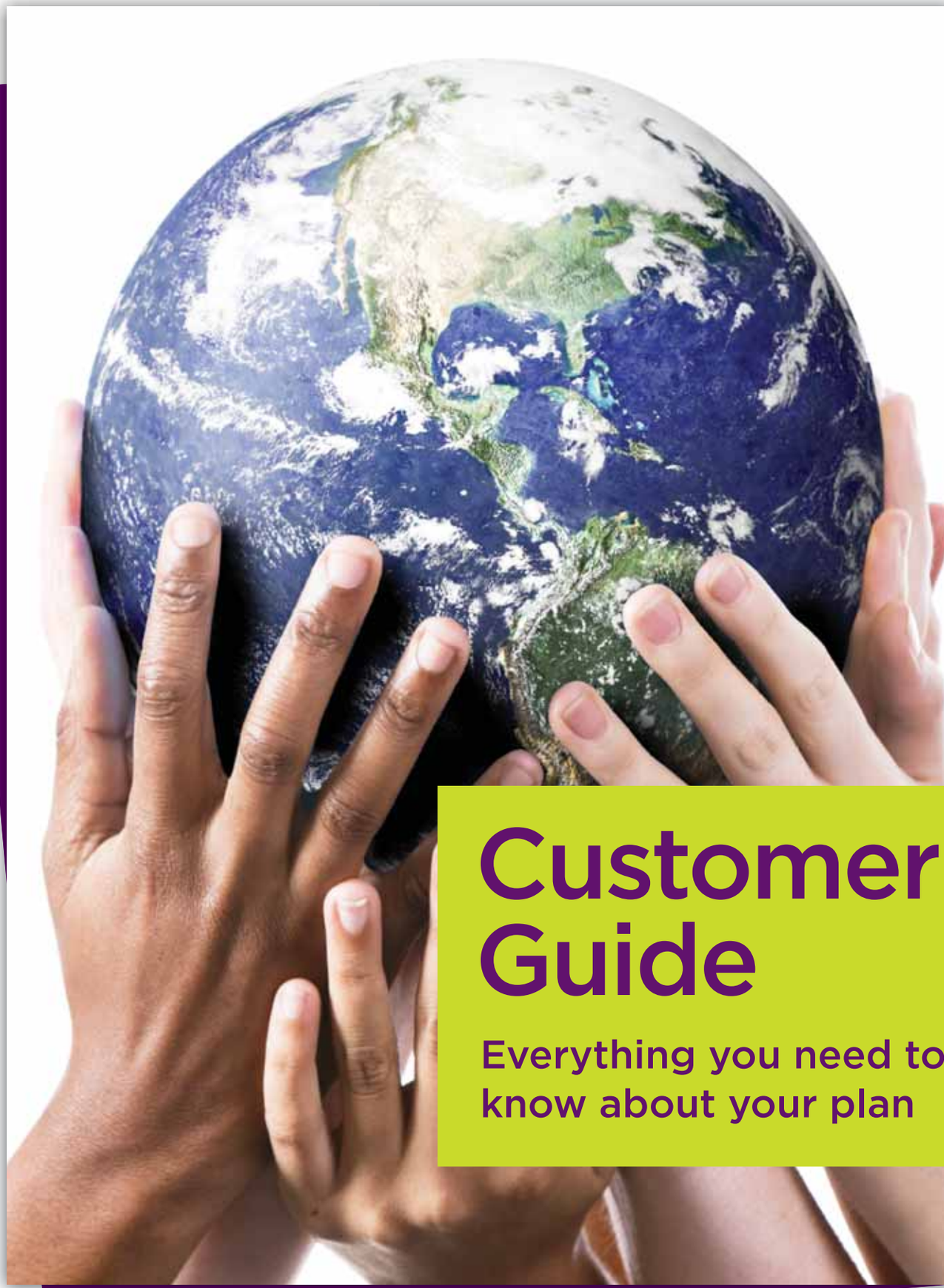
Cigna®



Customer Guide

Everything you need to know about your plan

INSURANCE BROKER

Global Health Options

Your Cigna Global Plan

Thank you for choosing a Cigna Global plan to protect you and your family. It's our mission to help improve your health, wellbeing and sense of security - and everything we do is designed to achieve this.

protecting you and your family when living abroad

You have chosen a plan to meet your own unique needs, so as you look through your Customer Guide and discover the full extent of the cover we provide, you may see some terms that are in bold. These terms are clearly defined in your Policy Rules so as to avoid any confusion.

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

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

CONTENTS

Our Customer Promise

We pride ourselves in offering you exceptional customer service. This is our promise to you:

- you can speak to our highly experienced Customer Care Team free 24 hours a day;
- you will have quick and easy access to healthcare facilities and professionals around the world through our extensive network;
- we will reimburse your treatment provider directly in most cases. On the rare occasion that you have to pay for treatment yourself, we aim to reimburse you within 5 working days.
- you can receive payment in over 135 currencies.

This is delivered by:

- four integrated customer service centres around the world, available freephone around the clock with medical advice, assistance and administration support;
- an unrivalled global network of over 1 million quality providers, including 5,600 hospitals, 667,400 physicians, 235,500 dental offices and 108,000 behavioural specialist locations;
- a simple claims system that enables you to access treatment without paying in many cases, simply by calling our Customer Care Team first;
- a secure customer area giving you access to country specific healthcare advice and your healthcare documents.

Questions on **treatment**, **your policy** or just advice?
Speak to **our** Customer Care Team 24 hours a day, 7 days a week, 365 days a year:

call: +44 (0) 1475 788182
or toll free on: 1 800 835 7677*
or fax: +44 (0) 1475 492113
or email: cignaglobal_customer.care@cigna.com

***You** will need an access code depending on what country **you're** calling from.
Please refer to the AT&T leaflet in your Welcome Pack for full details.

Customers calling from inside Hong Kong should first dial access code 0800 96 1111.
Customers calling from inside Singapore should first dial access code 800 0111 1111.

Getting treatment

Prior approval

You should contact **our** Customer Care Team prior to **treatment**. **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. What's more, in most cases **we** can arrange direct payment with **your treatment** provider, cutting down the hassle and letting **you** focus on **your** health.

How to claim

The diagram below shows how the **treatment** and claiming process works. In the event of **you** needing medical **treatment you** should contact **our** Customer Care Team. **Our** experts are available 24/7 to discuss **your treatment** plan and liaise directly with **your treatment** provider to arrange **guarantee of payment**, and ensure the **treatment** that **you** are about to undertake is covered under **your policy**.
We do recognise that it isn't always possible to contact **us** in advance of **emergency treatment** taking place, however **we** do ask that **you** contact **us** as soon as reasonably possible so that **we** can arrange direct settlement with **your** provider and confirm whether **treatment** is covered.

***You** will need an access code depending on what country **you're** calling from.
Please refer to the AT&T leaflet in your Welcome Pack for full details.

Customers calling from inside Hong Kong should first dial access code 0800 96 1111.
Customers calling from inside Singapore should first dial access code 800 0111 1111.

Before treatment

Call **our** Customer Care Team free of charge on: +44 (0) 1475 788182 or toll free: 1 800 835 7677*. This will help ensure **your** claim is covered under the **policy**.

After treatment

If **you've** paid for **your treatment** yourself, send **your** invoice and claim form to **us** at:

For **treatment** incurred outside the **USA, Hong Kong or Singapore**:

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

For claims for **treatment** incurred outside the **USA, Hong Kong or Singapore, you** must contact **us** in writing within 90 days of the **treatment** giving **us** details of the claim. **We** need written details of the **treatment** within 90 days, otherwise the claim will be invalidated.

Important information for treatment incurred inside the USA, Hong Kong or Singapore

If **you've** paid for **your treatment** yourself, send **your** invoice and claim form to **us** at:

For **treatment** incurred inside the **USA**:

Cigna International
PO Box 15964
Wilmington
Delaware 19850
USA

If **you** receive **treatment** inside the **USA**, from a **hospital**, **medical practitioner** or **clinic**, which is not part of the **Cigna** network, any payment **we** make will be reduced by 20%. Sometimes it is not possible to get **treatment** from a member of the **Cigna** network, whether it be due to location, or a case of emergency, and in these cases the 20% reduction will not apply.

