



# Caterpillar

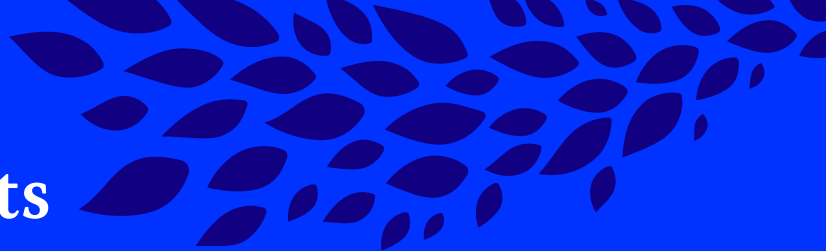
1 June 2024

Cigna Global Health Benefits®

**CATERPILLAR**®

  
cigna  
healthcare

# Cigna Inspire Health Care Benefits



## BENEFIT LIMIT

### 1. Annual Benefit

Maximum per Member or Dependant.

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;
- Day case Treatment;
- operating theatre and recovery room;
- prescribed medicines, drugs and dressings for In-patient and Day Case Treatment.

Paid in Full

### 3. Parental Accommodation

This applies to Dependent children under the age of 18.

Cigna Healthcare will pay reasonable costs for a parent staying in the same Hospital with the child.

Paid in Full up to 30 days  
per Year of insurance

### 4. Surgeon's and Anaesthetist's Fees

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 by a Specialist physician for as long as is required by Medical Necessity.

Paid in Full

### 6. Surgical Procedures

Paid in Full

### 7. Cancer Treatment

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

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.

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).

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.

£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.

Paid in Full

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**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.

**Paid in Full**

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**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 Healthcare will pay for the Patient's physical care, psychological care as well as Hospital or hospice accommodation, nursing care and prescription drugs.

**£40,000 per Year of Insurance**

This Benefit requires Prior Approval.

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**14. Organ Transplant**

Cigna Healthcare 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 Healthcare before incurring any costs relating to organ donation.

**Up to £700,000 per lifetime**

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**15. Psychiatric Care**

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

**Up to £7,000 per lifetime**

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**16. Private Ambulance**

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

**Paid in Full**

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**Out-patient Health Care Benefits****BENEFIT LIMIT**

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**17. Non-surgical and Minor Surgical Procedures and Treatment**

**Paid in Full**

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**18. Telehealth Consultations**

Where possible, telehealth consultations should be accessed through the Cigna Wellbeing app with Teladoc.

Where virtual consultations are not available through Teladoc this Benefit is payable for video and phone consultations with a GP, Medical Practitioner or Specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of an Insured Member by a healthcare provider.

Choosing to access the telehealth service of a healthcare provider participating in Cigna's global network ensures you will receive optimised discounts.

Telehealth consultations with a healthcare provider are limited to: 1 initial session; and 2 follow-up sessions Any further sessions are subject to prior-approval and require a medical report to be provided by the treating Medical Practitioner. The medical report should include:

- evolution of medical condition
- treatment goal
- treatment plan and estimated number of sessions still required.

Please note, Telehealth expenses should not exceed the cost of an equivalent face-to-face consultation.

Expenses deemed to be excessive, unreasonable or unusual will not be covered or the amount of the Benefit paid will be reduced.

**Covered  
Up to applicable  
policy limits**

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**19. Consultations with Medical Practitioners, GP/Family Doctors and Specialists**

**Paid in Full**

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20. <b>Diagnostic Tests</b> Includes pathology, X-rays, radiology, CAT scan (Computed Tomography), MRI scan (Magnetic Resonance Imaging) and PET scan (Positron Emission Tomography).	<b>Paid in Full</b>
21. <b>Cancer Treatment</b> Includes consultations, surgery, drugs, diagnostic tests, oncology, radiotherapy and chemotherapy.	<b>Paid in Full</b>
22. <b>Prescribed Medicines, Drugs and Dressings</b> Includes prescribed oral and injectable contraceptives and IUCD (coils)	<b>Paid in Full</b>
23. <b>Complimentary Medicine (including Chinese Medicine)</b>	<b>Paid in Full</b>
24. <b>Physiotherapy, Chiropractic, Osteopathy and Chiropody Treatment</b> * see details below regarding the allocation of this benefit.	<b>Paid in Full</b>
25. <b>Alternative Therapies</b> Includes acupuncture and homeopathy.	<b>Paid in Full</b>
26. <b>Annual Routine Tests</b> One eye test and hearing test for children under the age of 15.	<b>Paid in Full</b>
27. <b>Well Child Tests</b> This benefit will be payable for dependant children aged 6 and under, with immunisation covered for all dependants.	<b>Paid in Full</b>
28. <b>Vaccinations</b> This benefit will be payable for vaccinations related to travel.	<b>Paid in Full</b>
29. <b>Emergency Dental Treatment</b> This Benefit will be payable for Treatment received during the emergency visit immediately after accidental damage to natural teeth.	<b>Paid in Full</b>
30. <b>Psychiatric Care</b> Cigna Healthcare will pay 50% of valid expenses per treatment.	<b>Up to £7,000 per year of insurance</b>

