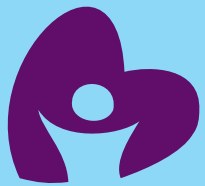
Cigna®

CompanyHealth

GE
ESSENTIAL COVER
GUIDE TO CLAIMING &
A GUIDE TO OUR CONDITIONS



Policy number:	**100737**
Annual renewal date :	**1st January**
Cigna helpline number:	**01475 788422**

Plan notes:

If **you** do not follow the 'How to Claim' procedure **your** claim will not be paid.

INTRODUCTION

This healthcare plan gives **you** the benefit of private medical care. This means **you** can avoid the delays and frustrations **you** may experience while trying to access suitable NHS **treatment**. Now **you** have a say in how **you** are cared for because with the help of **your GP**, **you** can choose where and when **you** have **treatment** as well as which consultant **you** see.

This HealthCare Plan Guide is set out in three sections which detail:

1. the benefits **you** can receive and tells **you** and **your specialist** the amounts **you** can claim under **your plan**.

2. what **you** need to do when **you** make a claim.

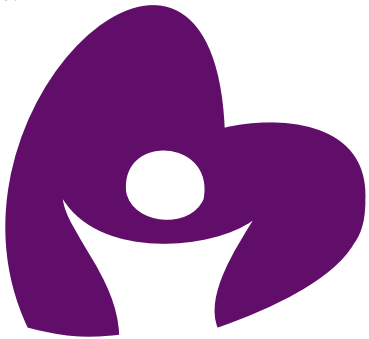
3. the terms and conditions that apply to **your plan**.

It's very important that **you** read this Guide together with **your membership certificate** as they give **you** full details about what is and isn't covered. In addition, the Directory of Hospitals booklet will help **you** choose a **hospital** that provides the services **you** need.

Words shown in **bold** in this Guide carry a specific meaning for the purposes of **your plan**. **You** can find definitions of these words in Section 17 of the Terms and Conditions.

The Plan Notes on the front of this Guide explain any additional information that applies to **your plan** that is not already detailed in **your** Terms and Conditions.

If there's anything **you're** unsure of, please phone **us** on the **Cigna** helpline number given in the Plan Notes at the front of this Guide.



CONTENTS

GUIDE TO CLAIMING

TERMS AND CONDITIONS

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GUIDE TO CLAIMING

LIST OF BENEFITS

We pay up to the limits in the **Cigna Fee Schedule** for Surgeons' and Anaesthetists' fees. This is available for **you** to view at www.cigna.co.uk. **You** may have to pay an Excess towards the cost of **your** eligible **treatment**, and this will be detailed in the Plan Notes at the front of this Guide if one is applicable.

DAY CASE: **A. 1 Hospital charges for:** a. day cases. b. operating theatre and recovery room. c. prescribed medicines, drugs and dressings for use in connection with **day case treatment**.	Full Refund
B. Surgeons', anaesthetists' and physicians' fees: for each procedure, including aftercare, according to **classification**. **Our** dedicated provider services helpline is available for **you** and **your specialist** to check professional fees against the **Cigna Fee Schedule** on 01475 492145.	Full Refund up to the levels in the **Cigna Fee Schedule**
OUT PATIENT: **C. Fees for out-patient consultations with specialists**. this benefit will be paid if **you** have been referred by your GP.	Full Refund
D. Fees for out-patient procedures and treatment: a. including radiology (eg scans and X-rays) and pathology. b. fees for Radiotherapy and Chemotherapy	Full Refund
E. Chiropractic treatment and Osteopathy: for claims in respect of chiropractic and osteopathy on self-referral or on referral from the **patient's GP**.	Up to £350 in any one **year of insurance**
F. Physiotherapy fees: a. for physiotherapy on **GP** referral.	Full refund for **evidence based treatment**
b. for physiotherapy on self referral.	Full refund when delivered by **our preferred providers**

OTHER BENEFITS **G. Surgical appliance:** a. an artificial limb, prosthesis or device which is inserted during surgery. b. an artificial prosthesis or device which is a necessary part of the **treatment** immediately following surgery - for example, a knee brace following ligament surgery.	Full Refund
H. Alternative Therapy This benefit for example, acupuncture will be paid for **evidence based treatment** only. It is only payable if recommended and supervised by a **specialist**.	Full Refund
I. Psychiatric care: fees for **outpatient treatment** of psychiatric conditions, other mental health disorders, addictions or alcoholism will be reimbursed subject to **medical necessity** and provided the **treatment** is approved by **Cigna** as being **evidence based treatment**. (For more details, please call 01475 492159.) **Note:** all expenses incurred for Psychiatric Care will be paid under this benefit only. No such expenses will be payable from any other benefit listed.	Up to £10,000 in any one **year of insurance**
J. NHS day case cash benefit: paid instead of benefits A-I for each day spent in an NHS **hospital** ward for **day case treatment** received free of charge, up to 4 visits in any one **year of insurance**.	£150
K. NHS cancer day case cash benefit: paid instead of benefits A-I for each day spent in an NHS **hospital** ward for **day case** chemotherapy or radiotherapy **treatment** received free of charge, up to a maximum 30 days in any one **year of insurance**.	£250
L. Annual Maximum Benefit the total amount payable per person in any one **year of insurance**.	£50,000

Notes:

- Benefits are underwritten and administered by **Cigna**.
- Calls may be recorded for quality and training purposes.
- The above benefits only apply when the insured person has **treatment** in the **United Kingdom** or when temporarily abroad on holiday or business.
- **You** must read this schedule with **your** HealthCare Plan Terms and Conditions, detailed in this Guide.

HOW TO CLAIM

Whenever **you** need **treatment** under **your plan, you** must contact **us** in advance to pre-authorise **your** claim in order for **us** to provide cover. If **you** do not do so **your** claim may not be paid or **you** may have to pay something towards it, as explained in the flow chart on page 9.

CARE MANAGEMENT

With **your** HealthCare Plan **you** will enjoy the benefits of **Cigna's** care management support team. **Our** qualified nurses are available to give **you** expert advice and support. They will work closely with **you**, **your** family and consultant to make sure **you** are receiving the best **treatment** at the appropriate time that is right for **you**.