For **treatment** incurred inside **Hong Kong**:

Cigna Global Health Options
Cigna Worldwide Life Insurance Company
Customer Service
25F.,Sunning Plaza
Causeway Bay
Hong Kong

For **treatment** incurred inside **Singapore**:

Cigna Global Health Options
Cigna Europe Insurance Company S.A.-N.V. (Singapore Branch)
152 Beach Road
#26-05 The Gateway East
Singapore 189721

Claim forms

You'll find claim forms in **your** Welcome Pack. **You** can also download them from **your** secure customer area, or at www.cignaglobal.com.

How we pay

In certain circumstances, **we** agree in advance to pay some or all of the cost of **treatment** by giving the **beneficiary**, **hospital**, **medical practitioner** or **clinic** a **guarantee of payment**. If a **hospital**, **medical practitioner** or **clinic** is willing to invoice **us** directly, **we** will pay them directly, so long as the **treatment** is covered. Similarly, if a **beneficiary** has been invoiced directly, **we** will pay the **hospital**, **medical practitioner** or **clinic** directly where **we** can.

If **you** do have to pay for **your treatment** yourself, **we** can reimburse **you** via the following methods:

Bank wire transfer

Cheque

*__You__ will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in your Welcome Pack for full details.

Customers calling from inside Hong Kong should first dial access code 0800 96 1111.
Customers calling from inside Singapore should first dial access code 800 0111 1111.

Notes on getting treatment and claiming

Prior approval

Prior approval should be obtained from **us** for all treatment. If it is not, there may be delays in processing claims, or **we** may decline to pay all or part of the claim.

We appreciate that there will be times when it will not be practical or possible for a **beneficiary** to contact **us** for prior approval (for example, emergencies, or when a family member is suddenly sick and the priority is to get **treatment** for them as soon as possible). In circumstances like these, **we** ask that **you** or the affected **beneficiary** get in touch with **us** within 48 hours after **treatment** has been sought, so that **we** can confirm whether subsequent **treatment** will be covered. This will allow **us** to make sure that the beneficiary is making the best use of the cover. In this situation, **we** will ask for an explanation of why the **treatment** was needed urgently, and may ask for evidence of this. If **we** agree that it was not reasonably possible or practical to seek prior approval, **we** will cover the cost of the initial **treatment** (including any prescribed medication) which was urgent (within the terms of this **policy**).

If a **beneficiary** has been taken to a **hospital**, **medical practitioner** or **clinic** which is not part of the **Cigna** 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.

If prior approval is not obtained for **treatment**, **we** will pay only the amount which **we** would have paid if prior approval had been sought. In the absence of evidence to the contrary, **we** will assume that the **treatment** costs would have been reduced.

We will reduce the amount which **we** will pay by:

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

Treatment inside the USA

If prior approval 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%. A list of Cigna network hospitals, clinics and medical practitioners is available upon request.

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:

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

Treatment outside the USA, Hong Kong or Singapore

In order to make a claim, a **beneficiary** must contact **us** in writing within 90 days of the date of **treatment**, giving **us** details of the claim on a **Cigna** claim form. Claim forms and documentation relating to **treatment** outside the USA should be sent to the following address. Please clearly state the policy number on all documentation.

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

If **we** are not given written details of the claim within 90 days, the claim will be invalidated unless it is shown that written details were provided as soon as reasonably possible thereafter.

In any event, written proof of a claim must be provided to **us** within 6 months of the date of the **treatment** in respect of which the claim is made. The proof provided must describe the date, nature and extent of the **treatment** and the costs that were incurred as a result. If written advice and proof of the claim are not submitted to **us** within 6 months of the date of **treatment**, the claim will not be paid.

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.

– the results of any independent medical examination that **we** may ask and pay for.

Treatment inside the USA, Hong Kong or Singapore

If a **beneficiary** makes a claim for **treatment** in the **USA**, he or she may be required to keep to the **pre-admission certification** (**PAC**) and **continued stay review** (**CSR**) requirements. The **beneficiary** will be transferred to **CareAllies** for **PAC** for each **inpatient** or **daypatient hospital** admission in the **USA**. The **beneficiary** must discuss the **PAC** with **CareAllies** either:

– before the **beneficiary** goes into **hospital**; or

– in the case of **emergency treatment**, by the end of the first working day after the date on which the **beneficiary** goes into **hospital**.

The **beneficiary** must arrange for the **medical practitioner** who is to carry out the **treatment** to complete the **PAC**, which should then be sent to **CareAllies**. **CareAllies** will advise the **beneficiary** of the length of the agreed stay. If the **beneficiary** needs **inpatient treatment** for longer than agreed by **CareAllies**, then the **medical practitioner** who is carrying out the **treatment** must ask for **CSR** for the extra days. For emergency **inpatient** admissions, the attending **medical practitioner** should call the Customer Care Team, who will then transfer him or her to **CareAllies** for an admission certificate.

Claim forms and documentation relating to **treatment** received in the **USA** should be sent to the following address. Please clearly state the **policy** number on all documentation.

Cigna International
PO Box 15964
Wilmington
Delaware 19850
USA

Claim forms and documentation relating to **treatment** received in Hong Kong should be sent to the following address:

Cigna Global Health Options
Cigna Worldwide Life Insurance Company
Customer Service
25F.,Sunning Plaza
Causeway Bay
Hong Kong

Claim forms and documentation relating to **treatment** received in Singapore should be sent to the following address:

Cigna Global Health Options
Cigna Europe Insurance Company S.A.-N.V. (Singapore Branch)
152 Beach Road
#26-05 The Gateway East
Singapore 189721

In order to make a claim, a **beneficiary** must contact **us** in writing within 90 days of the date of **treatment**. If **we** are not given written details of the claim within 90 days, the claim will be invalidated unless it is shown that written details were provided as soon as reasonably possible thereafter.

In any event, written proof of a claim must be provided to **us** within 6 months of the date of **treatment** in respect of which the claim is made. The proof provided must describe the date, nature and extent of the **treatment** and the costs that were incurred as a result. If written advice and proof of the claim are not submitted to **us** within 6 months of the date of **treatment**, the claim will not be paid.

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.

– the results of any independent medical examination that **we** may ask and pay for.

How we will pay claims

In some circumstances, **we** may 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.

Some **hospitals**, **medical practitioners** or **clinics** are willing to invoice **us** directly. If the **treatment** is covered, the **hospital**, **medical practitioner** or **clinic** should send **us** the original invoice and **we** will pay them directly.

If a **hospital**, **medical practitioner** or **clinic** invoices a **beneficiary** directly, and the **hospital**, **medical practitioner** or **clinic** has not been paid, the **beneficiary** must send the original invoice to **us**, and **we** will make any payment under this **policy** to that **hospital**, **medical practitioner** or **clinic** directly.

If the **hospital**, **medical practitioner** or **clinic** invoices to a **beneficiary** directly, and the invoice is paid, the **beneficiary** may send **us** the original invoice and a receipt for the payment which has been made to the **hospital**, **medical practitioner** or **clinic**. **We** will then reimburse the **beneficiary** for any portion of the cost of the **treatment** which is covered.

In each case, **we** will only pay the parts of the costs incurred which are covered. **We** will let **you** know if **we** believe that any part of the cost incurred is not covered.

Claims may be submitted in electronic format (by email or fax) but in that case the original hard copy document must also be sent to **us** by post. **Our** contact details may be found on page 6, 'Getting treatment'.

We will pay for the following costs related to your claim:

Treatment and conditions included in the International Medical Insurance plan (and any additional selected **policy** options) which take place during the **beneficiary's period of cover**.

We will cover costs for **treatment** which have taken place, however, **we** will not cover future **treatment** costs that require payment deposits or payment in advance.

Costs as described in the **benefits** section of this **Customer Guide** as applicable on the date(s) of the **beneficiary's treatment**.

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.

Strict compliance with claims procedure

Beneficiaries must comply strictly with the claims procedures set out in this section in respect of every claim. If they do not do so, **we** will reduce **benefits** or not pay the claim as specified above.

Things you need to know

What your exclusions mean

Exclusions are costs or **treatments** that are not covered by **your** plan. Please refer to **your Policy Rules** to see the list of General Exclusions that apply to all coverage and options under Cigna Global Health Options. If **you** have any special exclusions applied to **your** individual **policy**, they'll be on **your Certificate of insurance**. If **you** have any questions about exclusions and what they mean, please call **us** on +44 (0) 1475 788 182 or toll free on 1 800 835 7677*.

