

# CIGNA GLOBAL HEALTH OPTIONS

Notification of amendments to Customer Guide 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 Customer Guide effective from 15<sup>th</sup> February 2025.

Please be aware that some of the benefits, terms and/or wording within your Customer Guide have been updated and will take effect from your annual renewal date. Not all changes detailed below are applicable to your policy and will depend on the optional modules you may have selected. Please see your Certificate of Insurance for details of your plan coverage.

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 Customer Guide document and this document, the Customer Guide 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**.

See below for changes to benefit limits for CGHO Custome Guide 02/2025:

Benefit name	Cigna Global Health Options 2024 (current)	Cigna Global Health Options 2025 (updated)
International Medical Insurance Core Module		
<b>Hospital Accommodation for a parent or guardian</b>	Current Benefit Limit for Gold: \$1,000/€740/ £665	Increased Benefit Limit for Gold: \$2,000/€1,480/ £1,330
<b>Inpatient Cash benefit</b>	Current Benefit Limit for Gold: \$100/€75/ £65	Increased Benefit Limit for Gold: \$150/€120/ £95
<b>Cancer Preventative Surgery</b>	Current benefit limits: Silver: 70% up to \$10,000/ €7,400/ £6,650 Gold: 80% up to \$18,000/ €13,300/ £12,000 Platinum: 90% up to \$18,000/ €13,300/ £12,000	Updated benefit limits: Silver: \$10,000/ €7,400/ £6,650 Gold: \$18,000/ €13,300/ £12,000 Platinum: \$20,000/ €14,800/ £13,300
<b>Cancer Related Appliances</b>	Current benefit limits: Silver: \$125/€100/\$85 per lifetime Gold: \$125/€100/\$85 per lifetime Platinum: \$125/€100/\$85 per lifetime	Updated benefit limits: Silver: \$125/€100/\$85 per period of cover Gold: \$250/ €185/ £165 per period of cover Platinum: \$500/ €370/ £335 per period of cover
International Outpatient Optional Module		
<b>Consultations and outpatient procedures with medical practitioners and specialists</b>	Current benefit limit for Gold: \$5,000/€3,700/£3,325	Increased Benefit limit for Gold plan: \$7,500/ €6,000/ £4,825
<b>Outpatient Rehabilitation</b>	Current benefit limit for Gold: \$10,000/€7,400/£6,650	Increased benefit limit for Gold plan: \$15,000/ €12,000/ £9,650
<b>Hormone Therapy</b>	Current benefit limits: Silver: \$250/ €185/ £165 Gold: \$500/ €370/ £335 Platinum: \$1,000/ €740/ £665	Increased benefit limits: Silver: \$500/ €370/ £335 Gold: \$1,000/ €740/ £665 Platinum: \$1,500/ €1,100/ £1,000
<b>Genetic Testing</b>	Current benefit limit for Silver: No coverage	Increase benefit limit for Silver plan: \$1,000/ €740/ £665
International Health & Wellbeing Optional Module		
<b>Footcare by a Chiroprapist or Podiatrist</b>	Current benefit limits for Silver and Gold: Silver: \$225 / €165 / £150 Gold: \$450/ €330/ £300	Increased benefit limits for Silver and Gold: Silver: \$325/ €250/ £220 Gold: \$650/ €500/ £440
<b>Bone Densitometry</b>	Current benefit limits for Silver and Gold: Silver: \$225 / €165 / £150 Gold: \$450/ €330/ £300	Increased benefit limits for Silver and Gold: Silver: \$325/ €250/ £220 Gold: \$650/ €500/ £440

