

Insurance Product Information Document

Company: Cigna Life Insurance Company of Europe S.A.-N.V.

Product: Cigna Global Platinum

Cigna Life Insurance Company of Europe S.A.-N.V., is a private limited liability company regulated in Belgium by the National Bank of Belgium and registered in the Brussels Trade Registry (number 0421.437.284) at Plantin en Moretuslei 309, 2140 Antwerpen, Belgium.

This is a summary of the insurance cover. Before you purchase, further information can be found in your quotation and policy documentation. Full terms and conditions of the policy are contained in the Policy Rules, Customer Guide and the Certificate of Insurance which you will receive after your purchase. It is important you read all of these documents carefully.

What is this type of insurance?

International Private Medical Insurance for expatriates, which is designed to cover the costs of medically necessary private healthcare in your selected area of coverage, allowing you quick and easy access to healthcare facilities and professionals within our extensive network.



What is insured?

International Medical Insurance

Annual overall limit: Paid in full per beneficiary per policy year

- ✓ Out of Area Emergency Hospitalisation Cover (inpatient and daypatient treatment)
- ✓ Nursing and hospital accommodation for a private room
- ✓ Treatment for disease resulting from a pandemic, epidemic or outbreak of infectious illness
- ✓ Intensive Care
- ✓ Surgeons' and anaesthetists' fees
- ✓ Specialists consultation fees (inpatient and daypatient only)
- ✓ Accident and Emergency Room Treatment: \$2,000/€1,600/€1,300
- ✓ Transplant services
- ✓ Pathology radiology and diagnostic tests
- ✓ Advanced Medical Imaging (MRI, CT and PET scans)
- ✓ Acupuncture and Chinese medicine
- ✓ Home nursing
- ✓ Rehabilitation
- ✓ Palliative care
- ✓ Local ambulance and air ambulance
- ✓ Emergency inpatient dental treatment
- ✓ Mental and Behavioural Health Care
- ✓ Extensive Cancer care
- ✓ Cancer related appliances: \$500/€370/€335 per appliance
- ✓ Cancer preventative surgery: \$20,000/€14,800/€13,300
- ✓ Congenital conditions: \$50,000/€40,000/€33,000
- ✓ Global Telehealth with Teladoc: Unlimited consultations
- ✓ Routine maternity care: \$14,000/€11,000/€9,000
- ✓ Complications from maternity: \$28,000/€22,000/€18,000
- ✓ Homebirths: \$1,100/€850/€700
- ✓ Newborn Care: \$156,000/€122,000/€100,000

Other benefits apply, please refer to the Customer Guide for the full list.

The following coverage details our optional modules, which you can choose to add to your plan:

International Outpatient (OPTIONAL MODULE)

Unlimited annual maximum per beneficiary per policy year

- Consultations and outpatient procedure with medical practitioners & specialists
- 60+ Pre-Existing Condition Care: \$3,000/€2,220/€2,000
- 40-59 Pre-Existing Condition Care: \$2,000/€1,480/€1,330
- Pre-natal and post-natal care: \$7,000/€5,500/€4,500
- Infertility Investigations and treatment: \$10,000/€7,400/€6,650
- Hormone Therapy: \$1,500/€1,100/€1,000
- Pathology, radiology and diagnostic tests
- Outpatient rehabilitation
- Acupuncture and Chinese medicine
- Prescribed drugs and dressings
- Sleep Apnoea: \$2,000/€1,480/€1,330
- Genetic Testing: \$4,000/€2,950/€2,650
- Hearing Aids
- Adult vaccinations
- Dental accidents
- Child and Adolescence Wellbeing Health

International Medical Evacuation (OPTIONAL MODULE)

- Medical evacuation and Medical repatriation
- Repatriation of mortal remains
- Travel costs for an accompanying person
- Compassionate visits - travel costs: \$1,200/€1,000/€800
- Compassionate visits - living allowance costs: \$155/€125/€100

International Health and Wellbeing (OPTIONAL MODULE)



What is insured? (continued)

- Routine adult physical examinations: \$2,000/€1,600/€1,300
- Cancer and Diabetes screenings
- Footcare by a Chiroprapist or Podiatrist: \$2,000/€1,600/€1,300
- Dietetic consultations
- Life Management Assistance programme
- Mental Health Support Programme
- Wellness Coaching

International Vision and Dental (OPTIONAL MODULE)

- Eye examination
 - Spectacle frames and lenses: \$310/€245/€200
- Dental overall limit: \$5,500/€4,300/€3,500**
- Refund percentages are up to the combined overall limit
- Preventative and Routine dental treatment
 - Major restorative dental treatment
 - Orthodontic dental treatment: 50% refund per period of cover.

Other benefits apply, please refer to the Customer Guide for the full list.



What is not insured?

- ✗ Foetal surgery- except in the circumstance of complications arising through maternity
- ✗ Smoking cessation
- ✗ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger
- ✗ Developmental problems
- ✗ Weight-loss or slimming drugs, and supplements
- ✗ Treatment in any facility other than in a recognised medical treatment facility
- ✗ Treatment by a medical practitioner who is not recognised by the relevant authorities
- ✗ Surrogacy
- ✗ Personality and/or character disorders
- ✗ Treatment for a related condition resulting from any kind of substance or alcohol use or misuse
- ✗ Sexual dysfunction disorders
- ✗ Experimental treatment
- ✗ Cosmetic or reconstructive treatment (unless medically necessary)
- ✗ Non-emergency treatment outside your selected area of coverage

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



Are there any restrictions on cover?

