

SME FLEX - 1

designed for Small & Medium Enterprises



YOUR HEALTH CARE BENEFITS

Together, all the way.®



YOUR COVER

Congratulations!

You are now covered under a Group Medical Insurance Plan that gives you access to some of the best medical benefits and facilities.

This booklet will help to familiarise you with your benefits. It outlines the plan selected by your company and the associated benefits available to you. It is to be read in conjunction with the Helpful Guide which is a separate booklet that explains how to use your Plan.

Your Plan is subject to exclusions and benefit limits. If you have any questions about the information in here please contact us and we will be more than happy to help.

Please take a few moments to read about your SME FLEX Plan then look forward to high standards of service. You can rest assured that, whatever the coming year brings, we will be there to support you.

Together, all the way.®



NOTE: This booklet is intended as a guide and is not to be considered as a complete representation of your health insurance cover. The full terms and conditions of the contract of insurance between your company and Cigna Insurance Middle East S.A.L. are with your HR department.

CONTENTS

Some terms explained

- [Emergency Treatment](#) 1
- [In-patient, Daycare and Out-patient](#)..... 1

Global Care FLEX UAE

- [Area of Cover](#) 2
- [Network](#)..... 2
- [Reimbursement Percentage](#) 2
- [Pre-existing Conditions and Chronic Conditions](#) 2
- [Plan Annual Maximum](#) 2
- [In-patient/Day Case Healthcare Benefits](#)..... 3
- [Out-patient Healthcare Benefits](#) 7
- [Other Benefits](#) 10

Maternity Benefits

Wellbeing Benefits

Dental Benefits

Vision Benefits

General Exclusions



SOME TERMS EXPLAINED

Emergency Treatment

Means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a **patient** could reasonably expect the absence of immediate medical attention to result in placing the health of the **patient** (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

In-patient, Daycare and Out-patient

In-patient treatment

Treatment at a hospital where the member has to stay in a hospital bed for one night or more depending on the medical condition.

Daycare treatment

Treatment at a hospital daycare unit, or out-patient clinic where the member requires a procedure, eligible for benefit, necessitating admission to a hospital bed but not requiring an overnight stay.

Out-patient treatment

Treatment given by a medical practitioner at an out-patient clinic, a medical practitioner's consulting room or in a hospital where the member is not admitted to a bed.

Our approach on visiting doctor's fees

This is subject to the terms and conditions of the policy and to our pre-authorisation. In the event of medically necessary treatment being carried out by a medical practitioner who does not practice at the healthcare provider where the treatment is received, we will only cover the cost of treatment (medical practitioner and admission fees) as per the agreed contracted price list of the healthcare provider where such treatment is received. Our liability under this extension shall be within, and not in addition to the remaining annual limit of the insured during the year of insurance.

The reason why you have to contact us before receiving your treatment

This allows us to help you, by managing your admission and billing, by confirming to you and your healthcare provider that your claim will be eligible, the total cost and the period of treatment approved. If you do not contact us, you might have to pay the full cost of your treatment. We always ask you to contact us before receiving any planned in-patient or daycare treatment and some major out-patient treatment.

PLAN	GLOBAL CARE FLEX UAE	CLARIFICATIONS
Network	COMPREHENSIVE	Your assigned list of medical providers which you can visit to receive Treatment on a direct billing basis
Area of Cover	Area 2	<p>Area I : Worldwide</p> <p>Area II: Worldwide excluding USA</p> <p>Area IV: Gulf Cooperation Council (GCC) countries (Saudi Arabia, UAE, Kuwait, Oman, Bahrain and Qatar), Pakistan, India, Egypt, Jordan, Lebanon, Syria, Yemen, Afghanistan, Africa - Central Rep, Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Chad, Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea Republic, Guinea Bissau, Iran, Iraq, Ivory Coast, Kenya, Liberia, Libya, Madagascar, Malawi, Malaysia, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger Republic, Nigeria, Philippines, Rwanda, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Sri Lanka, Sudan, Swaziland, Tanzania, Thailand, Togo Republic, Tunisia, Uganda, Zambia and Zimbabwe, except where coverage and services (including payments) are illegal pursuant to in compliance with applicable sanction laws.</p>
Pre-existing Conditions and Chronic Conditions	Paid in full	<p>Medical conditions or any related conditions for which one or more symptoms have been displayed at some point during your lifetime, irrespective of whether any medical Treatment or advice was sought, and any such condition or related condition which you could reasonably have been assumed to have known.</p> <p>Note: Any drugs prescribed for use as an Out-Patient, are paid from your prescribed Out-Patient drugs and dressings Benefit.</p>
Out-of-Network Reimbursement Percentage	100%	This is the percentage payable by the member when using Out-of-Network providers, when applicable to your Plan .
Plan Annual Maximum	US\$ 7,500,000 per year of insurance	Applies per insured person per Year of Insurance

In-patient/Day Case Healthcare Benefits	Benefit Limit	Co-insurance	Clarifications
<p>1. Hospital Charges for:</p> <ul style="list-style-type: none"> Accommodation on a Private Room basis for In-Patient Treatment; Nursing for In-Patient Treatment; Day case Treatment; Operating theatre and recovery room; Prescribed medicines, drugs and dressings for In-Patient or day case Patient. 	Paid in Full	N/A	<p>We pay charges for your hospital accommodation, including all hospital meals.</p> <p>We do not pay for personal items such as but not limited to; telephone calls, newspapers, guest meals or Cosmetics.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for.</p> <p>Examples: Unless medically necessary, we do not pay for day-case accommodation for Out-Patient Treatment (such as an MRI scan), and we do not pay for In-Patient accommodation for day-case Treatment (such as a biopsy) under this Benefit.</p>
<p>2. Companion Accommodation</p>	Paid in Full	N/A	<p>We pay for the costs of accommodation for a person accompanying an In-Patient member in the same room at the recommendation of the treating doctor; based on Medical Necessity.</p>
<p>3. Parental Accommodation</p>	Paid in Full	N/A	<p>We pay for hospital accommodation for each night you need to stay with your child in the same room. This is limited to:</p> <ul style="list-style-type: none"> Only one parent each night. Your child must be aged under 18, and a member of a Plan that is administered by us receiving Treatment for which he or she is covered under their Plan. <p>Note:</p> <ul style="list-style-type: none"> This does not include costs for meals and personal items such as, but not limited to, telephone calls, newspapers or guest meals. Benefit is not applicable if child is in ICU or HDU ward, where parental accommodation is not available in the same room as the child.
<p>4. In-patient Cash Benefit</p>	<p>US\$200 Max 25 nights per year of insurance</p>	N/A	<p>This Benefit is payable for services availed in a hospital that did not incur any costs, when admitted for an In-patient treatment for an eligible medical condition. The Benefit will be payable upon discharge from hospital and submission of all invoices and supporting medical documentation.</p> <p>Note: This Benefit is available only on a reimbursement basis.</p>

