

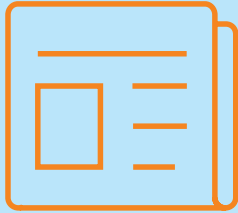


CUSTOMER GUIDE

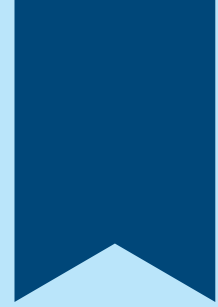
Everything you need to know about your plan



**HELPING TO IMPROVE YOUR
HEALTH, WELLBEING AND
PEACE OF MIND.**



CONTENTS



04 Welcome to Cigna Global

Overview of Services

05 Our Whole Health Services

06 Our Customer Care

07 Our Global Expertise

Our Health Services

08 Clinical Case Management

09 Cigna Wellbeing™ App

Practical Information

10 Your Guide to Getting Treatment

12 How to Submit Claims

13 Your Online Customer Area

14 How Deductible and Cost Share work

List of Benefits

16 International Medical Insurance

24 International Outpatient

29 International Evacuation & Crisis Assistance Plus™

34 International Health & Wellbeing

36 International Vision & Dental

WANT TO GET IN TOUCH?

If *you* have any questions about *your* policy, need to get approval for *treatment*, or for any other reason, please contact *our* Customer Care team 24 hours a day, 7 days a week, 365 days a year.



Use your Customer Area

- › Live chat with *us*
- › Message *us*
- › Arrange a callback



Call Us

International: +44 (0) 1475 788 182
USA: 800 835 7677 (toll free)
Hong Kong: 2297 5210 (toll free)
Singapore: 800 186 5047 (toll free)



Alternatively, *you* can email *us* at: cignaglobal_customer.care@cigna.com

WELCOME TO CIGNA GLOBAL

OUR MISSION



Thank *you* for choosing a *Cigna* Global Health Options plan to protect *you* and *your* family. *Our* mission is to help improve *your* health, wellbeing and peace of mind – and everything *we* do is designed to achieve this.

WHAT WE DO



At *Cigna* Global *we* specialise in supporting *you* and *your* family on *your* global journey as a wellbeing partner enabling *you* access to top medical care. *We* are experts with dedicated knowledge and capabilities to support *you*, and *we* will offer *you* exceptional customer service by putting people at the heart of what *we* do.

We put **YOU** at the centre of everything we do.



Please read this Customer Guide, along with *your* *Policy Rules* and *your* *Certificate of Insurance* as they all form part of *your* contract between *you* and *us* for this *period of cover*. If *your* *policy* is insured by Cigna Worldwide General Insurance Company Limited or Cigna Europe Insurance Company S.A.-N.V. Singapore Branch, *your* *application* also forms part of *your* contract between *you* and *us*.

You have chosen a plan to meet *your* unique needs so as *you* look through *your* Customer Guide and discover the full extent of the cover *we* provide, please remember to take a look at *your* *Certificate of Insurance* to remind *yourself* exactly what optional benefits *you* may have chosen to add to *your* core cover – International Medical Insurance.

You may see some terms that are in *italics*. These terms are clearly defined in *your* *Policy Rules* so as to avoid any confusion.

In the meantime, *we* hope *you* enjoy the peace of mind that comes from knowing *you* and *your* family have quick access to the medical *treatment* *you* need, whenever and wherever *you* need it.

OUR WHOLE HEALTH SERVICES

We are *your* **WHOLE HEALTH PARTNER** and we're here to support *you* throughout *your* wellbeing journey.



Access our Global Network

We have an extensive medical network of over 1.65 million partnerships. *Our* network is comprised of trusted *hospitals, clinics* and *medical practitioners* around the world.

Our global network of trusted *hospitals, clinics, and doctors* includes:

- › Over 1.65 million medical partnerships around the world;
- › Over 122,000 behavioural health care professionals;
- › Over 14,000 facilities and *clinics*.

You can search for local healthcare facilities and professionals through *your* **secure online Customer Area** or by **contacting our Customer Care team**.



Our Clinical Case Management programme can be accessed by **contacting our Customer Care team**.



Access our Clinical Team

You have access to *our* Clinical Case Management programme that is carried out by *our* dedicated team of *doctors* and *nurses*. They will provide support if *you* are diagnosed with *serious* or *complex* health conditions to bring *you* the full medical support *you* deserve.

The programme can support *you* through:

- › coordinating *your* healthcare and *treatment* plan;
- › accessing global medical experts for advice and support;
- › providing second medical opinions or medical reports if required.

Further details on *our* Clinical Case Management programme can be found on page 8 of this Customer Guide.

Access our Wellbeing™ App

The *Cigna* Wellbeing™ App gives *you* easy access to a suite of healthcare tools.

Our interactive app enables *you* to:

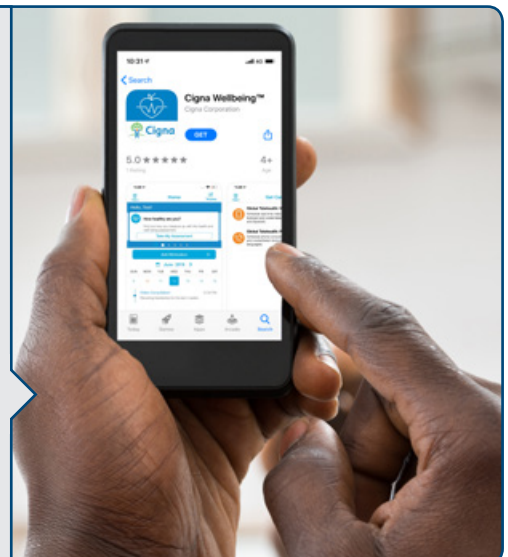
- › **Access care:** Video and phone consultations with *medical practitioners* and *specialists*;
- › **Manage health:** Health risk assessments and chronic condition management;
- › **Change behaviour:** Track biometrics and access online coaching programmes and a health library.

Further details on the Wellbeing™ App can be found on page 9 of this Customer Guide.

You can download the App for free via Google Play and the Apple Store.

Get started today:

- › Search "*Cigna* Wellbeing" in *your* App Store
- › Download the App
- › Log-in with *your* Customer Area credentials.



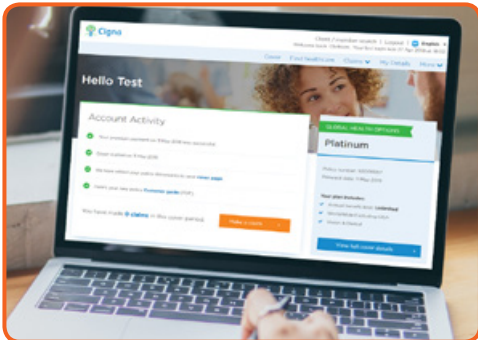
OUR CUSTOMER CARE

We put **PEOPLE FIRST** and *our* teams are dedicated to providing *you* with the highest level of service and care.



- › You can speak to *our* highly experienced Customer Care team 24 hours a day.
- › *Our* multi-language service centres will aim to answer *your* call within 20 seconds.
- › We aim to process *your guarantee of payment* within one hour after receiving all necessary documentation to avoid any delay to *your treatment*.
- › We aim to process claims *you* submit within five working days after receiving all necessary documentation.

You have access to easy online tools to manage *your policy* and submit *your claims*.



Further details about *your* secure online Customer Area can be found on page 13 of this Customer Guide.



You have several ways of contacting *us*, to get the help *you* need in a manner that is convenient to *you*.



Live chat

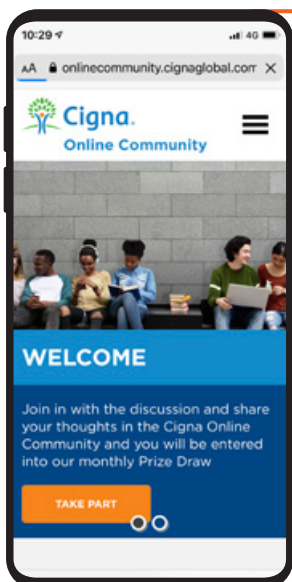


Call *us* or arrange a call back



Email *us*

Further details about how to contact *us* can be found on page 3 of this Customer Guide.



We strive to continuously enhance *our* health plans and services thanks to *your* feedback.

- › We may invite *you* to let *us* know if we are meeting *your* expectations through Net Promoter Score surveys.
- › We may invite *you* to join *our* exclusive Online Community to open a dialogue with *you* on the things that matter to *you* (subject to *your* location).



OUR GLOBAL EXPERTISE

We have **GLOBAL EXPERTISE** and we understand the challenges *you* might face as a globally mobile individual.



Our teams are located around the globe and are dedicated to understanding and supporting *you* whenever *you* might need a helping hand.

We understand that moving to a new country can be an exciting, but busy time and we have resources that can assist *you* along *your* journey. The expatriate knowledge centre on *our* website has a host of useful information such as country guides, information on healthcare systems, and tips for making the most of *your* location.

We specialise in delivering international healthcare with leading medical providers across the globe to give *you* peace of mind.

Available if *you* have selected the International Health and Wellbeing optional module. If *you* would like to use this service, please [call us](#) and [we will transfer you to our service provider](#).



Life Management Assistance Programme

Offered as part of the International Health and Wellbeing optional module only.

This service offers confidential assistance with any work, life, personal or family issue that matters to *you* through counselling, telephone support and online programmes.

The programme gives *you* access to:

- › Face-to-face or telephone counselling;
- › In-the-moment telephone support for live assistance;
- › Information about local resources and referrals to legal, financial services, and more;
- › Programmes that support a range of mental health issues.

Further details can be found on page 34 of this Customer Guide.

Crisis Assistance Plus™

Offered as part of the International Evacuation and Crisis Assistance Plus™ optional module only.

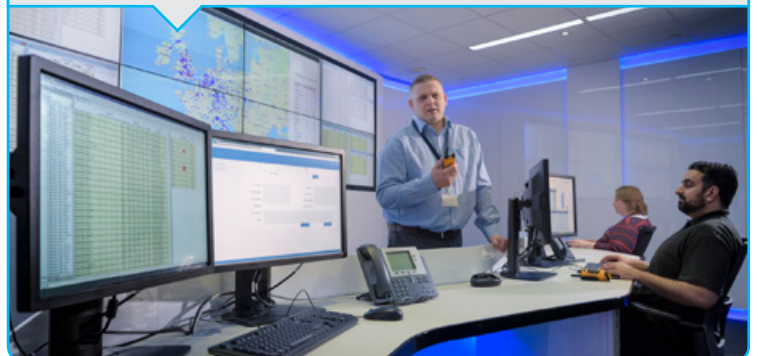
To further support *our* globally mobile customers, *Cigna* proudly offers Crisis Assistance Plus™ (CAP), a worldwide comprehensive crisis assistance programme, provided by FocusPoint International®.

The CAP programme provides time-sensitive advice and coordinated in-country crisis assistance for risks that could impact *you* when *you're* travelling ranging from natural disasters to political threats.

Further details about this programme can be found on page 32 of this Customer Guide.

Available if *you* have selected the International Evacuation and Crisis Assistance Plus™ optional module.

In the event of a crisis situation, please [call us](#) and [we will transfer you to FocusPoint International®](#) who provide worldwide assistance.



CLINICAL CASE MANAGEMENT

We are dedicated to helping *you* and *your* family live happier, healthier lives thanks to *our* clinical expertise. This programme provides all *beneficiaries* access to clinical services by contacting *our* Customer Care team.

ACCESS CARE, ANYTIME, ANYWHERE

Our **Global Telehealth** service gives *you* access to licensed *doctors* around the world for non-emergency health issues. We can arrange a callback appointment for *you* often on the same day, or *you* can arrange a telephone or video consultation from the *Cigna Wellbeing™* app.

- › You can receive a diagnosis for non-emergency health conditions;
- › It can help prepare *you* for an upcoming consultation or hospitalisation;
- › You can discuss a medication or *treatment* plan and potential side effects.