INTERNATIONAL MEDICAL INSURANCE

<p><b>International Medical Insurance</b></p>	<p><b>Current wording</b></p> <p>Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum. International Medical Insurance is your essential cover for inpatient, daypatient and accommodation costs, as well as cover for cancer, mental health care and much more.</p> <p>As per our definitions in your Policy Rules document:</p> <ul style="list-style-type: none"> <li>• <b>Inpatient</b> means a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.</li> <li>• <b>Daypatient</b> means a patient who is admitted to a hospital or daypatient unit or other medical facility for treatment or because they need a period of medically supervised recovery, but who does not occupy a bed overnight. This also includes surgical procedures carried out in a doctor's surgery.</li> <li>• <b>Outpatient</b> means a patient who attends a hospital, consulting room, or outpatient clinic for treatment but is not admitted as a daypatient or an inpatient and does not occupy a bed.</li> </ul>	<p><b>Updated wording</b></p> <p>Our plans comprise of 3 distinct levels of cover: Silver, Gold and Platinum. International Medical Insurance is your essential cover for inpatient, daypatient and accommodation costs, as well as cover for cancer, mental health care and much more.</p> <p>As per our definitions in your Policy Rules document:</p> <ul style="list-style-type: none"> <li>• Inpatient means a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons. <b>An example of inpatient treatment is undergoing surgery following a heart attack where they will recover in hospital overnight.</b></li> <li>• Daypatient means a patient who is admitted to a hospital or daypatient unit or other medical facility for treatment or because they need a period of medically supervised recovery, but who does not occupy a bed overnight. <b>An example of daypatient treatment would be attending hospital for chemotherapy as part of cancer treatment or receiving an endoscopy as part of diagnostic testing.</b></li> <li>• Outpatient means a patient who attends a hospital outpatient department, consulting room, or outpatient clinic for treatment but is not admitted as a daypatient or an inpatient and does not occupy a bed. <b>An example of outpatient treatment would be visiting an outpatient clinic to undergo a mole removal where you are not required to be admitted to hospital and do not require general anaesthetic for the procedure.</b></li> </ul>
<p><b>Hospital charges</b></p>	<p><b>Current benefit wording</b></p> <ul style="list-style-type: none"> <li>• Nursing &amp; accommodation for inpatient &amp; daypatient treatment, and recovery room</li> <li>• Operating theatre</li> <li>• Prescribed medicines, drugs and dressings for inpatient or daypatient treatment only</li> <li>• Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging. Advanced Medical Imaging are covered under a specific benefit)</li> <li>• Treatment room and nursing fees for outpatient surgery (we will cover the nursing fees whilst a beneficiary is undergoing surgery as well as post surgery in the treatment or recovery room)</li> <li>• Intensive care: intensive therapy, coronary care and high dependency unit</li> <li>• Surgeons' and anaesthetists' fees</li> <li>• Inpatient and daypatient specialists' consultation fees</li> <li>• Emergency inpatient dental treatment.</li> </ul> <p>We will partner with you and your medical practitioner to ensure you receive the appropriate care and treatment in the right medical facility.</p> <p><b>Important note:</b></p> <ul style="list-style-type: none"> <li>• We will only pay for outpatient treatments received before or after inpatient and daypatient treatments and surgery if the beneficiary has purchased the optional cover under the International Outpatient module (unless the outpatient treatment is given as part of a cancer treatment).</li> </ul>	<p><b>Updated benefit wording - We updated this benefit wording with the following information</b></p> <ul style="list-style-type: none"> <li>• Nursing &amp; accommodation for inpatient &amp; daypatient treatment, and recovery room</li> <li>• Operating theatre</li> <li>• Prescribed medicines, drugs and dressings for inpatient or daypatient treatment only</li> <li>• Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging. Advanced Medical Imaging are covered under a specific benefit)</li> <li>• Intensive care: intensive therapy, coronary care and high dependency unit</li> <li>• Surgeons' and anaesthetists' fees</li> <li>• Inpatient and daypatient specialists' consultation fees</li> <li>• Emergency inpatient dental treatment.</li> </ul> <p>We will partner with you and your medical practitioner to ensure you receive the appropriate care and treatment in the right medical facility.</p> <p><b>Important note:</b></p> <ul style="list-style-type: none"> <li>• <b>We will pay outpatient treatments relating to: cancer, mental health and MRI scans. Any other outpatient treatments will only be covered if the beneficiary has purchased the optional International Outpatient module.</b></li> </ul>

