



Premier Plan

**Policy Terms and Conditions
and Guide to Claiming**



CIGNA



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Guide to Claiming

By following the guidelines below **your** bills will be fully paid up to the levels shown in **your list of benefits***. If **you** don't follow these guidelines **you'll** have to pay 20% of all relevant bills.

1. If any health problems appear **you** should go and see **your** family doctor (**GP**).
2. If **your GP** recommends **you** see a **specialist** or to go for specific **diagnostic tests** and investigations, **you** should let **your GP** know **you** have medical insurance and might wish to have **your** consultation privately.
3. **Your GP** will then arrange an appointment at a time that suits **you**.
4. **You must** call the **CIGNA Helpline** to authorise an initial specialist consultation, certain specified **diagnostic tests** and investigations, visit to an Osteopath/Chiropractor or a short course of Physiotherapy. Not all **diagnostic tests** and investigations provided by **your GP** will be covered by the **plan**; the Helpline will be able to confirm whether those suggested by **your GP** are eligible.
5. If **you** are visiting **your specialist**, **you** should then take the following information along with **you** for **your specialist** to see:
 - **Your membership certificate**
 - **Your directory of hospitals**
 - **Your list of benefits**
6. If **you** need more **treatment**, consultations or tests **you'll** need to call the **CIGNA Helpline** for a claim form. One of **our** nurses will explain what options **you** have. They'll be on hand to give **you** advice and assistance, and will also authorise any further consultations, investigations or **treatment you** need.

Remember that if **your treatment** isn't authorised by **CIGNA** before it takes place, you'll be liable for 20% of the cost. To help **us** authorise **your treatment**, a **CIGNA** nurse may need to speak to **your specialist**.

If **you** need any inpatient **treatment you** should contact **us** to make sure **you're** covered for **treatment** at **your** chosen hospital.

7. **You'll** receive a 'full refund' in most areas of **your** plan, but **you must** be aware that there are some limits for things like surgeons' and anaesthetists' fees on **your list of benefits**. **You must** check with **us** if **your specialist's** fees are covered under the **CIGNA fee schedule**.
8. **Your GP** or **specialist** will arrange **treatment** for **you**, with **CIGNA's** nurses available to help **you** too. The **hospital** must be told that **you** are insured to **CIGNA's** Country Scale level of **hospital** accommodation. **You** also need to make sure that **you** get authorisation from **CIGNA** for all consultations, investigations and **treatment** at every stage of **your treatment**. The **CIGNA** nurse might also be able to tell **you** about alternative **treatment** options.
9. **Your** claim form should then be completed, signed by **your GP** or **specialist** and returned to **CIGNA** with original copies of all relevant bills. Please note that **your GP** might charge **you** a fee for this, which **you** won't be able to claim back from **CIGNA**.
10. **We'll** then settle all authorised bills with **your specialist** or **hospital**. If for any reason **you've** had to pay for any **treatment** yourself, **we'll** make sure **we** reimburse **you** quickly.

Any claims should be sent to **us** within six months of the start date of **your treatment**. If **you** still need **treatment** after six months **you'll** have to send **us** another claim form.

- * The amount of excess **you've** chosen will be taken from the first claim made per person per **year of insurance**.

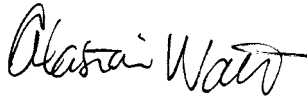
CIGNA Premier Plan Healthcare Policy

The **policyholder** named in the **membership certificate** has applied to CIGNA Life Insurance Company of Europe S.A.-N.V. ("CIGNA") to provide the **benefits** described in this **policy**. The information within the **policyholder's** application form is the basis for CIGNA's agreement to provide **benefits** under the **policy**.

The **membership certificate**, **policy** terms and conditions, the current **list of benefits**, the **policyholder's** application form and CIGNA's acceptance (together with any special conditions or endorsements) constitute the entire agreement between CIGNA and the **policyholder**.

This **policy** is subject to the Law of England. Any money payable under the **policy** by or to CIGNA will be paid at CIGNA's administration office in the currency of the **United Kingdom**.

