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INTERNATIONAL HEALTH CARE BENEFITS

1. Annual Benefit

Maximum per *employee* or *dependant*.

Benefit Limit - Up to £5,000,000 per year of insurance

In-Patient/Day Case Health Care Benefits

2. Hospital Charges for:

- nursing and accommodation for in-patient treatment;
- dav 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.

Benefit Limit - Paid in Full up to 30 days per year of insurance

4. Surgeon's and Anaesthetist's Fees

Renefit 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. Cancer Treatment

Includes consultations, surgery, drugs, diagnostic tests, oncology, radiotherapy and chemotherapy.

Renefit Limit - Paid in Full

8. Rehabilitation and Physiotherapy

Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

Benefit Limit - Paid in Full

9. Diagnostic Tests

Includes pathology, X-rays, radiology, CAT scan (Computed Tomography), MRI scan (Magnetic Resonance Imaging) and PET scan (Positron Emission Tomography).

Benefit Limit - Paid in Full

10. In-patient Cash Benefit

Payable for treatment and accommodation for each overnight stay spent in a hospital for treatment received on an in-patient basis free of charge. An overnight stay must commence before midnight.

This benefit requires prior approval.

Benefit Limit - £100 each night up to 30 nights per year of insurance

11. 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

12. 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

13. Hospice and Palliative Care

Palliative care for in-patient, day case or out-patient treatment following the diagnosis that the condition is terminal with a life expectancy of less than six (6) months, and treatment

- can no longer be expected to cure the condition:
- Cigna will pay for the patient's physical care, psychological care as well as hospital or hospice accommodation, nursing care and prescription drugs.

This *benefit* requires prior approval.

Benefit Limit - £40,000 per year of insurance

14. Organ Transplant

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 donation.

Benefit Limit - Up to £700,000 per lifetime

15. Psychiatric Care

This *benefit* will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions.

Benefit Limit - Up to £7,000 per year of insurance





16. 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

17. Non-surgical and Minor Surgical Procedures and Treatment

Benefit Limit - Paid in Full

18. Consultations with Medical Practitioners and Specialists

Benefit Limit - Paid in Full

19. Diagnostic Tests

Includes pathology, X-rays, radiology, CAT scan (Computed Tomography), MRI scan (Magnetic Resonance Imaging) and PET scan (Positron Emission Tomography).

Benefit Limit - Paid in Full

20. Cancer Treatment

Includes consultations, surgery, drugs, diagnostic tests, oncology, radiotherapy and chemotherapy.

Benefit Limit - Paid in Full

21. Prescribed Medicines, Drugs and Dressings

Includes prescribed oral and injectable contraceptives and IUCD (coils)

Benefit Limit - Paid in Full if within CignaLinks otherwise, Up to £7,000 per year of insurance if outside of CignaLinks.

22. Complimentary Medicine (including Chinese Medicine)

Renefit Limit - Paid in Full

23. Physiotherapy, Chiropractic, Osteopathy and Chiropody Treatment

* see details below regarding the allocation of this *benefit*.

Renefit Limit - Paid in Full

^{*} Physiotherapy sessions are monitored by Cigna and will be allocated according to medical condition. In the event of on-going conditions a medical report may be required.

24. Alternative Therapies

Includes acupuncture and homeopathy.

Benefit Limit - Paid in Full

25. Annual Routine Tests

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

Benefit Limit - Paid in Full

26. 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

27. Vaccinations

This *benefit* will be payable for vaccinations related to travel.

Benefit Limit - Paid in Full

28. Emergency Dental Treatment

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

Benefit Limit - Paid in Full

29. Psychiatric Care

Cigna will pay 50% of valid expenses per treatment.

Benefit Limit - Up to £7,000 per year of insurance

Maternity Benefits

30. Routine Maternity Cover

This benefit is available to eligible females covered under the plan, defined as a female member or a female spouse or partner of a member, and will be payable for in-patient, day case or

out-patient routine maternity expenses. Includes elective caesarean sections.

Benefit Limit - Paid in Full if within CignaLinks, otherwise, Up to £14,000 per year of insurance if outside of CignaLinks

31. Complicated Maternity Cover

This benefit is available to eligible females covered under the plan, defined as a female member or a female spouse or partner of a member, and will be payable for in-patient, day case or outpatient complicated maternity expenses.

Benefit Limit - Paid in Full

Other Benefits

32. International Emergency Services

Evacuation and repatriation.

Benefit Limit - Paid in Full

Wellness Benefits

33. Pap Smear

Cigna will pay charges for an annual Papanicolaou screening.

Benefit Limit - Paid in Full

34. 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

35. 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

Additional Assistance Services

36. Local provider assistance

Cigna will provide access, through our secure customer website, to find the nearest medical provider.

37. Country Guides

Cigna will provide access, through our secure customer website, to country guides providing useful information for your assignment.

38. E-Cleveland 2nd Opinion Programme

Cigna will provide access to the E-Cleveland secure customer website where you can obtain a second opinion from the e-Cleveland Clinic.

39. Health Risk Assessment

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

40. Employee Assistance Programme: Telephone Counselling

Cigna will provide access to telephone counselling which is available 24/7 in more than 170 countries through a toll-free line. The multilingual team of qualified counsellors answers plan members' questions, assesses the problem, whether big or small, discusses and develops an action plan together with them. Plan members have unlimited access to telephonic support.

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 £100,000 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.** 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.
- I. 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 nonmedical 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 or contraception 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.
- 2. 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.
- **aa.** Cigna will not pay for routine physical exams for *employees* or *dependants* 18 years or older.

DENTAL PLAN

Class One

Investigative and Preventative *Treatment*. *Benefits* include:

> examinations, x-rays, scale & polish.

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 - Combined Limit for Class One & Class Two 80% Reimbursement, up to £2,000 per year of insurance

Class Three

Major Restorative *Treatment*. *Benefits* include:

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

Orthodontic *Treatment* for *dependant* children under the age of 18.

Benefit Limit - Combined Limit for Class Three & Orthodontic 50% Reimbursement, up to £2,000 per year of insurance



Notes

- 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*.
- 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, marital 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 semiprecision attachments;
- procedures, appliances or restortions (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 PLAN

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;
- yeglass frames;
- > prescription sunglasses.

Benefit Limit - Up to £150 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.





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