<p><b>Accident and Emergency Room treatment</b></p>	<p><b>Current benefit wording</b></p> <p>We will pay for necessary emergency treatment on an outpatient basis at an Accident and Emergency department in a hospital following an accident, sudden illness, and/or life threatening situations, and where the beneficiary does not occupy a bed overnight for medical reasons.</p> <p>Important notes:</p> <ul style="list-style-type: none"> <li>• If you have selected the International Outpatient option; this benefit and the limits are satisfied first and then the applicable International Outpatient benefits can be used thereafter.</li> <li>• No deductible or cost share that you may have selected on the International Medical Insurance core cover and/or on the International Outpatient option will apply to this benefit for any of the three plans.</li> </ul>	<p><b>Updated benefit wording - We have updated the benefit wording.</b></p> <p>We will pay for necessary emergency treatment <b>that is required</b> on an outpatient basis <b>only</b> at an Accident and Emergency department in a hospital following an accident, sudden illness, and/or life threatening situations, and where the beneficiary does not occupy a bed overnight for medical reasons.</p> <p>Important notes:</p> <ul style="list-style-type: none"> <li>• If you have selected the International Outpatient option; this benefit and the limits are satisfied first and then the applicable International Outpatient benefits can be used thereafter.</li> <li>• No deductible or cost share that you may have selected on the International Medical Insurance core cover and/or on the International Outpatient option will apply to this benefit for any of the three plans.</li> </ul>
<p><b>Local ambulance and air ambulance services</b></p>	<p><b>Current benefit wording</b></p> <p>Where it is medically necessary and related to a covered condition, we will pay for a local or air ambulance to transport a beneficiary:</p> <ul style="list-style-type: none"> <li>• from the scene of an accident or injury to a hospital;</li> <li>• from one hospital to another; or</li> <li>• from their home to a hospital.</li> </ul> <p>Important notes:</p> <ul style="list-style-type: none"> <li>• We will only pay for a local air ambulance when appropriate, such as a helicopter, to transport a beneficiary for distances up to 100 miles (160 kilometres) when medically appropriate.</li> <li>• This policy does not provide cover for mountain rescue services.</li> <li>• Cover for medical evacuation or repatriation is only available if you have cover under the International Evacuation &amp; Crisis Assistance Plus™ option. Please refer to page 33 of this Customer Guide for details of that option.</li> </ul>	<p><b>Updated benefit wording</b></p> <p>Where it is medically necessary and related to a covered condition, we will pay for a local or air ambulance to transport a beneficiary:</p> <ul style="list-style-type: none"> <li>• from the scene of an accident or injury to a hospital;</li> <li>• from one hospital to another; or</li> <li>• from their home to a hospital.</li> </ul> <p>Important notes:</p> <ul style="list-style-type: none"> <li>• We will only pay for a local air ambulance when appropriate, such as a helicopter, to transport a beneficiary <b>to the nearest centre of medical excellence (accessed by road/abulance within same country)</b> when medically appropriate.</li> <li>• This policy does not provide cover for mountain rescue services.</li> </ul> <p>• <b>Road or air ambulance is only for travel within the same country. For cross-border medical translation, this would be covered under Medical Evacuation.</b></p> <p>• Cover for medical evacuation or repatriation is only available if you have cover under the International Evacuation &amp; Crisis Assistance Plus™ option. Please refer to <b>page 40</b> of this Customer Guide for details of that option.</p>
<p><b>Mental and Behavioural Health Care</b></p>	<p><b>Current benefit wording</b></p> <p>We will pay for:</p> <ul style="list-style-type: none"> <li>• Evidence-based and medically necessary treatment which is recommended by a medical practitioner.</li> <li>• Inpatient, daypatient or outpatient treatment carried out by a psychologist and/or psychiatrist who is licensed as such under the laws of that country.</li> </ul> <p>Autism and Attention Deficit Hyperactivity Disorder (ADHD)</p> <p>We will pay for:</p> <ul style="list-style-type: none"> <li>• Medical costs, including doctor and paediatrician visits related to Autism and Attention Deficit Hyperactivity Disorder (ADHD) on an outpatient basis only which are evidence-based treatment and medically necessary.</li> <li>• Assessment and diagnostic testing for Autism and Attention Deficit Hyperactivity Disorder (ADHD) when symptoms are present.</li> <li>• Behavioural therapy when medically necessary according to evidence-based treatment.</li> </ul> <p>Important notes:</p> <ul style="list-style-type: none"> <li>• This benefit is subject to any deductible or cost share that you may have selected on the International Medical Insurance core cover for any mental and behavioral health care, including any mental health treatment taking place on an outpatient basis.</li> </ul> <p>We will not pay for:</p> <ul style="list-style-type: none"> <li>• Educational intervention, speech therapy and any devices to aid speech.</li> <li>• Prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option.</li> </ul> <p>*Day limit only applies to inpatient and daypatient treatments.</p>	<p><b>Updated benefit wording - We have amended the wording to clarify we will cover outpatient mental health counselling for gender dysphoria and also for the diagnosis of addiction treatment.</b></p> <p>We will pay for:</p> <ul style="list-style-type: none"> <li>• Evidence-based and medically necessary treatment which is recommended by a medical practitioner.</li> <li>• Inpatient, daypatient or outpatient treatment carried out by a psychologist and/or psychiatrist who is licensed as such under the laws of that country. <b>This includes outpatient mental health services for gender dysphoria.</b></li> <li>• <b>The diagnosis of addictions (including alcoholism).</b></li> </ul> <p><b>Addiction treatment</b></p> <ul style="list-style-type: none"> <li>• <b>We will pay for one course or programme of addiction treatment at a specialist centre providing evidence-based treatment, if that treatment is medically necessary and recommended by a medical practitioner, up to the benefit limit.</b></li> <li>• <b>We pay for up to three attempts at detoxification, following which we will only pay for further detoxification treatment if the beneficiary completes a formal outpatient course or programme of addiction treatment.</b></li> <li>• <b>We will not pay for any other treatment related to alcoholism or addiction; or treatment of any related condition (such as depression, dementia or liver failure); where we reasonably believe that the condition which requires treatment was the direct result of alcoholism or addiction.</b></li> </ul> <p>Autism and Attention Deficit Hyperactivity Disorder (ADHD)</p> <ul style="list-style-type: none"> <li>• Medical costs, including doctor and paediatrician visits related to Autism and Attention Deficit Hyperactivity Disorder (ADHD) on an outpatient basis only which are evidence-based treatment and medically necessary.</li> <li>• Assessment and diagnostic testing for Autism and Attention Deficit Hyperactivity Disorder (ADHD) when symptoms are present</li> </ul>

