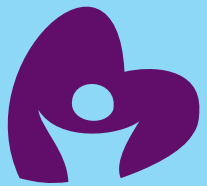
Child Plan

A GUIDE TO OUR CONDITIONS



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Guide to claiming

By following the guidelines below **your** bills will be fully paid up to the levels shown in **your list of benefits***. If **you** don't follow these guidelines **you'll** have to pay 20% of all relevant bills.

1. If any health problems appear **your dependant** should go and see **your** family **doctor** (**GP**).

2. If **your GP** recommends **your dependant** see a **specialist** or **extended scope physiotherapist** or goes for specific **diagnostic tests** and investigations, **you** should let **your dependant's GP** know **you** have medical insurance and might wish to have **your dependant's** consultation privately.

3. **Your dependant's GP** will then arrange an appointment at a time that suits **you**.

4. **You** must call the **Cigna** Helpline to authorise an initial **specialist** consultation, certain specified **diagnostic tests** and investigations, visit to an Osteopath/Chiropractor or a short course of physiotherapy. Not all **diagnostic tests** and investigations provided by **your dependant's GP** will be covered by the **plan**; the Helpline will be able to confirm whether those suggested by **your dependant's GP** are covered.

5. If **you** are referring **your dependant** to:
   - **our preferred provider** for physiotherapy, or
   - a chiropractor or osteopath.

   you must call **us** before **you** commit to any **treatment**. At this point, **we'll** confirm cover, provide information and tell **you** what benefits **your dependant** can claim. For **treatment** with **our preferred providers we** will then connect **your dependant** with them to arrange **your dependant's treatment**.

9. If **you** are visiting **your dependant's specialist**, **you** should take the following information along with **you** for their **specialist** to see:
   - **Your membership certificate**
   - **Your** Hospital Directory
   - **Your list of benefits**

7. If **your dependant** need more **treatment**, consultations or tests **you'll** need to call the **Cigna** Helpline. One of **our** nurses will explain what options **you** have. They'll be on hand to give **you** advice and assistance, and will also authorise any further consultations, investigations or **treatment your dependant** needs.

   Remember that if **your dependant's treatment** isn't authorised by **Cigna** before it takes place, **you'll** be liable for 20% of the costs. To help **us** authorise **your dependant's treatment**, a **Cigna** nurse may need to speak to **your dependant's specialist**.

   If **your dependant** needs any **inpatient treatment you** should contact **us** to make sure **you're** covered for **treatment** at **your** chosen **hospital**.

8. **You'll** receive a 'full refund' in most areas of **your plan**, but **you** must be aware that there are some limits for things like surgeons' and anaesthetists' fees on **your list of benefits**. **You** must check with **us** if **your dependant's specialist's** fees are covered under the **Cigna Fee Schedule**.

9. **Your dependant's GP** or **specialist** will arrange **treatment** for them, with **Cigna's** nurses available to help **you** too. The **hospital** must be told that **you** are insured to **Cigna's** Country Scale level of **hospital** accommodation. **You** also need to make sure that **you** get authorisation from **Cigna** for all consultations, investigations and **treatment** at every stage of **your dependant's treatment**. The **Cigna** nurse might also be able to tell **you** about alternative **treatment** options.

10. **Your** claim form should then be completed, signed by **your dependant's GP** or specialist and returned to **Cigna** with original copies of all relevant bills. Please note that **your dependant's GP** might charge **you** a fee for this, which **you** won't be able to claim back from **Cigna**.

11. **We'll** then settle all authorised bills with **your your dependant's specialist** or **hospital**. If for any reason **you've** had to pay for any **treatment** yourself, **we'll** make sure **we** reimburse **you** quickly. If **you're** due a cash sum **we'll** pay it to the **policyholder** by cheque. If the cash sum is for a child it will be paid to the **policyholder**.

    Any claims should be sent to **us** within six months of the **start date** of **your dependant's treatment**. If **your dependant** still needs **treatment** after six months **you'll** have to send **us** another claim form.

    * An excess may apply to the **policy** and will be applied per person per **year of insurance**. The amount will be deducted from the cost of **treatment** for each claim **you** make for any covered **dependant** untill the excess limit is reached.