When **you** make a claim, **we** will ask **you** for information about **your** condition, symptoms and **treatment** plan. This way, **we** can give **you** confidential guidance and support, discuss the options available to **you** and answer any questions **you** may have about **your** illness. This may involve alternative **treatment** plans, new technologies and drugs available and identify any areas which may be of concern to **you**.

You don't need to be ill or making a claim to speak with **our** nurses. Importantly, **you** can call them at any time if **you** need clinical information or advice.

SELF-REFERRAL

You may want to consider self-referral for certain treatments. Call the **Cigna** helpline if **you're** thinking about self-referral to:

- **our preferred providers** for physiotherapy;
- **our preferred providers** for **cognitive behavioural therapy** for the symptoms of **specific mental health disorders**;
- a chiropractor or osteopath.

Always obtain prior authorisation from **Cigna**.

WHAT HAPPENS IN AN EMERGENCY?

If **you** need **treatment** as a result of an emergency such as an accident at home or on the road, **you** will normally be taken to the Accident and Emergency department of the nearest NHS **hospital**. The NHS provides first class emergency treatment which is not normally available in private **hospitals**.

If **you** need further care after the initial **treatment** and **you** are considering a private **hospital**, discuss this with **your hospital doctor** and contact the helpline to speak to a **Cigna** nurse.

GOING FOR SURGICAL TREATMENT

Always check **your** cover for Surgeon and Anaesthetist fees before embarking on **treatment**. Fees for Surgeons and Anaesthetists for each procedure are covered to the maximum level in the **Cigna Fee Schedule** which can be viewed at www.cigna.co.uk. **Our** dedicated Provider Affairs helpline is available for **you** and **your specialist** to check professional fees on 01475 492145. Should **you** receive a written quotation regarding Surgeon and Anaesthetist Fees please call the Provider Affairs helpline on 01475 492145, alternatively fax on 01475 492116 or email provider.affairs@cigna.com.

COVER FOR EMERGENCY TREATMENT OUTSIDE THE UK

If **you** go abroad on business or on holiday, **your** benefits continue for emergencies only, up to the level of **your UK** benefits cover in any one **year of insurance**.

It is important to remember that medical expenses in some countries can be higher than at home. Also, some expenses are not covered, such as **GPs'** fees, prescriptions and routine childbirth, which would have been paid for by the NHS in the **UK**. Generally, the European Health Insurance Card (EHIC) (available from the post office or online at www.dh.gov.uk) can be used to get urgent treatment for accidents or unexpected illness in most EEA countries.

Sometimes treatment is free, or **you** may be asked to pay something towards it. Please note that overseas cover under this **plan** is limited. **You** should take out an appropriate level of travel insurance before travelling abroad. This will offer more comprehensive cover for medical costs outside the **United Kingdom** than this **plan** can provide.

Please refer to "Claims for treatment abroad" in section 3 a) of the Terms and Conditions for more information.

HOW TO CLAIM

Making a claim is very straightforward; simply follow the steps described below.

GP referral for **diagnostic tests** and investigations or to a **specialist** or **extended scope physiotherapist**.

You must call the Helpline on 01475 788422.
Your Customer Services Helpline will authorise an initial **specialist** consultation, certain specified **diagnostic tests** and investigations, visit to an Osteopath/Chiropractor or a short course of Physiotherapy. Not all **diagnostic tests** and investigations provided by **your GP** will be covered by the **plan**. The Helpline will be able to confirm whether those suggested by **your GP** are eligible.

Self-referral to:

- **our preferred providers** for physiotherapy.
- **our preferred providers** for **cognitive behavioural therapy** for the symptoms of **specific mental health disorders**.
- a chiropractor or osteopath.

You must call the Helpline on 01475 788422.
Your Customer Services Helpline or a nurse will authorise **your** self-referral **treatment**.

Attend for the **treatment** that has been authorised.

Are further **diagnostic tests** and investigations, **treatment** or consultations required?

Yes: Call the Helpline.

No: Submit **specialist/hospital** bill for payment.

The Helpline will either authorise further cover or will put **you** through to a nurse who will confirm cover as appropriate. **You** must allow **our** nurses to work with **you** and **your specialist**, as required.

Attend for **treatment** or **diagnostic tests** and investigations as authorised.

You must have all further consultations, **diagnostic tests** and investigations, and **treatment** pre-authorised by **us**. If **you** do not follow this process, **your** claim may not be paid and **you** will be liable for all costs incurred.

Submit final bills for pre-authorised **treatment** to **Cigna** for direct payment.

N.B. If **you** do not follow the 'How to Claim' procedure **your** claim will not be paid.

HOW TO CLAIM - GP REFERRAL FOR DIAGNOSTIC TESTS

To help **you** get quicker access, **we** allow **your GP** to directly refer **you** for **diagnostic tests** and investigations without the wait to see a **specialist**.

GP referral for **diagnostic tests** and investigations.

You must call the **Helpline**.

Your Customer Services Helpline will authorise certain specified **diagnostic tests** and investigations. Not all **diagnostic tests** and investigations provided by **your GP** will be covered by the **plan**; the Helpline will be able to confirm whether those suggested by **your GP** are eligible.

Are the **diagnostic tests** and investigations eligible?

Yes:
The Helpline will either authorise further cover or will put **you** through to a nurse who will confirm cover as appropriate.

No:
You will need a referral to a **specialist** from your **GP**.

Call the Helpline to authorise **diagnostic tests** and investigations as recommended by **your specialist**.

Visit hospital for **diagnostic tests** and investigations.

Are further **diagnostic tests** and investigations, **treatment** or consultation required?

Yes: **You** must have all further **diagnostic tests** and investigations and **treatment** pre-authorised by a member of **our** Healthcare Services team. If **you** do not follow this process, a penalty will be applied.

Attend further **diagnostic tests** and investigations as authorised.

Submit final bills to Cigna for direct payment.

