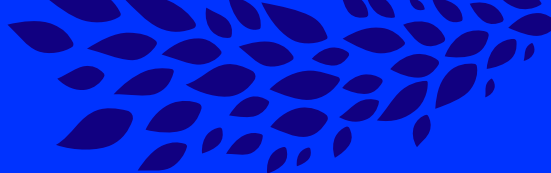


Novartis International Assignee Health Care Plan

Your Cover - Premier Plus Plan
with a limited 20% Co-insurance



International Healthcare Benefits



1. **Chronic Conditions**

2. **Congenital and Hereditary Conditions**

This benefit will be paid in respect of:

- any abnormalities, defects, disorders or diseases present at birth or inherited genetically

3. **Pandemics, Epidemics and Outbreaks of Infectious Illnesses**

Treatment for disease or illness resulting from a pandemic, epidemic or outbreak of infectious illness, as defined by the World Health Organisation (WHO)

4. **Emergency Out of Area of Cover**

- emergency treatment for conditions where immediate treatment is required while outside of the selected area of coverage for the purpose of business or pleasure

This benefit is not intended for routine or pre-planned treatment

A. In-patient/Day Case Health Care Benefits

Hospital Charges

The following benefits are paid in full

- nursing and accommodation for In-Patient Treatment;
- Day Case Treatment;
- operating theatre and recovery room;
- prescribed medicines, drugs and dressings for In-Patient and Day Case Treatment.

5. **Parental Accommodation**

This applies to Dependent children under the age of 18.

Cigna Healthcare will pay reasonable costs for a parent staying in the same Hospital with the child.

6. **Surgeon's and Anaesthetist's Fees**

7. **Specialist Physician's Fees**

This Benefit is paid in full for regular visits by a Specialist physician during stays in Hospital including intensive care by a Specialist physician for as long as is required by Medical Necessity.

8. Surgical Procedures

9. Radiotherapy, Chemotherapy, Oncology, Physiotherapy, Radiology and Pathology

10. Home Nursing Charges

This Benefit will be paid:

- if recommended by a Specialist immediately after Hospital Treatment for as long as is required by Medical Necessity;
 - on a full-time basis for as long as is required by Medical Necessity for Treatment which would normally be provided in a Hospital.
-

11. Surgical and/or Medical Appliance

This Benefit will be paid in respect of:

- an artificial limb, prosthesis or device which is inserted during surgery;
 - an artificial prosthesis or device which is a necessary part of the Treatment immediately following surgery for as long as is required by Medical Necessity;
 - a prosthesis or appliance which is Medically Necessary and is part of the recuperation process on a short-term basis.
-

12. Psychiatric Care

This Benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions.

13. Maternity Cover

This Benefit is available to Eligible Females covered under the Plan.

14. International Emergency Services

This Benefit requires pre-approval. Please contact the Cigna Healthcare Customer Service 24 hour helpline.

15. Private Ambulance

This Benefit is payable for transport to or from a Hospital when ordered for medical reasons.

BENEFIT LIMIT

16. Organ Transplant

We will cover charges made for or in connection with approved organ transplant services:

- medications
 - organ procurement costs
 - donor's medical costs, excluding costs incurred due to donor search.
- Note: the amount payable for donor's medical costs is reduced by the amount payable for those costs from any other plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures)

Paid in Full

This benefit requires prior approval

17. **Gender Confirmation Surgery**

Charges made for gender confirmation surgery (male-to-female or female-to-male) and related services consistent with World Professional Association for Transgender Health (WPATH) recommendations including, when applicable, hormone therapy, orchiectomy, vaginoplasty (including colovaginoplasty, penectomy, labiaplasty, clitoroplasty, vulvoplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy), vaginectomy (including colpectomy, metoidioplasty with initial phalloplasty, urethroplasty, urethromeatoplasty), hysterectomy and salpingoophorectomy, as well as initial mastectomy or breast reduction. Subject to prior-approval.

\$105,000
Lifetime Maximum

B. Out-Patient Health Care Benefits

The following Benefits are paid in full

1. **Chemotherapy and Radiotherapy**

2. **Maternity Cover**

This Benefit is available to Eligible Females covered under this Plan.

3. **Prescribed Medicines, Drugs and Dressings including Contraceptives**

4. **Psychiatric care**

Cigna Healthcare will pay 100% of valid expenses per consultation.

