Policy Summary

About Cigna's Inspire International Health Care Plan
Caterpillar Tailored Medical Plan

Some important points about Cigna's Inspire International Health Care Plan are summarised below. This summary is developed as a guide to the policy, giving you details of the key benefits as well as any significant or unusual exclusions. However as it does not describe all the terms and conditions of the plan it should be read in conjunction with the List of Benefits, Exclusions and How to Claim Guide.

Key Benefits of the plan

Plan Benefits	Significant exclusions or limitations
Hospital charges for: – nursing and accommodation for in-patient treatment; – day cases treatment; – operating theatre and recovery room; – prescribed medicines, drugs and dressings, for use whilst an in-patient and for day case treatment.	
Full cost of surgeon's and anaesthetist's fees.	
Full refund for cancer treatment Includes consultations, surgery, drugs, diagnostic tests, oncology, radiotherapy and chemotherapy.	
Inpatient/Day Case rehabilitation and physiotherapy.	
Diagnostic tests.	
Non surgical and minor surgical procedures.	
Consultations with Medical Practitioners and Specialists	
Complimentary Medicine (including Chinese Medicine)	
Alternative Therapies Includes acupuncture and homeopathy.	
Costs of a parent staying with a child under the age of 18.	• Paid in Full up to 30 days per year of insurance
International emergency services.	• Expenses which were not approved in advance by the medical assistance service. • Expenses where the treatment is not covered under the plan.
Home nursing charges for qualified nurses if recommended by a specialist immediately after	• Charges for residential stays in a *hospital* which are arranged wholly or partly for domestic reasons

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hospital treatment or on a full time basis for treatment that would normally be provided in a hospital.	or where *treatment* is not required or where the *hospita*l has effectively become the place of domicile or permanent abode.
Full costs of Private ambulance to or from a hospital.	• When ordered for medical reasons.
Full refund on specialist physician's fees for in-patient treatment.	• Which is required by medical necessity.
Surgical appliance/and or medical appliance.	• Which is inserted during surgery, or is a necessary part of the treatment immediately following surgery.
Psychiatric care, for psychiatric conditions, other mental disorders or addictions.	• Which meet Cigna's criteria. • Up to £7,000 per year of insurance in out-patient consultations. *Cigna* will pay 50% of valid expenses per *treatment.* • Up to £7,000 per year of insurance in in-patient/day case treatment.
Inpatient Cash Benefit Payable instead of any other benefit for treatment and accommodation for each overnight stay spent in a hospital for treatment received on an inpatient basis free of charge.	• Requires pre-approval from Cigna's medical team. • An overnight stay must commence before midnight. • Up to £150for up to 30 nights in any one year of insurance.
Hospice and Palliative Care Palliative care following the diagnosis that the condition is terminal with a life expectancy of less than six (6) months, and treatment can no longer be expected to cure the condition. Cigna will pay for the patient's physical care, psychological care as well as hospital or hospice accommodation, nursing care and prescription drugs.	• Requires pre-approval from Cigna's medical team. • Paid in full.
Organ Transplant Cigna will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, and donor's medical costs.	• Requires pre-approval from Cigna's medical team. • 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). • Up to £700,000 per lifetime
Prescribed Medicines, Drugs and Dressings in Out-Patient Treatment	• Paid in Full if within CignaLinks • Up to £7,000 per year of insurance if outside of CignaLinks.
Out-Patient Physiotherapy, Chiropractic, Osteopathy and Chiropody Treatment	• Paid in full • Physiotherapy sessions are monitored by Cigna and will be allocated according to medical condition. In the event of on-going conditions a medical report may be required.
Annual routine tests.	• One eye test and hearing test for children under 15.
Well child test.	• Dependant children aged 6 and under, with immunisation covered for all dependants.
Vaccinations.	• Vaccinations related for travel only.
Maternity cover	• Routine Maternity cover Paid in Full if within

	CignaLinks, otherwise, Up to £14,000 per year of insurance if outside of CignaLinks. • Complicated Maternity Cover Paid in Full
Health Risk Assessments	• Access to online Health Education, Health Risk Assessments and web-based coaching programmes.
Employee Assistance Programme – Telephone Counselling	• Available 24/7 in more than 170 countries through a toll-free line.
Emergency dental treatment.	• Accidental damage to natural teeth. Paid in full.
	•
Prostate Cancer Screening	• Limited to eligible males over 50 years.
Pap Smear	• Limited to one annual papanicolaou screening.
Mammograms for Breast Cancer every year for women aged 50 and over.	• Limited to one baseline mammogram for asymptomatic women aged 35-39; • every two years for females aged 40-49years if medically necessary for asymptomatic women aged 40-49 years. • a mammogram every year for women aged 50 and over..
Annual Benefit. Maximum per employee or dependant.	• Up to £5,000,000 per year of insurance
	Significant exclusions or limitations that apply across the plan • Treatment that arises from or is in any way connected with attempted suicide except for expenses up to an upper lifetime limit of £100,000/$150,000/€150,000. • *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.Treatment by way of 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. • 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. • Any form of plastic or reconstructive surgery • Dental or orthodontic treatment. • 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. • Hospital accommodation costs that are more expensive than those of a private standard room at the same hospital. Deluxe, executive rooms or VIP suites are not covered. • Treatment directly related to surrogacy; maternity