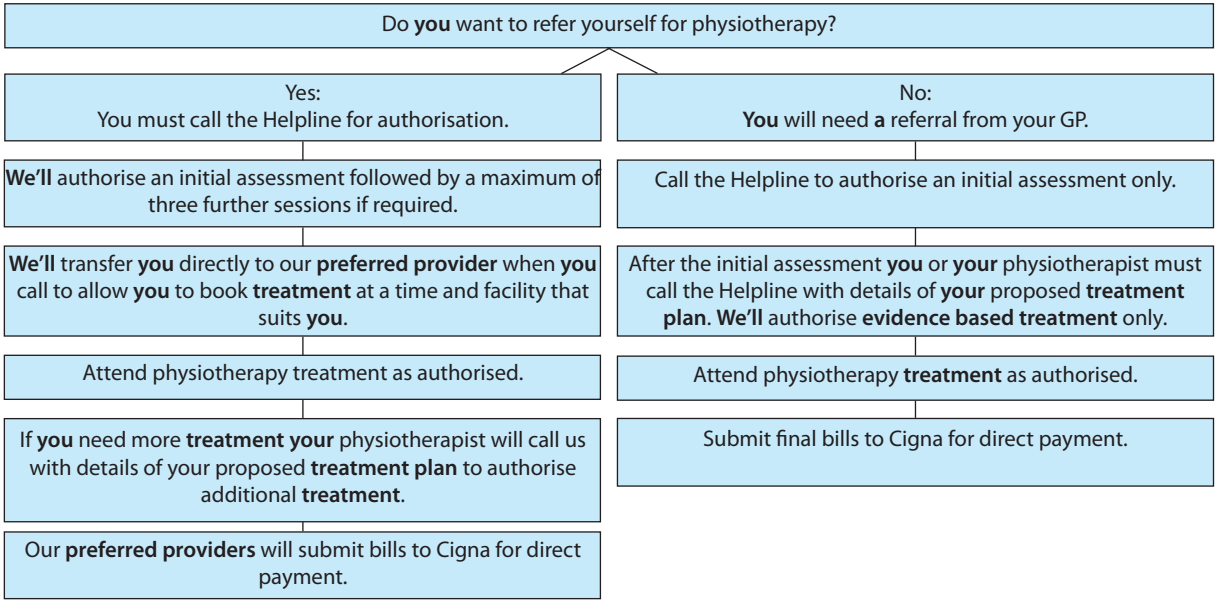
No:
Submit bill for payment.

N.B. If **you** do not follow the 'How to claim' procedure **your** claim will not be paid.

Please note that MRI scans will only be covered if **you** have a referral from a **specialist**.

HOW TO CLAIM - PHYSIOTHERAPY

To help **you** get quicker access to a physiotherapist, we allow **you** to refer yourself for physiotherapy but this must be to **our preferred providers** only.



N.B. If **you** do not follow the 'How to claim' procedure **your** claim will not be paid.

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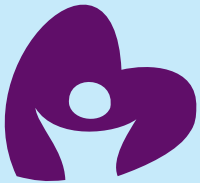
TERMS AND CONDITIONS



Welcome to this explanation of how **your plan** works. Please read these pages carefully as they tell **you** what is covered under **your plan**, **your** rights, and what **you** need to do when making a claim. To make things clearer for **you**, **we** have defined certain words in Section 17. They appear in **bold** throughout this Guide including these terms and conditions, the **list of benefits**, and in the **How to Claim** section**. You** need to read all sections in this Guide along with **your membership certificate**. These documents together form the terms of **your** policy with **Cigna**. If **your plan** has any unusual conditions, **you** can find these in the Plan Notes on the front of this Guide.

If there's anything **you're** unsure of, please phone **us** on the **Cigna** helpline number.

1. What does my plan cover?

It covers the costs of **medically necessary treatment** and services detailed in the current **list of benefits** for **acute** conditions so long as **you** live permanently in the **United Kingdom** and **you're** referred to a **specialist** by one of the following:

- **your GP**
- an osteopath or chiropractor
- an optician for eye **treatment**
- a **dentist** for oral surgery
- an **IAPT** practitioner for mental health disorders or
- an **occupational health physician**.

You may (if eligible) refer yourself to the following, subject to pre-authorisation by **us**

a. to **our preferred providers** for:
   - physiotherapy, and
   - **cognitive behavioural therapy** for the symptoms of **specific mental health disorders**.

b. to an osteopath or chiropractor.

You can check whether **you** are eligible to self-refer for osteopathy and chiropractic **treatment**, and who **our preferred providers** are for physiotherapy and **cognitive behavioural therapy**, by calling the **Cigna** helpline.

The **plan** also covers costs for certain specified **diagnostic tests** if **you** are referred by **your GP,** a **doctor** following a health screen or an **extended scope physiotherapist**. **You** should note that there is a pre-defined list of tests and procedures that **we** will cover for this. Please contact **us** for advice on what is covered.

Please note that the **plan** does not cover **treatment**, supervision or care for **chronic** conditions.

2. When does cover start for me and my family?

Your cover starts on the day **you** become a **member** of the **plan**, so long as **you** meet the membership conditions listed in the **policy schedule**.

If **you** choose to join outside the plan rules as defined by **your employer**, then **your** cover will start on the day **we** accept **your** application or the day **you** accept any special terms.

Cover for **your dependants** starts when **your** own cover begins or when they become eligible to join the **plan**. If one of **your dependants** refuses to join at the first opportunity or later leaves the **plan**, he or she can only join (or rejoin) at the next **annual renewal date**. If **you** apply for cover for **your dependants** after the date on which they become eligible, **your dependants** will be medically underwritten. This means that they will be required to complete a medical questionnaire. In this instance their cover will start from the date advised by **us** after they accept any special terms **we** offer. They must take care to answer all the questions honestly and fully. Failure to comply with this will mean that **we** may cancel their **policy**, or reject or reduce their claim. If **you** have a baby at a later stage and want to include them as a **dependant**, **you** must apply to **us** within 30 days of their birth. If **you** adopt or foster a child, **you** must apply to **us** within 30 days of the effective date of the adoption or fostering, for the child to be covered by the **plan**.

You cannot be covered under the **plan** as a **member** and **spouse** at the same time.

You are able to select **your** (and **your dependants**) level of healthcare cover from the Essential and Comprehensive benefit options **your employer** has purchased. All members of a family unit (ie all **dependants**) must be on the same level of cover.

Certain restrictions as further outlined below will apply to movements between cover, except as follows:

- If **you** undergo a lifestyle change **you** are able to change **your** level of cover without restriction.

- If **you** elect to change **your** level of cover at the **annual renewal date** after the first year of membership, **you** can do so without restriction.

