

CIGNA GLOBAL HEALTH OPTIONS

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

Cigna Global Health Options Policy Rules effective from 15th February 2026.

Please be aware that some of the terms and/or wording within your Policy Rules have been updated and will take effect from your annual renewal date. Not all changes detailed below are applicable to your policy. Please see the foot of the back page of the Policy Rules for the forthcoming policy year, where you will find your specific Policy Rules name, including: CLICE EXP 02/2026, CLICE EU 02/2026, CEIC UK 02/2026, CGIC 02/2026, CGIC NA 02/2026, Singapore 02/2026 and Hong Kong 02/2026.

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

In the event of a discrepancy between the Policy Rules document and this document, the Policy Rules document will prevail.

Please note,

- All **headlines** communicating the current vs. updated changes will be marked in **orange** and,
- the actual **content changes** will be marked in **blue**.

The following changes apply to all Cigna Global Health Options Policy Rules		
Current Terms, General Exclusions and/or Definitions [CGHO Policy Rules 02/2025]		Updated Terms, General Exclusions and/or Definitions [CGHO Policy Rules 02/2026]
The following changes relate to the “Legal and Regulatory Information” section		
	Current wording Please see below where to find all of the important information in relation to your Cigna Global Health Options plan.	Updated wording The following sections contain important information relating to your Cigna Global Health Options plan.
	Current wording Cigna is regulated	Updated wording Restructure of legal and regulatory information [All Licenses] Cigna Healthcare is an insurance undertaking [CEIC UK License only] It is also authorised by the Prudential Regulation Authority, and subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority in the UK. You can find information about Cigna Healthcare UK regulatory status on the Financial Services Register which can be accessed at https://register.fca.org.uk/s/. [All Licenses] Cigna Healthcare does not provide any personal recommendation to you with respect to you entering into this policy.
The following changes relate to the General Terms and Condition section		
All Policy Rules Section I: General Terms and Conditions	Current General Terms and Conditions Clause I 1.2 Subject to the terms, conditions, limits, exclusions (and special exclusions as detailed in your Certificate of Insurance, if applicable) of this policy, Cigna Healthcare will cover you for medical and related expenses relating to medically necessary treatment which is recommended by a medical practitioner, and provided within the	Updated current wording of General Terms and Conditions Clause I 1.2 Subject to the terms, conditions, limits, exclusions (and special exclusions as detailed in your Certificate of Insurance, if applicable) of this policy, Cigna Healthcare will cover you, and any other beneficiary under your policy, for medical and related expenses relating to medically necessary treatment which is recommended by a medical practitioner, and provided within the selected

	<p>selected area of coverage for injury and sickness. The treatment must occur during the period of cover and deductibles, cost shares and limits of cover may apply.</p> <p>In some circumstances we may, at our absolute discretion, agree to remove an exclusion if you pay an additional premium. This will be agreed at the time you purchase your policy.</p>	<p>area of coverage for injury and sickness. The treatment must be approved and, unless otherwise agreed with us, must occur during the period of cover and deductibles, cost shares and limits of cover may apply in accordance with clause 9.</p> <p>1.3</p> <p>In some circumstances we may, at our absolute discretion, agree to remove an exclusion if you pay an additional premium. This will be agreed at the time you purchase your policy.</p>
<p>All Policy Rules Section 1: General Terms and Conditions</p>	<p>Current General Terms and Conditions Clause I 1.3</p> <p>You must be eighteen (18) years old or over at the time of purchase in order to purchase this policy.</p>	<p>Updated current wording of General Terms and Conditions Clause I 1.4</p> <p>You must be eighteen (18) years old or over at the time of purchase in order to purchase this policy. We reserve the right to cancel the policy if at any time there is no beneficiary on cover who is eighteen (18) years old or over.</p>
	<p>Current General Terms and Conditions Clause I 1.4</p> <p>If there are any changes that occur between your application and the initial start date of your policy and any information that you provided to us in your application changes during this period, you must let us know. We reserve the right to cancel the policy or apply any additional premiums or exclusions as a result of any change to your state of health which you have notified us of before the initial start date of the policy. If you fail to inform us of any change to your state of health during this period, we may treat this as misrepresentation, which could affect coverage under your policy or payment of claims.</p>	<p>Updated current wording of General Terms and Conditions Clause I 1.5</p> <p>You must let us know as soon as possible if any of the information that you provided to us in your application changes before the initial start date of your policy (please see Clause II for changes that occur during the period of cover).</p> <p>We reserve the right to cancel the policy or to apply any additional premiums or exclusions as a result of any material change to your state of health or any other personal information which you have notified us of before the initial start date of the policy.</p> <p>It is your responsibility to ensure that all information you provide to us is accurate and, in the event of any uncertainty, make the enquiries necessary to get that information. If you fail to inform us of any material changes during this period – either deliberately or carelessly – we may treat this as misrepresentation, which could affect coverage under your policy or payment of claims. Please see Clause 3 for more information.</p>
	<p>Current General Terms and Conditions Clause I 1.6</p> <p>This policy will not cover any costs relating to treatment received before the cover starts, or after the cover ends (even if that treatment was approved by us before the cover ends).</p>	<p>Updated current wording of General Terms and Conditions Clause I 1.6</p> <p>This policy will not cover any costs relating to:</p> <ol style="list-style-type: none"> treatment received before the cover starts; or unless expressly agreed by us, treatment received after the cover ends (even if that treatment was approved by us before the cover ends).
	<p>Current General Terms and Conditions Clause 2 2.1</p> <p>This policy is an annual renewable contract with a minimum period of cover of three (3) months and a maximum period of cover of twelve (12) months.</p> <p>This means that, unless it is terminated before the end date or automatically renewed, the period of cover will end one (1) year after the start date.</p> <p>Please see Clause 13 for more information on the policy renewal process at the end of your period of cover.</p>	<p>Updated current wording of General Terms and Conditions Clause 2 2.1</p> <p>This policy is an annual renewable contract. This means that, unless it is terminated before the end date or automatically renewed, the period of cover will end one (1) year after the start date. Please see Clauses 2, 3, 4 and 6 for more information on how this policy may be terminated before the end date. Please see Clause 13 for more information on the policy renewal process at the end of your period of cover.</p>