5. Surgeon's and Anaesthetist's Fees	Paid in Full	N/A	We pay for the fees charged by Surgeons and Anaesthetists for the eligible Treatment they deliver to our customers based on the complexity, time and skill required to perform a procedure.
6. Specialist Physician's Fees	Paid in Full	N/A	This Benefit is paid in full for regular visits by a Specialist physician during stays in hospital including intensive care by a specialist physician for as long as is required by Medical Necessity .
7. Surgical Procedures	Paid in Full	N/A	This means a medical procedure involving incision with instruments; performed to repair damage or arrest disease in a living body. Note: this Benefit does not include follow-up consultations with your consultant as these are paid from the Out-Patient Benefit.
8. Intensive care	Paid in Full	N/A	We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when: <ul style="list-style-type: none"> • it is an essential part of your Treatment and is required routinely by Patients undergoing the same type of Treatment as yours, or • it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery, seizures...etc
9. Radiotherapy, Chemotherapy and Oncology	Paid in Full	N/A	We pay for : <ul style="list-style-type: none"> • Radiotherapy • Chemotherapy • Oncology
10. Radiology and Pathology	Paid in Full	N/A	We pay for the following when recommended by your consultant to help determine or assess your condition when carried out in a hospital: <ul style="list-style-type: none"> • Radiology: such as X-rays, and magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET), diagnostic tests such as electrocardiograms (ECGs) • Pathology: such as checking blood and urine samples. Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines.
11. Home Nursing Charges	Paid in Full	N/A	This Benefit will pay for Home Nursing after eligible In-Patient Treatment : <ul style="list-style-type: none"> • If recommended by a Specialist physician immediately after hospital Treatment for as long as is required per Medical Necessity • When Home Nursing is provided by a recognised nurse, licensed by the Regulatory authority in the region.

			<ul style="list-style-type: none"> • On a full time basis for as long as is required by Medical Necessity for Treatment which would normally be provided in hospital; when recommended by a Specialist physician.
12. Surgical Appliance and/or Medical Appliance	Paid in Full	N/A	<p>This mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> • to replace a joint or ligament • to replace one or more heart valves • to act as a heart pacemaker <p>We pay for :</p> <ul style="list-style-type: none"> • an artificial limb, prosthesis or device which is inserted during surgery; • an artificial prosthesis or device which is a necessary part of the Treatment immediately following surgery for as long as is required by Medical Necessity; • a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis. <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines</p>
13. Organ Transplant	Paid in Full	N/A	<p>By this we mean the moving of an organ from one body to another, to replace the recipient's damaged or absent organ.</p> <p>Organs most often transplanted are but not limited to:</p> <ul style="list-style-type: none"> • Kidney. • Liver. • Heart. • Pancreas. • Lung. • Small intestine. <p>We will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, and donor's medical costs.</p> <p>The amount payable for donor's medical costs is reduced by the amount payable for those costs from any other Plan or source.</p> <p>Certain transplants will not be covered based on general limitations (e.g., experimental procedures).</p> <p>Note:</p> <ul style="list-style-type: none"> • Any drugs prescribed for use as an Out-Patient, including anti-rejection drugs are paid from your prescribed Out-Patient drugs and dressings Benefit. • We do not pay for organ donor search. • This Benefit is subject to review as per Cigna's clinical coverage guidelines

14. Psychiatric Care	Paid in Full Max 30 days per year of insurance	N/A	This Benefit will be paid in respect of In-Patient non- Emergency psychiatric conditions, other mental health disorders or addictive conditions for a maximum of 30 days in any one Year of Insurance .
15. International Emergency Services	Paid in Full	N/A	We pay for the following services: a) Emergency medical evacuation, b) Medical repatriation, c) Repatriation of mortal remains, d) Reasonable transport costs for third parties Note: <ul style="list-style-type: none"> • This Benefit must be pre-authorised • We do not pay for hotel accommodation costs for the accompanying person.
16. Private Ambulance	Paid in Full	N/A	This Benefit is payable for transport to or from a hospital. We pay for medically necessary travel by road ambulance when related to eligible In-Patient Treatment or day-case Treatment .
17. Rehabilitation	Paid in Full Up to 30 days per year of insurance	N/A	We pay for Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke. We only pay for rehabilitation where it starts within 30 days of In-Patient Treatment which is covered by your membership (such as trauma or stroke), Note: we do not cover Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy: <ul style="list-style-type: none"> • is used to improve speech skills that have not fully developed • can be considered custodial or educational; or • is intended to maintain speech communication
18. Physiotherapy	Paid in Full Up to 30 days per year of insurance	N/A	We pay for Treatment provided by a physiotherapist if it is needed as part of your Treatment in hospital.