FEEL SUPPORTED ON YOUR MEDICAL JOURNEY

Our **Case Management** service assigns *you* a case manager when *you* are diagnosed with a complex condition requiring special support. They will serve as *your* single point of contact, offering support through coordinating *your* healthcare and *treatment* plan.

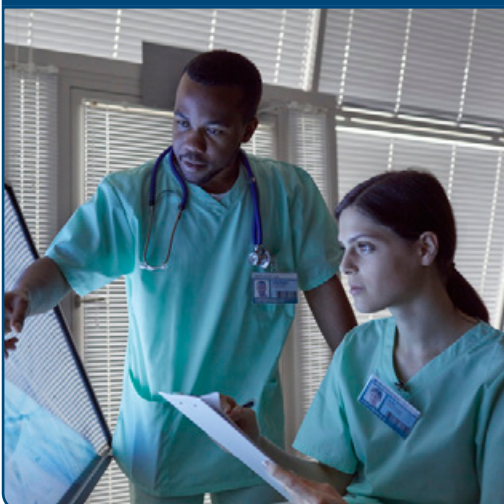
- › You will receive personalised advice and support from *your* assigned case manager;
- › We will create tailored *treatment* plans to best suit *your* individual needs.
- › We will aim to reduce the number of unnecessary or additional *hospital* admissions.



Our **Chronic Condition programme** offers support if *you* are suffering from a chronic condition. If the condition is a special exclusion as detailed on your *Certificate of Insurance*, we can still help *you* manage *your* condition although *your* exclusion will still apply to any *treatment*.

- › A case manager will schedule regular calls to monitor and evaluate *your* condition and *treatment* plan;
- › *Your* assigned case manager will create specific and achievable goals with *you* to better help *you* manage and maintain *your* condition.

FEEL REASSURED THANKS TO SECOND MEDICAL OPINIONS



Our **Decision Support programme** gives *you* access to leading medical experts to provide advice and recommendations on *your* individual diagnosis and *treatment* plan.

This service is provided through *our* partner, Advance Medical, who work with global medical experts to provide advice and recommendations on individual cases and *treatment* plans.




- › You will receive contact from Advance Medical within 48 hours of them receiving *your* medical history;
- › The medical report will contain the medical expert's opinion on *your* diagnosis and *treatment* plan;
- › You can also submit *your* own questions on *your* diagnosis and *treatment* plan to be answered in the report.

CIGNA WELLBEING™ APP

Our Cigna Wellbeing™ app provides *you* with a host of tools and features to help *you* manage *your* health and wellbeing.

ACCESS CARE, ANYTIME, ANYWHERE

The Cigna Wellbeing™ app is the easiest way to access Global Telehealth.

| | | |
|---|--|--|
|  Request an appointment |  Speak with a doctor |  Feel better |
| Use the Cigna Wellbeing™ app to make an appointment with a <i>doctor</i> anytime, anywhere. | The initial consultation will be with a General Practitioner (GP) - by phone or video. | Feel reassured <i>you</i> have spoken to a <i>doctor</i> . |

Why use Global Telehealth?

- › **It's convenient.** There's no need to leave the house or workplace.
- › **It's available 24/7.** That's around the clock access to *doctors*, usually within 24 hours (depending on language preference).
- › **It's affordable.** It's an alternative to *doctor* office or *clinic* visits - with no deductibles or cost share payments.



MANAGE YOUR HEALTH

Health Assessments

The confidential online Health Risk Assessment allows *you* to create *your* own unique report. The 360° view of *your* health will provide *you* with:

- › **Your health score**
- › **What needs work**
- › **Any risk areas**

Chronic Condition Management

This programme, led by *our* highly experienced nurses, will help *you* take control of *your* chronic condition, including but not limited to:

- › **Diabetes**
- › **High blood pressure**
- › **Heart problems**

Please complete the Cigna Health Risk Assessment and let *us* know if *you* would like to be contacted by *us*.

CHANGE BEHAVIOURS

Track Biometrics

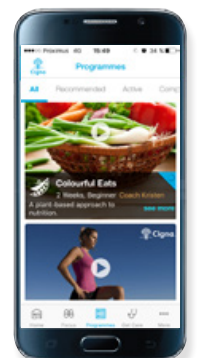
The Cigna Wellbeing™ App allows *you* to continuously track:

- › **Sleep**
- › **Height/Weight**
- › **Blood sugar**
- › **Blood pressure**
- › **Cholesterol**
- › **Your health notes**

Health Content & Coaching Programmes

Discover articles, online coaching programmes, and videos designed to help *you* make better decisions relating to sleep, stress, nutrition and exercise.

- › **Lifestyle**
- › **General health**
- › **Nutrition / weight**
- › **Healthy recipes**
- › **Physical activity**
- › **Stress**



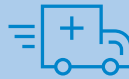
YOUR GUIDE TO GETTING TREATMENT

We want to make sure that getting treatment is as stress free as possible for *you* or *your* family.

BEFORE TREATMENT

Contact our Customer Care team prior to *treatment*. You can contact us 24 hours a day via live chat on your secure online Customer Area, phone or email (See page 3 for details).

- › We can help you arrange your *treatment* plan, and point you in the right direction, saving you the time and hassle of looking for a *hospital, clinic or medical practitioner* yourself.
- › We can liaise directly with your *treatment* provider to ensure the *treatment* that you are about to undertake is covered under your *policy* and issue a prior authorisation.
- › We can liaise directly with your *treatment* provider to arrange direct billing by issuing a *guarantee of payment*.



If it's an emergency and you can't call us before, contact us within the next 48 hours.

RECEIVING TREATMENT

- › Please remember to take your *Cigna* ID card with you. A copy of your *Cigna* ID card is available in your secure online Customer Area.



AFTER TREATMENT

In most cases we will pay your *hospital, clinic or medical practitioner* directly.

- › We will only pay the parts of the *treatment* costs incurred which are covered.
- › All *beneficiaries* are responsible for paying any deductible or cost share directly to the *hospital, medical practitioner or clinic* at the time of *treatment*.



A list of *Cigna* network *hospitals, clinics and medical practitioners* is available in your **secure online Customer Area** or you can **contact our Customer Care team** for more information.

If you've paid your *hospital, clinic or medical practitioner* yourself.

- › Submit your *invoice* and claims to us:
 - Online via your *secure online Customer Area*;
 - Or via email, fax, or post (See page 12).
- › We will reimburse you (less your applicable deductible and/or cost share option).
- › We aim to process your claim within 5 working days after receiving all necessary documentation.



You can download your claims forms from your *secure online Customer Area* or at www.cignaglobal.com/help/claims

Please note there may be certain countries where we are unable to pay a provider directly. In this instance, you will be responsible for paying any treatment costs to your provider and Cigna will reimburse you.

Before getting *treatment*, please read the following information regarding prior authorisation, *emergency treatment*, and getting *treatment* in the USA.



PRIOR AUTHORISATION

Please call *us* as soon as possible before *you* receive *treatment* under the International Medical Insurance plan, and any of the additional modules *you* have selected (if applicable).

Prior authorisation is required for all *Inpatient* and *Daypatient treatments*. It is not required for *Outpatient treatments* with the exception of the *treatments* listed on page 24.

We may ask for further information, such as a medical report in order for *us* to approve *treatment*. We will confirm authorisation, and where applicable, the number of *treatments* approved.

If *you* do not get prior authorisation from *us*, there may be delays in processing claims, or *we* may decline to pay all or part of the claim. We will reduce the amount which *we* will pay by:

- › 50% if *you* did not call *us* for prior authorisation when it was required for *treatment* inside the USA;
- › 20% if *you* did not obtain prior authorisation for *treatment* outside the USA.

In most circumstances, *we* will give a *beneficiary* or a *hospital, medical practitioner* or *clinic* a *guarantee of payment*. This means that *we* agree in advance to pay some or all of the cost of a particular *treatment*. Where *we* have given a *guarantee of payment* *we* will pay the *beneficiary* or *hospital, medical practitioner* or *clinic* the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the *treatment* has been provided.



EMERGENCY TREATMENT

We appreciate that there will be times when it will not be practical or possible to contact *us* prior to *treatment* in an emergency and the priority is to get *treatment* as soon as possible. In circumstances like these, *we* ask that *you* or the affected *beneficiary* get in touch with *us* within 48 hours of receiving the *treatment*. This will allow *us* to confirm whether *your treatment* is covered and arrange settlement with *your treatment* provider.

We may ask for further information, such as a medical report in order for *us* to approve *treatment*. We will confirm approval, and where applicable, the number of *treatments* approved.

If a *beneficiary* has been taken to a *hospital, medical practitioner* or *clinic* which is not part of *our* network, then *we* may make arrangements (with the *beneficiary's* consent) to move the *beneficiary* to a *Cigna* network *hospital, medical practitioner* or *clinic* to continue *treatment*, once it is medically appropriate to do so.



GETTING TREATMENT IN THE USA

If prior authorisation is obtained, but the *beneficiary* decides to receive *treatment* at a *hospital, medical practitioner* or *clinic* which is not part of the *Cigna* network, *we* will reduce any amount which *we* will pay by 20%.

We realise that there may be occasions when it is not reasonably possible for *treatment* to be provided by a *Cigna* network *hospital, medical practitioner* or *clinic*. In these cases, *we* will not apply any reduction to the payments *we* will make. Examples include, but are not limited to:

- › when there is no *Cigna* network *hospital, medical practitioner* or *clinic* within 30 miles/50 kilometres of the *beneficiary's* home address; or
- › when the *treatment* the *beneficiary* needs is not available from a local *Cigna* network *hospital, medical practitioner* or *clinic*; or
- › when the *treatment* is *emergency treatment*.

HOW TO SUBMIT CLAIMS

If you have paid for your treatment yourself, you can send your invoice and claim form to us. The easiest way to do this is via your secure online Customer Area.

YOU WILL NEED:



The **Invoice** from your medical provider



A completed **Claims Form**



The **Receipt** from your payment

Please clearly state your *policy* number on any documentation you submit to us.

You can download your claims forms from your secure online Customer Area or at www.cignaglobal.com/help/claims

YOU CAN SUBMIT YOUR CLAIMS THROUGH:

- › Your secure online Customer Area (see page 13)
- › Email: cghoclaims@cigna.com
- › Post: **For Treatment Incurred:**
- › Fax: +44 (0) 1475 492 113 (Outside the USA); 855 358 6457 (Inside the USA)

| Outside of the USA, Hong Kong, or Singapore | In the USA  | In Hong Kong  | In Singapore  |
|---|--|---|---|
| Cigna Global Health Options Customer Service 1 Knowe Road Greenock Scotland PA15 4RJ | Cigna International PO Box 15964 Wilmington Delaware 19850 USA | Cigna Worldwide General Insurance Company Ltd Cigna Global Health Options Customer Service 16/F, International Trade Tower 348 Kwun Tong Road Kwun Tong Kowloon Hong Kong SAR | Business Services Team Cigna Europe Insurance Company S.A.-N.V. - Singapore Branch Cigna Global Health Singapore 152 Beach Road #33-05/06 The Gateway East Singapore 189721 |

IMPORTANT INFORMATION

- › You and all *beneficiaries* must comply with the claims procedures set out in this Customer Guide.
- › We can reimburse you using bank wire transfer or cheque.
- › We may need to ask for extra information to help us process a claim, for example: medical reports or other information about the *beneficiary's* condition or the results of any independent medical examination that we may ask and pay for.
- › *Beneficiaries* should submit claims forms and invoices as soon as possible after any *treatment*. If the claim and invoice is not submitted to us within 12 months of the date of *treatment*, the claim will not qualify for payment or reimbursement by us.

Subject to the terms of this policy, we will pay for the following costs related to your claim:

- › Costs as described in the list of benefits section of this Customer Guide as applicable on the date(s) of the *beneficiary's* treatment.
- › Costs for *treatment* which have taken place, however, we will not cover future *treatment* costs that require payment deposits or payment in advance.
- › *Treatment* which is *medically necessary* and clinically appropriate for the *beneficiary*.
- › Reasonable and customary costs for *treatment*, and services related to *treatments* which are shown in the list of benefits. We will pay for such *treatment* costs in line with the appropriate fees in the location of *treatment* and according to established clinical and medical practice.
- › If you exceed any individual benefit sub limit, or the overall annual benefit limit, we will seek reimbursement from you to cover the costs where you have exceeded your limit.