	<p>Current General Terms and Conditions Clause 2.2</p> <p>Subject to clause 4, if this policy ends within the first three (3) months of the initial start date, any premium which has been paid for the first three (3) months of cover will not be refunded regardless if you have claimed or not during that period of cover.</p> <p>In addition, you will be liable to pay any remaining premium for that initial three (3) months period which hasn't been paid yet.</p> <p>If this policy ends after the first three (3) months of the initial start date and before the end date, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims have been made or yet to be submitted and no guarantees of payment have been put in place during the period of cover.</p> <p>If this policy ends after the first three (3) months of the initial start date and before the end date and you have made claims under it or you have received treatment not reimbursed yet, you will be liable for the remainder of any premium in respect of the policy which are unpaid.</p>	<p>Updated current wording of General Terms and Conditions Clause 2.2</p> <p>Unless cancelled under Clause 4, if this policy ends within the first three (3) months (the minimum period) following the initial start date – any premium which has been paid for the first three (3) months of cover will not be refunded, regardless if you have claimed or not during that period of cover. In addition, you will be liable to pay any remaining premium for that initial three (3) months period which has not yet been paid.</p> <p>If this policy ends after the minimum period (so more than three (3) months after the initial start date but before the end date), any premium which has been paid in relation to the period after the policy terminates and cover ends will be refunded, so long as no claims have been made or will be made and no guarantees of payment have been put in place during the period of cover.</p> <p>If this policy ends at any time prior to the end date and you have made claims under it, received a guarantee of payment, or treatment not yet reimbursed you will not be refunded any premiums that you have paid in relation to the period after the policy terminates.</p>
All Policy Rules Section I: General Terms and Conditions	<p>Current General Terms and Conditions Clause 2.3</p> <p>If you die, cover will end for all beneficiaries unless a beneficiary contacts us within thirty (30) days of the date of death as shown in the Death Certificate. If any of the beneficiaries would like to continue coverage by becoming the policyholder, and subject to our policy terms, they must inform us within thirty (30) days and must provide us with a copy of the Death Certificate. If a beneficiary does not wish to continue coverage as the policyholder, all cover will end, and we will not make any payments in relation to treatment or services which are received on or after the date on which the cover ends.</p>	<p>Updated current wording of General Terms and Conditions Clause 2.3</p> <p>If you die, cover will end for all beneficiaries unless a beneficiary contacts us within thirty (30) days of the date of death as shown in the death certificate (or equivalent) and notifies us that they would like to take over as policyholder. If any of the beneficiaries would like to continue coverage by becoming the policyholder, and subject to our policy terms, they must inform us within thirty (30) days and must provide us with a copy of the Death Certificate. The beneficiary must meet the policy eligibility conditions set out in Clause I to become a policyholder.</p> <p>If a beneficiary does not wish to continue coverage as the policyholder, all cover will end, and we will not make any payments in relation to treatment or services which are received on or after the date on which the policy terminates. In this circumstance, clause 6.5 will not apply and you will be entitled to a refund of any paid premiums in relation to the period after the policy terminates.</p>
	<p>Current General Terms and Conditions Clause 3</p> <p>3. The information you give us</p>	<p>Updated current wording of General Terms and Conditions Clause 3</p> <p>3. The information we require from you</p>
	<p>Current General Terms and Conditions Clause 3.1</p> <p>In deciding whether to accept this policy and in setting the terms and premium, we have relied on the information that you have given to us. You must take care when answering any questions that we ask by ensuring that all information is accurate and complete.</p> <p>If we determine on reasonable grounds that you deliberately or recklessly provided us with false or misleading information, it could adversely affect this policy and any claim.</p>	<p>Updated current wording of General Terms and Conditions Clause 3.1 During the application process</p> <p>In deciding whether to accept this policy and in setting the terms and premium, we have relied on the information that you have given to us. You must take all reasonable care when answering any questions that we ask and ensure that all information is accurate and complete. We require you to provide a complete overview of your medical history as of the date of the application and any medical symptoms or any other medical information which may be relevant to us in determining whether to provide cover.</p> <p>If you do not, and we determine on reasonable grounds following an underwriting investigation, that you provided us with inaccurate, false or misleading information, and/or carelessly, recklessly or deliberately failed to disclose or to provide us with relevant medical information, including comprehensively answering the medical questionnaire in the application form, we may treat it as qualifying misrepresentation, and it could adversely affect this policy and any claim.</p>
	<p>Current General Terms and Conditions Clause 3.1</p> <p>For example, we may:</p>	<p>Updated current wording of General Terms and Conditions Clause 3.1</p> <p>Where we determine the misrepresentation was careless, we reserve the right to:</p> <ul style="list-style-type: none"> i. treat this policy as if it had never existed, refuse to pay all claims and return the premium paid. We will only do this in circumstances where, if we had we been aware of the full facts or circumstances we would not have provided you with insurance cover; or