Out-patient Healthcare Benefits	Benefit Limit	Co-insurance	Clarifications
19. Out-patient Consultations	Out-patient Consultations Co-insurance applies	NIL	This Benefit pays for consultations with Medical Practitioners , Family Doctors and Specialists .
20. Prescribed Medicines, Drugs and Dressings	Paid in Full	N/A	<p>This Benefit pays for prescribed medications, drugs and dressings by a Medical Practitioner for eligible Treatment. It also includes prescribed vitamins where they have been prescribed as Treatment for a diagnosed vitamin deficiency condition.</p> <p>Note:</p> <ul style="list-style-type: none"> • This Benefit excludes non-prescribed over the counter medications and vitamins. • The length of prescription allowed is up to 90 days or up to 30 days post policy expiry, whichever is earlier. This is subject to prescription by the treating physician and approval by us. • Prescribed multivitamins and prescribed mineral supplements are covered for pregnancy; this excludes Omega 3 supplements, even if prescribed, (e.g., Pregnacare Plus is not covered) • Prescribed vitamins are covered in cases of: <ul style="list-style-type: none"> i. vitamin deficiency conditions (There should be a medical test confirming the vitamin deficiency) ii. pregnancy state; iii. immune compromised iv. if prescribed with antibiotics v. for neuropathy vi. for diabetic Patients • Herbal products are not covered • Infertility medications are not covered unless specified in this TOB
21. Cancer Treatment	Paid in Full Wigs are covered up to US\$250 per year of insurance	N/A	<p>Once cancer is diagnosed, we pay fees that are related specifically to Planning and carrying out Treatment for cancer. This includes tests, consultations, drugs, radiology, radiography, chemotherapy, pathology and radiotherapy</p> <p>Note:</p> <ul style="list-style-type: none"> • Wigs for hair loss due to cancer Treatment are covered up to the limit shown in the Benefit on reimbursement basis • This Benefit is subject to review as per Cigna's clinical coverage guidelines

22. X-rays, Laboratory Tests and Pathology	Paid in Full	N/A	<p>Note: Allergy testing is covered subject to Medical Necessity only as per Cigna's coverage guidelines.</p>
23. Non-Surgical and Minor Surgical Procedure and Treatment	Paid in Full	N/A	<p>We pay for a Treatment or a surgery that does not require an overnight hospital stay, with shorter medical procedure duration.</p>
24. Complementary and Alternative treatment	Paid in Full	N/A	<p>We pay for acupuncture, chiroprody, chiropractic, osteopathy, Ayurvedic and homeopathy, when administered by a licensed practitioner;</p> <p>Note:</p> <ul style="list-style-type: none"> • This Benefit is covered where it is recognised as an alternate Treatment and medically necessary for the diagnosed condition. • We do not cover alternative Treatment at a fitness centre, unless the fitness centre is registered as a Health Care Provider with the local authorities. • This Benefit is subject to review as per Cigna's clinical coverage guidelines
25. Physiotherapy	Paid in Full	N/A	<p>We pay for the cost of both the consultation and Treatment;</p> <ul style="list-style-type: none"> • The first 5 sessions does not require pre-approval, after 5 sessions approval is required. • This Treatment must be administered by a licensed physiotherapist; and when referred by a Specialist physician • Treatment given by a physiotherapist must be under the medical supervision of a Medical Practitioner. Medical supervision means that the reason for referral has been initiated by the Medical Practitioner who has defined a diagnosis • There must be a clear Treatment program from the Physiotherapist with an end point and expected outcome • Any further Treatment /sessions needed, will require review and further referral by the supervising Medical Practitioner and approval by us
26. Speech Therapy and Occupational Therapy	Not Covered	N/A	<p>This Benefit will be paid if recommended by a Specialist and is intended to restore function which has been lost as a result of an accident or an acute medical condition, such as a stroke.</p> <p>Note: The below is excluded;</p> <ul style="list-style-type: none"> • Children with developmental conditions, e.g., autism spectrum disorder, selective muteism, language delay, learning difficulty, stammering

			<ul style="list-style-type: none"> • Adults with a degenerative condition e.g. Parkinson's disease, Motor Neurone Disease. • Speech delay even if medically necessary that is a result of a congenital/hereditary/genetic condition (Example: Cerebral Palsy) • This Benefit is subject to review as per Cigna's clinical coverage guidelines
27. Hearing and Vision Tests	Paid in Full	N/A	We pay for one annual eye test and hearing test for Dependent children under the age of 15.
28. Well Child Tests	Out-patient Consultations Co-insurance applies only on well child consultation	Out-patient Consultations Co-insurance applies only on well child consultation	<p>We will pay for:</p> <ul style="list-style-type: none"> • One annual well child consultations and mandated vaccinations for Dependent children aged 6 and below. • All mandated immunisation for children up to the age of 18. <p>Note: Mandated means, must be given as per the vaccination schedules mandated by the regional Regulatory authorities (MOH / WHO).</p>
29. Adult Vaccinations	Paid in Full	N/A	<p>We will pay for adult vaccinations related to travel and other medically necessary vaccinations when prescribed by a licensed physician. The claim will be subject to medical review by us.</p> <p>Travel vaccinations include (but not limited to):</p> <ul style="list-style-type: none"> • Tetanus - every 10 years • Hepatitis A & B • Meningitis • Rabies • Cholera • Yellow fever • Japanese encephalitis • Polio booster • Typhoid • Malaria - tablet form, daily or weekly <p>Note:</p> <ul style="list-style-type: none"> • Some providers might ask you for a proof of travel such as air tickets, as per their internal process. • This Benefit does not cover vaccination campaigns or mass vaccination events.
30. Emergency Dental Treatment	Paid in Full	N/A	We pay for Treatment received at a hospital or a licensed dental clinic; for the first Emergency visit immediately or within 24 hours maximum after accidental damage to sound, natural teeth at the time of accident.
31. Psychiatric Care	Paid in Full	N/A	<p>This Benefit is covered when psychiatric condition exists. We pay for non-Emergency Out-Patient psychiatric conditions or other mental disorders or addictive conditions.</p> <p>Note: Counselling is not covered under this Benefit unless a psychiatric condition exists.</p>

Other Benefits (* denotes DHA mandated benefits)	Benefit Limit	Co-insurance	Clarifications
32. AIDS/HIV	Paid in Full	N/A	Treatment in connection with Human Immunodeficiency Virus (HIV) related illness including Acquired Immune Deficiency Syndrome (AIDS).
33. Renal Dialysis	Paid in Full	N/A	All renal conditions requiring haemodialysis or peritoneal dialysis, and related investigations, Treatments or procedures. Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines
34. Congenital and/or Hereditary Disorders	Paid in Full	N/A	Any disorder or illness acquired during conception or the foetal stage of development as a result of the genetic make-up of the parents or environmental factors, whether or not it is manifested or diagnosed before birth, at birth, after birth, or years later. The member/dependant must seek approval with us before incurring any costs related to this Benefit . Note: this Benefit excludes <ul style="list-style-type: none"> • Any dental Treatment related to congenital jaw deformities, surgical removal of impacted teeth, the surgical removal of cysts and orthognathic surgeries for the correction of malocclusion, are not covered unless a Dental Plan has also been selected. • Treatment for Autism, and Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy is: <ol style="list-style-type: none"> a. used to improve speech skills that have not fully developed; b. can be considered custodial or educational; or c. intended to maintain speech communication. • Treatment for or in connection with developmental disorders, including but not limited to: <ol style="list-style-type: none"> i. Developmental reading disorders; ii. Developmental arithmetic disorders; iii. Developmental language disorders; iv. Developmental articulation disorders; This Benefit is subject to review as per Cigna's clinical coverage guidelines.