Signed for and on behalf of CIGNA Life Insurance Company of Europe S.A.-N.V.

A handwritten signature in black ink, appearing to read "Alan Watt". The signature is written in a cursive, flowing style.

Authorised Signatory

Premier Plan

Welcome to this explanation of how **your plan** works. Please read these pages carefully as they tell **you** what is covered under **your plan**, **your rights**, and what **you** need to do when making a claim. To make things clearer for **you**, we have defined certain words in Section 17. They appear in **bold** in this document and the **list of benefits**. Alongside this information about **your plan** you also need to read the current **list of benefits** and **guide to claiming**.

If **you** don't understand anything, please phone **us** on the CIGNA helpline number.

1 What does my plan cover?

It covers the costs of medically necessary **treatment** and services detailed in the current **list of benefits** for **acute** conditions so long as **you** live permanently in the **United Kingdom** and **you're** referred to a **specialist** by **your GP**, an optician for eye **treatment** or an occupational health physician in the case of psychiatric conditions.

You may refer yourself for physiotherapy but this must be to **our preferred providers** only.

The **plan** also covers costs for certain specified **diagnostic tests** if **you** are referred

by **your GP**, or by a **doctor** following a health screen. **You** should note that there is a pre-defined list of tests and procedures that **we** will cover for this. Please contact **us** for advice on what is covered.

Please note that the **plan** does not cover **treatment**, supervision or care for **chronic** conditions.

2 When does cover start for me and my family?

To become a **policyholder**, **you** need to complete the CIGNA application form. **We'll** let **you** know the terms that apply to **your** cover. If cover is to include children, all the children in **your** family must be covered. If no exclusions apply, **we** will issue **you** with a **membership certificate** and cover will start on the first day of the month after **we** receive **your** application. If exclusions do apply, **we'll** issue **you** with two copies of **your membership certificate**. **You** must sign and return one copy to **us**. Cover will then start on the first day of the month after **we** have received a signed copy of **your membership certificate**.

If **you're** not covered under **our** normal terms or **we** decide not to cover **you**, **we're** under no obligation to explain why.

You're eligible to join the **plan** if:

- **you** live permanently in the **United Kingdom**
- **you're** aged between 18 and 65 on the **start date**.

Your spouse and any dependent children under 21 (or under 25 if in full-time education or training) on the **start date** are also allowed to join the **plan**.

If **you** have another child at a later date, they will be accepted as a **dependant** and will be covered, so long as **we** receive **your** application within 30 days of birth. For stepchildren and adopted children, please provide evidence such as a copy of the adoption certificate.

If **you** marry, form a civil partnership or **your** unmarried partner moves in with **you** after the **start date**, **your spouse** may be covered under the **policy** following this. **We** must receive an application for cover from **you** for this to happen. Exclusions may apply.

We aren't responsible for applications lost or delayed in the post. Proof of posting the application doesn't provide proof of **us** receiving it.

You and **your** covered **dependants** are eligible for benefit from the **start date**. **You** cannot be covered under the **plan** as a **policyholder** and **spouse** at the same time.

3 What costs will I be covered for?

We will refund the costs of **your** medically necessary **treatment** and services detailed in the current **list of benefits**, and the cost of certain specified **diagnostic tests** if referred by **your GP**. **Treatment** could take place in the **United Kingdom** or abroad subject to the conditions below.

In any one **year of insurance**, **we** will pay up to the amount shown in the **list of benefits**, so long as **treatment** is recommended by a **specialist** and meets the following conditions:

- **Home nursing**: cover may be provided instead of **hospital treatment**, if the **treatment** is medically necessary and covered by **your plan** as well as being recommended by **your specialist**. **We** pay for up to 180 days in any one **year of insurance**, depending on any relevant monetary limit shown in the **list of benefits**.