		<ul style="list-style-type: none"> <li>• Behavioural therapy when medically necessary according to evidence-based treatment.</li> </ul> <p><b>Important notes:</b></p> <ul style="list-style-type: none"> <li>• This benefit is subject to any deductible or cost share that you may have selected on the International Medical Insurance core cover for any mental and behavioral health care, including any mental health treatment taking place on an outpatient basis.</li> </ul> <p><b>We will not pay for:</b></p> <ul style="list-style-type: none"> <li>• Educational intervention, speech therapy and any devices to aid speech.</li> <li>• Prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option.</li> </ul> <p><b>*Important note:</b> The day limit only applies to inpatient and daypatient treatments.</p> <p><b>This benefit is subject to any deductible or cost share that you may have selected on the International Medical Insurance core inpatient plan for any mental and behavioral health care. This includes any mental health treatment taking place on an outpatient basis.</b></p>
<p><b>Out of Area Emergency Cover</b></p>	<p><b>Current benefit wording</b></p> <p>Emergency treatment for inpatient and daypatient treatment during temporary short term business or leisure trips outside your area of coverage, under life threatening circumstances.</p> <p><b>Important notes:</b> The beneficiary must have been treatment free, symptom and advice free of the medical condition requiring emergency treatment, prior to initiating the travel.</p> <p>Coverage is limited to:</p> <ul style="list-style-type: none"> <li>• a duration not exceeding 21 days per trip; and</li> <li>• a maximum of 60 days in aggregate per period of cover for all trips combined.</li> <li>• Only if the International Outpatient option has been purchased under your policy, will beneficiaries also be covered for emergency Outpatient treatment. Cover will be subject to the overall outpatient annual maximum and the International Outpatient individual benefit limits. Please note this cover will be in addition to the Out of Area Emergency Hospitalisation Cover (for inpatient and daypatient treatment), described in this benefit.</li> <li>• Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency Hospitalisation Cover.</li> <li>• This benefit is not applicable if you have selected the Worldwide including USA coverage option.</li> <li>• We will require evidence of your entry and exit to the USA.</li> <li>• This option is not available if your country of habitual residence is the USA.</li> <li>• Receiving medical treatment must not have been one of the objectives of the trip.</li> <li>• Emergency treatment is only applicable if you are not able to benefit from free state-provided healthcare in that country.</li> </ul>	<p><b>Updated benefit wording</b></p> <p>Emergency treatment for inpatient and daypatient treatment during temporary short term business or leisure trips outside your area of coverage.</p> <p><b>Important notes:</b> The beneficiary must have been treatment free, symptom and advice free of the medical condition requiring emergency treatment, prior to initiating the travel.</p> <p>Coverage is limited to:</p> <ul style="list-style-type: none"> <li>• a duration not exceeding 21 <b>treatment</b> days per trip; and</li> <li>• a maximum of 60 <b>treatment</b> days in aggregate per period of cover for all trips combined.</li> <li>• Only if the International Outpatient option has been purchased under your policy, will beneficiaries also be covered for emergency <b>out of area</b> Outpatient treatment. Cover will be subject to the overall outpatient annual maximum and the International Outpatient individual benefit limits. Please note this cover will be in addition to the Out of Area Emergency Hospitalisation Cover (for inpatient and daypatient treatment), described in this benefit.</li> <li>• Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency Hospitalisation Cover.</li> <li>• This benefit is not applicable if you have selected the Worldwide including USA coverage option.</li> <li>• We will require evidence of your entry and exit to the USA.</li> <li>• This option is not available if your country of habitual residence is the USA.</li> <li>• Receiving medical treatment must not have been one of the objectives of the trip.</li> <li>• Emergency treatment is only applicable if you are not able to benefit from free state-provided healthcare in that country.</li> </ul> <p><b>Important note:</b> <b>Emergency treatment refers to treatment which is medically necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which, if left untreated, could result in a significant deterioration in health. Only medical treatment through a physician, medical practitioner and hospitalisation that commences within twenty four (24) hours of the emergency event will be covered.</b></p>
<b>INTERNATIONAL OUTPATIENT OPTIONAL MODULE</b>		
<p><b>International Outpatient - introductory text</b></p>	<p><b>Current wording</b></p> <p>Optional Module The International Outpatient optional module provides more comprehensive outpatient care where a hospital admission as a daypatient or inpatient is not required, including consultations with</p>	<p><b>Updated wording</b></p> <p>The International Outpatient optional module provides more comprehensive outpatient care where a hospital admission as a daypatient or inpatient is not required, including consultations with specialists, prescribed outpatient drugs and dressings, rehabilitation, genetic cancer testing and much more.</p>



