Global Health Options

INTERNATIONAL PRIVATE MEDICAL INSURANCE

POLICY RULES

Terms, General Exclusions, and Definitions relating to your plan

Together, all the way.℠

Cigna®

POLICY RULES

Please read these *Policy Rules* along with your *Certificate of Insurance* and your *Customer Guide* as they all form part of *your* contract between *you* and *us*.

CONTENTS

IMPORTANT INFORMATION

For the purpose of this *policy*:

Cigna Insurance Management Services (DIFC) Limited which is regulated by the Dubai Financial Services Authority is acting as an underwriting agent on behalf of Cigna Global Insurance Company Limited.

The *insurance* is provided by:

Cigna Global Insurance Company Limited
St Martin's House, Le Bordage
St Peter Port
Guernsey
GY1 4AU

This *policy* is designed for *expatriates*. Therefore, the *policy* will only cover the costs of *treatment* in a *beneficiary's country of nationality* in circumstances where the *beneficiary* is temporarily resident in their *country of nationality*. Such circumstances may not exceed one hundred and eighty (180) days in aggregate per *period of cover*, and the *country of nationality* must be within the *selected area of coverage* (see clause 17 for full details).

Please ensure *you* read through these terms, the *Customer Guide* and if necessary seek expert advice should *you* need to determine if this *policy* is appropriate for *you*.

If *you* do not fully understand the terms and conditions of this *policy*, then *you* should contact *us* within fourteen (14) days of the *start date* shown on *your Certificate of Insurance*. Please contact *our* Customer Care Team on +44 (0) 1475 788 182 who will be happy to answer any questions *you* have in relation to *your policy*.

You have a statutory right to cancel *your policy* within fourteen (14) days from the date of purchase or renewal of this *policy*, or from the date on which *you* receive these *Policy Rules* and *your Customer Guide*, if that date is later.

If *you* wish to cancel this *policy* and *we* have not paid a claim or made a *guarantee of payment*, *you* will receive a full refund of *your* premium. Alternatively, if *we* have paid a claim, or made a *guarantee of payment*, *we* will not refund any premium which has been paid. To cancel this policy within this fourteen (14) day period, please contact *our* Customer Care Team on +44 (0) 1475 788 182.

If *you* do not exercise *your* right to cancel this *policy*, it will continue in force and *you* will be required to make any premium payments that are due to *us*.

For *your* cancellation rights outside of the fourteen (14) day statutory cooling off period, please refer to clause 14 of this *policy*.

Words and phrases in *italics* have the meanings given to them in section 3, 'Definitions'.

This *policy* does not replace any state health insurance scheme. *You* may wish to take appropriate advice before stopping contributions to any state health insurance scheme of which *you* are a member.

SECTION 1: GENERAL TERMS AND CONDITIONS

1. Scope of cover

Subject to the terms, conditions, limits and exclusions set out in this *policy*, *Cigna* shall reimburse medical and related expenses relating to *treatment* provided within the *selected area of coverage* for *injury* and *sickness*. The *treatment* must occur during the *period of cover* and *deductibles, cost shares* and limits of cover may apply.

2. Policy documents

These *Policy Rules*, *your Certificate of Insurance* and the *Customer Guide* constitute the entire contract between *you* and *us*. *You* should read these documents carefully.

3. Policy eligibility

You must be eighteen (18) years old or over to purchase this *policy*.

4. When does the cover begin?

4.1
The cover will begin on the *start date* shown on the first *Certificate of Insurance* which *we* send to *you*. The renewal date will fall on this date each year.

4.2
If *you* choose to buy cover for any additional *beneficiaries*, their cover will begin on the *start date* shown on the first *Certificate of Insurance* on which they are listed.

4.3
Where there is a delay between *your application* and the *initial start date* of *your policy* and any information that *you* provided to *us* in *your application* changes during the period of delay, *you* must let *us* know. *We* reserve the right to cancel the *policy* or apply additional premiums or exclusions as a result of any material change to *your* state of health notified to *us* before the *initial start date* of the *policy*. If *you* fail to inform *us* of any change to *your* state of health during the period of delay, *we* may treat this as a misrepresentation, which could affect coverage under *your policy* or payment of claims.

5. When does the cover end?

5.1
This *policy* is an annual contract. This means that, unless it is terminated earlier or renewed, the cover will end one (1) year after the *start date*. For example, if the *start date* is 1 January, the final day of cover will be 31 December.

5.2
Cover will automatically end for any *beneficiary* if:

5.2.1
the *beneficiary* dies (although any *benefits* which may be payable after death, such as repatriation of mortal remains, will still be paid); or

5.2.2
the *policy* is terminated. The circumstances in which *you* or *we* can terminate the *policy* are explained in clause 14.

5.3
If *you* die, cover will end for all *beneficiaries*. If this happens, *we* will try to contact any other *beneficiaries* who are covered under this *policy*, and offer them the opportunity to continue the cover until the *end date*, with one of them taking over as *policyholder*. If the *beneficiary* does wish to continue the cover, they must respond, in writing, within thirty (30) days of the date on which they receive *our* offer of cover, to confirm their acceptance. If they do not do so, all cover will end, and *we* will not make any payments in relation to *treatment* or services which are received on or after the date on which the cover ends.

5.4
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*.

If the *policy* ends before the *end date* and *we* have paid a claim or made a *guarantee of payment* during the *period of cover*, *you* will be liable for the remainder of any premiums in respect of the *policy* which are unpaid.

6. How is the policy renewed?

6.1
We may or may not offer *you* the opportunity to renew *your policy*. If *we* offer *you* the opportunity to renew *your policy*, *we* will write to *you* at least one (1) calendar month before the *end date* and ask *you* whether *you* want to renew the cover *you* currently have. *We* will also inform *you* of any changes to the premiums, definitions, *benefits* and terms and conditions which will apply on renewal.

6.2
If *you* choose to renew, *you* do not need to do anything, and *your* cover will be renewed automatically for another twelve (12) months. If *you* do not want to renew *your* cover, *you* must let *us* know at least seven (7) days before *your policy end date*. Renewal is subject to the definitions, benefits and terms and conditions of these *Policy Rules* in force at the time of renewal. If we are unable to renew *your cover* for the reasons detailed in clause 14.1, *we* will give *you* notice as described in clause 14.5.

6.3
If *you* do not renew *your* cover, any *beneficiaries* who have been covered under the *policy* can apply for their own cover. *We* will consider their *applications* individually, and inform them whether, and on what terms, *we* are willing to offer them such cover.

7. Additional beneficiaries

7.1
You have the opportunity to include additional persons (e.g. family members) as *beneficiaries* to *your policy*. Please note that any additional *beneficiaries* will only be added at *our* absolute discretion.

7.2
In order for any additional *beneficiary* to be considered by *us* for inclusion in *your policy*, *you* must include those persons in *your application*. If *we* agree to cover them, *we* will include their names on *your Certificate of Insurance*. An additional premium may be payable and special exclusions in relation to the *policy* may be applied.

8. Can I add or remove beneficiaries part way through the period of cover?

8.1
Unless there has been a relevant *qualifying life event*, *you* may add or remove a *beneficiary* only when *you* are renewing the cover at the end of an annual *period of cover*. For example, if the *start date* shown on *your Certificate of Insurance* is 1 January, *you* may only add or remove a new *beneficiary* with effect from 1 January the following year.