Don't understand some words and terms?

If **you're** not sure what any of the terms in this guide mean, don't worry. **You'll** find a handy list of definitions in **your Policy Rules**.

Paying your premiums

You can choose to pay for **your** premiums on a monthly, quarterly, or annual basis. **You** can make payments by debit or credit card, or alternatively if **you** pay annually, **you** can pay by bank wire transfer.

Renewing your policy

We will contact **you** one month prior to the end of **your period of cover** to see whether **you** want to renew **your** plan and confirm **your** premium for the forthcoming **period of cover**. If **you** decide to renew, **you** don't need to do anything, and **your** cover will be renewed automatically for another 12 months.

Cancelling your policy

If **you** choose to terminate **your policy** and end cover for all **beneficiaries**, **you** can do so at any time by giving **us** at least seven days' notice in writing.

Changing your beneficiaries

Unless there has been a relevant **qualifying life event**, **you** can only add or remove a **beneficiary** when **your** cover is being renewed at the end of the annual **period of cover**. If there has been a relevant **qualifying life event**, such as marriage, divorce, or the birth of a child, **you** can add or remove a **beneficiary** at any time during **your** annual **period of cover**. If **you** would like to add, remove or change a **beneficiary**, just call the Customer Care Team, and they will be happy to help **you**.

Changing your benefits

If **you** want to change **your benefits**, this can be done at **your annual renewal date**. Please contact the Customer Care Team who will be happy to help, and discuss the various **benefit** options and any additional premiums payable.

Online customer area

As a **Cigna** customer, **you** have access to a wealth of information through our secure customer area. Here **you** will be able to view **your**:

- **Certificate of insurance** outlining all **your benefits**, plus any applicable exclusions and premium payable;
- Membership cards for all the people covered under **your** plan;
- **Policy Rules** that apply to **your policy;**
- Country guides highlighting security and cultural information for many destinations around the globe;
- **Hospital, medical practitioner** and **clinic** directory.

*__You__ will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in **your** welcome pack for full details.

Customers calling from inside Hong Kong should first dial access code 0800 96 1111.

Customers calling from inside Singapore should first dial access code 800 0111 1111.

How the Deductible, Cost share, and Out of Pocket Maximum work

Example 1

Deductible:

Example 2

Cost share and Out of Pocket Maximum after deductible
(when your cost share after deductible amount is *under* the out of pocket maximum)

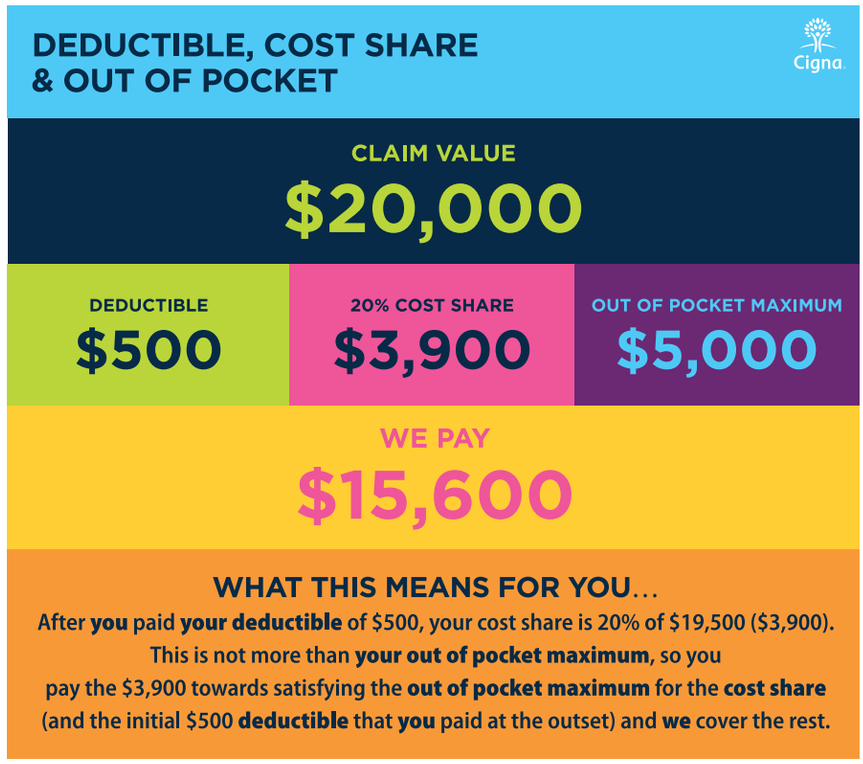
Example 3

Cost share and Out of Pocket Maximum after deductible

(when **your cost share after deductible** amount is *over* the **out of pocket maximum**)

Example 4

Deductible, Cost share and Out of Pocket Maximum after deductible



Please note: **Deductibles**, **cost shares after deductible**, and **out of pocket maximums** are determined separately for each **beneficiary** and each **period of cover**.

Your Benefits in detail

When building **your** tailored Cigna Global plan, **you** may have chosen optional **benefits** to add to **your** core cover – International Medical Insurance. In this section **we** detail exactly what cover **you** can look forward to with each option. To remind yourself of which **benefits you've** chosen, take a look at **your Certificate of insurance**.

The following **benefits** and any additional options chosen are provided subject to all of the terms, conditions, limits and exclusions of this **policy** (including the General Exclusions found in the **Policy Rules**, specific exclusions set out in the benefit table, and any special exclusions set out in **your Certificate of insurance**). The **list of benefits** in this **Customer Guide** shows any limits which apply to the **benefits**.

The **benefits** under International Outpatient, International Medical Evacuation, International Health and Wellbeing and International Vision and Dental options will only be available if **you** have purchased these in addition to **your** core level of cover - International Medical Insurance.

International Medical Insurance

Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum.
Choose **your** level of cover from the table below. All amounts apply per **beneficiary** and per **period of cover** (except where otherwise noted).

International Medical Insurance is **your** essential cover for inpatient, outpatient and accommodation costs, as well as cover for cancer, psychiatric care and much more. Our Gold and Platinum plans also give you cover for maternity care.

Your overall limit	Silver	Gold	Platinum
Annual **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	$3,000,000 €2,500,000 £2,000,000

Your standard medical benefits	Silver	Gold	Platinum
Hospital charges for: • nursing and accommodation for **inpatient** and **daypatient treatment**. • recovery room	Paid in full for semi-private room	Paid in full	Paid in full
Hospital charges for: • operating theatre. • prescribed medicines, drugs and dressings for **inpatient** or **daypatient treatment**. • **treatment** room fees for **outpatient surgery**.	Paid in full	Paid in full	Paid in full
Intensive care • intensive therapy. • coronary care. • high dependency unit.	Paid in full	Paid in full	Paid in full
Parental accommodation This applies to eligible dependent children under the age of 18. **Cigna** will pay for reasonable costs for a parent staying in the same **hospital** with the child where the child is required to stay in the **hospital** overnight. Up to the maximum amount shown **per period of cover**.	$1,000 €740 £665	$1,000 €740 £665	Paid in full
Surgeons' and anaesthetists' fees Where **surgery** is provided on an **inpatient**, **daypatient** or **outpatient** basis.	Paid in full	Paid in full	Paid in full
Specialists' consultation fees Paid in full for regular visits by a **specialist** during stays in **hospital** including **intensive care** by a **specialist** for as long as is required by **medical necessity**.	Paid in full	Paid in full	Paid in full
Transplant services Where **treatment** is provided on an **inpatient** basis.	Paid in full	Paid in full	Paid in full
Kidney dialysis Where **treatment** is provided on an **inpatient**, **daypatient** or **outpatient** basis.	Paid in full	Paid in full	Paid in full
Pathology, radiology and **diagnostic tests** (excluding Advanced Medical Imaging) Where investigations are provided on an **inpatient** or **daypatient** basis.	Paid in full	Paid in full	Paid in full
Advanced Medical Imaging (MRI, CT and PET scans) **We** will pay for these scans whether received on an **inpatient**, **daypatient** or an **outpatient** basis.	$5,000 €3,700 £3,325	$10,000 €7,400 £6,650	Paid in full
Physiotherapy and complementary therapies Where treatment is provided on an **inpatient** or **daypatient** basis.	$2,500 €1,850 £1,650	$5,000 €3,700 £3,325	Paid in full
Home nursing Up to 30 days and the maximum amount shown per **period of cover**.	$2,500 €1,850 £1,650	$5,000 €3,700 £3,325	Paid in full
Rehabilitation Up to 30 days and the maximum amount shown per **period of cover**.	$2,500 €1,850 £1,650	$5,000 €3,700 £3,325	Paid in full
Hospice stay to receive **palliative care** Up to the maximum amount shown per lifetime.	$2,500 €1,850 £1,650	$5,000 €3,700 £3,325	Paid in full