	<p>specialists, prescribed outpatient drugs and dressings, rehabilitation, genetic cancer testing and much more.</p> <p>As per our definition, Outpatient means a patient who attends a hospital, consulting room, or outpatient clinic for treatment but is not admitted as a daypatient or an inpatient and does not occupy a bed.</p> <p>You do not require prior authorisation for most of the International Outpatient benefits. However, prior authorisation is required for the following outpatient benefits:</p> <ul style="list-style-type: none"> <li>• Genetic Cancer tests</li> <li>• Infertility investigations and treatment</li> <li>• Physiotherapy, chiropractic and osteopathy treatments when you have exceeded IO sessions (Note: a prior authorisation is not required for the first IO sessions referred by a medical practitioner).</li> </ul> <p>For any other treatment under the International Outpatient module, you do not need to contact us for prior authorisation.</p> <p>If you do not obtain a required prior authorisation from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%.</p>	<p>As per our definition, Outpatient means a patient who attends a hospital <a href="#">outpatient department</a>, <a href="#">consulting room</a>, or outpatient clinic for treatment but is not admitted as a daypatient or an inpatient and does not occupy a bed.</p> <p><b>You do not require prior authorisation for most of the International Outpatient benefits. However, prior authorisation is required for the following outpatient benefits:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Genetic Testing</a></li> <li>• Infertility investigations and treatment</li> <li>• <a href="#">Prescribed drugs and dressings for more than 3 months</a></li> <li>• Physiotherapy, chiropractic and osteopathy treatments when you have exceeded IO sessions (Note: a prior authorisation is not required for the first IO sessions referred by a medical practitioner).</li> </ul> <p>For any other treatment under the International Outpatient module, you do not need to contact us for prior authorisation.</p> <p><b>If you do not obtain a required prior authorisation from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%.</b></p>
<p><b>Consultations and outpatient procedures with medical practitioners and specialists</b></p>	<p><b>Current benefit limit</b></p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: PIF</p> <p><b>Consultations with medical practitioners and specialists.</b></p> <ul style="list-style-type: none"> <li>• We will pay for consultations or meetings with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment.</li> <li>• We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary.</li> </ul> <p><b>Telehealth consultations</b></p> <p>Where possible, telehealth consultations should be accessed through the Cigna Wellbeing® App or via Customer Care with Teladoc. Where virtual consultations are not available through Teladoc, we will pay for video and phone consultations with a medical practitioner or specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of a beneficiary by a healthcare provider. Telehealth consultations with a healthcare provider are limited to:</p> <ul style="list-style-type: none"> <li>• 1 initial session; and</li> <li>• 2 follow-up sessions</li> </ul> <p>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:</p> <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> <p><b>Important notes</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• This benefit is payable up to the combined benefit maximum of the consultations with medical practitioners and specialists benefit.</li> </ul>	<p><b>We have merged the 'Consultations with medical practitioners and specialists' benefit with the 'Telehealth consultations' benefit and increase the benefit limit for Gold.</b></p> <p>Silver: \$2,500/ €1,850/ £1,650 <b>Gold: \$7,500/ €6,000/ £4,825</b> Platinum: PIF</p> <p>Consultations <a href="#">and outpatient procedures</a> with medical practitioners and specialists.</p> <ul style="list-style-type: none"> <li>• We will pay for consultations, meetings <a href="#">and virtual consultations via telephone or video</a>, with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment.</li> <li>• We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary.</li> </ul> <p><b>Important notes</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Virtual consultation</a> 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.</li> <li>• <a href="#">Virtual consultations can only be accessed where available and medically appropriate.</a></li> </ul>
