

CIGNA CLOSE CARESM

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.

Cigna Close Care Policy Rules effective from 15th February 2025.

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 02/2025, CEIC UK 02/2025, CGIC 02/2025**

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

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 Close CareSM Policy Rules

Current Terms, General Exclusions and/or Definitions
[Cigna Close CareSM Policy Rules 09/2023]

Updated Terms, General Exclusions and/or
Definitions [Cigna Close CareSM Policy Rules
02/2025]

The following change relates to "How to Contact Us"

All Policy Rules How to Contact Us?	Current "How to Contact Us?" wording	Updated "How to Contact Us?" wording
	<p>To cancel this <i>policy</i>, please email us at: cignaglobal_customer.care@cigna.com.</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>Cigna Global Health Options Customer Care Team 1 Knowe Road, Greenock Scotland PA15 4RJ</p> <p>In other circumstances you can call our Customer Care Team 24/7 on: +44 (0) 1475 788 182 or from inside the USA on: 0800 835 7677.</p>	<p>To cancel this policy after your minimum period of cover of three (3) months, please email us at: cignaglobal_customer.care@cigna.com.</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>Cigna Global Health Options Customer Care Team 1 Knowe Road, Greenock Scotland PA15 4RJ</p> <p>In other circumstances you can call our Customer Care Team 24/7* on: +44 (0) 1475 788 182 or from inside the USA on: 0800 835 7677.</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>

The following changes relate to the General Terms and Condition section

All Policy Rules Section I: General Terms and Conditions	Current General Terms and Conditions Clause 2	Updated current wording of General Terms and Conditions Clause 2
	<p>2.1 This policy is an annual contract. This means that, unless it is terminated earlier, the cover will end one (1) year after the start date.</p> <p>2.2</p>	<p>2.1 This policy is an annual renewable contract with a minimum period of cover of three (3) months and a maximum period of cover of twelve (12) months. This means that, unless it is terminated before the end date or automatically renewed, the period of cover will end one (1) year after the start date. Please</p>

