Underwritten by:

AIG

Administered by:

cigna healthcare

AIG Medi-Care Customer Guide

Everything you need to know about your plan

Contents

Need to get in touch?

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

Use your Customer Area

- Live chat with *Cigna Healthcare*
- Message *Cigna Healthcare*
- Arrange a callback

Call Us

- Singapore: **+65 6549 3188**
- International: **+44 1475 333420**

Alternatively, *you* can email *Cigna* at: AIGCustomerCare@cigna.com

Your AIG Medi-Care Plan

Thank you for choosing an AIG Medi-Care plan to protect you and your family.

AIG Asia Pacific Insurance Pte. Ltd. (*AIG*) has partnered with Cigna Europe Insurance Company S.A.-N.V. – Singapore Branch (*Cigna Healthcare*) to bring you AIG Medi-Care, underwritten by *AIG*, and administered by *Cigna Healthcare*.

About AIG

American International Group, Inc. (*AIG*) is a leading global insurance organisation. *AIG* member companies provide a wide range of property casualty insurance, life insurance, retirement solutions, and other financial services to customers in approximately 80 countries and jurisdictions.

AIG's General Insurance products and services for commercial and personal insurance customers includes one of the world's most far-reaching property casualty networks. Customers value *AIG* General Insurance's strong capital position, extensive risk management and claims experience and its ability to be a market leader in critical lines of the insurance business.

About Cigna Healthcare

Cigna Healthcare is a global health service company serving more than 180 million customers and patients throughout the world. They specialise in supporting globally mobile individuals and their families.

As the administrator of *your* plan, *you* will have access to:

- *Cigna Healthcare's* global network of over 1.65 million trusted *hospitals*, *clinics* and *doctors*;
- *Cigna Healthcare's* highly experienced multi-lingual Customer Care team 24 hours a day;
- *Cigna Healthcare's* team of dedicated doctors and nurses to support *you* if *you* are diagnosed with serious or complex health conditions;
- A secure online Customer Area to manage *your policy* and access care;
- And much more.

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

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

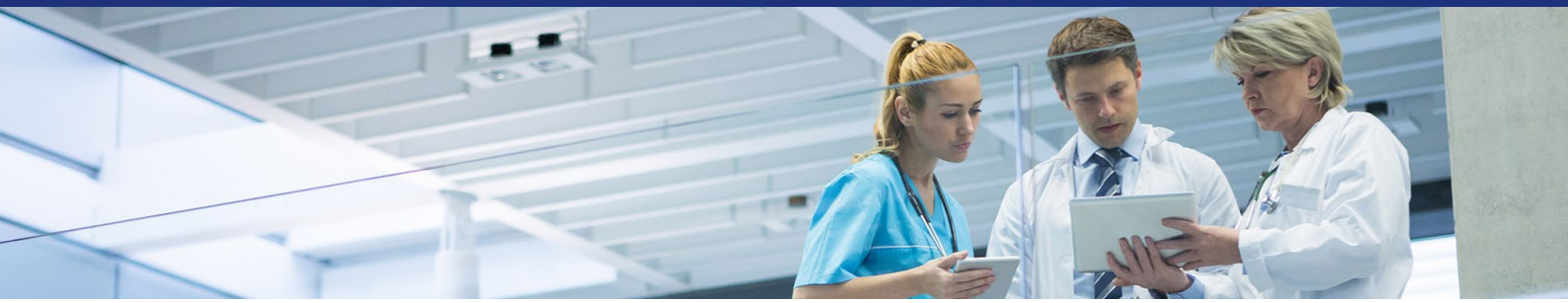
You may see some terms that are in *italics*. These terms are clearly defined in *your Policy Rules* so as to avoid any confusion.

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

AIG and Cigna Healthcare Partnership

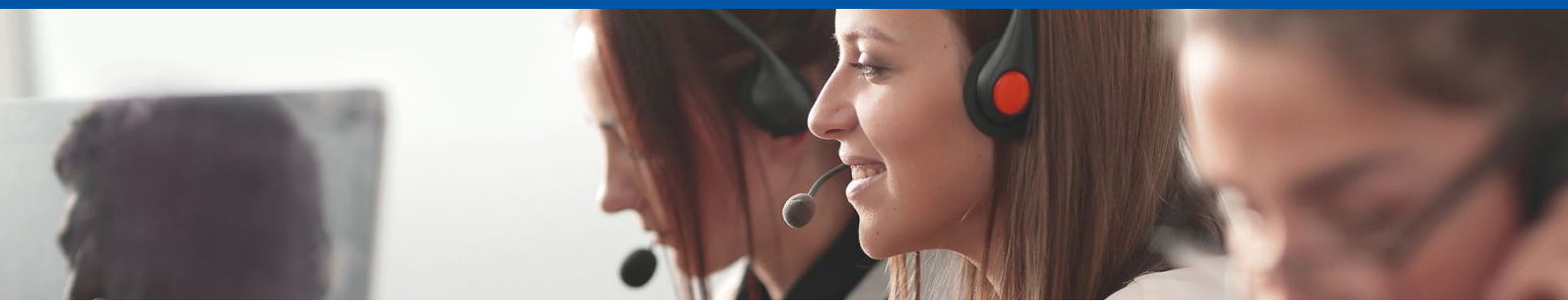
As a customer of AIG's Medi-Care plan, you will get access to following services provided by *Cigna Healthcare*:

Quality medical care around the globe



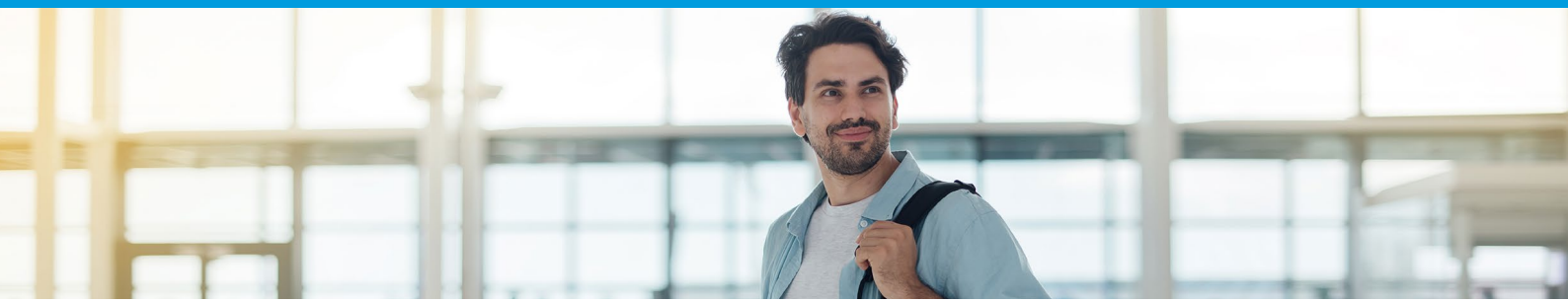
- *Cigna Healthcare's* global network has over 1.65 million trusted *hospitals*, *clinics*, and *doctors*.
- *Cigna Healthcare's* team of dedicated doctors and nurses can provide personalised medical advice and support.
- *Cigna Healthcare's* secure online Customer Area will help *you* find a local medical provider.

