






**CIGNA CONNECT®**

# Table of Benefits

**Affordable, forward-thinking global  
healthcare solutions.**

**For peace of mind today, and tomorrow.**



ANNUAL MAXIMUM	BENEFIT LIMIT		
	 <b>CONNECT 1</b>	 <b>CONNECT 2</b>	 <b>CONNECT 3</b>
<b>Annual Benefit</b> Maximum per Member or Dependent	Up to £1,000,000 / €1,500,000 / \$1,500,000 per Year of Insurance	Up to £5,000,000/ \$7,500,000/ €7,500,000 per Year of Insurance	Unlimited
Chronic Conditions	Covered up to applicable policy limits	Covered up to applicable policy limits	Covered up to applicable policy limits
<b>Congenital and Hereditary Conditions</b> This benefit will be paid in respect of: <ul style="list-style-type: none"> <li>› Any abnormalities, defects, disorders or diseases present at birth;</li> <li>› Any abnormalities, defects, disorders or diseases inherited genetically. This does not include genes that increase risk of cancer</li> </ul>	£50,000 / €75,000 / \$75,000 For the Insured Member's whole lifetime	£100,000 / €150,000 / \$150,000 For the Insured Member's whole lifetime	£130,000 / €200,000 / \$200,000 For the Insured Member's whole lifetime
<b>Pandemics, Epidemics and Outbreaks of Infectious Illnesses</b> Testing and Treatment for disease or illness resulting from a Pandemic, Epidemic or Outbreak of Infectious Illness as defined by the World Health Organisation (WHO).	Covered up to applicable policy limits	Covered up to applicable policy limits	Covered up to applicable policy limits
<b>Emergency Out of Area of Cover</b> This benefit is payable for emergency conditions where immediate treatment is required while outside of the selected area of coverage for the purpose of business or pleasure.	Treatment must commence within a period of 30 days of absence from the selected area of coverage	Treatment must commence within a period of 30 days of absence from the selected area of coverage	Treatment must commence within a period of 30 days of absence from the selected area of coverage

## DIRECTIONAL CARE



To keep everything straightforward, Cigna Connect plans are built around our Directional Care pathway – a framework of pathways that add value for employees, while keeping costs down for their employers.

It also gives employees and their family members the right level of care from the best provider, quickly. This is achieved by striking a balance between empowering members with choice, while guiding them to providers within a defined network.

## CIGNA OPEN NETWORK

Members have access to two types of providers globally. Network 1/OAPIN Contracted providers that have direct billing and pricing already agreed with Cigna, and Network 2/ Non OAPIN who are non-contracted or high cost providers. They can access all of these through their online account.

Co-insurance will apply if a member chooses to undertake treatment outside of a Network 1/US OAPIN provider as indicated in the table below.

	CONNECT 1	CONNECT 2	CONNECT 3
<b>Cigna Open Access Network 1 Providers</b> Cigna's grouping of Designated Healthcare Providers. This also includes the OAPIN Network in the US.	Open Access Network Co-insurance not applicable	Open Access Network Co-insurance not applicable	Open Access Network Co-insurance not applicable
<b>Cigna Open Access Network 2 Providers</b> Cigna's grouping of Healthcare Providers who do not have a Direct Billing arrangement in place with Cigna, and Healthcare Providers whose Treatment costs Cigna considers to be more than Reasonable and Customary. This does not include Healthcare Providers in the US.	20% Open Access Network Co-insurance	20% Open Access Network Co-insurance	20% Open Access Network Co-insurance
<b>US Out of Network Providers</b> US Healthcare Providers not in Cigna's OAPIN Network.	Not Covered	Not Covered	Not Covered

## MEMBER REIMBURSEMENT CLAIMS

<b>Member Reimbursement Claims Outside USA</b> In-patient/Day-case Treatment incurred outside of the USA with a Designated Healthcare Provider.	20% Member Reimbursement Co-insurance	20% Member Reimbursement Co-insurance	20% Member Reimbursement Co-insurance
<b>Member Reimbursement Claims Inside USA</b> Regardless of whether incurred in or outside of the OAPIN Network in the USA.	Not Covered	Not Covered	Not Covered

**PRIOR APPROVAL**

**Insured Members are required to obtain Prior Approval from Cigna to access the following Benefits:**

- › All In-patient/Day-case Treatment
- › Out-patient Surgery
- › Cancer Treatment
- › Dialysis
- › Maternity Care
- › Home Nursing
- › Hospice & Palliative Care
- › Evacuation & Repatriation

Co-insurance will apply if no Pre Approval is obtained.