5. **HIV / AIDS**

Including drug therapy, or antiretroviral therapy (ART)

6. **Hormone Replacement Therapy (HRT)**

7. **Rehabilitation**

Post hospitalisation or post surgical stays. (subject to medical necessity and ongoing review)

8. **Travel Vaccinations**

This Benefit will be payable for vaccinations related to travel. For full details please contact Cigna Healthcare Customer Service.

Maternity Benefits

BENEFIT LIMIT

9. **Maternity Cover**

This Benefit is available to Eligible Females covered under this Plan.

Paid in Full

10. **Fertility Diagnostic Tests**

For insured members aged 40 or under, we will cover:

- fertility tests up to the point of a diagnosis of infertility

Please note that assisted fertility treatment is not included in this benefit.

Paid in Full

11. Infertility Treatment

For any insured employee or spouse, aged 40 or under, once a condition of infertility has been diagnosed, we will cover in-patient, day-case or out-patient infertility treatment, including:

- services for further diagnosis to determine the cause of infertility
- charges made by a physician for infertility services
- infertility treatment up to a maximum of 4 cycles per lifetime
- infertility drugs prescribed by the physician

80% refund up to \$15,000 per year of insurance

This benefit requires prior approval

Note:

A 20% co-insurance will be deducted from the following Medical Out-Patient Benefits up to a maximum out of pocket of \$1,000 per single Membership and \$2,000 per married, family and single parent family Membership per Year of Insurance.

The following Benefits are subject to 80% refund

1. Consultations with Medical Practitioners and Specialists

(this Benefit includes Treatment for physiotherapy, acupuncture, chiroprody, chiropractic, osteopathy, homeopathy, pathology, radiography, radiology).

2. Non-Surgical and Minor Surgical Procedures and Treatment

3. Annual Routine Tests

One eye test and hearing test for children under the age of 15. One per Year of Insurance.

4. Check-ups/Regular Tests

Regular check-ups or tests including analysis and medical examinations for children under the age of 18 months.

5. Well Child Tests

This Benefit will be payable for Dependant children aged 6 and under, with immunisation covered for all Dependents. For full details please contact Cigna Healthcare.

6. Emergency Dental Treatment

This Benefit will be payable for Treatment received during the emergency visit immediately after accidental damage to natural teeth.

7. Speech Therapy and Occupational Therapy

This Benefit is payable for Treatment for Autism, Down Syndrome & Pervasive Development Disorder (PDD) and includes Applied Behaviour Analysis Therapy (ABA).

C. Wellness Benefits

BENEFIT LIMIT

1. Routine Physical Exams

This Benefit will be paid for, or in connection with, routine physical examinations for all Members.

Paid in Full

2. **Pap Smear**

Cigna Healthcare will pay charges for an annual Papanicolaou screening.

Paid in Full

3. **Prostate Cancer Screening**

Cigna Healthcare will pay charges for an annual prostate cancer screening for eligible males over 50 years old.

Paid in Full

4. **Mammograms for Breast Cancer Screening or Diagnostic Purposes**

This Benefit will be paid in respect of:

- one baseline mammogram for asymptomatic women aged 35-39;
- a mammogram for asymptomatic women aged 40-49 every two years or more if Medically Necessary;
- a mammogram every year for women aged 50 and over.

Paid in Full

D. IEAP Level 3

Telephone Counselling, 6 Face to Face Counselling sessions and International Work-life Services

Cigna Healthcare will provide unlimited access to telephone support, 6 telephonic counselling sessions and 6 face to face counselling sessions. The programme is available 24/7 in more than 170 countries through a toll-free line. The multilingual team of qualified counsellors will help with work, personal or family issues, including advice relating to legal, financial, childcare or elderly care matters. They will answer Plan questions, assess the problem, whether big or small, discusses and develop an action Plan together with the Member. Individuals will work with their case manager to determine whether counselling will be delivered telephonically or face-to-face. The case manager handles all aspects of the individual's case and will organize the support services needed. The individual has access to 6 sessions per issue per year. If a referral to a network provider is appropriate, or if an individual requests to see a provider, the clinical professionals will refer them to available International EAP providers for face-to-face visits.