International Medical Insurance

Your standard medical benefits	Silver	Gold	Platinum
Internal prosthetic devices/**surgical and medical appliances** **We** will pay for: • a prosthetic implant, device or appliance which is inserted during **surgery**.	Paid in full	Paid in full	Paid in full
External prosthetic devices/**surgical and medical appliances** **We** will pay for: • a prosthetic device or appliance which is a necessary part of the **treatment** immediately following **surgery** for as long as is required by **medical necessity**. • a prosthetic device or appliance which is **medically necessary** and is part of the recuperation process on a **short-term** basis. For adults, **we** will pay for one external prosthetic device. For children up to the age of 16, **we** will pay for the initial prosthetic device and up to two replacement devices. Up to the maximum amount shown per **period of cover**.	For each prosthetic device $3,100 €2,400 £2,000	For each prosthetic device $3,100 €2,400 £2,000	For each prosthetic device $3,100 €2,400 £2,000
Local ambulance and air ambulance services **Medically necessary** travel by local road ambulance or local air ambulance, such as a helicopter, when related to covered hospitalisation.	Paid in full	Paid in full	Paid in full
Inpatient cash **benefit** **We** will make a cash payment to the **beneficiary** when they: • receive **treatment** in **hospital** which is covered under this plan; • stay in a **hospital** overnight; and • have not been charged for their room, board and **treatment** costs. Per night up to 30 nights per **period of cover**.	$100 €75 £65	$100 €75 £65	$200 €150 £130
Emergency dental **treatment** Dental **treatment** in **hospital** after a serious accident.	Paid in full	Paid in full	Paid in full

Your psychiatric care	Silver	Gold	Platinum
Psychiatric **treatment** **We** will pay for: • **treatment** of mental health conditions and disorders. • addiction **treatment**. Whether the **beneficiary** is staying in a **hospital** overnight or receiving **treatment** as a **daypatient** or **outpatient**. A combined maximum total of 90 days cover is available in the **period of cover**, including up to 30 days of **inpatient treatment**. For **daypatient** and **outpatient treatment**, each visit will count as one day. An overall 5 year total limit of 180 days cover will apply, of which a maximum of 60 days can be used for **inpatient treatment**. Up to the maximum amount shown per **period of cover**.	$5,000 €3,700 £3,325	$10,000 €7,400 £6,650	Paid in full

Your cancer care	Silver	Gold	Platinum
Cancer Treatment **We** will pay for **active** and **evidence-based treatment** received for, or related to **cancer**, including chemotherapy, radiotherapy, oncology, **diagnostic tests** and drugs whether the **beneficiary** is staying in a **hospital** overnight or receiving **treatment** as a **daypatient** or **outpatient**.	Paid in full	Paid in full	Paid in full

International Medical Insurance

Your parent and baby care	Silver	Gold	Platinum
Routine **maternity benefit** and childbirth cover Available once the mother has been covered by the **policy** for 10 months or more. **Inpatient** and **outpatient treatment**, including **hospital** charges, obstetricians' and midwives' fees. Up to the maximum amount shown per **period of cover**.	*Not covered*	$7,000 €5,500 £4,500	$14,000 €11,000 £9,000
Complications from maternity Available once the mother has been covered by the **policy** for 10 months or more. **Inpatient** and **outpatient treatment** for complications resulting from pregnancy. Caesarean sections are only covered when these are required by **medical necessity**. Up to the maximum amount shown per **period of cover**.	*Not covered*	$14,000 €11,000 £9,000	$28,000 €22,000 £18,000
Homebirths Available once the mother has covered by the **policy** for 10 months or more. Up to the maximum amount shown per **period of cover**.	*Not covered*	$500 €370 £335	$1,100 €850 £700
Newborn care If at least one parent has been covered by the **policy** for a continuous period of 10 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 **application** is received by **us** to add the newborn to the **policy** within 30 days of the newborn's date of birth. If an **application** is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and **we** will require the completion of a medical health questionnaire whereby **we** may apply special restrictions or exclusions. If neither parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and an **application** is received by **us** to add the newborn to the **policy** as a **beneficiary**. The newborn will be subject to medical underwriting and **we** will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby **we** may apply special restrictions or exclusions. Up to the maximum amount shown for **treatment** within the first 90 days following birth.	$25,000 €18,500 £16,500	$75,000 €55,500 £48,000	$156,000 €122,000 £100,000
Congenital conditions Where **treatment** is provided on an **inpatient** or **daypatient** basis and the **congenital condition** manifested itself before the **beneficiary's** 18th birthday. Up to the maximum amount shown per **period of cover**	$5,000 €3,700 £3,325	$20,000 €14,800 £13,300	$39,000 €30,500 £25,000

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

Notes on your International Medical Insurance cover

Accommodation for inpatient or daypatient treatment and recovery room

- **We** will pay for:
  - nursing care and accommodation whilst a **beneficiary** is receiving **inpatient** or **daypatient treatment**; or
  - the cost of a **treatment** room while a **beneficiary** is undergoing **outpatient surgery**, if one is required.
- **We** will only pay these costs if:
  - it is **medically necessary** for the **beneficiary** to be treated on an **inpatient** or **daypatient** basis;
  - they stay in **hospital** for a medically appropriate period of time;
  - the **treatment** which they receive is provided or managed by a **specialist**; and
  - they stay in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only).
  - they stay in a semi-private room with shared bathroom (applicable on the Silver plan only).
- If a **hospital's** fees vary depending on the type of room which the **beneficiary** stays in, then the maximum amount which **we** will pay is the amount which would have been charged if the **beneficiary** had stayed in a standard single room with a private bathroom or equivalent (applicable on the Gold and Platinum plans only), or a semi-private room with shared bathroom or equivalent (applicable on the Silver plan only).
- If the treating **medical practitioner** decides that the **beneficiary** needs to stay in **hospital** for a longer period than **we** have approved in advance, or decides that the **treatment** which the **beneficiary** needs is different to that which **we** have approved in advance, then that **medical practitioner** must provide **us** with a report, explaining:
- how long the **beneficiary** will need to stay in **hospital**;
- the diagnosis (if this has changed); and
- the **treatment** which the **beneficiary** has received, and needs to receive.

Operating theatre costs

- **We** will pay any costs and charges relating to the use of an operating theatre, if the **treatment** being given is covered under this **policy**.

Medicines, drugs and dressings

- **We** will pay for medicines, drugs and dressings which are prescribed for the **beneficiary** whilst he or she is receiving **inpatient** or **daypatient treatment.**
- **We** will only pay for medicines, drugs and dressings which are prescribed for use at home if the **beneficiary** has cover under the International Outpatient option (unless they are prescribed as part of **cancer treatment**).

Intensive care

- **We** will pay for a **beneficiary** to be treated in an **intensive care**, intensive therapy, high dependency or coronary care facility if:
  - that facility is the most appropriate place for them to be treated;
  - the care provided by that facility is an essential part of their **treatment**; and
  - the care provided by that facility is routinely required by patients suffering from the same type of illness or **injury**, or receiving the same type of **treatment**.

Hospital accommodation for a parent or guardian

- If a **beneficiary** who is under the age of 18 needs **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**.

Surgeons' and anaesthetists' fees

- **We** will pay for **inpatient, daypatient** or **outpatient** costs for :
  - surgeons' and anaesthetists' **surgery** fees; and
  - surgeons' and anaesthetists' fees in respect of **treatment** which is needed immediately before or after **surgery** (i.e. on the same day as the **surgery**).
- **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**).

Specialists' consultation fees

- **We** will pay for consultations with a **specialist** during stays in a **hospital** where the **beneficiary**:
  - is being treated on an **inpatient** or **daypatient** basis;
  - is having **surgery**; or
  - where the consultation is a **medical necessity**.