	<p>> treat this policy as if it had never existed, refuse to pay all claims and return the premium paid. We will only do this if we provide you with insurance cover which we would not otherwise have offered;</p> <p>> amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness; or</p> <p>> terminate in accordance with 6.2. We will notify you in writing if any of the above circumstances occur.</p> <p>If you become aware that information you have given us is inaccurate, you must inform us as soon as possible using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p>	<p>ii. amend the terms of your policy including but not limited to applying a medical exclusion to your policy; and/or</p> <p>iii. in circumstances where we would have charged a higher premium but for the misrepresentation, we may refuse or proportionately reduce the amount to be paid on a claim.</p> <p>3.1.2</p> <p>Where we determine the misrepresentation was deliberate or reckless, we reserve the right to:</p> <p>a. treat this policy as if it had never existed, refuse to pay all claims and retain the premium paid.; or</p> <p>b. terminate your policy in accordance with clause 6.2.</p> <p>We may apply these amended terms retrospectively from the start of your policy if a submitted claim has adversely impacted us by your misrepresentation.</p> <p>We will notify you in writing if any of the above circumstances occur within 14 days of either having received updated and accurate information from you or as a result of our underwriting investigation based on reasonable grounds.</p> <p>If you become aware that information you have given us during the application process is inaccurate, you must inform us as soon as possible using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p>
		<p>Updated current wording of General Terms and Conditions Clause 3.2 During the prior-authorisation process</p> <p>To cover any inpatient and day patient treatment under International Medical Insurance for any beneficiary under your policy, you are required to obtain prior authorisation from us. In order to approve the treatment, a medical necessity review by our medical team will take place and we require that you provide all the necessary information, including medical report, treatment plan, medical examination or any other relevant information related to a specific condition.</p> <p>As per our medical necessity review, we may require access to additional information supplied by your medical practitioner or treatment provider. As such, we require:</p> <p>a. that you give us access to the medical practitioner or facility, and;</p> <p>b. that you authorise us to enquire about a specific treatment or service provided to any beneficiary under your policy. In certain circumstances, we may require accessing the medical records of any beneficiary under your policy from your authorised physician.</p> <p>If you, your medical practitioner, or treatment provider fail or delay in providing us with the required information, we reserve the right to exercise one or more of the following remedies:</p> <p>i. delay the approval of the treatment;</p> <p>ii. deny the approval of the treatment;</p> <p>iii. reduce the amount which we will pay towards that treatment by twenty (20) percent;</p> <p>iv. refuse to pay fully or partially a related claim if the medical necessity cannot be determined by our clinical team;</p> <p>v. amend the terms of your policy.</p> <p>As part of the prior authorisation process, we will in most instances issue a guarantee of payment to you and/or your chosen provider. This means that we agree in advance to pay some or all the costs of a particular treatment with that provider based on the estimated fees provided by you and approved by us according to established clinical practice and appropriate medical costs.</p>

	<p>Current General Terms and Conditions Clause 3</p>	<p>Updated current wording of General Terms and Conditions Clause 3 3.3 During the claim reimbursement process</p> <p>In the instance where you, or any beneficiaries, have paid the hospital, clinic or medical practitioner for any eligible treatment directly, you should submit your invoice, receipt and claims form to us as soon as possible after such treatment has taken place. In order to process your reimbursement, we may require that you provide additional information including the medical report, treatment plan, medical examination or any other relevant information related to a specific condition. In certain circumstances, we may require access to additional information supplied by your medical practitioner or treatment provider. As such, we require that you give us access to the medical practitioner or facility and that you authorise us to enquire about a specific treatment or service provided to any beneficiary under your policy.</p> <p>If you fail or delay in providing us with the requested information, we reserve the right to exercise one or more of the following remedies:</p> <ul style="list-style-type: none"> i. delay the claim reimbursement; ii. deny the claim reimbursement; or iii. amend the terms of your policy. <p>In assessing your claim, we may review the reasonable and customary costs of comparable treatment and services. We will only pay for such treatment costs where we are satisfied that they are not excessive in line with customary fees in the location of treatment and according to established clinical and medical practice.</p>
	<p>Current General Terms and Conditions Clause 4 4. Free look period</p> <p>If you do not exercise your right to cancel this policy during the free look period, it will continue in force for a minimum period of three (3) months, inclusive of the free look period, from the initial start date and you will be required to make any premium payments that are due to us.</p> <p>For your termination rights outside of the fourteen (14) day statutory cooling off period, please refer to clause 6 of this policy.</p>	<p>Updated current wording of General Terms and Conditions Clause 4 4. Free look period</p> <p>If you do not exercise your right to cancel this policy during the free look period, it will continue in force for one (1) year from the initial start date and you will be required to make any premium payments that are due to us for that period.</p> <p>Subject to the terms of Clause 2.2, we and you have also have other termination rights outside of the fourteen (14) day statutory free look period, which are set out in Clause 6.</p>
	<p>Current General Terms and Conditions Clause 5 5.1</p> <p>Your Certificate of Insurance sets out the premium and any other charges (such as taxes) which are payable, and states when and how they must be paid. As specified in Clause 2, you will be liable to pay the premium for a minimum period of cover of three (3) months regardless of the payment frequency selected.</p>	<p>Updated current wording of General Terms and Conditions Clause 5 5.1</p> <p>Your Certificate of Insurance sets out the premium and any other charges (such as taxes) which are payable, and states when and how they must be paid. As specified in Clause 2, unless you cancel during the free look period, you will be liable to pay the premium for the minimum period of three (3) months, regardless of the payment frequency selected or when the cover is terminated.</p>
	<p>Current General Terms and Conditions Clause 5 5.2</p> <p>If you, or any beneficiaries, do not seek prior approval for the required inpatient and daypatient treatment, we will reduce the amount which we will pay towards that treatment by twenty (20) percent.</p>	<p>Updated current wording of General Terms and Conditions Clause 5 5.2</p> <p>If you, or any beneficiaries, do not seek our prior authorisation for any required inpatient and day patient treatment, we will reduce the amount which we will pay towards that treatment by twenty (20) percent.</p> <p>We will not apply the reduction in circumstances where we are satisfied that the costs related to medically necessary emergency treatment. No prior authorisation is required where an emergency treatment is required (for example where there is a threat to life), but you, or someone acting on your behalf, must contact us within 48 hours of the emergency treatment being administered, or if not practicable in the circumstances, as soon as reasonably possible.</p>
		<p>Updated current wording of General Terms and Conditions Clause 5 5.3</p> <p>Treatment in the USA should ordinarily be obtained from a hospital, clinic, medical practitioner or pharmacy which is part of the Cigna Healthcare network in the USA. A full list of hospitals, clinics and medical practitioners</p>