The individual is matched with a counsellor who best meets his/her particular needs and preferences. Information regarding each International EAP professional's hours, gender, languages spoken, certifications, education history, years of practice, experience serving a particular demographic, and additional information is stored in the IEAP case management system.

The International Work-life Service provides individuals and their household Members with culturally relevant counselling, educational information, and qualified referrals to support the healthy balance of work and life. Work-life Specialists can contact professionals in the local area to screen them against the individual's criteria and follow-up with the individual with confirmed, matched referrals for professionals that meet the criteria, and who are licensed and registered with the appropriate bodies relevant to their line of work.

Health Risk Assessments

Cigna Healthcare will provide access to online Health Education, Health Risk Assessments and web-based coaching programmes.

Dental Plan Annual Benefit

BENEFIT LIMIT

Maximum per Member Overall Dental

\$2,000 combined limit for all classes per Year of Insurance

Class One

Investigative and Preventative Treatment. Benefits include examinations, X-rays, Scale & Polish.

Paid in Full

Class Two

Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury. Benefits include:

- root canal Treatment, extractions, surgical procedures, occasional Treatment, anaesthetics, periodontal Treatment.

80% Refund

Class Three

Major Restorative Treatment. Benefits include:

- dentures - acrylic/synthetic, metal and metal/acrylic;
- crowns, inlays, mouthguard or occlusal splint.
- implants

50% Refund

Orthodontic Treatment

for Dependant children under the age of 18- maximum.

**50% Refund
Up to \$2,000
per Year of Insurance**

Notes:

1. Examinations and Scale and Polish will both be limited to 2 visits per Year of Insurance.
2. Full case assessment will be limited to one per Year of Insurance.
3. X-rays will be limited to four Bitewings and six Intra Oral per Year of Insurance and OPG every 3 years.
4. Prolonged periodontal Treatment limit of one course per Year of Insurance.

Vision Plan Annual Benefit

BENEFIT LIMIT

Maximum per Member Vision Benefit

\$150 per Year of Insurance

Vision Care

One eye examination per Year of Insurance by an Optometrist or an Ophthalmologist.

Paid in Full

Expenses for:

- lenses to correct vision;
 - eyeglass frames;
-

Exclusions



Exclusions for Medical Plan

Cigna Healthcare will not pay Benefit for the following Treatments and extras:

- a. Treatment that arises from or is in any way connected with attempted suicide or any Injury or illness that you inflict upon yourself which exceeds an upper lifetime limit of £100,000/\$150,000/€150,000 per Patient.
- b. Dental or orthodontic Treatment unless Benefit is specifically provided in the list of Benefits.
- c. Treatment in nature cure clinics, health spas and nursing homes, unless explicitly mentioned in the list of Benefits.
- d. Charges for residential stays in a Hospital which are arranged wholly or partly for domestic reasons or where Treatment is not required or where the Hospital has effectively become the place of domicile or permanent abode.
- e. Treatment needed because of or relating to male or female birth control.
- f. Hospital accommodation costs that are more expensive than those of a standard private room at the same Hospital. Deluxe, executive rooms or VIP suites are not covered.
- g. Treatment directly related to surrogacy. Cigna Healthcare will not pay maternity Benefits to:
 - an eligible female who acts as a surrogate; or
 - anyone else acting as a surrogate for an eligible female.
- h. Treatment needed because of or relating to infertility or any type of fertility Treatment, including complications arising out of such Treatment, with the exception of the investigation of infertility to the point of diagnosis.
- i. Treatment by way of the intentional termination of pregnancy, unless two Medical Practitioners certify in writing that the pregnancy were to endanger the life or mental stability of the mother.
- j. Supportive Treatment for chronic kidney failure or kidney failure which cannot be cured. Treatment for kidney dialysis will be covered if such Treatment is available in the location of assignment or if not available, Treatment will be covered in the Patient's Country of Domicile or centre of excellence nearest the location of assignment. Only Treatment costs for kidney dialysis will be covered; travel and accommodation expenses in connection with such Treatment will not be covered.
- k. Treatment to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratotomy (PRK), unless Cigna Healthcare agrees in writing.
- l. Injury or disability directly or indirectly

caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority, or while the Member or his/her Dependant(s) are carrying out army, naval or air services operations, whether or not war has been declared.