Transplant services for organ, bone marrow and stem cell transplants

- **We** will pay for **inpatient treatment** directly associated with an organ transplant, for the **beneficiary** if:
  - the transplant is **medically necessary**, and
  - the organ to be transplanted has been donated by a member of the **beneficiary's** family or come from a verified and legitimate source.
- **We** will pay for anti-rejection medicines following a transplant, when they are given on an **inpatient** basis.
- **We** will pay for **inpatient treatment** directly associated with a bone marrow or peripheral stem cell transplant if:
  - the transplant is **medically necessary**; and
  - the material to be transplanted is the **beneficiary's** own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source.
- **We** will not pay for bone marrow or peripheral stem cell transplants under this part of this **policy** if the transplants form part of **cancer treatment**. The cover which **we** provide in respect of **cancer treatment** is explained in other parts of this **policy**.
- If a person donates bone marrow or an organ to a **beneficiary**, **we** will pay for:
  - the harvesting of the organ or bone marrow;
  - any **medically necessary** tissue matching tests or procedures;
  - the donor's **hospital** costs; and
  - any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure;

  whether or not the donor is covered by this **policy**.
- The amount which **we** will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source.
- **We** will not pay for **outpatient treatment** for either the **beneficiary** or donor, unless the **beneficiary** has cover under the International Outpatient option for the specific **outpatient treatment** required.
- If a **beneficiary** donates an organ, **we** will only pay for the harvesting of the organ if the intended recipient is also a **beneficiary** under this **policy**.
- **We** will consider all **medically necessary** transplants. Those transplants (such as transplants which are considered to be experimental procedures) are not covered under this **policy**. This is because of conditions or limitations to coverage which are explained elsewhere in this **policy**.
- A **beneficiary** must contact **us** and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant.

Kidney dialysis

- **Treatment** for kidney dialysis will be covered if such **treatment** is available in the **beneficiary's country of residence**. We will pay for this on an **inpatient, daypatient**, or **outpatient** basis.

- **We** will pay for kidney dialysis **treatment** outside the **beneficiary's country of habitual residence** if the country where that **treatment** is provided is within the **beneficiary's selected area of coverage**. **We** will pay for this on a **daypatient** basis. Travel and accommodation expenses incurred in connection with such **treatment** will not be covered.

Pathology, radiology and other diagnostic tests (excluding Advanced Medical Imaging)

- **We will** pay for:

- blood and urine tests;
- X-rays;
- ultrasound scans;
- electrocardiograms (ECG); and
- other **diagnostic tests** (excluding advanced medical imaging);

where they are **medically necessary** and are recommended by a **specialist** as part of a **beneficiary's hospital** stay for **inpatient** or **daypatient treatment**.

Advanced Medical Imaging (MRI, CT and PET scans)

- **We** will pay for:

  – magnetic resonance imaging (MRI);

  – computed tomography (CT); and / or

  – positron emission tomography (PET);

  if they are recommended by a **specialist** as a part of a **beneficiary's inpatient, daypatient** or **outpatient treatment**.

Physiotherapy and complementary therapies

- **We** will pay for:

  – **treatment** provided by physiotherapist and

  – **complementary therapists** (acupuncturists, homeopaths, and practitioners of Chinese medicine);

  if these therapies are recommended by a **specialist** as part of the **beneficiary's hospital** stay for **inpatient** or **daypatient treatment** (but are not the primary **treatment** which they are in **hospital** to receive).

Home nursing

We will pay for a **beneficiary** to have up to 30 days of **home nursing** care per period of cover if:

– it is recommended by a **specialist** following **inpatient** or **daypatient treatment** which is covered by this **policy**;

– it starts immediately after the **beneficiary** leaves **hospital**; and

– it reduces the length of time for which the **beneficiary** needs to stay in **hospital**.

We will only pay for **home nursing** if:

– it is provided in the **beneficiary's** home by a **qualified nurse**;

– it comprises **medically necessary** care that would normally be provided in a **hospital**. **We** will not pay for **home nursing** which only provides non-medical care or personal assistance.

Rehabilitation treatment

- **We** will pay for **rehabilitation treatments** (physical, occupational and speech therapies) which are recommended by a **specialist** and are **medically necessary** after a traumatic event such as a stroke or spinal **injury**. This includes up to 30 days accommodation and living costs, for each separate condition which requires **rehabilitation treatment**.

- If the **rehabilitation treatment** is required following an orthopaedic, spinal or neurological event, **we** will, subject to prior approval being obtained prior to the commencement of any **treatment** pay for **rehabilitation treatment** for more than 30 days, if further **treatment** is **medically necessary** and is recommended by the treating **specialist**.

- **We** will only pay for **rehabilitation treatment** if:

  – it is needed after, or as a result of, **treatment** which is covered by this **policy**; and

  – it begins within 30 days of the end of that original **treatment**.

- All **rehabilitation treatment** must be approved by **us** in advance. **We** will only approve **rehabilitation treatment** if the treating **specialist** provides **us** with a report, explaining:

  – how long the **beneficiary** will need to stay in **hospital**;

  – the diagnosis; and

  – the **treatment** which the **beneficiary** has received, or needs to receive.

Hospice and palliative care

- If a **beneficiary** is given a terminal diagnosis, and there is no available **treatment** which will be effective in aiding recovery, **we** will pay for **hospital** or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.

Prosthetics, devices and appliances

Internal prosthetics devices and appliances

- **We** will pay for internal prothetic implants, devices or appliances which are put in place during **surgery** as part of a **beneficiary's treatment**.

External prosthetics devices and appliances

- **We** will pay for external prosthetics, devices or appliances which are necessary as part of a **beneficiary's treatment** (subject to the limitations explained below).

- **We** will pay for:

  – a prosthetic device or appliance which is a necessary part of the **treatment** immediately following **surgery** for as long as is required by **medical necessity**;

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

- **We** will pay for one external prosthetic device for **beneficiaries** aged 18 or over per **period of cover.**

- **We** will pay for an initial external prosthetic device and up to two replacements for **beneficiaries** aged 17 or younger per **period of cover**.

Local ambulance and air ambulance services

- Where it is **medically necessary**, **we** will pay for a local ambulance to transport a **beneficiary**:

  – from the scene of an accident or **injury** to a **hospital**;

  – from one **hospital** to another; or

  – from their home to a **hospital**.

- **We** will only pay for a local ambulance where its use relates to **treatment** which a **beneficiary** needs to receive in **hospital**.

- Where it is **medically necessary**, **we** will pay for an air ambulance to transport the **beneficiary**:

  – from the scene of an accident or **injury** to a **hospital**; or
  – from one **hospital** to another.

Air ambulance cover is subject to the following conditions and limitations:

In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, **we** will not arrange or pay for an air ambulance. This **policy** does not guarantee that an air ambulance will always be available when requested, even if it is medically appropriate;

  – **we** will only pay for an air ambulance to transport a **beneficiary** for distances up to 100 miles (160 kilometres); and

  – **we** will only pay for an air ambulance where its use relates to **treatment** which a **beneficiary** needs to receive in **hospital**.

- This **policy** does not provide cover for mountain rescue services.

- Cover for medical evacuation or repatriation is only available if **you** have cover under the International Medical Evacuation option. Please refer to the relevant section of this **Customer Guide** for details of that option.

Inpatient cash benefit

We will make cash payments directly to a **beneficiary** who has received **inpatient treatment** but has not been charged for that **treatment** or for accommodation, if the **treatment** is covered under this **policy**.

Emergency inpatient dental treatment

We will pay for emergency **dental treatment** which is required by a **beneficiary** while they are in **hospital** as an **inpatient**, if that emergency **inpatient dental treatment** is recommended by the treating **medical practitioner** because of a **dental emergency** (but is not the primary **treatment** which the **beneficiary** is in **hospital** to receive).

This **benefit** is paid instead of any other dental **benefits** the **beneficiary** may be entitled to in these circumstances.

Treatment of mental health conditions and disorders

- Subject to the limits explained below, **we** will pay for the **treatment** of mental health conditions and disorders.
- **We** will only pay for **evidence-based treatment** and **medically necessary treatment**.
- **We** will pay for up to a combined maximum total of 90 days of:
  - **treatment** for mental health conditions and disorders; and
  - addiction **treatment** (see additional **treatment** below);

  in any one **period of cover**, including up to 30 days of **inpatient treatment**.
- **We** will pay for up to a combined maximum total of 180 days of:
  - **treatment** for mental health conditions and disorders; and
  - addiction **treatment** (see additional **treatment** below);

  in any five year period. For example, if a **beneficiary** uses 90 days of **psychiatric** or addiction **treatment** in one **period of cover**, and 90 days of **psychiatric** or addiction **treatment** in the following **period of cover**, **we** will not pay for any further **psychiatric** or addiction **treatment** for the next three consecutive years of cover.