24/7 customer care



- *You* can speak to *Cigna Healthcare's* highly experienced Customer Care team 24 hours a day.
- *Cigna Healthcare's* multi-language service centres will aim to answer your call within 20 seconds.
- *Cigna Healthcare* aims to process *your guarantee of payment* within one hour after receiving all necessary documentation to avoid any delay to *your treatment*.
- *Cigna Healthcare* aims to process claims you submit within five working days after receiving all necessary documentation.
- *You* will have access to easy online tools to manage *your policy* and submit *your* claims.
- *You* will have multiple convenient ways of contacting *Cigna Healthcare's* Customer Care team including live chat, email, call or arranging a call back.

Tailored services for globally mobile individuals



- The International Health & Wellbeing optional module gives *you* access to confidential assistance with any work, life, personal or family issue that matters to *you*.
- The International Evacuation & Crisis Assistance Plus™ optional module gives *you* access to a worldwide comprehensive crisis assistance service for *your* peace of mind while *you* travel.

Clinical Case Management

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

Feel supported on your medical journey

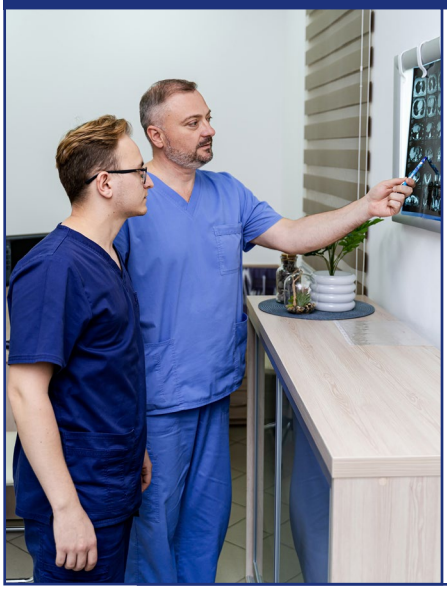
Cigna Healthcare's **Case Management service** assigns *you* a case manager when *you* are diagnosed with a complex condition requiring special support. They will serve as *your* single point of contact, offering support through coordinating *your* healthcare and *treatment* plan.

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

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

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

Feel reassured thanks to second medical opinions



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

This service is provided through an independent partner, who works with global medical experts to provide advice and recommendations on individual cases and *treatment* plans.

- *You* will be contacted within 48 hours of the selected partner receiving *your* medical history;
- The medical report will contain the medical expert's opinion on *your* diagnosis and *treatment* plan;
- *You* can also submit *your* own questions on *your* diagnosis and *treatment* plan to be answered in the report.

Your Guide to Getting Treatment

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

Before treatment

Contact Cigna Healthcare's Customer Care team prior to treatment. You can contact them 24 hours a day via live chat on your secure online Customer Area, phone or email (See page 2 for details).

- *Cigna Healthcare's* Customer Care team 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*.
- *Cigna Healthcare's* Customer Care team can liaise directly with *your treatment* provider to ensure the *treatment* that *you* are about to undertake is covered under *your policy* and issue a prior authorisation.
- *Cigna Healthcare's* Customer Care team can liaise directly with *your treatment* provider to arrange direct billing by issuing a *guarantee of payment*.

If it's an emergency and you can't call before, contact Cigna Healthcare's Customer Care team within the next 48 hours.

Receiving treatment

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

After treatment

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

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

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

If you have paid your hospital, clinic or medical practitioner yourself.

- Submit *your* invoice and claims to *Cigna Healthcare*:
  - Online via *your* secure online Customer Area;
  - Or via email (See page 8).
- *We* will reimburse *you* (less *your* applicable deductible and/or cost share option).
- *Cigna Healthcare* aims to process *your* claim within 5 working days after receiving all necessary documentation.

You can download *your* claims forms from *your* secure online Customer Area or at **www.aig.sg/aig-medicare-claim-form**

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

Please note, *we* may, at *our* sole discretion and without notification, make changes to the *Cigna Healthcare* network from time to time by adding and/or removing *hospitals*, *clinics*, *medical practitioners* and pharmacies.

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

Prior authorisation

Please call *Cigna Healthcare's* Customer Care team as soon as possible before *you* receive *treatment* under the International Medical Insurance plan, and any of the additional modules *you* have selected (if applicable).

Prior authorisation is required for all *Inpatient* and *Daypatient treatments*. It is not required for *Outpatient treatments* with the exception of the *treatments* listed on page 20.

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

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

- 50% if *you* did not call *Cigna Healthcare's* Customer Care team for prior authorisation when it was required for *treatment* inside the *USA;*
- 20% if *you* did not obtain prior authorisation for *treatment* outside the *USA*.

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

Emergency treatment

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

Cigna Healthcare's Customer Care team may ask for further information, such as a medical report in order for *them* to approve *treatment. Cigna Healthcare's* Customer Care team will confirm approval, and where applicable, the number of *treatments* approved.

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

Getting treatment in the USA

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

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

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

For customers residing in the *USA*, *we* offer a home delivery pharmacy if *you* have a mailing address in the *USA*. This service may be a convenient option if *you* develop a condition that requires to take regular medication. Terms and conditions apply.

How to Submit Claims

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

You will need:

The **Invoice** from your medical provider

A completed **Claims Form**

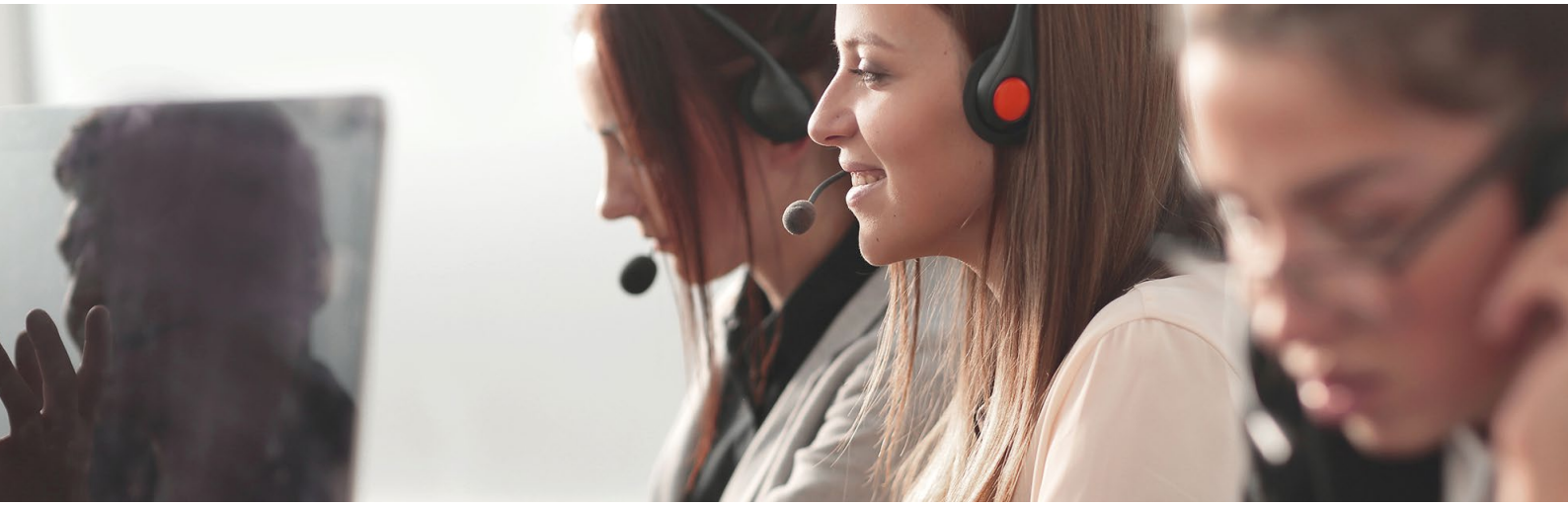
The **Receipt** from *your* payment

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

You can download *your* claims forms from *your* secure online Customer Area or at www.aig.sg/aig-medicare-claim-form.

You can submit your claims through:

- ***Your* secure online Customer Area** (see page 9)
- Email: **AIGClaims@Cigna.com**



Important Information

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

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

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

Your Online Customer Area

As an AIG Medi-Care customer, *you* have access to a wealth of information wherever *you* are in the world through *your* secure online Customer Area.

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

1. Click on the **'Member Login' button** at the top right of the page.
2. Select **'Global Individual Policy'** from the list and click **'Login'** button.
3. Enter the **email address that *you* provided *us* with** and then *your* password.

If *you* have any problems accessing the Customer Area, please contact *Cigna Healthcare's* Customer Care team.

Manage your policy

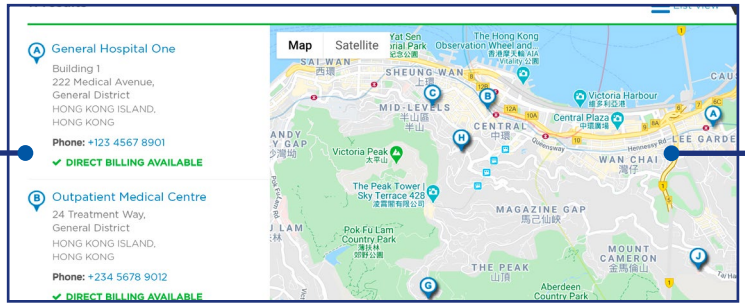
Your secure online Customer Area is the easiest way for *you* to manage *your policy* and access all information relating to *your* plan. Here *you* can:

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

Access Care

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

A clear list of providers with direct billing.



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

Contact us

Your secure online Customer Area also provides *you* with convenient methods to contact *Cigna Healthcare's* Customer Care team that include live chat, sending them a direct message, or by letting *Cigna Healthcare's* Customer Care team know a convenient time for *you* in which they will call *you* back.

Live chat

Request a call back

Message *Cigna Healthcare*

How Deductible and Cost Share Work

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

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

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

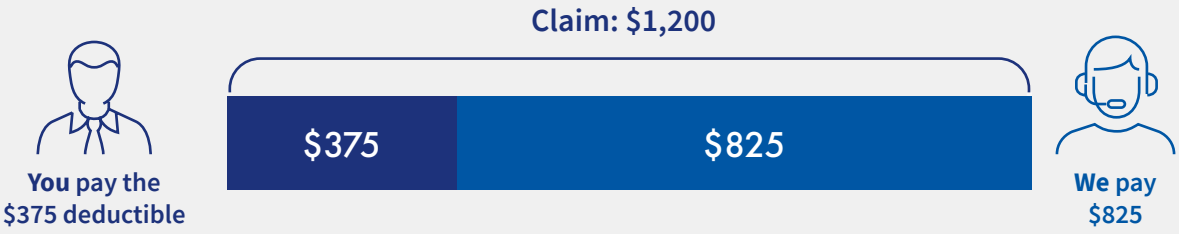
If *you* have selected a deductible and/or cost share, the examples below demonstrate how it works.

Example 1:
How the **deductible** works

Claim value: $1,200
Deductible: $375

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

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

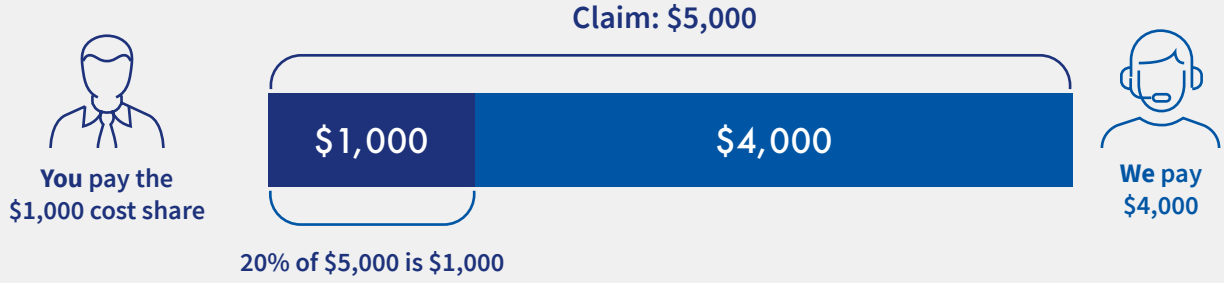


Example 2:
How the **cost share** works

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

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

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

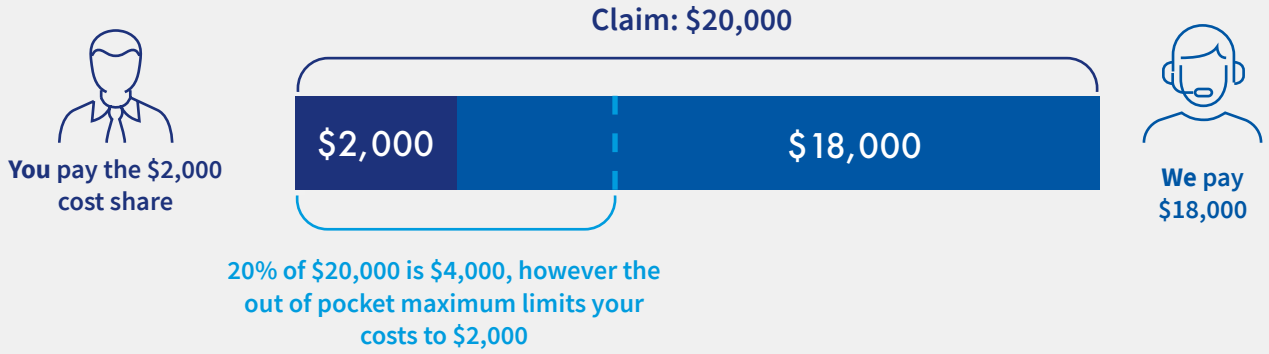


Example 3:
How the **cost share** and **out of pocket maximum** works

Claim value: $20,000
Deductible: $0
Cost Share: 20% = $4,000
Out of Pocket Maximum: $2,000

The out of pocket maximum protects *you* from large cost share amounts.

