

CIGNA GLOBAL HEALTH OPTIONS

Notification of amendments to Customer Guide for policies insured by the following operating subsidiaries: Cigna Global Insurance Company Limited, Cigna Life Insurance Company of Europe S.A.-N.V., Cigna Europe Insurance Company S.A.-N.V. and Cigna Worldwide General Insurance Company Limited.

Cigna Global Health Options Customer Guide effective from 22nd October 2020.

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

Please read the changes carefully. If you have any questions, please contact our Customer Care Team on + 44 (0) 1475 788 182 or email: cignaglobal_customer.care@cigna.com

In the event of a discrepancy between the Customer Guide document and this document, the Customer Guide document will prevail.

Current benefits, terms and/ or wording [CGHO Customer Guide 05/2019]	Updated benefits, terms and / or wording [CGHO Customer Guide 09/2020]
INTERNATIONAL MEDICAL INSURANCE	
Hospital charges for: Nursing and accommodation for inpatient and daypatient treatment and recovery room.	A number of Hospital charges have been merged into one benefit. The Silver plan accommodation room type has been enhanced from 'Semi private room' to 'Private room.'
Silver: Semi private room Gold: Private room Platinum: Private room	Hospital charges › Nursing & accommodation for inpatient & daypatient treatment, and recovery room. Silver: Private room Gold: Private room Platinum: Private room
Hospital charges for: › operating theatre. › prescribed medicines, drugs and dressings for inpatient or daypatient treatment. › treatment room fees for outpatient surgery.	› Operating theatre › Prescribed medicines, drugs and dressings for inpatient or daypatient treatment only › Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging) › Treatment room and nursing fees for outpatient surgery (we will only provide the nursing fees whilst a beneficiary is undergoing surgery) › Intensive care: intensive therapy, coronary care and high dependency unit › Surgeons' and anaesthetists' fees › Inpatient and daypatient specialists' consultation fees › Emergency inpatient dental treatment.
Intensive care: › intensive therapy. › coronary care. › high dependency unit.	
Surgeons' and anaesthetists' fees	
Specialists' consultation fees	We will partner with you and your medical practitioner to ensure you receive the appropriate care and treatment in the right medical facility.
Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)	Important note: We will only pay for outpatient treatments received before or after surgery if the beneficiary has cover under the International Outpatient option (unless the treatment is given as part of cancer treatment).
Emergency inpatient dental treatment	
Transplant services for organ, bone marrow and stem cell transplants	The benefit name and terms of this benefit has been amended.
› We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if:	Transplant services

<ul style="list-style-type: none"> •the transplant is medically necessary, and the organ to be transplanted has been donated by a member of the beneficiary's family or comes from a verified and legitimate source. <p>› We will pay for anti-rejection medicines following a transplant, when they are given on an inpatient basis.</p> <p>› We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if:</p> <ul style="list-style-type: none"> •the transplant is medically necessary; and •the material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source. <p>› We will not pay for bone marrow or peripheral stem cell transplants under this part of this policy if the transplants form part of cancer treatment. The cover which we provide in respect of cancer treatment is explained in other parts of this policy.</p> <p>› If a person donates bone marrow or an organ to a beneficiary, we will pay for:</p> <ul style="list-style-type: none"> •the harvesting of the organ or bone marrow; •any medically necessary tissue matching tests or procedures; •the donor's hospital costs; and •any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure; whether or not the donor is covered by this policy. <p>› The amount which we will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source.</p> <p>› We will not pay for outpatient treatment for either the beneficiary or donor, unless the beneficiary has cover under the International Outpatient option for the specific outpatient treatment required.</p> <p>› If a beneficiary donates an organ for a medically necessary transplant, we will cover the medical costs incurred by the beneficiary associated with this donation up to any policy limits. However, we will only pay for the harvesting of the donated organ if the intended recipient is also a beneficiary under this plan.</p> <p>› We will consider all medically necessary transplants. Other transplants (such as transplants which are considered to be experimental procedures) are not covered under this policy. This is because of conditions or limitations to coverage which are explained elsewhere in this policy.</p> <p>Important note</p> <p>› A beneficiary must contact us and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant.</p>	<p>We will pay for inpatient and daypatient treatment directly associated with an organ transplant for a beneficiary if a transplant is medically necessary, and the organ to be transplanted has been donated by a verified and legitimate source. We will also pay for any anti-rejection medicines following a transplant.</p> <p>If a beneficiary requires an organ transplant (regardless of whether or not the donor is covered for this policy) we will pay for:</p> <ul style="list-style-type: none"> › the harvesting of the organ or bone marrow; › any medically necessary tissue matching tests or procedures; › the donor's hospital costs; and › any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure.
<p>Kidney dialysis</p> <p>Silver: Paid in full Gold: Paid in full Platinum: Paid in full</p> <p>› Treatment for kidney dialysis will be covered if such treatment is available in the beneficiary's country of residence. We will pay for this on an inpatient, daypatient, or outpatient basis.</p> <p>› We will pay for kidney dialysis treatment outside the beneficiary's country of habitual residence if the country where that treatment is provided is within the beneficiary's selected area of coverage. We will pay for this on a daypatient basis. Travel and accommodation expenses incurred in connection with such treatment will not be covered.</p>	<p>Treatment for kidney dialysis is no longer a specific benefit detailed in the list of benefits, however it is covered under Hospital Charges benefit and is paid in full across all plans on an inpatient, daypatient and outpatient basis.</p>
<p>Advanced Medical Imaging (MRI, CT and PET scans)</p> <p>Silver: \$5,000/ €3,700/ £3,325 Gold: \$10,000/ €7,400/ £6,650 Platinum: Paid in full</p> <p>› We will pay for the following scans if they are recommended by a specialist as a part of a beneficiary's inpatient, daypatient or outpatient treatment:</p> <ul style="list-style-type: none"> •magnetic resonance imaging (MRI); •computed tomography (CT); and/or •positron emission tomography (PET); <p>› We may require a medical report in advance of a magnetic resonance imaging (MRI) scan.</p>	<p>The terms of this benefit has been amended.</p> <p>Advanced Medical Imaging (MRI, CT and PET scans)</p> <p>Silver: \$10,000/ €7,400/ £6,650 Gold: \$15,000/ €12,000/ £9,650 Platinum: Paid in full</p> <p>We will pay for advanced medical imaging if it is recommended by a medical practitioner as a part of a beneficiary's inpatient, daypatient or outpatient treatment.</p>