		<p>within the Cigna Healthcare network can be accessed in your secure online customer area. Should you or any beneficiary seek treatment in the USA from a provider that is not part of the Cigna Healthcare network, we will reduce the amount which we will pay towards that any medical expenses or treatment costs by twenty (20) percent.</p> <p>However, we will not reduce the amount which we will pay or reimburse if you can demonstrate that:</p> <ol style="list-style-type: none"> there is or was no Cigna Healthcare network provider within 30 miles/50 kilometres of your location at the time treatment was sought, or; the relevant treatment is deemed medically necessary but is not available from a Cigna Healthcare provider, or; the relevant treatment is or was required in the event of an emergency.
	<p>Current General Terms and Conditions Clause 5.3</p> <p>In most cases we will pay directly the hospital, clinic or medical practitioner for your medical expenses. In the instance where you, or any beneficiaries, have to pay the hospital, clinic or medical practitioner, you should submit your invoice and claims form to us as soon as possible after any treatment. If the claim and invoice is not submitted to us within twelve (12) months of the date of treatment, the claim will not qualify for payment or reimbursement by us.</p> <p>Any claim is subject to the applicable deductible, cost shares and limits of cover set out in these Policy Rules, the Customer Guide and your Certificate of Insurance.</p>	<p>Updated current wording of General Terms and Conditions Clause 5.4</p> <p>In most cases we will pay the hospital, clinic or medical practitioner directly for your medical expenses. In the instance where you, or any beneficiaries, are required to pay the hospital, clinic or medical practitioner, you must submit your invoice and fully completed claims form to us as soon as possible after incurring costs for any treatment.</p> <p>All claims, including invoices, must be submitted to us within twelve (12) months of the date that treatment or costs were incurred. We will not pay or reimburse any claim submitted to us by you or a medical provider more than twelve (12) months after the date of treatment.</p>
	<p>Current General Terms and Conditions Clause 5.3.1</p> <p>Claims are reimbursed in the currency in which the claim was incurred or, upon request, the currency of the premiums paid on this policy and calculated using the applicable exchange rate.</p>	<p>Updated current wording of General Terms and Conditions Clause 5.5</p> <p>All claims are subject to the applicable deductible, cost shares and limits of cover set out in these Policy Rules, the Customer Guide and your Certificate of Insurance.</p> <p>Claims are reimbursed in the currency in which the claim was incurred or, upon request, the currency of the premiums paid on this policy and calculated using our applicable exchange rate.</p>
	<p>Current General Terms and Conditions Clause 5.4</p> <p>If you do not pay premium and/or any other charges when they are due, we will notify you by email immediately and suspend your policy i.e. cover for all beneficiaries will be suspended. If payment is made, the policy will be reinstated.</p> <p>We will not approve treatment while the policy is suspended. We will not settle any claim while any payment to us is outstanding until the outstanding amount is paid.</p> <p>If after thirty (30) days the amount is still outstanding, we will write to you informing you that the policy is cancelled. The cancellation date shall take effect on the date when the first outstanding payment was due.</p> <p>If you settle the outstanding amount within thirty (30) days of when the first outstanding payment was due, we will reinstate your cover back to that date.</p>	<p>Updated current wording of General Terms and Conditions Clause 5.6</p> <p>If you do not pay premium and/or any other charges when they are due, we will notify you by email as soon as possible and suspend your policy from the date when payment was due i.e. cover for all beneficiaries will be suspended. If payment is made within thirty (30) days of when the payment was due, the suspension will be lifted and cover under the policy will be reinstated back to the date the payment was due.</p> <p>We will not approve treatment while the policy is suspended. We will not settle any claim while any payment to us is outstanding until the outstanding amount is paid.</p> <p>If thirty (30) days after payment is due the amount is still outstanding, we will write to you informing you that the policy is cancelled. The cancellation shall take effect on the date when the first outstanding payment was due.</p>
	<p>Current General Terms and Conditions Clause 5.5</p>	<p>Updated current wording of General Terms and Conditions Clause 5.7</p>

	<p>Subject to clause I3, we will inform you of the premium and any other charges which will apply during the next period of cover.</p> <p>The premium and/or other charges will change each period of cover.</p>	<p>Subject to clause I3, we will inform you of the premium and any other charges which will apply during the next period of cover.</p> <p>The premium and/or other charges may change each period of cover.</p>
	<p>Current General Terms and Conditions Clause 6 6.1</p> <p>Subject to any conflicting legal or regulatory requirements we will terminate this policy for all beneficiaries immediately if:</p>	<p>Updated current wording of General Terms and Conditions Clause 6 6.1</p> <p>We will give you written notice if we are going to terminate the policy for all beneficiaries immediately, subject to any conflicting legal or regulatory requirements, if:</p>
	<p>Current General Terms and Conditions Clause 6 6.1.1</p> <p>any premium or other charge (including any relevant tax) is not paid in full within thirty (30) days of the date on which it is due. We will give you written notice if we are going to terminate the policy for this reason;</p>	<p>Updated current wording of General Terms and Conditions Clause 6 6.1.1</p> <p>any premium or other charge (including any relevant tax) is not paid in full within thirty (30) days of the date on which it is due, as set out in Clause 5.6;</p>
	<p>Current General Terms and Conditions Clause 6 6.2</p> <p>Subject to clause 3, we will terminate this policy with immediate effect if, we, at our sole discretion determine, on reasonable grounds, that you have, in the course of applying for the policy or when making any claim under it, withheld information or knowingly or recklessly provided information which you know or believe to be untrue or inaccurate or failed to provide information which we have asked for, including medical information.</p>	<p>Updated current wording of General Terms and Conditions Clause 6 6.2</p> <p>Subject to clause 3, we reserve the right to terminate this policy for any or all beneficiaries with immediate effect if, we, at our sole discretion determine, on reasonable grounds, that you have, in the course of applying for the policy, requesting prior-authorisation, or when making any claim under it, withheld information or deliberately or recklessly provided information which you know or believe to be untrue or inaccurate or failed to provide information which we have asked for, including medical information. In these circumstances, we reserve the right to exercise all or any of the following remedies:</p> <ul style="list-style-type: none"> d. refuse to pay any claim; and/or e. recover from you any sums in respect of the claims paid by us; and/or f. retain any of the premium paid.
	<p>Current General Terms and Conditions Clause 6 6.3</p> <p>Subject to clause II, we may terminate this policy if any beneficiary ceases to be an expatriate whether as a result of a change to a beneficiary's country of nationality or country of habitual residence.</p>	<p>Updated current wording of General Terms and Conditions Clause 6 6.3</p> <p>Subject to clause II, if any beneficiary ceases to be an expatriate whether as a result of a change to the beneficiary's country of nationality or country of habitual residence, we reserve the right to remove said beneficiary from the policy as per the terms outlined in Clause IO.</p>
	<p>Current General Terms and Conditions Clause 6 6.4</p> <p>If we are no longer in the market to sell the policy or suitable alternative in your geographical area, we will notify you at least one (1) month before the end date to advise you that the policy will be terminated (and therefore unable to be renewed) with effect from the end date.</p>	<p>Updated current wording of General Terms and Conditions Clause 6 6.4</p> <p>If we are no longer in the market to offer this policy, we will notify you at least one (1) month before the end date to advise you that the policy will be terminated (and therefore unable to be renewed) with effect from the policy end date. We will endeavour, but will not be obliged, to find a suitable alternative to provide continuity of cover in such circumstances.</p>
	<p>Current General Terms and Conditions Clause 6 6.5</p> <p>If you want to terminate this policy and end cover for all beneficiaries, you may only do so after the minimum period of cover of three (3) months from the initial start date by giving us at least fourteen (14) days' notice in writing. Termination of your policy will</p>	<p>Updated current wording of General Terms and Conditions Clause 6 6.5</p> <p>If you want to terminate this policy and end cover for all beneficiaries, you may do so by giving us at least fourteen (14) days' notice in writing using one of the following options:</p>