In determining when these 30, 90 and 180 day limits have been reached:

- **we** count each overnight stay during which a **beneficiary** received **inpatient treatment** as one day; and
- **we** count each day on which a **beneficiary** receives **outpatient** and **daypatient treatment** as one day.

Addiction treatment

- **We** will pay for:
  - diagnosis of addictions (including alcoholism); and
  - one course or programme of addiction **treatment** at a **specialist** centre providing **evidence-based treatment**, if that **treatment** is **medically necessary** and recommended by a **medical practitioner**.
- **We** pay for up to three attempts at **detoxification**, following which **we** will only pay for further **detoxification treatment** if the **beneficiary** completes a formal **outpatient** course or programme of addiction **treatment**.
- **We** will not pay for:
  - any other **treatment** related to alcoholism or addiction; or
  - **treatment** of any related condition (such as depression, dementia or liver failure);

  where **we** reasonably believe that the condition which requires **treatment** was the direct result of alcoholism or addiction.
- **We** will only pay for **evidence-based treatment** and **medically necessary treatment**.
- **We** will pay for up to a combined maximum total of 180 days of:
  - addiction **treatment**; and
  - **treatment** for mental health conditions and disorders (see additional **treatment** above);

  in any five year period. For example, if a **beneficiary** uses 90 days of **psychiatric** or addiction **treatment** in one **period of cover**, and 90 days of **psychiatric** or addiction **treatment** in the following **period of cover**, **we** will not pay for any further **psychiatric** or addiction **treatment** for the next three consecutive years of cover.

  In determining when this and 180 day limit has been reached:
  - **we** count each overnight stay during which a **beneficiary** receives **inpatient treatment** as one day; and
  - **we** count each day on which a **beneficiary** receives **outpatient treatment** as one day.

Cancer treatment

- **We** will pay costs for the **treatment** of **cancer** if the **treatment** is considered by **us** to be **active treatment** and **evidence-based treatment**. This includes chemotherapy, radiotherapy, oncology, **diagnostic tests** and drugs, whether the **beneficiary** is staying in a **hospital** overnight or receiving **treatment** as a **daypatient** or **outpatient**.

Routine maternity benefit care (Gold and Platinum plans only)

- **We** will pay for the following parent and baby care and treatment, on an **inpatient** or **outpatient** basis as appropriate, if the mother has been a beneficiary under this **policy** for a continuous period of at least 10 months prior to the birth of the child:

  – **hospital**, 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

Complications from Maternity (Gold and Platinum plans only)

- **We** will pay for **inpatient** or **outpatient treatment** relating to complications resulting from pregnancy or childbirth if the mother has been a **beneficiary** under this **policy** for a continuous period of at least 10 months prior to the birth of the child. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth.

- This part of the **policy** does not provide cover for home births.

- **We** will only pay for a Caesarean section, where it is **medically necessary**. If **we** cannot confirm that it was **medically necessary**, the Caesarean section will not be covered.

- **We** will not pay for surrogacy or any related **treatment**. **We** will not pay for **maternity benefit** care or **treatment** for a **beneficiary** acting as a surrogate or anyone acting as a surrogate for a **beneficiary**.

Homebirths (Gold and Platinum plans only)

- We will pay **midwives**' and **specialists**' fees relating to routine home births if the mother has been a beneficiary for a continuous period of 10 months or more before the birth.

  Please note that the complicated **maternity benefit** 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**.

Newborn care

- **We** will pay for:

  – up to 10 days routine care for the baby following birth; and

  – all **treatment** required for the baby during the first 90 days after birth instead of any other **benefit**;

  If at least one parent has been covered by the **policy** for a continuous period of 10 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 **application** is received by **us** to add the newborn to the policy within 30 days of the newborn's date of birth. If an **application** is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and **we** will require the completion of a medical health questionnaire whereby **we** may apply special restrictions or exclusions.

- **We** will pay for:

  – up to 10 days routine care for the baby following birth; and

  – all **treatment** required for the baby during the first 90 days after birth instead of any other **benefit**;

  If neither parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and an **application** is received by **us** to add the newborn to the policy as a **beneficiary.** The newborn will be subject to medical underwriting and **we** will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby **we** may apply special restrictions or exclusions.

- The newborn care **benefits** explained above are not available for children who are born following fertility **treatment** (such as IVF), are born to a surrogate, or have been adopted. In these circumstances children can only be covered by the **policy** 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.

Congenital conditions

- **We** will pay for **treatment** on an **inpatient** or **daypatient** basis on **congenital conditions** which manifest themselves before the **beneficiary's** 18th birthday.

- If **you** have cover under the International Outpatient, International Medical Evacuation, International Health and Wellbeing or International Vision and Dental options, the stated limits will apply for cover which is available under those options.

  A full list of the conditions which **we** define as congenital can be obtained from **our** Customer Care Team.

International Outpatient

International Outpatient covers **you** more comprehensively for **outpatient** care and includes **specialist** consultations, prescribed **outpatient** drugs and dressings, physiotherapy, osteopathy, chiropractic and much more.

Your overall limit	Silver	Gold	Platinum
Annual **benefit** – maximum per **beneficiary** per **period of cover**. This includes claims paid across all sections of International Medical Outpatient.	$10,000 €7,400 £6,650	$25,000 €18,500 £16,625	$78,000 €61,000 £50,000

Your standard medical benefits	Silver	Gold	Platinum
Consultations with **medical practitioners** and **specialists** Up to the maximum amount shown per **period of cover.**	$125 / €90 / £80 limit per visit. Up to 15 visits per year.	$250 / €185 / £165 limit per visit. Up to 30 visits per year.	Paid in full
Pathology, radiology and **diagnostic tests** (excluding Advanced Medical Imaging) Where investigations are provided on an **outpatient** basis Up to the maximum amount shown per **period of cover.**	100% up to $2,500 €1,850 £1,650	100% up to $5,000 €3,700 £3,325	Paid in full
Physiotherapy Where **treatment** is provided on an **outpatient** basis.	100% up to $2,500 €1,850 £1,650	100% up to $5,000 €3,700 £3,325	Paid in full
Osteopathy and chiropractic **treatment** Up to the maximum visits shown per **period of cover**.	Paid in full up to 15 visits	Paid in full up to 15 visits	Paid in full up to 30 visits
Acupuncture, Homeopathy and Chinese medicine Up to a combined maximum of 15 visits per **period of cover**.	Paid in full	Paid in full	Paid in full
Restorative Speech therapy Provided on a **short-term** basis following a condition such as a stroke. Up to the maximum amount shown per **period of cover.**	100% up to $2,500 €1,850 £1,650	100% up to $5,000 €3,700 £3,325	Paid in full
Drugs and dressings When prescribed by a **medical practitioner** on an **outpatient** basis. Up to the maximum amount shown per **period of cover.**	100% up to $500 €370 £330	100% up to $2,000 €1,480 £1,330	Paid in full
Rental of durable medical equipment Up to a maximum of 45 days in the **period of cover**.	Paid in full	Paid in full	Paid in full
Adult vaccinations Up to the maximum amount shown per **period of cover.**	100% up to $250 €185 £165	Paid in full	Paid in full
Dental accidents **We** will pay for **dental treatment** required for the damage to the **beneficiary's sound natural tooth/teeth** as the result of an accident. **Treatment** must commence immediately after the accident and be completed within 30 days of the date of the accident. Up to the maximum amount shown per **period of cover.**	100% up to $1,000 €740 £665	Paid in full	Paid in full
Well child tests Payable for children at **appropriate age intervals** up to the age of 6.	Paid in full	Paid in full	Paid in full
Child immunisations Payable for children aged 17 or younger.	Paid in full	Paid in full	Paid in full
Annual routine tests One eye test and hearing test for children aged 15 or younger.	Paid in full	Paid in full	Paid in full

Your deductible and cost share options	Silver	Gold	Platinum
Deductible (various) A **deductible** is the amount which **you** must pay before any claims are covered by **your** plan.	$0 / $150 / $500 / $1,000 / $1,500 €0 / €110 / €370 / €700 / €1,100 £0 / £100 / £335 / £600 / £1,000		
Cost share after deductible and **out of pocket maximum** **Cost share** is the percentage of **each** claim not covered by **your** plan. The **out of pocket maximum** is the maximum amount of **cost share** you would have to pay in a **period of cover**. The **cost share** amount is calculated after the **deductible** is taken into account. Only amounts **you** pay related to **cost share** contribute to the **out of pocket maximum**.	First, choose **your cost share** percentage: 0% / 10% / 20% / 30% **Your out of pocket maximum** is: $3,000 €2,200 £2,000		

Notes on your International Outpatient cover

Consultations with Medical Practitioners and Specialists

- **We** will pay for consultations or meetings with a **medical practitioner** which are necessary to diagnose an illness, or to arrange or receive **treatment** up to the maximum number of visits shown in the benefit table.
- **We** will pay for non-surgical **treatment** on an **outpatient** basis, which is recommended by a **specialist** as being **medically necessary**.

Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)

- **We** will pay for:

- blood and urine tests;
- X-rays;
- Ultrasound scans;
- electrocardiograms (ECG); and
- other diagnostic tests (excluding advanced medical imaging);

where they are **medically necessary** and are recommended by a **specialist** as part of a **beneficiary's hospital** stay for **outpatient treatment**.

Physiotherapy treatment

- **We** will pay for physiotherapy **treatment** on an **outpatient** basis that is **medically necessary**, restorative in nature to help **you** to carry out **your** normal activities of daily living. The **treatment** must be carried out by a properly qualified practitioner and holds the appropriate license to practice in the country where the **treatment** is received.

Osteopathy and Chiropractic treatment

- **We** will pay up to a combined maximum total of visits in any one **period of cover** for osteopathy and chiropractic **treatment** which is **evidence-based treatment**, **medically necessary** and recommended by a treating **specialist**, if a **medical practitioner** recommends the **treatment** and provides a referral. The **treatment** must be carried out by a properly qualified practitioner and holds the appropriate license to practice in the country where the **treatment** is received.

Acupuncture, Homeopathy, and Chinese medicine

- **We** will pay for a combined maximum total of 15 consultations with acupuncturists, homeopaths and practitioners of Chinese medicine for each **beneficiary** in any one **period of cover**, if those **treatments** are recommended by a **medical practitioner**.
- The **treatment** must be carried out by a properly qualified practitioner and holds the appropriate license to practice in the country where the **treatment** is received.

Restorative Speech therapy

- **We** will pay for restorative speech therapy if:
  - it is required immediately following **treatment** which is covered under this **policy** (for example, as part of a **beneficiary's** follow-up care after they have suffered a stroke);
  - it is confirmed by a **specialist** to be **medically necessary** on a **short-term** basis.
- **We** will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. **We** will not pay for speech therapy which:
  - aims to improve speech skills which are not fully developed;
  - is educational in nature;
  - is intended to maintain speech communication;
  - aims to improve speech or language disorders (such as stammering); or
  - is as a result of learning difficulties, developmental problems (such as dyslexia), behavioural problems (such as attention-deficit hyperactivity disorder), or autism.

Drugs and dressings

- **We** will pay for prescription drugs and dressings which are prescribed by a **medical practitioner** on an **outpatient** basis.

Rental of durable medical equipment

- **We** will pay for the rental of durable medical equipment for up to 45 days per **period of cover**, if the use of that equipment is recommended by a **specialist** in order to support the **beneficiary's treatment**.
- **We** will only pay for the rental of durable medical equipment 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.**

Adult vaccinations

- **We** will pay for certain vaccinations and immunisations namely:
  - tetanus (once every 10 years);
  - hepatitis A;
  - hepatitis B;
  - meningitis;
  - rabies;
  - cholera;
  - yellow fever;
  - Japanese encephalitis;
  - polio booster;
  - typhoid; and
  - malaria (in tablet form, either daily or weekly).

Dental accidents

- 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** or 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.**

Well child tests

- **We** will pay for well child routine tests at any of the **appropriate age intervals,** and for a **medical practitioner** to provide preventative care consisting of:
  - evaluating medical history;
  - physical examinations;
  - development assessment;
  - anticipatory guidance; and
  - appropriate immunisations and laboratory tests; for children aged 6 or younger.
- **We** will pay for:
  - one visit to a **medical practitioner** at each of the **appropriate age intervals** (up to a total of 13 visits for each child) for the purposes of receiving preventative care services;
  - one school entry health check, to assess growth, hearing and vision, for each child aged 5 or younger;
  - diabetic retinopathy screening for children over the age of 12 who have diabetes.

Child immunisations

- **We** will pay for the following immunisations for children aged 17 or younger;
  - DPT (diphtheria, pertussis and tetanus);
  - MMR (measles,mumps and rubella);
  - HiB (haemophilus influenza type b);
  - polio;
  - influenza;
  - hepatitis B;
  - meningitis; and
  - human papilloma virus (HPV).

Annual routine tests

- **We** will pay for the following routine tests for children aged 15 or younger:
  - one eye test; and
  - one hearing test.

International Medical Evacuation

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 repatriation coverage, allowing the **beneficiary** to return to their **country of habitual residence** or **country of nationality** to be treated in a familiar location.

Your overall limit	Silver	Gold	Platinum
Annual **benefit** Maximum per **beneficiary**	Paid in full	Paid in full	Paid in full

Your standard medical benefits	Silver	Gold	Platinum
Medical Evacuation Transfer to the nearest centre of medical excellence if the **treatment** the **beneficiary** needs is not available locally.	Paid in full	Paid in full	Paid in full
Medical repatriation	Paid in full	Paid in full	Paid in full
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full
Compassionate visit Up to a maximum of 5 trips per lifetime	Paid in full	Paid in full	Paid in full
Compassionate visit - travel costs Up to the maximum amount shown per **period of cover**	100% up to $1,200 €1,000 £800	100% up to $1,200 €1,000 £800	100% up to $1,200 €1,000 £800
Compassionate visit - living allowance costs Up to the maximum amount shown per day for each visit with a maximum of 10 days per visit.	100% up to $155 €125 £100	100% up to $155 €125 £100	100% up to $155 €125 £100

Notes on your International Medical Evacuation Cover

General

- 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 cover including the USA**).
- **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;
- any **treatment** received by a **beneficiary** before or after an evacuation or repatriation will be paid for under his or her International Medical Insurance plan, or any other coverage options under which they have cover;
- 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.

Medical evacuation

- 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 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).

Medical repatriation

- If a **beneficiary** requires a medical repatriation, **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 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).

- 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.

Repatriation of mortal remains

- 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** 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.

Compassionate visits

- If a **beneficiary** needs somebody to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they:

  - 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 and; or

  - are very seriously ill or injured;

  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 **medical assistance service** and the return journey must take place not more than 14 days after the **treatment** is completed.

- **We** will pay:

  – the price of an economy class air ticket; or

  – the reasonable cost of travel by land or sea; whichever is lesser.

  If it is appropriate, considering the **beneficiary's** medical requirements, the family member or partner who is accompanying them may travel in a different class.

- **We** will not pay for a third party to accompany a **beneficiary** if the original purpose of the evacuation was to enable the **beneficiary** to receive **outpatient treatment**.
- If it is **medically necessary** for a **beneficiary** to be evacuated or repatriated, and they are going to be accompanied by their **spouse** 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.
- **We** will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation.

Compassionate visit

- 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 five 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).
- **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.

General conditions

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

- 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 and Wellbeing

International Health and Wellbeing covers the **beneficiary** for screenings, tests, examinations, counselling support for a range of life crises and tailored advice and support through **our** online health education and health risk assessment, helping the **beneficiary** to take control and manage their health the way they want.