YOUR ONLINE CUSTOMER AREA

As a *Cigna Global Health Options* customer, *you* have access to a wealth of information wherever *you* are in the world through *your* secure online Customer Area.

To access *your* secure online Customer Area, please go to www.cignaglobal.com then:



Click on the **'Customer Login'** button at the top right of the page.



Enter the **email address** that *you* provided *us* with and then *your* password.

If *you* have any problems accessing the Customer Area, please contact *our* Customer Care team.



MANAGE YOUR POLICY

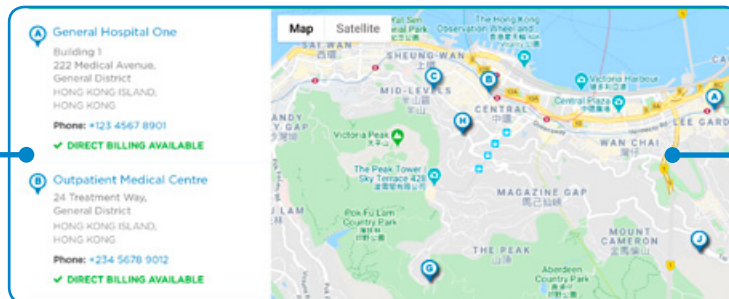
Your secure online Customer Area is the easiest way for *you* to manage *your* policy and access all information relating to *your* plan. Here *you* can:

- › View *your* policy documents, including *your* Certificate of Insurance and Cigna ID cards for all beneficiaries;
- › View any special exclusions that are applied to *your* policy;
- › View the benefits *your* plan includes;
- › View a summary of *your* premium payments;
- › View all correspondence with *us*;
- › Easily submit and track the status of *your* claims;
- › Update *your* details if required.

ACCESS CARE

Our search tool provides *you* with an easy way to find medical providers in *your* location. *You* can refine *your* search by medical speciality, type of facility, or healthcare professional.

A clear list of providers with direct billing.



A clear map showing where *you* are in relation to the providers.

CONTACT US

Your secure online Customer Area also provides *you* with convenient methods to contact *us* that include live chat, sending *us* a direct message, or by letting *us* know a convenient time for *you* in which *we* will call *you* back.



Live chat



Request a call back



Message us

HOW DEDUCTIBLE AND COST SHARE WORK

Our wide range of deductible and cost share options allow *you* to tailor *your* plan to suit *your* budget. *You* can choose to have a deductible and/or cost share on the International Medical Insurance and/or on the International *Outpatient* optional module.

If *you* chose a deductible and/or cost share, *your* premium will be lower than it otherwise would be.

- › **Deductible** - this is the amount *you* must pay towards *your* cost of *treatment* until the deductible for the *period of cover* is reached.
- › **Cost Share** - this is the cost share percentage *you* must pay towards *your* cost of *treatment*. This applies once the deductible amount (if selected) has been calculated.
- › **Out-of-Pocket Maximum** - this is the maximum amount of cost share *you* have to pay per *period of cover*. Only the amounts *you* pay related to the cost share are subject to the capping effect of the out of pocket maximum.

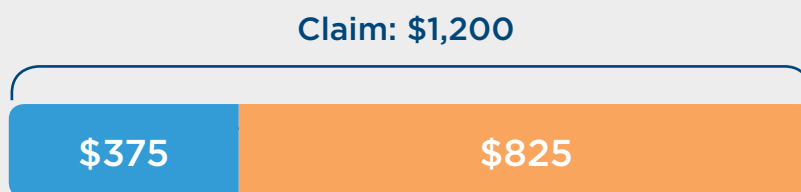
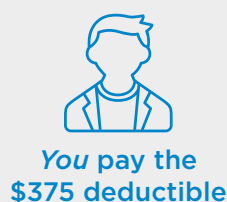
If *you* have selected a deductible and/or cost share, the examples below demonstrate how it works.

Example 1: HOW THE DEDUCTIBLE WORKS

Claim value: **\$1,200**
Deductible: **\$375**

Once the deductible amount has been reached, we pay for all subsequent *treatment* costs for that *period of cover*.

In this example, the deductible amount has now been reached for this *period of cover*.

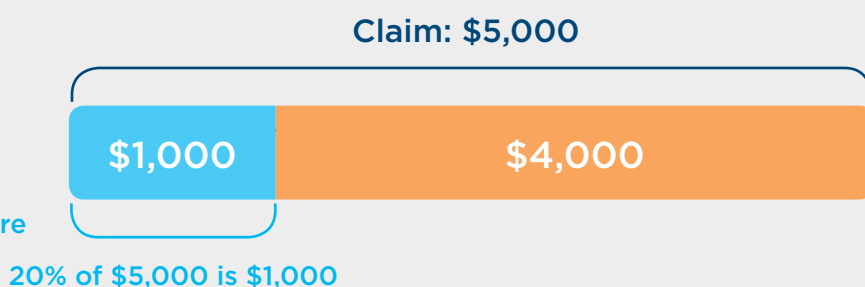


Example 2: HOW THE COST SHARE WORKS

Claim value: **\$5,000**
Deductible: **\$0**
Cost share: **20% = \$1,000**
Out of Pocket Maximum: **\$2,000**

The amount of cost share is subject to the capping effect of the out of pocket maximum.

In this example, \$1,000 has been paid towards the \$2,000 out of pocket maximum for this *period of cover*.



Example 3:

HOW THE COST SHARE AND OUT OF POCKET MAXIMUM WORKS

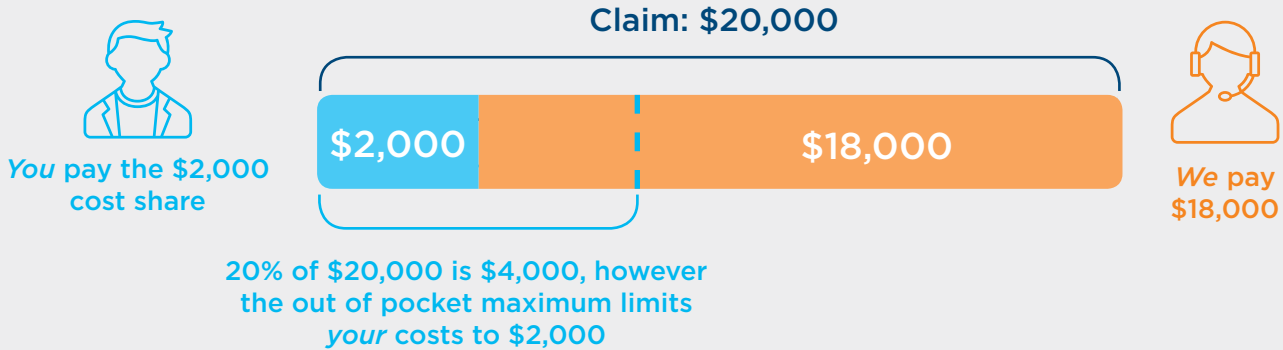
Claim value: **\$20,000**

Deductible: **\$0**

Cost Share: **20% = \$4,000**

Out of Pocket Maximum: **\$2,000**

The out of pocket maximum protects *you* from large cost share amounts. In this example, *you* have satisfied *your* out of pocket maximum and *we* will cover the rest for this *period of cover*.



Example 4:

HOW THE DEDUCTIBLE AND COST SHARE WORK IF YOU HAVE SELECTED BOTH

Claim value: **\$20,000**

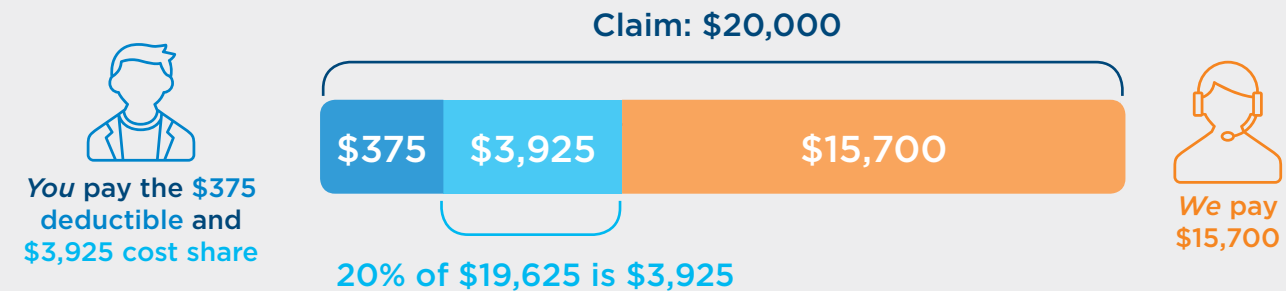
Deductible: **\$375**

Cost Share: **20% = \$3,925**

Out of Pocket Maximum: **\$5,000**

The deductible is due before the cost share is calculated.

In this example, *your* deductible of \$375 is taken off the cost of *treatment* first and then the 20% cost share is calculated. \$3,925 has been paid towards the \$5,000 out of pocket maximum for this *period of cover*.



IMPORTANT INFORMATION

- › You will be responsible for paying the amount of any deductible and cost share directly to the *hospital, clinic or medical practitioner*.
- › The deductible, cost share, and out of pocket maximum is determined separately for each *beneficiary* and each *period of cover*.
- › 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.
- › You can request a change to the deductible and/or cost share and out of pocket maximum with effect from *your annual renewal date* each year. If you wish to remove or reduce *your* deductible, 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.
- › You can remind yourself of any deductible or cost shares you may have selected by checking your *Certificate of Insurance* which is available in your secure online Customer Area.

INTERNATIONAL MEDICAL INSURANCE

Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum.

International Medical Insurance is *your* essential cover for *inpatient*, *daypatient* and accommodation costs, as well as cover for cancer, mental health care and much more.

| | Silver | Gold | Platinum |
|--|-------------------------------------|---|--------------|
| Annual overall benefit maximum - per beneficiary per period of cover This includes claims paid across all sections of International Medical Insurance. | \$1,000,000 €800,000 £650,000 | \$2,000,000 €1,600,000 £1,300,000 | Paid in full |

| | Silver | Gold | Platinum |
|---|----------------------------------|----------------------------------|----------------------------------|
| Hospital charges Up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | Paid in full Private room | Paid in full Private room | Paid in full Private room |

- › Nursing & accommodation for *inpatient* & *daypatient* treatment, and recovery room
- › Operating theatre
- › Prescribed medicines, drugs and dressings for *inpatient* or *daypatient* treatment only
- › Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)
- › Treatment room and nursing fees for *outpatient* surgery (we will only provide the nursing fees whilst a *beneficiary* is undergoing surgery)
- › Intensive care: intensive therapy, coronary care and high dependency unit
- › Surgeons' and anaesthetists' fees
- › *Inpatient* and *daypatient* specialists' consultation fees
- › Emergency *inpatient* dental treatment.

We will partner with *you* and *your medical practitioner* to ensure *you* receive the appropriate care and *treatment* in the right medical facility.

Important note:

We will only pay for *outpatient* treatments received before or after surgery if the *beneficiary* has cover under the International *Outpatient* option (unless the *treatment* is given as part of cancer *treatment*).

| | Silver | Gold | Platinum |
|---|-------------------------|-------------------------|--------------|
| Hospital accommodation for a parent or guardian Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where "paid in full" is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$1,000 €740 £665 | \$1,000 €740 £665 | Paid in full |

If a *beneficiary* who is under the age of 18 years old needs and requires *inpatient* treatment and has to stay in *hospital* overnight, we will also pay for *hospital* accommodation for a parent or legal guardian, if accommodation is available in the same *hospital* and the cost is reasonable.

