

CIGNA Child Plan
Healthcare Policy

Technical Details: A Guide to our Conditions



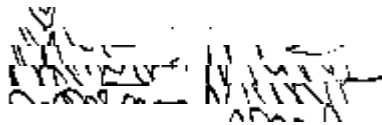
CIGNA Child Plan Healthcare Policy

The **policyholder** named in the **membership certificate** has applied to CIGNA Life Insurance Company of Europe S.A.-N.V. ("CIGNA") to provide the **benefits** described in this **policy**. The information within the **policyholder's** application form is the basis for CIGNA's agreement to provide **benefits** under the **policy**.

The **membership certificate, policy** terms, the current **list of benefits**, the **policyholder's** application form and CIGNA's acceptance (together with any special conditions or endorsements) constitute the entire agreement between CIGNA and the **policyholder**.

This **policy** is subject to the Law of England. Any money payable under the **policy** by or to CIGNA will be paid at CIGNA's administration office in the currency of the **United Kingdom**.

Signed for and on behalf of CIGNA Life Insurance Company of Europe S.A.-N.V.



Authorised Signatory



Contents	Page
1 How to Claim.....	3
2 What Does the Insurance cover?	4
3 Definitions	4
4 Who can join the plan?	6
5 How to apply for insurance	6
6 Renewal of Policy	6
7 Benefits	7
8 Claiming Process	8
9 Cash sum	9
10 Premiums	10
11 Exclusions	10
12 Alterations to Policy Terms	12
13 Disclosure	12



How to Claim

If **you** follow these guidelines all bills will be paid in full to the levels shown on the list of benefits*. If however, these guidelines are not followed **you** will be responsible for paying 20% of all relevant bills.

1. When any health problems arise see **your GP - your** family doctor.
2. If **your GP** recommends that a **specialist** should be consulted **you** should inform the **GP** that **you** have medical insurance and that **you** may wish to have the consultation privately.
3. An appointment with a chosen **specialist** will be arranged at a time convenient to **you**.
4. Before **you** see **your specialist you** must call the CIGNA Helpline. **We** will check the details of **your** cover and authorise **your** initial **specialist** consultation.
5. When **you** see **your specialist**, take along your **Membership Certificate**, **your** hospital list and **your** list of benefits as the **specialist** may wish to refer to the information contained within them.
6. If **your specialist** recommends further **treatment you** must contact CIGNA for a claim form. At this point a member of our nursing team will advise **you** of the options that are available to **you**. **You** must give the nursing team the opportunity to work with **you** and **your specialist** as any **treatment** incurred which has not been pre-authorised will result in **you** being liable for 20% of the overall cost.
7. Although the majority of the sections are 'full refund' **you** should bear in mind that there are some limits on the list of benefits. Check **your specialist's** fees are in accordance with the CIGNA fee schedule.
8. **Your specialist** will then be responsible for arranging the **treatment**, although CIGNA's nursing team can advise and guide **you**. **You** must inform **your specialist** that **you** are insured to CIGNA's Country Scale level of accommodation and keep the nursing team informed at each stage of **treatment** or when asked to do so.
9. The claim form should be completed in full, signed by **your GP or specialist**, and returned to CIGNA with the originals of any relevant bills. **Your GP** may charge a fee for this which would not be recoverable from CIGNA.
10. CIGNA will settle all approved bills direct with the **specialist** and/or hospital or, if **you** have paid the bills, directly with yourself. **Your cash sum** will be paid by cheque to the **policyholder** or in the case of children to their legal parent/guardian automatically in the event of incisive surgery.

Claims should be submitted within six months of the **start date of treatment**. If after six months **you** still need **treatment**, then a new claim form should be submitted.

- * If **you** have chosen one of our excess options the amount of the excess **you** have chosen will be deducted from the first claim made per person per **year of insurance**.



A guide to our conditions

These conditions describe **your** rights and obligations under the **policy**. **We** recommend **you** read them carefully. **You** should read them along with the current **list of benefits** and **membership certificate** issued to the **policyholder**. If there is any part of the conditions which **you** do not understand, please phone **us**.

1. What does the insurance cover?

These conditions cover the costs of **treatment** that is medically necessary as shown in the current **list of benefits**, if **you** live permanently in the **United Kingdom** and have an **acute condition** and **your general practitioner**, or an optician for eye treatment, refers **you** to a **specialist**.