- A parent staying with a child: if an eligible child under 12 goes into **hospital** as an **inpatient**, **we'll** pay for **you**, **your** spouse or the child's legal guardian to stay with them for up to 30 days in any one **year of insurance**. This cover will stop on the child's 12th birthday. **We** only pay
 - if **you** or the other parent or guardian stays with **your** child
 - if **your** child's **treatment** is covered by the **plan** and
 - if the cost of **hospital** accommodation is reasonable.
- Private ambulance: **we'll** pay up to the amount shown in the current **list of benefits** in any one **year of insurance**.
- Chiropractic **treatment** or osteopathy: if **your GP** refers **you**, **we'll** pay up to the amount shown in the current **list of benefits** in any one **year of insurance**.

- Physiotherapy:
 - for a self referral to **our** preferred physiotherapy providers, **we'll** pay the costs of an initial assessment followed by a maximum of three further sessions if required, as long as prior approval has been obtained from **us**. If further consultations or physiotherapy are needed, **you** must contact **our** nurses with details of **your** proposed **treatment** plan from the physiotherapist to receive prior approval.
 - for a referral to a physiotherapist from **your GP**, **we'll** pay the cost of an initial assessment only, as long as prior approval has been obtained from **us**. If further consultations or physiotherapy are needed, **you** must contact **our** nurses with details of **your** proposed **treatment** plan from the physiotherapist, before incurring costs. **We'll** pay costs of **evidence based treatment** only.

- **Treatment** of psychiatric conditions, other mental disorders, addictions and alcoholism: these fees will be paid subject to **medical necessity**, provided we approve the **treatment** as **evidence based treatment**. The only payments we make for addictions and alcoholism are to cover diagnosis and the first time the **patient** is referred by a **GP** for **treatment** at a specialist centre providing **evidence based treatment** i.e. the first alcohol or addictions programme after diagnosis. We may cover up to three attempts at **detoxification** before starting a formal **outpatient** addictions programme. We won't pay for any more claims for recovery programmes for addictions, alcoholism or a related condition e.g. depression, dementia or liver failure, where after considering the medical evidence, we reasonably believe that the condition was the direct result of the addiction.

- **Cancer:** We'll pay costs for the **treatment** of a primary **cancer** if the **treatment** is considered by us to be **active** and **evidence based treatment**.

We'll also pay costs for the first course of **active** and **evidence based**

treatment for **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread).

In all cases, if **treatment** becomes **symptomatic** (just to alleviate symptoms), no cover will be available.

- Complementary medicine: we'll pay for **treatment** involving complementary medicine - for example, homeopathy or acupuncture - if recommended by a medical **specialist** (not a specialist in complementary medicine).
- **NHS Cash Benefit:** we'll pay a cash amount to **you** for each night spent in an NHS **hospital** for NHS **inpatient treatment** instead of **us** making a payment for **treatment** provided under the **plan**. An overnight stay must start before midnight.
- Claims for **treatment** abroad: if **you** claim for this **you** must also send **us** proof of how long **you** spent abroad which should be no more than a total of 90 days in any one **year of insurance** (or longer if we agree in writing). If any terms in the **policy** only relate to the **United Kingdom**, we'll use those we

believe are the closest in meaning to the foreign term. **Inpatient treatment** received overseas will be limited to a cumulative total of 90 nights in any one **year of insurance**. Costs, including accommodation charges will be paid only up to limits in the **list of benefits** and will be paid in pounds sterling using a suitable exchange rate chosen by **us**. The **CIGNA fee schedule** will apply to surgeons' and anaesthetists' fees. If the Foreign and Commonwealth Office has advised against travel to a particular country or area, or if **you're** already there but have been advised to leave, **we** won't pay for **treatment** whilst there unless **you** received prior written authority from **us**.

- We pay up to the limits in the **CIGNA fee schedule** for surgeons' and anaesthetists' fees. This is available for **you** to view at www.cigna.co.uk. We will not pay any amounts which are higher than the fees listed and **you** will be responsible for paying the difference (the shortfall) directly to the surgeon or anaesthetist. To reduce the risk of this happening we recommend that **you** contact **us** before **treatment** takes place to check the fees and any potential shortfall.

