

# CIGNA GLOBAL HEALTH OPTIONS

Notification of amendments to Policy Rules for policies insured by the following operating subsidiaries: Cigna Global Insurance Company Limited, Cigna Life Insurance Company of Europe S.A.-N.V., Cigna Europe Insurance Company S.A.-N.V. and Cigna Worldwide General Insurance Company Limited.

Cigna Global Health Options Policy Rules effective from 15<sup>th</sup> February 2024.

Please be aware that some of the terms and/or wording within your Policy Rules have been updated and will take effect from your annual renewal date. Not all changes detailed below are applicable to your policy. Please see the foot of the back page of the Policy Rules for the forthcoming policy year, where you will find your specific Policy Rules name, including; CLICE EXP 02/2024, CLICE EU 02/2024, CEIC UK 02/2024, CGIC 02/2024, CGIC NA 02/2024, Singapore 02/2024 and Hong Kong 02/2024.

Please read the changes carefully. If you have any questions, please contact our Customer Care Team on + 44 (0) 1475 788 182 or email: [cignaglobal\\_customer.care@cigna.com](mailto:cignaglobal_customer.care@cigna.com)

In the event of a discrepancy between the Policy Rules document and this document, the Policy Rules document will prevail.

Please note,

- All **headlines** communicating the current vs. updated changes will be marked in **orange** and,
- the actual **content changes** will be marked in **blue**.

## The following changes apply to all Cigna Global Health Options Policy Rules

Current Terms, General Exclusions and/or Definitions [CGHO Policy Rules 05/2023]	Updated Terms, General Exclusions and/or Definitions [CGHO Policy Rules 02/2024]
<b>The following change relates to "How to Contact Us"</b>	
<p><b>All Policy Rules How to Contact Us?</b></p> <p><b>Current "How to Contact Us?" wording</b></p> <p>To cancel this <i>policy</i>, please email us at: <a href="mailto:cignaglobal_customer.care@cigna.com">cignaglobal_customer.care@cigna.com</a>.</p> <p>For full details, please see clause 6.5 of these <i>Policy Rules</i>. You will need to provide <i>your policy</i> number, full name and email address used in the <i>application</i> form.</p> <p>You can also write to us at the following address:</p> <p><b>Cigna Global Health Options Customer Care Team 1 Knowe Road, Greenock Scotland PA15 4RJ</b></p> <p>In other circumstances you can call our Customer Care Team 24/7 on: <b>+44 (0) 1475 788 182</b> or from inside the USA on: <b>0800 835 7677</b>.</p>	<p><b>Updated "How to Contact Us?" wording</b></p> <p>To cancel this <i>policy</i>, please email us at: <a href="mailto:cignaglobal_customer.care@cigna.com">cignaglobal_customer.care@cigna.com</a>.</p> <p>For full details, please see clause 6.5 of these <i>Policy Rules</i>. You will need to provide <i>your policy</i> number, full name and email address used in the <i>application</i> form.</p> <p>You can also write to us at the following address:</p> <p><b>Cigna Global Health Options Customer Care Team 1 Knowe Road, Greenock Scotland PA15 4RJ</b></p> <p>In other circumstances you can call our Customer Care Team 24/7* on: <b>+44 (0) 1475 788 182</b> or from inside the USA on: <b>0800 835 7677</b>.</p> <p><small>*For certain queries, our Customer Service team may direct you to our in-house team of specialists who are available during working hours (Monday to Friday from 8am to 8pm CET).</small></p>
<b>The following changes relate to the General Terms and Condition section</b>	
<p><b>All Policy Rules Section I: General Terms and Conditions</b></p> <p><b>Current General Terms and Conditions 5.2</b></p> <p>If you, or any beneficiaries, do not seek prior approval for treatment or receive treatment in the USA at a hospital, clinic or medical practitioner which is not part of the Cigna network, we may not pay for all of your treatment.</p> <p>Please see 'Your Guide to Getting Treatment' on page 10 of the Customer Guide for the details of how we will calculate any reduction in the value of your claim. A list of Cigna's network of</p>	<p><b>Updated current wording of General Terms and Conditions 5.2</b></p> <p>If you, or any beneficiaries, do not seek prior approval for the required inpatient and daypatient treatment, we will reduce the amount which we will pay towards that treatment by twenty (20) percent.</p> <p>For medical expenses specifically in the USA, if you, or any beneficiaries, decide to receive treatment at a hospital, clinic, medical practitioner or pharmacy which is not part of the Cigna Healthcare network in the USA, we will reduce the amount which we will pay towards that medical expenses by twenty (20)</p>