8.2
If there has been a relevant *qualifying life event*, *you* may add or remove the other person involved in that *qualifying life event* as a *beneficiary* part way through the *period of cover*. If *you* would like to add a new *beneficiary* on this basis, *you* must send *us* a completed *application* for that person.

We will then tell *you* whether *we* will offer cover to that person and, if so, any special conditions or exclusions and any additional premium which would apply. Cover for the new *beneficiary* will begin from the date on which *you* confirm *your* acceptance.

We will send *you* an updated *Certificate of Insurance* to confirm that the new *beneficiary* has been added.

8.3
If a *beneficiary* gives birth, *you* may apply to add the newborn as a *beneficiary* to *your* existing plan subject to payment of any additional premiums:

8.3.1
If at least one (1) parent has been covered by this *policy* for a continuous period of twelve (12) months or more prior to the newborn's birth and the *application* is received by *us* within thirty (30) days of the newborn's date of birth, the newborn will not be subject to medical underwriting, *we* will not require information regarding the newborn's health or a medical examination, and cover will begin when *we* confirm receipt of the *application*. *We* will send *you* an updated *Certificate of Insurance* confirming that the new *beneficiary* has been added.

8.3.2
If at least one (1) parent has been covered by the *policy* for a continuous period of twelve (12) months or more prior to the newborn's birth and the *application* is received by *us* more than thirty (30) days after the newborn's date of birth, the newborn will be subject to medical underwriting. *We* will then tell *you* whether *we* will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. If *you* accept the offered terms, cover will begin when *we* confirm receipt of the *application*. *We* will send *you* an updated *Certificate of Insurance* confirming that the new *beneficiary* has been added.

8.3.3
If neither parent has been covered by the *policy* for a period of twelve (12) consecutive months or more prior to the newborn's birth, the newborn will be subject to medical underwriting. *We* will then tell *you* whether *we* will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. If *you* accept the offered terms, cover will begin when *we* confirm receipt of the *application*. *We* will send *you* an updated *Certificate of Insurance* confirming that the new *beneficiary* has been added.

9. What is covered?

9.1
This *policy* covers certain costs of services or supplies which are recommended by a *medical practitioner,* and which are *medically necessary* for the care and *treatment* of an *injury* or *sickness*, as determined by *us*.

9.2
The costs which are covered are set out in the *Customer Guide*. These costs are subject to the limits and exclusions which are set out in these *Policy Rules,* the *Customer Guide,* and *your Certificate of Insurance.*

9.3
In addition to prior approval for *treatment*; further approval may be required for any *treatment* incurred in relation to the maternity and childbirth *benefit* if at the time of *treatment*, the mother is intending to be outside her *country of habitual residence*.

9.4
Special exclusions, imposed on an individual basis, may apply. Details of these special exclusions will be shown on *your Certificate of Insurance*. In some circumstances *we* may, at *our* absolute discretion, agree to remove an exclusion if *you* pay an additional premium. This will be agreed at the time *you* purchase *your policy*.

9.5
Any claim is subject to the applicable *deductible, cost share* and limits of cover set out in these *Policy Rules,* the *Customer Guide,* and *your Certificate of Insurance.*

9.6
This *policy* will not cover any costs relating to *treatment* received before the cover starts, or after the cover ends (even if that *treatment* was approved by *us* before the cover ends).

10. Coverage options

10.1
The *International Medical Insurance plan benefits* (subject to the applicable terms, conditions, limits and exclusions) are set out in the 'Your Benefits in Detail' section in the *Customer Guide*.

10.2
You may (if *you* pay additional premium) add to the cover provided under the *International Medical Insurance plan* by choosing one (1) or more from the following extra coverage options. If *you* do, the extra coverage will apply to all *beneficiaries* under *your policy*.

10.2.1
International Outpatient;

10.2.2
International Medical Evacuation;

10.2.3
International Health and Wellbeing; and

10.2.4
International Vision and Dental.

10.3
Details of the extra coverage options are set out in the 'Your benefits in Detail' section in the *Customer Guide.*

10.4
Coverage options cannot be changed at *your* request during the *period of cover*. If *you* want to add or remove coverage options, *you* should let *us* know before the *annual renewal date*.

10.5
If *you* want to add new coverage options, *we* may ask *you* (and any relevant *beneficiaries* if necessary) to provide additional medical information and *we* may apply new special restrictions or exclusions on the new coverage options.

10.6
You may (unless *your country of habitual residence* is the *USA*) choose between two (2) options (*Worldwide excluding USA* and *Worldwide including USA*) to determine where in the world *beneficiaries* will be covered.

10.6.1
The *Worldwide excluding USA* option provides cover, subject to the terms of the *policy*, for *treatment* anywhere in the world except the *USA*. This option is not available if *your country of habitual residence* is the *USA*.

Beneficiaries will be covered for *emergency treatment* on an *inpatient* or *daypatient* basis or provided on an *outpatient* basis (if the International Outpatient additional coverage option has been purchased under *your policy*) during temporary business or holiday trips even if those trips are outside *your selected area of coverage*. As with all *emergency treatment*, if *you* have not purchased the International Outpatient additional coverage option, *your emergency treatment* will only be covered if it results in an admission to the *hospital*. This cover will be limited to a maximum period of three (3) weeks per trip and a maximum of sixty (60) days per *period of cover* for all trips combined.

Coverage continues to be subject to the maximum *benefit* amounts stated in *your Customer Guide*; any *cost shares* or *deductibles* elected on *your policy* will continue to apply.

To be eligible for this *benefit* the medical condition requiring *emergency treatment* must not have existed prior to the travel and the *beneficiary* must have been *treatment*-, symptom- and advice free of the medical condition prior to initiating the travel.

Receiving medical *treatment* must not have been one of the objectives of the trip. *Emergency treatment* is only applicable if *you* are not able to benefit from free state-provided healthcare in that country. Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this *benefit*.

Proof of the date of entry into the country outside *your selected area of coverage* will also be required prior to *benefits* being paid under this cover.

This cover will cease once the *treatment* provided results in a stabilised condition.

10.6.2
The *Worldwide including USA* option will provide cover, subject to the terms of this *policy*, for *treatment* anywhere in the world (including the *USA*).

11. Premium and other charges

11.1
Your Certificate of Insurance sets out the premium and any other charges (such as taxes) which are payable and states when and how they must be paid.

11.2
Payments must be made in the currency and in the manner detailed on *your Certificate of Insurance.*

11.3
If *you*, or any *beneficiaries*, do not seek prior approval for *treatment* or receive *treatment* in the *USA* at a *hospital*, *clinic* or *medical practitioner* which is not part of the *Cigna* network, *we* may not pay for all of *your treatment*. Please see '**Your Guide to Getting Treatment**' on page 7 of the *Customer Guide* for the details of how *we* will calculate any reduction in the value

of *your* claim. A list of *Cigna* network of *hospitals*, *clinics* and *medical practitioners* is available in *your* secure online Customer Area.

11.4
You are responsible for paying the premium and any other charges as detailed on *your Certificate of Insurance*, and are also responsible for making sure these payments are made on time.