Excess

There may be an excess to pay under this **policy**, which will apply to **you** if **you** make a claim. If so, **we'll** agree this amount with **you** at the **start date** and **you** can find out what it is by looking on **your membership certificate**. Any excess is due from the first time **you** make a claim. The amount will be deducted from the cost of **treatment** for each claim **you** make until the excess limit for the **year of insurance** is reached. **You** will need to pay any deducted excess amount directly to **your** provider. **We** will let **you** know what this amount is. At each **annual renewal date**, **we'll** agree any new excess level with **you**.

The excess doesn't apply to any **NHS cash benefit** which **we** might pay to **you** as an alternative to paying for **treatment** under this **plan**.

4 What isn't covered by this plan?

We will not pay claims for the following conditions, **treatments** and incidental costs where **your** claim is:

- 4.1 for the following conditions that are not **acute** medical conditions i.e.
- Pregnancy or childbirth, unless it's affected by an **acute** medical condition or requires a **specified obstetric procedure**.

- Termination of pregnancy.
 - Any **treatment** needed because of male or female birth control.
 - Infertility or any type of fertility **treatment**.
 - Sex change operations or any associated **treatment** needed before or after (for example, psychological counselling).
 - Expenses for any plastic or reconstructive surgery, even for psychological reasons, unless it's medically necessary as the result of an accident or because of other surgery covered under the **plan**.
- 4.2 based on a referral route, place of **treatment** or type of **treatment** that is not covered by the **plan** i.e.
- Any **treatment** that hasn't been referred by **your GP**, an optician for eye **treatment**, or an occupational health physician for psychiatric conditions. However, any emergency **treatment** **you** receive is still covered.
 - Diagnostic tests** where **you** have been referred by **your GP** or a **doctor** following a health screen, that have not been approved by **us**.
- Treatment** outside the **United Kingdom** if one of the reasons **you** went abroad was for that **treatment**.
 - Treatments** that are not **evidence based treatment**.
- 4.3 for the following specific types of **treatment** or **treatment** settings that are not covered by the **plan** i.e.
- Dental or orthodontic **treatment**, except for any surgical procedures included in the **CIGNA Fee Schedule** which are specifically covered.
 - Transplants (apart from skin and corneal grafts) and any related **treatment** or supervision.
 - Bone marrow donations whether using **your** own bone marrow or someone else's.
 - Removing, storing and reintroducing very early cells (or stem cells) that produce blood cells, and any associated **treatment**.
 - Any **treatment** to change the refraction of one or both eyes.
 - Treatment** in any way linked to a Human Immunodeficiency Virus (HIV) infection or a related illness.

- g. **Treatment** linked to a sexually-transmitted disease.
- h. Charges for **treatment** which has not yet taken place.
- i. **Treatment** connected to injuries **you** cause yourself.
- j. **Treatment** caused by injuries or illness resulting from **you** behaving illegally.
- k. Injury or disability that has been caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval or air services.
- l. **Treatment** in nature cure clinics, health hydros or similar establishments or private beds registered as a nursing home in these places.
- m. **Home nursing** or living in a **hospital** where it is not a **medical necessity**, unless **we** agreed to this.
- n. **Treatment** for any **pre-existing condition** that **you** knew about or suspected before the **start date**. The exception is if **you** disclosed all relevant information in **your** application form and **we** didn't specifically exclude the condition on **your membership certificate**.
- o. **Treatment** of a psychiatric condition which existed before the **start date**.
- 4.4 for the following diagnostics and **treatment** of genetic and developmental conditions that are not covered by the **plan** i.e.
 - a. Any genetic screening
 - b. **Treatment** for abnormalities from birth, except for emergency operations carried out on babies within 14 days of birth.
 - c. **Treatment** related to learning disorders or delay in **your** child's development.
 - d. **Treatment** related to tongue-tie or cleft lip palates.
 - e. **Treatment** related to pes planus (flat feet).
- 4.5 for a **chronic** condition i.e.
 - a. **Treatment**, supervision or care for a **chronic** condition.
 - b. Any **treatment** required as a result of a relapse of a **chronic** condition.
 - c. Supportive **treatment** for chronic kidney failure, including dialysis.
- 4.6 for **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread) for which **you** have already received the first course of **active treatment**.
- 4.7 for the following specific charges and fees
 - a. Private prescriptions or dressings that **you** need as an **outpatient**.
 - b. Expenses for **your GP's** fees, including consultations or fees for filling in a claim form.
 - c. Expenses for any sterilisation or contraception, including vasectomy.
 - d. Expenses for appliances (including spectacles and hearing aids) which don't fall within **our** definition of **surgical appliance**.
 - e. Extra costs including newspapers, taxi fares, phone calls and guests' meals.
 - f. Expenses for routine examinations or tests including eye tests, health screens, medical examinations and hearing tests.
 - g. Charges incurred by **you** for missed or cancelled appointments.