- ! **Cover is always subject to eligibility criteria**
- ! **Limitations per person per policy year unless stated otherwise:**
 - 120 days: Home nursing
 - 90 days: Rehabilitation (90 days on an inpatient and daypatient basis only)
 - 90 days: Mental and Behavioural Health Care (90 days on an inpatient and daypatient basis only)
 - 15 visits: Acupuncture and Chinese medicine (on an outpatient basis only)
 - 4 visits: Dietetic consultations
- ! **Waiting periods (the time from when you first purchased the benefit before you can claim)**
 - First 24 months: Treatment for obesity
 - First 12 months: Cancer preventative surgery
 - First 24 months: Infertility investigations and treatment
 - First 12 months: Genetic testing
 - First 12 months: Routine maternity*
 - First 12 months: Complications from maternity*
 - First 12 months: Homebirths*
 - First 3 months: Preventative and routine dental treatment
 - First 12 months: Major restorative dental treatment
 - First 18 months: Orthodontic treatment
- ! We may agree to include certain pre-existing conditions at an additional premium in some circumstances
- ! For direct billing, if you have selected a deductible and/or a cost share on International Medical Insurance or International Outpatient, we will first settle the bill with the provider before you pay any amount out of your pocket. We will then let you know the outstanding charges that you need to pay to the medical provider.
- ! If you select a cost share of either 10%/ 20%/ 30%, we will reduce the amount we will pay towards the cost of treatment by the cost share percentage
- ! We will only cover treatment which is medically necessary and clinically appropriate
- ! If you, or any beneficiaries, do not seek prior approval for the required inpatient and daypatient treatment, we will reduce the amount which we will pay towards that treatment by twenty (20) percent.
- ! If you receive treatment in the USA outside of the Cigna network, we will reduce the amount which we will pay by 20%. Please note, we may, at our sole discretion and without notification, make changes to the Cigna network from time to time by adding and /or removing hospitals, clinics, medical practitioners and pharmacies. Details of providers within the network can be found by following the link in your secure online Customer Area or by contacting our Customer Care team.
- ! Out of Area Emergency Hospitalisation Cover is limited to a maximum of 21 treatment days per trip, and a maximum of 60 treatment days in aggregate per period of cover for all trips combined
- ! We will not pay for any treatment obtained in a country in which you are a national, unless this treatment is received within your 180 day home cover period and the country is within the selected area of coverage
- ! For the newborn care benefit, the newborn will be subject to medical underwriting if the application is received more than 30 days after the newborn's birth or if neither parent has been covered by the policy for a continuous period of 12 months* or more prior to the newborn's birth.
- ! For the prescribed drugs and dressings benefit under the International Outpatient optional module, medication prescribed by a medical practitioner in the USA and/or delivered by a pharmacy in the USA are subject to our formulary drugs list.

Other restrictions apply, please see full terms and conditions in the Policy Rules and Customer Guide.

* First 24 months for maternity treatment incurred in either the UK, Hong Kong or Singapore



Where am I covered?

- ✓ This plan covers you and any additional people on your policy worldwide (either including or excluding the USA as you have selected).



What are my obligations?

- You must pay your premium
- You are liable for the remainder of any premiums unpaid if we have paid a claim or made a guarantee of payment during the period of cover
- If you have selected a deductible or cost share on International Medical Insurance or International Outpatient, you will be liable to pay the deductible and/or cost share amounts to the provider once we instruct you to do so (please see section 'Are there any restrictions on cover?')
- You must provide full medical history as required
- You must obtain prior-approval before treatment
- You must inform us if you or anyone on your policy changes address, country of residence, or country of nationality or is no longer an expatriate.
- You must inform us if there are any changes to the health information, that you provided on your application, which occurs before the initial start date of your policy



When and how do I pay?

- You can choose to pay your premiums on a monthly, quarterly or annual basis by credit card. Alternatively you can pay annually by bank transfer.



When does the cover start and end?

- This policy is an annual renewable contract with a minimum period of cover of three (3) months. This means that, unless it is terminated or automatically renewed, the cover will end one (1) year after the start date. Your start date will be shown on the first Certificate of Insurance.
- Except in the case of fraud, if this policy ends before the end date any premium which has been paid in relation to the period after cover has ended will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid any claim, or made any guarantee of payment during the period of cover.
- Your policy will be renewed automatically and payment taken unless you, or we in certain circumstances, choose not to renew.



How do I cancel the contract?

- You have a statutory right to cancel your policy within fourteen (14) days from the start date of your policy. After this fourteen (14) days period, you will be liable to pay any remaining premium for the initial three (3) months period. To terminate your policy, you need to give us at least fourteen (14) days' notice in writing.
- If you terminate your policy after the initial three (3) months period but before the annual end date and we have paid a claim, covered a treatment or issued a guarantee of payment during the period of cover, you will be liable to pay the remaining annual premium for the full twelve (12) months and no premium refund will be issued.