If Prior Approval is not obtained:  
20% Prior Approval Co-insurance

If Prior Approval is not obtained:  
20% Prior Approval Co-insurance

If Prior Approval is not obtained:  
20% Prior Approval Co-insurance

A maximum of one of the above Co-insurances is applicable on any one claim, in addition to any applicable Benefit Co-insurance. All Co-insurances are applied up to the annual Out-of-Pocket Maximum of £6,500 / €10,000 / \$10,000.

## IN-PATIENT/ DAY CASE HEALTH CARE BENEFITS

All Benefits under this section require Prior Approval

### BENEFIT LIMIT

Non US – In-Patient treatment received outside of a Level 1 provider will incur a 20% Co-Insurance\*

US – In-Patient treatment received outside of the OAPIN Network will not be eligible for reimbursement\*



**CONNECT 1**



**CONNECT 2**



**CONNECT 3**

Medically Necessary Hospital Charges for:

- › Nursing and accommodation for In-patient Treatment;
- › Day Case Treatment;
- › Operating theatre and recovery room;
- › Prescribed medicines, drugs and dressings for In-patient and Day Case Treatment

Paid in Full

Paid in Full

Paid in Full

### Parental Accommodation

This applies to dependent children under the age of 18.

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

Paid in Full up to 40 days per Year of Insurance

Paid in Full up to 40 days per Year of Insurance

Paid in Full up to 40 days per Year of Insurance

### Surgeon's and Anaesthetist's Fees

Paid in Full

Paid in Full

Paid in Full

### Specialist Physician's Fees

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

Paid in Full

Paid in Full

Paid in Full

### Surgical Procedures

Where Medically Necessary.

Paid in Full

Paid in Full

Paid in Full

### High Dependency and Intensive Care Units

This Benefit is paid in full during stays within high dependency units, intensive care units and cardiac care units for as long as critical care is medically necessary.

Paid in Full

Paid in Full

Paid in Full

<p><b>Reconstructive Surgery</b></p> <p>Subject to prior-approval, this benefit will be paid when reconstructive treatment is required to restore appearance following illness, injury or surgery. For example, reconstruction following a mastectomy.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>In-Patient Mental Health Care</b></p> <p>In-Patient Treatment of Mental Health Disorders, addictions or alcoholism considered Medically Necessary and approved by Cigna as being evidence based Treatment. Psychotherapy Treatment is only covered where the Insured Member is initially diagnosed by a Psychiatrist and referred to a registered Psychotherapist for further Treatment.</p>	Up to 20 days per Year of Insurance	Up to 20 days per Year of Insurance	Up to 20 days per Year of Insurance
<p><b>HIV / AIDS</b></p> <p>Including drug therapy, or Antiretroviral Therapy (ART).</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Rehabilitation and Physiotherapy</b></p> <p>Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.</p>	Up to 30 days per Year of Insurance	Up to 30 days per Year of Insurance	Up to 30 days per Year of Insurance
<p><b>Diagnostic Tests</b></p> <p>Includes pathology, X-rays, radiology, CAT scan (Computed Tomography), MRI scan (Magnetic Resonance Imaging) and PET scan (Positron Emission Tomography).</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Home Nursing Charges</b></p> <p>This benefit will be paid:</p> <ul style="list-style-type: none"> <li>› If recommended by a Specialist immediately after Hospital Treatment for as long as is required by Medical Necessity;</li> <li>› On a full-time basis for as long as is required by Medical Necessity for Treatment which would normally be provided in a hospital</li> </ul>	Up to £150 / €200 / \$200 up to a maximum 10 days per year of insurance	Up to £150 / €200 / \$200 up to a maximum 10 days per year of insurance	Up to £150 / €200 / \$200 up to a maximum 10 days per year of insurance