- m. Treatment outside the selected area of coverage if one of the reasons the Patient travelled was for that Treatment, except if the medical assistance service has arranged emergency evacuation or medical repatriation.
- n. Any form of non-emergency travel costs.
- o. Any expenses for international emergency services which were not approved in advance by the medical assistance service.
- p. International services expenses for emergency evacuation, medical repatriation and transportation costs for third parties where the Treatment needed is not covered under the Plan.
- q. International services expenses related to repatriation and evacuation for:
 - non-emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or sickness; or
 - a condition which would allow for Treatment at a future date convenient to the Patient and which does not require emergency evacuation or repatriation; or
 - medical care or services scheduled for the Patient's or provider's convenience which are not considered an emergency.
- r. Any expenses for ship-to-shore evacuations.
- s. Treatment that arises from or is any

way connected with Injury, sickness or disablement as a result of :

- taking part in a sporting activity on a professional basis; or
- solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.
- t. Any form of experimental Treatment (or procedure) that does not amount to Orthodox Treatment or does not adhere to the commonly accepted, customary or traditional practice of medicine in the Switzerland.
- u. Treatment for or in connection with developmental disorders, including but not limited to:
 - developmental reading disorders;
 - developmental arithmetic disorders;
 - developmental language disorders;
 - developmental articulation disorders.
- v. Treatment for or in connection with non-medical counselling or ancillary services for learning disabilities, developmental delays, autism or cognitive or developmental disabilities or disorders.
- w. Expenses relating to:
 - any form of sterilisation or contraception including vasectomy;
 - any form of plastic, cosmetic or reconstructive surgery or Treatment, even for psychological reasons, unless it is of Medical Necessity as a direct result of the Patient having an accident or because of other surgery, which itself would have been covered under the Plan;
 - appliances (including spectacles unless the vision Benefit has been selected and hearing aids) which do not fall within Cigna Healthcare's definition of surgical

- appliance and/or medical appliance;
 - hearing tests, except for one hearing test per Year of Insurance for a Dependant child under the age of 15 years;
 - incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation;
 - eye tests except for one eye test per Year of Insurance for a Dependant child under the age of 15 years;
 - costs or fees for filling in a claim form or other administration charges.
 - costs that have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna Healthcare will only pay its part of your Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, Cigna Healthcare may claim back any of these costs it has paid.
 - costs for Treatment that has not yet taken place irrespective of whether advance authorisation has been given or a guarantee of payment has been put in place.
- x. Cigna Healthcare will not offer cover or pay Benefit when it is illegal to do so under applicable laws. Examples include but are not limited to, exchange controls, local licensing regulations, sanctions, anti-corruption or trade embarg
- is directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion, (whether war be declared or not), civil war, commotion, military or usurped power, marital law, riot or the act or any lawfully constituted authority, or while you or your Dependants are carrying out army, naval or air services operations, whether or not war has been declared;
 - is purely cosmetic;
 - is not necessary for continued oral health;
 - is in any way caused by the Patient carrying out an illegal act.
- b. Benefit is not payable for refunding costs which:
- are fees for filling in a claim form or other administration charges;
 - costs that have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna Healthcare will only pay its part of your Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, Cigna Healthcare may claim back any of these costs it has paid.
- c. Benefit is not payable for the following procedures, services or items:

Exclusions for Dental Plan

Cigna Healthcare will not pay Benefit for the following Treatments and extras

- a. Benefit is not payable for Treatment which:

- replacing any dental appliance which is lost or stolen;
- replacing a bridge, crown or denture which is or can be made usable according to a standard acceptable to a dentist of ordinary competence and skill in the Switzerland;

- replacing a bridge, crown or denture within five years of original fitting unless:
 - the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
 - the bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury you or your Dependant receives while covered under the Plan.
- porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars;
- 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, e.g. gold alloy crown; or
 - a temporary crown or pontic is required as part of routine or emergency dental Treatment.
- surgical implants of any type including any attaching prosthetic device;
- procedures and materials which are experimental or which do not meet accepted dental standards.
- instruction for plaque control, oral hygiene and diet;
- procedures, services and supplies which are deemed by Cigna Healthcare to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where dental Treatment is neither wholly nor partly the reason for the stay in Hospital);
- orthodontic Treatment for Members and Dependants who are over the age of 18 (orthodontic Treatment will only be paid for Dependant children who are under the age of 18). In this case, you or your Dependant must send the following information prepared by the dentist who is to carry out the proposed Treatment to Cigna Healthcare before Treatment starts, so that Cigna Healthcare can confirm how much Benefit will be payable (Benefit will be payable only if Cigna Healthcare has confirmed cover before Treatment starts):
 - a full description of the proposed Treatment;
 - X-rays and study models;
 - an estimate of the cost of the Treatment.
 - bite registration, precision or semi-precision attachments;
 - procedures, appliances or restorations (except full dentures) whose 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.
 - major Treatment on deciduous or baby teeth for Dependant children.

