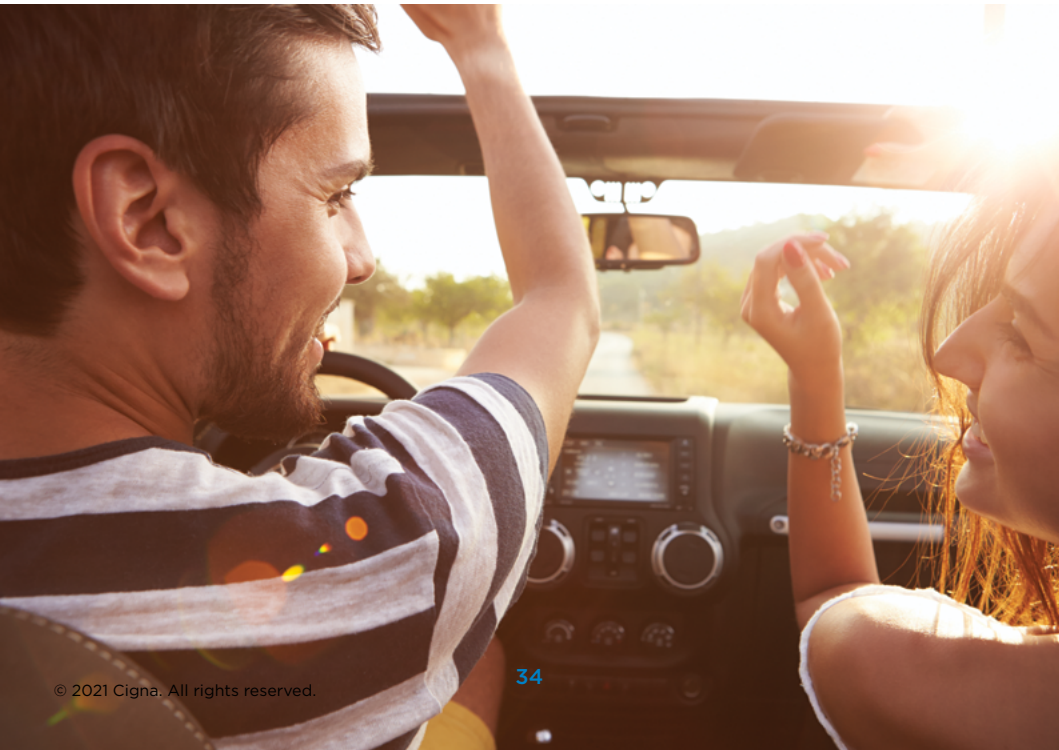
Example:

Policy currency = US Dollar

Benefit limit \$7,500

Claim incurred = £9,000

The Claim shall be converted to US Dollar and the resulting US Dollar amount offset against the \$7,500 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 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 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 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 Helpline for the Applicable Exchange Rate applied to any particular claim. Cigna 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 which another party may be responsible as a result of having caused or contributed to the injury or sickness, Cigna 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 of claims costs from a third party will not delay or prevent the payment of your claim by Cigna. Cigna 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 and click on '*I have not registered yet*' in the green box. Then click '*Need help signing in*' and then '*Register*'.

Step 2: Enter the first 9 digits of your Member No (details are on your 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*'. You will receive a registration confirmation email with details of your secure PIN, which is 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*'.

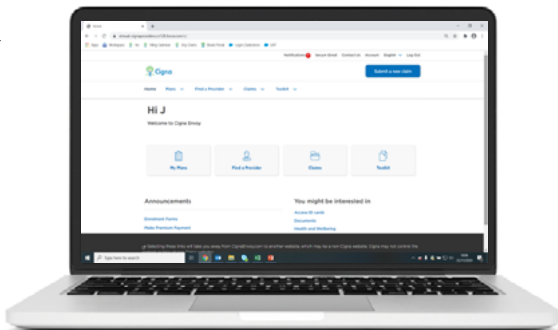
Step 6: You can set up Two-Step Authentication by registering your mobile number. If you do not wish to register for this, please click the '*Skip Authentication*' button. Either SMS or email can be used - is it also possible to use an email address that is shared amongst other family members here.

* If you require help with the registration process, please select "view registration instructions" at the bottom of the webpage.

Why use the website?