11.5
If *you* do not pay the premium and other charges when they are due, *we* will notify *you* by email immediately and suspend *your* policy i.e. cover for all *beneficiaries* will be suspended. If payment is made, the *policy* will be reinstated. *We* will not approve *treatment* while the *policy* is suspended. *We* will not settle any claim while any payment to *us* is outstanding until the outstanding amount is paid.

If at thirty (30) days the amount is still outstanding, *we* will write to *you* informing *you* that the *policy* is cancelled. The cancellation date shall take effect on the date when the first outstanding payment was due.

If *you* settle the outstanding amount within thirty (30) days of when the first outstanding payment was due, *we* will reinstate *your* cover back to that date.

11.6
The premium and/or other charges may vary from year to year. *We* will write to *you* before the *annual renewal date* to tell *you* about the premium and/or other charges which will apply during the next *period of cover*.

12. Deductible

12.1
We will reduce the amount which *we* will pay towards the cost of *treatment* in respect of each claim which is made under the International Medical Insurance or International Outpatient option (if applicable) by the amount of any *deductible* until the *deductible* for the *period of cover* is reached. *We* have outlined how *deductibles* will operate in practice in '**How the Deductible, Cost Share and Out of Pocket Maximum Work**' on page 14 of the *Customer Guide*.

12.2
You will be responsible for paying the amount of any *deductible* directly to the *hospital*, *clinic* or *medical practitioner*. *We* will let *you* know what this amount is.

12.3
You can request a change to the *deductible* with effect from *your annual renewal date* each year. If *you* wish to remove or reduce *your deductible* on *your* coverage, *we* may require *you* to provide *us* with more detailed medical information (including medical information of any *beneficiaries* if relevant), and *we* may apply new special restrictions or exclusions based on the information *you* provide *us* with.

12.4
No *deductible* applies to 'Inpatient Cash Benefits' or 'Newborn Care Benefits'.

13. Cost share

13.1
If a *cost share* is selected on the *International Medical Insurance plan*, *we* will reduce the amount *we* pay towards the cost of *treatment* by the *cost share* percentage. The *cost share* percentage results in a proportion of the costs of *treatment* not being covered by *us*; any amount payable by *you* under this *cost share* arrangement

will be capped by the *out of pocket maximum you* have chosen for any one (1) *period of cover*.

13.2
If a *cost share* is selected on the International Outpatient option, *we* will reduce the amount *we* pay towards the cost of *treatment* by the *cost share* percentage. The *cost share* percentage results in a proportion of costs of *treatment* not being covered by *us*; these costs will be capped by the *out of pocket maximum you* have chosen for any one (1) *period of cover*.

13.3
The *out of pocket maximum* and the *cost share* apply separately to each *beneficiary* and each *period of cover.*

13.4
You can choose to have a *cost share* on the *International Medical Insurance plan* or International Outpatient option. If *you* do so, *your* premium will be lower than it otherwise would be. If *you* would like to apply a *cost share*, *you* should tell *us* so in *your application*. Additionally, if *you* choose to have a *cost share*, *you* also select a corresponding *out of pocket maximum*.

13.5
If *you* select both a *deductible* and a *cost share*, the amount *you* will need to pay due to the *deductible* is calculated before the amount *you* will need to pay due to the *cost share*. Refer to clause 12 for more information relating to *deductibles*.

13.6
You will be responsible for paying the amount of any *cost share* directly to the *hospital*, *clinic* or *medical practitioner*. The amount *you* pay will depend on what percentage of *cost share you* have chosen and the type of cover *you* have taken out with *us*. *We* have included how *cost share* will work in '**How the Deductible, Cost Share and Out of Pocket Maximum Work**' on page 14 of the *Customer Guide*. *We* will calculate the final and total amount *you* will be required to pay as part of the *cost share* and *we* will confirm this amount to *you* as soon as *we* can.

13.7
You can request a change to the *cost share* and *out of pocket maximum* with effect from *your annual renewal date* each year. If *you* wish to remove or reduce *your cost share* or reduce *your out of pocket maximum* on *your* coverage, *we* may require *you* to provide *us* with more detailed medical information (including medical information of any *beneficiaries* if relevant) and *we* may apply new special restrictions or exclusions based on the information *you* provide *us* with.

14. Termination of cover

14.1
Subject to any conflicting legal or regulatory requirements *we* may terminate this *policy* if:

14.1.1
any premium or other charge (including any relevant tax) is not paid in full within thirty (30) days of the date on which it is due. *We* will give *you* written notice if *we* are going to terminate the *policy* for this reason; or

14.1.2
it becomes unlawful for *us* to provide any of the cover available under this *policy* or *we* are required to terminate the *policy* in any particular jurisdiction or territory at the direction of a regulator or authority with competent jurisdiction; or

14.1.3
any *beneficiary* is identified on any list imposing financial sanctions on targeted individuals or entities maintained by the United Nations Security Council, the European Union, the United States Office of Foreign Assets Control or any other

applicable jurisdiction. Furthermore, *we* will not pay claims for services received in sanctioned countries if doing so would violate the requirements of the United Nations Security Council, the European Union or the United States Department of Treasury's Office of Foreign Assets Control; or

14.1.4
we determine, on reasonable grounds, that *you* have, in the course of applying for the *policy* or when making any claim under it, knowingly or recklessly provided information which *you* know or believe to be untrue or inaccurate or failed to provide information which *we* have asked for; or

14.1.5
we are no longer in the market to sell the *policy* or a suitable alternative in *your* geographical area. If a *policy* is terminated in accordance with clause 14.1.5 any termination will be effective from the normal *end date* of the *policy*.

14.2
If *you* want to terminate this *policy* and end cover for all *beneficiaries*, *you* may do so at any time by giving *us* at least seven (7) days' notice in writing.

14.3
In relation to the period after *your* cover has ended, if *your policy* is terminated in accordance with clause 14.1.4, then clause 5.4 of these *Policy Rules* will not apply and *we* may not refund any premiums *you* have paid or pay any claims *you* have made under *your policy*.

14.4
If *treatment* has been authorised, unless *Cigna* has made a *guarantee of payment* for *treatment*, *Cigna* will not be held responsible for any *treatment* costs if the *policy* ends or a *beneficiary* leaves the *policy* before *treatment* has taken place.

14.5
If any of the circumstances outlined in this clause 14 arise, *we* will wherever possible, write to *you* at least one (1) month before the *end date* to give *you* written notice that the *policy* will not be renewed with effect from the *end date*.

15. The information you give us

In deciding whether to accept this *policy* and in setting the terms and premium, *we* have relied on the information that *you* have given to *us*. *You* must take care when answering any questions that *we* ask by ensuring that all information is accurate and complete.

If *we* establish that *you* deliberately or recklessly provided *us* with false or misleading information, it could adversely affect this *policy* and any claim. For example, *we* may:

- treat this *policy* as if it had never existed, refuse to pay all claims and return the premium paid. *We* will only do this if *we* provided *you* with insurance cover which *we* would not otherwise have offered;
- amend the terms of *your* insurance. *We* may apply these amended terms as if they were already in place if a claim has been adversely impacted by *your* carelessness; or
- cancel *your policy*.

We will write to *you* if *we*:

- intend to treat this *policy* as if it never existed; or
- need to amend the terms of *your policy*.

If *you* become aware that information *you* have given *us* is inaccurate, *you* must inform *us* as soon as possible using the contact details that *we* have provided in these *Policy Rules*.