<p><b>Surgical Appliance and/or Medical Appliance</b></p> <p>This benefit will be paid in respect of:</p> <ul style="list-style-type: none"> <li>› An artificial limb, prosthesis or device which is inserted during surgery;</li> <li>› An artificial prosthesis or device which is a necessary part of the Treatment immediately following surgery for as long as is required by Medical Necessity;</li> <li>› A prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.</li> </ul>	Paid in Full	Paid in Full	Paid in Full
<p><b>Hospice and Palliative Care</b></p> <ul style="list-style-type: none"> <li>› Palliative care for In-patient, day case or Out-patient Treatment following the diagnosis that the condition is terminal with a life expectancy of less than six (6) months, and Treatment can no longer be expected to cure the condition;</li> <li>› Cigna will pay for the Patient’s physical care, psychological care as well as Hospital or hospice accommodation, nursing care and prescription drugs.</li> </ul> <p>This benefit requires prior approval.</p>	£40,000/\$60,000/ €60,000 per Year of Insurance	£40,000/\$60,000/ €60,000 per Year of Insurance	£40,000/\$60,000/ €60,000 per Year of Insurance
<p><b>Organ Transplant</b></p> <p>Cigna will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, and donor’s medical costs. The amount payable for donor’s medical costs is reduced by the amount payable for those costs from any other plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures). The Member/Dependant must contact Cigna before incurring any costs relating to organ donation.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Kidney Dialysis</b></p> <p>The Benefit will be paid on an in-patient, day-case or out-patient basis</p>	Paid in Full	Paid in Full	Paid in Full

<p><b>Emergency In-Patient Dental</b></p> <p>This Benefit will be paid in respect of emergency dental treatment undertaken on an in-patient or day-case basis.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Private Ambulance</b></p> <p>This Benefit is payable for transport to or from a hospital when ordered for medical reasons.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>In-patient, Out-patient and Day-case Cancer Treatment</b></p> <p>Includes consultations, surgery, drugs, diagnostic tests, oncology, radiotherapy and chemotherapy.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Cancer Related Appliances</b></p> <p>This Benefit will be paid in respect of a wig or external prosthetic device for cosmetic purposes. For example, a prosthetic bra.</p>	Paid in Full	Paid in Full	Paid in Full

\*Excludes emergency treatment or if there is no Level 1 or OAPIN provider within 50km of the member's home location



OUT-PATIENT HEALTH CARE BENEFITS	BENEFIT LIMIT		
<b>Out-patient Annual Benefit</b> Maximum per Member or Dependant	Up to £3,000 / €4,500 / \$4,500 per Year of Insurance	Up to £10,000 / €15,000 / \$15,000 per Year of Insurance	-
<b>Non-surgical and Minor Surgical Procedures and Treatment</b> Please note, this Benefit requires Prior Approval	Paid in Full	Paid in Full	Paid in Full
Consultations with Medical Practitioners, GP/Family Doctors and Specialists	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full
<b>Telehealth Consultations with a Healthcare Provider</b> Where possible, telehealth consultations should be accessed through the Cigna Wellbeing app with Teladoc. Where virtual consultations are not available through Teladoc this Benefit is payable for video and phone consultations with a GP, Medical Practitioner or Specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of an Insured Member by a healthcare provider. Choosing to access the telehealth service of a healthcare provider participating in Cigna's global network ensures you will receive optimised discounts. Telehealth consultations with a healthcare provider are limited to: <ul style="list-style-type: none"> <li>› 1 initial session; and</li> <li>› 2 follow-up sessions per condition</li> </ul> Any further sessions are subject to prior-approval and require a medical report to be provided by the treating Medical Practitioner. The medical report should include: <ul style="list-style-type: none"> <li>› Evolution of medical condition</li> <li>› Treatment goal</li> <li>› Treatment plan and estimated number of sessions still required.</li> </ul> Please note, Telehealth expenses should not exceed the cost of an equivalent face-to-face consultation. Expenses deemed to be excessive, unreasonable or unusual will not be covered or the amount of the Benefit paid will be reduced.	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full