<p>Physiotherapy and complementary therapies Up to the maximum amount shown per period of cover.</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› Where treatment is provided on an inpatient or daypatient basis. › We will pay for treatment provided by physiotherapist and complementary therapists; (acupuncturists, homeopaths, and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or daypatient treatment (but are not the primary treatment which they are in hospital to receive).</p>	<p>'Physiotherapy and 'Rehabilitation' benefits have been merged into one benefit called 'Rehabilitation' benefit.</p> <p>For 'Complementary therapies' please see 'Acupuncture and Chinese medicine' benefit below.</p> <p>Rehabilitation</p> <p>Silver: \$5,000/ €3,700/ £3,325 up to 30 days Gold: \$10,000/ €7,400/ £6,650 up to 60 days Platinum: Paid in full up to 90 days</p> <p>We will pay for rehabilitation treatments including physical physiotherapy, occupational, cardiac, pulmonary, cognitive and speech therapies.</p>
<p>Rehabilitation Up to 30 days and the maximum amount shown per period of cover.</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› We will pay for rehabilitation treatments (physical, occupational and speech therapies), which are recommended by a specialist and are medically necessary after a traumatic event such as a stroke or spinal injury. › If the rehabilitation treatment is required in a residential rehabilitation centre we will pay for accommodation and board for up to 30 days for each separate condition that requires rehabilitation treatment. In determining when the 30 day limit has been reached: •we count each overnight stay during which a beneficiary receives inpatient treatment as one day •we count each day on which a beneficiary receives outpatient and daypatient treatment as one day. › Subject to prior approval being obtained, prior to the commencement of any treatment, we will pay for rehabilitation treatment for more than 30 days, if further treatment is medically necessary and is recommended by the treating specialist. Important note › We will only pay for rehabilitation treatment if it is needed after, or as a result of, treatment which is covered by this policy and it begins within 30 days of the end of that original treatment. › All rehabilitation treatment must be approved by us in advance. We will only approve rehabilitation treatment if the treating specialist provides us with a report, explaining: i) how long the beneficiary will need to stay in hospital; ii) the diagnosis; and iii) the treatment which the beneficiary has received, or needs to receive.</p>	<p>We will only pay for rehabilitation treatment immediately after surgery and/or a traumatic event. If the rehabilitation treatment is required in a residential rehabilitation centre, we will pay for accommodation and board.</p> <p>In determining when the per day limit has been reached, we count each overnight stay during which a beneficiary receives inpatient and/or daypatient treatment as one day.</p> <p>Subject to prior approval being obtained, prior to the commencement of any treatment, we will pay for rehabilitation treatment for more than the number of days specified, if further treatment is medically necessary and is recommended by the treating specialist.</p> <p>Important note: We will only approve rehabilitation treatment if the treating specialist provides us with a report, explaining how long the beneficiary will need to stay in hospital, the diagnosis and the treatment which the beneficiary has received, or needs to receive.</p>
<p>Physiotherapy and complementary therapies</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› Where treatment is provided on an inpatient or daypatient basis. › We will pay for treatment provided by physiotherapist and complementary therapists; (acupuncturists, homeopaths, and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or daypatient treatment (but are not the primary treatment which they are in hospital to receive).</p>	<p>Complementary therapies, including 'Acupuncture and Chinese medicine' is a separate benefit within the list of benefits. Homeopathy is no longer covered.</p> <p>Acupuncture and Chinese Medicine</p> <p>Silver: \$1,500/ €1,100/ £1,000 Gold: \$2,500/ €1,850/ £1,650 Platinum: Paid in full</p> <p>We will only pay for acupuncture and Chinese Medicine if it is not the primary treatment which the beneficiary is in hospital to receive.</p> <p>The Acupuncturist and the practitioner of Chinese Medicine must be a properly qualified practitioner who holds the appropriate licence in the country where the treatment is received.</p>
<p>Home nursing Up to 30 days and the maximum amount shown per period of cover.</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› We will pay for a beneficiary to have up to 30 days of home nursing care per period of cover if: •it is recommended by a specialist following inpatient or daypatient treatment which is covered by this policy; •it starts immediately after the beneficiary leaves hospital; and •it reduces the length of time for which the beneficiary needs to stay in hospital.</p> <p>Important note</p>	<p>Home nursing</p> <p>Silver: \$2,500/ €1,850/ £1,650 up to 30 days Gold: \$5,000/ €3,700/ £3,325 up to 60 days Platinum: Paid in full up to 120 days</p> <p>We will only pay for home nursing if it is provided in the beneficiary's home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing which only provides non-medical care or personal assistance.</p> <p>We will pay for a beneficiary to have home nursing if: › it is recommended by a specialist following inpatient or daypatient treatment which is covered by this policy; › it starts immediately after the beneficiary leaves hospital; and</p>