We do not provide cover for **treatment**, supervision or care for **chronic** conditions.

2. Definitions

The words and phrases below have the following meanings. They will appear in **bold** in this guide, the **list of benefits**, and the Claiming Process.

2.1 We, us, our - CIGNA Life Insurance Company of Europe S.A.-N.V., 1 Knowe Road, Greenock PA15 4RJ.

2.2 You, your - the **policyholder** or his or her **dependants** if they are eligible for **treatment**.

Patient - The **policyholder's dependants** if they are eligible for **treatment**.

2.3 'Acute' - a disease, illness or injury which responds quickly to short-term **treatment** that aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **you** recovering fully.

2.4 'Annual renewal date' - the anniversary of the **start date**.

2.5 'Benefit' - any payment **we** make shown in the **list of benefits**.

2.6 'Cash sum' - a cash sum **we** pay to the parent or legal guardian **policyholder** if the **patient** has a **qualifying operation**. This is different from **NHS cash benefit** which is defined in 2.15.

2.7 'Chronic' - a disease, illness or injury which has at least one of the following characteristics:

- it continues indefinitely and has no known cure.

- it comes back or is likely to come back.
- it is permanent.

- **you** need to be rehabilitated or specially trained to cope with it.

- it needs long-term monitoring, consultations, checkups, examinations or tests.

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

2.9 'Dependant' - any person who is described in Condition 3 who is included in **your** application form and has been accepted in writing by **us** for cover under the **plan**.

2.10 'Detoxification' - **treatment** for withdrawal symptoms after **you** have been abusing drugs, alcohol or both. The **treatment** involves rest, medication, fluids and changes in diet to return **your** body to a stable condition.

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

2.12 'General practitioner' (GP) - a registered doctor in general practice.

- 2.13 'Home nursing' - visits from **a qualified nurse to your** home to give **you** expert nursing services following **treatment in hospital**.
- 2.14 'Hospital'
- **'NHS hospital'** - a national health service hospital, with facilities for medical and surgical **treatment**, as defined in Section 128 of the National Health Service Act 1977 or in any future law.
 - **'Private hospital'** - an independent hospital which can provide **acute** medical, surgical or psychiatric care. It must be registered under The Registered Homes Act (1984) or any future law. It may also include a private bed in an **NHS hospital**.
- 2.15 'Inpatient' - a patient who spends the night in a **hospital** for **treatment**.
- 2.16 'Inpatient treatment' - **treatment** which, for medical reasons, means **you** have to stay in **hospital** overnight or for longer.
- 2.17 'List of benefits' - the latest list of benefits which **we** published, including any notes to it.
- 2.18 'Membership certificate' - a certificate issued to the **policyholder** which shows the **policy** number, **start date**
- of the **policy**, the amount of excess chosen, amount of premium due each month, details of each person covered and any individual exclusions which will apply.
- 2.19 'NHS cash benefit' - a cash amount paid to the parent or legal guardian. This is paid for each night the **patient** spends in an **NHS hospital** for **NHS inpatient treatment** instead of CIGNA making a payment for **treatment** provided under the **plan**. This benefit is different from and additional to the **cash sum**.
- 2.20 'Oro-surgical procedure' - operations described in the **schedule of surgical procedures** (for example, removing an impacted or buried tooth by surgery).
- 2.21 'Outpatient' - a patient who does not need to stay in **hospital** for his/her consultation with a **specialist** or for **treatment**.
- 2.22 'Outpatient treatment' - **treatment** given at a **hospital**, consulting room or **outpatient** clinic where **you** do not go in for day **patient** or **inpatient treatment**.
- 2.23 'Patient' - a **dependant** having **treatment**.
- 2.24 'Plan' - **your** CIGNA Child Healthcare Plan **Policy**.
- 2.25 'Policy' - the **policy we** send to **you** including the **policy** terms, **list of benefits**, and **membership certificate**.
- 2.26 'Policyholder' - the adult who is responsible for paying the premiums under the **policy**.
- 2.27 'Private ambulance' - a purpose-built vehicle run by a recognised private ambulance service.
- 2.28 'Qualified nurse' - a nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
- 2.29 'Qualifying operation' - an operation in the **qualifying operations list**.
- 2.30 'Qualifying operations list' - a list of **qualifying operations** for which a **cash sum** is paid.
- 2.31 'Related condition' - Any symptom, disease, illness or injury which is medically considered to be associated with another symptom, disease, illness or injury.
- 2.32 'Schedule of surgical procedures' - the current schedule of surgical procedures approved by **our** Chief Medical Officer.
- 2.33 'Specialist' - a doctor who:

- has received advanced specialist training;
 - practises a particular branch of medicine or surgery; and
 - is or has been a National Health Service consultant.
- A specialist can include a doctor who **we** recognise because he or she has had extra training.
- A state registered physiotherapist is only a specialist for the purpose of physiotherapy as described in the **list of benefits**.
- 2.34 'Start date' - the date **your** annually renewable **policy** starts, as shown in the **membership certificate**.
- 2.35 'Surgical appliance'
- an artificial limb, an artificial body part or device which is inserted during surgery.
 - an artificial device or an artificial body part which is a necessary part of **your treatment** immediately after surgery - for example a knee brace after **you** have had ligament surgery. This does not include wheelchairs, crutches and so on.
- 2.36 'Treatment' - surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure an **acute** condition.
- 2.36 'United Kingdom' - England, Scotland, Wales and Northern Ireland.
- 2.37 'Year of insurance' - the 12 month period starting on the **start date** or **annual renewal date**.
- 2.38 '14 days allowed' - a period of 14 days after the date on which the premium should have been paid. If **you** make a claim during this period, **we** will not pay it until **we** have received the premium owed.
3. [Who can join the Plan?](#)
Any unmarried children under 18 years of age, who live permanently in the **United Kingdom** may be included in an application for cover under the **policy**.
- 4 [How to apply for insurance](#)
- 4.1 **You** must apply on the application form provided by **us**. The application form must include all the children in a family. Cover under the **policy** will start on the **start date** unless **we** do not accept **your** application. If **we** accept **your** application, **we** will issue a **policy**, including a **membership certificate** and membership card.
- 4.2 If a child is born into the family after the **start date**, he or she will be accepted as a **dependant** and will be covered under the **policy** from the child's date of birth. This will happen if an application for cover, together with the child's birth certificate is received by **us** within 30 days of birth. The premium for the child will start on the first full month of the **policy** if we accept cover and exclusions may apply. Unborn children are not covered under the **policy**.
- 4.3 **We** are not responsible for applications lost or delayed in the post. Proof of posting the application is not proof of receipt by **us**.
5. [Renewal of Policy](#)
- 5.1 Approximately one month before the **annual renewal date**, **we** will send **you** a letter inviting renewal. If **you** do not cancel the **policy**, it will be renewed for a further 12 month period from the **annual renewal date** on the terms of the CIGNA Child Plan.
- 5.2 **We** may stop or change **your** cover or **your dependants'** cover at any time if:
- any person covered under the **policy** has at any time made any misleading statement or has not advised **us** of any relevant fact or has failed to comply with the terms

of the **policy** or to act with the utmost good faith; or

- **you** or **your dependant(s)** stop living in the **United Kingdom**; or
- **we** terminate the CIGNA Child Plan or any part of it.

5.3 Cover under the **policy** will end if **you** do not pay the required premiums. **We** will only cover expenses which have been incurred before the due date of any unpaid premium.

5.4 Cover under the **policy** will end for each of **your dependants** at the **annual renewal date** after their 18th birthday. If the child marries, cover will end at the **annual renewal date** coincident with or immediately after the date of the marriage.

6. [Benefits](#)

6.1 **We** will refund recognised costs that are medically necessary for the **patient's treatment** and services related to **treatment** which are shown in the **list of benefits**.

This **treatment** and these services could be:

- in the **United Kingdom**, or
- abroad as long as the **patient** is not there for more than a total of 90

days in any one **year of insurance**. If a claim is submitted for **treatment** abroad, CIGNA will require proof of how long the **patient** spent abroad. Also, the **benefits** payable are limited to the amounts shown in the **list of benefits**. **You** should also note Exclusion 10.16.

If the **patient** receives **treatment** abroad, and there are expressions in the **policy** which only relate to the **United Kingdom**, **we** will use the **policy** expression which **we** define as the closest in meaning to the foreign expression.