35. Medically necessary Reconstructive surgery	Paid in Full	N/A	<p>We only pay for medically necessary reconstructive surgeries which are related to an injury, Sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and appearance after a disfiguring accident, or as a result of surgery for cancer, if the accident or surgery occurs during your membership of the scheme.</p> <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines.</p>
36. Hepatitis and Associated Complications	Paid in Full	N/A	<p>This Benefit pays for any healthcare services, investigations and Treatments related to hepatitis and associated complications</p> <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines.</p>
37. Healthcare Services for Senile Dementia and Alzheimer's Disease	Paid in Full	N/A	<p>Any Treatments and associated expenses for the Treatment of senile dementia and Alzheimer's disease, once diagnosed.</p> <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines.</p>
38. Hospice and Palliative Care	Covered subject to policy terms and conditions	N/A	<p>We pay for palliative care for In-Patient, day case or Out-Patient Treatment following the diagnosis that the condition is terminal with a life expectancy of less than six (6) months, and Treatment can no longer be expected to cure the condition; Cigna will pay for the Patient's physical care, psychological care as well as Hospital or hospice accommodation, nursing care and prescription drugs.</p> <p>Note:</p> <ul style="list-style-type: none"> • This Benefit is subject to prior approval and review as per Cigna's clinical coverage guidelines • Cigna coverage guidelines excludes the following under hospice: Services to primarily aid in the performance of activities of daily living (e.g., personal hygiene, feeding, dressing, transfers).
39. Oral and Maxillofacial Surgeries	Paid in Full	N/A	<p>We pay for Treatment for temporomandibular joint disorders, when administered by a certified oral and maxillofacial surgeon, when the Treatment is considered medically necessary. The Treatment will be subject to review per published Cigna coverage guidelines for the said diagnosis.</p>

A letter of **Medical Necessity** is required for all requests for temporomandibular joint disorders surgery and should include a detailed history of the condition, diagnostic imaging results and documentation of prior medical and surgical **Treatment**.

Note: This **Benefit** is subject to **Policy** terms and conditions and review as per **Cigna's** clinical coverage guidelines.

**40. Emergency
Out of Area Cover**

**Paid in Full
up to 30 Days**

N/A

We will refund reasonable costs for a covered **Patient's Treatment** and for services related to **Treatment** in respect of **Emergency** conditions when **Treatment** is incurred during a period of 30 days of absence from the **Selected Area of Coverage**, whether the absence is for the purposes of business or pleasure, where the **Employee** or their **Dependent** do not travel wholly or partly to have **Treatment**.

Note: **Emergency Treatment** means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a **Patient** could reasonably expect the absence of immediate medical attention to result in placing the health of the **Patient** (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

This **Benefit** is paid on reimbursement basis only.

**41. Dietician Services/
Nutritional Counselling**

Paid in Full

N/A

We pay for charges made for nutritional evaluation and counselling when diet is a part of the medical management of a documented organic disease; and when recommended by a **Specialist** physician or general practitioner.

Note: Organic disease is the term used to describe any health condition in which there is an observable and measurable disease process such as inflammation or tissue damage. As opposed to a non-organic (functional) disorder, an organic disease is one in which there are demonstrable physical or biochemical changes within the cells, tissues, or organs of the body. A non-organic disease, by contrast, is one which manifests with symptoms but whose disease process is either unknown or unable to be measured by current scientific means.

42. Hormone Replacement Therapy (HRT)	Paid in Full	N/A	<p>Hormone replacement therapy (HRT) is a Treatment used to relieve symptoms of the menopause. It replaces hormones that are at a lower level as you approach the menopause.</p> <p>We pay costs of Treatment for hormone replacement Treatment, when recommended by a Specialist physician, for women above the age of 40, for cases of naturally occurring menopause. However, Treatment involving unproven or experimental methods or procedures will not be covered.</p> <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines</p>
43. Injuries Resulting from Natural Disasters	Paid in Full	N/A	<p>We pay for injuries due to but not limited to: floods, hurricanes, tornadoes, volcanic eruptions, earthquakes, tsunamis, and any other type of natural disaster.</p>
44. Injuries Resulting from Attempted Suicide or Self-Inflicted Injuries	Paid in Full	N/A	<p>Treatment for, or arising from, an Injury that you have intentionally inflicted on yourself, for example during a suicide attempt.</p>
45. Legal Abortion	Paid in Full	N/A	<p>We pay for the medical costs for the Treatment of legal abortion upon recommendation by the treating physician in cases of Medical Necessity.</p>
46. Sleep Disorders such as Obstructive Sleep Apnoea Diagnosis and Treatment Services	Paid in Full	N/A	<p>We pay for a sleep study upon recommendation of a Specialist physician, subject to medical necessary, for the diagnosis of suspected obstructive sleep apnoea (OSA) in an adult (age 18 or older) when specific criteria are met.</p> <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines</p>
47. Passive War Risk	Paid in Full	N/A	<p>We pay for the insured person when getting ill or injured due to act of war.</p>
48. Prosthetic Devices and Medical Equipment	Paid in Full	N/A	<p>We only pay for this Benefit when determined as medically necessary and approved by us on a short term basis only.</p> <p>Examples of durable medical equipment – different from a surgical appliance:</p> <ul style="list-style-type: none"> • Diabetes testing strips & lancets • Insulin pumps • CPAP devices • Wheelchairs • Walkers • Oxygen equipment <p>A covered DME item must be prescribed by a provider and must meet all of the following criteria:</p>

- It's FDA-approved for the purpose being prescribed.
- It's durable enough to withstand repeated use.
- It's primarily used to serve a medical purpose.
- It's appropriate for use in the home, which is where you live and doesn't include a hospital or skilled or intermediate nursing facility.
- It's necessary and reasonable for the **Treatment** of your illness or injury, or to improve the functioning of a malformed body part on a short-term basis only. It shouldn't be useful to a person in the absence of an illness or injury.
- For mobility equipment, the DME is used to help a Patient in daily living activities such as toileting, feeding, dressing, grooming, and bathing in a **Patient's** home.