We will only pay for *hospital* accommodation for a parent or legal guardian if the *treatment* which the *beneficiary* is receiving during their stay in *hospital* is covered under this *policy*.

| | Silver | Gold | Platinum |
|---|---------------------|---------------------|-----------------------|
| Inpatient cash benefit Per night up to 30 days per <i>beneficiary</i> per <i>period of cover</i> . | \$100 €75 £65 | \$100 €75 £65 | \$200 €150 £130 |
| We will make a cash payment directly to a <i>beneficiary</i> when they: <ul style="list-style-type: none"> › receive <i>treatment</i> in <i>hospital</i> which is covered under this plan; › stay in a <i>hospital</i> overnight; and › the <i>hospital</i> does not charge any fees for the room, board and <i>treatment</i> costs to either the <i>beneficiary</i>, any Insurance company and/or any applicable local state or governmental authority. | | | |

| | Silver | Gold | Platinum |
|--|-----------------------|-------------------------|---------------------------|
| Accident and Emergency Room treatment Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$500 €370 £335 | \$1,000 €740 £665 | \$1,200 €1,000 £800 |
| We will pay for necessary <i>emergency treatment</i> on an <i>outpatient</i> basis at an Accident and Emergency department in a <i>hospital</i> following an accident, sudden illness, and/or life threatening situations, and where the <i>beneficiary</i> does not occupy a bed overnight for medical reasons. | | | |
| Important notes: <ul style="list-style-type: none"> › If <i>you</i> have selected the International <i>Outpatient</i> option; this benefit and the limits are satisfied first and then the applicable International <i>Outpatient</i> benefits can be used thereafter. › The applicable International <i>Outpatient</i> deductible and cost share (if selected) will apply to this benefit. | | | |

| | Silver | Gold | Platinum |
|---|--------------|--------------|--------------|
| Transplant services Up to the annual overall benefit maximum for <i>your</i> selected plan <i>beneficiary</i> per <i>period of cover</i> . | Paid in full | Paid in full | Paid in full |
| We will pay for <i>inpatient</i> and <i>daypatient treatment</i> directly associated with an organ transplant for a <i>beneficiary</i> if a transplant is <i>medically necessary</i> , and the organ to be transplanted has been donated by a verified and legitimate source. We will also pay for any anti-rejection medicines following a transplant. | | | |
| If a <i>beneficiary</i> requires an organ transplant (regardless of whether or not the donor is covered for this <i>policy</i>) we will pay for: <ul style="list-style-type: none"> › the harvesting of the organ or bone marrow; › any <i>medically necessary</i> tissue matching tests or procedures; › the donor's <i>hospital</i> costs; and › any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure. | | | |

| | Silver | Gold | Platinum |
|--|------------------------------|-------------------------------|--------------|
| Advanced Medical Imaging (MRI, CT and PET scans) Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where "paid in full" is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$10,000 €7,400 £6,650 | \$15,000 €12,000 £9,650 | Paid in full |
| We will pay for advanced medical imaging if it is recommended by a <i>medical practitioner</i> as a part of a <i>beneficiary's</i> <i>inpatient, daypatient</i> or <i>outpatient treatment</i> . | | | |

| Rehabilitation | Silver | Gold | Platinum |
|---|--|---|---|
| Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$5,000 €3,700 £3,325 Up to 30 days | \$10,000 €7,400 £6,650 Up to 60 days | Paid in full Up to 90 days |
| <p>We will pay for <i>rehabilitation treatments</i> including physical physiotherapy, occupational, cardiac, pulmonary, cognitive and speech therapies.</p> <p>We will only pay for <i>rehabilitation treatment</i> immediately after <i>surgery</i> and/or a traumatic event. If the <i>rehabilitation treatment</i> is required in a residential <i>rehabilitation</i> centre, we will pay for accommodation and board.</p> <p>In determining when the per day limit has been reached, we count each overnight stay during which a <i>beneficiary</i> receives <i>inpatient</i> and/or <i>daypatient treatment</i> as one day.</p> <p>Subject to prior approval being obtained, prior to the commencement of any <i>treatment</i>, we will pay for <i>rehabilitation treatment</i> for more than the number of days specified, if further <i>treatment</i> is <i>medically necessary</i> and is recommended by the treating specialist.</p> <p>Important note:</p> <p>We will only approve <i>rehabilitation treatment</i> if the treating specialist provides us with a report, explaining how long the <i>beneficiary</i> will need to stay in <i>hospital</i>, the diagnosis and the <i>treatment</i> which the <i>beneficiary</i> has received, or needs to receive.</p> | | | |

| Home nursing | Silver | Gold | Platinum |
|---|--|--|--|
| Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$2,500 €1,850 £1,650 Up to 30 days | \$5,000 €3,700 £3,325 Up to 60 days | Paid in full Up to 120 days |
| <p>We will only pay for home nursing if it is provided in the <i>beneficiary's</i> home by a <i>qualified nurse</i> and it comprises <i>medically necessary</i> care that would normally be provided in a <i>hospital</i>. We will not pay for home nursing which only provides non-medical care or personal assistance.</p> <p>We will pay for a <i>beneficiary</i> to have home nursing if:</p> <ul style="list-style-type: none"> › it is recommended by a specialist following <i>inpatient</i> or <i>daypatient treatment</i> which is covered by this <i>policy</i>; › it starts immediately after the <i>beneficiary</i> leaves <i>hospital</i>; and › it reduces the length of time for which the <i>beneficiary</i> needs to stay in <i>hospital</i>. | | | |

| Acupuncture and Chinese Medicine | Silver | Gold | Platinum |
|--|--|--|---------------------|
| Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$1,500 €1,100 £1,000 | \$2,500 €1,850 £1,650 | Paid in full |
| <p>We will only pay for acupuncture and Chinese Medicine if it is not the primary <i>treatment</i> which the <i>beneficiary</i> is in <i>hospital</i> to receive.</p> <p>The Acupuncturist and the practitioner of Chinese Medicine must be a properly qualified practitioner who holds the appropriate licence in the country where the <i>treatment</i> is received.</p> | | | |

| Palliative care | Silver | Gold | Platinum |
|--|---|---|---------------------|
| Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$35,000 €25,900 £23,275 | \$60,000 €44,400 £38,400 | Paid in full |
| <p>We will pay for palliative care if a <i>beneficiary</i> is given a terminal diagnosis and their life expectancy is less than six months, and there is no available <i>treatment</i> which will be effective in aiding recovery.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › Home care; › <i>Inpatient</i> and <i>daypatient hospital</i> or hospice care and accommodation; › Prescribed medicines; and › Physical and psychological care. | | | |

| Prosthetic devices | Silver | Gold | Platinum |
|--|---------------------|---------------------|---------------------|
| Up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | Paid in full | Paid in full | Paid in full |
| <p>We will pay for internal and external <i>prosthetic devices</i> which are necessary as part of a <i>beneficiary's treatment</i>, subject to the limitations explained below.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › a <i>prosthetic device</i> which is a necessary part of the <i>treatment</i> immediately following <i>surgery</i> for as long as is required by <i>medical necessity</i> and/or is part of the recuperation process on a short-term basis; › an initial external <i>prosthetic device</i> (but not any replacement devices) for <i>beneficiaries</i> aged 18 years old and over per <i>period of cover</i>. <p>We will pay for an initial external <i>prosthetic device</i> and up to two replacements for <i>beneficiaries</i> aged 17 years old or younger per <i>period of cover</i>.</p> <p>If a <i>beneficiary</i> requires a replacement <i>prosthetic device</i> during the period of over, we will require an appropriate medical report.</p> | | | |

| Local ambulance & air ambulance services | Silver | Gold | Platinum |
|---|---------------------|---------------------|---------------------|
| Up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | Paid in full | Paid in full | Paid in full |
| <p>Where it is <i>medically necessary</i> and related to a covered condition, we will pay for a local or air ambulance to transport a <i>beneficiary</i>:</p> <ul style="list-style-type: none"> › from the scene of an accident or <i>injury</i> to a <i>hospital</i>; › from one <i>hospital</i> to another; or › from their home to a <i>hospital</i>. <p>We will only pay for a local air ambulance when appropriate, such as a helicopter, to transport a <i>beneficiary</i> for distances up to 100 miles (160 kilometres) when medically appropriate.</p> <p>Cover for medical evacuation or repatriation is only available if you have cover under the International Evacuation & Crisis Assistance Plus™ option. Please refer to page 29 of this Customer Guide for details of that option.</p> | | | |

| | Silver | Gold | Platinum |
|--|--|---|---|
| <p>Mental and Behavioural Health Care</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | <p>\$5,000 €3,700 £3,325</p> <p>Up to 30 days (Inpatient and Daypatient treatment)</p> | <p>\$10,000 €7,400 £6,650</p> <p>Up to 60 days (Inpatient and Daypatient treatment)</p> | <p>Paid in full</p> <p>Up to 90 days (Inpatient and Daypatient treatment)</p> |

We will pay for:

- › Evidence-based and medically necessary treatment which is recommended by a medical practitioner.
- › Inpatient, daypatient or outpatient treatment carried out by a Psychologist and/or Psychiatrist who is licensed as such under the laws of that country.

Autism and Attention Deficit Hyperactivity Disorder (ADHD)

We will pay for:

- › Medical costs, including doctor and paediatrician visits related to Autism and Attention Deficit Hyperactivity Disorder (ADHD) on an outpatient basis only which are evidence-based treatment and medically necessary.
- › Assessment and diagnostic testing for Autism and Attention Deficit Hyperactivity Disorder (ADHD) when symptoms are present.
- › Behavioural therapy when medically necessary according to evidence-based treatment.

Important notes:

We will not pay for:

- › Educational intervention, speech therapy and any devices to aid speech.
- › Prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option.

Prior authorisation is required for all inpatient, daypatient and outpatient treatment.

| | Silver | Gold | Platinum |
|---|--------------------|---|---|
| <p>Treatment for Obesity</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Available after the <i>beneficiary</i> has been covered for 24 months or more.</p> | <p>No coverage</p> | <p>70% refund up to: \$20,000 €14,800 £13,300</p> | <p>80% refund up to: \$25,000 €18,500 £16,500</p> |

We will pay for obesity surgery for *beneficiaries* over the age of 18 years in circumstances where there is documented evidence that all other methods of weight loss, including but not limited to slimming classes, nutrition programmes, aids and drugs have been tried over the past 24 months.

Important notes:

- › The *beneficiary* must have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese and;
- › Can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and;
- › Has been through a psychological assessment which has confirmed that it is appropriate for them to undergo the procedure.

| | Silver | Gold | Platinum |
|---|---|---|---|
| <p>Cancer preventative surgery</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | <p>70% refund up to: \$10,000 €7,400 £6,650</p> | <p>80% refund up to: \$18,000 €13,300 £12,000</p> | <p>90% refund up to: \$18,000 €13,300 £12,000</p> |

We will pay for preventative surgery when a *beneficiary* has a significant family history of a disease which is part of a hereditary cancer syndrome (such as ovarian cancer), and has undergone genetic testing which has established the presence of a hereditary cancer syndrome.