We will reimburse payments only up to limits in the **list of benefits**. Accommodation charges will be reimbursed up to the levels shown in the **list of benefits** and CIGNA's UK fee schedule will be applied to Surgeons' and Anaesthetists' fees.

We will pay costs from abroad in pounds sterling using a suitable exchange rate which **we** will decide.

If the Foreign and Commonwealth Office has advised against travel to a particular country or area, or if the **patient** is already in that particular country or area and have been advised to leave, **we** will not pay for **treatment** whilst in that country or area unless prior written authority has been received from **us**.

6.2 Cover for **home nursing** may be provided instead of the **patient** receiving **treatment** in **hospital** as long as the **treatment** is:

- medically necessary;
- of a type covered by the **policy**; and
- recommended by the **specialist** who is treating the **patient**.

We will pay for **home nursing** for up to 180 days in any one **year of insurance**. This will depend on any relevant monetary limit shown in the **list of benefits**. Cover does not include **home nursing** for domestic rather than medical reasons unless this has been agreed with one of **our** nurses.

6.3 **We** will pay up to the total amount shown in the **list of benefits** in any one **year of insurance** for:

- claims for **benefit** recommended by a **specialist** following **hospital treatment**; and
- claims for **treatment** of psychiatric conditions, other mental disorders, addictions and alcoholism.

The only payments **we** will make for addictions and alcoholism are to cover diagnosis and the first time the **patient** is treated for the condition.

'Diagnosis' means the first time the **patient** is referred by their **general practitioner** to an approved centre providing **treatment** for **detoxification**. **We** may cover up to three attempts at **detoxification**.

'The first time the **patient** is treated' means the first alcohol or addiction programme the **patient** attends after diagnosis. The **patient** will be treated on a day-case basis, unless they meet **our inpatient** criteria (see the list of benefits for more information).

We will not pay for any more claims for recovery programmes for addictions, alcoholism or a related condition. For example, **we** will not pay for depression caused by alcoholism, dementia or liver failure - where, after **we** consider medical evidence, **we** reasonably believe that the condition was the direct result of the addictive condition.

6.4 If the patient is an eligible child under 12 and he or she goes to **hospital** as an **inpatient**, **we** will pay for a parent or legal guardian to stay with them for up to 30 days in any one **year of insurance**. Cover for this particular **benefit** will stop on the child's 12th birthday. **We** will only pay the costs if:

- it is the parent or guardian who stays with the child;

- the **treatment** the child receives is covered by the **plan**; and

- the cost of **hospital** accommodation is reasonable.

6.5 **We** will also pay costs for **treatment** involving complementary medicine - for example, homeopathy or acupuncture - if a **specialist** (other than a specialist in complementary medicine) recommends this **treatment**.

6.6 If the **patient's general practitioner** refers the **patient** for chiropractic **treatment** or osteopathy, **we** will pay up to the total amount shown in the current **list of benefits** in any one **year of insurance**.

6.7 The **benefits** the **patient** can receive cannot be more than the amounts in the **list of benefits** when **treatment** is given. **We** will not pay for any **treatment** which is over the amount in the **list of benefits**.

6.8 Excess
You may have to pay an excess under this **policy**. The amount of the excess will be agreed by **you** and **us** at the **start date** and shown in the **membership certificate**. This excess will be payable for each person covered under the **policy** for each **year of insurance**. The excess will be deducted from the cost of **benefit** and will be deducted from

the first claim in each **year of insurance**. Any **cash sum** or **NHS cash benefit** which will be paid as a result of such **treatment** will be unaffected by the excess. At each **annual renewal date** **you** will be able to choose from the different excess levels offered by **us** at that date.

7. Claiming Process

Before the **patient** goes for any of the following **treatments**, **you** must telephone CIGNA for confirmation of cover:

- initial specialist consultation, together with any diagnostic testing (e.g. blood tests or straight x-rays) that the **specialist** may state is necessary at the initial consultation stage provided that such tests are carried out within 72 hours of the consultation. If an MRI/CT scan or similar scan is required, **you** must obtain confirmation of cover which is detailed in the claiming process below.
- physiotherapy
- chiropractic and osteopathy

We will issue a letter confirming cover for the above.

For any other **treatment** or for further **treatment** or consultations as detailed

above, **you** must comply with the claiming process set out below or **we** will pay a valid claim up to only 80% of the limits shown in the **list of benefits**.