<p>› We will only pay for home nursing if it is provided in the beneficiary's home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing which only provides non-medical care or personal assistance.</p>	<p>› it reduces the length of time for which the beneficiary needs to stay in hospital.</p>
<p>Hospice and palliative care Up to the maximum amount shown per lifetime.</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› If a beneficiary is given a terminal diagnosis, and there is no available treatment which will be effective in aiding recovery, we will pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.</p>	<p>The benefit name and the terms of this benefit has been amended.</p> <p>Palliative care</p> <p>Silver: \$35,000/ €25,900/ £23,275 Gold: \$60,000/ €44,400/ £38,400 Platinum: Paid in full</p> <p>We will pay for palliative care if a beneficiary is given a terminal diagnosis and their life expectancy is less than six months, and there is no available treatment which will be effective in aiding recovery.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › Home care; › Inpatient and daypatient hospital or hospice care and accommodation; › Prescribed medicines; and › Physical and psychological care.
<p>Internal prosthetic devices / surgical and medical appliances</p> <p>Silver: Paid in full Gold: Paid in full Platinum: Paid in full</p> <p>› We will pay for internal prosthetic implants, devices or appliances which are put in place during surgery as part of a beneficiary's treatment.</p> <p>› A surgical appliance or a medical appliance can mean:</p> <ul style="list-style-type: none"> •an artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery; or •an artificial device or prosthesis which is a necessary part of the treatment immediately following surgery for as long as required by medical necessity; or •a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis. 	<p>'Internal prosthetics' and 'External prosthetics' benefits have been merged into one benefit within the list of benefits and the terms of the benefit has been amended.</p> <p>Prosthetic devices</p> <p>Silver: Paid in full Gold: Paid in full Platinum: Paid in full</p> <p>We will pay for internal and external prosthetic devices which are necessary as part of a beneficiary's treatment, subject to the limitations explained below.</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › a prosthetic device which is a necessary part of the treatment immediately following surgery for as long as is required by medical necessity and/or is part of the recuperation process on a short-term basis; › an initial external prosthetic device (but not any replacement devices) for beneficiaries aged 18 years old and over per period of cover.
<p>External prosthetic devices/surgical and medical appliances</p> <p>Silver: \$3,100/ €2,400/ £2,000 for each prosthetic device Gold: \$3,100/ €2,400/ £2,000 for each prosthetic device Platinum \$3,100/ €2,400/ £2,000 for each prosthetic device</p> <p>› We will pay for external prosthetics, devices or appliances which are necessary as part of a beneficiary's treatment (subject to the limitations explained below).</p> <p>› We will pay for:</p> <ul style="list-style-type: none"> •a prosthetic device or appliance which is a necessary part of the treatment immediately following surgery for as long as is required by medical necessity; •a prosthetic device or appliance which is medically necessary and is part of the recuperation process on a short-term basis. <p>› We will pay for an initial external prosthetic device for beneficiaries aged 18 or over per period of cover. We do not pay for any replacement prosthetic devices for beneficiaries who are aged 18 and over.</p> <p>› We will pay for an initial external prosthetic device and up to two replacements for beneficiaries aged 17 or younger per period of cover.</p> <p>› By an external 'prosthetic device', we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is medically necessary as part of treatment immediately following the beneficiary's surgery or as part of the recuperation process on a short-term basis.</p>	<p>We will pay for an initial external prosthetic device and up to two replacements for beneficiaries aged 17 years old or younger per period of cover.</p> <p>If a beneficiary requires a replacement prosthetic device during the period of over, we will require an appropriate medical report.</p>
<p>Inpatient cash benefit Per night up to 30 nights per period of cover.</p> <p>› We will make a cash payment directly to a beneficiary when they:</p> <ul style="list-style-type: none"> •receive treatment in hospital which is covered under this plan; •stay in a hospital overnight; and •have not been charged for their room, board and treatment costs. 	<p>The terms of this benefit has been amended.</p> <p>Inpatient cash benefit Per night up to 30 days per beneficiary per period of cover.</p> <p>We will make a cash payment directly to a beneficiary when they:</p> <ul style="list-style-type: none"> ›receive treatment in hospital which is covered under this plan; ›stay in a hospital overnight; and ›the hospital does not charge any fees for the room, board and treatment costs to either the beneficiary, any Insurance company and/or any applicable local state or governmental authority.