We will only pay for the genetic test if the *beneficiary* has cover under the Gold or Platinum International Outpatient option.

| | Silver | Gold | Platinum |
|--|--------------|--------------|--------------|
| Cancer care Up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | Paid in full | Paid in full | Paid in full |
| Following a diagnosis of cancer, we will pay for costs for the <i>treatment</i> of cancer if the <i>treatment</i> is considered by us to be active <i>treatment</i> and <i>evidence-based treatment</i> , whether the <i>beneficiary</i> is staying in a <i>hospital</i> overnight or receiving <i>treatment</i> as a <i>daypatient</i> or <i>outpatient</i> . We will only pay for the genetic test if the <i>beneficiary</i> has cover under the Gold or Platinum International <i>Outpatient</i> option. | | | |

| | Silver | Gold | Platinum |
|--|-----------------------------|--------------------------------|--------------------------------|
| Congenital conditions Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$5,000 €3,700 £3,325 | \$20,000 €14,800 £13,300 | \$39,000 €30,500 £25,000 |
| We will pay for <i>treatment</i> of <i>congenital conditions</i> on an <i>inpatient</i> or <i>daypatient</i> basis that have manifested prior to a <i>beneficiary's</i> 18th birthday, regardless of the <i>beneficiary's</i> age at the time of the <i>treatment</i> . Important notes: <ul style="list-style-type: none"> › We will not pay for <i>treatment</i> of <i>congenital conditions</i> under any of the other benefits within the list of benefits, except in the instance where; › A <i>congenital condition</i> is diagnosed after a <i>beneficiary's</i> 18th birthday. <i>Treatment</i> will be subject to the applicable <i>inpatient</i> and <i>daypatient</i> benefit limits. | | | |

| | Silver | Gold | Platinum |
|--|--|--|---|
| Out of Area Emergency Hospitalisation Cover For <i>beneficiaries</i> who do not have Worldwide including USA coverage. Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where "paid in full" is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$100,000 €75,000 £65,000 (<i>Inpatient</i> and <i>Daypatient</i> <i>treatment</i>) | \$250,000 €200,000 £162,500 (<i>Inpatient</i> and <i>Daypatient</i> <i>treatment</i>) | Paid in full (<i>Inpatient</i> and <i>Daypatient</i> <i>treatment</i>) |
| <i>Emergency treatment</i> for <i>inpatient</i> and <i>daypatient</i> <i>treatment</i> during temporary short term business or leisure trips outside <i>your area of coverage</i> , under life threatening circumstances. Important notes: The <i>beneficiary</i> must have been <i>treatment</i> free, symptom and advice free of the medical condition requiring <i>emergency treatment</i> , prior to initiating the travel. Coverage is limited to: <ul style="list-style-type: none"> • a duration not exceeding 21 days per trip; and • a maximum of 60 days in aggregate per period of cover for all trips combined. <ul style="list-style-type: none"> › If the International <i>Outpatient</i> option has been purchased under <i>your policy</i>, <i>beneficiaries</i> will only be covered for <i>emergency outpatient treatment</i>. Cover will be subject to the overall annual benefit limit and the individual International <i>Outpatient</i> benefit limits. › Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency <i>Hospitalisation</i> Cover. › This benefit is not applicable if <i>you</i> have selected the <i>Worldwide including USA</i> coverage option. › We will require evidence of <i>your</i> entry and exit to the <i>USA</i>. › This option is not available if <i>your country of habitual residence</i> is the <i>USA</i>. › Receiving medical <i>treatment</i> must not have been one of the objectives of the trip. › <i>Emergency treatment</i> is only applicable if <i>you</i> are not able to benefit from free state-provided healthcare in that country. | | | |

PARENT AND BABY CARE

| | Silver | Gold | Platinum |
|--|-------------|--|--|
| <p>Routine maternity care (Gold and Platinum plans only)</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Available once the mother has been covered by the <i>policy</i> for 12 months or more.</p> | No coverage | <p>\$7,000</p> <p>€5,500</p> <p>£4,500</p> | <p>\$14,000</p> <p>€11,000</p> <p>£9,000</p> |
| <p>We will pay for the following <i>treatment</i>, on an <i>inpatient</i> or <i>daypatient</i> basis as appropriate, if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of at least 12 months or more:</p> <ul style="list-style-type: none"> › <i>hospital</i>, obstetricians' and midwives' fees for routine childbirth; and › any fees as a result of post-natal care required by the mother immediately following routine childbirth. <p>We will not pay for surrogacy or any related <i>treatment</i>. We will not pay for maternity care or <i>treatment</i> for a <i>beneficiary</i> acting as a surrogate, or anyone acting as a surrogate for a <i>beneficiary</i>.</p> | | | |

| | Silver | Gold | Platinum |
|--|-------------|--|---|
| <p>Complications from maternity (Gold and Platinum plans only)</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Available once the mother has been covered by the <i>policy</i> for 12 months or more.</p> | No coverage | <p>\$14,000</p> <p>€11,000</p> <p>£9,000</p> | <p>\$28,000</p> <p>€22,000</p> <p>£18,000</p> |
| <p>We will pay for <i>inpatient</i> or <i>outpatient treatment</i> relating to complications resulting from pregnancy or childbirth if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of at least 12 months or more. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth, including miscarriage and ectopic pregnancy.</p> <ul style="list-style-type: none"> › This part of the <i>policy</i> does not provide cover for home births. › We will only pay for a Caesarean section, where it is <i>medically necessary</i>. If we cannot confirm that it was <i>medically necessary</i>, we will only pay up to the limit of the mother's routine maternity benefit care cover. <p>We will not pay for surrogacy or any related <i>treatment</i>. We will not pay for maternity benefit care or <i>treatment</i> for a <i>beneficiary</i> acting as a surrogate or anyone acting as a surrogate for a <i>beneficiary</i>.</p> | | | |

| | Silver | Gold | Platinum |
|--|-------------|--------------------------------------|--|
| <p>Homebirths (Gold and Platinum plans only)</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Available once the mother has been covered by the <i>policy</i> for 12 months or more.</p> | No coverage | <p>\$500</p> <p>€370</p> <p>£335</p> | <p>\$1,100</p> <p>€850</p> <p>£700</p> |
| <p>We will pay midwives' and <i>specialists'</i> fees relating to routine home births if the mother has been a <i>beneficiary</i> under this <i>policy</i> for a continuous period of 12 months or more.</p> <ul style="list-style-type: none"> › Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the list of benefits. | | | |

| | Silver | Gold | Platinum |
|--|---|---|--|
| <p>Newborn Care</p> <p>Up to the total limit shown for your selected plan per <i>period of cover</i> within the first 90 days following birth.</p> <p>Available once either parent has been covered by the <i>policy</i> for 12 months or more.*</p> | <p>\$25,000</p> <p>€18,500</p> <p>£16,500</p> | <p>\$75,000</p> <p>€55,500</p> <p>£48,000</p> | <p>\$156,000</p> <p>€122,000</p> <p>£100,000</p> |
| <p>Provided the newborn is added to the <i>policy</i>, we will pay for:</p> <ul style="list-style-type: none"> › up to 10 days routine care for the baby following birth; and › all <i>treatment</i> required for the baby during the first 90 days after birth instead of any other benefit. <p>Important notes:</p> <p>Adding the newborn to the <i>policy</i>:</p> <ul style="list-style-type: none"> › If at least one (1) parent has been covered by the <i>policy</i> for a continuous period of twelve (12) months or more prior to the newborn's birth, we will not require information about the newborn's health or a medical examination if an <i>application</i> is received by us to add the newborn to the <i>policy</i> within thirty (30) days of the newborn's date of birth. However, if an <i>application</i> is received by us more than thirty (30) days after the newborn's date of birth, the newborn will be subject to medical underwriting. › *If neither parent has been covered by the <i>policy</i> for a period of twelve (12) consecutive months or more prior to the newborn's birth, the newborn will be subject to medical underwriting, and you can submit an <i>application</i> to add the newborn. If medical underwriting is required for the newborn, we will then tell you whether we will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. Cover will begin no sooner than the date you accept our offered terms. › Children who are born to a surrogate or have been adopted, can only be covered by the <i>policy</i> when they are 90 days old. Cover for the baby will be subject to completion of a medical health questionnaire, whereby we may apply special restrictions or exclusions. <p>Any treatment required for <i>congenital conditions</i> for a newborn is covered under the 'Congenital conditions' benefit, on page 21, and is subject to the terms of adding the newborn to the <i>policy</i> as detailed above.</p> | | | |

YOUR DEDUCTIBLE AND COST SHARE OPTIONS

| | | | |
|--|---|---|---|
| <p>Deductible</p> <p>A <i>deductible</i> is the amount which you must pay before any claims are covered by your plan.</p> | <p>\$0</p> <p>\$375</p> <p>\$750</p> <p>\$1,500</p> <p>\$3,000</p> <p>\$7,500</p> <p>\$10,000</p> | <p>€0</p> <p>€275</p> <p>€550</p> <p>€1,100</p> <p>€2,200</p> <p>€5,500</p> <p>€7,400</p> | <p>£0</p> <p>£250</p> <p>£500</p> <p>£1,000</p> <p>£2,000</p> <p>£5,000</p> <p>£6,650</p> |
| <p>Cost share after deductible</p> <p><i>Cost share</i> is the percentage of each claim not covered by your plan.</p> | <p>First choose your cost share percentage: 0% / 10% / 20% / 30%</p> | | |
| <p>Out of Pocket Maximum</p> <p>The <i>out of pocket maximum</i> is the maximum amount of <i>cost share</i> you would have to pay in a <i>period of cover</i>.</p> <p>The <i>cost share</i> amount is calculated after the <i>deductible</i> is taken into account. Only amounts you pay related to <i>cost share</i> contribute to the <i>out of pocket maximum</i>.</p> | <p>Next, choose your out of pocket maximum:</p> <p>\$2,000 \$5,000</p> <p>€1,480 or €3,700</p> <p>£1,330 £3,325</p> | | |

THE FOLLOWING PAGES DETAIL THE OPTIONAL BENEFITS YOU MAY HAVE CHOSEN TO ADD TO YOUR CORE COVER – INTERNATIONAL MEDICAL INSURANCE.



TAKE A LOOK AT YOUR CERTIFICATE OF INSURANCE TO REMIND YOURSELF EXACTLY WHAT COVER YOU HAVE.

INTERNATIONAL OUTPATIENT

The International *Outpatient* optional module provides more comprehensive *outpatient* care where a *hospital* admission as a *daypatient* or *inpatient* is not required, including consultations with *specialists*, prescribed *outpatient* drugs and dressings, *rehabilitation*, genetic cancer testing and much more.

You do not need to request prior authorisation for *outpatient treatment* with the exception of the following:

- › Genetic Cancer tests
- › Mental and Behavioural Health (on an *outpatient* basis)
- › Infertility investigations and *treatment*
- › Prescribed drugs and dressings for more than 3 months
- › Physiotherapy, chiropractic and osteopathy *treatments* when you have exceeded 10 sessions.

For any other *treatment* under the International *Outpatient* module, you do not need to contact us for prior authorisation.

| | Silver | Gold | Platinum |
|--|-------------------------------|--------------------------------|--------------|
| Annual overall benefit maximum - per beneficiary per period of cover | | | |
| This includes claims paid across all sections of International <i>Outpatient</i> . | \$15,000 €12,000 £9,650 | \$35,000 €25,900 £23,275 | Paid in full |

| | Silver | Gold | Platinum |
|--|--------------------------------------|--------------------------------------|---------------------|
| <p>Consultations with medical practitioners and specialists</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | <p>\$2,500 €1,850 £1,650</p> | <p>\$5,000 €3,700 £3,325</p> | <p>Paid in full</p> |
| <p>› We will pay for consultations or meetings with a <i>medical practitioner</i> which are necessary to diagnose an illness, or to arrange or receive <i>treatment</i>.</p> <p>› We will pay for non-surgical <i>treatment</i> on an <i>outpatient</i> basis, which is recommended by a <i>specialist</i> as being <i>medically necessary</i>.</p> | | | |

| | Silver | Gold | Platinum |
|--|--------------------------------------|--------------------------------------|---------------------|
| <p>Prescribed drugs and dressings</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | <p>\$1,500 €1,100 £1,000</p> | <p>\$3,000 €2,200 £2,000</p> | <p>Paid in full</p> |
| <p>We will pay for prescribed drugs and dressings which are prescribed by a <i>medical practitioner</i> on an <i>outpatient</i> basis.</p> | | | |

| | Silver | Gold | Platinum |
|--|--------------------------------------|--------------------------------------|---------------------|
| <p>Pathology, Radiology and diagnostic tests (excluding Advanced Medical Imaging)</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | <p>\$2,500 €1,850 £1,650</p> | <p>\$5,000 €3,700 £3,325</p> | <p>Paid in full</p> |