<p>take effect fourteen (14) days after you, the policyholder, notifies us of the request by using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p> <p>6.5.I</p> <p>If the policy is terminated in accordance with clause 6.5, before the end date, and we have paid a claim, covered a treatment or issued a guarantee of payment during the period of cover, you will be liable for the remainder of any premiums in respect of the policy which are unpaid. If your annual premium is collected at intervals throughout the policy year, you will be responsible for making these payments for the remainder of the period of cover or alternatively, settle the outstanding premium amount.</p>		<p>i. you may send us an email to the address indicated in the 'How to contact us' section on page 3 of these Policy Rules.</p> <p>ii. you may contact in writing your dedicated account manager.</p> <p>iii. you may log into your secure online customer area and click on the button 'Need to cancel your policy?', and indicate your termination date, to trigger a notification to the appropriate team.</p> <p>Termination of your policy will take effect fourteen (14) days after you notify us of the request. It is important to note that regardless of when you terminate your policy, a minimum of at least three (3) months premium is payable, as set out in Clause 2.</p>
		<p>Updated current wording of General Terms and Conditions Clause 6 6.6</p> <p>If we have paid a claim, covered a treatment or issued a guarantee of payment during the period of cover and your annual premium is collected at intervals throughout the policy year, you will be liable to pay the remaining annual premium for the full twelve (12) months either by making these scheduled payments or by settling directly the whole outstanding premium amount.</p>
<p>Current General Terms and Conditions Clause 6 6.7</p> <p>If treatment has been authorised, we will not be held responsible for any treatment costs if the policy ends or a beneficiary leaves the policy before treatment has taken place.</p>		<p>Updated current wording of General Terms and Conditions Clause 6 6.7</p> <p>Unless expressly agreed, we will not be held responsible for any treatment costs if the policy ends or a beneficiary leaves the policy before the treatment has taken place, even if the treatment has been authorised by us, and you or the medical provider will be responsible for all such treatment costs.</p>
<p>Current General Terms and Conditions Clause 7 7.1</p> <p>If a beneficiary makes a fraudulent claim under this policy, we:</p>		<p>Updated current wording of General Terms and Conditions Clause 7 7.1</p> <p>If we determine that a beneficiary has made a fraudulent claim under this policy, we:</p>
<p>Current General Terms and Conditions Clause 8 8.1</p> <p>If a beneficiary does not have cover under the International Outpatient, International Evacuation & Crisis Assistance Plus®, International Health and Wellbeing or International Vision and Dental options, we will not pay for any of the treatments which are available under those options.</p>		<p>Updated current wording of General Terms and Conditions Clause 8 8.1</p> <p>If a beneficiary does not have cover under the International Outpatient, International Medical Evacuation, International Health and Wellbeing or International Vision and Dental options, we will not pay for any of the treatments which are available under those option</p>
<p>Current General Terms and Conditions Clause 8 8.2</p> <p>The following changes to your policy cannot be requested during the period of cover and can only be made upon renewal:</p> <p>> to modify your level of cover (for example moving up from the Silver level to the Gold level or moving down from the Platinum level</p> <p>to the Gold level for the International Medical Insurance cover),</p> <p>> to modify your deductible, cost share or out-of-pocket maximum.</p> <p>In order to proceed with such request, you should let us know in writing at least seven (7) days before your annual renewal date. Before making any of these changes, we may ask you to complete a new medical history questionnaire as some changes may be subject to medical underwriting. If the request is accepted by us, we may</p>		<p>Updated current wording of General Terms and Conditions Clause 8 8.2</p> <p>The following changes to your policy cannot be requested during the period of cover and can only be made upon renewal:</p> <ul style="list-style-type: none"> to modify your level of cover (for example moving up from the Silver level to the Gold level or moving down from the Platinum level to the Gold level for the International Medical Insurance cover); and/or to modify your deductible, cost share or out-of-pocket maximum. <p>If you wish to make any of the changes outlined above you must let us know in writing at least seven (7) days before your annual renewal date. Once you accept our offered terms, these changes will become effective from your annual renewal date.</p>