	<p>If this policy ends before the normal end date, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims have been made or yet to be submitted and no guarantees of payment have been put in place during the period of cover.</p> <p>If the policy ends before the normal end date and you have made claims under it or you have received treatment not reimbursed yet, you will be liable for the remainder of any premium in respect of the policy which are unpaid.</p>	<p>see Clause I3 for more information on the policy renewal process at the end of your period of cover.</p> <p>2.2 Subject to clause 4, if this policy ends within the first three (3) months of the initial start date, any premium which has been paid for the first three (3) months of cover will not be refunded regardless of if you have claimed or not during that period of cover. In addition, you will be liable to pay any remaining premium for that initial three (3) months period which hasn't been paid yet.</p> <p>If this policy ends after the first three (3) months of the initial start date and before the end date, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims have been made or yet to be submitted and no guarantees of payment have been put in place during the period of cover.</p> <p>If this policy ends after the first three (3) months of the initial start date and before the end date and you have made claims under it or you have received treatment not reimbursed yet, you will be liable for the remainder of any premium in respect of the policy which are unpaid.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>	<p>Current General Terms and Conditions Clause 4</p> <p>You have a statutory right to cancel your policy within fourteen (14) days from the date you receive this policy. If you wish to cancel this policy and we have not paid a claim or issued a guarantee of payment, you will receive a full refund of your premium. Alternatively, if we have paid a claim, or issued a guarantee of payment, we will not refund any premium which has been paid. To cancel this policy, please contact us using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p> <p>If you do not exercise your right to cancel this policy, it will continue in force, and you will be required to make any premium payments that are due to us.</p> <p>For your cancellation rights outside of the fourteen (14) day statutory cooling off period, please refer to clause 6 of this policy.</p>	<p>Updated current wording of General Terms and Conditions Clause 4</p> <p>You have a statutory right to cancel your policy within fourteen (14) days from the start date of your policy. If you wish to cancel this policy within this fourteen (14) day free look period and we have not paid a claim or issued a guarantee of payment, you will receive a full refund of your premium. Alternatively, if we have paid a claim, or issued a guarantee of payment, we will not refund any premium which has been paid. To cancel this policy, please contact us using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p> <p>If you do not exercise your right to cancel this policy during the free look period, it will continue in force for a minimum period of three (3) months, inclusive of the free look period, from the initial start date and you will be required to make any premium payments that are due to us.</p> <p>For your termination rights outside of the fourteen (14) day statutory cooling off period, please refer to clause 6 of this policy.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>	<p>Current General Terms and Conditions Clause 5.1</p> <p>5.1 Your Certificate of Insurance sets out the premium and any other charges (such as taxes) which are payable, and states when and how they must be paid.</p> <p>Payments must be made in the currency and in the manner detailed in your Certificate of Insurance.</p>	<p>Updated current wording of General Terms and Conditions Clause 5.1</p> <p>5.1 Your Certificate of Insurance sets out the premium and any other charges (such as taxes) which are payable, and states when and how they must be paid. As specified in Clause 2, you will be liable to pay the premium for a minimum period of cover of three (3) months regardless of the payment frequency selected.</p> <p>Payments must be made in the currency and in the manner detailed in your Certificate of Insurance.</p>
<p>All Policy Rules Section I: General Terms and Conditions</p>	<p>Current General Terms and Conditions 5.2</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 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>Updated current wording of General Terms and Conditions 5.2</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) 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>Addition of a new General Terms and Conditions 5.3</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>5.3.1 Claims are reimbursed in the currency in which the claim was incurred, or, upon request, the currency of the premiums paid on this policy and calculated using the applicable exchange rate.</p> <p>You, or any beneficiaries, may submit a request to reimburse the claim in an alternative currency. Should we agree to provide a reimbursement consistent with an alternative currency request, we will apply a standard convenience charge of 3 % over and above the applicable exchange rate.</p> <p>The convenience charge will be added to the exchange rate of the requested currency and will impact the final amount reimbursed. This means that if an alternative currency request is made, subject to exchange rate fluctuations, the amount reimbursed may be less than the original amount claimed.</p> <p>In the event a particular alternative currency request cannot be met, we will contact you to obtain your preference as to another alternative currency request or standard reimbursement.</p> <p>You, or any beneficiaries, can contact us for the applicable exchange rate applied to any particular claim using one of the options in the 'How to contact us' section on page 3 of these Policy Rules. We reserve the right to withdraw or vary the convenience charge at any time on a sixty (60) days' prior notice.</p>
All Policy Rules Section I: General Terms and Conditions	<p>Current number of General Terms and Conditions 5.3</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>Updated the number of General Terms and Conditions to 5.4</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>
All Policy Rules Section I: General Terms and Conditions	<p>Current number of General Terms and Conditions 5.4</p> <p>Subject to clause 13, 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>Updated the number of General Terms and Conditions to 5.5</p> <p>Subject to clause 13, 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>
All Policy Rules Section I: General Terms and Conditions	<p>Current General Terms and Conditions Clause 6.7</p> <p>6.7 If you want to terminate this policy and end cover for all beneficiaries, you may do so at any time by giving us at least fourteen (14) days' notice in writing. Termination of your policy will take effect fourteen (14) days after you, the policyholder, notifies us of the request by using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p>	<p>Updated current wording of General Terms and Conditions Clause 6.7</p> <p>6.7 If you want to terminate this policy and end cover for all beneficiaries, you may only do so after the minimum period of cover of three (3) months from the initial start date by giving us at least fourteen (14) days' notice in writing. Termination of your policy will take effect fourteen (14) days after you, the policyholder, notifies us of the request by using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p>
All Policy Rules Section I: General Terms and Conditions	<p>Current General Terms and Conditions Clause 6.8</p> <p>6.8 In relation to the period after your cover has ended, unless your policy is terminated in accordance with clause 6.2 and/or clause 7, then any premium which has been paid in relation to the period after cover has ended will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid any claim, or issued any guarantee of payment during the period of cover.</p>	<p>Updated current wording of General Terms and Conditions Clause 6.8</p> <p>6.8 In relation to the period after your cover has ended outside of the minimum period of cover of three (3) months, unless your policy is terminated in accordance with clause 6.2 and/or clause 7, then any premium which has been paid in relation to the period after cover has ended will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid any claim, or issued any guarantee of payment during the period of cover.</p>
All Policy Rules Section I: General Terms and Conditions	<p>Current General Terms and Conditions 8.2</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</p>	<p>Updated General Terms and Conditions 8.2</p> <p>The following changes to your policy cannot be requested during the period of cover and can only be made upon renewal: > to modify your level of cover (for example moving from Cigna Close CareSM to Cigna Global Health Options (CGHO) Silver plan or moving from CGHO Silver to Cigna Close CareSM),</p>