Prescribed Medicines, Drugs and Dressings	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full
<b>Diagnostic Tests</b> Includes pathology, X-rays, radiology, electrocardiogram (ECG) and ultrasound scans.	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full
<b>Advanced Medical Imaging</b> Includes magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET).	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full
<b>HIV / AIDS</b> Including drug therapy, or Antiretroviral Therapy (ART).	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full
<b>Hormone Replacement Therapy (HRT)</b> For symptoms of the menopause.	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full
<b>Out-Patient Mental Health Care</b> Out-Patient Treatment of Mental Health Disorders, addictions or alcoholism considered Medically Necessary and approved by Cigna as being evidence based Treatment. Psychotherapy Treatment is only covered where the Insured Member is initially diagnosed by a Psychiatrist and referred to a registered Psychotherapist for further Treatment.	Up to Out-patient annual limit	Up to Out-patient annual limit	Up to 80 sessions Per Year of Insurance
Physiotherapy, Chiropractic, Osteopathy and Chiropody Treatment  <b>Alternative Therapies</b> This Benefit will be payable in respect of conditions where Alternative Therapies are considered an Orthodox form of Treatment. This includes acupuncture and homeopathy where Medically Necessary.	10 sessions Up to Out-patient annual limit	20 sessions Up to Out-patient annual limit	30 sessions Per Year of Insurance
<b>Speech Therapy, Oculomotor Therapy and Occupational Therapy</b> This benefit will be paid if recommended by a specialist and is intended to restore function which has been lost as a result of an accident or an acute medical condition, such as a stroke.			

<p><b>Emergency Dental Treatment</b></p> <p>This Benefit will be payable for Treatment received during the emergency visit immediately after accidental damage to natural teeth.</p>	-	Up to £500/€750/\$750 per Year of Insurance	Up to £1,500/€2,000/\$2,000 per Year of Insurance
<p><b>Surgical Appliance and/or Medical Appliance</b></p> <p>This benefit will be paid in respect of a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.</p>	Up to Out-patient annual limit	Up to Out-patient annual limit	Paid in Full

**VIRTUAL FIRST**

**Global Telehealth on the Cigna Wellbeing® app**

Insured Members seeking primary care consultations should schedule a video or phone consultation with a Teladoc GP via the Cigna Wellbeing App. This intuitive, user-friendly online tool acts as a virtual gateway to support, and makes it possible for customers to connect to care – anytime and anywhere.

GPs can schedule appointments within five days of the initial consultation

MATERNITY BENEFITS		BENEFIT LIMIT	
All Benefits under this section require			
<p><b>Routine Maternity Cover</b></p> <p>This Benefit is available to Eligible Females covered under the Plan, defined as a female Member or a female Spouse or Partner of a Member, and will be payable for In-patient, Day Case or Out-patient routine maternity expenses. Includes elective caesarean sections.</p>	-	Up to £8,000 / €12,000 / \$12,000 per year of insurance	Paid in Full
<p><b>Childbirth at Home</b></p>	-		Paid in Full
<p><b>Complicated Maternity Cover</b></p> <p>This Benefit is available to Eligible Females covered under the Plan, defined as a female Member or a female Spouse or Partner of a Member, and will be payable for in-patient, Day Case or Out-patient complicated maternity expenses.</p>	-	Paid in Full	Paid in Full
<p><b>Newborn Care</b></p> <p>This Benefit will be payable for all routine and medically necessary treatment for the baby following birth.</p>	-	Paid in Full	Paid in Full