| | Silver | Gold | Platinum |
|---|--------------------------------------|---------------------------------------|---------------------|
| <p>Outpatient Rehabilitation</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | <p>\$5,000 €3,700 £3,325</p> | <p>\$10,000 €7,400 £6,650</p> | <p>Paid in full</p> |
| <p>We will pay for:</p> <ul style="list-style-type: none"> › <i>Outpatient</i> Physiotherapy; › <i>Outpatient</i> Occupational therapy; › Osteopathy and Chiropractic <i>treatment</i>; › Speech therapy; and › Cardiac and pulmonary <i>rehabilitation</i>. <p>Important notes:</p> <p>Outpatient Physiotherapy, Osteopathy and Chiropractic treatment:</p> <p>We will pay for this <i>treatment</i> if it is <i>medically necessary</i> and restorative in nature to help <i>you</i> to carry out <i>your</i> normal activities of daily living. The <i>treatment</i> must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the <i>treatment</i> is received. This excludes any sports medicine <i>treatment</i>.</p> <p>Speech therapy treatment:</p> <p>We will pay for restorative speech therapy if it is required immediately following <i>treatment</i> which is covered under this <i>policy</i> (for example, as part of a <i>beneficiary's</i> follow-up care after they have suffered a stroke) and it is confirmed by a specialist to be <i>medically necessary</i> on a short-term basis.</p> | | | |

| | Silver | Gold | Platinum |
|---|-------------|-----------------------------|-----------------------------|
| <p>Pre-natal and post-natal care (Gold and Platinum plans only)</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Available once the mother has been covered by the <i>policy</i> for 12 months or more.</p> | No coverage | \$3,500 €2,750 £2,250 | \$7,000 €5,500 £4,500 |
| <p>› We will pay for <i>medically necessary</i> pre-natal and post-natal care on an <i>outpatient</i> basis if the mother has been a <i>beneficiary</i> under the International <i>Outpatient</i> option for a continuous period of 12 months or more.</p> <p>› Examples of pre-natal <i>treatment</i> and tests include:</p> <ul style="list-style-type: none"> • Routine obstetricians' and midwives' fees; • All scheduled ultrasounds and examinations; • Prescribed medicines, drugs and dressings; • Routine pre-natal blood tests, if required; • Amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS); and • Non-invasive pre-natal testing (NIPT) for high risk individuals. <p>Post-natal care:</p> <ul style="list-style-type: none"> • Any fees, including prescribed drugs and dressings, as a result of post-natal care required by the mother immediately following routine childbirth. | | | |

| | Silver | Gold | Platinum |
|---|-------------|-------------|------------------------------|
| <p>Infertility Investigations and treatment</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per lifetime.</p> <p>Available once the <i>beneficiary</i> has been covered by this option for 24 months or more.</p> | No coverage | No coverage | \$10,000 €7,400 £6,650 |
| <p>We will pay for investigations into the cause of infertility if a specialist rules out any medical cause and the <i>beneficiary</i> was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this <i>policy</i> commenced.</p> <p>If necessary, we will pay a maximum of 4 attempts for Infertility <i>treatment</i> up to the total limit shown in aggregate, per lifetime of the <i>policy</i>. This benefit is available for <i>beneficiaries</i> up to 41 years old.</p> <p>Prior authorisation is required for all infertility investigations and <i>treatment</i>.</p> | | | |

| | Silver | Gold | Platinum |
|---|-------------|-----------------------------|-----------------------------|
| <p>Sleep Apnoea</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> | No coverage | \$1,500 €1,100 £1,000 | \$2,000 €1,480 £1,330 |
| <p>Following a referral from <i>your medical practitioner</i>, we will pay for one sleep study or home sleep test to diagnose if you have sleep apnoea.</p> <p>If it has been determined you have sleep apnoea we will pay for the hire of a Continuous Positive Airway Pressure (CPAP) machine or if appropriate other oral appliances.</p> <p>If it is medically appropriate, we will pay for <i>surgery</i>.</p> | | | |

| | Silver | Gold | Platinum |
|---|-------------|-----------------------------|-----------------------------|
| <p>Genetic Cancer test</p> <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per lifetime.</p> <p>Available once the <i>beneficiary</i> has been covered by this option for 12 months or more.</p> | No coverage | \$2,000 €1,480 £1,330 | \$4,000 €2,950 £2,650 |
| <p>We will pay for one genetic test for <i>beneficiaries</i> with an increased risk of cancer, when <i>medically necessary</i> and in accordance with medical evidence.</p> | | | |

| | Silver | Gold | Platinum |
|--|--|--|---------------------|
| Acupuncture & Chinese medicine Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$2,500 €1,850 £1,650 | \$5,000 €3,700 £3,325 | Paid in full |

We will pay for a combined maximum total of 15 consultations with an Acupuncturist and practitioner of Chinese medicine, if those *treatments* are recommended by a *medical practitioner*. The *treatment* must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the *treatment* is received.

| | Silver | Gold | Platinum |
|--|---------------------|---------------------|---------------------|
| Durable medical equipment Up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | Paid in full | Paid in full | Paid in full |

We will pay for the use of durable medical equipment if the use of that equipment is recommended by a specialist in order to support the *beneficiary's treatment* which is covered under this *policy*.

We will only pay for one type of medical equipment per *period of cover* which:

- › is not disposable, and is capable of being used more than once;
- › serves a medical purpose;
- › is fit for use in the home; and
- › is of a type only normally used by a person who is suffering from the effect of a disease, illness or *injury*.

| | Silver | Gold | Platinum |
|--|--|---------------------|---------------------|
| Adult vaccinations Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$250 €185 £165 | Paid in full | Paid in full |

We will pay for certain vaccinations and immunisations that are clinically appropriate.

| | Silver | Gold | Platinum |
|--|--|---------------------|---------------------|
| Dental accidents Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$1,000 €740 £665 | Paid in full | Paid in full |

If a *beneficiary* needs dental *treatment* as a result of injuries which they have suffered in an accident, we will pay for *outpatient* dental *treatment* for any sound natural tooth/teeth damaged or affected by the accident, provided the *treatment* commences immediately after the accident and is completed within 30 days of the date of the accident.

In order to approve this *treatment*, we will require confirmation from the *beneficiary's* treating *dentist* of:

- › the date of the accident; and
- › the fact that the tooth/teeth which are the subject of the proposed *treatment* are sound natural tooth/teeth.

We will pay for this *treatment* instead of any other dental *treatment* the *beneficiary* may be entitled to under this *policy*, when they need *treatment* following accidental damage to a tooth or teeth.

We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this *policy*.

| | Silver | Gold | Platinum |
|---|--------------|--------------|--------------|
| Child and Adolescence Wellbeing Health Up to the annual overall benefit maximum for <i>your</i> selected plan <i>beneficiary</i> per <i>period of cover</i> . | Paid in full | Paid in full | Paid in full |

We will pay for well child and adolescence health at *appropriate age intervals*, carried out by a *medical practitioner* for the following preventative care services:

- › evaluating medical history;
- › physical examinations;
- › development assessment;
- › anticipatory guidance; and
- › appropriate immunisations and laboratory tests.

Important notes:

Mental health consultations with a Psychiatrist or Psychologist are covered under the Mental Health and Behavioural Care benefit under International Medical Insurance.

In addition, we will pay for:

- › One school entry health check, to assess growth, hearing and vision, for each child at the first school entry date.
- › diabetic retinopathy screening for children who have diabetes.

| | Silver | Gold | Platinum |
|--|-------------|-------------------------|-----------------------------|
| 60+ Care Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | No coverage | \$1,000 €740 £665 | \$2,000 €1,480 £1,330 |

If a *beneficiary* is aged 60 years old and above, or turning 60 years old within the *period of cover*, and has one of the following conditions as declared on their medical questionnaire (and is a special exclusion as detailed on *your Certificate of Insurance*), we will pay for the *medically necessary outpatient treatment* costs associated with the maintenance of this condition: Hypertension, Type 2 Diabetes, Glaucoma, Arthritis, joint or back pain, Osteoporosis/Osteopenia.

Important notes:

- › If, during the *application* stage *you* have selected the option to have one of the above conditions covered at an additional premium, whereby the condition is covered comprehensively on an *inpatient* and *outpatient* basis (if the International *Outpatient* option has been selected); this benefit will not be applicable.
- › Examples of *medically necessary treatment* and tests include but are not limited to: consultations with *medical practitioners*, prescribed drugs and dressings, pathology and radiology, *outpatient rehabilitation* and acupuncture and Chinese medicine. Please note, this benefit excludes Advanced Medical Imaging.
- › *You* are eligible to have the condition(s) covered (but not conditions, symptoms or complications arising from those conditions) on an *outpatient* basis, up to the total limits shown per *period of cover*.
- › The benefit is subject to any *cost shares* or *deductibles* elected on *your policy*.

YOUR DEDUCTIBLE AND COST SHARE OPTIONS

| | \$ | € | £ |
|---|---|--------------------------------------|--------------------------------------|
| Deductible A <i>deductible</i> is the amount which <i>you</i> must pay before any claims are covered by <i>your</i> plan. | \$0 \$150 \$500 \$1,000 \$1,500 | €0 €110 €370 €700 €1,100 | £0 £100 £335 £600 £1,000 |

| | |
|--|---|
| Cost share after deductible <i>Cost share</i> is the percentage of each claim not covered by <i>your</i> plan. | First choose <i>your cost share</i> percentage: 0% / 10% / 20% / 30% |
| Out of Pocket Maximum The <i>out of pocket maximum</i> is the maximum amount of <i>cost share</i> you would have to pay in a <i>period of cover</i> . The <i>cost share</i> amount is calculated after the <i>deductible</i> is taken into account. Only amounts <i>you</i> pay related to <i>cost share</i> contribute to the <i>out of pocket maximum</i> . | Next, choose <i>your out of pocket maximum</i>: \$3,000 €2,200 £2,000 |

INTERNATIONAL EVACUATION & CRISIS ASSISTANCE PLUS™

International Medical Evacuation provides coverage for reasonable transportation costs to the nearest centre of medical excellence in the event that the *treatment* is not available locally in an emergency. This option also includes medical repatriation coverage as a result of a *serious* illness or after a traumatic event or *surgery*, and compassionate visits for a parent, *spouse*, partner, sibling or child to visit a *beneficiary* after an accident or sudden illness and the *beneficiary* has not been evacuated or repatriated.

Peace of mind for *you* and *your* family, particularly while travelling globally, is very important to us. As well as providing coverage for medical evacuation events, this option also includes the Crisis Assistance Plus™ programme providing 24/7 time-sensitive advice and coordinated in-country crisis response services in the event of a travel or security risk that may occur while *you* and *your* family are travelling globally.

INTERNATIONAL MEDICAL EVACUATION

| | Silver | Gold | Platinum |
|---|--------------|--------------|--------------|
| International Medical Evacuation Annual overall benefit maximum - per beneficiary per period of cover | Paid in full | Paid in full | Paid in full |

| | Silver | Gold | Platinum |
|---------------------------|--------------|--------------|--------------|
| Medical Evacuation | Paid in full | Paid in full | Paid in full |

Transfer to the nearest centre of medical excellence if the *treatment* the *beneficiary* needs is not available locally in an emergency.

If a *beneficiary* requires *emergency treatment*, we will pay for medical evacuation for them:

- › to be taken to the nearest *hospital* where the necessary *treatment* is available (even if this is in another part of the country, or in another country); and
- › to return to the place they were taken from, provided the return journey takes place not more than 14 days after the *treatment* is completed.

As regards to the return journey, we will pay:

- › the price of an economy class air ticket; or
- › the reasonable cost of travel by land or sea; whichever is lesser.

We will only pay for taxi fares if:

- › It is medically preferable for the *beneficiary* to travel to the airport by taxi, rather than by ambulance; and
- › Approval is obtained in advance from the *medical assistance service*.

We will pay for evacuation (but not repatriation) if the *beneficiary* needs diagnostic tests or cancer *treatment* (such as chemotherapy) if, in the opinion of our *medical assistance service*, evacuation is appropriate and *medically necessary* in the circumstances.

We will not pay any other costs related to an evacuation (such as accommodation costs).