4.8 for any expenses which **you** have claimed or can claim from another source or insurance (see Section 12 for more information on this).

5 How and when do I make a claim?

For all consultations, investigations and **treatment**, it's vital that **you** follow the claiming process described below. If **you** don't **we** will only pay 80% of the cost of the claim and **you** will be responsible for the remaining 20% of the cost of the claim. In addition, no **NHS cash benefit** will be paid. Before **you** make a claim, please refer to the **guide to claiming**.

a) Claiming Process

You must get an authorisation number from **us** - without this, **you** will be responsible for paying 20% of the cost of the claim. **You** must take great care to follow this procedure:

- If **your GP** refers **you** for a consultation with a **specialist** or for investigations, **you** must call **us** before this takes place. **We'll** check **your** cover details and confirm that the consultation or investigations are covered.

- After the consultation and before any **treatment**, call **us** again and tell **us** what the **specialist** has recommended. At this point, **we'll** confirm cover, provide information and tell **you** what benefits **you** can claim.

- **You** must contact **our** Customer Services team regularly at each stage of **treatment** - especially if there is any change in **treatment**.

If **you** don't keep to the claiming process, **you** will be responsible for 20% of the cost of each claim and no **NHS cash benefit** will be paid.

If **you** have chosen one of **our** excess options, the amount of the excess will be deducted from any claims **you** make until the excess limit is reached in every **year of insurance**.

b) When to send in your claim form

Please send **us your** completed claim together with all bills and invoices within six months of the **treatment's** start date. **We can't** accept photocopies - only original bills. If **you** don't submit **your** claim and invoices within this time, **your** claim will be denied. If **you** must have **treatment** that

continues for longer than six months **you** should send **us** interim claims for every six month period. **We** may ask for a medical report if **we** need more information, which may mean that **you** need to have an independent medical examination. **We'll** pay for both of these.

6 When does my cover end?

6.1 Cover under the policy will end:

- if the **policyholder** dies. **We** may then allow **dependants** covered by **your plan** to join one of **our** individual healthcare plans. If **your spouse** is covered **we** will contact them and ask if they want to continue the cover as the main **policyholder**.
- if the **policyholder** doesn't pay the required premiums. **We'll** only cover expenses incurred before the due date of any unpaid premium.

6.2 Cover will end for a dependant:

- if they die
- at the **annual renewal date** if they are **your spouse/partner** and **you** no longer live together, get divorced or dissolve the civil partnership. **Your**

former partner will no longer be a **dependant** for the purposes of this **plan**. Cover for **your spouse** ends as soon as the final decree/final dissolution order has been granted.

- at the **annual renewal date** for any children after their 21st birthday (or their 25th birthday if in full-time education or training) or if they marry, at the **annual renewal date** on or immediately after the date on which the marriage takes place.

We may then allow the **dependant** to join one of **our** individual healthcare plans.

Dependants must apply to **us** within 30 days of the date their cover ends under sections 6.1 and 6.2 above if they wish to join a CIGNA individual healthcare plan. The conditions **we** set for **our** individual healthcare plans may be different from those detailed for this **plan**.

- 6.3 Please note that even if **treatment** has been authorised, **we** won't be responsible for any costs if the **plan** ends before **treatment** has taken place.

7 **Who is responsible for providing the information for administering the plan?**

You must give **us** all the information **we** need, in writing, to work out the premium. **You** are responsible for making sure **we** have enough information to pay **your** claims. Remember to tell **us** about any changes to **your** circumstances, name or address, to ensure **our** records are up to date.

