

# Inspire Tailored Medical 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 Medical), in the effective date of the policy.

## What is this type of insurance?

Medical Insurance underwritten by the Policyholder (Client) on behalf of its Employees and/or its Dependants. The Insurance provides coverage for the reimbursement of medical expenses incurred (i) by the Client's Employees living outside their Country of Domicile, in a professional capacity, 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?

- ✓ **Inpatient / Day Case Health Care Benefits:**
  - ✓ Hospital charges for nursing and accommodation; day case treatment; operating theatre and recovery room; prescribed medicines, drugs and dressings
  - ✓ Costs of a parent staying in hospital with an insured child under 18.
  - ✓ Surgeon's and Anaesthetist's Fees
  - ✓ Specialist Physician's Fees
  - ✓ Surgical Procedures
  - ✓ Radiotherapy, Chemotherapy, Oncology and Physiotherapy
  - ✓ Radiology and Pathology
  - ✓ Home Nursing Charges
  - ✓ Surgical Appliance and/or Medical Appliance
  - ✓ Psychiatric Care
  - ✓ Maternity Cover for eligible females
  - ✓ Private ambulance
- ✓ **Outpatient Health Care Benefits:**
  - ✓ Non-surgical and Minor Surgical Procedures and Treatment
  - ✓ Consultations with Medical Practitioners and Specialists
  - ✓ Maternity Cover for eligible females
  - ✓ Prescribed Medicines/Drugs and Dressings
  - ✓ Annual Routine Tests: one eye test and hearing test for insured children under 15
  - ✓ Well Child Tests: for insured children aged 6 and under.
  - ✓ Routine Well Child Tests: routine preventative care for insured children up to age 17.
  - ✓ Travel Vaccinations
  - ✓ Emergency Dental Treatment
  - ✓ Psychiatric Care
  - ✓ Sleep Apnea and Sleep Apnea Appliance
  - ✓ Alcohol and Drug abuse
  - ✓ Hormone Replacement Therapy (HRT)
- ✓ **Other Benefits**
  - ✓ International Emergency Services
  - ✓ Health Risk Assessments
- ✓ **Wellness Benefits**
  - ✓ Routine Adult Physical Exams



### What is not insured?

- ✗ 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.
- ✗ Any form of plastic or reconstructive surgery
- ✗ Dental or orthodontic treatment unless included in the vision IPID or Dental IPID
- ✗ Treatment for or in connection with developmental disorders
- ✗ 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.
- ✗ Eye or vision treatment unless included in the vision IPID or Dental IPID
- ✗ 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 infertility to the point of diagnosis.
- ✗ Treatment directly related to surrogacy; maternity benefit will not be paid to an eligible female who acts as a surrogate or, anyone else acting as a surrogate for an eligible female.
- ✗ Costs for a 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.
- ✗ Hearing tests, except for one hearing test per Year of Insurance for a Dependant child under the age of 15 years.
- ✗ 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.
- ✗ Residential stays in a hospital.
- ✗ Suicide or any injury or illness that the employee or dependant inflicts upon himself.
- ✗ 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

- ✓ Pap Smear
- ✓ Bone Densitometry
- ✓ Prostate Cancer Screening
- ✓ Mammograms for Breast Cancer Screening or Diagnostic Purposes
- ✓ **Annual Maximum Benefit Limit**
- ✓ The total amount payable per person in any one year of insurance is \$7,500,000.

- stability of the mother.
- ✗ Treatment outside the selected area of coverage.
- ✗ Any form of non-emergency travel costs, with the exception of the benefit listed within the Member Booklet under “non-emergency return to home country expenses for travel and accomodation.

**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.