Important note:

If *you* require to return to the *hospital* where *you* were evacuated for follow up *treatment*, we will not pay for travel costs or living allowance costs.

| | Silver | Gold | Platinum |
|-----------------------------|--------------|--------------|--------------|
| Medical Repatriation | Paid in full | Paid in full | Paid in full |

If a *beneficiary* requires a medical repatriation as a result of a serious illness or after a traumatic event or *surgery*, we will pay:

- › for them to be returned to their *country of habitual residence* or *country of nationality*; and
- › to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the *treatment* is completed.

The above journey must be approved in advance by *our medical assistance service* and to avoid doubt all transportation costs are required to be reasonable and customary.

As regards to the return journey, we will pay:

- › the price of an economy class air ticket; or
- › the reasonable cost of travel by land or sea; whichever is lesser.

We will only pay for taxi fares if:

- › it is medically preferable for the *beneficiary* to travel to the airport by taxi, rather than by ambulance; and
- › approval is obtained in advance from the *medical assistance service*.

We will not pay any other costs related to a repatriation (such as accommodation costs).

Important notes:

If *you* require to return to the *hospital* where *you* were repatriated for follow up *treatment*, we will not pay for travel costs or living allowance costs.

If a *beneficiary* contacts the *medical assistance service* to ask for prior approval for repatriation, but the *medical assistance service* does not consider repatriation to be medically appropriate, we may instead arrange for the *beneficiary* to be evacuated to the nearest *hospital* where the necessary *treatment* is available. We will then repatriate the *beneficiary* to his or her specified *country of nationality* or *country of habitual residence* when his or her condition is stable, and it is medically appropriate to do so.

| | Silver | Gold | Platinum |
|---------------------------------------|--------------|--------------|--------------|
| Repatriation of mortal remains | Paid in full | Paid in full | Paid in full |

If a *beneficiary* dies outside their *country of habitual residence* during the *period of cover*, the *medical assistance service* will arrange for their mortal remains to be returned to their *country of habitual residence* or *country of nationality* as soon as reasonably practicable, subject to airlines requirements and restrictions.

We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the *beneficiary's* mortal remains.

| | Silver | Gold | Platinum |
|--|--------------|--------------|--------------|
| Travel cost for an accompanying person | Paid in full | Paid in full | Paid in full |
| <p>If a <i>beneficiary</i> needs a parent, sibling, child, <i>spouse</i> or partner, to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they:</p> <ul style="list-style-type: none"> › need help getting on or off an aeroplane or other vehicle; › are travelling 1000 miles (or 1600km) or further; › are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort; or › are very seriously ill or injured; <p>we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the <i>medical assistance service</i> and the return journey must take place not more than 14 days after the <i>treatment</i> is completed.</p> <p>We will pay:</p> <ul style="list-style-type: none"> › the price of an economy class air ticket; or › the reasonable cost of travel by land or sea; <p>whichever is the lesser.</p> <p>If it is appropriate, considering the <i>beneficiary's</i> medical requirements, the family member or partner who is accompanying them may travel in a different class.</p> <p>If it is <i>medically necessary</i> for a <i>beneficiary</i> to be evacuated or repatriated, and they are going to be accompanied by their <i>spouse</i> or partner, we will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian.</p> <p>Important notes:</p> <ul style="list-style-type: none"> › We will not pay for a third party to accompany a <i>beneficiary</i> if the original purpose of the evacuation was to enable the <i>beneficiary</i> to receive <i>outpatient treatment</i>. › We will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation. | | | |

If you have purchased this option, we will also make available the provision below for compassionate visits to you by immediate family members.

| | Silver | Gold | Platinum |
|--|---------------------------|---------------------------|---------------------------|
| Compassionate visit - travel costs. Up to a maximum of 5 trips per lifetime up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> . | \$1,200 €1,000 £800 | \$1,200 €1,000 £800 | \$1,200 €1,000 £800 |
| Compassionate visit - living allowance costs Up to the total limit shown per day for each visit with a maximum of 10 days per visit. | \$155 €125 £100 | \$155 €125 £100 | \$155 €125 £100 |

For each *beneficiary* we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by *our medical assistance service*.

We will pay the cost of economy class return travel for a parent, *spouse*, partner, sibling or child to visit a *beneficiary* after an accident or sudden illness, if the *beneficiary* is in a different country and is anticipated to be *hospitalised* for 5 days or more, or has been given a short-term terminal prognosis.

We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days per visit while they are away from their *country of habitual residence* up to the limits shown in the list of benefits (subject to being provided with receipts in respect of the costs incurred).

Important note:

- › We will not pay for a compassionate visit when the *beneficiary* has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, we will not pay any further third party transportation costs.

CRISIS ASSISTANCE PLUS™ PROGRAMME

This programme is provided by global crisis response experts, FocusPoint International, who support global travellers with 24/7 multilingual response centres and resources in over 100 countries.

Crisis Assistance Plus™ (CAP) provides time-sensitive advice and coordinated in-country crisis assistance for ten different risks that have the potential to impact *beneficiaries* when traveling:

- › Terrorism
- › Pandemic
- › Political threats
- › Natural disasters
- › Blackmail or extortion
- › Violent crimes
- › Disappearances of persons
- › Hijacks
- › Kidnaps for ransom
- › Wrongful detentions

The programme provides *beneficiaries* with 24/7 on-demand access to FocusPoint International's global assistance centres for advice and coordinated in-country crisis response services, when necessary.

Depending on the situation, the programme offers:

- › Rapid-response teams and dedicated CAP managers deployed globally within 24 hours;
- › Experienced security personnel for field rescue, shelter in place and ground evacuations;
- › Nationally recognized crisis communications teams;
- › Highly experienced kidnap-for-ransom and extortion- response specialists;
- › Emergency-message relay to family members or employers;
- › Point-in-time geographic threat information; and
- › Access to private aviation fleet, with aircraft launched in as little as 60 minutes.

Important notes:

- › FocusPoint International will provide crisis response services for a maximum of two physical incidents per beneficiary per period of cover. The programme provides access to unlimited crisis consultations during the period of cover.
- › The eligible physical incident response is limited to forty five (45) calendar days of assistance.
- › The Crisis Assistance Plus™ Programme is not an insurance policy. Focuspoint does not and will not reimburse or indemnify *beneficiaries* for any expenses incurred directly by a *beneficiary* and/or on behalf of a *beneficiary*. All additional expenses are incurred and paid directly by and at the sole discretion of Focuspoint.

We have no involvement in, nor are we liable for, any decisions and/or outcomes that are made or determined by FocusPoint International. FocusPoint International will not provide crisis response services:

- › With respect to kidnapping or violent crime by a relative;
- › To any person who has had kidnap insurance cancelled or declined;
- › To any person who has been kidnapped in the past;
- › To any kidnapping of a protected person within their country of residence;
- › Where such service would be prohibited under United Nations' resolutions or any laws of the European Union, United Kingdom or the United States;
- › For the payment of any ransom;
- › If the *beneficiary* elects to travel to location(s) with an issued and active advisory against all travel to said location(s);
- › For a business dispute;
- › For extra expenses caused by a non-covered travel delay;
- › For suicide or attempted suicide;
- › For war, whether declared or not, between China, France, the United Kingdom, the Russian Federation and the United States, or war in Europe other than civil war;
- › For any enforcement action by or on behalf of the United Nations in which countries stated above or any armed forces are engaged; and
- › For loss or destruction to any property arising from any consequential loss or any legal liability caused from radioactivity.

In the event of one of the crisis situations as detailed above, please contact our Customer Care Team. We will transfer you to a FocusPoint crisis consultant who can provide advice and coordinate immediate worldwide assistance. In order to use this service we are required to pass your name and contact information to FocusPoint International.

Silver

Gold

Platinum

FocusPoint International will pay for crisis consulting expenses and other additional expenses per covered response (up to a maximum of two physical incidents per beneficiary per period of cover) and included but not limited to:

- › Emergency political or natural disaster evacuation costs;
- › Legal referrals and fees;
- › Fees and expenses of an independent interpreter;
- › Costs of relocations, travel and accommodations;
- › Fees and expenses of security personnel temporarily deployed solely and directly for the purposes of protecting a *beneficiary* and located in a country where a crisis event has occurred.

The following important notes and general conditions apply to all of the cover which is provided under the International Medical Evacuation option.

Important notes

The services described in this section are provided or arranged by the *medical assistance service* under this policy.

The following conditions apply to both emergency medical evacuations and repatriations:

- › all evacuations and repatriations must be approved in advance by the *medical assistance service*, which is contactable through the Customer Care Team;
- › the *treatment* for which, or following which, the evacuation or repatriation is required must be recommended by a *qualified nurse or medical practitioner*;
- › evacuation and repatriation services are only available under this *policy* if the *beneficiary* is being treated (or needs to be treated) on an *inpatient* or *daypatient* basis;
- › the *treatment* because of which the evacuation or repatriation service is required must:
 - be *treatment* for which the *beneficiary* is covered under this *policy*; and
 - not be available in the location from which the *beneficiary* is to be evacuated or repatriated;
 - the *beneficiary* must already have cover under the International Medical Evacuation option, before they need the evacuation or repatriation service;
 - the *beneficiary* must have cover in the *selected area of coverage* which includes the country where the *treatment* will be provided after the evacuation or repatriation (*treatment* in the USA is excluded unless the *beneficiary* has purchased *Worldwide including USA cover*).
- › We will only pay for evacuation or repatriation services if all arrangements are approved in advance by *our medical assistance service*. Before that approval will be given, we must be provided with any information or proof that we may reasonably request;
- › We will not approve or pay for an evacuation or repatriation if, in *our* reasonable opinion, it is not appropriate, or if it is against medical advice. In coming to a decision as to whether an evacuation or repatriation is appropriate, we will refer to established clinical and medical practice;
- › From time to time we may carry out a review of this cover and reserve the right to contact *you* to obtain further information when it is reasonable for *us* to do so.

General conditions

- › Where local conditions make it impossible, impractical, or unreasonably dangerous to enter an area, for example because of political instability or war, we may not be able to arrange evacuation or repatriation services. This *policy* does not guarantee that evacuation or repatriation services will always be available when requested, even if they are medically appropriate.
- › We will only pay for *hospital* accommodation for as long as the *beneficiary* is being treated. We will not pay for *hospital* accommodation if a *beneficiary* is no longer being treated but is waiting for a return flight.
- › Any medical *treatment* which a *beneficiary* receives before or after an evacuation or repatriation will be paid from the International Medical Insurance plan (or under another coverage option if appropriate) provided that the *treatment* is covered under this *policy* and *you* have purchased the relevant cover.
- › We cannot be held liable for any delays or lack of availability of evacuation or repatriation services which result from adverse weather conditions, technical or mechanical problems, conditions or restrictions imposed by public authorities, or any other factor which is beyond *our* reasonable control.
- › We will only pay for evacuation, repatriation and third party transportation if the *treatment* for which, or because of which, the evacuation or repatriation is necessary is covered under this *policy*.
- › All decisions as to:
 - the *medical necessity* of evacuation or repatriation;
 - the means and timing of any evacuation or repatriation;
 - the medical equipment and medical personnel to be used; and
 - the destination to which the *beneficiary* should be transported;

will be made by *our medical team*, after consultation with the *medical practitioners* who are treating the *beneficiary*, taking into account all of the relevant medical factors and considerations.