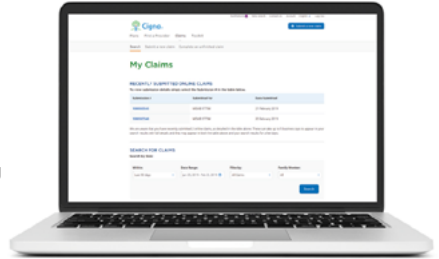
There is a wide range of information available to you on our secure website, including:

- › You and your dependents full claim history.
- › Your benefits and exclusions - what you and your dependents 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).



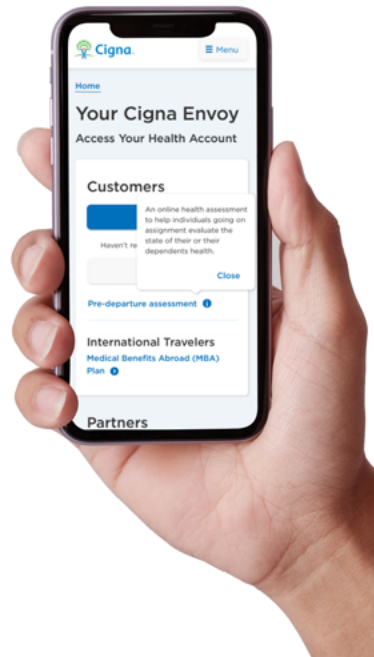
Mobile App

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 will need to be registered on CignaEnvoy.com first before you can use the Cigna Mobile App. You can download the CignaEnvoy Mobile App from Apple App StoreSM, Google PlayTM or the Amazon Appstore[®].



EXPRESS SCRIPTS PHARMACYSM

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. To determine if your preferred pharmacy is in the network, simply log into the secure member website, 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 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 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 if your family will not be living at the same location where you work. Cigna 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 Inpatient, and high-cost Outpatient 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 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 or by contacting us by telephone, fax or email

Contact us:

Tel : +44 (0) 1475 492197

Fax : +44 (0) 1475 492424

Email : Ice.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 in the first instance:

- ... in writing** Cigna Global Health Benefits, 1 Knowe Road, Greenock, PA15 4RJ.
- ... by phone** + 44 (0) 1475 492 197
- ... by email** 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

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 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 HEALTH CARE 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.



1 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, 1 Knowe Road Greenock, Scotland PA15 4RJ.

The Cigna name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. "Cigna" refers to Cigna Corporation and/or its subsidiaries and affiliates. Products and services are provided by, or through, such operating subsidiaries including (without limitation), Cigna Life Insurance Company of Europe S.A.-N.V, Cigna Europe Insurance Company S.A.-N.V, both companies registered in Belgium at Plantin en Moretuslei 309, 2140 Antwerp, Belgium or Cigna Global Insurance Company Limited, with registered address in Guernsey at PO Box 155, Mill Court, La Charroterie, St Peter Port, Guernsey, GY1 4ET. Please refer to your literature for details of the insurance entity providing cover. Cigna Life Insurance Company of Europe S.A.-N.V and Cigna Europe Insurance Company S.A.-N.V., are subject to the prudential supervision of the National Bank of Belgium and to the supervision of the Financial Services and Markets Authority in the field of consumer protection. Cigna Global Insurance Company Limited is authorised and regulated by the Guernsey Financial Services Commission for the conduct of insurance business in Guernsey. Certain products and services which are non-risk related may be provided by non-insurance entities such as Cigna International Health Services BV, registered with the Financial Services and Markets Authority as an insurance and reinsurance broker and with registered office at Plantin en Moretuslei 299, 2140 Antwerp, Belgium; Cigna European Services (UK) Limited, having its registered office at 13th Floor, 5 Aldermanbury Square, London EC2V 7HR; and Cigna Global Wellbeing Solutions Limited with registered office at 13th Floor, 5 Aldermanbury Square, London EC2V 7HR.

Please refer to your member materials for further information, including details of the insurance entity providing cover, the list of benefits, exclusions and limitations. Cigna Global Health Benefits' web-based tools, such as Cigna Envoy, are available for informational purposes only. These tools are not intended to be a substitute for proper medical care provided by a physician. © 2021 Cigna. All rights reserved. Some content provided under licence.