8 **How is the policy renewed?**

We'll send **you** a letter at least one month before **your annual renewal date** asking **you** if **you** want to renew **your** cover. If **you** don't cancel the **policy**, it will be automatically renewed for another 12 months from **your annual renewal date**.

9 **Will there be any changes to my plan's conditions?**

We can end the **policy** or change any of its conditions. If the **policy** changes because of new laws, **we'll** write and tell **you**. Otherwise, **we'll** give the following notice:

- For changes to the **list of benefits**, **we** will give **you** at least 28 days' notice in writing. The effective date of the changes will be shown on the notice and the new **list of benefits** will apply after this time.

- For changes to the conditions or if **we** end the **plan**, **we** will give **you** at least 28 days' notice in writing. The change will take place on the **plan** will end on an **annual renewal date**.

We can end or change **your** cover or **your dependants'** cover at any time if either of the following happens:

- If **you** or any of **your dependants** have given misleading information, have kept something from **us** or have broken the conditions of the **policy**.
- If **you** or any of **your dependants** no longer live full time in the **United Kingdom**.

10 **Premiums**

We'll tell **you** in writing before the **annual renewal date** of changes in premium rates for the next **year of insurance**.

Premiums must be paid monthly by direct debit and within the **days of grace**.

11 **How should payments be made?**

You must make any payments in pounds sterling to **our** administration office, 1 Knowe Road, Greenock, Scotland PA15 4RJ.

12 Other insurance and CIGNA's right of subrogation explained

You must tell **us** in writing as soon as possible about any claim or right of legal action against any other person that arises from a claim under this **plan**. **You** must keep **us** fully informed of any developments. If another insurer provides cover, **we'll** negotiate with them to make sure we both pay our share of the claim. If **we** ask **you**, **you** must take all steps to include the amount of benefit **you** are claiming from **us** under this **plan** in **your** claim against the other person. **We** can take over and defend or settle any claim, or prosecute any claim in **your** or **your dependant's** name for **our** own benefit. **We** will decide how to carry out any proceedings and settlement.

13 What should I do if I want to complain?

If **you** have any cause for complaint, please contact **CIGNA** in the first instance at 1 Knowe Road, Greenock, Scotland PA15 4RJ. If the complaint is not resolved to **your** satisfaction, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS) at:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR.

The FOS can adjudicate most (but not all) complaints. Their decision is binding on **us** but **you** may reject it without affecting **your** legal rights.

14 Regulatory information

CIGNA Life Insurance Company of Europe S.A.-N.V., 4th Floor, 45 London Road, Reigate, Surrey RH2 9PY (UK branch) is regulated by the Banking, Finance and Insurance Commission, (Commission Bancaire, Financiere et des Assurances – CBFA) of Belgium and is subject to limited regulation by the Financial Services Authority (FSA) for the conduct of insurance business in the UK. Details of the extent of **our** regulation by the Financial Services Authority are available from **us** on request.

Our FSA register number is 202845.

15 What about data protection?

Telephone calls to and from **our** organisation are recorded to help **us** monitor and improve the service **we** provide **you**.

Under the Data Protection Act 1998, **we** act as the Data Controller for the personal information **we** hold about **you**. This will be processed by **us** to carry out **our** obligations and **we** may need to share it with authorised third parties. If **you'd**

like a copy of the information **we** hold about **you**, please write to **us** quoting **your** membership number. Please note that **we** may charge a fee to provide this information.

Please ensure **our** records are up to date by telling **us** about any changes to **your** circumstances, name or address.

From time to time **we'd** like to tell **you** about other products or services that may interest **you**. However, if **you** don't want to hear from **us**, please just write to **us**.

To help **us** detect and prevent fraud, **we** may need to share **your** personal information with other insurers or organisations.

16 Law and interpretation

The **policy** is governed by English Law. Please note that the words and phrases in **bold** all have special meanings which are defined below in Section 17.