<p><b>Telehealth Consultations</b></p>	<p><b>Current benefit wording</b></p> <p>Where possible, telehealth consultations should be accessed through the Cigna Wellbeing® App or via Customer Care with Teladoc. Where virtual consultations are not available through Teladoc, we will pay for video and phone consultations with a <i>medical practitioner</i> or specialist intended to facilitate the assessment, diagnosis, treatment, education and care management of a <i>beneficiary</i> by a healthcare provider. Telehealth consultations with a healthcare provider are limited to:</p> <ul style="list-style-type: none"> <li>• 1 initial session; and</li> <li>• 2 follow-up sessions</li> </ul> <p>Any further sessions are subject to <i>prior-approval</i> and require a medical report to be provided by the treating <i>medical practitioner</i>. The medical report should include:</p> <ul style="list-style-type: none"> <li>• evolution of medical condition</li> <li>• <i>treatment</i> goal</li> <li>• <i>treatment</i> plan and estimated number of sessions still required.</li> </ul> <p><b>Important notes</b></p>	<p><b>Benefit has been removed from the table of benefits as it has been incorporated into the 'Consultations and outpatient procedures with medical practitioners and specialists' benefit.</b></p> <p><b>See above.</b></p>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• This benefit is payable up to the combined benefit maximum of the consultations with <i>medical practitioners</i> and specialists benefit.</li> </ul>	
<b>Hormone Replacement Therapy</b>	<p><b>Current benefit wording</b></p> <p>Silver: \$250/ €185/ £165 Gold: \$500/ €370/ £335 Platinum: \$1,000/ €740/ £665</p> <p>We will pay for Hormone Replacement Therapy when it is medically necessary to treat the symptoms of menopause.</p>	<p><b>Updated benefit wording and increase to all benefit limits.</b></p> <p>Silver: \$500/ €370/ £335 Gold: \$1,000/ €740/ £665 Platinum: \$1,500/ €1,100/ £1,000</p> <p>We will pay for Hormone Replacement Therapy when it is medically necessary to treat the symptoms of menopause, <b>low testosterone and gender dysphoria</b>.</p>
<b>Genetic Testing</b>	<p><b>Current benefit wording</b></p> <p>Genetic Cancer Test Silver: No coverage Gold: \$2,000/ €1,480/ £1,330 Platinum: \$4,000/ €2,950/ £2,650 12 month waiting period</p> <p>We will pay for one genetic test for beneficiaries with an increased risk of cancer, when medically necessary and in accordance with medical evidence.</p> <p>Important Note: • Prior authorisation is required for all genetic cancer tests. If you do not obtain a required prior authorisation from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%.</p>	<p><b>Updated benefit wording</b></p> <p><b>Genetic Testing</b></p> <p>Silver: \$1,000/ €740/ £665 Gold: \$2,000/ €1,480/ £1,330 Platinum: \$4,000/ €2,950/ £2,650 12 month waiting period</p> <p>We will pay for one genetic test for beneficiaries with an increased risk of conditions such as cancer, cystic fibrosis, gaucher disease and Rett syndrome, when medically necessary and in accordance with medical evidence.</p> <p>Important Note: • Prior authorisation is required for all genetic cancer tests. If you do not obtain a required prior authorisation from us, there may be delays in processing claims and we will reduce the amount which we will pay for that treatment by 20%. • The list of conditions above is for example purposes only. Genetic testing will be limited to testing for hereditary and multifactorial conditions, where medically necessary and within Cigna Healthcare clinical guidance.</p>