Exclusions for Vision Plan

Cigna Healthcare will not pay Benefit for the following:

- more than one eye examination in any one Year of Insurance;
- sunglasses, unless medically prescribed;
- medical or surgical Treatment of the eye;
- lenses which are not a Medical Necessity and are not prescribed by an Optometrist or Ophthalmologist or frames for such lenses.

Definitions



The words and phrases set out below have the meanings specified.

'Annual renewal date' - the anniversary of the start date each year or any other date which Cigna Healthcare and the Employer may agree in writing.

'Appropriate age intervals' - birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years.

'Benefit' - any Benefit shown in the list of Benefits.

'Caribbean' - Anguilla, Antigua, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Cayman Islands, Costa Rica, Cuba, Curacao, Dominican Republic, El Salvador, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Puerto Rico, St. Kitts, St. Lucia, St. Vincent, Trinidad and Tobago, and the Virgin Islands.

'Cigna Healthcare' - Cigna Europe Insurance Company S.A.-N.V. Incorporated in Zurich with limited liability.

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

'Country of Domicile' - the nation of your birth or the nation in which you are deemed by the Law of Switzerland to have your permanent place of residence and an indefinite intention to reside.

'Day Case Treatment' - care involving admission to Hospital and using a bed but not staying overnight. In respect of US based admissions, this also includes surgical procedures carried out in the doctor's surgery.

'Dental emergency' - where severe pain that is not relieved by painkillers, or facial swelling or uncontrollable bleeding after an extraction, is being suffered and it is either outside the business hours of your usual dentist or you are staying at a place which is away from the dental practice you usually visit. The Treatment covered in such an instance is to purely stabilise the problem and relieve severe pain.

'Dental Injury' - Injury to your dentition and supporting structures (including damage to dentures while being worn) caused by extra-oral impact.

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

'Dependant' -

- your spouse, whose name has been provided to Cigna Healthcare; and
- your unmarried children, whose names have been provided to Cigna Healthcare prior to the commencement of any Treatment, but only if those persons are under age 26 at the commencement of any Treatment.

'Effective date' - the date cover starts for you and your Dependants.

'Eligible female' - a person who is a female Member or a female spouse or partner of a Member.

'Emergency Treatment' - Treatment which is Medically Necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which if left untreated could result in a significant deterioration in health and represent a threat to life or limb. Only medical Treatment through a physician, Medical Practitioner or Specialist and Hospitalisation that commences within 24 hours of the emergency event will be covered.

'Employer' - your Employer named in the policy schedule.

'Europe' - Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

'Full case assessment' - extensive examination in order to establish current state of teeth.

'Home nursing' - visits from a qualified nurse to the Patient's home to give expert nursing services:

- immediately after Hospital Treatment for as long as is required by Medical Necessity;
- visits for as long as is required by Medical Necessity for Treatment which would normally be provided in a Hospital. In either case, the Specialist who treated the Patient must have recommended these services.

'Hospital' - any organisation which is registered or licensed as a medical or surgical Hospital in

the country in which it is located and where the Patient is under the daily care or supervision of a Medical Practitioner or qualified nurse.

'Injury' - a physical Injury.

'In-Patient' - A Patient who stays overnight in Hospital while undergoing Treatment.

'International services' - services arranged by the medical assistance service for the Plan as set out in Condition 4.

'List of Benefits' - the latest list of Benefits which Cigna Healthcare has published for the International Assignee Health Care Plan, including any notes to it. Please refer to the policy literature for details of the list of Benefits your Employer has selected.