In this example, *you* have satisfied *your* out of pocket maximum and *we* will cover the rest for this *period of cover*.

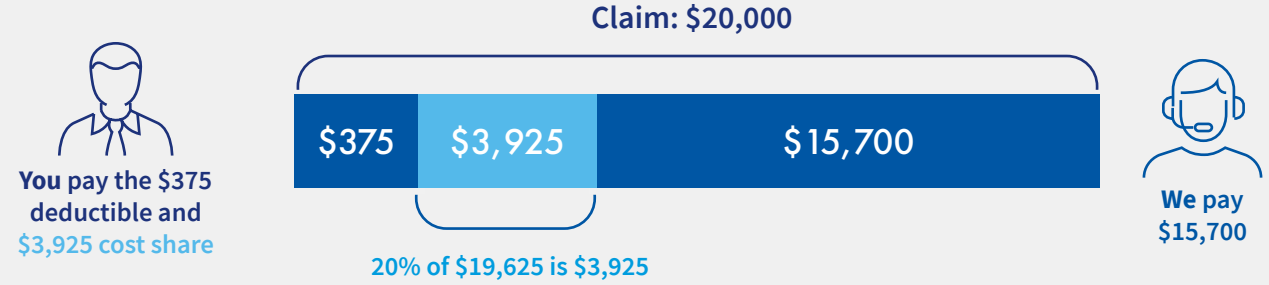


Example 4:
How the **deductible** and **cost share** work if you have selected both

Claim value: $20,000
Deductible: $375
Cost Share: 20% = $3,925
Out of Pocket Maximum: $5,000

The deductible is due before the cost share is calculated.

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



Important Information

- *You* will be responsible for paying the amount of any deductible and cost share directly to the *hospital, clinic*, *medical practitioner* or pharmacy.
- The deductible, cost share, and out of pocket maximum is determined separately for each *beneficiary* and each *period of cover*.
- If *you* select both a deductible and a cost share, the amount *you* will need to pay due to the deductible is calculated before the amount *you* will need to pay due to the cost share.
- *You* can request a change to the deductible and/or cost share and out of pocket maximum with effect from *your annual renewal date* each year. If you wish to remove or reduce *your* deductible, cost share or reduce *your* out of pocket maximum on *your* coverage, *Cigna Healthcare* may require you to provide *us* with more detailed medical information (including medical information of any beneficiaries if relevant) and *Cigna Healthcare* may apply new special restrictions or exclusions based on the information *you* provide *us* with.
- *You* can remind *yourself* of any deductible or cost shares you may have selected by checking your *Certificate of Insurance* which is available in *your* secure online Customer Area.

International Medical Insurance

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

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

Annual Overall Benefit Maximum - per beneficiary per period of cover This includes claims paid across all sections of International Medical Insurance.	Silver	Gold	Platinum
	$1,000,000	**$2,000,000**	**Paid in full**

Hospital Charges Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	Paid in full **Private room**	**Paid in full** **Private room**	**Paid in full** **Private room**

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

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

Important note:

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

Hospital Accommodation for a Parent or Guardian Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$1,000	**$1,000**	**Paid in full**

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

Pandemics, Epidemics and Outbreaks of Infectious Illnesses Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	Paid in full	**Paid in full**	**Paid in full**

We will pay for *medically necessary treatment* for disease or illness resulting from a pandemic, epidemic or outbreak of infectious illness, as defined by the World Health Organisation (WHO). The *medically necessary treatment* and related medical conditions will be covered on an *inpatient* and *daypatient* basis. *We* will only pay for *outpatient treatments* if the *beneficiary* has cover under the International *Outpatient* option.

Important note:

We will cover *medically necessary* testing for pandemic, epidemic or outbreak of infectious illness, according to the World Health Organization (WHO) guidelines, on an *outpatient* basis under the pathology, radiology and diagnostic tests *outpatient* benefit in line with *policy* coverage for diagnostics for other illnesses.

Inpatient Cash Benefit Per night up to 30 days per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$100	**$100**	**$200**

We will make a cash payment directly to a *beneficiary* when they:

- receive *treatment* in *hospital* which is covered under this plan;
- stay in a *hospital overnight;* and
- the *hospital* does not charge any fees for the room, board and *treatment* costs to either the *beneficiary*, any Insurance company and/or any applicable local state or governmental authority.

Accident and Emergency Room Treatment Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$500	**$1,000**	**$1,200**

We will pay for necessary *emergency treatment* on an *outpatient* basis at an Accident and Emergency department in a *hospital* following an accident, sudden illness, and/or life threatening situations, and where the *beneficiary* does not occupy a bed overnight for medical reasons.

Important notes:

- If *you* have selected the International *Outpatient* option; this benefit and the limits are satisfied first and then the applicable International *Outpatient* benefits can be used thereafter.
- The applicable International *Outpatient* deductible and cost share (if selected) will apply to this benefit.

Transplant Services Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover.*	Silver	Gold	Platinum
	Paid in full	**Paid in full**	**Paid in full**

We will pay for *inpatient* and *daypatient treatment* directly associated with an organ transplant for a *beneficiary* if a transplant is *medically necessary*, and the organ to be transplanted has been donated by a verified and legitimate source. *We* will also pay for any anti-rejection medicines following a transplant.

If a *beneficiary* requires an organ transplant (regardless of whether or not the donor is covered for this *policy*) *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.

Advanced Medical Imaging (MRI, CT and PET scans) Up to the total limit shown for your selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$10,000	**$15,000**	**Paid in full**

We will pay for advanced medical imaging if it is recommended by a *medical practitioner* as a part of a *beneficiary's inpatient, daypatient* or *outpatient treatment*.

Rehabilitation

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$5,000 **Up to 30 days**	**$10,000** **Up to 60 days**	**Paid in full** **Up to 90 days**

We will pay for *rehabilitation treatments* including physical physiotherapy, occupational, cardiac, pulmonary, cognitive and speech therapies.

We will only pay for rehabilitation treatment immediately after *surgery* and/or a traumatic event. If the *rehabilitation treatment* is required in a residential *rehabilitation* centre, *we* will pay for accommodation and board.

In determining when the per day limit has been reached, *we* count each overnight stay during which a *beneficiary* receives *inpatient* and/or *daypatient treatment* as one day.

Subject to prior approval being obtained, prior to the commencement of any treatment, *we* will pay for *rehabilitation treatment* for more than the number of days specified, if further *treatment* is *medically necessary* and is recommended by the treating specialist.

Important note:

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.