<p>Treatment for mental health conditions and disorders and addiction treatment Up to the maximum amount shown per period of cover.</p> <p>Silver: \$5,000/ €3,700/ £3,325 Gold: \$10,000/ €7,400/ £6,650 Platinum: Paid in full</p> <p>› Subject to the limits explained below we will pay for:</p> <ul style="list-style-type: none"> • the treatment of mental health conditions and disorders; and • the diagnosis of addictions (including alcoholism); <p>Addiction treatment</p> <p>› We will pay for one course or programme of addiction treatment at a specialist centre providing evidence-based treatment, if that treatment is medically necessary and recommended by a medical practitioner.</p> <p>› We pay for up to three attempts at detoxification, following which we will only pay for further detoxification treatment if the beneficiary completes a formal outpatient course or programme of addiction treatment.</p> <p>› We will not pay for any other treatment related to alcoholism or addiction; or treatment of any related condition (such as depression, dementia or liver failure); where we reasonably believe that the condition which requires treatment was the direct result of alcoholism or addiction.</p> <p>Important notes</p> <p>› For treatment of mental health conditions and disorders and addiction treatment, we will only pay for evidence-based, medically necessary treatment and recommended by a medical practitioner.</p> <p>› We will pay for up to a combined maximum total of 90 days of treatment for mental health conditions and disorders and addiction treatment in any one period of cover, including up to 30 days of inpatient treatment.</p> <p>› We will pay for up to a combined maximum total of 180 days of treatment for mental health conditions and disorders; and addiction treatment in any five year period. For example, if a beneficiary uses 90 days of mental health or addiction treatment in one period of cover, and 90 days of mental health or addiction treatment in the following period of cover, we will not pay for any further mental health or addiction treatment for the next three consecutive years of cover.</p> <p>› In determining when these 30, 90 and 180 day limits have been reached:</p> <ul style="list-style-type: none"> • we count each overnight stay during which a beneficiary received inpatient treatment as one day; and • we count each day on which a beneficiary receives outpatient and daypatient treatment as one day. <p>› We will not pay for prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option.</p> <p>› Subject to prior approval and provided the medical practitioner is within your selected area of coverage, we may pay for consultations that take place by use of electronic means or telephone.</p>	<p>The benefit name and the terms of this benefit has been amended.</p> <p>Mental and Behavioural Health Care</p> <p>Silver: \$5,000/ €3,700/ £3,325 up to 30 days (Inpatient and Daypatient treatment) Gold: \$10,000/ €7,400/ £6,650 Up to 60 days (Inpatient and Daypatient treatment) Platinum: Paid in full Up to 90 days (Inpatient and Daypatient treatment)</p> <p>We will pay for:</p> <p>› Evidence-based and medically necessary treatment which is recommended by a medical practitioner.</p> <p>› Inpatient, daypatient or outpatient treatment carried out by a Psychologist and/or Psychiatrist who is licensed as such under the laws of that country.</p> <p>Autism and Attention Deficit Hyperactivity Disorder (ADHD)</p> <p>We will pay for:</p> <p>› Medical costs, including doctor and paediatrician visits related to Autism and Attention Deficit Hyperactivity Disorder (ADHD) on an outpatient basis only which are evidence-based treatment and medically necessary.</p> <p>› Assessment and diagnostic testing for Autism and Attention Deficit Hyperactivity Disorder (ADHD) when symptoms are present.</p> <p>› Behavioural therapy when medically necessary according to evidence-based treatment.</p> <p>Important notes:</p> <p>We will not pay for:</p> <p>› Educational intervention, speech therapy and any devices to aid speech.</p> <p>› Prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the International Outpatient option.</p> <p>Prior authorisation is required for all inpatient, daypatient and outpatient treatment.</p>
<p>Newborn care Up to the maximum amount shown for treatment within the first 90 days following birth. Available once at least one parent has been covered by the policy for 12 months or more.</p> <p>› Provided the newborn is added to the policy, we will pay for:</p> <ul style="list-style-type: none"> • up to 10 days routine care for the baby following birth; and • all treatment required for the baby during the first 90 days after birth instead of any other benefit; if at least one parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth. <p>We will not require information about the newborn's health or a medical examination if an application is received by us to add the newborn to the policy within 30 days of the newborn's date of birth. If an application is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire whereby we may apply special restrictions or exclusions.</p> <p>› We will pay for:</p> <ul style="list-style-type: none"> • up to 10 days routine care for the baby following birth; and • all treatment required for the baby during the first 90 days after birth instead of any other benefit; if neither parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth and an application is received by us to add the newborn to the policy as a beneficiary. The newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby we may apply special restrictions or exclusions. 	<p>The terms of this benefit has been amended.</p> <p>Newborn Care Up to the total limit shown for your selected plan per period of cover within the first 90 days following birth. Available once either parent has been covered by the policy for 12 months or more.*</p> <p>Provided the newborn is added to the policy, we will pay for:</p> <p>› up to 10 days routine care for the baby following birth; and</p> <p>› all treatment required for the baby during the first 90 days after birth instead of any other benefit.</p> <p>Important notes:</p> <p>Adding the newborn to the policy:</p> <p>› If at least one (1) parent has been covered by the policy for a continuous period of twelve (12) months or more prior to the newborn's birth, we will not require information about the newborn's health or a medical examination if an application is received by us to add the newborn to the policy within thirty (30) days of the newborn's date of birth. However, if an application is received by us more than thirty (30) days after the newborn's date of birth, the newborn will be subject to medical underwriting.</p> <p>› *If neither parent has been covered by the policy for a period of twelve (12) consecutive months or more prior to the newborn's birth, the newborn will be subject to medical underwriting, and you can submit an application to add the newborn. If medical underwriting is required for the newborn, we will then tell you whether we will offer cover to the newborn and, if so, any special conditions and exclusions which would apply. Cover will begin no sooner than the date you accept our offered terms.</p>