However, if **you** (together with **your dependant**(s)) choose to move from Essential cover to Comprehensive cover at the next and subsequent **annual renewal dates**, then **you** and **your dependants** will be subject to a two year moratorium on all **inpatient treatment**. This means any medical conditions known to exist five years prior to changing **your** cover will not be covered in respect of **inpatient treatment**, for the first two years of membership under the Comprehensive benefits of the **plan**. If a claim is made for **inpatient treatment** for a condition known to exist five years prior to changing **your** cover under the **plan** the claim will not be paid.

If **you're** joining the **Cigna plan** from another insurer, any **treatment** costs which were incurred before **your** effective date with **Cigna**, are not covered by this **plan**. If **your treatment** is ongoing, **you** must have any new **treatment** which occurs after **your** effective date, pre-authorised by **Cigna**. If **you** leave **Cigna** to go to another insurer, **we** will only pay benefit for costs incurred whilst **you** were covered by this **plan**.

3. What costs will I be covered for?

a) Healthcare benefits - Essential Cover

We will refund the costs of **your** medically necessary **outpatient** and **day case treatment** and services detailed in the current **list of benefits,** and the cost of certain specified **diagnostic tests** if referred by **your GP**, a **doctor** following a health screen, or an **extended scope physiotherapist**. **Treatment** could take place in the **United Kingdom** or abroad subject to the conditions below.

In any one **year of insurance**, **we** will pay up to the amount shown in the **list of benefits**, so long as **treatment** is recommended by a **specialist** (except in the case of self-referral in accordance with the terms of this **plan**) and meets the following conditions:

- Chiropractic **treatment** or osteopathy: subject to pre-authorisation by **us**, **we'll** pay up to the amount shown in the current **list of benefits** in any one **year of insurance**, for,

  - a self-referral to a chiropractor or osteopath, or
  - a referral to a chiropractor or osteopath if **your GP** refers **you**, and
  - a referral to a **specialist** from a chiropractor or osteopath.

  In all cases, **we'll** pay costs of **evidence based treatment** only, as long as prior approval has been obtained from **us** and supported by an appropriate treatment plan from the therapist.

- Physiotherapy: subject to pre-authorisation by **us**, **we'll** pay for:

  - a self-referral to **our preferred provider** for physiotherapy;
  - a referral to an **extended scope physiotherapist** from **your GP** for assessment prior to commencing any **treatment**. Further **diagnostic tests**, therapy or **specialist** consultations required following this assessment must be approved by **us** before incurring costs;
  - a referral to a physiotherapist from **your GP**.

  In all cases, **we'll** pay costs of **evidence based treatment** only, as long as prior approval has been obtained from **us** and supported by an appropriate treatment plan from the therapist. The extent of **treatment** under this benefit is to return the **patient** to a state of fitness appropriate for their return to work or every-day function, not to return them to full sports fitness.

- **Treatment** of psychiatric conditions, other mental health disorders, addictions and alcoholism: these fees will be paid subject to **medical necessity**, provided **we** approve the **treatment** as **evidence based treatment**. The only payments **we** make for addictions and alcoholism are to cover diagnosis and the first time the **patient** is referred by a **GP** for **treatment** at a specialist centre providing **evidence based treatment** i.e. the first alcohol or addictions programme after diagnosis. **We**

won't pay for any more claims for recovery programmes for addictions, alcoholism or a **related condition** e.g. depression, dementia or liver failure, where after considering the medical evidence, **we** reasonably believe that the condition was the direct result of the addiction. Please note that the limit of £10,000 per **year of insurance** for psychiatric care specified in the List of Benefits applies to all costs related to psychiatric care.

- If **you** are over the age of 18, and subject to pre-authorisation by **us**, **you** may refer yourself to **our preferred provider** for a course of **cognitive behavioural therapy**, where **you** believe that **you** require **treatment** for the symptoms of a **specific mental health disorder**. All requests for self-referral must be pre-authorised by **Cigna**.

  When **you** contact **Cigna** to request a self-referral **you** will be asked to speak to a qualified **Cigna** nurse. If **our** nurses do not feel self-referral to **our preferred provider** is appropriate, **you** will be advised to visit **your GP**.

  The decision of **our** nurse whether to authorise the self-referral is at their discretion, based on the information **you** provide when **you** contact **Cigna**. **We** do not accept any liability whatsoever to the extent that a decision by **our nurse** causes **you** to suffer any medical condition (or causes an existing medical condition to change or otherwise deteriorate in any respect), including but not limited to a **specific mental health disorder**, whether or not such medical condition requires **treatment**.

  We'll pay the costs of **cognitive behavioural therapy** for the **treatment** of symptoms of a **specific mental health disorder**, delivered by **our preferred provider** as long as prior approval has been obtained from **us**. **Our preferred provider** will carry out their own clinical assessment of the **patient** before agreeing to provide any **cognitive behavioural therapy**. If during their clinical assessment **our preferred provider** decides that **cognitive behavioural therapy** is inappropriate or unnecessary, **you** will be advised to visit **your GP**.

  For a referral by **your GP** to an alternative provider for **cognitive behavioural therapy**, **we'll** pay the cost of an initial assessment only, as long as prior approval has been obtained from **us**. If further consultations or **treatment** are needed, **you** must contact **our** nurses with details of **your** proposed treatment plan and obtain **our** approval, before incurring costs. **We'll** pay costs of **evidence based treatment** only.

  Self-referral to **our preferred provider** is not available to any **member** or **dependant** under the age of 18.

- **Cancer**: **we'll** pay costs for the **treatment** of a primary **cancer** if the **treatment** is considered by **us** to be **active** and **evidence based treatment**.

  In all cases, if **treatment** becomes **symptomatic** (only to alleviate symptoms), no cover will be available.

  Cover will be provided for **monitoring** of **cancer** for a maximum period of five years following completion of the **patient's active treatment**. No benefit will be provided in lieu of cover for any period of **monitoring** of the **cancer** not yet used, to the **patient** (or their surviving dependants) if the **patient** leaves the plan, or dies.

  Please note exclusion 4.6 of Section 4 (What Isn't Covered by This Plan?)

- Complementary medicine: **we'll** pay for **evidence based treatment** involving complementary medicine - for example acupuncture - if recommended by a medical **specialist** (not a specialist in complementary medicine).