Home Nursing

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$2,500 **Up to 30 days**	**$5,000** **Up to 60 days**	**Paid in full** **Up to 120 days**

We will only pay for home nursing if it is provided in the *beneficiary's* home by a *qualified nurse* and 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.

We will pay for a *beneficiary* to have home nursing 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*.

Acupuncture and Chinese Medicine

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$1,500	**$2,500**	**Paid in full**

We will only pay for acupuncture and Chinese medicine if it is not the primary *treatment* which the *beneficiary* is in *hospital* to receive.

The acupuncturist and the practitioner of Chinese medicine must be a properly qualified practitioner who holds the appropriate licence in the country where the *treatment* is received.

Palliative Care

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$35,000	**$60,000**	**Paid in full**

We will pay for palliative care if a *beneficiary* is given a terminal diagnosis and their life expectancy is less than six months, and there is no available *treatment* which will be effective in aiding recovery.

We will pay for:

- Home care;
- *Inpatient* and *daypatient hospital* or hospice care and accommodation;
- Prescribed medicines; and
- Physical and psychological care.

Prosthetic Devices

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

We will pay for internal and external *prosthetic devices* which are necessary as part of a *beneficiary's treatment*, subject to the limitations explained below.

We will pay for:

- a *prosthetic device* which is a necessary part of the *treatment* immediately following *surgery* for as long as is required by *medical necessity* and/or is part of the recuperation process on a short-term basis;
- an initial external *prosthetic* device (but not any replacement devices) for *beneficiaries* aged 18 years old and over per *period of cover*.

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

If a *beneficiary* requires a replacement *prosthetic* device during the period of over, *we* will require an appropriate medical report.

Local Ambulance & Air Ambulance Services

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

Where it is medically necessary and related to a covered condition, *we* will pay for a local or air 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*.

Important notes:

- We will only pay for a local air ambulance when appropriate, such as a helicopter, to transport a beneficiary for distances up to 100 miles (160 kilometres) when medically appropriate.
- 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 Evacuation & Crisis Assistance Plus™ option. Please refer to page 25 of this Customer Guide for details of that option.

Mental and Behavioural Health Care

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$5,000 **Up to 30 days***	**$10,000** **Up to 60 days***	**Paid in full** **Up to 90 days***

We will pay for:

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

Autism and Attention Deficit Hyperactivity Disorder (ADHD)

We will pay for:

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

Important notes:

We will not pay for:

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

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

*Day limit only applies to *inpatient* and *daypatient treatments*.

Treatment for Obesity

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*. Available after the *beneficiary* has been covered for 24 months or more.

Silver	Gold	Platinum
No coverage	**70% refund up to: $20,000**	**80% refund up to: $25,000**

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

Important notes:

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

Cancer Preventative Surgery

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
70% refund up to: $10,000	**80% refund up to: $18,000**	**90% refund up to: $18,000**

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

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

Cancer Care

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

Following a diagnosis of cancer, *we* will pay for costs for the *treatment* of cancer if the *treatment* is considered by *us* to be active *treatment* and e*vidence-based treatment*, whether the *beneficiary* is staying in a *hospital* overnight or receiving *treatment* as a *daypatient* or *outpatient*.

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

Cancer related appliances

Per lifetime per cancer related appliance

Silver	Gold	Platinum
$125	**$125**	**$125**

If a *beneficiary* receives a *cancer* diagnosis, *we* will pay for the purchase of:

- Wigs / headbands for cancer patients
- Mastectomy bras for cancer patients

Congenital Conditions

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$5,000	**$20,000**	**$39,000**

We will pay for treatment of *congenital conditions* on an *inpatient* or *daypatient* basis that have manifested prior to a beneficiary's 18th birthday, regardless of the beneficiary's age at the time of the treatment.

Important notes:

- *We* will not pay for *treatment* of *congenital conditions* under any of the other benefits within the list of benefits, except in the instance where;
- A *congenital condition* is diagnosed after a *beneficiary's* 18th birthday. *Treatment* will be subject to the applicable *inpatient* and *daypatient* benefit limits.

Out of Area Emergency Hospitalisation Cover

For *beneficiaries* who do not have Worldwide including USA coverage.

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$100,000 (Inpatient and Daypatient treatment)	**$250,000** (Inpatient and Daypatient treatment)	**Paid in full** (Inpatient and Daypatient treatment)

Emergency treatment for *inpatient* and d*aypatient treatment* during temporary short term business or leisure trips outside *your area of coverage*, under life threatening circumstances.

Important notes:

The *beneficiary* must have been *treatment* free, symptom and advice free of the medical condition requiring *emergency treatment*, prior to initiating the travel.

Coverage is limited to:

- a duration not exceeding 21 days per trip; and
- a maximum of 60 days in aggregate per period of cover for all trips combined.
- If the International *Outpatient* option has been purchased under your policy, *beneficiaries* will only be covered for emergency *outpatient treatment*. Cover will be subject to the overall annual benefit limit and the individual International *Outpatient* benefit limits.
- Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency Hospitalisation Cover.
- This benefit is not applicable if *you* have selected the *Worldwide including USA* coverage option.
- *We* will require evidence of *your* entry and exit to the *USA*.
- This option is not available if *your country of habitual residence* is the *USA*.
- Receiving medical *treatment* must not have been one of the objectives of the trip.
- *Emergency treatment* is only applicable if *you* are not able to benefit from free state-provided healthcare in that country.

Parent and Baby Care

Routine Maternity Care
(Gold and Platinum plans only)

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Available once the mother has been covered by the *policy* for 24 months* or more.

Silver	Gold	Platinum
No coverage	**$7,000**	**$14,000**

We will pay for the following *treatment*, on an *inpatient* or *daypatient* basis as appropriate, if the mother has been a *beneficiary* under this *policy* for a continuous period of at least 24 months* or more:

- *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.

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

Important note:

*For *treatment* incurred outside of either Hong Kong or Singapore, this benefit is available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 12 months or more.

Complications from Maternity
(Gold and Platinum plans only)

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Available once the mother has been covered by the *policy* for 24 months* or more.

Silver	Gold	Platinum
No coverage	**$14,000**	**$28,000**

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 24 months* or more. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth, including miscarriage and ectopic pregnancy.

- 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*, *we* will only pay up to the limit of the mother's routine maternity benefit care cover.

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*.

Important note:

*For *treatment* incurred outside of either Hong Kong or Singapore, this benefit is available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 12 months or more.

Homebirths
(Gold and Platinum plans only)

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Available once the mother has been covered by the *policy* for 24 months* or more.

Silver	Gold	Platinum
No coverage	**$500**	**$1,100**

We will pay midwives' and *specialists*' fees relating to routine home births if the mother has been a *beneficiary* under this *policy* for a continuous period of 24 months* or more.

- Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the list of benefits.

Important note:

*For *treatment* incurred outside of either Hong Kong or Singapore, this benefit is available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 12 months or more.