<p>› The newborn care benefits explained above are not available for children who are born following fertility treatment (such as IVF), are born to a surrogate, or have been adopted. In these circumstances children can only be covered by the policy when they are 90 days old. Cover for the baby will be subject to completion of a medical health questionnaire whereby we may apply special restrictions or exclusions.</p>	<p>› Children who are born to a surrogate or have been adopted, can only be covered by the policy when they are 90 days old. Cover for the baby will be subject to completion of a medical health questionnaire, whereby we may apply special restrictions or exclusions.</p> <p>Any treatment required for congenital conditions for a newborn is covered under the 'Congenital conditions' benefit, on page 21, and is subject to the terms of adding the newborn to the policy as detailed above.</p>
<p>Congenital conditions Up to the maximum amount shown per period of cover.</p> <p>› We will pay for treatment of congenital conditions on an inpatient or daypatient basis which manifest themselves before the beneficiary's 18th birthday if:</p> <ul style="list-style-type: none"> •at least one parent has been covered by the policy for a continuous period of 12 months or more prior to the newborn's birth and the newborn is added to the policy within 30 days of the birth. •they were not evident at policy inception. 	<p>The terms of this benefit has been amended.</p> <p>Congenital conditions Up to the total limit shown for your selected plan per beneficiary per period of cover.</p> <p>We will pay for treatment of congenital conditions on an inpatient or daypatient basis that have manifested prior to a beneficiary's 18th birthday, regardless of the beneficiary's age at the time of the treatment.</p> <p>Important notes:</p> <ul style="list-style-type: none"> ›We will not pay for treatment of congenital conditions under any of the other benefits within the list of benefits, except in the instance where; ›A congenital condition is diagnosed after a beneficiary's 18th birthday. Treatment will be subject to the applicable inpatient and daypatient benefit limits.
<p>Not currently covered.</p>	<p>New benefit.</p> <p>Accident and Emergency Room treatment Up to the total limit shown for your selected plan per beneficiary per period of cover.</p> <p>Silver: \$500/ €370/ £335 Gold: \$1,000/ €740/ £665 Platinum: \$1,200/ €1,000/ £800</p> <p>We will pay for necessary emergency treatment on an outpatient basis at an Accident and Emergency department in a hospital following an accident, sudden illness, and/or life threatening situations, and where the beneficiary does not occupy a bed overnight for medical reasons.</p> <p>Important notes:</p> <ul style="list-style-type: none"> ›If you have selected the International Outpatient option; this benefit and the limits are satisfied first and then the applicable International Outpatient benefits can be used thereafter. ›The applicable International Outpatient deductible and cost share (if selected) will apply to this benefit.
<p>This benefit is not currently covered within the list of benefits, however, covered under certain conditions within the Policy Rules.</p>	<p>Treatment for Obesity Up to the total limit shown for your selected plan per beneficiary per period of cover. Available after the beneficiary has been covered for 24 months or more.</p> <p>Silver: No coverage Gold: 70% refund up to \$20,000/ €14,800/ £13,300 Platinum: 80% refund up to \$25,000/ €18,500/ £16,500</p> <p>We will pay for obesity surgery for beneficiaries over the age of 18 years in circumstances where there is documented evidence that all other methods of weight loss, including but not limited to slimming classes, nutrition programmes, aids and drugs have been tried over the past 24 months.</p> <p>Important notes:</p> <ul style="list-style-type: none"> ›The beneficiary must have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese and; ›Can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and; ›Has been through a psychological assessment which has confirmed that it is appropriate for them to undergo the procedure.
<p>This benefit is not currently covered within the list of benefits, however, covered under certain conditions within the Policy Rules.</p>	<p>Cancer preventative surgery Up to the total limit shown for your selected plan per beneficiary per period of cover.</p> <p>Silver: 70% refund up to \$10,000/ €7,400/ £6,650 Gold: 80% refund up to \$18,000/ €13,300/ £12,000 Platinum: 90% refund up to \$18,000/ €13,300/ £12,000</p> <p>We will pay for preventative surgery when a beneficiary has a significant family history of a disease which is part of a hereditary cancer syndrome (such as ovarian cancer), and has undergone genetic testing which has established the presence of a hereditary cancer syndrome.</p> <p>We will only pay for the genetic test if the beneficiary has cover under the Gold or Platinum International Outpatient option.</p>

<p>Out of Area Emergency coverage is referenced within the Customer Guide (page 16) and not currently a benefit within the list of benefits.</p> <p>Out of Area Emergency cover - for customers who have Worldwide excluding USA area of coverage.</p> <p>For additional peace of mind, your plan includes emergency short-term medical coverage when you are visiting a location outside of your selected area of coverage.</p> <p>Beneficiaries will be covered for emergency treatment on an inpatient or daypatient basis, or outpatient basis (if the International Outpatient additional coverage option has been purchased under your policy) during temporary business or holiday trips, even if those trips are outside your selected area of coverage. Coverage is limited to a maximum period of three (3) weeks per trip and a maximum of sixty (60) days per period of cover for all trips combined. Please read the full terms and conditions relating to this benefit in clause 10.6.1 of your Policy Rules.</p>	<p>New benefit within International Medical Insurance plan list of benefits.</p> <p>Out of Area Emergency Hospitalisation Cover</p> <p>For beneficiaries who do not have Worldwide including USA coverage. Up to the total limit shown for your selected plan per beneficiary per period of cover or, where "paid in full" is shown, this is up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.</p> <p>Silver: \$100,000/ €75,000/ £65,000 (Inpatient and Daypatient treatment) Gold: \$250,000/ €200,000/ £162,500 (Inpatient and Daypatient treatment) Platinum: Paid in full (Inpatient and Daypatient treatment)</p> <p>Emergency treatment for inpatient and daypatient treatment during temporary short term business or leisure trips outside your area of coverage, under life threatening circumstances.</p> <p>Important notes:</p> <p>The beneficiary must have been treatment free, symptom and advice free of the medical condition requiring emergency treatment, prior to initiating the travel. Coverage is limited to:</p> <ul style="list-style-type: none"> • a duration not exceeding 21 days per trip; and • a maximum of 60 days in aggregate per period of cover for all trips combined. <p>›If the International Outpatient option has been purchased under your policy, beneficiaries will only be covered for emergency outpatient treatment. Cover will be subject to the overall annual benefit limit and the individual International Outpatient benefit limits.</p> <p>›Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency Hospitalisation Cover.</p> <p>›This benefit is not applicable if you have selected the Worldwide including USA coverage option.</p> <p>›We will require evidence of your entry and exit to the USA.</p> <p>›This option is not available if your country of habitual residence is the USA.</p> <p>›Receiving medical treatment must not have been one of the objectives of the trip.</p> <p>›Emergency treatment is only applicable if you are not able to benefit from free state-provided healthcare in that country.</p>
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INTERNATIONAL OUTPATIENT	
<p>Annual benefit - maximum per beneficiary per period of cover</p> <p>Silver: \$10,000/ €7,400/ £6,650 Gold: \$25,000/ €18,500/ £16,625 Platinum: Unlimited</p>	<p>Annual overall benefit maximum - per beneficiary per period of cover</p> <p>Silver: \$15,000/ €12,000/ £9,650 Gold: \$35,000/ €25,900/ £23,275 Platinum: Paid in full</p>
<p>Consultations with medical practitioners and specialists</p> <p>Silver: \$125/ €90/ £80 limit per visit. Up to 15 visits per year. Gold: \$250/ €185/ £165 limit per visit. Up to 30 visits per year. Platinum: Paid in full</p>	<p>Consultations with medical practitioners and specialists</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p>
<p>Physiotherapy treatment Up to the maximum amount shown per period of cover.</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› We will pay for physiotherapy treatment on an outpatient basis that is medically necessary and restorative in nature to help you to carry out your normal activities of daily living. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. This excludes any sports medicine treatment.</p> <p>› We will require a medical report and treatment plan prior to approval.</p>	<p>‘Physiotherapy treatment,’ ‘Osteopathy & Chiropractic treatment’ and ‘Restorative speech therapy’ benefits have been merged into one benefit ‘Outpatient Rehabilitation’ benefit.</p> <p>Outpatient Rehabilitation Up to the total limit shown for your selected plan per beneficiary per period of cover or, where "paid in full" is shown, this is up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.</p> <p>Silver: \$5,000/ €3,700/ £3,325 Gold: \$10,000/ €7,400/ £6,650 Platinum: Paid in full</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › Outpatient Physiotherapy; › Outpatient Occupational therapy; › Osteopathy and Chiropractic treatment; › Speech therapy; and