- **Cognitive behavioural therapy**: **we'll** pay for **condition management** (unrelated to a mental health disorder) provided **we** approve as **evidence based treatment** for that condition.

- NHS Day Cash Benefit: **we'll** pay a cash amount to **you** for each day spent in an NHS **hospital** for NHS **day case treatment** instead of **us** making a payment for **treatment** provided under the **plan**, up to a maximum number of days as stated in the **list of benefits**.

- NHS Cancer Day Case Cash Benefit: **we'll** pay a cash amount to **you**, for each day spent in an NHS **hospital** ward for **day patient** chemotherapy or radiotherapy **treatment**, instead of **us** making a payment for **treatment** provided under the **plan**, up to a maximum number of days as stated in the **list of benefits**.

- Claims for **treatment** abroad: **we** cover eligible **treatment** in emergency situations only. If any terms in the **policy** only relate to the **United Kingdom**, **we'll** use those **we** believe are the closest in meaning to the foreign term. Costs will be paid only up to the limits in the **list of benefits** and will be paid in Pounds Sterling using the exchange rate applicable on the date **treatment** was incurred. The **Cigna Fee Schedule** will apply to Surgeons' and Anaesthetists' fees. If the Foreign and Commonwealth Office has advised against travel to a particular country or area, or if **you're** already there but have been advised to leave, **we** won't pay for **treatment** whilst there.

  For the purposes of this benefit "Emergency" is defined as: **treatment** which is medically necessary to prevent the immediate and significant effect of illnesses, injuries or conditions which if left untreated could result in a significant deterioration in health. Only medical **treatment** through a **specialist** and hospitalisation that commences within 24 hours of the emergency event will be covered. **Treatment** which has commenced in the **United Kingdom** and requires continuation while abroad will not be covered as this is not considered an emergency.

  Please note that overseas cover under this **plan** is limited. **You** should take out an appropriate level of travel insurance before travelling abroad. This will offer more comprehensive cover for medical costs outside the **United Kingdom** than this **plan** can provide.

- **We** pay up to the limits in the **Cigna Fee Schedule** for Surgeons' and Anaesthetists' fees. This is available for **you** to view at www.cigna.co.uk. **We** will not pay any amounts which are higher than the fees listed and **you** will be responsible for paying the difference (the shortfall) directly to the surgeon or anaesthetist. To reduce the risk of this happening **you** should contact **us** before **treatment** takes place to check the fees and any potential shortfall.

b) Excess and co-insurance

There may be an excess or co-insurance to pay under this **plan** for each person covered, which will apply to **you** if **you** make an eligible claim. If so, **we'll** agree this amount and frequency with **your employer** at the **start date** and **you** can find out what it is by looking on **your membership certificate** or the Plan Notes on the front of this Guide.

Any excess or co-insurance is due from the first time **you** make a claim.

The amount will be deducted from the cost of **treatment** for each claim **you** make until the excess or co-insurance limit for the **year of insurance** is reached. **You** will need to pay any deducted excess or co-insurance amount directly to **your** provider. **We** will let **you** know what this amount is. At each **annual renewal date we'll** agree any new excess or co-insurance level with **your employer.**

The excess or co-insurance doesn't apply to any NHS overnight cash benefit which **we** might pay to **you** as an alternative to paying for **treatment** under this **plan**.

c) Choosing a Hospital

Cigna provides a Hospital Directory which lists independent medical and surgical **hospitals** and specialist psychiatric units across the **United Kingdom**. This list also includes some NHS **hospitals** with dedicated areas for private **patient** care. If **you** choose a **hospital** which is not listed in this directory, the maximum **Cigna** will pay per night is the out-of-scale limit given in the **list of benefits**. If **you** have Country scale cover **you** may not have access to a private room and facilities at all London scale **hospitals**.

4. What isn't covered by this plan?

We will not pay claims for the following conditions, **treatments** and incidental costs where **your** claim is:

4.1 for the following conditions that are not

acute medical conditions i.e.

a. Pregnancy or childbirth, unless it's affected by an **acute** medical condition or requires a **specified obstetric procedure**.
b. Complications of pregnancy or **specified obstetric procedures** that are directly or indirectly related to a previous pregnancy.
c. Complications of pregnancy, or **specified obstetric procedures**, directly or indirectly required as a result of a previous surgical procedure (whether or not related to pregnancy or childbirth) or existing **chronic** condition.
d. Termination of pregnancy.
e. Any **treatment** needed because of male or female birth control.
f. Infertility or any type of fertility **treatment**.
g. Sex change operations or any associated **treatment** needed before or after (for example, psychological counselling).
h. Expenses for any plastic or reconstructive surgery, even for psychological reasons, unless it's medically necessary as the result of an accident or because of other surgery covered under the **plan**.

4.2 based on a referral route, place of **treatment** or type of **treatment** that is not covered by the **plan** i.e.

a. Any **treatment** that hasn't been referred by **your GP**, an osteopath or chiropractor, an optician for eye **treatment**, a **dentist** for oral surgery, an **IAPT** practitioner for mental health disorders or an **occupational health physician**. This does not apply where **you** refer yourself to **our preferred providers** for physiotherapy or **cognitive behavioral therapy**, in accordance with the terms of this **plan**.
b. Any **treatment** received in the Accident and Emergency department of any **hospital.**
c. **Diagnostic tests** where **you** have been referred by **your GP**, an **extended scope physiotherapist**, or a **doctor** following a health screen, that have not been approved by **us**.
d. **Treatment** outside the **United Kingdom** if one of the reasons **you** went abroad was for that **treatment**.
e. **Treatments** that are not **evidence based treatment.**
f. **Treatment** required for complications or conditions which arise from **treatment** not otherwise covered by the **plan**.
g. **Inpatient treatment** or **home nursing**.