Newborn Care	Silver	Gold	Platinum
Up to the total limit shown for *your* selected plan per *period of cover* within the first 90 days following birth. Available once either parent has been covered by the *policy* for 24 months or more.*	**$25,000**	**$75,000**	**$156,000**

Provided the newborn is added to the *policy, we* will pay for:

- up to 10 days routine care for the baby following birth; and
- all *inpatient* and *daypatient* treatment required for the baby during the first 90 days after birth instead of any other *inpatient* or *daypatient* benefit.

Important notes:

Adding the newborn to the policy:

- If at least one (1) parent has been covered by the *policy* for a continuous period of twenty four (24) months or more* prior to the newborns 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 thirty (30) days of the newborn's date of birth. However, if an *application* is received by *us* more than thirty (30) days after the newborn's date of birth, the newborn will be subject to medical underwriting.
- If neither parent has been covered by the *policy* for a period of twenty four (24) consecutive months or more* prior to the newborn's birth, the newborn will be subject to medical underwriting, and *you* can submit an *application* to add the newborn. If medical underwriting is required for the newborn, *we* will then tell *you* whether *we* will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. Cover will begin no sooner than the date *you* accept *our* offered terms.
- Children who are born to a surrogate or have been adopted can be covered under this benefit but will be subject to medical underwriting, regardless of the length of cover under this *policy* by either of the parents. On completion of a medical health questionnaire, *we* will tell *you* whether we will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. Cover will begin no sooner than the date you accept our offered terms.
- *For *treatment* incurred outside of either Hong Kong or Singapore, this benefit is available once either parent has been a *beneficiary* under this *policy* for a continuous period of at least 12 months or more.

Any treatment required for *congenital conditions* for a newborn is covered under the 'Congenital conditions' benefit, on page 17, and is subject to the terms of adding the newborn to the *policy* as detailed above.

Your Deductible and Cost Share Options

Deductible 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**
Cost Share After Deductible *Cost share* is the percentage of each claim not covered by *your* plan.	**First choose *your cost share* percentage:** **0% / 10% / 20% / 30%**
Out of Pocket Maximum 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*.	**Next, choose your out of pocket maximum:** **$2,000 or $5,000**

The following pages detail the optional benefits you may have chosen to add to your core cover – **international medical insurance.**

Take a look at your *certificate of insurance* to remind yourself exactly what cover you have.

International Outpatient

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

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

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

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

Annual Overall Benefit Maximum - per beneficiary per period of cover This includes claims paid across all sections of International *Outpatient*.	Silver	Gold	Platinum
	$15,000	**$35,000**	**Paid in full**

Consultations with Medical Practitioners and Specialists Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$2,500	**$5,000**	**Paid in full**

- *We* will pay for consultations or meetings with a *medical practitioner* which are necessary to diagnose an illness, or to arrange or receive *treatment*.
- *We* will pay for non-surgical *treatment* on an *outpatient* basis, which is recommended by a specialist as being *medically necessary*.

Prescribed Drugs and Dressings

Silver	Gold	Platinum
$1,500	**$3,000**	**Paid in full**

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

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

Important note:

Medication prescribed by a *medical practitioner* in the *USA* and/or delivered by a pharmacy in the *USA* are subject to *our* formulary drugs list.

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

Silver	Gold	Platinum
$2,500	**$5,000**	**Paid in full**

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

We will pay for the following tests where they are *medically necessary* and are recommended by a specialist as part of a *beneficiary's outpatient treatment*:

- Blood and urine tests;
- X-rays;
- Ultrasound scans;
- Electrocardiograms (ECG); and
- Other diagnostic tests (excluding advanced medical imaging).

Important note:

We will pay for *medically necessary* testing for pandemic, epidemic or outbreak of infectious illnesses in line with the World Health Organization (WHO) guidelines.

Outpatient Rehabilitation

Silver	Gold	Platinum
$5,000	**$10,000**	**Paid in full**

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

We will pay for:

- *Outpatient* physiotherapy;
- *Outpatient* occupational therapy;
- Osteopathy and chiropractic *treatment*;
- Speech therapy; and
- Cardiac and pulmonary *rehabilitation*.

Important notes:

Outpatient physiotherapy, osteopathy and chiropractic treatment:

We will pay for this *treatment* if it is *medically necessary* and 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 who holds the appropriate license to practice in the country where the *treatment* is received. This excludes any sports medicine *treatment*.

Speech therapy treatment:

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) and it is confirmed by a specialist to be *medically necessary* on a short-term basis.

Pre-Natal and Post-Natal Care
(Gold and Platinum plans only)

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Available once the mother has been covered by the *policy* for 24 months or more*.

Silver	Gold	Platinum
No coverage	**$3,500**	**$7,000**

- *We* will pay for *medically necessary* pre-natal and post-natal care on an *outpatient* basis if the mother has been a *beneficiary* under the International *Outpatient* option for a continuous period of 24 months or more*.
- Examples of pre-natal *treatment* and tests include:
  - Routine obstetricians' and midwives' fees;
  - All scheduled ultrasounds and examinations;
  - Prescribed medicines, drugs and dressings;
  - Routine pre-natal blood tests, if required;
  - Amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS); and
  - Non-invasive pre-natal testing (NIPT) for high risk individuals.

  Post-natal care:
  - Any fees, including prescribed drugs and dressings, as a result of post-natal care required by the mother immediately following routine childbirth.

Important note:

*For *treatment* incurred outside of either Hong Kong or Singapore, this benefit is available once the mother has been a *beneficiary* under this *policy* for a continuous period of at least 12 months or more.

Infertility Investigations and Treatment

Up to the total limit shown for *your* selected plan per *beneficiary* per lifetime.

Available once the *beneficiary* has been covered by this option for 24 months or more.

Silver	Gold	Platinum
No coverage	**No coverage**	**$10,000**

We will pay for investigations into the cause of infertility if a specialist rules out any medical cause and the *beneficiary* was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this *policy* commenced.

If necessary, *we* will pay a maximum of 4 attempts for Infertility *treatment* up to the total limit shown in aggregate, per lifetime of the policy. This benefit is available for beneficiaries up to 41 years old.

Prior authorisation is required for all infertility investigations and *treatment*.

We will not pay for infertility investigations or *treatment* for anyone acting as a surrogate for a *beneficiary*.

Hormone Replacement Therapy

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$250	**$500**	**$1,000**

We will pay for Horomone Replacement Therapy when it is *medically necessary* to treat the symptoms of menopause.

Sleep Apnoea

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
No coverage	**$1,500**	**$2,000**

Following a referral from your *medical practitioner*, *we* will pay for one sleep study or home sleep test to diagnose if *you* have sleep apnoea.

If it has been determined a beneficiary has sleep apnoea we will pay for the hire of a Continuous Positive Airway Pressure (CPAP) machine, or other appropriate oral appliances.

Once the *beneficiary* has been covered by this option for a continuous period of 12 months or more and if the hire of a CPAP machine is not available to the beneficiary, *we* will pay, when medically necessary, for the purchase of a CPAP machine up to the total limit of this benefit for *your* selected plan.