<p>Osteopathy and chiropractic treatment Up to the maximum amount shown per period of cover.</p> <p>Silver: Paid in full up to 15 visits Gold: Paid in full up to 15 visits Platinum: Paid in full up to 30 visits</p> <p>› We will pay up to a combined maximum total of visits in any one period of cover for osteopathy and chiropractic treatment which is evidence-based treatment, medically necessary and recommended by a treating specialist, if a medical practitioner recommends the treatment and provides a referral. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. We will require a medical report and treatment plan prior to approval. This excludes any sports medicine treatment.</p>	<p>› Cardiac and pulmonary rehabilitation.</p> <p>Important notes:</p> <p>Outpatient Physiotherapy, Osteopathy and Chiropractic treatment: We will pay for this treatment if it is medically necessary and restorative in nature to help you to carry out your normal activities of daily living. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. This excludes any sports medicine treatment.</p> <p>Speech therapy treatment: We will pay for restorative speech therapy if it is required immediately following treatment which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke) and it is confirmed by a specialist to be medically necessary on a short-term basis.</p>
<p>Restorative speech therapy Up to the maximum amount shown per period of cover.</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>› We will pay for restorative speech therapy if:</p> <ul style="list-style-type: none"> • it is required immediately following treatment which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke); • it is confirmed by a specialist to be medically necessary on a short-term basis. <p>Important notes</p> <p>› We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function.</p> <p>› We will not pay for speech therapy which:</p> <ul style="list-style-type: none"> • aims to improve speech skills which are not fully developed; • is educational in nature; • is intended to maintain speech communication; • aims to improve speech or language disorders (such as stammering); or • is as a result of learning difficulties, developmental problems (such as dyslexia), attention-deficit hyperactivity disorder or autism. 	
<p>Acupuncture, Homeopathy, and Chinese medicine Up to a combined maximum of 15 visits per period of cover.</p> <p>Silver: Paid in full Gold: Paid in full Platinum: Paid in full</p> <p>› We will pay for a combined maximum total of 15 consultations with acupuncturists, homeopaths and practitioners of Chinese medicine for each beneficiary in any one period of cover, if those treatments are recommended by a medical practitioner. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.</p>	<p>Homeopathy is no longer covered.</p> <p>Acupuncture & Chinese medicine</p> <p>Silver: \$2,500/ €1,850/ £1,650 Gold: \$5,000/ €3,700/ £3,325 Platinum: Paid in full</p> <p>We will pay for a combined maximum total of 15 consultations with an Acupuncturist and practitioner of Chinese medicine, if those treatments are recommended by a medical practitioner. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.</p>
<p>Prescribed drugs and dressings</p> <p>Silver: \$500/ €370/ £330 Gold: \$2,000/ €1,480/ £1,330 Platinum: Paid in full</p>	<p>Prescribed drugs and dressings</p> <p>Silver: \$1,500/ €1,100/ £1,000 Gold: \$3,000/ €2,200/ £2,000 Platinum: Paid in full</p>
<p>Rental of durable equipment Up to a maximum of 45 days in the period of cover.</p> <p>› We will pay for the rental of durable medical equipment for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment.</p> <p>› We will only pay for the rental of durable medical equipment which:</p> <ul style="list-style-type: none"> • is not disposable, and is capable of being used more than once; • serves a medical purpose; • is fit for use in the home; and • is of a type only normally used by a person who is suffering from the effect of a disease, illness or injury. 	<p>The benefit name and terms of this benefit has been amended.</p> <p>Durable medical equipment</p> <p>We will pay for the use of durable medical equipment if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment which is covered under this policy.</p> <p>We will only pay for one type of medical equipment per period of cover which:</p> <ul style="list-style-type: none"> › is not disposable, and is capable of being used more than once; › serves a medical purpose; › is fit for use in the home; and › is of a type only normally used by a person who is suffering from the effect of a disease, illness or injury.