	benefit will not be paid to an eligible female who acts as a surrogate or, anyone else acting as a surrogate for an eligible female.
	• 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.
	• 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.

The product is provided by Cigna Life Insurance Company of Europe S.A.-N.V., a Belgian company with limited liability in the UK, and administered by Cigna European Services (UK) Limited.

Length of cover

The policy is for one year from the policy start date, and is annually renewable.

Making a claim

Claims for treatment carried out *in* the USA should be sent to:

Cigna Global Health Benefits
PO Box 15964
Wilmington
Delaware 19850
United States of America

If you require assistance call the 24 hour helpline +1 800 768 1725

Claims for treatment outside the USA should be sent to:

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

If you require assistance call the 24 hour helpline +44 (0) 1475 492197

Please refer to the Cigna Helpful Guide for further information on additional charges that may apply where you request reimbursement in a currency other than the currency of premium or the currency in which the claim was incurred.

Important Information

Emergency medical evacuations or repatriations must be authorised in advance by the Cigna Helpline.

If your plan ends, cover and services under the policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid. If treatment has been authorised or a guarantee of payment issued, Cigna will not be held responsible for any treatment costs if the plan ends or you or your dependant leave the plan before treatment has taken place.

How to make a complaint

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- by phone +44 (0) 1475 492197

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Exchange Tower
Harbour Exchange Square
London E14 9SR

Tel: +44 (0) 845 080 1800
Email: complaint.info@financial-ombudsman.org.uk

Complaining to the Ombudsman does not affect your legal rights.

Compensation

Cigna is a member of the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme if we cannot meet our obligations, however this will depend on the type of business and the circumstances of the claim.

Further information about compensation scheme arrangements is available from the FSCS at 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN.

Who regulates us?

Cigna Life Insurance Company of Europe S.A.-N.V. - UK Branch is a foreign branch of Cigna Life Insurance Company of Europe S.A.-N.V. (Registration Number 0421.437.284), registered in Belgium with limited liability and authorised under licence number 0938) having its' principal place of business in the UK at 5 Aldermanbury Square, 13th Floor, London, England, EC2V 7HR

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Policy Summary

About Cigna's Inspire International Health Care Plan

Caterpillar Tailored Dental Plan – Main Group

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Key Benefits of the plan

Plan Benefits	Significant exclusions or limitations
Class One **Investigative and Preventative Treatment.** Benefits include: examinations, X-rays, Scale & Polish.	• Examinations & Scale and Polish limited to two visits per year. • X-rays limited to four bitewings and six Intra Oral per year of insurance and OPG every 3 years. • Prolonged periodontal treatment limited to 1 course per year of insurance. • Combined Limit for Class One & Class Two 80% Reimbursement, up to £1,400 per year of insurance
Class two **Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury.** Benefits include: root canal treatment, extractions, surgical procedures, occasional treatment, anaesthetics, and periodontal treatment.	
Class three **Major Restorative and Orthodontic Treatment.** Benefits include: dentures-acrylic/synthetic, metal and metal acrylic; Crowns, inlays, mouthguard or occlusal splint.	• Full case assessment will be limited to one per year of insurance. • Combined Limit for Class Three & Orthodontic 50% Reimbursement, up to £1,400 per year of insurance
Orthodontic Treatment for dependant children under the age of 18	
	Significant exclusions or limitations that apply across the plan • Cosmetic treatment. • Treatment that is not necessary for continued oral health. • Replacing any dental appliance which is lost or stolen. • Major treatment on deciduous or baby teeth for dependant children. • Procedures, services and supplies which are deemed by Cigna to be medical procedures, services and supplies including mouthwashes, and services and supplies provided in a hospital (except where dental treatment is neither wholly or partly the reason for the stay in hospital).

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Key Benefits of the plan

Plan Benefits	Significant exclusions or limitations
One eye examination per year of insurance by an Optometrist or an Ophthalmologist.	
Expenses for: Lenses to correct vision; eyeglass frames**.**	Limited to £150 per year of insurance. • Excludes sunglasses unless medically prescribed. • Excludes lenses which are not a medical necessity and are not prescribed by an Optometrist or Ophthalmologist.

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