Note: This **Benefit** is subject to review as per **Cigna's** clinical coverage guidelines.

49. Road Traffic Accident	Paid in Full	N/A	This Benefit will cover only road traffic accidents.
50. Work-Related Injuries	Paid in Full	N/A	Work related Injury is defined as a bodily Injury sustained at the insured member's place of work causing physical Injury to a body part. Note: This Benefit will not pay for work related diseases.
51. Prophylactic Surgery	Not Covered	N/A	We only pay for this Benefit if medically required subject to prior-approval and in according to Cigna's clinical coverage guidelines when there is a significant family history and/or it is deemed appropriate following genetic testing. This is preventative surgery undertaken to remove an organ or gland not yet showing signs of cancer in an effort to prevent cancer developing. For example, a mastectomy.
52. Infertility Investigation	Paid in Full	N/A	We only pay for the investigation of infertility to the point of diagnosis.
53. Developmental Disorders	Not Covered	N/A	This Benefit pays for all expenses related to the Patient's Treatment including behaviour training & behaviour management, speech therapy, occupational therapy, physical therapy and Medicine .
54. Diabetes Screening*	Paid in Full	N/A	This Benefit provides cover every 3 years for low risk individuals from age 30 years, and also for high risk individuals annually from age 18 years.
55. Emergency Dental, Hearing and Vision*	Paid in Full	N/A	Diagnostic and Treatment services for dental and gum treatments. Hearing and vision aids, and vision correction by surgeries and laser.

56. Emergency Medical Treatment (includes pre-existing conditions)*	Paid in Full	N/A	Diagnostic and Treatment services for emergency medical conditions that are covered under the plan.
57. Emergency Psychiatric Conditions	Paid in Full	N/A	<p>This Benefit will cover In-Patient and Out-Patient Emergency psychiatric conditions, other mental disorders or addictive conditions.</p> <p>Note: Emergency Treatment means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a Patient could reasonably expect the absence of immediate medical attention to result in placing the health of the Patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. This Benefit is paid on reimbursement basis only.</p>
58. Hepatitis C Virus Screening and Treatment*	Paid in Full	N/A	This Benefit will cover Hepatitis C screening and treatment, the cover will follow the guidelines laid out in the Hepatitis C support program.
59. Cancer Screening and Treatment*	Paid in Full	N/A	This Benefit will cover cancer screening and treatment, the cover will follow the guidelines laid out in the Cancer support program.
60. International Employee Assistance Programme (IEAP – Level 2)	Six face-to-face sessions (visits) with a counsellor	N/A	This Benefit provides telephone counselling which is available 24/7 through a toll-free line. The multilingual team of qualified counsellors answers plan members' questions, assesses the problem, whether big or small, discusses and develops an action plan together with them. Members have unlimited access to telephonic support.

Maternity Benefits	Benefit Limit	Co-insurance	Clarifications
1. Routine In-Patient	Paid in Full	N/A	<p>This Benefit is payable to eligible females covered under this Plan.</p> <p>In-Patient and day-case - Normal maternity and Childbirth</p> <p>Normal maternity and childbirth as In-Patient or day-case Treatment.</p> <p>These Benefits include medically necessary costs, for example:</p> <ul style="list-style-type: none"> • Ante-natal care such as ultrasound scans • Hospital charges, and obstetricians' and midwives' fees for pregnancy and childbirth • Post-natal care required by the mother immediately following normal childbirth, such as stitches • Obstetricians' and midwives' fees for delivering your baby • This Benefit includes all incurred cost towards voluntary caesarean section (member's choice) <p>Note: Treatment for abnormal cell growth in the womb (hydatidiform mole) is not covered under this Benefit but may be covered by your other In-Patient Benefits.</p>
2. Routine Out-Patient	Paid in Full	N/A	<p>This Benefit is payable to eligible females covered under this Plan.</p> <p>Out-Patient ante-natal services</p> <p>We pay for Out-Patient examination, diagnostic tests and Out-Patient Treatment services for pregnancy and gynaecology services, including consultation fees by general practitioners, a family doctor and/or consultants.</p> <p>Pregnancy Benefits and services include for example:</p> <ul style="list-style-type: none"> • Ante natal care such as ultrasound scans • Hospital charges, obstetricians' and midwives' fees for pregnancy <p>Note: Prescribed multivitamins and prescribed mineral supplements are covered under this Benefit. We do not pay for Omega 3 supplements, even if prescribed.</p>
3. Complications of Pregnancy and Childbirth	Paid in Full	N/A	<p>This Benefit is payable to eligible females covered under this Plan, and includes:</p> <ul style="list-style-type: none"> • Non-elective caesarean sections. By this we mean where a caesarean section becomes necessary after labour has started. For example, non-progression during labour (dystocia), foetal distress, haemorrhage. • This Benefit does not includes any incurred cost towards voluntary caesarean section (member's choice).

Note: This **Benefit** is subject to review as per **Cigna's** clinical coverage guidelines.

4. Newborn Care

Up to 30 days under mother's policy

N/A

This **Benefit** provides cover for new-borns for up to 30 days from birth under mother's **Policy**.

This includes BCG, hepatitis B and neo-natal screening test. (Phenylketonuria (PKU), congenital hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).

