

CIGNA HEALTH INSURANCE

Who

- **Active staff members**, their spouses and their unmarried children up to the end of the calendar year in which they reach twenty-five years of age and their unmarried children who are incapable of self-sustaining employment by reason of mental retardation or physical handicap, who became so incapable prior to attainment of age twenty-one.
- **Former staff members**, as well as their spouses and other persons who are considered to be dependent under IMO's staff regulations.

When

- Your coverage **starts** as from the date on which you have been declared a beneficiary by IMO.
- Your coverage **ends** on the day on which you are no longer a beneficiary of the scheme (following IMO's declaration). No expenses incurred after the date of termination shall be covered.

Where

The plan provides **world-wide coverage**, 24 hours a day, every day of the year.

My medical benefits

What's covered under your plan and what's not? Who is insured? Where are you covered? How much will you be reimbursed for the treatment you need?

Read your detailed cover to find the answers to these questions and more...
If you have any further questions, please contact us.

Outpatient treatment

The insurers undertake to reimburse 80% of the expenses involved in respect of medical treatment prescribed by doctors qualified to treat patients.

GENERAL INFORMATION

The **purpose of the group medical insurance plan** is to indemnify the beneficiaries, within the limits of the contract, for reasonable and customary expenses resulting from medical attention necessitated through sickness, accident or maternity, voluntary termination of pregnancy and for sterilization whether for therapeutic or non-therapeutic reasons.

The **aggregate reimbursement** the insurers shall be obliged to pay in respect of the total expenses which are covered by this contract and are incurred by a beneficiary in any twelve consecutive months' period **shall not exceed 200.000 GBP**. The provisions shall be subject to this limitation of aggregate reimbursement by the insurers and to the limitations mentioned.

Inpatient hospitalisation

At the rate of 100% are reimbursed the costs of hospital services (excluding doctor's fees) such as:

- bed and board;
- general nursing services;
- use of operating rooms and equipment;
- use of recovery rooms and equipment;
- laboratory examinations;
- X-ray examinations;
- drugs and medicine for use in the hospital.

Reimbursement of hospital accommodation (bed and board) expenses will be subject to daily room rate caps, as follows:

- Australia, Brazil, Chile, Canada, Hong Kong, India, Japan, New Zealand, Singapore, South Africa, Europe (including Malta, Cyprus and the European part of Turkey) and North America (Canada and the United States of America): the maximum reimbursement per day for hospital accommodation is 550 GBP; the reimbursement of the cost of bed and board in private hospitals shall be limited in total to the price charged for a two-bed room;
- **Israel:** the daily room rate cap applicable is 413 GBP;
- **Rest of the world:** a 195 GBP per day reimbursement ceiling is applicable to all locations other than Europe, North America and Israel.

This reimbursement is brought to 100% of private room charges, when the hospitalization in a private room occurs in the following circumstances:

- when the nature and gravity of the illness require private room care and such care is requested by the attending physician;

- when the patient is admitted on an emergency basis to a hospital, which has semi-private accommodation, but none is available at the time;
- when the patient is admitted to a hospital which does not have any semi-private accommodation, i.e. it has no standard of accommodation other than private rooms and general wards.
- Ambulatory surgery, i.e. scheduled surgery requiring the use of a conventional operating room, performed on an in-and-out same-day basis without an overnight stay, is reimbursed at 95%.

Dental treatment

The cost of:

- dental care;
- treatment of the periodontics;
- false teeth;
- crowns;
- bridges;
- other similar appliances;
- dento-facial orthopaedics;

is reimbursed at 80% to a maximum sum of 600 GBP per calendar year per beneficiary.

The cost of **dento-facial orthopaedics** is covered only if the treatment is **started before** the patient has completed his or her **fifteenth year**; this restriction does not apply to orthodontic treatment resulting from an accident. Reimbursement for such orthopaedic treatment is only provided during a treatment period of four years.

The unspent balance of a given calendar year will be carried forward to the next year (but not to the years thereafter). Reimbursements will first be charged to any unspent balance from the preceding year.

Outpatient mental health

The cost of outpatient mental health by a psychiatrist is covered, as well as the services of a **licensed psychoanalyst**, a licensed psychologist or a licensed psychiatric social worker. The cost in respect of insured persons and beneficiaries is reimbursable at the rate of 80% and to a maximum reimbursement of 650 GBP per insured person in any 12-month period.

Hearing aids and optical lenses

Insured persons participating in the present scheme for one year or more are entitled to the following benefits:

Hearing aids

The costs of hearing aids are reimbursable at the rate of 80% with a maximum of 300 GBP per apparatus, including the related examination, and a maximum of one apparatus per ear in any period of three years;

Optical lenses

The costs of optical lenses are reimbursable at the rate of 80% with a maximum of 30 GBP per lens and a maximum of 2 lenses in any period of two years. These maxima will also apply to surgical or laser treatment for the correction of refraction in respect of myopia.