	<p>apply new special restrictions or exclusions on your updated policy for the new period of cover. Once you accept our offered terms, these changes will become effective from your annual renewal date.</p> <p>The following changes to your policy can be requested during the period of cover and will be reviewed by us:</p> <p>> to add one or more of the optional modules at the same level of cover as your International Medical Insurance core cover:</p> <p>International Outpatient, International Evacuation & Crisis Assistance Plus®, International Health and Wellbeing or International Vision and Dental options,</p> <p>> to modify your area of cover by including USA cover (i.e. changing from Worldwide excluding the USA to Worldwide including the USA).</p> <p>Before making any of such changes to your policy during the current period of cover, we may ask you to complete a new medical history questionnaire. If the request is accepted by us, we may apply new special restrictions or exclusions on your updated policy. These changes to your policy will begin no sooner than the date you accept our offered terms and will remain in place until at least your annual renewal date. Any other changes to your policy in relation to coverage options will be reviewed by us and will be subject to medical underwriting.</p> <p>Important to note that there is no cover for maternity benefits (parent and baby care section in the Customer Guide) on the Silver plan, and therefore in the case of an upgrade from the Silver level to the Gold level or the Silver level to the Platinum level, any beneficiary on the Silver plan will not have access to maternity benefits until they have satisfied the 12 month waiting period for the maternity benefits on the Gold or Platinum plan. Once any beneficiary has been covered under the Gold or Platinum plan for 12 months or more, then they will have access to the maternity benefits.</p> <p>For maternity benefits in the case of an upgrade from the Gold level to the Platinum level upon your renewal, any beneficiary will only have access to the benefit limits of the Gold plan for maternity benefits until they have satisfied the 12 month waiting period on the Platinum plan.</p> <p>Once any beneficiary has been covered under the Platinum plan for 12 months or more, then they will have access to the Platinum limits for the maternity benefits</p>	<p>The following changes to your policy can be requested at any time during the period of cover:</p> <ul style="list-style-type: none"> to add one or more of the optional modules at the same level of cover as your International Medical Insurance core cover: International Outpatient, International Medical Evacuation, International Health and Wellbeing or International Vision and Dental options; and/or to modify your area of cover by including USA cover (i.e. changing from Worldwide excluding the USA to Worldwide including the USA). <p>These changes to your policy will begin no sooner than the date you accept our offered terms and will remain in place until at least your annual renewal date.</p> <p>8.2.1</p> <p>Such changes are subject to our discretion and before making any of such changes to your policy, we may ask you to complete a new medical history questionnaire. If the requested change is accepted by us, we may apply new special restrictions or exclusions to your updated policy.</p> <p>Any other changes to your policy in relation to coverage options will be subject to our absolute discretion and will be subject to medical underwriting.</p>
		<p>Updated current wording of General Terms and Conditions Clause 8</p> <p>8.3</p> <p>It is important to note that there is no cover for maternity benefits ('Parent and Baby Care' section in the Customer Guide) on the Silver plan, and therefore in the case of an upgrade from the Silver level to the Gold level or the Silver level to the Platinum level, any beneficiary on the Silver plan will not have access to maternity benefits until they have satisfied the twelve (12) month waiting period (twenty four (24) months in the UK, Hong Kong or Singapore) for the maternity benefits on the Gold or Platinum plan. Once any beneficiary has been covered under the Gold or Platinum plan for twelve (12) months or more, they will then have access to the maternity benefits.</p> <p>For maternity benefits in the case of an upgrade from the Gold level to the Platinum level upon your renewal, any beneficiary will only have access to the benefit limits of the Gold plan for maternity benefits until they have satisfied the twelve (12) month (twenty four (24) months in the UK, Hong Kong or Singapore) waiting period on the Platinum plan. Once any beneficiary has been covered under the Platinum plan for 12 months or more (twenty four (24) months in the UK, Hong Kong or Singapore), then they will have access to the Platinum limits for the maternity benefits.</p>
	<p>Current General Terms and Conditions Clause 9</p> <p>9.1</p>	<p>Updated current wording of General Terms and Conditions Clause 9</p> <p>9.1</p>

	<p>If you have selected a deductible on the International Medical Insurance plan and/or International Outpatient option (if applicable), you will be responsible for paying the deductible amount directly to the hospital, clinic, medical practitioner or pharmacy. We will let you know what this amount is. Your chosen deductible applies as per the treatment date and any deductible amount paid will be considered as a claim towards your policy regardless if the deductible amount paid has covered fully or partially the cost of your claim.</p> <p>We will reduce the amount which we will pay towards the cost of treatment in respect of each claim which is made under the International Medical Insurance or International Outpatient option (if applicable) by the amount of any deductible until the deductible for the period of cover is reached.</p>	<p>If you have selected a deductible on the International Medical Insurance plan and/or International Outpatient option (if applicable), your chosen deductible will apply as per the treatment date and any deductible amount paid will be considered as a claim towards your policy, regardless if the deductible amount paid has covered fully or partially the cost of your claim.</p> <p>We will reduce the amount that we will pay towards the cost of treatment in respect of each claim which is made under the International Medical Insurance or the International Outpatient option (if applicable) by the amount paid of any deductible until the deductible for the period of cover is reached.</p> <p>Setting an invoice with medical providers when a deductible applies;</p> <p>Where direct billing arrangements are in place with the selected medical provider, we will issue a guarantee of payment to the medical provider, which will include the applicable deductible amount. Upon receipt of the invoice from the medical provider, we will first settle the eligible charges directly with the medical provider. We will then let you and the medical provider know any outstanding amount at your charge and you will be responsible to pay that deductible amount directly to the hospital, clinic, medical practitioner or pharmacy.</p> <p>In circumstances where the medical provider requests you to pay the applicable deductible directly to the medical provider at the time of treatment, you must obtain and retain a valid invoice and receipt evidencing payment of the deductible, to prevent duplication of payment and to facilitate accurate claim reconciliation.</p> <p>Furthermore, where the total cost of treatment falls below the deductible threshold, and you have paid that deductible amount directly to the medical provider, it must be noted that the deductible shall not be deemed satisfied unless you submit a claim. For the avoidance of doubt, for the deductible to be applied and recorded appropriately, you are required to submit all eligible claims, irrespective of whether reimbursement is sought. Failure to do so may result in the deductible remaining outstanding and applicable to future claims.</p>
	<p>Current General Terms and Conditions Clause 9.2</p> <p>If you have selected a cost share on the International Medical Insurance plan and/or International Outpatient option (if applicable), we will reduce the amount we pay towards the cost of treatment by that cost share percentage.</p> <p>You will be responsible for paying the cost share directly to the hospital, clinic, medical practitioner or pharmacy. The amounts you pay are subject to the capping effect of the applicable out of pocket maximum.</p> <p>Your chosen cost share applies as per the treatment date and any cost share amount paid will be considered as a claim towards your policy regardless if the cost share amount paid has covered fully or partially the cost of your claim.</p>	<p>Updated current wording of General Terms and Conditions Clause 9.2</p> <p>If you have selected a cost share on the International Medical Insurance plan and/or International Outpatient option (if applicable), we will reduce the amount we pay towards the cost of treatment by that cost share percentage. Upon receipt of the invoice from the medical provider, we will first settle the eligible charges directly with the medical provider, you will then be responsible for paying the cost share to the hospital, clinic, medical practitioner or pharmacy. The amounts you pay are subject to the capping effect of the applicable out of pocket maximum.</p> <p>Your chosen cost share applies as per the treatment date and any cost share amount paid will be considered as a claim towards your policy regardless of whether the cost share amount paid has covered fully or partially the cost of your claim.</p>
	<p>Current General Terms and Conditions Clause 9.3</p> <p>Only amounts you pay related to the cost share on the International Medical Insurance and/or International Outpatient option are subject to the capping effect of the out of pocket maximum.</p> <p>The following are not subject to the out of pocket maximum:</p> <ul style="list-style-type: none"> > Any amounts you pay due to a deductible; > Due to exceeding limits of cover; > For treatment not covered by the International Medical Insurance plan; or > Due to penalties for not obtaining prior approval or using out of network providers. 	<p>Updated current wording of General Terms and Conditions Clause 9.3</p> <p>Only amounts you pay related to the cost share on the International Medical Insurance and/or International Outpatient option are subject to the capping effect of the out-of-pocket maximum.</p> <p>The following are not subject to the out-of-pocket maximum:</p> <ul style="list-style-type: none"> i. Any amounts you pay due to a deductible; ii. Where the limit of cover has been exceeded; iii. Where the treatment is not covered by the International Medical Insurance plan; or iv. Where you have received a penalty for not obtaining prior approval or using medical providers not in the Cigna Healthcare network. <p>Any amounts you pay to the deductible, cost share and out of pocket maximum where applicable, apply separately to each beneficiary, each coverage option and each period of cover.</p>