Welcome to this explanation of how **your dependant's plan** works. Please read these pages carefully as they tell **you** what is covered under **your dependant's plan**, **your dependant's** rights, and what **you** need to do when making a claim. To make things clearer for **you**, **we** have defined certain words in Section 18. They appear in **bold** in this document and the **list of benefits**. Alongside this information about **your dependant's plan you** also need to read the current **list of benefits** and **guide to claiming**.

If **you** don't understand anything, please phone **us** on the **Cigna** Helpline number.

1. What does my plan cover?

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

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

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

a. to **our preferred providers** for physiotherapy, and
b. to an osteopath or chiropractor.

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

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

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

Your claim won't be paid if **you** don't have all consultations, investigations and **treatment** (including in relation to self-referrals), pre-authorised by the **Cigna** Customer Services Team. Please take extra care to ensure that **you** have received authorisation before **you** go ahead.

2. When does cover start for my children?

To become a **policyholder**, **you** need to complete the **Cigna** application form and let **us** know the names of the **dependants you** want to be covered under the **plan**. **You** must answer all questions honestly and fully. Failure to comply with this will mean that **we** may be able to cancel **your policy**, or reduce or reject **your** claim**. We'll** let **you** know the terms that apply to **your dependant's** cover. If no exclusions apply, **we** will issue **you** with a **membership certificate** and cover for **your dependant** will start on the first day of the month after **we** receive **your** application. If exclusions do apply, **we'll** issue **you** with two copies of **your membership certificate**. **You** must sign and return one copy to **us**. Cover will then start on the first day of the month after **we** have received a signed copy of **your membership certificate**.

If **your dependants** are not covered under **our** normal terms or **we** decide not to cover **you**, **we're** under no obligation to explain why.

Your unmarried children are eligible to join the **plan** if they:

- live permanently in the **United Kingdom**
- are under age 18 on the **start date**.

If **you** have another child at a later date, they will be accepted as a **dependant** and will be covered, so long as **we** receive **your** application within 30 days of birth or within 30 days of the effective date of the adoption or fostering. For stepchildren, adopted or fostered children, please provide evidence such as a copy of the adoption certificate.

If **you** do not add **your** child as a **dependant** within 30 days of the birth, adoption or fostering

an application form will be required and exclusions may apply.

We aren't responsible for applications lost or delayed in the post. Proof of posting the application doesn't provide proof of **us** receiving it.

Your covered **dependants** are eligible for benefits from the **start date**.

If **your dependant** leaves **Cigna** to go to another insurer, **we** will only pay benefit for costs incurred whilst **your dependant** was covered by this **plan**.

3. What costs will my children be covered for?

a) Healthcare benefits

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

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

- **Home nursing**: cover may be provided instead of **hospital treatment**, if the **treatment** is medically necessary and covered by **your plan** as well as being recommended by **your dependant's specialist**. **We** pay for up to 180 days in any one **year of insurance**, depending on any relevant monetary limit shown in the **list of benefits**.

- A parent staying with a child: if an eligible child under 12 goes into **hospital** as an **inpatient**, **we'll** pay for **you**, **your** spouse or the child's legal guardian to stay with them for up to 30 days in any one **year of insurance**. This cover will stop on the child's 12th birthday. **We** only pay if:

  - **you** or the other parent or guardian stays with **your** child
  - **your** child's **treatment** is covered by the **plan** and
  - the cost of **hospital** accommodation is reasonable.

- **Private ambulance**: where travel by any other means is not possible due to **medical necessity**, **we'll** pay up to the amount shown in the current **list of benefits** in any one **year of insurance.**

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

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

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

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

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

  In all cases, **we'll** pay costs of **evidence based treatment** only, as long as prior approval has been obtained from **us** and supported by an appropriate treatment plan from the therapist. The extent of **treatment** under this benefit is to return the **patient** to a state of fitness appropriate for their return to work or

every-day function, not to return them to full sports fitness.

- **Treatment** of psychiatric conditions, other mental health disorders, addictions and alcoholism: these fees will be paid subject to **medical necessity**, provided **we** approve the **treatment** as **evidence based treatment**. The only payments **we** make for addictions and alcoholism are to cover diagnosis and the first time the **patient** is referred by a **GP** for **treatment** at a specialist centre providing **evidence based treatment** i.e. the first alcohol or addictions programme after diagnosis. **We** won't pay for any more claims for recovery programmes for addictions, alcoholism or a **related condition** e.g. depression, dementia or liver failure, where after considering the medical evidence, **we** reasonably believe that the condition was the direct result of the addiction.