Fees for examination of the eye for glasses are not reimbursed.

Treatment for alcohol and drug abuse

The cost of treatment for substance (alcohol and/or drug) abuse is covered under certain conditions. The coverage includes **inpatient treatment** for detoxification and rehabilitation at a facility certified for such treatment, subject to the prior approval of the broker. Such treatment will normally be limited to 30 days in a calendar year.

In addition, the plan covers **outpatient counselling** for the purpose of diagnosis and treatment. The costs of out-patient counselling are reimbursable at the rate of 50% and to a maximum reimbursement of 650 GBP for not more than 50 visits per insured person per calendar year. Of these 50 visits, up to 20 may be allocated to counsel covered family members of the participant undergoing treatment for the substance abuse problem.

Testing for the HIV virus

The cost of two blood tests per year.

NHS Benefit

Cash benefit of 100 GBP per overnight stay is payable when inpatient treatment is received free of charge.

Remark: in case of delivery in a hospital, the mother is considered the patient (not the newborn child) and is eligible for the cash benefit if hospital stay and care are totally free of charge. However, in case the child is ill or needs to undergo surgery and therefore has to stay in hospital beyond what can be expected in case of normal delivery, the child itself will be considered a patient and is also eligible for the cash benefit, on condition that stay and treatment are free of charge and that the child is recognized as a covered dependant.

To receive your cash benefit, indicate 'cash benefit' in the column 'Descriptions' on the Claim form that you submit following your hospital admission and attach a medical report.

Major Medical Coverage

As a **complement to the reimbursements** provided for, the beneficiaries will be reimbursed 80% of that portion of covered medical expenses, which they have borne themselves after a deduction of 300 GBP per calendar year per insured person, with a maximum of 875 GBP per family.

Provisions for hospitalisations in the USA

In case of hospitalisation in the United States, the reimbursement will be subject to a **limit of 550 GBP in respect of the daily semi-private room rate.**

This limit will not apply in three specific circumstances:

- In connection with medical evacuation to any hospital in the United States authorized by the Policyholder's Medical Director;
 - In cases of bona fide medical emergency arising while in the United States;
 - In situations where the necessary medical treatment can only be provided at a hospital where the daily semi-private room rate exceeds 550 GBP.
- Confirmation must be obtained from the broker prior to the hospital admission.

Second surgical opinion

Prior to undergoing surgery, insured persons are recommended to obtain a second surgical opinion. The cost of a second opinion rendered by a qualified physician in connection with a surgical procedure will be **reimbursed at 100%**. The second opinion must be provided by a physician not associated or in practice with the physician who originally recommended or proposed to perform the surgery.

If the second opinion does not agree with the first, a **third opinion** may be sought, and will also be reimbursed at 100%.

Preventive care

Reimbursement of the costs for check-ups at 100% up to a maximum of 450 GBP per beneficiary ((1) retirees, (2) spouses of retirees, (3) dependents of active staff as from age 40) per 2 years.

Exclusions

The coverage does not extend to:

- Periodic, preventive health examinations;
- Spa-cures;
- Fees for examination of the eye for glasses;
- The consequences of sicknesses or accidents resulting from voluntary and intentional action on the part of the beneficiary or the insured person;
- The insurance is suspended in time of war for insured persons or beneficiaries who are mobilized or who volunteer for military service;
- The results of wounds or injuries resulting from motorvehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered;
- The consequences of insurrections or riots, if by taking part the insured person or beneficiary has broken the applicable laws, the consequences of brawls, except in cases of self-defence;
- Rejuvenation cures and cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as the result of an accident for which coverage is provided;
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiations produced by the artificial acceleration of nuclear particles;
- Expenses for or in connection with travel or transportation whether by ambulance or otherwise, except that charges for professional ambulance service used to transport the beneficiary between the place where he or she is injured by an accident or stricken by disease and the first hospital where treatment is given will not be excluded hereunder;
- In-vitro fertilization.

Aircraft accidents are only covered if the beneficiary is on board an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid licence for the type of aircraft in question; the pilot may be the beneficiary.

Benefits will not be provided hereunder for any medical expenses arising from a service-incurred condition, disease, ailment or accidental injury covered by any Staff Regulation or Staff Rule of the IMO, whether or not the insured claims compensation or receives benefits thereunder. The authorities to determine whether a condition, disease, ailment or accidental injury is service-incurred rests with the IMO.