WELLNESS	BENEFIT LIMIT		
<p><b>Annual Routine Tests</b></p> <p>One eye test and hearing test for children under the age of 15.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Well Child Tests</b></p> <p>This Benefit will be payable for Dependent child aged 6 and under. Cover includes 1 visit at each of the Appropriate Age Interval. It is limited to 13 visits for each Dependent child.</p> <p>Cover includes the following services:</p> <ul style="list-style-type: none"> <li>› Medical history of the child;</li> <li>› Physical examination;</li> <li>› Development assessment;</li> <li>› Anticipatory guidance; and</li> <li>› Appropriate immunisations and laboratory tests: 1) DPT (Diphtheria, Pertussis and Tetanus); 2) MMR (Measles, Mumps and Rubella); 3) HiB (Haemophilus influenza Type b); 4) Polio; 5) Influenza; 6) Hepatitis B; 7) Meningitis; 8) Human Papilloma Virus (HPV).</li> </ul>	Paid in Full	Paid in Full	Paid in Full
<p><b>Adult Vaccinations</b></p> <p>This Benefit will be payable for clinically appropriate vaccinations and immunisations, namely:</p> <ul style="list-style-type: none"> <li>› Influenza</li> <li>› HPV Gardasil</li> <li>› Pneumococcal vaccine</li> <li>› Varicella</li> <li>› Zoster</li> </ul> <p>Anything not listed will be subject to prior approval from Cigna.</p>	Paid in Full	Paid in Full	Paid in Full

<p><b>Travel Vaccinations</b></p> <p>Immunisations to Employees and/or Dependants related to travel, namely:</p> <ul style="list-style-type: none"> <li>› Tetanus – every ten (10) years;</li> <li>› Hepatitis A;</li> <li>› Hepatitis B;</li> <li>› Meningitis;</li> <li>› Rabies</li> <li>› Cholera;</li> <li>› Yellow fever;</li> <li>› Japanese encephalitis;</li> <li>› Polio booster;</li> <li>› Typhoid;</li> <li>› Malaria – tablet form, daily or weekly.</li> </ul> <p>Anything not listed will be subject to prior approval from Cigna.</p>	<p>Paid in Full</p>	<p>Paid in Full</p>	<p>Paid in Full</p>
<p><b>Routine Adult Physical Exams</b></p> <p>This Benefit will be paid for, or in connection with, routine physical examinations for Members/Dependants over 18 years old. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>› Height,</li> <li>› Weight,</li> <li>› Bloods,</li> <li>› Urinalysis,</li> <li>› Blood pressure and</li> <li>› Lung function.</li> </ul>	<p>Up to £330/€500/\$500 per year of insurance</p>	<p>Up to £500/€750/\$750 per year of insurance</p>	<p>Up to £500/€750/\$750 per Year of insurance</p>
<p><b>Pap Smear</b></p> <p>Cigna will pay charges for one Papanicolaou screening per Year of Insurance.</p>	<p>Up to £330/€500/\$500 per year of insurance</p>	<p>Up to £500/€750/\$750 per year of insurance</p>	<p>Paid in Full</p>

**Prostate Cancer Screening**

Cigna will pay charges for one prostate cancer screening for eligible males over 50 years old per Year of Insurance.

**Mammograms for Breast Cancer**

Screening or Diagnostic Purposes

This Benefit will be paid in respect of:

- › One baseline mammogram for asymptomatic women aged 35-39;
- › A mammogram for asymptomatic women aged 40-49 every two years or more if medically necessary;
- › One mammogram every Year of Insurance for women aged 50 and over.

**Bowel Cancer Screening**

Cigna will pay charges for a colonoscopy every five years for eligible members over 50 years old; or over 40 years old if there is an immediate family history of bowel cancer.

**Bone Densitometry**

Cigna will pay charges for one scan every 5 years for women aged 50 and over.

Paid in Full

Paid in Full

Paid in Full

Paid in Full



**INTERNATIONAL EMERGENCY SERVICES**

**BENEFIT LIMIT**

Provided that Medical Necessity exists, these Services will be only provided when the Treatment resulting in the emergency medical evacuation or repatriation is covered under the Plan.