<p>Well child tests</p> <ul style="list-style-type: none"> › Payable for children at appropriate age intervals up to the age of 6. › We will pay for well child routine tests at any of the appropriate age intervals (birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years) and for a medical practitioner to provide preventative care consisting of: <ul style="list-style-type: none"> •evaluating medical history; •physical examinations; •development assessment; •anticipatory guidance; and •appropriate immunisations and laboratory tests; for children aged 6 or younger. We will pay for one visit to a medical practitioner at each of the appropriate age intervals (up to a total of 13 visits for each child) for the purposes of receiving preventative care services. › In addition, we will pay for: <ul style="list-style-type: none"> •one school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger. •diabetic retinopathy screening for children over the age of 12 who have diabetes. 	<p>'Well Child Tests,' 'Child Immunisations' and 'Annual Routine tests' benefits have been merged into one benefit 'Child and Adolescence Wellbeing Health.' The terms of this benefit has been amended.</p> <p>Child and Adolescence Wellbeing Health</p> <p>We will pay for well child and adolescence health at appropriate age intervals, carried out by a medical practitioner for the following preventative care services:</p> <ul style="list-style-type: none"> › evaluating medical history; › physical examinations; › development assessment; › anticipatory guidance; and › appropriate immunisations and laboratory tests. <p>Important notes:</p> <p>Mental health consultations with a Psychiatrist or Psychologist are covered under the Mental Health and Behavioural Care benefit under International Medical Insurance.</p> <p>In addition, we will pay for:</p> <ul style="list-style-type: none"> › One school entry health check, to assess growth, hearing and vision, for each child at the first school entry date. › diabetic retinopathy screening for children who have diabetes.
<p>Child immunisations</p> <ul style="list-style-type: none"> › We will pay for the following immunisations for children aged 17 or younger: <ul style="list-style-type: none"> • DPT (Diphtheria, Pertussis and Tetanus); • MMR (Measles, Mumps and Rubella); • HiB (Haemophilus influenza type b); • Polio; • Influenza; • Hepatitis B; • Meningitis; and • Human Papilloma Virus (HPV). 	
<p>Annual routine tests</p> <ul style="list-style-type: none"> › We will pay for the following routine tests for children aged 15 or younger: <ul style="list-style-type: none"> •one eye test; and •one hearing test. 	
<p>This benefit is not currently covered within the list of benefits, however, covered under certain conditions within the Policy Rules.</p>	<p>Infertility Investigations and treatment</p> <p>Up to the total limit shown for your selected plan per beneficiary per lifetime. Available once the beneficiary has been covered by this option for 24 months or more.</p> <p>Silver: No coverage Gold: No coverage Platinum: \$10,000/ €7,400/ £6,650</p> <p>We will pay for investigations into the cause of infertility if a specialist rules out any medical cause and the beneficiary was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this policy commenced.</p> <p>If necessary, we will pay a maximum of 4 attempts for Infertility treatment up to the total limit shown in aggregate, per lifetime of the policy. This benefit is available for beneficiaries up to 41 years old.</p> <p>Prior authorisation is required for all infertility investigations and treatment.</p>
<p>This benefit is not currently covered within the list of benefits, however, covered under certain conditions within the Policy Rules.</p>	<p>Sleep Apnoea</p> <p>Up to the total limit shown for your selected plan per beneficiary per period of cover.</p> <p>Silver: No coverage Gold: \$1,500/ €1,100/ £1,000 Platinum: \$2,000/ €1,480/ £1,330</p> <p>Following a referral from your medical practitioner, we will pay for one sleep study or home sleep test to diagnose if you have sleep apnoea.</p> <p>If it has been determined you have sleep apnoea we will pay for the hire of a Continuous Positive Airway Pressure (CPAP) machine or if appropriate other oral appliances.</p> <p>If it is medically appropriate, we will pay for surgery.</p>
<p>Not currently covered.</p>	<p>New benefit.</p> <p>Genetic Cancer test</p> <p>Up to the total limit shown for your selected plan per beneficiary per lifetime. Available once the beneficiary has been covered by this option for 12 months or more.</p>

	<p>Silver: No coverage Gold: \$2,000/ €1,480/ £1,330 Platinum: \$4,000/ €2,950/ £2,650</p> <p>We will pay for one genetic test for beneficiaries with an increased risk of cancer, when medically necessary and in accordance with medical evidence.</p>
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INTERNATIONAL EVACUATION AND CRISIS ASSISTANCE PLUS™	
International Medical Evacuation	<p>New optional module title.</p> <p>International Evacuation and Crisis Assistance Plus™</p>
Not currently covered.	<p>This is a new crisis assistance programme included in the International Evacuation and Crisis Assistance Plus™ optional module.</p> <p>CRISIS ASSISTANCE PLUS™ PROGRAMME This programme is provided by global crisis response experts, FocusPoint International, who support global travellers with 24/7 multilingual response centres and resources in over 100 countries. Crisis Assistance Plus™ (CAP) provides time-sensitive advice and coordinated in-country crisis assistance for ten different risks that have the potential to impact beneficiaries when traveling:</p> <ul style="list-style-type: none"> › Terrorism › Pandemic › Political threats › Natural disasters › Blackmail or extortion › Violent crimes › Disappearances of persons › Hijacks › Kidnaps for ransom › Wrongful detentions <p>The programme provides beneficiaries with 24/7 on-demand access to FocusPoint International's global assistance centres for advice and coordinated in-country crisis response services, when necessary. Depending on the situation, the programme offers:</p> <ul style="list-style-type: none"> › Rapid-response teams and dedicated CAP managers deployed globally within 24 hours; › Experienced security personnel for field rescue, shelter in place and ground evacuations; › Nationally recognized crisis communications teams; › Highly experienced kidnap-for-ransom and extortion- response specialists; › Emergency-message relay to family members or employers; › Point-in-time geographic threat information; and › Access to private aviation fleet, with aircraft launched in as little as 60 minutes. <p>Important notes: We have no involvement in, nor are we liable for, any decisions and/or outcomes that are made or determined by FocusPoint International. FocusPoint International will not provide crisis response services:</p> <ul style="list-style-type: none"> › With respect to kidnapping or violent crime by a relative; › To any person who has had kidnap insurance cancelled or declined; › To any person who has been kidnapped in the past; › To any kidnapping of a protected person within their country of residence; › Where such service would be prohibited under United Nations' resolutions or any laws of the European Union, United Kingdom or the United States; › For the payment of any ransom; › If the beneficiary elects to travel to location(s) with an issued and active advisory against all travel to said location(s); › For a business dispute; › For extra expenses caused by a non-covered travel delay; › For suicide or attempted suicide; › For war, whether declared or not, between China, France, the United Kingdom, the Russian Federation and the United States, or war in Europe other than civil war; › For any enforcement action by or on behalf of the United Nations in which countries stated above or any armed forces are engaged; and › For loss or destruction to any property arising from any consequential loss or any legal liability caused from radioactivity. <p>In the event of one of the crisis situations as detailed above, please contact our Customer Care Team. We will transfer you to a FocusPoint crisis consultant who can provide advice and coordinate immediate worldwide assistance. In order to use this service we are required to pass your name and contact information to FocusPoint International.</p> <p>The following costs are covered by FocusPoint International and not Cigna: Crisis consulting expenses: Up to \$250,000 per covered response</p>