No person other than the **insurer** or the **policyholder** may enforce this **policy** by virtue of the Contracts (Rights of Third Parties) Act 1999. Only the **policyholder** and **CIGNA** have legal rights under the agreement relating to **your policy**. This means that only the **policyholder** and **CIGNA** may enforce the agreement,

- although CIGNA will allow anyone who is covered under the **policy** access to our complaints process.
- 17 **What do these words mean?**
We, us, our, CIGNA, the insurer - CIGNA Life Insurance Company of Europe S.A.-N.V., 1 Knowe Road, Greenock, Scotland PA15 4RJ.
- You, your** - the **policyholder** and any **dependants**, if they're eligible.
- 17.1 **'Active treatment'** - **treatment** which is intended to shrink a **cancer**, stabilise it or slow down the spread of the disease. This excludes **treatment** given solely to relieve symptoms.
- 17.2 **'Acute'** - a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.
- 17.3 **'Annual renewal date'** - the anniversary of this **plan's start date**.
- 17.4 **'Cancer'** - a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
- 17.5 **'Chronic'** - a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
 - it needs ongoing or long-term control or relief of symptoms;
 - it requires **your** rehabilitation or for **you** to be specially trained to cope with it;
 - it continues indefinitely;
 - it has no known cure;
 - it comes back or is likely to come back
- 17.6 **'CIGNA Fee Schedule'** - the current schedule of interventional procedures and reimbursement limits approved by **us**, using the codes and narratives from the Clinical Classification and Schedule Development Group.
- 17.7 **'Day patient'** - a **patient** who is admitted to a **hospital** or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
- 17.8 **'Days of grace'** - a period of 14 days after the date on which a premium is due. **We** will not pay any claims received during this period until **we** have received the premium owed.
- 17.9 **'Dependant'** - the **policyholder's spouse** if they are under 65 on the **start date** and any unmarried dependent children, if they're under 21, or under 25 and in full-time education.
- 17.10 **'Detoxification'** - **treatment** for withdrawal symptoms after **you** have been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise **your** body.
- 17.11 **'Diagnostic tests'** - investigations, such as x-rays or blood tests, to find or to help to find the cause of **your** symptoms.
- 17.12 **'Doctor'** - a medical practitioner registered under the Medical Act 1983 (as amended) and has a license to practice.

- 17.13 **'Evidence based treatment'** - **treatment** which has been researched, reviewed and approved by:
- the National Institute for Health and Clinical Excellence or
 - CIGNA's Medical Advisory Panel or
 - another national or international source recognised by **us**.
- 17.14 **'General practitioner'** (GP) - a registered and licensed **doctor** in general practice.
- 17.15 **'Guide to claiming'** - information available to **you** which sets out the steps **you** need to take and tells **you** who **you** need to contact when making a claim.
- 17.16 **'Home nursing'** - expert nursing services provided to **you** at home by a **nurse**, following **hospital treatment**.
- 17.17 **'Hospital'** -
- NHS hospital - a national health service hospital, as defined in Section 128 of the National Health Service Act 1977 or in any future law.
 - Private hospital - an independent hospital registered under The Registered Homes Act (1984) or any future law. It may also include a private bed in an NHS hospital.
- 17.18 **'Inpatient'**- a **patient** who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.
- 17.19 **'Inpatient treatment'**- **treatment** which, for medical reasons, means that **you** have to stay in **hospital** overnight or longer.
- 17.20 **'List of benefits'** - **our** latest list of benefits payable for different **treatment** and service items.
- 17.21 **'Medical necessity'** - health care services necessary to evaluate, diagnose, or treat an illness, injury, disease or its symptoms, which are:
- in line with generally accepted standards of medical practice
 - clinically appropriate, in terms of type, frequency, extent, site and duration, and thought to be effective for the **patient's** illness, injury or disease
 - not chiefly for the **patient's** or **specialist's** convenience, and
 - not more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.
- 17.22 **'Membership Certificate'** - the certificate issued to the **policyholder**. It shows the **policy** number, **start date**, the amount of excess, if one is applied, that **you** would need to pay if **you** make a claim, details of who is covered and any individual exclusions which apply.
- 17.23 **'NHS Cash Benefit'** - a cash amount paid to **you** for each night spent in an NHS **hospital** for NHS **inpatient treatment** instead of **us** making a payment for **treatment** provided under the **plan**. An overnight stay must start before midnight.
- 17.24 **'Nurse'** - a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
- 17.25 **'Operation'** and **'Oro-surgical procedure'** - operations described this way in the **CIGNA Fee Schedule**.