Note:

- Please review your member guide on "How to add your dependant to the insurance **Policy**".
 - This **Benefit** is subject to review as per **Cigna's** clinical coverage guidelines.
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Wellbeing Benefits	Benefit Limit	Co-insurance	Clarifications
<p>1. Routine Adult Physical Exams</p>	<p>US\$450 per year of insurance</p>	<p>N/A</p>	<p>We pay for routine physical examinations for members/ dependants over the age of 18 years old.</p> <p>This Benefit includes reimbursement for the initial consultation with a general or Specialist physician.</p> <p>Examples would include full physical examination; health assessment (e.g., body mass, blood pressure, ECG, cholesterol check, urinalysis, etc.; health questionnaire (e.g., diet, exercise, work, lifestyle, etc.).</p> <p>The Routine Adult Physical Examinations Benefit include but not limited to the below:</p> <ul style="list-style-type: none"> • LFT - Lung function test, • RFT - Renal function test, • LFT - Liver function test, • CBC - Complete blood count, • ECG - Electrocardiogram , • X-ray, • Fasting blood sugar for glucose, • Lipid profile (i.e. Cholesterol, HDL), • Vision test, • Vitamin D test. <p>Note: This Benefit is subject to review as per Cigna's clinical coverage guidelines</p>
<p>2. Pap Smear</p>	<p>Paid in Full</p>	<p>N/A</p>	<p>We will pay charges for an annual Papanicolaou screening for women aged 21-65 years old.</p>
<p>3. Prostate Cancer Screening</p>	<p>Paid in Full</p>	<p>N/A</p>	<p>We will pay charges for an annual prostate cancer screening for eligible males over 50 years old.</p>
<p>4. Mammograms for Breast Cancer Screening</p>	<p>Paid in Full</p>	<p>N/A</p>	<p>We will pay for:</p> <ul style="list-style-type: none"> • one baseline mammogram for asymptomatic women aged 35-39; • a mammogram for asymptomatic women aged 40-49 every two years; • a mammogram every year for women aged 50 and over.

Dental Benefits	Benefit Limit	Co-insurance	Clarifications
Annual Maximum	US\$1,875 per year of insurance	N/A	Annual List of Benefits maximum per member or dependant. Notes: <ol style="list-style-type: none"> Examinations and scale and polish will both be limited to 2 visits per Year of Insurance. Full case assessment will be limited to one per Year of Insurance. X-rays will be limited to four Bitewings and six Intra Oral per Year of Insurance and OPG every 3 years. Prolonged periodontal Treatment limit of one course per Year of Insurance. Please refer to the full dental exclusion list for non-covered services.
Class One Investigative and Preventative Treatment.	Up to the dental plan's limit chosen	Nil	Benefits include: X-rays, scale and polish.
Class Two Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury.	Up to the dental plan's limit chosen	20%	Benefits include: Root canal Treatment , fillings including the composite types (e.g., amalgam filling), extractions, surgical procedures, occasional Treatment , anaesthetics, periodontal Treatment .
Class Three Major Restorative Treatment.	Up to the dental plan's limit chosen	50%	Benefits include: <ul style="list-style-type: none"> Dentures – acrylic/synthetic, metal and metal/acrylic; Crowns, bridge , inlays, mouthguard or occlusal splint
Orthodontic Treatment	Up to the dental plan's limit chosen	50% co-insurance up to US\$1,125 per year of insurance	Maximum Benefit for members under the age of 18.

GENERAL EXCLUSIONS

Medical expenses for the Treatment of below items or consequences as a result of it are not covered unless specifically mentioned as covered in the table of Benefits.

We will not pay Benefit for the following Treatment and extras:

1. Speech therapy	Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy is: <ul style="list-style-type: none"> used to improve speech skills that have not fully developed; can be considered custodial or educational; or intended to maintain speech communication.
2. Harmful or hazardous use of alcohol, drugs and/or Medicine(s)	Unless otherwise specified in the TOB, we don't cover Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or Medicine(s) , whether prescribed or not.
3. Sterilization, sexual dysfunction and contraception	Investigations into, Treatment of and complications arising from sterilization, sexual dysfunction (unless this condition is as a result of total prostatectomy following surgery for cancer) and contraception including the insertion and removal of contraceptive devices and all other contraceptives, even if prescribed for medical reasons. The only exception in relation to costs for contraception is where contraceptives are prescribed by a dermatologist for the Treatment of acne.
4. Hair loss and hair replacement	Investigations into, Treatment and associated expenses of, loss of hair and any hair replacement (alopecia, baldness, hair falling out, dandruff or wigs) unless otherwise is specified in your table of Benefits.
5. Other Treatments including but not limited to: Health hydros, nature cure clinics, Spas and Gyms	Treatment or services which do not seek to improve or which do not result in a change in the medical condition of the Patient received in a health hydro, nature cure clinic, health spa, nursing home or any similar establishment that is not a hospital.
6. Residential stays in a hospital	Charges for residential stays in a hospital that is arranged wholly or partly for domestic reasons or where Treatment is not required or where the hospital has effectively become the place of domicile or permanent abode.
7. Growth Hormone Therapy	Treatment that uses growth hormones to stimulate growth and cell reproduction, often given as prescribed medication.
8. Infertility Treatment	Unless otherwise specified in your table of Benefits , any Treatment needed because of or relating to infertility or any type of fertility Treatment , including complications arising out of such Treatment , such as; <ul style="list-style-type: none"> in-vitro fertilisation (IVF) gamete intrafallopian transfer (GIFT) zygote intrafallopian transfer (ZIFT) artificial insemination (AI) prescribed drug Treatment embryo transport (from one physical location to another), or donor ovum and/or semen and related costs We will pay for the investigation of infertility to the point of diagnosis.
9. Termination of pregnancy	Treatment by way of the intentional termination of pregnancy, unless two Medical Practitioners certify in writing that the pregnancy were to endanger the life or mental stability of the mother, and provided it is a legal abortion/ termination of pregnancy where Maternity Benefit has been selected.
10. Nursery care	Treatment by way of nursery care for a Dependent in a hospital following childbirth, unless due to Medical Necessity during Treatment that is otherwise covered by this Policy where pregnancy is a covered Benefit under the Plan .
11. Uncured chronic kidney failure or kidney failure	Supportive Treatment for chronic kidney failure or kidney failure that cannot be cured. Treatment for kidney dialysis will be covered if such Treatment is available in the location of assignment.
12. Refraction of one or both eyes	Treatment to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratectomy (PRK), unless we agree in writing.
13. Conflict and disaster	Injury or disability directly or indirectly caused by or contributed to whilst engaging in or taking part in: <ul style="list-style-type: none"> war, invasion, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority, or while the Employee or Dependents are carrying out army, naval or air services Operations, whether or not war has been declared.
14. Chemical contamination and radioactivity	Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.
15. Treatment outside area of coverage	Treatment outside the Selected Area of Coverage if one of the reasons the Patient travelled was for that Treatment , except if the Medical Assistance Service has arranged Emergency evacuation or medical repatriation.
16. International Emergency services	Any expenses for international Emergency services that were not approved in advance by the Medical Assistance Service .