	Any amounts you pay to the deductible, cost share and out of pocket maximum where applicable, apply separately to each beneficiary, each coverage option and each period of cover	
	<p>Current General Terms and Conditions Clause 9 9.4</p> <p>No deductible applies to 'Inpatient cash benefit,'</p> <p>'Newborn Care' benefit, 'Accident and Emergency Room Treatment,' or 'Global Telehealth with Teledoc' within the International Medical Insurance plan.</p> <p>No deductible applies to benefits within the following optional modules: International Health and Wellbeing, International Evacuation and Crisis Assistance Plus®, or International Vision and Dental.</p>	<p>Updated current wording of General Terms and Conditions Clause 9 9.4</p> <p>No deductible or cost share apply to 'Inpatient cash benefit,' 'Newborn Care' benefit, 'Accident and Emergency Room Treatment,' or 'Global Telehealth with Teladoc' within the International Medical Insurance plan.</p> <p>No deductible or cost share apply to benefits within the following optional modules: International Health and Wellbeing, International Medical Evacuation, or International Vision and Dental.</p>
	<p>Current General Terms and Conditions Clause 10</p> <p>10. Adding beneficiaries</p>	<p>Updated current wording of General Terms and Conditions Clause 10</p> <p>10. Adding or removing beneficiaries</p>
	<p>Current General Terms and Conditions Clause 10</p> <p>10.2.1</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>10.2.2</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.</p>	<p>Updated current wording of General Terms and Conditions Clause 10</p> <p>10.2.1</p> <p>If at least one (1) parent has been covered by the policy for a continuous period of twelve (12) months (twenty-four (24) months for births that occur in the UK, Hong Kong or Singapore) 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>10.2.2</p> <p>If neither parent has been covered by the policy for a period of twelve (12) consecutive months (twenty-four (24) months for births that occur in the UK, Hong Kong or Singapore) or more prior to the newborn's birth, the newborn will be subject to medical underwriting, and we may apply special restrictions or exclusions.</p>
	<p>Current General Terms and Conditions Clause 10</p> <p>10.3</p> <p>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>We will send you an updated Certificate of Insurance confirming that the new beneficiary has been added. Please refer to the 'Newborn Care' benefit in your Customer Guide for further details.</p>	<p>Updated current wording of General Terms and Conditions Clause 10</p> <p>10.2</p> <p>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>We will send you an updated Certificate of Insurance confirming that the new beneficiary has been added. Please refer to the 'Newborn Care' benefit in your Customer Guide for further details.</p> <p>Please note that the amount specified for the Newborn Care benefit cover expenses only relates to the added newborn, and no other beneficiary can claim under that benefit.</p>
		<p>Updated current wording of General Terms and Conditions Clause 10</p> <p>10.3</p> <p>Except during the free look period, if you would like to remove a beneficiary during the policy year, you must notify us by giving us at least fourteen (14) days' notice in writing. The removal of said beneficiary from your policy will take effect fourteen (14) days after you, the policyholder, notify us of the request by using one of the options in the 'How to contact us' section on page 3 of these Policy Rules.</p>