**All Benefits under the international Emergency Services section require Prior Approval.**

<p><b>Emergency Medical Evacuation</b></p> <p>Benefit will be payable for the cost of travel when treatment is not available locally and medical evacuation has been determined to be medically necessary to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and represent a threat to life or limb. The medical assistance service will arrange for the transport under proper medical supervision as soon as reasonably practicable.</p> <p>Prior approval must be obtained from Cigna before the evacuation takes place. Where it is not reasonably possible for prior approval to be requested before the evacuation takes place, approval must be requested within 7 days of the evacuation.</p>	<p>Paid in Full</p>	<p>Paid in Full</p>	<p>Paid in Full</p>
<p><b>Emergency Medical Repatriation</b></p> <p>Benefit will be payable for the cost of travel when treatment is not available locally and it has been determined to be medically necessary for the patient to be returned to their Country of Domicile to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and represent a threat to life or limb. The medical assistance service will arrange for the transport under proper medical supervision as soon as reasonably practicable.</p> <p>Prior approval must be obtained from Cigna before the repatriation takes place. Where it is not reasonably possible for prior approval to be requested before the repatriation takes place, approval must be requested within 7 days of the repatriation.</p>	<p>Paid in Full</p>	<p>Paid in Full</p>	<p>Paid in Full</p>

<p><b>Accommodation following an Emergency Medical Evacuation or Repatriation</b></p> <p>Following an emergency medical evacuation or repatriation, Cigna will cover the reasonable cost of hotel accommodation for the Patient, comprising a standard private room with en-suite facilities, up to a maximum of 7 nights, where Medical Necessity prevents repatriation or transportation back to the location of assignment immediately after discharge from an In-patient stay.</p> <p>Where the Patient is under the age of 18, accommodation costs may also be covered for a parent, guardian or other responsible adult to stay with the Patient in the same hotel room.</p> <p>In all circumstances the patient must first contact Cigna to obtain prior approval for hotel accommodation to be covered.</p>	<p>Paid in Full, up to 7 nights</p>	<p>Paid in Full, up to 7 nights</p>	<p>Paid in Full, up to 7 nights</p>
<p><b>Accommodation for Accompanying Person in the Event of an Emergency Medical Evacuation</b></p> <p>If the Patient is expected to require hospitalisation for more than 7 days at the location to which they are evacuated, Benefit will be payable for accommodation costs for an individual, as chosen by the Patient to accompany them.</p>	<p>Paid in Full</p>	<p>Paid in Full</p>	<p>Paid in Full</p>
<p><b>Transport costs for Accompanying Person in the Event of an Emergency Medical Evacuation or Repatriation</b></p> <p>If the Patient is expected to require hospitalisation for more than 7 days at the location to which they are evacuated, Benefit will be payable for return travel costs (economy only) for the most economical form of transport, such as train or bus, to the place of hospitalisation for an individual, as chosen by the Patient to accompany them.</p>	<p>Paid in Full</p>	<p>Paid in Full</p>	<p>Paid in Full</p>

<p><b>Transport costs for Transfer of Children in the event of a medical evacuation or repatriation</b></p> <p>Benefit will be payable for the cost of travel for one parent to accompany the Employee's child (under 18 years old) and for any individual who because of Medical Necessity has to go with the Patient.</p> <p>If an Employee's child who is a Dependant is left alone without a parent or adult relative over the age of 18 after the Patient is evacuated or repatriated, the Medical Assistance Service will arrange as soon as reasonably practicable for the Dependant to return to their Country of Domicile. Qualified attendants (confirmed by the Medical Assistance Service) will travel with the child who is a Dependant, if the Medical Assistance Service decides.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Assistance in the event of death Repatriation of mortal remains</b></p> <p>If the Employee or Dependant dies outside their Country of Domicile, the Medical Assistance Service will arrange as soon as reasonably practicable for the return of the bodily remains to the Country of Domicile of the deceased.</p>	Paid in Full	Paid in Full	Paid in Full
<p><b>Assistance in the event of death Travel costs for Insured Family Members in the Event of Repatriation of Mortal Remains</b></p> <p>If the Employee or Dependant dies outside their Country of Domicile, Cigna will cover travel costs (economy only) for other insured family members to accompany bodily remains to the Country of Domicile of the deceased.</p>	Paid in Full	Paid in Full	Paid in Full

**Note:**

All monetary limits are dependent on the currency of your policy and are based on the contractual agreement between Cigna and Your Employer.