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

Genetic Cancer Test

Up to the total limit shown for *your* selected plan per *beneficiary* per lifetime.

Available once the *beneficiary* has been covered by this option for 12 months or more.

Silver	Gold	Platinum
No coverage	**$2,000**	**$4,000**

We will pay for one genetic test for *beneficiaries* with an increased risk of cancer, when *medically necessary* and in accordance with medical evidence.

Acupuncture & Chinese medicine

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$2,500	**$5,000**	**Paid in full**

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

Durable Medical Equipment

Up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

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

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

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

Hearing Aids

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$500	**$1,000**	**$2,000**

We will pay for one hearing aid appliance per *period of cover* which is medically necessary and is prescribed to support everyday living.

This includes the purchase of one original pair of hearing aids only and does not include a replacement pair within the same *period of cover* if the original pair is damaged or lost.

Adult Vaccinations

Silver	Gold	Platinum
$250	**Paid in full**	**Paid in full**

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

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

Dental Accidents

Silver	Gold	Platinum
$1,000	**Paid in full**	**Paid in full**

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*.

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

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

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

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

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

Child and Adolescence Wellbeing Health

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

Up to the annual overall benefit maximum for *your* selected plan *beneficiary* per *period of cover*.

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

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

Important notes:

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

In addition, *we* will pay for:

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

60+ Care Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$500	**$1,000**	**$2,000**

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

Important notes:

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

Your Deductible and Cost Share Options

Deductible A deductible is the amount which *you* must pay before any claims are covered by *your* plan.	**$0 / $150 / $500 / $1,000 / $1,500**

Cost Share After Deductible Cost share is the percentage of each claim not covered by *your* plan.	**First choose *your* cost share percentage:** **0% / 10% / 20% / 30%**
Out of Pocket Maximum 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.	**Next, choose *your* out of pocket maximum:** **$3,000**

International Evacuation & Crisis Assistance Plus™

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

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

International Medical Evacuation

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

	Silver	Gold	Platinum
Medical Evacuation	**Paid in full**	**Paid in full**	**Paid in full**

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

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

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

As regards to the return journey, *we* will pay:

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

We will only pay for taxi fares if:

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

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

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

Important notes:

- If you require to return to the hospital where you were evacuated for follow up treatment, we will not pay for travel costs or living allowance costs.
- In the event that evacuation services are not organised by *Cigna Healthcare's* Customer Care team , *we* reserve the right to decline the costs.

Medical Repatriation	Silver	Gold	Platinum
	Paid in full	**Paid in full**	**Paid in full**

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

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

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

As regards to the return journey, *we* will pay:

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

We will only pay for taxi fares if:

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

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

Important notes:

- If you require to return to the hospital where you were repatriated for follow up treatment, we will not pay for travel costs or living allowance costs.
- If a beneficiary contacts the medical assistance service to ask for prior approval for repatriation, but the medical assistance service does not consider repatriation to be medically appropriate, we may instead arrange for the beneficiary to be evacuated to the nearest hospital where the necessary treatment is available. We will then repatriate the beneficiary to his or her specified country of nationality or country of habitual residence when his or her condition is stable, and it is medically appropriate to do so.
- In the event that evacuation services are not organised by *Cigna Healthcare*'s Customer Care team , *we* reserve the right to decline the costs

Repatriation of Mortal Remains	Silver	Gold	Platinum
	Paid in full	**Paid in full**	**Paid in full**

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

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

In the event that evacuation services are not organised by *Cigna Healthcare*'s Customer Care team , *we* reserve the right to decline the costs

Travel Cost for an Accompanying Person	Silver	Gold	Platinum
	Paid in full	Paid in full	Paid in full

If a *beneficiary* needs a parent, sibling, child, *spouse* or partner, 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; 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 the 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.

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.

Important notes:

- *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*.
- *We* will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation.

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

Compassionate Visit - Travel Costs Up to a maximum of 5 trips per lifetime up to the total limit shown for *your* selected plan per *beneficiary*.	Silver	Gold	Platinum
	$1,200	$1,200	$1,200

Compassionate Visit - Living Allowance Costs Up to the total limit shown per day for each visit with a maximum of 10 days per visit.	Silver	Gold	Platinum
	$155	$155	$155

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

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

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

Important note:

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

Crisis Assistance Plus™ Programme

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

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

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

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

Depending on the situation, the programme offers:

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

Important notes:

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

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

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

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

Crisis Assistance Plus™	Silver	Gold	Platinum
	Paid in full	Paid in full	Paid in full

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

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

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

Important Notes

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

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

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

General Conditions

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

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

International Health & Wellbeing

We understand the importance of *your* overall wellbeing and living a balanced life. In addition to health screenings, tests and examinations; this module also empowers *you* and *your* family with the services and support to manage *your* own individual day-to-day health and wellbeing. *Your* Wellness companion, comprising of the Life Management Assistance programme and the Telephonic Wellness Coaching, are available to help *you* and *your* family stay healthy and well, both physically and mentally.

	Silver	Gold	Platinum
Life Management Assistance Programme	**Paid in full**	**Paid in full**	**Paid in full**

Our Life Management Assistance programme is available 24 hours a day, 7 days a week, 365 days a year meaning *you* can contact the service for access to free, confidential assistance with any work, life, personal or family issue that matters to *you* at a time that is suitable for *you*.

You will have access to the following services and tools:

Short-term counselling:

- Up to 6 counselling sessions via telephone, video, or face-to-face, per issue per *period of cover*. Common use cases include: managing anxiety and depression, couples' and family relationship support, bereavement, and more.

Behavioural health:

- Up to 6 sessions with a mindfulness coach via telephone per *period of cover*. Beneficial for individuals experiencing stress, and challenges with focus and concentration.
- An online self-help Cognitive Behavioural Therapy (CBT) programme to address mild to moderate anxiety, stress, and depression, with unlimited access to the programme for 6 months.

Career and workplace support:

- Life coaching telephonic sessions to assist with personal growth and career development at work.
- Telephonic sessions with a counsellor for managers to develop their people management skills.

Practical needs:

- Unlimited in the moment telephonic support for live assistance.
- Pre-qualified referrals and information to assist with your day to day demands, such as relocation logistics, child or eldercare, legal or financial services.

Please contact *Cigna Healthcare's* Customer Care team if *you* wish to use this service. This service is provided by *Cigna Healthcare's* chosen counselling provider.

Mental Health Support Programme

Up to 20 face to face counselling sessions per condition per *period of cover*.

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

In addition to the short-term support provided in the Life Management Assistance Programme above, our Mental Health Support Programme provides access to long-term counselling in the case of clinically diagnosed depression and/or anxiety from experienced Cognitive Behavioural Therapy (CBT) psychologists.

This confidential counselling is provided in a one to one offline setting (the most traditional way of counselling), or video or phone sessions can also be considered as an alternative depending on *your* location.