4.3 for the following specific types of **treatment** or **treatment** settings that are not covered by the **plan** i.e.

a. Dental or orthodontic **treatment**, except for any surgical procedures included in the **Cigna Fee Schedule** which are specifically covered.
b. Transplants (apart from skin and corneal grafts) and any related **treatment** or supervision.
c. All autologous, allogeneic or syngeneic donations for transplant or implanting purposes.
d. Removing, storing and reintroducing very early cells (or stem cells) that produce blood cells, and any associated **treatment**.
e. Any **treatment** to change the refraction of one or both eyes.
f. Any **treatment** for or in connection with strabismus (squint of the eye) and amblyopia (lazy eye).
g. **Treatment** in any way linked to a Human Immunodeficiency Virus (HIV) infection or a related illness.
h. **Treatment** linked to a sexually-transmitted disease.
i. Charges for **treatment** which has not yet taken place.
j. **Treatment** connected to injuries **you** intentionally cause **yourself**.
k. **Treatment** caused by injuries or illness resulting from **you** behaving illegally.
l. Injury or disability that has been caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval or air services.

m. **Treatment** in nature cure clinics, health hydros or similar establishments or private beds registered as a nursing home in these places.
n. **Home nursing** or living in a **hospital** where it is not a **medical necessity**, unless **we** agreed to this.
o. **Bariatric surgery** or any other intervention intended to aid weight loss, including any remedial or corrective surgery required as a result of the weight loss, including but not limited to the removal of excess loose skin.

4.4 for the following diagnostics and **treatment** of genetic and developmental conditions that are not covered by the **plan** i.e.
a. Any genetic screening.
b. **Treatment** for abnormalities from birth, except for emergency operations carried out on babies within 14 days of birth.
c. **Treatment** related to learning disorders or delay in **your** child's development.
d. **Treatment** related to tongue-tie or cleft lip palate.

4.5 for a **chronic** condition i.e.
a. **Treatment**, supervision or care for a **chronic** condition.
b. Any **treatment** required as a result of a relapse of a **chronic** condition.
c. Supportive **treatment** for chronic kidney failure, including dialysis.

4.6 for:
a. **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread). All costs for **treatment** in relation to the primary presenting tumour and metastatic spread will be excluded including any complications relating to the **cancer**, or
b. stem cell or bone marrow transplant treatment.

4.7 for any **treatment** which is imported into the **United Kingdom**. This exclusion applies even if the only way to obtain such **treatment** is to import it.

4.8 for the following specific charges and fees:
a. Private prescriptions or dressings that **you** need as an **outpatient**.
b. Expenses for **your GP's** fees, including consultations or fees for filling in a claim form.
c. Expenses for any sterilisation or contraception, including vasectomy.
d. Expenses for appliances (including spectacles and hearing aids) which don't fall within **our** definition of **surgical appliance**.
e. Extra costs including newspapers, taxi fares, phone calls and guests' meals.
f. Expenses for routine examinations or tests including eye tests, health screens, medical examinations and hearing tests.
g. Charges incurred by **you** for missed or cancelled appointments.

4.9 for any expenses which **you** have claimed or can claim from another source or insurance (see Section 12 for more information on this).

5. What happens when my condition is no longer covered?

Where **your** medical condition and associated **treatment** is no longer covered by the **policy**, for example if it becomes **chronic**, **Cigna** will work with **you** and **your specialist** to facilitate a smooth transition for **you**. **Your Cigna** nurse will contact **your specialist** to advise **treatment** is no longer covered by the **policy** and **your treatment** plan will be transferred into the NHS, if **you** are not able or do not wish to continue paying for private treatment yourself.

Any costs incurred by **you** for **treatment** after the date agreed with **your specialist** will not be paid by **Cigna**.

6. How and when do I make a claim?

Before **you** make a claim please refer to the **How to Claim** section of this Guide**.**

Please send **us your** invoices within six months of the **treatment** start date. **We** can't accept photocopies - only original invoices. If **you** don't submit **your** claim and invoices within this time, **your** claim will be denied. If **you** must have **treatment** that continues for longer than six months **you** should send **us** interim claims for every six month period. **We** may ask for a medical report if **we** need more information, which may mean that **you** need to have an independent medical examination. **We'll** pay for both of these.

7. When does my cover end?

7.1 Cover will normally come to an end for **you** and **your dependants**:

- if **you** die. **Your employer** may agree to continue cover for **your dependants** up to the next **annual renewal date** when **we** may allow them to join one of **our** individual healthcare plans.
- if **you** stop working for **your employer**. **We** may allow **you** to join one of **our** individual healthcare plans.
- if **your employer** stops paying premiums for **you** and any **dependants**.

7.2 Cover will end for a **dependant**:

- if they die; or
- if they're no longer **your dependant**. Cover will end on the next **annual renewal date**. If **you** get divorced or no longer live together or dissolve the civil partnership, **your** former partner will no longer be a **dependant** for the purposes of this **plan**. Cover for **your spouse** ends as soon as the final decree/final dissolution order has been granted. **We** may allow the **dependant** to join one of **our** individual healthcare plans.

7.3 Cover will end for all **members** and **dependants**:

- on the first **annual renewal date** after the number of **members** in the **plan** falls below 100, unless **we** decide otherwise;
- on the **annual renewal date** after **we** give **your employer** at least 28 days' notice that the **plan** is about to end; or
- if **your employer** does not pay the premiums owed under the **policy** within the **days of grace**.

You must apply to **us** within 30 days of the date **your** cover ends under Sections 7.1 and 7.2 above if **you** wish to join a Cigna individual healthcare plan. The conditions **we** set for **our** individual healthcare plans may be different from those detailed for this **plan**.

7.4 Please note that even if **treatment** has been authorised, **we** won't be responsible for any costs if the **plan** ends or **you** leave the **plan** before **treatment** has taken place.

8. Who is responsible for providing the information for administering the plan?

Your employer must give **us** all the information **we** request, in writing, to work out the premium. **You** are responsible for making sure **we** have enough information to pay **your** claims. Remember to tell **your employer's plan** administrator about any changes to **your** name or address, to ensure **our** records are up to date.

9. How is the policy renewed?

Depending on Section 10, the **plan** will continue for the period shown in the **policy schedule**. It may continue after that if **we** and **your employer** agree.

10. Will there be any changes to my plan's conditions?

We can end the **policy** or change any of its conditions. If the **policy** changes because of new laws, **we'll** write and tell **your employer**. Otherwise, **we'll** give the following notice:

- For changes to the **list of benefits**, **we** will give **your employer** at least 28 days' notice in writing. The effective date of the changes will be shown on the notice and the new **list of benefits** will apply after this time.
- For changes to the conditions or if **we** end

the **plan**, **we** will give **your employer** at least 28 days' notice in writing. The change will take place or the **plan** will end on an **annual renewal date**.