	<p>hospitals, clinics and medical practitioners is available in your secure online Customer Area.</p> <p>Please note, we may, at our sole discretion and without notification, make changes to the Cigna network from time to time by adding and / or removing hospitals, clinics, medical practitioners and pharmacies.</p>	<p>percent. A list of hospitals, clinics and medical practitioners within the Cigna Healthcare network is available in your secure online Customer Area.</p> <p>Please note, we may, at our sole discretion and without notification, make changes to the Cigna Healthcare network from time to time by adding and / or removing hospitals, clinics, medical practitioners, and pharmacies.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>		<p><b>Addition of a new General Terms and Conditions 5.3</b></p> <p>In most cases we will pay directly the hospital, clinic or medical practitioner for your medical expenses. In the instance where you, or any beneficiaries, have to pay the hospital, clinic or medical practitioner, you should submit your invoice and claims form to us as soon as possible after any treatment. If the claim and invoice is not submitted to us within 12 months of the date of treatment, the claim will not qualify for payment or reimbursement by us.</p> <p>Any claim is subject to the applicable deductible, cost shares and limits of cover set out in these Policy Rules, the Customer Guide and your Certificate of Insurance.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>	<p><b>Current number of General Terms and Conditions 5.3</b></p> <p>If you do not pay premium and/or any other charges when they are due, we will notify you by email immediately and suspend your policy i.e. cover for all beneficiaries will be suspended. If payment is made, the policy will be reinstated. We will not approve treatment while the policy is suspended. We will not settle any claim while any payment to us is outstanding until the outstanding amount is paid.</p> <p>If after thirty (30) days the amount is still outstanding, we will write to you informing you that the policy is cancelled. The cancellation date shall take effect on the date when the first outstanding payment was due.</p> <p>If you settle the outstanding amount within thirty (30) days of when the first outstanding payment was due, we will reinstate your cover back to that date.</p>	<p><b>Updated the number of General Terms and Conditions to 5.4</b></p> <p>If you do not pay premium and/or any other charges when they are due, we will notify you by email immediately and suspend your policy i.e. cover for all beneficiaries will be suspended. If payment is made, the policy will be reinstated. We will not approve treatment while the policy is suspended. We will not settle any claim while any payment to us is outstanding until the outstanding amount is paid.</p> <p>If after thirty (30) days the amount is still outstanding, we will write to you informing you that the policy is cancelled. The cancellation date shall take effect on the date when the first outstanding payment was due.</p> <p>If you settle the outstanding amount within thirty (30) days of when the first outstanding payment was due, we will reinstate your cover back to that date.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>	<p><b>Current number of General Terms and Conditions 5.4</b></p> <p>Subject to clause I3, we will inform you of the premium and any other charges which will apply during the next period of cover.</p> <p>The premium and/or other charges will change each period of cover.</p>	<p><b>Updated the number of General Terms and Conditions to 5.5</b></p> <p>Subject to clause I3, we will inform you of the premium and any other charges which will apply during the next period of cover.</p> <p>The premium and/or other charges will change each period of cover.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>	<p><b>Current General Terms and Conditions 8.2</b></p> <p>Coverage options cannot be changed at your request during the period of cover and can only be made upon renewal. If you want to add or remove coverage options, or reduce your deductible, cost share or out of pocket maximum, we may ask you to complete a new medical history questionnaire, and we may apply new special restrictions or exclusions on the new coverage options. You should let us know in writing at least seven (7) days before the annual renewal date.</p>	<p><b>Updated General Terms and Conditions 8.2</b></p> <p>The following changes to your policy cannot be requested during the period of cover and can only be made upon renewal:</p> <ul style="list-style-type: none"> <li>- to modify your level of cover (for example moving up from the Silver level to the Gold level or moving down from the Platinum level to the Gold level for the International Medical Insurance cover),</li> <li>- to modify your deductible, cost share or out of pocket maximum</li> </ul> <p>In order to proceed with such request, you should let us know in writing at least seven (7) days before your annual renewal date. Before making any of these changes, we may ask you to complete a new medical history questionnaire. If the request is accepted by us, we may apply new special restrictions or exclusions on your updated policy for the new period of cover. Once you accept our offered terms, these changes will become effective from your annual renewal date.</p> <p>The following changes to your policy can be requested during the period of cover and will be reviewed by us:</p> <ul style="list-style-type: none"> <li>- to add one or more of the optional modules at the same level of cover as your International Medical Insurance core cover: International Outpatient, International Evacuation &amp; Crisis Assistance Plus™, International Health and Wellbeing or International Vision and Dental options,</li> <li>- to modify your area of cover by including USA cover (i.e. changing from Worldwide excluding the USA to Worldwide including the USA).</li> </ul> <p>Before making any of such changes to your policy during the current period of cover, we may ask you to complete a new medical history questionnaire. If the request is accepted by us, we may apply new special restrictions or exclusions on your updated policy. These changes to your policy will begin no sooner than the date you accept our offered terms and will remain in place until at least your annual renewal date.</p>