'Maternity Benefit' - all aspects of pregnancy or childbirth, including any complications, for any eligible female covered under the Plan, but excluding:

- Treatment by way of the intentional termination of pregnancy unless two Medical Practitioners certify in writing that the pregnancy would endanger the life or mental stability of the mother; and
- Treatment by way of nursery care for a Dependant in a Hospital following childbirth, unless due to Medical Necessity during Treatment that is otherwise covered by this policy.

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

'Medical Necessity' - Medically Necessary covered services and supplies are those determined by the medical team to be:

- required to diagnose or treat an illness,

Injury, disease or its symptoms;

- orthodox, and in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the Patient, physician or other health care provider; and
- rendered in a reasonably cost effective way that is appropriate for the delivery of the services and supplies.

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

'Medical Practitioner' - a doctor or Specialist who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the Treatment is provided.

'Medical team' - means Cigna Healthcare's medical team including the medical director or the medical assistance service.

'Member' - any Member of staff who is working the minimum of 30 hours per week, nominated and sponsored by the Employer who becomes a Member of the Plan.

'Minor surgical procedures and associated Treatment' - any surgical Treatment or procedure that does not require a general anaesthetic or overnight Hospital stay, e.g. surgical Treatment of an ingrown toe nail.

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

'Oral health' - for a Patient, a reasonable standard of oral health of the teeth, their supporting structures and other tissues of the

mouth, and of dental efficiency, according to a standard acceptable to a dentist of ordinary competence and skill in Switzerland which will safeguard his general health.

'Orthodox' - in relation to a procedure or Treatment that is medically or dentally accepted in Switzerland at the time of the commencement of the procedure or Treatment, in that it accords with that upheld by a respectable, responsible and substantial body of medical or dental opinion, experienced in the particular field of medicine or dentistry.

'Out-Patient' - a Patient who does not need to stay overnight in Hospital for either consultation with a Specialist or for Treatment.

'Patient' - you or your Dependant who undergoes Treatment.

'Plan' - the Cigna Healthcare Employee Health Care Plan.

'Policy' - the policy sent to your Employer including policy terms, policy schedule, list of Benefits and proposal form.

'Policy schedule' - the latest policy schedule issued with the policy including any endorsements or notes to it.

'Private ambulance' - a purpose-built vehicle operated as an ambulance by a recognised private ambulance service.

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

'Schedule of surgical procedures' - the current schedule of surgical procedures approved by Cigna Healthcare's chief medical officer.

'Selected area of coverage' - means one of the following:

- Area I - worldwide, or
- Area II - worldwide, excluding USA, Canada and the Caribbean, or
- Area III - Europe

as selected by your Employer on the start date of the Plan.

'Sickness' - a physical or mental illness and pregnancy;

'Specialist' - a doctor who:

- has received advanced Specialist training;
- practices a particular branch of medicine or surgery; and
- holds or has held a consultant appointment in a Hospital or an appointment which Cigna Healthcare accepts as being of equivalent status.

A physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist for the purpose of physiotherapy as described in the list of Benefits.

'Spouse' - your legal husband or wife, or unmarried or civil partner as advised to Cigna Healthcare.

'Start Date' - the date the policy starts, as shown in the policy schedule.

'Surgical Appliance and/or Medical Appliance'

- an artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery; or
- an artificial device or prosthesis which is a necessary part of the Treatment immediately following surgery for as long as required by Medical Necessity;
- a prosthesis or appliance which is Medically Necessary and is part of the

recuperation process on a short-term basis.

'Treatment' - any relevant Treatment controlled by a Medical Practitioner to cure or substantially relieve acute or chronic conditions within the scope of the Plan. Any dental procedure or service which:

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

'Vision Benefit' - procedures and Treatment relating to the vision of a Member or Dependant.

'Wellness Benefit' - tests as defined in the list of Benefits and conditions and carried out by a Medical Practitioner.

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

'Worldwide excluding USA, Canada and the Caribbean' - worldwide, with the further exception of the United States of America, Canada and the Caribbean.

'Year of Insurance' - the annual period starting on the start date or annual renewal date.

'You/Your' - the Member or qualifying Dependant.



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Claims can be submitted via [CignaEnvoy.com](https://www.CignaEnvoy.com), which also provides your link to easy access to quality healthcare around the world. Mailing address for claims is Cigna Global Health Benefits, I Knowe Road Greenock, Scotland PA15 4RJ.

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