INTERNATIONAL HEALTH & WELLBEING

We understand the importance of *your* overall wellbeing and living a balanced life. In addition to health screenings, tests and examinations; this option also empowers *you* and *your* family with the services and support to manage *your* own individual day-to-day health and wellbeing. The Life Management Assistance programme included in this option provides 24/7 stress management support, confidential counselling sessions for a range of life crises and access to an online Cognitive Behavioural Therapy programme.

| | Silver | Gold | Platinum |
|---|--------------|--------------|--------------|
| Life Management Assistance Programme | Paid in full | Paid in full | Paid in full |
| <p>Our Life management assistance programme is available 24 hours a day, 7 days a week, 365 days a year meaning <i>you</i> can contact the service for access to free, confidential assistance with any work, life, personal or family issue that matters to <i>you</i> at a time that is suitable for <i>you</i>.</p> <p>This service covers short-term counselling, in-the-moment telephone support, information about local resources, and provides access to an online Cognitive Behavioural Therapy (CBT) programme.</p> <p>The information service can provide support and resources to assist with <i>your</i> day to day demands such as childcare arrangements or relocation logistics. The information specialists can perform research and provide pre-qualified referrals for local resources in the domain of legal, financial or family care services.</p> <ul style="list-style-type: none"> › We will pay for up to 6 counselling sessions per issue per <i>period of cover</i>. This could be telephonic or face to face counselling support. › <i>You</i> have access to unlimited in the moment telephonic support for live assistance. › Provides information, resources and counselling on any work, life, personal, or family issue that matters to <i>you</i>. › <i>You</i> have access to an online self-help Cognitive Behavioural Therapy (CBT) programme to address mild to moderate anxiety, stress, and depression. <p>Please contact the Customer Service team if <i>you</i> wish to use this service. This service is provided by <i>our</i> chosen counselling provider.</p> | | | |

| | Silver | Gold | Platinum |
|--|-----------------------|-----------------------|-----------------------|
| Routine adult physical examinations | | | |
| Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$225 €165 £150 | \$450 €330 £300 | \$600 €440 £400 |
| <p>We will pay for routine adult physical examinations (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc.), for persons aged 18 years or older.</p> | | | |

| | Silver | Gold | Platinum |
|--|-----------------------|-----------------------|--------------|
| Cervical cancer screening | | | |
| Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$225 €165 £150 | \$450 €330 £300 | Paid in full |
| <p>We will pay for:</p> <ul style="list-style-type: none"> › 1 Papanicolaou test (pap smear); and › 1 HPV DNA test for female <i>beneficiaries</i> aged 30-65 years old. | | | |

| | Silver | Gold | Platinum |
|---|-----------------------|-----------------------|--------------|
| Prostate cancer screening Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$225 €165 £150 | \$450 €330 £300 | Paid in full |
| We will pay for: <ul style="list-style-type: none"> 1 prostate examination (prostate specific antigen (PSA) test) for men aged 50 years old or older; or 1 prostate examination (prostate specific antigen (PSA) test) for asymptomatic men 40 years old or older, when <i>medically necessary</i>. | | | |

| | Silver | Gold | Platinum |
|--|-----------------------|-----------------------|--------------|
| Mammograms for breast cancer screening Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$225 €165 £150 | \$450 €330 £300 | Paid in full |
| We will pay for: <ul style="list-style-type: none"> 1 screening mammogram for women aged 25-39 years old when <i>medically necessary</i>, if they have a prior history of breast cancer 1 screening mammogram for asymptomatic women aged 40 years or older. | | | |

| | Silver | Gold | Platinum |
|--|-----------------------|-----------------------|--------------|
| Bowel cancer screening Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$225 €165 £150 | \$450 €330 £300 | Paid in full |
| We will pay for: <ul style="list-style-type: none"> 1 bowel cancer screening for <i>beneficiaries</i> aged 50 years old or older. | | | |

| | Silver | Gold | Platinum |
|--|-----------------------|-----------------------|--------------|
| Bone densitometry Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$225 €165 £150 | \$450 €330 £300 | Paid in full |
| We will pay for: <ul style="list-style-type: none"> 1 scan for women aged 65 years old or older; 1 scan for post-menopausal women younger than 65 years old when <i>medically necessary</i>; and 1 scan for men aged 50 years or older when <i>medically necessary</i>. | | | |

| | Silver | Gold | Platinum |
|--|-------------|-------------|--------------|
| Dietetic consultations Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | No coverage | No coverage | Paid in full |
| We will pay for up to 4 consultations with a dietician per <i>period of cover</i> , if the <i>beneficiary</i> requires dietary advice relating to a diagnosed disease or illness such as diabetes. | | | |

INTERNATIONAL VISION & DENTAL

International Vision and Dental pays for the *beneficiary's* routine eye examination and pays costs for spectacles and lenses. It also covers a wide range of preventative, routine and major dental treatments.

VISION CARE

| | Silver | Gold | Platinum |
|--|---------------------|-----------------------|--------------|
| Eye Test Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$100 €75 £65 | \$200 €150 £130 | Paid in full |
| We will pay for one routine eye examination per <i>period of cover</i> , to be carried out by either an ophthalmologist or optometrist. We will not pay for more than one eye examination in any one <i>period of cover</i> . | | | |

| | Silver | Gold | Platinum |
|---|-----------------------|-----------------------|-----------------------|
| Expenses for: Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . | \$155 €125 £100 | \$155 €125 £100 | \$310 €245 £200 |
| <ul style="list-style-type: none"> › Spectacle lenses. › Contact lenses. › Spectacle frames. › Prescription sunglasses when all are prescribed by an optometrist or ophthalmologist. We will not pay for: <ul style="list-style-type: none"> › sunglasses, unless medically prescribed, by an ophthalmologist or optometrist; › glasses or lenses which are not <i>medically necessary</i> or not prescribed by an ophthalmologist or optometrist; or › <i>treatment or surgery</i>, including <i>treatment or surgery</i> which aims to correct eyesight, such as laser eye <i>surgery</i>, refractive keratotomy (RK) or photorefractive keratectomy (PRK). A copy of a prescription or invoice for corrective lenses will need to be provided to <i>us</i> in support of any claim for frames. | | | |

DENTAL TREATMENT

| | Silver | Gold | Platinum |
|---|-------------------------|-----------------------------|-----------------------------|
| Overall annual Dental treatment benefit maximum | \$1,250 €930 £830 | \$2,500 €1,850 £1,650 | \$5,500 €4,300 £3,500 |
| Annual overall benefit maximum - per beneficiary per period of cover | | | |

| | Silver | Gold | Platinum |
|---|--------------|--------------|--------------|
| Preventative Up to the overall annual Dental treatment benefit maximum for <i>your</i> selected plan <i>beneficiary</i> per <i>period of cover</i> . Available once the <i>beneficiary</i> has been covered by this option for 3 months. | Paid in full | Paid in full | Paid in full |

We will pay for the following preventative dental *treatment* recommended by a *dentist* after a *beneficiary* has had International Vision and Dental cover for at least 3 months:

- › 2 dental check-ups per *period of cover*;
- › X-rays, including bitewing, single view, and orthopantomogram (OPG);
- › scaling and polishing including topical fluoride *application* when necessary (two per *period of cover*);
- › 1 mouth guard per *period of cover*;
- › 1 night guard per *period of cover*; and
- › Fissure sealant.

| | Silver | Gold | Platinum |
|--|------------|------------|--------------|
| Routine Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . Available once the <i>beneficiary</i> has been covered by this option for 3 months. | 80% refund | 90% refund | Paid in full |

We will pay *treatment* costs for the following routine dental *treatment* after the *beneficiary* has had International Vision and Dental cover for at least 3 months (if that *treatment* is necessary for continued oral health and is recommended by a *dentist*):

- › root canal *treatment*;
- › extractions;
- › surgical procedures;
- › occasional *treatment*;
- › anaesthetics; and
- › periodontal *treatment*.

| | Silver | Gold | Platinum |
|---|------------|------------|--------------|
| Major restorative Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> . Available once the <i>beneficiary</i> has been covered by this option for 12 months. | 70% refund | 80% refund | Paid in full |

We will pay *treatment* costs for the following major restorative dental *treatments* after the *beneficiary* has had International Vision and Dental cover for at least 12 months:

- › dentures (acrylic/synthetic, metal and metal/acrylic);
- › crowns;
- › inlays; and
- › placement of dental implants.

If a *beneficiary* needs major restorative dental *treatment* before they have had International Vision and Dental cover for 12 months, we will pay 50% of the *treatment* costs.

| Orthodontic treatment | Silver | Gold | Platinum |
|--|------------|------------|------------|
| <p>Up to the total limit shown for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i> or, where “paid in full” is shown, this is up to the annual overall benefit maximum for <i>your</i> selected plan per <i>beneficiary</i> per <i>period of cover</i>.</p> <p>Available for <i>beneficiaries</i> aged 18 or younger, once they have been covered by this option for 18 months.</p> | 40% refund | 50% refund | 50% refund |
| <p>We will only pay for orthodontic <i>treatment</i> if:</p> <ul style="list-style-type: none"> ➤ the <i>dentist</i> or orthodontist who is going to provide the <i>treatment</i> provides <i>us</i>, in advance, with a detailed description of the proposed <i>treatment</i> (including X-rays and models), and an estimate of the cost of <i>treatment</i>; and ➤ we have approved the <i>treatment</i> in advance. | | | |

Dental exclusions

The following exclusions apply to dental treatment, in addition to those set out elsewhere in this *policy* and in your *Certificate of Insurance*.

- We will not pay for:
 - Purely *cosmetic* treatments, or other treatments which are not necessary for continued or improved oral health.
 - The replacement of any dental appliance which is lost or stolen, or associated *treatment*.
 - The replacement of a bridge, crown or denture which (in the reasonable opinion of a *dentist* of ordinary competence and skill in the *beneficiary's country of habitual residence*) is capable of being repaired and made usable.
 - The replacement of a bridge, crown or denture within five years of its original fitting unless:
 - it has been damaged beyond repair, whilst in use, as a result of a dental *injury* suffered by the *beneficiary* whilst they are covered under this *policy*; or
 - the replacement is necessary because the *beneficiary* requires the extraction of a sound natural tooth/teeth; or
 - the replacement is necessary because of the placement of an original opposing full denture.
 - Acrylic or porcelain veneers.
 - 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 (for example, a gold alloy crown); or
 - a temporary crown or pontic is necessary as part of routine or emergency dental treatment.
 - *Treatments*, procedures and materials which are experimental or do not meet generally accepted dental standards.
 - *Treatment* for dental implants directly or indirectly related to:
 - failure of the implant to integrate;
 - breakdown of osseointegration;
 - peri-implantitis;
 - replacement of crowns, bridges or dentures; or
 - any accident or *emergency treatment* including for any prosthetic device.
 - Advice relating to plaque control, oral hygiene and diet.
 - Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
 - Medical *treatment* carried out in *hospital* by an oral specialist may be covered under International Medical Insurance plan and/or International *Outpatient*, if this option has been bought, except when dental treatment is the reason for *you* being in *hospital*.
 - Bite registration, precision or semi-precision attachments.
 - Any *treatment*, procedure, appliance or restoration (except full dentures) if its 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.



**HELPING TO IMPROVE YOUR
HEALTH, WELLBEING AND
PEACE OF MIND.**

WANT TO GET IN TOUCH?

If *you* have any questions about *you* policy, need to get approval for *treatment*, or for any other reason, please contact *our* Customer Care team 24 hours a day, 7 days a week, 365 days a year.



Use your Customer Area

Live chat with *us*
Message *us*
Arrange a call back



Call Us

International: **+44 (0) 1475 788 182**
USA: **800 835 7677** (toll free)
Hong Kong: **2297 5210** (toll free)
Singapore: **800 186 5047** (toll free)



Alternatively, *you* can email *us* at: cignaglobal_customer.care@cigna.com

Details of the *Cigna* company who provides the cover under *your* policy can be found in *your* Policy Rules and on *your* Certificate of Insurance.

If *your* policy is insured by Cigna Europe Insurance Company S.A.-N.V. Singapore Branch, the following statement applies:

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

For insurances provided by Cigna Global Insurance Company Limited, the underwriting agent is Cigna Insurance Management Services (DIFC) Limited which is regulated by the Dubai Financial Services Authority.

"Cigna" and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, and not by Cigna Corporation. Such operating subsidiaries include Cigna Global Insurance Company Limited, Cigna Life Insurance Company of Europe S.A.-N.V., Cigna Europe Insurance Company S.A.-N.V. and Cigna Worldwide General Insurance Company Limited. © 2020 Cigna

CGHO Customer Guide EN 09/2020

Together, all the way.SM