16. Fraud

16.1

Any *beneficiary* who, knowingly and with intent to defraud any insurance company or other person: (1) files an *application* for insurance or statement of claim containing any materially false information; or (2) conceals, for the purpose of misleading, information which has been asked for, commits a fraudulent insurance act, which is a crime.

16.2

16.2.1

If a *beneficiary* makes a fraudulent claim under this *policy*, *we*:

a) are not liable to pay the claim; and

b) may recover from the *beneficiary* any sums paid by *us* in respect of the claim; and

c) may by notice to the *beneficiary* treat the contract as having been terminated with effect from the time of the fraudulent act.

16.2.2

If *we* exercise *our* right under this clause 16.2.1 (c) above:

a) *we* shall not be liable to the *beneficiary* in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to *our* liability under this *policy* (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and

b) *we* do not need to return any of the premiums paid.

16.2.3

If this *policy* provides cover for any *beneficiary* other than *you* ("a covered person"), and a fraudulent claim is made under this *policy* on behalf of a covered person, *we* may exercise the right set out in clause 16.2.1 above as if there were an individual insurance contract between *us* and that covered person. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other *beneficiary*.

Nothing in this clause 16.2 is intended to vary the position under the Insurance Act 2015.

17. Changes to country of habitual residence, address and nationality

17.1

This *policy* is only offered to *beneficiaries* who are *expatriates*. Therefore, this *policy* will only cover the costs of *treatment* in a *beneficiary's country of nationality* in circumstances where the *beneficiary* is temporarily resident in their *country of nationality*. Such circumstances may not exceed one hundred and eighty (180) days in aggregate per *period of cover*, and the *country of nationality* must be within the *selected area of coverage*.

We reserve the right to review all claims submitted by *beneficiaries* in their *country of nationality* and in circumstances where *we* know or reasonably believe the *beneficiary* is or intends to be resident in their *country of nationality* in excess of one hundred and eighty (180) days in aggregate during the *period of cover*. In such circumstances *we* may no longer consider that *beneficiary* to be an *expatriate* as they have returned to their *country of nationality* for a sustained period and *we* may refuse payment of any claim or issuance of a *guarantee of payment*.

17.2

If any *beneficiary* ceases to be an *expatriate* (whether as a result of a change of *country*

of nationality or a change of *country of habitual residence*), then *you* may:

17.2.1
leave the *policy* in force; or

17.2.2
terminate the *policy* by giving written notice with the effect that cover will end for all *beneficiaries*. Any premium which has been paid in relation to the period after termination 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 claims or made any *guarantees of payment* during the *period of cover*.

17.3
If any *beneficiary* changes their *country of habitual residence you* must inform *us* as soon as practicable and in any event within thirty (30) days. *We* reserve the right to ask *you* for further information about a change in *your* or any other *beneficiary's country of habitual residence* from time to time. Note that any change to *your* or any other *beneficiary's country of habitual residence* may result in an increase to *your* premium or additional tax becoming payable, meaning *you* may have to make an additional payment of premium or *your* monthly or quarterly payments may increase. If the premium increases, *we* will give *you* the right to cancel the *policy*, in accordance with clause 14.2, in which case clauses 14.3 and 14.4 will apply. Please note that the *insurance* may be provided by another *Cigna* group company.

17.4
If a *beneficiary* returns to their *country of nationality* then the *treatment* which they can obtain will be limited to one hundred and eighty days (180) days in aggregate during the *policy* year.

17.5
We will send any communication and notices in relation to this *policy* to the postal address or email address *you* have provided. If *you* have chosen to receive *your policy* documents electronically, *we* will place them in *your* secure online Customer Area.

17.6
You must tell *us* if any *beneficiaries* change address, *country of habitual residence*, or *country of nationality*. *We* will then send *you* an updated *Certificate of Insurance* by the means which *you* have chosen (postal address *you* have provided or placing in *your* secure online Customer Area).

18. Contacting you

If *we* need to contact *you* in relation to this *policy*, or if *we* need to give *you* notice that *we* are going to amend or terminate this *policy*, *we* will write to *you* at the postal address or email address *you* have given *us*.

19. Contacting us

In some circumstances, which are explained in these rules, *you* may need to contact *us* in writing. If so, *you* should write to *us* at:

Cigna Global Health Options
Customer Care Team
1 Knowe Road
Greenock
Scotland
PA15 4RJ

or email *us* at:
cignaglobal_customer.care@cigna.com

You can also call *our* Customer Care Team 24/7 on: +44 (0) 1475 788 182 or from inside the *USA* on 800 835 7677.

20. Changes to this policy

20.1
No person other than an executive officer of *Cigna* has authority to change this *policy* or to waive any of its provisions on *our* behalf, for example, sales representatives, brokers and other intermediaries cannot vary or extend the terms of the *policy*.

20.2
We reserve the right to make any changes to this *policy* that are necessary to comply with any changes to relevant laws and regulations. If this happens, *we* will write to *you* and tell *you* of the change.

20.3
We also reserve the right to make changes to the terms of cover on renewal. *We* will give *you* at least one (1) calendar month's notice of such changes and the changes will take effect from the *annual renewal date*.

20.4
If special exclusion(s) have been applied to any *beneficiary* there may be occasions when *we* can review them at a future *annual renewal date*, to consider whether *we* are willing to remove the exclusion. At such date, *we* will also review the additional premium (if any) which *we* have applied to cover a condition.

You should contact *us* upon receipt of the renewal notification, and at least fourteen (14) days before the *annual renewal date* if there is an exclusion which is due for review at that date.

We will then advise *you* of changes (if any) *we* have made and, where appropriate, issue an amended *Certificate of Insurance*. Amendments will be effective from the relevant *annual renewal date*. *We* do not guarantee that any special exclusion(s) or additional premiums will be removed on renewal.

21. Who can enforce this policy?

Only *we* and *you* have legal rights in connection with this *policy*. A person who is not a party to this *policy* has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

22. Our right to recovery from third parties

If a *beneficiary* requires *treatment* as a result of an accident or deliberate act for which a third party is at fault, *we* (or any person or company *we* nominate) will take on that *beneficiary's* right to recover the cost of that *treatment* from the third party at fault (or their insurance company). If *we* ask a *beneficiary* to do so, he or she must take all steps to include the amount of *benefit* claimed from *us* under this *policy* in any claim against the person at fault (or their insurance company). The *beneficiary* will need to sign and deliver all documents or papers and take any other steps *we* require to secure *our* rights. The *beneficiary* must not take any action which could damage or affect these rights. *We* can take over and defend or settle any claim, or prosecute any claim, in a *beneficiary's* name for *our* own benefit. *We* will decide how to carry out any proceedings and settlement.

23. Other insurance

If another insurer also provides cover, *we* will negotiate with them as regards to who pays what proportion of any claim.

24. Data protection

24.1
In assessing *your application*, and administering the *policy* and the insurance provided to *you*, *we* will collect, process and share certain personal information about *you*. *We* take *your* privacy very seriously and *we* will always process *your* information in accordance with applicable data protection legislation, including the General Data Protection Regulation (EU 2016/679) and any other applicable legislation and any guidance or codes of practice issued in respect of protection of *personal data* from time to time. For more information please see *our* Data Protection Notice, which *we* may update from time to time.