		Any other changes to your policy in relation to coverage options will be reviewed by us and will be subject to medical underwriting.
All Policy Rules Section 1: General Terms and Conditions	Current General Terms and Conditions 13.4  If you would like to add or remove coverage options, you must let us know in writing at least seven (7) days before your annual renewal date. We may apply new special restrictions, exclusions and/or adjust premium. If we do so we will send you an updated Certificate of Insurance.	Updated General Terms and Conditions 13.4  Subject to clause 8.2, if you would like to make changes to your policy upon renewal, you must let us know in writing at least seven (7) days before your annual renewal date. We may apply new special restrictions, exclusions and/or adjust premium. If we do so we will send you an updated Certificate of Insurance.

**The following changes relate to Section 2: General Exclusions**

All Policy Rules Section 2: General Exclusions	Current General Exclusion 29  29. Treatment which is necessary because of, or is any way connected with, any injury or sickness suffered by a beneficiary as a result of: a) taking part in a sporting activity at a professional level; b) taking part in a hazardous sporting activity or hobby, including but not limited to off-piste winter sports (including heli-skiing and heli-boarding), base or bungee jumping, sky diving, tombstoning or cliff jumping, mountaineering or rock climbing, free climbing (without harness or rope), potholing, fell or trail running, motorsports, equestrian sports (for instance horse racing, show jumping, or polo), hunting, bull riding or bull running, parkour, powerlifting, surfing or kitesurfing, white water rafting; c) solo scuba-diving; or d) scuba-diving at a depth of more than thirty (30) metres unless the beneficiary is appropriately qualified (namely PADI or equivalent) to scuba-dive at that depth.	Updated General Exclusion 29  29. Treatment which is necessary because of, or is any way connected with, any injury or sickness suffered by a beneficiary as a result of: a) taking part in a sporting activity at a professional level; b) taking part in a hazardous sporting activity or hobby, including but not limited to off-piste winter sports (including skiing, ski-touring, snowboarding, heli-skiing or heliboarding), base or bungee jumping, sky diving, tombstoning or cliff jumping, mountaineering or rock climbing, free climbing (without harness or rope), potholing, fell or trail running, motorsports, equestrian sports (for instance horse racing, show jumping, or polo), hunting, bull riding or bull running, parkour, powerlifting, surfing or kitesurfing, white water rafting; c) solo scuba-diving; or d) scuba-diving at a depth of more than thirty (30) metres unless the beneficiary is appropriately qualified (namely PADI or equivalent) to scuba-dive at that depth.  <b>Note:</b> Winter sports performed on marked trails (on-piste) is not considered as a hazardous sporting activities. Medically necessary treatment would not be excluded as a result of an incurred injury as long as on-piste winter sport activities are not performed at a competition or professional level.
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All Policy Rules Section 2: General Exclusions		<b>Addition of a new General Exclusion 33</b>  33. Any expenses for: a) weight loss drugs and slimming aids. These drugs are not covered even if they are prescribed for weight management by a medical practitioner or acknowledged as having therapeutic effects. b) supplements (such as infant formula and cosmetic products) or substances that are available naturally, such as vitamins, minerals and organic substances, collected over-the-counter (OTC) or through a prescription.  We will cover, however, some supplements and vitamins in case of medical necessity to treat diagnosed vitamin deficiency syndromes, such as iron deficiency, anaemia, or folic acid during pregnancy.
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**The following change relates to Section 3: Definitions**

All Policy Rules Section 3: Definitions		<b>Addition of a new Definition</b>  Prior authorisation/Prior approval - refers to the formal process of contacting us to obtain confirmation that the medical treatment will be covered and that the healthcare facility considered is a Cigna Healthcare approved medical provider that meets the Cigna Healthcare quality standards. The approval by us will be based on our medical necessity review process performed by our medical team and we may issue a guarantee of payment, if required, as part of that review. The medical treatment that requires prior authorisation are clearly indicated in the list of benefits in your customer guide. Failure to obtain the required prior authorisation from us will result in reducing the amount which we will pay towards that treatment.
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