

Inspire Tailored Dental Insurance



Insurance product information document

Product: Medical Insurance Policy

Cigna Life Insurance Company of Europe S.A.-N.V. - UK Branch is the UK branch of Cigna Life Insurance Company of Europe S.A.-N.V., having its principal place of business in the UK at 5 Aldermanbury Square, 13th Floor, London, England, EC2V 7HR. Authorised and regulated by the National Bank of Belgium. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

The information included in this document will be provided according to the coverages and exclusions set below, being subject to the provisions of the policy. Any insurance request is subject to underwriting rules, pricing and to the Terms and Conditions and Table of Benefits according to the Plan selected (Tailored Dental) in the effective date of the policy.

What is this type of insurance?

Supplemental Dental Insurance underwritten by the Policyholder (Client) on behalf of its Employees and/or its Dependants. The Insurance provides coverage for the reimbursement of dental expenses incurred (i) by the Client's Employees living outside their Country of Domicile, in a professional capacity, and enrolled on the Client's Cigna Healthcare Medical Insurance Policy, and (ii) by any Dependants, whether or not they are residing in the same foreign country, subject to the latter being enrolled in the Plan.



What is insured?

- ✓ **Class One: Investigative and Preventative Treatment**
 - ✓ Examinations, x-rays, scale & polish
- ✓ **Class Two: Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury**
 - ✓ Root canal treatment, extractions, surgical procedures, occasional treatment, anaesthetics, periodontal treatment.
- ✓ **Class Three: Major Restorative**
 - ✓ Dentures – acrylic/synthetic, metal and metal/acrylic;
 - ✓ Crowns, inlays, mouth guard or occlusal splint;
- ✓ **Orthodontic Treatment**
 - ✓ Orthodontic Treatment for dependent children under the age of 18
- ✓ **Annual Maximum Benefit Limit**
 - ✓ The total amount payable per person in any one year of insurance is \$2,000.



What is not insured?

- ✗ Treatment that is purely Cosmetic.
- ✗ Treatment that is not necessary for continued Oral Health.
- ✗ Replacing any dental appliance which is lost or stolen.
- ✗ 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 all members, partners and dependent children over age 18.
- ✗ Major Treatment on Deciduous or baby teeth for Dependant children.
- ✗ Surgical implants of any type including any attaching prosthetic device.

Other exclusions apply, please refer to the Customer Guide for the full details of exclusions, limitations and terms and conditions.



Are there any restrictions on cover?

- ! Payments in respect of any Benefits by Cigna Healthcare to any Employee (and their Dependants) shall be subject to the limits of the Plan selected
- ! The limits set out in the List of Benefits are subject to the Specific Benefit conditions and Specific Benefit exclusions provided in the List of Benefits and shall be applied in US Dollars
- ! In all cases reimbursement of costs is also subject to: any limits shown in the List of Benefits as to the number of times a Benefit is payable for a particular procedure or service; any maximum Benefit limits stated in the List of Benefits; and the exclusions set out in the Policy



Where am I covered?

- ✓ The Plan offers the following areas of cover; your Employer will choose one or more of them as a Selected Area of Coverage in the corresponding Policy Schedule:
 - Area I: Worldwide, or
 - Area II: Worldwide, excluding USA, Canada and the Caribbean, or
 - Area III: Europe



What are my obligations?

- Submit the claims as soon as it is reasonably practicable following the start of a treatment and no later than 12 month from the start of a treatment
- You must answer any questions we ask you honestly and fully.
- You must provide all the relevant information to Cigna Healthcare related with the claim.
- You must obtain pre-authorisation before treatment as required.
- You must inform your employer if you or anyone on your policy changes address, country of residence, country of nationality or is no longer an expatriate.



When and how do I pay?

- Your employer will pay the premium to Cigna Healthcare. We'll agree the frequency of the payment to Cigna Healthcare with your employer. You do not need to make payment to Cigna Healthcare directly.



When does the cover start and end?

- Your cover starts on the day you become a member of the plan so long as you meet the membership conditions. Cover will normally come to an end for you and your dependants if you die, you stop working for your employer or if your employer stops paying premiums for you and any dependants.



How do I cancel the contract?

- The cover under the plan is governed by a contract of insurance between your employer and Cigna Healthcare. If you no longer need this cover please speak to your employer about being removed from the plan.