24.2
Cigna will for the purposes of administering any claim, ask a *beneficiary* to provide *special category data* relating to his or her medical condition, previous conditions, state of health and *treatments*.

25. Language

You have asked for all of the *policy* documents and all communications to be provided in English. All such documents and communications will be provided in English only.

26. Regulatory information

The *insurance* is provided by Cigna Global Insurance Company Limited which is authorised and regulated in Guernsey by the Guernsey Financial Services Commission for the conduct of *insurance* business. For the purpose of this *policy*, Cigna Insurance Management Services (DIFC) Limited which is regulated by the Dubai Financial Services Authority is acting as an underwriting agent on behalf of Cigna Global Insurance Company Limited.

27. Complaints

27.1
Any complaint should in the first instance be sent to *us* at:
Cigna Global Health Options
Customer Care Team
1 Knowe Road
Greenock
Scotland
PA15 4RJ

27.2
If the complaint is not resolved, the complaint may be referred to the Financial Ombudsman Service at:
The Channel Islands Financial Ombudsman (CIFO)
PO Box 114
Jersey, Channel Islands
JE4 9QG

Telephone: +44 (0)1534 748610
Fax: +44 (0)1534 747629
Email: **complaints@ci-fo.org**

27.3
The Financial Ombudsman Service can adjudicate most (but not all) complaints. Its decision is binding on *us* but the person making the complaint may reject it without affecting their legal rights (including their right to bring court proceedings).

28. Applicable law and jurisdiction

28.1
Unless specifically agreed to the contrary, this *policy* is governed by, and will be interpreted in accordance with, the law of England and Wales.

28.2
Any disputes about this *policy*, including disputes about its validity, formation and termination, will be determined exclusively in the courts of England and Wales.

SECTION 2: GENERAL EXCLUSIONS

These are *your* General Exclusions. Please also refer to the *list of benefits* detailed in the *Customer Guide*, including the notes section for any further restrictions and exclusions that apply, in addition to the General Exclusions. Please also refer to *your Certificate of Insurance* for any special exclusions that may apply.

1.
Cover under this *policy* is subject to the following general exclusions:

1.1
We will not offer cover or pay claims when it is illegal for *us* to do so under applicable laws. Examples include but are not limited to, exchange controls, local licensing regulations or trade embargo.

1.2
We will not cover *you* or pay claims when doing so would violate applicable trade restrictions, including but not limited to restrictions imposed by the United States Department of Treasury's Office of Foreign Assets Control, the European Union Commission or the United Nations Security Council Sanctions Committees.

1.3
We will not pay a claim which *we* have reasonable grounds to suppose has been made fraudulently. Please see clause 16 for further details.

1.4
We cannot be held responsible for any loss, damage, illness and/or *injury* that may occur as a result of receiving medical *treatment* at a *hospital* or from a *medical practitioner*, even when *we* have approved the *treatment* as being covered.

1.5
If a *beneficiary* does not have cover under the International Outpatient, International Medical Evacuation, International Health and Wellbeing, or International Vision and Dental options, *we* will not pay for any of the *treatments* or other *benefits* which are available under those options.

1.6
The following exclusions apply to *your policy*. Where, in the exclusions which are set out below, *we* have stated that *we* will pay for *treatment* in some circumstances, this is subject to the *beneficiary* having cover under the appropriate coverage option or options.

1.7
We will not pay for:

1.7.1
Life support *treatment* (such as mechanical ventilation) unless such *treatment* has a reasonable prospect of resulting in the *beneficiary's* recovery, or restoring the *beneficiary* to his or her previous state of health.

1.7.2
Treatment for:

a) a *pre-existing condition*; or

b) any condition or symptoms which result from, or are related to, a *pre-existing condition*.

We will not pay for *treatment* for a *pre-existing condition* of which the *policyholder* was (or should reasonably have been) aware at the date cover commenced, and

in respect of which *we* have not expressly agreed to provide cover.

1.7.3
Treatment for a condition which is the subject of a special exclusion. Special exclusions are set out in *your Certificate of Insurance*.

1.7.4
Non-medical admissions or stays in *hospital* which include:

- *treatment* that could take place on a *daypatient* or *outpatient* basis;
- time spent recovering from an illness or medical *treatment* (except where stated explicitly in this *policy*);
- admissions and stays for social or domestic reasons such as washing, dressing and bathing.

1.7.5
Costs of *hospital* accommodation for a deluxe, executive or VIP suite.

1.7.6
Donor organs:

a) mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant;

b) purchase of a donor organ from any source; or

c) harvesting and storage of stem cells, when a preventative measure against possible future disease.

1.7.7
Foetal *surgery*, i.e. *treatment* or *surgery* undertaken in the womb before birth, unless this is resulting from complications arising through maternity and shall be subject to the limits detailed in the 'Complicated Maternity' section of *your policy*, where covered.

1.7.8
Footcare by a Chiropodist or Podiatrist.

1.7.9
Sleep disorders unless there are indications that the *beneficiary* is suffering from severe sleep apnoea. In these circumstances, *we* will only pay for:

- one (1) sleep study; and
- the hire of equipment such as a Continuous Positive Airway Pressure (CPAP) machine (only if the *beneficiary* has cover under the International Outpatient option).

If it is *medically necessary*, *we* will pay for *surgery*.

1.7.10
Treatment which is provided by:

a) a *medical practitioner* who is not recognised by the relevant authorities in the country where the *treatment* is received as having specialist knowledge of, or expertise in, the *treatment* of the disease, illness or *injury* being treated;

b) a *medical practitioner*, *therapist*, *hospital*, *clinic*, or facility to whom *we* have given written notice that *we* no longer recognise them as a *treatment* provider. Details of individuals, institutions and organisations to whom *we* have given such notice may be obtained by calling *our* Customer Care Team; or

c) a *medical practitioner*, *therapist*, *hospital*, *clinic*, or facility which, in *our* reasonable opinion, is either not properly qualified or authorised to provide *treatment*, or is not competent to provide *treatment*.

1.7.11
Treatment which is provided by anyone who lives at the same address as the *beneficiary*, or who is a member of the *beneficiary's* family.

1.7.12
Treatment for, or in connection with, smoking cessation.

1.7.13
Treatment which is necessary as a result of conflict or disaster including but not limited to:

a) nuclear or chemical contamination;

b) war, invasion, acts of terrorism, rebellion (whether or not war is declared), civil war, commotion, military coup or other usurpation of power, martial law, riot, or the act of any unlawfully constituted authority;

c) any other conflict or disaster events;

where the *beneficiary* has:

> put him or herself in danger by entering a known area of conflict (as identified by a Government in *your Country of nationality*, for example the British Foreign and Commonwealth Office);

> actively participated in the conflict; or

> displayed a blatant disregard for their own safety.

1.7.14
Treatment that arises from, or is in any way connected with attempted suicide, or any *injury* or illness that the *beneficiary* inflicts upon him or herself.

1.7.15
Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy is:

a) used to improve speech skills that have not fully developed;

b) can be considered educational; or

c) is intended to maintain speech communication.

1.7.16
Developmental problems including:

a) learning difficulties such as dyslexia;

b) autism or attention deficit disorder (ADHD);

c) physical development problems such as short height.