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

  We'll also pay costs for the first course of **active** and **evidence based treatment** for **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread).

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

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

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

- **Cognitive behavioural therapy**: **we'll** pay for **condition management** provided **we** approve as **evidence based treatment** for that condition.

- **NHS cash benefit**: subject to the benefit limit and maximum number of nights shown in the **list of benefits**, **we'll** pay a cash amount to **you** for each night **your dependant** spends in an NHS **hospital** for NHS **inpatient treatment** instead of **us** making a payment for **treatment** provided under the **plan**. An overnight stay must start before midnight.

- Claims for **treatment** abroad: **we** cover eligible **treatment** in emergency situations only. If **you** claim for this **you** must also send **us** proof of how long **you** spent abroad which should be no more than a total of 90 days in any one **year of insurance** (or longer if **we** agree in writing). If any terms in the **policy** only relate to the **United Kingdom**, **we'll** use those **we** believe are the closest in meaning to the foreign term. **Inpatient treatment** received overseas will be limited to a cumulative total of 90 nights in any one **year of insurance**. All costs will be paid only up to the limits in the **list of benefits** and will be paid in Pounds Sterling using a suitable exchange rate chosen by **us**. Costs for **inpatient treatment** will be limited to reasonable and customary charges within the **United Kingdom**. The maximum **we** will pay for all **inpatient** nursing and **hospital** accommodation charges is the out-of-scale limit for using a **hospital** not in the **Cigna hospital** list, shown in the **list of benefits**. The **Cigna Fee Schedule** will apply to Surgeons' and Anaesthetists' fees. If the Foreign and Commonwealth Office has advised against travel to a particular country or area, or if **you're** already there but have been advised to leave, **we** won't pay for **treatment** whilst there.

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

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

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

b) Cash sum

A **cash sum** is paid in addition to the benefits paid for **treatment** or **NHS cash benefit** if the **qualifying operation** is:

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

The amount of **cash sum we'll** pay will depend on the nature and severity of the **qualifying operation**. The **qualifying operations** are divided into five levels. The levels, the amount **we'll** pay and some examples of the **qualifying operations** covered by each level are set out below.

Level 1 - £300
Removal of tonsils, D&C, insertion of grommets.

Level 2 - £500
Hysterectomy, repair of inguinal hernia.

Level 3 - £800
Removal of thyroid gland, angioplasty, removal of spleen.

Level 4 - £1,200
Decompression of spinal disc, hip replacement.

Level 5 - £3,000
Repair of heart valve, heart bypass.

The above list gives only examples of the **qualifying operations** covered. **We** can send **you** a full **qualifying operations list** on request. Not all surgical procedures will be treated as **qualifying operations**.

Any **cash sum** will be paid by **us** by cheque to the **policyholder** not the **dependant.**

The following rules apply to the payment of the **cash sum**:

- If **your dependant** has more than one **qualifying operation** during one stay in **hospital** for which a **cash sum** would be paid, **we'll** only pay the **cash sum** for the higher classification of **qualifying operation**.
- If **your dependant** has more than one **qualifying operation** on the same part of the body during different stays in **hospital**, **we'll** pay the **cash sum** for each **qualifying operation**, if **your dependant's specialist** confirms that more than one **qualifying operation** during different stays in **hospital** was medically necessary.
- If **your dependant** has more than one **qualifying operation** but on different parts of the body during different stays in **hospital**, **we'll** pay the **cash sum** for each **qualifying operation**.

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

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 Section 4.

c) Choosing a hospital

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

d) Excess

There may be an excess to pay under this **policy** per **dependant** per **year of insurance,** which will apply to **you** if **you** make a claim on behalf of **your dependant**. If so, **we'll** agree this amount with **you** at the **start date** and **you** can find out what it is by looking on **your membership certificate**. Any excess is due from the first time **you** make a claim. The amount will be deducted from the cost of **treatment** for each claim **you** make until the excess limit for the **year of insurance** is reached. **You** will need to pay any deducted excess amount directly to **your** provider. **We** will let **you** know what this amount is. At each **annual renewal date**, **we'll** agree any new excess level with **you**.