17.	Emergency evacuation, medical repatriation and transportation costs for third parties	Expenses for Emergency evacuation, medical repatriation and transportation costs for third parties where the Treatment needed is not covered under the Plan or where authorization procedures have not been properly followed.
18.	Ship-to-shore evacuations	Any expenses for ship-to-shore evacuations.
19.	Non-Emergency travel costs	Any form of non- Emergency Travel costs to and from medical facilities (including parking costs) for eligible Treatment , except any travel costs covered under local ambulance, medical evacuation and medical repatriation Benefits. <ul style="list-style-type: none"> • we do not pay for taxis or other travel expenses for you to visit a Medical Practitioner, • we do not pay for travel time or the cost of any transport expenses charged by a Medical Practitioner to visit you.
20.	Developmental disorders	Treatment for or in connection with developmental disorders, learning difficulties, problems relating to physical development, developmental problems treated in an educational environment or to support educational development, or behavioural problems including but not limited to: <ul style="list-style-type: none"> • developmental reading disorders; • developmental arithmetic disorders; • developmental language disorders; • developmental articulation disorders.
21.	Non-medical counselling or ancillary services	Treatment for or in connection with non-medical counselling or ancillary services for learning disabilities, developmental delays, autism or cognitive or developmental disabilities.
22.	Private prescription or dressing	Private prescription or dressing for use as an Out-Patient unless the Out-Patient List of Benefits has been chosen and Benefit is covered under that list.
23.	Hospital accommodation costs	Hospital accommodation costs that are more expensive than those of a standard private room unless mentioned in the table of Benefits .
24.	Sex change	Sex change Operations or any Treatment needed to prepare for or recover from these Operations (for example, psychological counselling), including complications arising out of such Treatment .
25.	Self-inflicted injuries	Treatment for, or arising from, an Injury or condition that you have intentionally inflicted on yourself unless otherwise specified under your table of Benefits .
26.	Smoking cessation programmes	Supplies, Treatment and services for smoking cessation programmes and the Treatment of nicotine addiction.
27.	Stem cells	We do not pay for harvesting or storage of stem cells. For example, ovum, cord blood or sperm storage. Note: we pay for stem cell transplants when carried out as part of the Treatment for cancer. This is covered under the cancer Treatment Benefit
28.	Professional sports	Treatment that arises from or is any way connected with Injury, Sickness or disablement as a result of: <ul style="list-style-type: none"> • taking part in a sporting activity on a professional basis; or • solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.
29.	Experimental, investigational or unproven Treatment	We do not pay for any form of experimental Treatment (or procedure) that does not amount to Orthodox Treatment or does not adhere to the commonly accepted, customary or traditional practice of Medicine in the country where the services were rendered and which meet minimum international standards of Medicine . We do not pay for any Treatment or Medicine which in our reasonable opinion is not effective based on acceptable current clinical evidence and practice.
30.	Illegal claim payments	For payments that are illegal under applicable law; in particular, where claim payment contravenes any applicable sanction laws as more specifically stated in the Preamble.
31.	Activities of daily living	Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other custodial services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
32.	Obesity Treatment	Medical and surgical services, initial and repeat, intended for the Treatment or control of obesity, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity and weight loss programmes or Treatment , whether prescribed or recommended by a Medical Practitioner or under medical supervision.
33.	Medical services that are not required for health reasons	We do not pay for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
34.	Routine foot care	Routine foot care, including the paring and removing of corns and calluses or trimming of nails or thickened or misshapen nails.
35.	Membership costs or fees	Membership costs or fees associated with health clubs, weight loss programmes and smoking cessation programmes.
36.	Genetic screening	We do not pay for genetic screening or pre-implantations genetic screening when such screenings are solely performed to determine whether or not you may be genetically likely to develop a medical condition.
37.	Cosmetic Treatment	Any Treatment carried out by a plastic surgeon (plastic, Cosmetic or reconstructive surgery), whether or not for medical/psychological purposes and any Cosmetic or aesthetic Treatment to enhance your appearance, even when medically prescribed and any related complications. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring accident, or as a result of surgery for cancer, if the accident or surgery occurs during your membership in the scheme.