## INTERNATIONAL HEALTH AND WELLBEING

<b>International Health &amp; Wellbeing introductory text</b>	<p><b>Current wording</b></p> <p>We understand the importance of <i>your</i> overall wellbeing and living a balanced life. In addition to health screenings, tests and examinations; this module also empowers <i>you</i> and <i>your</i> family with the services and support to manage <i>your</i> own individual day-to-day health and wellbeing. <i>Your</i> Wellness companion, comprising of the Life Management Assistance, the Wellness Coaching and the Mental Health Support programmes, is available to help <i>you</i> and <i>your</i> eligible dependents stay healthy and well, both physically and mentally. The benefits listed below are available only to beneficiaries aged 18 year old and over. In addition, specific age eligibility will apply to the different cancer screenings.</p>	<p><b>Updated wording</b></p> <p>We understand the importance of your overall wellbeing and living a balanced life. The benefits listed below are available only to beneficiaries aged 18 year old and over. In addition, specific age eligibility will apply to the different cancer screenings.</p>
<b>Prostate cancer screening</b>	<p><b>Current benefit limits and wording</b></p> <p>For male beneficiaries from the age of 50 year old, we will provide cover every year for: • 1 prostate examination (prostate specific antigen (PSA) test). Important Note: Any follow-up test or additional screening required on an outpatient basis following an abnormal result will be covered under the pathology, radiology and diagnostics tests benefit included in the International Outpatient option. You must have purchased the International Outpatient option in order to have these additional diagnostic tests covered.</p>	<p><b>Updated benefit wording</b></p> <p>For male beneficiaries from the age of 50 year old, we will provide cover every year for: - One prostate examination - PSA testing when medically necessary Important Note: Any follow-up test or additional screening required on an outpatient basis following an abnormal result will be covered under the pathology, radiology and diagnostics tests benefit included in the International Outpatient option. You must have purchased the International Outpatient option in order to have these additional diagnostic tests covered.</p>

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