The first 2 digits of your membership number determines Your monetary limits, e.g., If the first two digits of Your membership number are:

- 82 - all monetary limits apply in Euros.
- 85 - all monetary limits apply in US Dollars.
- 88 - all monetary limits apply in Sterling.

**Example:**  
 Policy currency = Sterling  
 Benefit limit €7,500/ \$7,500/ £5,000  
 Claim incurred = \$9,000

The claim shall be converted to sterling and the resulting sterling amount offset against £5,000 for payment. Please refer to the Cigna Helpful Guide for further information on additional charges that may apply where you request reimbursement in a currency other than the currency of premium or the currency in which the claim was incurred.



**CIGNA C•ONNECT®**

## **Additional Benefits Dental and Vision**

**Affordable, forward-thinking global healthcare solutions.  
For peace of mind today, and tomorrow.**

DENTAL CARE ANNUAL MAXIMUM	BENEFIT LIMIT	
	Dental & Vision A	Dental & Vision B
<b>Annual Benefit</b> Maximum per Member or Dependent	Up to £1,500/\$2,250/€2,250 per Year of Insurance	Up to £3,500/\$5,250/€5,250 per Year of Insurance
<b>US Out of Network Providers</b> US Healthcare Providers not in Cigna's OAPIN Network.	Not Covered	Not Covered
<b>Member Reimbursement Claims Inside USA</b> Regardless of whether incurred in or outside of the OAPIN Network in the USA.	Not Covered	Not Covered

DENTAL CARE BENEFITS	BENEFIT LIMIT	
	Dental & Vision A	Dental & Vision B
<b>Class One</b> Investigative and Preventative Treatment. Benefits include: <ul style="list-style-type: none"> <li>› Routine check-ups, where no pain or issues are experienced and no further treatment is anticipated prior to visit.</li> <li>› Examinations, x-rays, scale &amp; polish</li> </ul>	Paid in Full	Paid in Full
<b>Class Two</b> Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury. Benefits include: <ul style="list-style-type: none"> <li>› Root canal treatment, extractions, surgical procedures, occasional treatment, anaesthetics, periodontal treatment.</li> </ul>	80% Refund	80% Refund
<b>Class Three</b> Major Restorative. Benefits include: <ul style="list-style-type: none"> <li>› Dentures – acrylic/synthetic, metal and metal/acrylic;</li> <li>› Crowns, inlays, mouth guard or occlusal splint;</li> <li>› Implants.</li> </ul>	50% Refund	50% Refund
<b>Orthodontic Treatment</b> Orthodontic Treatment for Dependant children under the age of 18.	-	50% Refund Up to £750/€1,125/\$1,125 per Year of Insurance

**Note:**

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



## Specific Exclusions for Dental & Vision A:

In addition to the Exclusions specified in the Exclusions Section of the Policy Terms and Conditions, Cigna will not pay Benefit for the following Treatment and extras in relation to the Cigna dental cover:

### A. Benefit is not payable for Treatment which:

- Is purely Cosmetic; or
- Is not necessary for continued Oral Health

### B. Benefit is not payable for the following procedures, services or Items:

- Replacing any dental appliance which is lost or stolen;
- Replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a Dentist of ordinary competence and skill in the country where Treatment is incurred;
  - Replacing a bridge, crown or denture within five (5) years of original fitting unless:
  - The replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
  - The bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury the Employee or their Dependant receives while covered under the Plan.
- Porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars;
- Crowns or pontics on or replacing the upper and lower first, second and third molars unless:
  - They are constructed of either porcelain bonded-to-metal or metal alone, e.g., gold alloy crown; or
  - A temporary crown or pontic is required as part of routine or Emergency dental Treatment.
- Procedures and materials which are experimental or which do not meet accepted dental standards;
- Instruction for plaque control, oral hygiene and diet;
- Procedures, services and supplies which are deemed by Cigna to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where dental Treatment is neither wholly nor partly the reason for the stay in Hospital);
- Orthodontic Treatment
- Bite registration, precision or semi-precision attachments;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to:
  - Change vertical dimensions; or
  - Diagnose or treat conditions or dysfunction of the temporomandibular joint; or
  - Stabilise periodontally involved teeth; or
  - Restore occlusion.
- Major Treatment on Deciduous or baby teeth for Dependant children.