The excess doesn't apply to any **NHS cash benefit** which **we** might pay to **you** as an alternative to paying for **treatment** under this **plan** or to any **cash sum we** may pay for a **qualifying operation**.

4. What isn't covered by this plan?

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

4.1 for the following conditions that are not **acute** medical conditions i.e.

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

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

a. Any **treatment** that hasn't been referred by **your dependant's GP**, an osteopath or chiropractor, an optician for eye **treatment**, a **dentist** for oral surgery, an **IAPT** practitioner for mental health disorders or an **occupational health physician**. If **your dependant** is admitted to an NHS **hospital** in an emergency, they can transfer to a private facility provided **you've** received prior approval from **us**.
b. Any **treatment** received in the accident and emergency department of any **hospital**.
c. **Diagnostic tests** where **your dependant** has been referred by their **GP**, an **extended scope physiotherapist**, or a **doctor** following a health screen, that have not been approved by **us**.
d. **Treatment** outside the **United Kingdom** if one of the reasons **your dependant** went abroad was for that **treatment**.
e. **Treatments** that are not **evidence based treatment**.
f. **Treatments** required for complications or conditions which arise from **treatment** not otherwise covered by the **plan**.

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

a. Dental or orthodontic **treatment**, except for any surgical procedures included in the **Cigna Fee Schedule** which are specifically covered.
b. Transplants (apart from skin and corneal grafts) and any related **treatment** or supervision.
c. All autologous, allogeneic or syngeneic donations for transplant or implanting purposes.
d. Removing, storing and reintroducing very early cells (or stem cells) that produce blood cells, and any associated **treatment**.
e. Any **treatment** to change the refraction of one or both eyes.

f. Any **treatment** for or in connection with strabismus (squint of the eye) and amblyopia (lazy eye).
g. **Treatment** in any way linked to a Human Immunodeficiency Virus (HIV) infection or a related illness.
h. **Treatment** linked to a sexually-transmitted disease.
i. Charges for **treatment** which has not yet taken place.
j. **Treatment** connected to injuries **your dependant** intentionally cause themself.
k. **Treatment** caused by injuries or illness resulting from **your dependants** behaving illegally.
l. Injury or disability that has been caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval or air services.
m. **Treatment** in nature cure clinics, health hydros or similar establishments or private beds registered as a nursing home in these places.
n. **Bariatric surgery** or any other intervention intended to aid weight loss, including any remedial or corrective surgery required as a result of the weight loss, including but not limited to the removal of excess loose skin.
o. **Home nursing** or living in a **hospital** where it is not a **medical necessity**, unless **we** agreed to this.
p. **Treatment** for any **pre-existing condition** that **you** knew about or suspected before the **start date**. The exception is if **you** disclosed all relevant information in **your** application form and **we** didn't specifically exclude the condition on **your membership certificate**.
q. **Treatment** of a psychiatric condition which existed before the **start date**.

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

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

4.6 for **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread) for which **your dependant** has already received the first course of **active treatment**.

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

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

4.9 for any expenses which **you** have claimed or can claim from another source or insurance (see Section 13 for more information on this).

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

Where **your dependant's** medical condition and associated **treatment** is no longer covered by the **policy**, for example if it becomes **chronic**, **Cigna** will work with **you** and **your specialist** to facilitate a smooth transition for **your dependant**. **Your dependant's Cigna** nurse will contact **your dependant's specialist** to advise **treatment** is no longer covered by the **policy**

and **your dependant's** treatment plan will be transferred into the NHS, if **you** are not able or do not wish to continue paying for private treatment yourself.

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

6. How and when do I make a claim?

For all consultations, investigations and **treatment**, it's vital that **you** follow the claiming process described below. If **you** don't **we** will only pay 80% of the cost of the claim and **you** will be responsible for the remaining 20% of the cost of the claim.