## Maternity Benefits

## BENEFIT LIMIT

31. <b>Routine Maternity Cover</b> 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.	<b>Paid in Full if within CignaLinks, otherwise, Up to £14,000 per year of insurance if outside of CignaLinks</b>
32. <b>Complicated Maternity Cover</b> 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 complicated maternity expenses.	<b>Paid in Full</b>

## Other Benefits

## BENEFIT LIMIT

33. <b>International Emergency Services</b> Evacuation and repatriation.	<b>Paid in Full</b>
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## Wellness Benefits

## BENEFIT LIMIT

34. <b>Pap Smear</b> Cigna Healthcare will pay charges for a Papanicolaou screening once per Year of Insurance.	<b>Paid in Full</b>
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**35. Prostate Cancer Screening**

Cigna Healthcare will pay charges for one prostate cancer screening for eligible males over 50 years old per Year of Insurance.

**Paid in Full**

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**36. 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;
- one mammogram every Year of Insurance for women aged 50 and over

**Paid in Full**

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**Additional Assistance Services****BENEFIT LIMIT****37. Local provider assistance**

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

**Included**

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**38. Country Guides**

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

**Included**

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**39. Health Risk Assessment**

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

**Included**

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**40. Employee Assistance Programme: Telephone Counselling**

Cigna Healthcare 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.

**Included**

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**41. Guided Health Advisor**

The Guided Health Advisor can help you manage your healthcare prior to and during your assignment in order to avoid medical emergencies and ensure a successful international assignment. Our qualified Cigna Healthcare nurses can help you and your family build a plan before you leave home, giving you information about accessing healthcare, whether medications are available in your assignment country or if alternatives may be necessary, as well as how to find a doctor. They can also give you personalised feedback and advice based on your specific needs and health history.

**Included**

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**42. Make One Small Change**

Poor lifestyle choices such as smoking, low physical activity, poor food choices, or life's issues in general, can negatively impact an individual's health, wellbeing, and quality of life. The Cigna Healthcare Make One Small Change Online Health Improvement Program is designed to target and improve specific behaviors. Used on its own or in combination with the Cigna health and wellbeing assessment, the program focuses on improving healthy behaviors that are vital to long term wellbeing.

**Included**

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# Exclusions



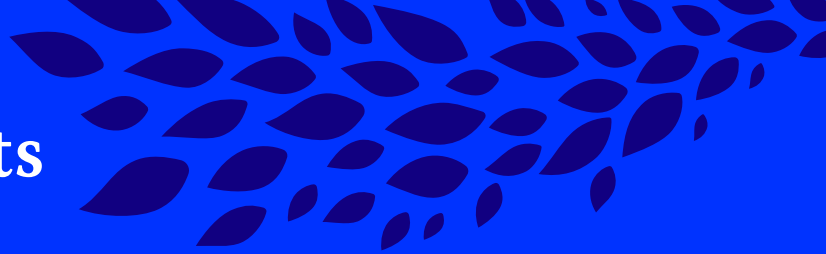
Cigna Healthcare will not pay benefit for the following treatments and extras:

- 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 Healthcare 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.
- l. Treatment to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratectomy (PRK), unless Cigna Healthcare 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 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 Healthcare'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 Healthcare will only pay its part of your benefit. If another person, organisation or public programme is responsible for paying the costs of treatment, Cigna Healthcare 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 Healthcare 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 Healthcare will not pay for routine physical exams for employees or dependants 18 years or older.

# Dental Care Benefits



## BENEFIT LIMIT

### 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.

**Combined Limit for Class One & Class Two  
80% Reimbursement  
Up to £1,400 per year of insurance**

### Class Three

Major Restorative.

Benefits include:

- Dentures - acrylic/synthetic, metal and metal/acrylic;
- Crowns, inlays, mouthguard or occlusal splint.

**Combined Limit for  
Class Three & Orthodontic  
50% Reimbursement, up to £1,400  
per year of insurance**

### Orthodontic Treatment

Orthodontic Treatment for Dependant children under the age of 18.

### 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 Healthcare 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:

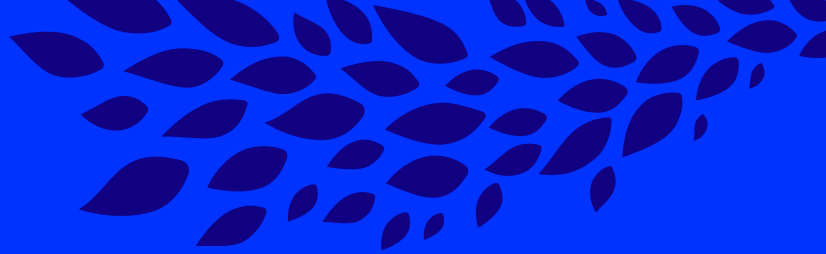
- are fees for filling in a claim form or other administration charges;
- have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna Healthcare will only pay it's part of your benefit. If another person, organisation or public programme is responsible for paying the costs of treatment, Cigna Healthcare 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 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 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 Healthcare before treatment starts, so that Cigna Healthcare can confirm how much benefit will be payable (benefit will be payable only if Cigna Healthcare 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 Care



## BENEFIT LIMIT

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

**Paid in Full**

Expenses for:

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

**Up to £150 per year of insurance**

# Exclusions



Cigna Healthcare 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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