1.7.17
Disorders of the temporomandibular joint (TMJ).

1.7.18
Treatment for obesity, or which is necessary because of obesity. This includes, but is not limited to, slimming classes, aids and drugs.

We will only pay for gastric banding or gastric bypass *surgery* if a *beneficiary*:

> has a body mass index (BMI) of forty (40) or over and has been diagnosed as being morbidly obese;

> can provide documented evidence of other methods of weight loss which have been tried over the past twenty-four (24) months; and

> has been through a psychological assessment which has confirmed that it is appropriate for them to undergo the procedure.

1.7.19
Treatment in nature cure *clinics*, health spas, nursing homes, or other facilities which are not *hospitals* or recognised medical *treatment* providers.

1.7.20
Charges for residential stays in *hospitals* 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.

1.7.21
Treatment for a related condition resulting from addictive conditions and disorders.

1.7.22
Treatment for a related condition resulting from any kind of substance or alcohol use or misuse.

1.7.23
Treatment needed because of, or relating to, male or female birth control, including but not limited to:

a) surgical contraception, namely:

- vasectomy, sterilisation or implants;

b) non surgical contraception, namely:

- pills or condoms;

c) family planning, namely:

- meeting a *doctor* to discuss becoming pregnant or contraception.

1.7.24
Treatment relating to infertility (other than investigation to the point of diagnosis), fertility *treatment* of any sort, or *treatment* of complications arising as a result of such *treatment*. This includes, but is not limited to:

a) in-vitro fertilisation (IVF);

b) gamete intrafallopian transfer (GIFT);
c) zygote intrafallopian transfer (ZIFT);

d) artificial insemination (AI);

e) prescribed drug *treatment*;

f) embryo transportation (from one physical location to another); or

g) ovum and/or semen donation and related costs.

We will pay for investigations into the cause of infertility if:

a) the *specialist* wishes to rule out any medical cause;

b) the *beneficiary* has been covered under this *policy* for two (2) consecutive years before the investigations have commenced; and

c) the *beneficiary* was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this *policy* commenced.

1.7.25
Treatment by way of the intentional termination of pregnancy, unless the pregnancy endangers a *beneficiary's* life or mental stability.

1.7.26
Treatment directly related to surrogacy. *We* will not pay *maternity benefits*:

a) to a *beneficiary* who acts as a surrogate; or

b) to anyone else acting as a surrogate for a *beneficiary*.

1.7.27
'Newborn Care Benefits' for children born as a result of fertility *treatment*, such as IVF, or for children born to a surrogate, or who have been adopted. These children can only join once they are ninety (90) days old, and will be subject to medical underwriting.

1.7.28
Nursery care for a newborn in *hospital*, unless the mother is required to remain in *hospital* due to *medical necessity* for *treatment* that is covered by this *policy*.

1.7.29
Treatment for more than ninety (90) continuous days for a *beneficiary* who has suffered permanent neurological damage and/or is in a *persistent vegetative state (PVS)*.

1.7.30
Treatment for personality and/or character disorders, including but not limited to:

a) affective personality disorder;

b) schizoid personality disorder; or

c) histrionic personality disorder.

1.7.31
Preventative *treatment*, including but not limited to health screening, routine health checks and vaccinations (unless that *treatment* is available under one of the options for which a *beneficiary* has cover).

We will pay for preventative *surgery* when a *beneficiary*:

a) has a significant family history of a disease which is part of a hereditary *cancer* syndrome (such as ovarian *cancer*); and

b) has undergone genetic testing which has established the presence of a hereditary *cancer* syndrome. (Please note that we will not pay for the genetic testing).

Under the *International Medical Insurance plan*, the limits of cover for preventative *surgery* in respect of *congenital conditions* will apply, other than for *cancer*.

1.7.32
Treatment for sexual dysfunction disorders (such as impotence) or other sexual problems regardless of the underlying cause.

1.7.33
Treatment in the *USA*, unless the *beneficiary* has purchased *Worldwide including USA* cover under this *policy*, or the *treatment* can be covered under the Out of Area Emergency cover conditions.

1.7.34
Treatment in the *USA* (where the *Worldwide including USA* cover was purchased) if *we* know or reasonably suspect that the cover was purchased and the *beneficiary* travelled to the *USA* for the purpose of receiving *treatment*.

1.7.35
Treatment which is intended to change the refraction of one or both eyes, including but not limited to laser *treatment*, refractive keratotomy and photorefractive keratectomy. *We* will pay for *treatment* to correct or restore eyesight if it is needed as a result of a disease, illness or *injury* (such as cataracts or a detached retina).

1.7.36
Any *treatment* outside *your selected area of coverage*, unless the *treatment* can be covered under the Out of Area Emergency cover conditions.

1.7.37
Travel costs for *treatment* including any fares such as taxis or buses, unless otherwise specified, and expenses such as petrol or parking fees.

1.7.38
Any expenses for international emergency services which were not approved in advance by the *medical assistance service*, where applicable.

1.7.39
International services expenses for emergency evacuation, medical repatriation and transportation costs for third parties where the *treatment* needed is not covered under this *policy*.

1.7.40
Any expenses for ship-to-shore evacuations.

1.7.41
Gender reassignment *surgery*, including elective procedures and any medical or psychological counselling in preparation for, or subsequent to, any such *surgery*.

1.7.42
Treatment which is necessary because of, or is any way connected with, any *injury* or *sickness* suffered by a *beneficiary* as a result of:

a) taking part in a sporting activity on a professional basis;

b) solo scuba-diving; or

c) scuba-diving at a depth of more than thirty (30) metres unless the *beneficiary* is appropriately qualified (namely PADI or equivalent) to scuba-dive at that depth.

1.7.43
Treatment which (in *our* reasonable opinion) is experimental, is not *orthodox*, or has not been proven to be effective. This includes but is not limited to:

a) *treatment* which is provided as part of a clinical trial;

b) *treatment* which has not been approved by the relevant public health authority in the country in which it is received; or

c) any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed.

1.7.44
Any form of plastic, *cosmetic* or reconstructive *treatment*, the purpose of which is to alter or improve appearance even for psychological reasons, unless that *treatment* is *medically necessary* and is a direct result of an illness or an *injury* suffered by the *beneficiary*, or as a result of *surgery*. This includes but is not limited to:

a) facelifts (rhytidectomy);

b) nose reshaping (rhinoplasty);

c) liposuction and other procedures which remove fat tissue;

d) hair transplants; and

e) *surgery* to change the shape of, enhance or reduce breasts (other than breast reconstruction following *treatment* for *cancer*).

We will only pay for plastic, *cosmetic* or reconstructive *treatment* if the illness, *injury* or *surgery* as a result of which the *treatment* is required took place during the *beneficiary's* current continuous *period of cover* and is itself covered under the *policy*.

1.7.45
Appliances, including but not limited to hearing aids and spectacles (unless the International Vision & Dental option is selected) which do not fall within our definition of *surgical appliances* and/or *medical appliances*.

1.7.46
Incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation.

1.7.47
Costs or fees for filling in a claim form or other administration charges.

1.7.48
Costs that have been or can be paid by another insurance company, person, organisation or public programme. If a *beneficiary* is covered by other insurance, *we* may only pay part of the cost of *treatment*. If another person, organisation or public programme is responsible for paying the costs of *treatment*, *we* may claim back any of the costs *we* have paid.