- An authorisation number must be obtained by telephone from CIGNA. At this point, the caller will be transferred to a trained nurse who will confirm cover, issue a claim form, give information and advise what **benefits** are available to the **patient**.
- The nurse must be contacted regularly at each and every stage of **treatment**, in particular advising the nurse of any change in **treatment** or extension of **treatment**.

If the Claiming Process is not followed, we will pay a valid claim up to only 80% of the limits shown in the list of benefits, and no cash sum will be paid.

You must send a completed claim form to **us** within 6 months of the **start date** of **treatment**. All bills or invoices must be sent to **us** within 6 months of the date the **treatment** was incurred. Only original bills can be sent to **us** - **we** cannot accept photocopies. Failure to submit a claim form or invoices within 6 months of the date **treatment** was incurred will result in the claim being denied.

We may ask for a medical report if **we** need more information. The **patient** may also have to have an independent medical examination. **We** will pay for both the medical report and the independent medical examination. If, after six months, the **patient** still must have **treatment** or a consultation, **you** should send an interim claim form to **us**.

8. Cash sum

8.1 The **cash sum** which is paid in addition to the payment for **treatment** and the **NHS cash benefit** will become payable if the **qualifying operation** is:

- carried out on a day case or **inpatient** basis in **hospital**;
- covered under this **plan**;
- deemed medically necessary by a **specialist**;
- an invasive procedure which may involve a surgical incision.

We will then pay the relevant amount as set out in 8.2 below.

8.2 The total amounts which **we** will pay are:

- Level 1 - £300
- Level 2 - £500
- Level 3 - £800
- Level 4 - £1,200
- Level 5 - £3,000

Please note - any **cash sum** will be paid by **us** by cheque to the **patient's** parent or legal guardian.

8.3 If the **patient** has more than one **qualifying operation** during one stay in **hospital** for which a **cash sum** will be paid, **we** will only pay the **cash sum** for the higher classification of **qualifying operation**.

8.4 If the **patient** has more than one **qualifying operation** on the same part of the body during different stays in **hospital**, **we** will pay the **cash sum** for each **qualifying operation**, subject to confirmation from the **patient's specialist** that more than one **qualifying operation** during different stays in **hospital** was medically necessary.

8.5 If the **patient** has more than one **qualifying operation** but on different parts of the body during different stays in **hospital**, **we** will pay the **cash sum** for each **qualifying operation**.

8.6 **We** have the right to amend the **qualifying operations list**. **You** may ask **us** for details of any changes at any time.

8.7 No **cash sum** will be paid if a claim arises from an operation which is carried out for or as a result of complications

caused by any of the exclusions set out in Condition 10.

- 8.8 The amount of the **cash sum** payable will depend on the nature and severity of the **qualifying operation**. The **qualifying operations** are divided into five classes. The classes and some examples of the **qualifying operations** covered by each class are set out below.

Level 1 - £300

Removal of Tonsils
Insertion of Grommets

Level 2 - £500

Repair of Eardrum

Level 3 - £800

Internal fixation of bone marrow
Removal of spleen

Level 4 - £1,200

Decompression of spinal disc
Hip replacement

Level 5 - £3000

Heart bypass

The above list gives only examples of the **qualifying operations** which are covered. **We** will send **you** a full **qualifying operations list** on request. **You** should also note that not all surgical procedures will be treated as a **qualifying operation**.

9. Premiums

9.1 **You** will be told in writing before the **annual renewal date** of changes in premium rates for the next **year of insurance**.

9.2 Premiums must be paid monthly by direct debit and must be paid within the **14 days allowed**.

10. Exclusions

We will not pay **benefit** for the following **treatment** and extras.

10.1 **Treatment** of any illness or injury that was known about or suspected before the **start date** unless the **dependant's** parents disclosed all relevant information to **us** on the application form and **we** have not specifically excluded the illness or injury.

10.2 **Treatment** of any psychiatric condition which existed before the **start date**.

10.3 **Treatment** of any illness or injury which is stated in the exclusion notice contained in the **membership certificate** issued by **us**.

10.4 **Treatment** if the **patient's general practitioner** has not referred the **patient**, except for emergency **treatment**.

10.5 Dental or orthodontic **treatment** other than an **oro-surgical procedure** included in the **schedule of surgical procedures**.

