

Policy Summary

About Cigna's International Employee Healthcare Plan Tailored Medical Plan

Some important points about Cigna's International Employee Healthcare Plan are summarised below. This summary is developed as a guide to the policy, giving you details of the key benefits as well as any significant or unusual exclusions. However as it does not describe all the terms and conditions of the plan it should be read in conjunction with the List of Benefits, Exclusions and How to Claim Guide.

Key Benefits of the plan

Plan Benefits	Significant exclusions or limitations
Hospital charges for: <ul style="list-style-type: none"> – nursing and accommodation for in-patient treatment; – day cases treatment; – operating theatre and recovery room; – prescribed medicines, drugs and dressings, for use whilst an in-patient or for day case treatment. 	
Costs of a parent staying with a child under the age of 18.	
Full cost of surgeon's and anaesthetist's fees.	
Full refund on for radiotherapy, chemotherapy, oncology and physiotherapy fees.	
Maternity Cover.	
Non surgical and minor surgical procedures.	
Prescribed medicines and drugs.	
International emergency services.	<ul style="list-style-type: none"> • Expenses which were not approved in advance by the medical assistance service. • Expenses where the treatment is not covered under the plan.
Home nursing charges for qualified nurses if recommended by a specialist immediately after hospital treatment or on a full time basis for treatment that would normally be provided in a hospital.	<ul style="list-style-type: none"> • Charges for residential stays in a <i>hospital</i> which are arranged wholly or partly for domestic reasons or where <i>treatment</i> is not required or where the <i>hospital</i> has effectively become the place of domicile or permanent abode.
Full costs of Private ambulance to or from a hospital.	<ul style="list-style-type: none"> • When ordered for medical reasons.
Full refund on specialist physician's fees for in-patient treatment.	<ul style="list-style-type: none"> • Which is required by medical necessity.
Surgical appliance/and or medical appliance.	<ul style="list-style-type: none"> • Which is inserted during surgery, or is a necessary part of the treatment immediately

	following surgery.
Psychiatric care, for psychiatric conditions, other mental disorders or addictions.	<ul style="list-style-type: none"> • Which meet Cigna's criteria. • Up to \$1,500 per year of insurance for out-patient Psychiatric care • Up to 30 days in-patient treatment in any one year of insurance.
Annual routine tests.	<ul style="list-style-type: none"> • One eye test and hearing test for children under 15.
Well child test.	<ul style="list-style-type: none"> • Dependant children aged 6 and under, with immunisation covered for all dependants.
Travel Vaccinations.	<ul style="list-style-type: none"> • Vaccinations related for travel only.
Health Risk Assessments	<ul style="list-style-type: none"> • Access to online Health Education, Health Risk Assessments and web-based coaching programmes.
Emergency dental treatment.	<ul style="list-style-type: none"> • Accidental damage to natural teeth. Up to \$1,500per year of insurance.
Routine Adult Physical Exams.	<ul style="list-style-type: none"> • Limited to \$500 per year of insurance.
Prostate Cancer Screening	<ul style="list-style-type: none"> • Limited to eligible males over 50 years.
Mammograms for Breast Cancer every year for women aged 50 and over.	<ul style="list-style-type: none"> • Limited to one baseline mammogram for asymptomatic women aged 35-39; every two years for females aged 40-49 years if medically necessary.
Annual Benefit.	<ul style="list-style-type: none"> • Up to \$7,500,000 per year of insurance.
	<p>Significant exclusions or limitations that apply across the plan</p> <ul style="list-style-type: none"> • Treatment that arises from or is in any way connected with attempted suicide except for expenses up to an upper lifetime limit of \$150,000. • 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 by way of 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. • 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. • Any form of plastic or reconstructive surgery • Dental or orthodontic treatment. • 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. • Hospital accommodation costs that are more

	<p>expensive than those of a private standard room at the same hospital. Deluxe, executive rooms or VIP suites are not covered.</p> <ul style="list-style-type: none"> • 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. • Treatment for or in connection with developmental disorders, including but not limited to: <ul style="list-style-type: none"> ○ developmental reading disorders; ○ developmental arithmetic disorders; ○ developmental language disorders; ○ developmental articulation 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.
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The product is provided by Cigna Life Insurance Company of Europe S.A.-N.V., a Belgian company with limited liability in the UK, and administered by Cigna European Services (UK) Limited.

Length of cover

The policy is for one year from the policy start date, and is annually renewable.

Making a claim

Claims for treatment carried out *in* the USA should be sent to:

Cigna Global Health Benefits
PO Box 15964
Wilmington
Delaware 19850
United States of America

If you require assistance call the 24 hour helpline +1 800 768 1725

Claims for treatment outside the USA should be sent to:

Cigna Global Health Benefits
1 Knowe Road
Greenock
Scotland PA15 4RJ

If you require assistance call the 24 hour helpline +44 (0) 1475 492197

Please refer to the Cigna Helpful Guide for further information on additional charges that may apply where you request reimbursement in a currency other than the currency of premium or the currency in which the claim was incurred.

Important Information

Emergency medical evacuations or repatriations must be authorised in advance by the Cigna Helpline.

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 to make a complaint

If you wish to register a complaint, please contact us:

- in writing to Cigna Global Health Benefits at 1 Knowe Road, Greenock, PA15 4RJ
- by phone +44 (0) 1475 492197

If we are unable to resolve any complaint to your satisfaction you may then complain directly to:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR
Tel: +44 (0) 845 080 1800
Email: complaint.info@financial-ombudsman.org.uk

Complaining to the Ombudsman does not affect your legal rights.

Compensation

Cigna is a member of the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme if we cannot meet our obligations, however this will depend on the type of business and the circumstances of the claim.

Further information about compensation scheme arrangements is available from the FSCS at 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN.

Who regulates us?

Cigna Life Insurance Company of Europe S.A.-N.V. - UK Branch is a foreign branch of Cigna Life Insurance Company of Europe S.A.-N.V. (Registration Number 0421.437.284), registered in Belgium with limited liability and authorised under licence number 0938) having its' principal place of business in the UK at 5 Aldermanbury Square, 13th Floor, London, England, EC2V 7HR.

Cigna Life Insurance Company of Europe S.A.-N.V. is authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request.

Cigna Life Insurance Company of Europe S.A.-N.V - UK Branch, 5 Aldermanbury Square, 13th Floor, London, England, EC2V 7HR, registered in Belgium with limited liability (Brussels trade register no. 0421.437.284), Avenue de Cortenbergh 52, 1000 Brussels, Belgium, authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request.