1.7.49
Treatment that is in any way caused by, or necessary because of, a *beneficiary* carrying out an illegal act.

SECTION 3: DEFINITIONS

The words and phrases set out below have the meanings specified. Where those words and phrases are used with those meanings, they will appear in italics in these *Policy Rules*, and in the *Customer Guide*, including the *list of benefits*. Unless otherwise provided, the singular includes the plural and the masculine includes the feminine and vice versa.

A

'Active treatment' - *treatment* which is intended to shrink a *cancer*, stabilise it or slow down the spread of the disease. This excludes *treatment* given solely to relieve symptoms.

'Acute' - a disease, illness or *injury* that is likely to respond quickly to *treatment* which aims to return the *beneficiary* to the state of health he or she was in immediately before suffering the disease, illness or *injury*, or which leads to his or her full recovery.

'Annual renewal date' - the anniversary of the *start date*.

'Application' - the *policyholder's* application (whether they have sent in a form directly to *us* or through a broker or applied online or through our telemarketers), and any declarations that they made during their enrolment for them and any *beneficiaries* included in the application.

'Appropriate age intervals' - birth, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years and six (6) years.

B

'Beneficiaries ', 'beneficiary' - anybody named on *your Certificate of Insurance* as being covered under this *policy* and any newborn children automatically covered under the *policy* under clause 8.3.

'Benefit(s)' - any benefit(s) shown in the *list of benefits*.

C

'Cancer' - a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

'Certificate of Insurance' - the certificate issued to the *policyholder*. This shows the *policy* number, *start date*, the *deductible* amount (if selected), the *cost share* amount (if selected), the *out of pocket maximum* (if applicable), details of who is covered, any special exclusions or exclusions that have been removed at an additional premium and *benefits* which apply.

'Cigna', 'we', 'us', 'our', 'the insurer' - See 'Important Information' section on page 3 of these *Policy Rules* for details of the Cigna insurer providing your *policy*.

'Clinic(s)' - a health care facility which is registered or licensed in the country in which it is located, primarily to provide care for *outpatients* and where care or supervision is by a *medical practitioner*.

'Complementary therapist' - an acupuncturist, homeopath or practitioner of Chinese medicine who is appropriately qualified and entitled to practise in the country where *treatment* is given.

'Congenital condition' - any abnormality, deformity, disease, illness or *injury* present at birth, whether diagnosed or not.

'Cost share after deductible', 'cost share(s)' - is the percentage of each claim which a *beneficiary* must pay themselves after any *deductible* has been paid. A separate cost share may apply to the *International Medical Insurance plan* and International Outpatient option. These will be shown in the *Certificate of Insurance* if selected.

'Cosmetic' - services, procedures or items that are supplied primarily for aesthetic purposes and which are not necessary in order to maintain an acceptable standard of health.

'Country of habitual residence' - the country where a *beneficiary* habitually resides, as stated on *your application*.

'Country of nationality' - any country of which a *beneficiary* is a citizen, national or subject, as stated on *your application*.

'Customer Guide' - contains the *list of benefits* and claiming information and forms part of the *policy*.

D

'Daypatient treatment' - care involving admission to *hospital* and using a bed but not staying overnight. In respect of *USA* based admissions, this also includes surgical procedures carried out in the *doctor's* surgery.

'Daypatient' - a patient who is admitted to a *hospital* or daypatient unit or other medical facility for *treatment* or because they need a period of medically supervised recovery, but who does not occupy a bed overnight.

'Deductible(s)' - is the amount of any claim which a *beneficiary* must pay themselves. This will be shown in the *Certificate of Insurance* if selected.

'Dental emergency' - where either severe pain which is not amenable to relief by painkillers or facial swelling or uncontrollable bleeding after an extraction is being suffered and it is either outside the business hours of a *beneficiary's* usual dentist or the *beneficiary* is staying at a place which is away from the dental practice he or she usually visits. The *treatment* covered in such an instance is to purely stabilise the problem and relieve severe pain.

'Dental injury' - *injury* to a *sound natural tooth* caused by extra-oral impact. *Treatment* for dental implants, crowns or dentures is not covered unless *you* have purchased the International Vision and Dental option and subject to the conditions outlined in the *policy*.

'Dental treatment' - any dental procedure or service which:

- is needed for continued *oral health*; and
- is carried out or personally controlled by a *dentist*, including procedures provided by a hygienist; and
- is included in the *list of benefits*, or, though not included in the *list of benefits*, is accepted by *us* as a procedure or service meeting common dental standards as upheld by a respectable, responsible and substantial body of dental opinion, experienced in the particular field of dentistry.

'Dentist' - a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the *treatment* is provided.

'Detoxification' - *treatment* for withdrawal symptoms after a *beneficiary* has been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise the body.

'Diagnostic tests' - investigations such as x-rays or blood tests to find or to help to find the cause of the *beneficiary's* symptoms.

'Doctor' - a medical professional who holds an appropriate doctoral degree, is registered and licensed under the laws of the country, state or regulated area to practice medicine in the country in which the *treatment* is provided.

E

'Eligible female' - a female *policyholder* or *beneficiary*.

'Emergency treatment' - *treatment* which is *medically necessary* to prevent the immediate and significant effects of illnesses, *injuries* or conditions which, if left untreated, could result in a significant deterioration in health. Only medical *treatment* through a physician, *medical practitioner* and hospitalisation that commences within twenty-four (24) hours of the emergency event will be covered.

'End date' - the date on which cover under this *policy* ends, as shown in the *Certificate of Insurance*.

'Evidence-based treatment' - *treatment* which has been researched, reviewed and recognised by:

- the National Institute for Health and Clinical Excellence; or
- the *Cigna Medical Team*; or
- another source recognised by the *Cigna Medical Team*.

'Expatriate' - means a *beneficiary* residing outside of their *country of nationality*.

G

'Guarantee of payment' - a binding guarantee made by *us* to pay agreed costs associated with particular *treatment* which *we* may give to a *beneficiary* or a *hospital*, *clinic* or *medical practitioner*.

H

'Home nursing' - visits from a *qualified nurse* to the *beneficiary's* home to give expert nursing services for up to thirty (30) days:

- immediately after *hospital treatment* as required by *medical necessity*; and

- visits for *treatment* which would normally be provided in a *hospital*.

Home nursing is only covered when the *specialist* who treated the *beneficiary* has recommended such services.

'Hospital' - any organisation or institution which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the *beneficiary* is under the daily care or supervision of a *medical practitioner* or *qualified nurse*.

I

'Initial start date' - the first day the *beneficiary's* cover commenced on the *International Medical Insurance plan*.

'Injury' - a physical injury.

'Inpatient' - a patient who is admitted to *hospital* and who occupies a bed overnight or longer, for medical reasons.

'Insurance' - the coverage which is provided by *us* to the *beneficiaries* subject to the terms, conditions, limits and exclusions set out in these *Policy Rules*, the *Customer Guide*, and *your Certificate of Insurance*.

'Intensive care' - a specialised department in a *hospital* that provides intensive care *treatment*, for example an intensive care unit, critical care unit, intensive therapy unit, or intensive treatment unit.