	coverage options. You should let us know in writing at least seven (7) days before the annual renewal date.	<p>> to modify your deductible, cost share or out-of-pocket maximum.</p> <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> <p>> to add one or more of the optional modules at the same level of cover as your Cigna Close CareSM core cover: Outpatient and Wellness Care, or Dental Care and Treatment options,</p> <p>> to modify your area of cover by including USA cover (if applicable as your country of nationality or country of residency)</p> <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> <p>Any other changes to your policy in relation to coverage options will be reviewed by us and will be subject to medical underwriting.</p>
All Policy Rules Section I: General Terms and Conditions	<p>Current General Terms and Conditions Clause I3.1</p> <p>If we determine to renew, we will write to you at least one (1) calendar month before the end date to invite you to renew on the terms we offer you. We will inform you of any changes to the policy and premium for the forthcoming period of cover. If local law and/or regulation dictates, we may be required to offer you an alternative health plan.</p> <p>Subject to clause 7, any decision by Cigna Healthcare not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.</p>	<p>Updated current wording of General Terms and Conditions Clause I3.1</p> <p>If we determine to renew, we will write to you at least one (1) calendar month before the end date to invite you to automatically renew on the terms we offer you. We will inform you of any changes to the policy and premium for the forthcoming period of cover. If local law and/or regulation dictates, we may be required to offer you an alternative health plan. The minimum period of cover of three (3) month doesn't apply to renewed policies. This requirement applies only to the first year of your policy.</p> <p>Subject to clause 7, any decision by Cigna Healthcare not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.</p>
All Policy Rules Section I: General Terms and Conditions	<p>Current General Terms and Conditions I3.4</p> <p>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.</p>	<p>Updated General Terms and Conditions I3.4</p> <p>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.</p>

The following changes relate to Section 2: General Exclusions

All Policy Rules Section 2: General Exclusions	<p>Current General Exclusion 5</p> <p>5. Treatment which is necessary as a result of conflict or disaster including but not limited to:</p> <ol style="list-style-type: none"> nuclear or chemical contamination; war, invasion, acts of terrorism, rebellion (whether or not war is declared), civil war, commotion, military coup or other usurpation of power, martial law, riot, or the act of any unlawfully constituted authority; any other conflict or disaster events; <p>where the beneficiary has</p> <ol style="list-style-type: none"> put him or herself in danger by entering a known area of conflict (as identified by a Government in your country of nationality, for example the British Foreign and Commonwealth Office); actively participated in the conflict; or <p>displayed a blatant disregard for their own safety.</p>	<p>Updated General Exclusion 5</p> <p>5. Treatment which is necessary as a result of conflict or disaster including but not limited to:</p> <ol style="list-style-type: none"> nuclear or chemical contamination; war, invasion, acts of terrorism, rebellion (whether or not war is declared), civil war, commotion, military coup or other usurpation of power, martial law, riot, or the act of any unlawfully constituted authority; any other conflict or disaster events; <p>where the beneficiary has</p> <ol style="list-style-type: none"> put him or herself in danger by entering or remaining within a known area of conflict (as identified by a Government in your country of nationality, for example the British Foreign and Commonwealth Office); actively participated in the conflict; or displayed a blatant disregard for their own safety.
All Policy Rules Section 2: General Exclusions	<p>Current General Exclusion 29</p> <p>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:</p> <ol style="list-style-type: none"> taking part in a sporting activity at a professional level; 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 	<p>Updated General Exclusion 29</p> <p>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:</p> <ol style="list-style-type: none"> taking part in a sporting activity at a professional level; 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

	<p>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;</p> <p>c) solo scuba-diving; or</p> <p>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.</p>	<p>instance horse racing, show jumping, or polo), hunting, bull riding or bull running, parkour, powerlifting, surfing or kitesurfing, white water rafting;</p> <p>c) solo scuba-diving; or</p> <p>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.</p> <p>Note:</p> <p>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.</p> <p>Hill-walking, hiking and trekking performed on defined on-piste trails is not considered as a hazardous sporting activity as long as specialty equipment is not required (such as use of ropes, harness, karabiner, crampons and protective climbing equipment). Medically necessary treatments following any injury sustained during these non-hazardous activities will be covered under the appropriate inpatient, daypatient or outpatient benefit.</p>
<p>All Policy Rules Section 2: General Exclusions</p>		<p>Addition of a new General Exclusion 33</p> <p>33. Any expenses for:</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>The following change relates to Section 3: Definitions</p>		
<p>All Policy Rules Section 3: Definitions</p>		<p>Addition of a new Definition</p> <p>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.</p>

"Cigna Healthcare" and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, and not by The Cigna Group. Such operating subsidiaries include 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. © 2025 Cigna Healthcare.