We may be able to end or change **your** cover or **your dependants'** cover, or reduce or reject **your** or **your dependants'** claim, at any time if either of the following happens:

- If **you** (or **your dependants**) have not provided all information honestly and fully in response to **our** questions, or have broken the conditions of the **policy**.
- If **you** or any of **your dependants** no longer live full time in the **United Kingdom**.

11. How should payments be made?

Your employer must make any payments in Pounds Sterling to **our** administration office, 1 Knowe Road, Greenock, Scotland, PA15 4RJ.

12. What happens if another party is involved in my claim - other insurance and Cigna's right of subrogation explained

You must tell **us** in writing as soon as possible about any claim or right of legal action against any other person that arises from a claim under this **plan**. **You** must keep **us** fully informed of any developments. If another insurer provides cover, **we'll** negotiate with them to make sure we both pay our share of the claim. If **we** ask **you**, **you** must take all steps to include the amount of benefit **you** are claiming from **us** under this **plan** in **your** claim against the other person. **We** can take over and defend or settle any claim, or prosecute any claim in **your** or **your dependant's** name for **our** own benefit. **We** will decide how to carry out any proceedings and settlement. **Cigna's** recovery rights will be limited to the costs of **treatment** claimed and paid under this **plan**.

Providing **your** claim is eligible for cover within the terms and conditions, and benefit limits of this **plan**, the recovery by **Cigna** of claims costs from a third party will not delay or prevent the payment of **your** claim by **Cigna**. **Cigna** will not pay for the proportion of any **treatment** which is over the benefit limits in the **list of benefits**.

13. What should I do if I want to complain?

If **you** have any cause for complaint, please contact **Cigna** in the first instance at 1 Knowe Road, Greenock, Scotland PA15 4RJ. If the complaint is not resolved to **your** satisfaction, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS) at:

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London, E14 9SR

The FOS can adjudicate most (but not all) complaints. Their decision is binding on **us** but **you** may reject it without affecting **your** legal rights.

14. Regulatory information

Cigna Life Insurance Company of Europe S.A.-N.V., UK Branch, with its registered office at Chancery House, 1st Floor, St Nicholas Way, Sutton, Surrey SM1 1JB, is the UK Branch of Cigna Life Insurance Company of Europe S.A.-N.V.

Cigna Life Insurance Company of Europe S.A.-N.V. is a private limited liability company under Belgian law, with its registered office in Belgium, 52 Avenue de Cortenbergh, 1000 Brussels, authorised by the National Bank of Belgium and subject to limited regulation by the UK Financial Conduct Authority and Prudential Regulation Authority.

Details about the extent of **our** regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from **us** on request. For more information on Cigna's Companies please also see the European website www.cigna.be.

15. What about data protection?

Telephone calls to and from **our** organisation may be recorded to help **us** monitor and improve the service **we** provide to **you**.

Under the Data Protection Act 1998, **we** act as the Data Controller for the personal information **we** hold about **you**. This will be processed by **us** to carry out **our** obligations and **we** may need to share it with authorised third parties. Further details of the ways in which **we** might process **your** data can be found in **our** privacy section at www.cigna.co.uk. If **you'd** like a copy of the information **we** hold about **you**, please write to **us** quoting **your** membership number. Please note that **we** may charge a fee to provide this information.

Please ensure **our** records are up to date by telling **your employer's plan** administrator about any changes to **your** circumstances, name or address.

From time to time **we'd** like to tell **you** about other products or services that may interest **you**. However, if **you** don't want to hear from **us**, please just write to **us**.

To help **us** detect and prevent fraud, **we** may need to share **your** personal information with other insurers or organisations.

16. Law and interpretation

The **policy** is governed by English Law. Please note that the words and phrases in **bold** all have special meanings which are defined below in Section 17.

No person other than the **insurer** or the **employer** may enforce this policy by virtue of the Contracts (Rights of Third Parties) Act 1999. **Your employer** is the Policyholder of **your plan**. Only the Policyholder and **Cigna** have legal rights under the agreement relating to **your policy**. This means that only the Policyholder and **Cigna** may enforce the agreement, although **Cigna** will allow **you** and anyone who is covered under the **policy** access to **our** complaints process.

17. What do these words mean?

'We', 'us', 'our', 'Cigna', 'the insurer' - Cigna Life Insurance Company of Europe S.A.-N.V., 1 Knowe Road, Greenock, Scotland PA15 4RJ.

'You', 'your' - you as a **member** and your **dependants**, if they're eligible.

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

17.2 'Acute' - a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

17.3 'Annual renewal date' - the anniversary of this **plan's start date** or any other date which **we** may agree with **your employer** in writing.

17.4 'Bariatric surgery' - surgery for the purposes of causing long-term weight loss, including but not limited to:

- Gastric band;
- Gastric bypass;
- Sleeve gastrectomy;
- Duodenal switch;
- Gastric balloon.

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

17.6 'Chronic' - a disease, illness, or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
- it needs ongoing or long-term control or relief of symptoms;
- it requires **your** rehabilitation or for **you** to be specially trained to cope with it;
- it continues indefinitely;
- it has no known cure;
- it comes back or is likely to come back.

17.7 'Cigna Fee Schedule' - the current schedule of interventional procedures and reimbursement limits approved by

us, using the codes and narratives from the Clinical Classification and Schedule Development Group.

17.8 'Classification' - the complexity of the surgical procedure.

17.9 'Cognitive behavioural therapy' - **treatment** that focuses on changing behaviour patterns which can be applied to multiple conditions.

17.10 'Condition management' - information and **treatment** that helps **you** better understand and manage **your** health condition.

17.11 'Day case treatment' - **treatment** which, for medical reasons, means **you** have to go into a **hospital** or day-patient unit because **you** need a period of clinically-supervised recovery but do not have to stay overnight.

17.12 'Day patient' - a **patient** who is admitted to a **hospital** or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

17.13 'Days of grace' - a period of 14 days after the date on which a premium is due. **We** will not pay any claims received during this period until **we** have received the premium owed.

17.14 'Dentist' - a dentist, dental surgeon or dental practitioner registered with the General Dental Council.

17.15 'Dependant' - **your spouse** and **your** unmarried dependent children, if they're under 21, or under 25 and in full-time education.