## Specific Exclusions for Dental & Vision B:

In addition to the Exclusions specified in the Exclusions Section of the Policy Terms and Conditions, Cigna will not pay Benefit for the following Treatment and extras in relation to the Cigna dental cover:

### A. Benefit is not payable for Treatment which:

- Is purely Cosmetic; or
- Is not necessary for continued Oral Health

### B. Benefit is not payable for the following procedures, services or Items:

- Replacing any dental appliance which is lost or stolen;
- Replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a Dentist of ordinary competence and skill in the country where Treatment is incurred;
- Replacing a bridge, crown or denture within five (5) years of original fitting unless:
  - The replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
  - The bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury the Employee or their Dependant receives while covered under the Plan.
- Porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars;
- Crowns or pontics on or replacing the upper and lower first, second and third molars unless:
  - They are constructed of either porcelain bonded-to-metal or metal alone, e.g., gold alloy crown; or
  - A temporary crown or pontic is required as part of routine or Emergency dental treatment.
- Procedures and materials which are experimental or which do not meet accepted dental standards;
- Instruction for plaque control, oral hygiene and diet;
- Procedures, services and supplies which are deemed by Cigna to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where dental Treatment is neither wholly nor partly the reason for the stay in Hospital);
- Orthodontic Treatment for Employees and/or Dependants who are over the age of eighteen (18) (Orthodontic Treatment will only be paid for Dependent children who are under the age of eighteen (18). In this case, the Employee or Dependant must send the following information prepared by the Dentist who is to carry out the proposed treatment to Cigna before treatment starts, so that Cigna can confirm how much Benefit will be payable (Benefit will be payable only if Cigna has confirmed cover before Treatment starts):
  - A full description of the proposed Treatment;
  - X-rays and study models;
  - An estimate of the cost of the Treatment)
- Bite registration, precision or semi-precision attachments;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to:
  - Change vertical dimensions; or
  - Diagnose or treat conditions or dysfunction of the temporomandibular joint; or
  - Stabilise periodontally involved teeth; or
  - Restore occlusion.
- Major Treatment on Deciduous or baby teeth for Dependant children.



VISION CARE BENEFITS	BENEFIT LIMIT
	<b>Dental &amp; Vision A</b>
<b>Vision Care</b> One eye examination per year of insurance by an Optometrist or an Ophthalmologist.	Paid in Full

**Specific Exclusions for Dental & Vision A:**

In addition to the Exclusions specified in the Exclusions Section of the Policy Terms and Conditions, Cigna will not pay Benefit for the following Treatment and extras in relation to the Cigna vision cover:

- › Payment for more than one eye examination in any one Year of Insurance
- › Medical or surgical treatment of the eye
- › Lenses to correct vision
- › Eyeglass frames
- › Prescription and non-prescription sunglasses.

VISION CARE BENEFITS	BENEFIT LIMIT
	<b>Dental &amp; Vision B</b>
<b>Eye Exam</b> One eye examination per year of insurance by an Optometrist or an Ophthalmologist.	Paid in Full
<b>Lenses, Frames &amp; Prescription Sunglasses</b>	80% Refund Up to £250/\$375/€375

**Specific Exclusions For Dental & Vision B:**

In addition to the Exclusions specified in the Exclusions Section of the Policy Terms and Conditions, Cigna will not pay Benefit for the following Treatment and extras in relation to the Cigna vision cover:

- › Payment for more than one eye examination in any one Year of Insurance
- › Sunglasses, unless medically prescribed
- › Medical or surgical treatment of the eye
- › Lenses which are not a Medical Necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses.



**CIGNA CONNECT®**

# Table of Benefits

**Affordable, forward-thinking global  
healthcare solutions.**

**For peace of mind today,  
and tomorrow.**