Your standard medical benefits	Silver	Gold	Platinum
Routine adult physical exams **We** will pay for routine physical examinations for persons aged 18 or older. Up to the maximum amount shown per **period of cover**	100% up to $225 €165 £150	100% up to $450 €330 £300	100% up to $600 €440 £400
Pap smear **We** will pay for an annual Papanicolaou screening. Up to the maximum amount shown per **period of cover**	100% up to $225 €165 £150	100% up to $450 €330 £300	Paid in full
Prostate **cancer** screening **We** will pay for an annual prostate **cancer** screening for men aged 50 or older. Up to the maximum amount shown per **period of cover**	100% up to $225 €165 £150	100% up to $450 €330 £300	Paid in full
Mammograms for breast **cancer** screening or diagnostic purposes **We** will pay for: • Aged 35-39: one baseline mammogram for asymptomatic women. • Aged 40-49: one mammogram for asymptomatic women every two years, or more if **medically necessary**. • Aged 50 or older: one mammogram each year. Up to the maximum amount shown per **period of cover**	100% up to $225 €165 £150	100% up to $450 €330 £300	Paid in full
Bowel **cancer** screening **We** will pay for an annual bowel **cancer** screening for **beneficiaries** aged 55 or older. Up to the maximum amount shown per **period of cover**	100% up to $225 €165 £150	100% up to $450 €330 £300	Paid in full
Bone densitometry **We** will pay for an annual scan to determine the density of the **beneficiary's** bones. Up to the maximum amount shown per **period of cover**	100% up to $225 €165 £150	100% up to $450 €330 £300	Paid in full
Dietetic consultations **We** will pay for up to 4 meetings with a dietitian per **period of cover**	*Not covered*	*Not covered*	Paid in full
Life management (customer assistance programme) • Available 24 hours a day, 7 days a week, 365 days a year. • Up to 5 face-to-face sessions with a professional counsellor. • Provides information, resources, and counselling on any work, life, personal, or family issue that matters to **you**. • Convenient online counselling via E-counselling. • Unlimited telephonic support. • SMS texting – text the support **you** need and receive a call back. • Crisis support. • Access life management services from **your** secure customer area.	Paid in full	Paid in full	Paid in full
Online health education, health assessments and web- based coaching programmes	Paid in full	Paid in full	Paid in full

Notes on your International Health and Wellbeing Cover

Adult Screening

- During each **period of cover we** will pay for the following tests to be carried out by a **medical practitioner**:
- routine adult physical examinations, within the limits set out in the **list of benefits**, for persons aged 18 or older.
- an annual papanicolaou test (pap smear) for female **beneficiaries**;
- an annual prostate examination (prostate specific antigen (PSA) test) for male **beneficiaries** aged 50 or over;
- one baseline mammogram for asymptomatic female **beneficiaries** aged between 35 and 39;
- one mammogram every two years for asymptomatic female **beneficiaries** aged between 40 and 49 (or more often, if **medically necessary**);
- one mammogram per year for female **beneficiaries** aged 50 or over;
- one bowel **cancer** screening per year for **beneficiaries** aged 55 or over;
- one bone density scan per **period of cover**.
- up to 4 consultations with a dietician per **period of cover**, if the **beneficiary** requires dietary advice relating to a diagnosed disease or illness such as diabetes (Platinum plan only);

Life management

- Available 24 hours a day, 7 days a week, 365 days a year.
- Up to 5 face-to-face sessions with a professional counsellor.
- Provides information, resources, and counselling on any work, life, personal, or family issue that matters to **you**.
- Convenient online counselling via E-counselling.
- Unlimited telephonic support.
- SMS texting – text the support **you** need and receive a call back.
- Crisis support.
- Access life management services from **your** secure customer area.

Online health education, health assessments and web-based coaching

- Online access to **our** health and wellbeing section in **our** secure customer area.

International Vision and 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
One eye examination per **period of cover** by an optometrist or ophthalmologist. Maximum per **beneficiary** per **period of cover.**	100% up to $100 €75 £65	100% up to $200 €150 £130	Paid in full
Expenses for: • Spectacle lenses. • Contact lenses. • Spectacle frames. • Prescription sunglasses.	100% up to $155 €125 £100	100% up to $155 €125 £100	100% up to $310 €245 £200

Dental Treatment

Your overall limit	Silver	Gold	Platinum
Annual **benefit** Maximum per **beneficiary** per **period of cover**.	$1,250 €930 £830	$2,500 €1,850 £1,650	$5,500 €4,300 £3,500

Your standard dental benefits	Silver	Gold	Platinum
Preventative Available after the **beneficiary** has been covered on this option for 3 months.	Paid in full	Paid in full	Paid in full
Routine Available after the **beneficiary** has been covered on this option for 3 months.	80% refund per **period of cover**	90% refund per **period of cover**	Paid in full
Major restorative After the **beneficiary** has been covered on this option for 12 consecutive months. If the **beneficiary** needs to claim within the first 12 months, 50% reimbursement will apply.	70% refund per **period of cover**	80% refund per **period of cover**	Paid in full
Orthodontic **treatment** Available for **beneficiaries** aged 18 or younger, after they have been covered on this option for 2 consecutive years.	40% refund per **period of cover**	50% refund per **period of cover**	50% refund per **period of cover**

Notes on your International Vision and Dental Cover

Vision

- **We** will pay for:
  - one eye examination per **period of cover**, to be carried out by either an ophthalmologist or optometrist;
  - glasses or contact lenses, when prescribed by an optometrist and ophthalmologist;
  - frames for glasses or lenses which are prescribed by an optometrist or opthalmologist; and
  - sunglasses, when prescribed by an optometrist or ophthalmologist.
- **We** will not pay for:
  - more than one eye examination in any one **period of cover**;
  - sunglasses, unless medically prescribed, by an ophthalmologist or optometrist;
  - glasses or lenses which are not **medically necessary** or not prescribed by an ophthalmologist or optometrist; or
  - **treatment** or **surgery**, including **treatment** or **surgery** which aims to correct eyesight, such as laser eye **surgery**, refractive keratotomy (RK) or photorefractive keratectomy (PRK).
- A copy of a prescription or invoice for corrective lenses will need to be provided to **us** in support of any claim for frames.

Dental

Preventative dental treatment

- **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:
- two 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)**;
  - one mouth guard per **period of cover**;
  - one night guard per **period of cover**; and
  - Fissure sealant.

Routine dental treatment

- **We** will pay **treatment** costs for the following routine dental treatment. The **beneficiary** must have 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**.

Major restorative dental treatment

- **We** will pay **treatment** costs for the following major restorative dental treatment. The **beneficiary** must have had International Vision and Dental cover for at least 12 months.
- If a **beneficiary** needs major restorative **dental treatment** before they have had International Visual and Dental cover for 12 months, **we** will pay 50% of the **treatment** costs.

Beneficiaries are covered for:

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

Orthodontic treatment

- **We** will pay for orthodontic **treatment** for **beneficiaries** aged 18 or younger, if they have had International Vision and Dental cover for at least 24 months. **We** will only pay for orthodontic **treatment** if:
  - the **dentist** or orthodontist who is going to provide the **treatment** provides **us**, in advance, with a detailed description of the proposed **treatment** (including X-rays and models), and an estimate of the cost of **treatment**; and
  - **we** have approved the **treatment** in advance.

Other dental treatment

- If a **beneficiary** requires a form of **dental treatment** which is not provided for in this **Customer Guide**, they may contact **us** (before the **treatment** is received) to enquire whether **we** will provide cover for that **treatment**. **We** will consider the request, and will decide, at **our** discretion:
  - whether **we** will pay for the **treatment**;
  - if so, whether **we** will pay all or part of the cost; and
  - which of the areas of cover it will come within (for the purposes of calculating when limits of cover are reached).
- Prior approval should be obtained before any **treatment** is received.

General conditions

- All cover is subject to:
  - the limits shown in the **list of benefits** as to the number of times **we** will pay for a particular **treatment**;
  - the limits shown in the **list of benefits** as to the maximum amounts **we** will pay in relation to a particular **treatment**; and
  - all of the terms, conditions, limits and exclusions set out in this **policy**.

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**.
  - **Treatment** which is, to any extent, made necessary by a **beneficiary** engaging in any illegal activity.
  - Fees or costs which relate to the filling of a claim form, or any other administrative service.
  - Fees or costs which either have been paid, or could be paid, by another insurance company, person, organisation or public body. If the **beneficiary** is also covered by other insurance, **we** will only pay a proportion of the cost of **treatment**, as appropriate. If all or any of the cost of the **treatment** could also be met by some other person, organisation or public body, **we** may claim back all or any of the amount **we** have paid from them, as appropriate.
  - 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**.
- Orthodontic **treatment** for anyone after their 19th birthday.
- 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.

you are one of a kind
so are we

Important note: 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**.

CUSTOMER GUIDE (07/13)

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