'International Medical Insurance plan' – is the core cover provided to all *beneficiaries* under this *policy*.

'International services' - services arranged by the *medical assistance service*.

L

'List of benefits' - the list of *benefits* detailed in *your Customer Guide*, including any notes.

M

'Maternity benefit' - *benefits* available in relation to all aspects of pregnancy or childbirth under the International Medical Insurance and International Outpatient option, including any complications, for any *eligible female* covered under this *policy*, but excluding:

- *treatment* by way of the intentional termination of pregnancy unless the pregnancy endangers the life or mental stability of the mother; and

- nursery care for a newborn in *hospital*, unless the mother is required to remain in *hospital* due to *medical necessity* for *treatment* that is covered by this *policy*.

'Medical assistance service' - a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available twenty-four (24) hours per day.

'Medically necessary/medical necessity' - medically necessary covered services and supplies are those determined by the *medical team* to be:

- required to diagnose or treat an illness, *injury*, disease or its symptoms;

- *orthodox*, and in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the *beneficiary*, physician or other *hospital*, *clinic* or *medical practitioner*; and
- rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Where applicable, the *medical team* may compare the cost effectiveness of alternative services, settings or supplies when determining what the least intensive setting is.

'Medical practitioner' - a *doctor* or *specialist* who is not covered under this *policy*, or a family member of a *beneficiary*.

'Medical team' - means *our* clinical team and/or the *medical assistance service*.

O

'Operation(s)' - any procedure described as an operation in the *schedule of surgical procedures*.

'Oral health' - for a patient, a reasonable standard of oral health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, according to a standard acceptable to a *dentist* of ordinary competence and skill in the patient's *country of habitual residence* which will safeguard his or her general health.

'Orthodox' - when used in relation to a procedure or *treatment*, 'orthodox' means that the procedure or *treatment* in question is medically accepted in the country where it takes place at the time of the commencement of the procedure or *treatment*, that complies with a respectable, responsible and substantial body of medical opinion, held and expressed by *medical practitioners* experienced in the particular field of medicine in question.

'Out of pocket maximum' - is the maximum amount of *cost share* under the *International Medical Insurance plan* or International Outpatient option any *beneficiary* must pay per *period of cover*. This will be shown in the *Certificate of Insurance* if applicable. This applies only to amounts paid relating to *cost share* on the *International Medical Insurance plan* or International Outpatient option. Any amounts paid due to a *deductible*; due to exceeding limits of cover; for *treatment* not covered by *your* plan; or due to penalties for not obtaining proper pre-authorisation or using out of network providers in the *USA*, are not subject to the out of pocket maximum.

'Outpatient' - a patient who attends a *hospital*, consulting room, or outpatient *clinic* for *treatment* and is not admitted as a *daypatient* or an *inpatient*.

P

'Palliative care' - *treatment* that does not cure or substantially improve a condition but is given in order to alleviate symptoms.

'Period of cover' - the twelve (12) month continuous period during which the *beneficiaries* are covered under this *policy*, being the period from the *start date* to the *end date* as noted on the *Certificate of Insurance* or earlier if terminated in accordance with the *Policy Rules*.

'Persistent vegetative state' - a *beneficiary* who is in a vegetative state for more than ninety (90) consecutive days. A persistent vegetative state means a condition caused by *injury*, disease or illness in which the *beneficiary* has suffered a loss of consciousness, with no behavioural evidence of awareness of self or surroundings, other than reflex activity of muscles and nerves for low level conditioned response, and from which to a reasonable degree of medical probability, there can be no recovery.

'Personal Data' - any information relating to an identified or identifiable natural person.

'Policy' - the policy comprising these *Policy Rules*, the *Customer Guide* (which contains the *list of benefits* and claiming information), and *your Certificate of Insurance*.

'Policy documents' - the documentation relating to the *policy*, comprising of these *Policy Rules*, the *Customer Guide*, *your Certificate of Insurance*, the *Cigna* claim form, and *your Cigna* ID Card.

'Policyholder' - a person who has made an *application* to *us* which has been accepted in writing by *us*, and who pays the premium under the *policy*.

'Policy Rules' - the terms and conditions governing the *policy*, detailing 'General Exclusions' and 'Definitions'.

'Pre-existing condition' - any disease, illness or *injury*, or symptoms linked to such disease, illness or *injury* for which:

- medical advice or *treatment* has been sought or received; or
- the *beneficiary* knew about and did not seek medical advice or *treatment*;

before the *initial start date*.

Q

'Qualified nurse' - a nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the *treatment* is provided.

'Qualifying life event' means:

- marriage or civil partnership;
- commencing cohabitation with a partner;
- divorce or separation;
- birth of a child;
- legal adoption of a child; or
- death of a spouse, partner or child.

We may require evidence of the above event.

R

'Rehabilitation' - physical, speech and occupational therapy for the purpose of *treatment* aimed at restoring the *beneficiary* to their previous state of health after an *acute* event.

S

'Schedule of surgical procedures' - the current schedule of surgical procedures approved by *our* chief medical officer.

'Selected area of coverage' - means either:

> *Worldwide, including USA*; or

> *Worldwide, excluding USA*.

'Short-term' - means a period of time consistent with the recuperation time required for the *treatment* and is prescribed by the treating *medical practitioner* with the approval of *our* medical director.

'Sickness' - a physical or mental illness, including illness resulting from or relating to pregnancy.

'Sound natural tooth/teeth' - a tooth that functions normally for chewing and speech purposes and that is not a dental implant. Such natural tooth/teeth should not have experienced any of the following:

> decay or filling;

> gum disease associated with bone loss;

> root canal *treatment.*

'Special category data' - *personal data* revealing racial or ethnic origin, political opinions, religious or philosophical beliefs or trade union membership, genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health and data concerning a person's sex life or sexual orientation.

'Specialist' - a *doctor* who is recognised, registered or licensed as such under the laws of the country, state or other regulated area in which the *treatment* is provided and only for the *treatment* which is being recommended.

'Start date' - the date on which coverage under this *policy* starts, as shown in the *Certificate of Insurance*.

'Surgery' - the branch of medicine that treats diseases, *injuries*, and deformities by operative methods which involves an incision into the body.

'Surgical appliance(s)', 'Medical appliance(s)' - means either:

> an artificial limb, prosthesis device or tool which is required for the purpose of or in connection with *surgery*; or

> artificial device or prosthesis which is a necessary part of the *treatment* immediately following *surgery* for as long as required by *medical necessity*; or

> a prosthesis or appliance which is *medically necessary* and is part of the recuperation process on a *short-term* basis.

T

'Therapist' - a speech therapist, dietician or orthoptist who is suitably qualified and holds the appropriate license to practice in the country where *treatment* is received.

'Treatment' - any surgical or medical treatment controlled by a *medical practitioner* that is *medically necessary* to diagnose, cure or substantially relieve disease, illness or *injury*.

U

'USA' - the United States of America.

W

'Worldwide including USA' - every country throughout the world and at sea, excluding any country with whom, at the date of commencement of *treatment*, the Federal Government of the *USA* has prohibited trade to the extent that payments are illegal under applicable law.

'Worldwide excluding USA' - worldwide, with the exception of the *USA*.

Y

'You, your' - the *policyholder*.

Together, all the way.[SM]

CGHO Policy Rules Guernsey EN 06/2018