10.6 **Treatment** in nature cure clinics, health hydros or similar establishments or private beds registered as a nursing home in these places.

10.7 Private prescriptions or dressings which the **patient** needs as an **outpatient**.

10.8 **Treatment**, supervision or care for a chronic condition.

10.9 Any **treatment** required as a result of a relapse of a **chronic** condition.

10.10 Cancer that has spread from its original site. All costs for **treatment** in relation to the primary presenting tumour and metastatic spread will be excluded including any complications relating to the cancer.

10.11 **Home nursing**, or living in a **hospital** for domestic rather than medical reasons, unless **we** have agreed this as part of **our** healthcare services programme.

10.12 Supportive **treatment** for **chronic** kidney failure or kidney failure which cannot be cured, including dialysis.

- 10.13 **Treatments** that are not yet approved by the National Institute for Clinical Excellence or are being researched or that do not yet have sufficient peer-reviewed evidence to conclude that:
- the harmful effects are outweighed by the beneficial effects,
 - they are likely to lead to the same or better outcomes than available alternatives.
- This also includes medical procedures (including the use of unlicensed drugs or drugs which are not available under the NHS, unless they are on clinical trial).
- 10.14 Any expenses which **you** have claimed or can claim from any other insurance or source. If another insurer provides cover, **we** will negotiate with them to make sure both companies pay their share of the claim. **You** must tell **us** in writing as soon as possible about any claim or right of legal action against any other person that arises from a claim under this **policy**. **You** must keep **us** fully informed of any developments. If **we** ask **you**, **you** must take all steps to include the amount of **benefit** paid by **us** under this **policy** in **your** claim against the other person. **We** can take over and defend the legal proceedings or settle any claim, or prosecute any claim in **your** or **your dependant's** name to recover the **benefit** paid by **us**. **We** will decide how to carry out any proceedings and settlement.
- 10.15 Injury or disability which is caused or contributed to by war, invasion, terrorist or military activity or while the **patient** is carrying out army, naval or air services duties.
- 10.16 **Treatment** outside the **United Kingdom** if one of the reasons the **patient** went abroad was for that **treatment**.
- 10.17 **Treatment** which is in any way connected to injuries caused by the **patient**.
- 10.18 **Treatment** caused by injuries or illness resulting from **you** carrying out an illegal act.
- 10.19 **Treatment** which is required as a result of injury or a disability caused by a sporting activity on a professional basis.
- 10.20 Pregnancy or childbirth.
- 10.21 Termination of (ending a) pregnancy.
- 10.22 **Treatment** needed for any procedure required to a mother or child as a result of a surrogate pregnancy.
- 10.23 Any form of genetic screening.
- 10.24 **Treatment** for abnormalities which the **patient** has had from birth, except for emergency operations carried out within 14 days of birth.
- 10.25 Any **treatment** needed because of male or female birth control.
- 10.26 Infertility or any type of fertility **treatment** or any pregnancy arising from fertility **treatment** or of any pregnancy which occurs within a calendar month of any fertility **treatment**.
- 10.27 Transplants (not including skin and corneal grafts) and **treatment** or supervision relating to transplants.
- 10.28 Autologous, allogeneic or syngeneic bone marrow donation.
- 'Autologous' means the **patient** donates bone marrow for them self.
- 'Allogeneic' means someone else donates the bone marrow.
- 'Syngeneic' means the **patient's** identical twin donates the bone marrow.
- 10.29 Removing, storing and reintroducing very early cells (stem cells) that produce blood cells, and any **treatment** associated with this.
- 10.30 **Treatment** which is in any way linked to Human Immunodeficiency Virus (HIV) infection or a related illness.

10.31 Sex change operations or any **treatment** needed to prepare for or recover from these operations (for example, psychological counselling).

10.32 **Treatment** which is in any way linked to a sexually-transmitted disease.

10.33 **Treatment** to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratectomy (PRK).

10.34 **Treatment** which is in any way linked to dyslexia.

10.35 **Treatment** which is linked to pes planus (flat feet).

10.36 **Treatment** which is in any way related to learning disorders or delay in a child's development.

10.37 **Treatment** which is in any way related to tongue-tie or cleft lip palate.