	<p>Additional expenses: Up to \$50,000 per covered response and included but not limited to:</p> <ul style="list-style-type: none"> › Emergency political or natural disaster evacuation costs; › Legal referrals and fees; › Fees and expenses of an independent interpreter; › Costs of relocations, travel and accommodations; › Fees and expenses of security personnel temporarily deployed solely and directly for the purposes of protecting a beneficiary and located in a country where a crisis event has occurred.
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INTERNATIONAL HEALTH AND WELLBEING

<p>Pap smear</p> <ul style="list-style-type: none"> › We will pay for one papanicolaou test (pap smear) for female beneficiaries. 	<p>The terms of this benefit has been amended.</p> <p>Cervical cancer screening</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › 1 Papanicolaou test (pap smear); and › 1 HPV DNA test for female beneficiaries aged 30-65 years old.
<p>Prostate cancer screening</p> <ul style="list-style-type: none"> › We will pay for one prostate examination (prostate specific antigen (PSA) test) for male beneficiaries aged 50 or over. 	<p>The terms of this benefit has been amended.</p> <p>Prostate cancer screening</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › 1 prostate examination (prostate specific antigen (PSA) test) for men aged 50 years old or older; or › 1 prostate examination (prostate specific antigen (PSA) test) for asymptomatic men 40 years old or older, when medically necessary.
<p>Mammograms for breast cancer screening</p> <ul style="list-style-type: none"> › We will pay for: <ul style="list-style-type: none"> •Aged 35-39: one baseline mammogram for asymptomatic women. •Aged 40-49: one mammogram for asymptomatic women every two years. •Aged 50 or older: one mammogram each year. 	<p>The terms of this benefit has been amended.</p> <p>Mammograms for breast cancer screening</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › 1 screening mammogram for women aged 25-39 years old when medically necessary, if they have a prior history of breast cancer › 1 screening mammogram for asymptomatic women aged 40 years or older.
<p>Bowel cancer screening</p> <ul style="list-style-type: none"> › We will pay for one bowel cancer screening for beneficiaries aged 55 or older. 	<p>The terms of this benefit has been amended.</p> <p>Bowel cancer screening</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › 1 bowel cancer screening for beneficiaries aged 50 years old or older.
<p>Bone densitometry</p> <ul style="list-style-type: none"> › We will pay for one scan to determine the density of the beneficiary's bones. 	<p>The terms of this benefit has been amended.</p> <p>Bone densitometry</p> <p>We will pay for:</p> <ul style="list-style-type: none"> › 1 scan for women aged 65 years old or older; › 1 scan for post-menopausal women younger than 65 years old when medically necessary; and › 1 scan for men aged 50 years or older when medically necessary.
<p>Life management assistance programme</p> <ul style="list-style-type: none"> › Our Life Management service is available 24 hours a day, 7 days a week, 365 days a year. Professionals are ready to assist you with any issue that matters to you. › We will pay for up to 5 counselling sessions per issue per period of cover. This could be telephonic or face to face counselling support. › Unlimited in the moment telephonic support for live assistance. › Provides information, resources and counselling on any work, life, personal, or family issue that matters to you. › Information services provide support including assistance for day to day demands or the logistics of relocating. The information specialists can offer assistance over the phone and perform research and provide pre-qualified referrals to local resources. <p>Please contact us for approval. The service is provided by our chosen counselling provider.</p>	<p>The terms of this benefit has been amended.</p> <p>Life Management Assistance Programme</p> <p>Our Life management assistance programme is available 24 hours a day, 7 days a week, 365 days a year meaning you can contact the service for access to free, confidential assistance with any work, life, personal or family issue that matters to you at a time that is suitable for you.</p> <p>This service covers short-term counselling, in-the-moment telephone support, information about local resources, and provides access to an online Cognitive Behavioural Therapy (CBT) programme.</p> <p>The information service can provide support and resources to assist with your day to day demands such as childcare arrangements or relocation logistics. The information specialists can perform research and provide pre-qualified referrals for local resources in the domain of legal, financial or family care services.</p> <ul style="list-style-type: none"> › We will pay for up to 6 counselling sessions per issue per period of cover. This could be telephonic or face to face counselling support. › You have access to unlimited in the moment telephonic support for live assistance.

	<p>› Provides information, resources and counselling on any work, life, personal, or family issue that matters to you.</p> <p>› You have access to an online self-help Cognitive Behavioural Therapy (CBT) programme to address mild to moderate anxiety, stress, and depression. Please contact the Customer Service team if you wish to use this service. This service is provided by our chosen counselling provider.</p>
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