In addition, no **NHS cash benefit** or **cash sum** will be paid. Before **you** make a claim, please refer to the **guide to claiming**.

a) Claiming process

You must get an authorisation number from **us** - without this, **you** will be responsible for paying 20% of the cost of the claim. **You** must take great care to follow this procedure:

- If **your dependant** is referred by a **GP** for **diagnostic tests** and investigations or to a **specialist** or **extended scope physiotherapist**, **you** must call **us** before this takes place. **We'll** check **your dependant's** cover details and confirm whether the consultation or investigations are covered.
- After the consultation and before any **treatment**, call **us** again and tell **us** what the **specialist** or **extended scope physiotherapist** has recommended. At this point, **we'll** confirm cover, provide information and tell **you** what benefits **your dependant** can claim.
- If **you** are referring **your dependant** to:
  - **our preferred provider f**or physiotherapy, or
  - a chiropractor or osteopath

  you must call **us** before **you** commit to any **treatment**. At this point, **we'll** confirm cover, provide information and tell **you** what benefits **your dependant** can claim.

You must contact **our** Customer Services Team regularly at each stage of **treatment** – especially if there is any change in **treatment**.

If **you** don't keep to the claiming process, **you** will be responsible for 20% of the cost of each claim and no **NHS cash benefit** or **cash sum** will be paid.

If **you** have chosen one of **our** excess options, the amount of the excess will be deducted from any claims **you** make until the excess limit is reached in every **year of insurance**.

b) When to send in your claim

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

7. When does my cover end?

7.1 Cover under the **policy** will end:

- if **you** die. **We** may then allow **dependants** covered by **your plan** to join one of **our** individual healthcare plans. **We** will write to **your** spouse, or the nominated guardian of **your dependant** to ask if cover is to be continued.
- if **you** don't pay the required premiums. **We'll** only cover expenses incurred before the due date of any unpaid premium.

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

- if they die;
- at the **annual renewal date** for any children after their 18th birthday or if they marry, at the **annual renewal date** on or immediately after the date on which the marriage takes place. **We** may then allow the **dependant** to join one of **our** individual healthcare plans.

Your dependant or the guardian must apply to **us** within 30 days of the date their cover ends under sections 7.1 and 7.2 above if they wish to join a **Cigna** individual healthcare plan. The conditions **we** set for **our** individual healthcare plans may be different from those detailed for this **plan**.

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

7.4 **Cigna** reserves the right to end this **plan** should the **policyholder's** name be published on any government sanctions listings.

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

You are responsible for answering honestly and fully all questions which we ask **you**. **You** are also responsible for making sure **we** have enough information to pay **your** claims. Remember to tell **us** about any changes to **your** name or address, to ensure **our** records are up to date.

9. How is the policy renewed?

We'll send **you** a letter at least one month before **your annual renewal date** asking **you** if **you** want to renew **your** cover. If **you** don't cancel the **policy**, it will be automatically renewed for another 12 months from **your annual renewal date**.

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

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

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

- For changes to the conditions or if **we** end the **plan**, **we** will give **you** at least 28 days' notice in writing. The change will take place or the **plan** will end on an **annual renewal date**.

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

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

11. Premiums

We'll tell **you** in writing before the **annual renewal date** of changes in premium rates for the next **year of insurance**. Premiums must be paid monthly by Direct Debit and within the **days of grace**.

We will add to **your** premiums an appropriate percentage of Insurance Premium Tax ("IPT") as set out in current **United Kingdom** legislation. If the IPT rate is changed by the United Kingdom Government, this change will be passed on to **you** with immediate effect. The tax point that applies to IPT charged by **Cigna** is the date that the premium is due to be paid to **Cigna**, not the date the **policy** is agreed.

Depending on the frequency of **your** payment(s) IPT will be applied in the following way:

- If the premium is payable annually, any change in IPT will be applied from the next **annual renewal date**.

- If premiums are payable by instalments (e.g. monthly, quarterly, etc) the IPT rate that will be applied will be the rate applicable on the date the next payment is due.

12. How should payments be made?

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

13. Other insurance and Cigna's right of subrogation explained

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

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

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

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

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

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

15. Regulatory information

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

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

Details about the extent of **our** regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from **us** on request.

For more information on Cigna's Companies please also see the European website www.cigna.be.

16. What about data protection?

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

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

Please ensure **our** records are up to date by telling **us** about any changes to **your** circumstances, name or address.
From time to time **we'd** like to tell **you** about other products or services that may interest

you. However, if **you** don't want to hear from **us**, please just write to **us**.

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

17. Law and interpretation

The **policy** is governed by English Law. Please note that the words and phrases in **bold** all have special meanings which are defined below in Section 18.