10.38 Expenses relating to:

- a **general practitioner's** fees, including consultation fees or fees for filling in a claim form;
- any form of sterilisation or contraception including vasectomy;
- any form of plastic or reconstructive surgery, even for psychological

reasons, unless it is medically necessary 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 and hearing aids) which do not fall within **our** definition of **surgical appliance**;
- extra costs including newspapers, taxi fares, phone calls and guests' meals; and
- routine examinations or tests including eye tests, health screens, medical examinations and hearing tests.

10.39 In addition to the above, there are some surgical procedures for which **we** will not pay a **cash sum**, for example:

- the extraction of wisdom teeth;
- varicose vein ligation.

11. Alterations to Policy Terms
We may change these **policy** terms and the **list of benefits**. **We** will give 28 days' notice in writing to **you** of any change.

12. Disclosure

CIGNA is legally obliged to give **you** the following information:

12.1 **Your plan** will be insured by CIGNA Life Insurance Company of Europe S.A.- N.V., 1 Knowe Road, Greenock PA15 4RJ. **Our** principal place of business in the UK is at 64/68 London Road, Redhill, Surrey RH1 1LG.

CIGNA Life Insurance Company of Europe S.A.- N.V. is authorised by the Banking, Finance and Insurance Commission, (Commission Bancaire, Financière et des Assurances – « CBFA ») of Belgium and from 14 January 2005 regulated by the Financial Services Authority ("FSA") for the conduct of insurance business in the UK. **Our** FSA registered number is 202845.

You can check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA at:

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS

12.2 Should **you** have any cause for complaint **you** should contact CIGNA at 1 Knowe Road, Greenock PA15 4RJ. If **your** complaint is not resolved to **your** satisfaction **you** may contact the

Financial Ombudsman Service (FOS) (address below). This would be without prejudice to **your** right to take legal proceedings. Any decision of the FOS is binding on CIGNA but **you** may reject it without affecting **your** legal rights

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London, E14 9SR

CIGNA is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of the claim.

To ascertain whether you could be entitled to compensation under the scheme or for further information please contact the FSCS at:

Financial Services Compensation
Scheme
7th floor Lloyds Chambers
Portsofen Street
London E1 8BN

- 12.3 As **you** have insurance cover with **us**, **we** will act as Data Controller in respect of **your** personal information held.

We will process **your** and the **patient's** personal information to allow **us** to carry out **our** obligations under the insurance contract and **we** will share this information with authorised third parties to fulfil the contract. From time to time **we** may share this information with other insurers to enable **us** to prevent and detect fraud. **You** should also be aware that telephone calls to and from this office are recorded for the purpose of quality and training.

If **you** make a claim under this **policy**, it may include sensitive medical information. Under the Act **we** are required to obtain **your** explicit approval before **we** process this type of information. **We** will ask for **your** permission to do this.

You have a right to request a copy of any personal information held about **you** and the **patient** by **us**. If **you** wish to request a copy, please write to **us** quoting **your** membership number to assist **us** in tracing **your** personal data. Please note that **we** may levy a fee to provide this information.

Please help **us** to ensure **our** records are up to date by advising **us** of any changes to **your** circumstances, name or address. From time to time **we** may contact **you** regarding other products or services which **we** think may be of interest to **you**. If **you** do not want to be contacted

about these, please write to **us** and advise.

If **you** need to complain, please write to **us** in the first instance. If **you** are not satisfied with **our** response **you** can complain to The Financial Ombudsman Service who deal with complaints relating to general insurance business. They can be contacted at the above address.

- 12.4 **Your plan** and its provisions will be subject to the Law of England.

CIGNA HealthCare

1 Knowe Road, Greenock PA15 4RJ
64/68 London Road, Redhill, Surrey RH1 1LG.



CIGNA HealthCare is a trading name. The following companies are part of that group:

CIGNA Life Insurance Company of Europe S.A.-N.V. is a company registered in Belgium with limited liability.

Its principal place of business in the UK is 64/68 London Road, Redhill, Surrey RH1 1LG. It is regulated in Belgium by Commission de Banking et Finance d'Assurances (CBFA) and is regulated by the Financial Services Authority for the conduct of insurance business in the UK.

Our register number 202845.

CIGNA European Services (UK) Limited is a company registered in England (199739) with a registered office at 64/68 London Road, Redhill, Surrey RH1 1LG.

www.cigna.co.uk

IND/CHILD/TC 01/2005