The process to access this Mental Health Support Programme is as follows:

- **Reach out to the Life Management Assistance Programme** (see above), by phone via our Customer Care Team for help and advice with any personal or work-related issue.
- **Speak with a clinician** who will carry out an initial telephone-based assessment. If you have been diagnosed with moderate to severe depression or anxiety, the clinician will recommend referral to a CBT psychologist.
- **Receive initial counselling sessions** where a CBT psychologist will assess you over a maximum of 2 face to face sessions. Where in-person meetings are not possible, telephone or video meeting options can be made available.
- **Receive counselling support** over a maximum of 20 sessions. Psychometric testing is carried out at this stage and after every 6 sessions.
- Start to **feel the benefits** by achieving a happier, healthier state of wellbeing.
- **Monitor you progress**. A case manager will check in with you to ensure you're on track.

This programme offers *you* fast and easy access to CBT psychologist as our counsellors are often available in areas of the world where mental health services might be harder to access.

This service is available to *you* and any beneficiary over the age of 18 year old and can be accessed via our Customer Care Team, who will transfer *you* to our chosen counselling provider.

Important Notes

This service is not suitable if:

- *You* are reporting imminent risk of harm to self or others;
- *You* have an addiction, such as substance or impulse control for example gambling;
- *You* have symptoms or a diagnosis or mental health issues other than anxiety or depression, for example Borderline Personality Disorder, Schizophrenia, Bi-Polar or OCD; or
- *You* are under 18 years old.

Telephonic Wellness Coaching

Silver	Gold	Platinum
Paid in full	**Paid in full**	**Paid in full**

We will match *you* with *your* own personal qualified wellness coach who is specifically trained in health behaviour change. *Your* coach will partner with *you* to identify a specific wellness goal that is important to *you*, and will support *you* in building a wellness plan around one of the following areas of focus: weight management, healthy eating, physical activity, sleep, stress management and tobacco cessation.

- *You* will have access to 6 confidential telephonic coaching sessions per focus area per *period of cover* with *your* dedicated coach to build *your* strategy and motivation to reach *your* wellbeing goal.
- *You* will be supported by *your* personal coach with advice and recommendations that can be implemented in between *your* 6 coaching sessions to ensure lasting lifestyle changes.

The coaching sessions are delivered via telephone which means *you* can access it from the comfort of *your* own home and can be scheduled at a convenient time for *you*, based on time zone and language preference. Please note, this is a confidential service.

Please contact *Cigna Healthcare's* Customer Care team if *you* wish to use this service. This service is provided by *Cigna's* chosen counselling provider.

Routine Adult Physical Examinations

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	$450	$600

We will pay for routine adult physical examinations (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc.), for persons aged 18 years or older.

Footcare by a Chiropodist or Podiatrist

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	$450	$900

We will pay for the *treatment* of bunions, calluses, corns and fungal infection if it is *medically necessary* and 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 podiatrist or chiropodist who holds the appropriate license to practice in the country where the *treatment* is received.

This excludes any massage or sports medicine *treatment*.

Cervical Cancer Screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	$450	Paid in full

We will pay for:

- 1 Papanicolaou test (pap smear); and
- 1 HPV DNA test for female beneficiaries aged 30-65 years old.

Prostate Cancer Screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	$450	Paid in full

We will pay for:

- 1 prostate examination (prostate specific antigen (PSA) test) for men aged 50 years old or older; or
- 1 prostate examination (prostate specific antigen (PSA) test) for asymptomatic men 40 years old or older, when *medically necessary*.

Breast Cancer Screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	$450	Paid in full

We will pay for:

- 1 screening mammogram for women aged 25-39 years old when *medically necessary*, if they have a prior history of breast cancer
- 1 screening mammogram for asymptomatic women aged 40 years or older.

Bowel Cancer Screening

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	**$450**	**Paid in full**

We will pay for:

- 1 bowel cancer screening for *beneficiaries* aged 50 years old or older.

Skin cancer screening

Up to the total limit shown for your selected plan per *beneficiary* per *period* of *cover*.

Silver	Gold	Platinum
$225	**$450**	**Paid in full**

We will pay for:

- 1 skin cancer examination for men and women aged 18 or older.

Lung cancer screening

Up to the total limit shown for your selected plan per *beneficiary* per *period* of *cover*.

Silver	Gold	Platinum
$225	**$450**	**Paid in full**

We will pay for:

- 1 lung cancer examination for men and women aged 45 or older who are current or past smokers.

Bone Densitometry

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
$225	**$450**	**Paid in full**

We will pay for:

- 1 scan for women aged 65 years old or older;
- 1 scan for post-menopausal women younger than 65 years old when *medically necessary*; and
- 1 scan for men aged 50 years or older when *medically necessary*.

Dietetic Consultations

Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.

Silver	Gold	Platinum
No coverage	**No coverage**	**Paid in full**

We will pay for 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.

International Vision & Dental

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

Vision Care

Eye Test Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$100	**$200**	**Paid in full**

We will pay for one routine eye examination per *period of cover*, to be carried out by either an ophthalmologist or optometrist.

We will not pay for more than one eye examination in any one *period of cover*.

Expenses for: Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover*.	Silver	Gold	Platinum
	$155	**$155**	**$310**

- Spectacle lenses.
- Contact lenses.
- Spectacle frames.
- Prescription sunglasses

when all are prescribed by an optometrist or ophthalmologist.

We will not pay for:

- 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 Treatment

Overall Annual Dental Treatment Benefit Maximum Annual Overall Benefit Maximum - per beneficiary per period of cover	Silver	Gold	Platinum
	$1,250	**$2,500**	**$5,500**

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

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

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

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

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

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

Major Restorative Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*. Available once the *beneficiary* has been covered by this option for 12 months.	Silver	Gold	Platinum
	70% refund	**80% refund**	**Paid in full**

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

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

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

Orthodontic Treatment	Silver	Gold	Platinum
Up to the total limit shown for *your* selected plan per *beneficiary* per *period of cover* or, where "paid in full" is shown, this is up to the annual overall benefit maximum for *your* selected plan per *beneficiary* per *period of cover*. Available for *beneficiaries* aged 18 or younger, once they have been covered by this option for 18 months.	**40% refund**	**50% refund**	**50% refund**

We will pay for orthodontic *treatment* for *beneficiaries* only under the age of 19 years old, if they have had International Vision and Dental cover for at least 18 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.

Dental Exclusions

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

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

Need to get in touch?

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

Use your Customer Area

- Live chat with Cigna Healthcare
- Message *Cigna Healthcare*
- Arrange a callback

Call Us

- Singapore: **+65 6549 3188**
- International: **+44 1475 333420**

Alternatively, you can email us at: AIGCustomerCare@cigna.com

You may wish to seek advice from a qualified A&H insurance intermediary before making a commitment to purchase this product. In the event that you choose not to seek advice from a qualified A&H insurance intermediary, you should consider whether the product in question is suitable for you. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. If you decide that the policy is not suitable after purchasing it, you may terminate the policy in accordance with the free-look provision, if any, and we may recover from you any expense incurred by us in underwriting the policy.

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

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