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

17.17 'Doctor' - a medical practitioner registered under the Medical Act 1983 (as amended) and has a license to practice.

17.18 'Employer' - **your** employer as named in the **policy schedule**.

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

- the National Institute for Health and Clinical Excellence or
- **Cigna's** Medical Advisory Panel or
- another source recognised by Cigna Life Insurance Company of Europe S.A.-N.V., UK Branch.

17.20 'Extended Scope Physiotherapist (ESP)' - a physiotherapist with advanced training and qualifications, who works in a **hospital** environment within either a recognised physiotherapy network or part of a **hospital** group, and is under the supervision of a named specialist.

17.21 'General practitioner' (GP) - a registered and licensed **doctor** in general practice.

17.22 'Home nursing' - expert nursing services provided to **you** at home by a qualified **nurse**, following **hospital treatment**.

17.23 'Hospital'-

- NHS hospital - a National Health Service hospital, as defined in Section 128 of the National Health Service Act 1977 or in any future law.
- Private hospital - an independent hospital registered under The Registered Homes Act (1984) or any future law. It may also include a private bed in an NHS hospital.

17.24 'How to Claim' - information available to **you** in this Guide which sets out the steps **you** need to take and tells **you** who **you** need to contact when making a claim. It also contains the **list of benefits,** and the Plan Notes which describe any unusual conditions which may apply, which are not already contained in **your** Terms and Conditions.

17.25 'IAPT' - IAPT (Improving Access to Psychological Therapies programme) supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

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

17.27 'Inpatient treatment'- **treatment** which, for medical reasons, means that **you** have to stay in **hospital** overnight or longer.

17.28 'List of benefits' - **our** latest list of benefits payable for different **treatment** and service items which **you** will find in the **How to Claim** section of this Guide.

17.29 'Medical necessity' - health care services necessary to evaluate, diagnose, or treat an illness, injury, disease or its symptoms, which are:

- in line with generally accepted standards of medical practice;
- clinically appropriate, in terms of type, frequency, extent, site and duration, and thought to be effective for the **patient's** illness, injury or disease;
- not chiefly for the **patient's** or **specialist's** convenience; and
- not more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.

17.30 'Member' - an employee covered under the **plan**.

17.31 'Membership certificate' - the certificate issued to **you**. It shows the policy number, effective date, the amount of excess, if one is applied, that **you** would need to pay if **you** make a claim, details of who is covered and any individual exclusions which apply.

17.32 'Monitoring' - any scans, blood tests and consultations carried out at required intervals by a **specialist** as **medically necessary** for the purpose of detecting the return of a **patient's** previous **cancer** condition.

17.33 'Nurse' - a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.

17.34 'Occupational Health Physician' - a registered medical practitioner specialising in occupational medicine.

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

17.36 'Outpatient treatment' - **treatment** given at a **hospital,** consulting room or outpatient clinic where **you** do not go in for **day case** or **inpatient treatment**.

17.37 'Patient' - **you** or **your dependant** while having **treatment**.

17.38 'Plan' - **your employer's** Cigna HealthCare Plan of which **you** are a **member**.

17.39 'Policy' - a document **we** send to **your employer** which includes the policy conditions, **policy schedule**, **list of benefits**, proposal form and premium schedule.

17.40 'Policy schedule' - a document **we** send to **your employer** with the **policy**, that details any endorsements or notes and is updated for each **year of insurance**.

17.41 'Preferred providers' - **our** list of preferred providers specialising in physiotherapy or **cognitive behavioural therapy** (as applicable), as updated from time to time.

17.42 'Private ambulance' - a purpose-built vehicle run by a recognised private ambulance service.

17.43 'Related condition' - any symptom, disease, illness, or injury which is medically considered to be associated with another symptom, disease, illness or injury.

17.44 'Specialist' - a **doctor** who is a medical practitioner registered under the Medical Act 1983 (as amended) and has a licence to practice as a specialist in the **treatment** for which **you're** referred.

17.45 'Specific mental health disorder' - any **acute** mental or psychological disorder or combination of disorders relating to excessive or unhealthy levels of anxiety, depression, panic or stress. The disorder can be reasonably diagnosed, managed, relieved or cured by **evidence-based treatment**. This can include a diagnosis of obsessive compulsive disorder or post-traumatic stress disorder.

17.46 'Specified obstetric procedure' -

- When there's a complication to a pregnancy and caesarean section becomes inevitable, cover starts when **you're** admitted to **hospital** for the caesarean. Scans and any ante-natal care received before the admission are not covered under the **plan,** without prior authorisation from one of **our** nurses;
- Transfusion to the foetus in the womb;
- Removing the placenta or other foetal products from the womb;
- Delivering a baby by forceps or vacuum extraction;
- Ectopic pregnancies;
- Hydatidiform moles (abnormal changes in a fertilised egg that make the placenta grow abnormally).

17.47 'Spouse' - **your** legal husband or wife, or unmarried or civil partner who lives at the same address as **you**, **we** have accepted for cover under the **plan**.

17.48 'Start date' - the date the **plan** started.

17.49 'Surgical appliance' –

- An artificial limb, body part or device inserted during surgery;
- An artificial device or an artificial body part which **you** need immediately after surgery - for example, a knee brace after ligament surgery. This doesn't include wheelchairs, crutches and other similar appliances.

17.50 'Symptomatic' - **treatment** that no longer attempts to alter **cancer** growth or progression but is given to alleviate symptoms.

17.51 'Treatment' - surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

17.52 'United Kingdom' - England, Scotland, Wales and Northern Ireland.

17.53 'Year of insurance' - the 12 months from the **start date** or **annual renewal date** during which time this **policy** is valid.

Cigna HealthCare Benefits is a trading name. The following companies are part of that group: Cigna Life Insurance Company of Europe S.A.-N.V. - UK Branch, Chancery House, 1st Floor, St Nicholas Way, Sutton, Surrey SM1 1JB - registered in Belgium with limited liability (Brussels trade register no. 0421 437 284), Avenue de Cortenbergh 52, 1000 Brussels, Belgium, authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request. Cigna European Services (UK) Limited, registered in England (UK Company no. 199739), Chancery House, 1st Floor, St Nicholas Way, Sutton, Surrey SM1 1JB. VAT Registration No. 740445451

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