- 17.26 **'Outpatient'** - a **patient** who attends a **hospital**, consulting room or outpatient clinic and is not admitted as a **day patient** or **inpatient**.
- 17.27 **'Outpatient treatment'** - **treatment** given at a **hospital**, consulting room or outpatient clinic where **you** do not go for **day patient** or **inpatient treatment**.
- 17.28 **'Patient'** - the **policyholder** or **dependant** while having **treatment**.
- 17.29 **'Plan'** - **your** CIGNA Premier Plan Healthcare Policy.
- 17.30 **'Policy'** - the documents we send to **you** which includes these policy conditions, the **list of benefits** and **membership certificate**.
- 17.31 **'Policyholder'** - the person who has made an application to **us** which has been accepted in writing by **us**.
- 17.32 **'Preferred providers'** - **our** list of preferred physiotherapy providers as updated from time to time.
- 17.33 **'Pre-existing condition'** - any disease, illness or injury for which:
- **you** have received medication, advice or **treatment**, or
 - **you** have experienced symptoms
- whether the condition has been diagnosed or not in the ten years before the start of **your** cover.
- 17.34 **'Private ambulance'** - a purpose-built vehicle run by a recognised private ambulance service.
- 17.35 **'Related condition'** - any symptom, disease, illness, or injury which is medically considered to be associated with another symptom, disease, illness or injury.
- 17.36 **'Specialist'** - a **doctor** who:
- is a medical practitioner registered under the Medical Act 1983 (as amended) and has a licence to practise as a specialist in the **treatment** for which **you're** referred; or
 - has valid admitting rights as approved by the Medical Advisory Committee from the independent **hospital** they intend to practice from; or
 - has a certificate of Higher Specialist Training in their speciality from the Higher Specialist Training Committee of the appropriate Royal College or Faculty; or
 - is or has been a National Health Service consultant; or
 - is a chartered or state-registered physiotherapist and only a specialist for the purpose of physiotherapy as outlined in the **list of benefits**; or
 - has a Diploma and practices in Osteopathy or Chiropractic; or
 - has been recognised as a specialist by CIGNA.
- 17.37 **'Specified obstetric procedure'** - includes:
- When there's a complication to a pregnancy and caesarean section becomes inevitable. Cover starts when **you're** admitted to **hospital** for the caesarean. Scans and any ante-natal care received before the admission are not covered under the **plan**, without prior authorisation from one of **our** nurses.

- Transfusion to the foetus in the womb.
 - Removing the placenta or other foetal products from the womb.
 - Delivering a baby by forceps or vacuum extraction.
 - Ectopic pregnancies.
 - Hydatidiform moles (abnormal changes in a fertilised egg that make the placenta grow abnormally).
- 17.38 **'Spouse'** - the **policyholder's** legal husband or wife, or unmarried or civil partner **we** have accepted for cover under the **plan**.
- 17.39 **'Start date'** - the date the **plan** started as shown in the **membership certificate**.
- 17.40 **'Surgical appliance'** -
- An artificial limb, body part or device inserted during surgery.
 - An artificial device or an artificial body part which **you** need immediately after surgery - for example, a knee brace after ligament surgery. This doesn't include wheel chairs, crutches and other similar appliances.
- 17.41 **'Symptomatic'** - **treatment** that no longer attempts to alter **cancer** growth or progression but is given to alleviate symptoms.
- 17.42 **'Treatment'** - surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.
- 17.43 **'United Kingdom'** - England, Scotland, Wales and Northern Ireland.
- 17.44 **'Year of insurance'** - the 12 months from the **start date** or **annual renewal date** during which time this **policy** is valid.



CIGNA HealthCare

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CIGNA HealthCare is a trading name. The following companies are part of that group:

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the Financial Services Authority are available from us on request.

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