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

18. What do these words mean?

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

'You', 'your' – the **policyholder** and any **dependants**, if they're eligible.

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

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

18.3 'Annual renewal date' - the anniversary of this **plan's start date**.

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

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

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

18.6 'Cash sum' - a cash sum **we** pay to the **policyholder** if a **dependant** has a **qualifying operation**. This is different from the **NHS cash benefit** defined in 18.29.

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

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

18.8 'Cigna Fee Schedule' – the current schedule of interventional procedures and reimbursement limits approved by **us,** using the codes and narratives from the Clinical Classification and Schedule Development Group.

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

18.10 'Condition management' - information and **treatment** that helps **your dependant** better understand and manage their health condition.

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

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

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

18.14 'Dependant' – **your dependant** children aged under 18 on the **start date** of the **plan** who **you** have included in **your** application for cover and have been accepted in writing by **us** for cover under the **plan**.

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

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

18.17 'Evidence based treatment' – **treatment** which has been researched, reviewed and recognised by:

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

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

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

18.20 'Guide to claiming' – information available to **you** which sets out the steps **you** need to take and tells **you** who **you** need to contact when making a claim.

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

18.22 'Hospital'-

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

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

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

18.25 'Inpatient treatment'- **treatment** which, for medical reasons, means that **your dependant** has to stay in **hospital** overnight or longer.

18.26 'List of benefits' - **our** latest list of benefits payable for different **treatment** and service items.

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

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

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

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

18.30 'NHS Cash Benefit' – a cash amount paid to the **policyholder** for each night a **dependant** spends in an NHS **hospital** for NHS **inpatient treatment** instead of **us** making a payment for **treatment** provided under the **plan**. An overnight stay must start before midnight.

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

18.32 'Occupational Health Physician' – a registered medical practitioner specialising in occupational medicine.

18.33 'Operation' and 'Oro-surgical procedure' - operations described this way in the **Cigna Fee Schedule**.

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

18.35 'Outpatient treatment' – **treatment** given at a **hospital,** consulting room or outpatient clinic where **your dependant** does not go in for **day case** or **inpatient treatment**.

18.36 'Patient' – the **policyholder's dependant** while having **treatment**.

18.37 'Plan' – **your Cigna** Child Plan healthcare **policy**.

18.38 'Policy' – the documents **we** send to **you** which includes these policy conditions, the **list of benefits**, and **membership certificate**.

18.39 'Policyholder' – the adult who is responsible for paying the premium who has made an application to **us** which has been accepted in writing by **us**.

18.40 'Pre-existing condition' - any disease, illness or injury for which:

- **your dependant** has received medication, advice or **treatment**, or
- **your dependant** has experienced symptoms

whether the condition has been diagnosed or not in the ten years before the start of **your dependant's** cover.

18.41 'Preferred providers' – **our** list of preferred providers specialising in physiotherapy, as updated from time to time.

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

18.43 'Qualifying operation' - an operation in the **qualifying operations list**.

18.44 'Qualifying operations list' - a list of **qualifying operations** for which a **cash sum** is paid.

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

18.46 'Specialist' – a **doctor** who is a medical practitioner registered under the Medical Act 1983 (as amended) and has a licence to practice as a specialist in the **treatment** for which **your dependant** is referred.

18.47 'Specified obstetric procedure' –

- When there's a complication to a pregnancy and caesarean section becomes inevitable, cover starts when **your dependant** is admitted to **hospital** for the caesarean. Scans and any ante-natal care received before the admission are not covered under the **plan,** without prior authorisation from one of **our** nurses;
- Transfusion to the foetus in the womb;
- Removing the placenta or other foetal products from the womb;
- Delivering a baby by forceps or vacuum extraction;
- Ectopic pregnancies;

- Hydatidiform moles (abnormal changes in a fertilised egg that make the placenta grow abnormally).

18.48 'Start date' - the date the **plan** started as shown in the **membership certificate**.

18.49 'Surgical appliance' –

- An artificial limb, body part or device inserted during surgery;

- An artificial device or an artificial body part which **your dependant** needs immediately after surgery - for example, a knee brace after ligament surgery. This doesn't include wheelchairs, crutches and other similar appliances.

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

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

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

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

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

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