	<p>Note:</p> <ul style="list-style-type: none"> All Cosmetic healthcare services and services associated with replacement of an existing breast implant will be excluded, in addition to abdominoplasty or Treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue. Nose surgeries for Cosmetic purposes are not covered. The deviated nasal septum surgery requires pre-approval and review as per Cigna clinical guidelines.
38. Hearing tests	Hearing tests, except for one hearing test per annum for a Dependent child under the age of 15 years only where medically necessary.
39. Chinese Medicine	Any form of Chinese Medicine , including but not limited to: herbal Medicine(s), dietary therapy, joint manipulation and meditation.
40. Organ Transplant	<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> Transplants involving mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant the removal of an organ from you for purposes of transplantation into another person, the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness, certain transplants will not be covered based on general limitations (e.g., experimental procedures), reimbursement of costs incurred due to donor search.
41. Incidental costs	Incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodations.
42. Non-medical Treatments and supplies	All supplies which are not considered as medical Treatments , including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or Injury , including but not limited to air conditioners or air purifying systems, arch supports, convenience items/options, exercise equipment and sanitary supplies.
43. Vitamins or minerals	Products classified as vitamins or minerals (except during pregnancy or to treat diagnosed, clinically significant vitamin deficiency syndromes) and supplements including, but not limited to, special infant formula and Cosmetic products, even if medically recommended, prescribed or acknowledged as having therapeutic effects. Costs incurred as a result of nutritional or dietary consultations are not covered, unless as specified under your table of Benefits .
44. Routine exams and tests	Routine examinations or tests including health screens and medical examinations except for Child Wellness Tests and/or Adult Wellness Benefit(s) , where those Benefit(s) have been selected
45. Health-related services which do not seek to improve or which do not result in a change in the medical condition of the Patient	We will not pay for non-medical Treatment or artificial life maintenance including mechanical ventilation, where such Treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed or breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding except in the cases of cancer. We will not pay for Treatment while staying in hospital for permanent neurological damage or if you are in a persistent vegetative state.
46. Administration charges /costs	Costs or fees for filling in a claim form or other administration charges.
47. Other insurance coverage	Costs that have been or can be paid by another insurance company, person, organization or public program. If the Employee or Dependent is covered by other insurance, we will only pay its part of the Benefit. If another person, organization or public program is responsible for paying the costs of Treatment, we may claim back any of these costs it has paid.
48. Advance payments / deposits	Costs for Treatment of a covered Benefit that has not yet taken place irrespective of whether advance authorization has been given or a guarantee of payment has been put in place.
49. Exchange controls, local licensing regulations, sanctions, anti-corruption or trade embargo.	We will not offer cover or pay Benefits when it is illegal to do so under applicable laws. Examples include, but are not limited to, exchange controls, local licensing regulations, sanctions, anti-corruption or trade embargo.
50. Complementary/alternative Treatment	Treatment or services by acupuncture; Osteopathy; Homeopathy; Ayurvedic; hypnotism; rolfing; massage therapy; aromatherapy; health hydros, nature cure clinics, and all forms of Treatment by alternative Medicine , unless otherwise specified in your table of Benefits .
51. Healthcare services for adjustment of spinal subluxation	Treatment or services received for spinal subluxation unless chiropractic Treatment is covered under your table of Benefits .
52. HIV/AIDS, including ART	Treatment for, or arising from, HIV or Acquired Immune Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS unless specified under your table of Benefits .
53. Behavioral and personality disorders	Treatment for conditions such as autism spectrum disorder, antisocial behaviour, or Treatments that encourage positive social-emotional relationships, such as family therapy.
54. Surrogacy	Treatment directly related to surrogacy whether you are acting as surrogate, or are the intended parent.
55. Sleep disorders	Treatment of sleep disorders, including insomnia, obstructive sleep apnoea, narcolepsy, and bruxism unless otherwise specified in your table of Benefits .

56. Workmen Compensation Policy	Any Treatment expenses originated or recoverable under a Workmen Compensation Policy unless otherwise stated in your table of Benefits .
57. Dental or orthodontic Benefit	<p>We do not pay for the following dental or orthodontic Treatment and extras unless Benefit is specifically selected and provided in the List of Benefits.</p> <ol style="list-style-type: none"> 1. Benefit is not payable for Treatment that is: <ol style="list-style-type: none"> a. purely Cosmetic; b. not necessary for continued oral health; c. in any way caused by the Patient carrying out an illegal act. 2. Benefit is not payable for refunding costs which: <ol style="list-style-type: none"> a. are fees for filling in a claim form or other administration charge; b. have been or can be paid by another insurance company, person, organisation or public programme. If the Employee or dependants are covered by other insurance, we will only pay its part of the Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, we may claim back any of these costs it has paid. 3. Benefit is not payable for the following procedures, services or items: <ol style="list-style-type: none"> a. replacing any dental appliance which is lost or stolen; b. replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a Dentist of ordinary competence and skill; c. replacing a bridge, crown or denture within five years of original fitting unless: <ol style="list-style-type: none"> I. the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or II. the bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury the Employee or their dependant receives while covered under the Plan. d. porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars; e. crowns or pontics on or replacing the upper and lower first, second and third molars unless: <ol style="list-style-type: none"> I. they are constructed of either porcelain bonded-to-metal or metal alone, e.g., gold alloy crown; or II. a temporary crown or pontic is required as part of routine or Emergency dental Treatment. f. surgical implants of any type including any attaching prosthetic device; g. procedures and materials which are experimental or which do not meet accepted dental standards; h. instruction for plaque control, oral hygiene and diet; i. procedures, services and supplies which are deemed by us to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a hospital (except where dental Treatment is neither wholly nor partly the reason for the stay in hospital); j. orthodontic Treatment for Employees and dependants who are over the age of 18 (orthodontic Treatment will only be paid for dependant children who are under the age of 18). In this case, the Employee or dependant must send the following information prepared by the Dentist who is to carry out the proposed Treatment to us before Treatment starts, so that we can confirm how much Benefit will be payable (Benefit will be payable only if we have confirmed cover before Treatment starts): <ol style="list-style-type: none"> I. a full description of the proposed Treatment; II. X-rays and study models; III. an estimate of the cost of the Treatment. k. bite registration, precision or semi-precision attachments; l. procedures, appliances or restorations (except full dentures) whose main purpose is to: <ol style="list-style-type: none"> I. change vertical dimensions; or II. diagnose or treat conditions or dysfunction of the temporomandibular joint; or III. stabilise periodontally involved teeth; or IV. restore occlusion. m. major Treatment on deciduous or baby teeth for dependant children; n. Examinations and Scale and Polish will both be limited to 2 visits per Year of Insurance; o. Full case assessment will be limited to one per Year of Insurance; p. X-rays will be limited to four Bitewings and six Intra Oral per Year of Insurance and OPG every 3 years; q. Prolonged periodontal Treatment limit of one course per Year of Insurance
58. Vision Benefit	<p>We will not pay Benefit for the following vision Treatment and extras unless Benefit is specifically provided in the List of Benefits:</p> <ul style="list-style-type: none"> • More than one eye examination in any one Year of Insurance; • Medical or surgical Treatment of the eye; • Lenses which are not a Medical Necessity and are not prescribed by an Optometrist or Ophthalmologist or frames for such lenses.
59. Physician's home visits	Physician's home visits are not covered unless they are medically necessary (e.g., coma, or paralyzed Patient s) and subject to prior approval.

Cigna Insurance Middle East S.A.L. (Dubai Branch), is the local insurer in UAE.

Registered and authorised by the UAE Insurance Authority as a branch of a foreign insurance company under registration No. 48 on 31 December 1984.

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