		<p>Subject to clause 2.2, you will be entitled to a refund of any paid premiums for the remainder of the period of cover for said beneficiary, so long as we have not paid a claim, covered a treatment, or issued a guarantee of payment for that beneficiary.</p> <p>If we have paid a claim, covered a treatment or issued a guarantee of payment for said beneficiary during the period of cover, you will be liable for the remainder of the premiums for the period of cover which are unpaid.</p>
	<p>Current General Terms and Conditions Clause II</p> <p>II. Changes to country of habitual residence, address and/or nationality</p>	<p>Updated current wording of General Terms and Conditions Clause II</p> <p>II. Changes to any personal information you have provided</p>
	<p>Current General Terms and Conditions Clause II</p> <p>II.I</p> <p>If any beneficiary changes their country of habitual residence you must inform us as soon as practicable and in any event within thirty (30) days. We reserve the right to ask you for further information about a change in your or any other beneficiary's country of habitual residence from time to time. Note that any change to your or any other beneficiary's country of habitual residence may result in an increase to your premium or additional tax becoming payable, meaning you may have to make an additional payment of premium or your monthly or quarterly payments may increase. If the premium increases, we will give you the right to cancel the policy, in accordance with clause 6.5, in which case clauses 6.5.I, 6.6 and 6.7 will apply. Please note that the insurance may be provided by another Cigna group company.</p>	<p>Updated current wording of General Terms and Conditions Clause II</p> <p>II.I</p> <p>During the period of cover, if there is any change to a beneficiary's:</p> <p>(i) country of habitual residence; and/or</p> <p>(ii) country of nationality; and/or</p> <p>(iii) occupation; and/or</p> <p>(iv) participation in hazardous activities (as outlined in General Exclusion 29);</p> <p>then you must inform us as soon as practicable and in any event within thirty (30) days.</p> <p>We reserve the right to ask you from time to time for further information about any changes to the information you have provided us. Note that any change to your or any other beneficiary's personal information may result in a change to your premium or the application of an exclusion. This may mean you have to make an additional payment of premium, or your monthly or quarterly payments may increase. If the premium increases, we will give you the right to cancel the policy, in accordance with Clause 6.5, in which case Clauses 6.6, and 6.7 will apply. Please note that the insurance may be provided by another Cigna Healthcare company.</p>
	<p>Current General Terms and Conditions Clause II</p> <p>II.2.I</p> <p>We reserve the right to review all claims submitted by beneficiaries in their country of nationality and in circumstances where we know or reasonably believe the beneficiary is or intends to be resident in their country of nationality in excess of one hundred and eighty (180) days in aggregate per period of cover. In such circumstances we may no longer consider that beneficiary to be an expatriate as they have returned to their country of nationality for a sustained period and we may refuse payment of any claim or issuance of a guarantee of payment.</p>	<p>Updated current wording of General Terms and Conditions Clause II</p> <p>[Not applicable to CLICE EU License]</p> <p>II.2.I</p> <p>We reserve the right to review all claims submitted by beneficiaries in their country of nationality. In circumstances where we know or reasonably believe the beneficiary is, or intends to be, resident in their country of nationality in excess of one hundred and eighty (180) days in aggregate per period of cover, we may, at our sole discretion;</p> <p>a. no longer consider that beneficiary to be an expatriate as they have returned to their country of nationality for a sustained period and exercise our right to remove the beneficiary from the policy in accordance with Clause 6.3; and/or</p> <p>b. we may refuse payment of any claim or issuance of a guarantee of payment.</p>
	<p>Current General Terms and Conditions Clause II</p> <p>II.3</p> <p>We reserve the right to terminate this policy in accordance with 6.3.</p>	<p>Updated current wording of General Terms and Conditions Clause II</p> <p>[Not applicable to CLICE EU License]</p> <p>II.3</p> <p>We may request proof of expatriate status at any time for any beneficiary. If you fail to provide us with the requested information within thirty (30) days, we reserve the right to remove the beneficiary in question from the policy in accordance with Clause 6.3.</p>

<p>Current General Terms and Conditions Clause II II.4</p> <p>If any beneficiary ceases to be an expatriate whether as a result of a change to a beneficiary's country of nationality or country of habitual residence, then you can either:</p> <p>II.4.1</p> <p>leave the policy in force for the remainder of the period of cover. You must inform us upon renewal if you cease to be an expatriate and we will determine if we can offer you an alternative health plan provided by another Cigna group company; or</p> <p>II.4.2</p> <p>terminate the policy by giving written notice with the effect that cover will end for all beneficiaries. Any premium which has been paid in relation to the period after termination will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid claims or issued any guarantees of payment during the period of cover.</p>		<p>Updated current wording of General Terms and Conditions Clause II [Not applicable to CLICE EU License]</p> <p>II.4</p> <p>If you, the policyholder, cease to be an expatriate whether as a result of a change to your country of nationality or country of habitual residence, then you can either:</p> <p>II.4.1</p> <p>leave the policy in force for the remainder of the period of cover; or</p> <p>II.4.2</p> <p>terminate the policy by giving written notice with the effect that cover will end for all beneficiaries. Any premium which has been paid in relation to the period after termination will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid claims, covered treatment or issued any guarantees of payment during the period of cover.</p> <p>If you do elect to leave the policy in force in accordance with Clause II.4.1, treatment may be limited in accordance with Clause II.2. You must inform us in advance of the policy renewal if you cease to be an expatriate and we will determine if we can offer you an alternative health plan provided by another Cigna Healthcare company, otherwise we may determine to not renew or to terminate your policy.</p>
<p>Current General Terms and Conditions Clause I2 I2. How we will communicate with you</p> <p>We will send any communication and notices in relation to this policy electronically to the email address you have provided, and we will place your policy documents in your secure online Customer Area.</p>		<p>Updated current wording of General Terms and Conditions Clause I2 I2. How we will communicate with you</p> <p>Unless otherwise requested by you, we will send any communication and notices in relation to this policy electronically to the email address you have provided, and we will place your policy documents in your secure online Customer Area.</p> <p>You agree that we will primarily communicate with you in English.</p>
<p>Current General Terms and Conditions Clause I3 I3.1</p> <p>If we determine to renew, we will write to you at least one (1) calendar month before the end date to invite you to automatically renew on the terms we offer you. We will inform you of any changes to the policy and premium for the forthcoming period of cover. If local law and/or regulation dictates, we may be required to offer you an alternative health plan. The minimum period of cover of three (3) month doesn't apply to renewed policies. This requirement applies only to the first year of your policy.</p> <p>Subject to clause 7, any decision by Cigna Healthcare not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.</p>		<p>Updated current wording of General Terms and Conditions Clause I3 I3.1</p> <p>This policy will automatically renew unless we decide not to renew, or you notify us (in accordance with clause I3.4) that you do not wish for the policy to renew and you instead wish to terminate the policy.</p>
<p>Current General Terms and Conditions Clause I3 I3.2</p> <p>If you accept the invitation to renew, please ensure you have read and understood the policy documents for the forthcoming period of cover.</p> <p>Your cover will be renewed for another twelve (12) months</p>		<p>Updated current wording of General Terms and Conditions Clause I3 I3.2</p> <p>We will write to you at least one (1) calendar month before the end date to inform you that the policy shall automatically renew and inform you of any changes to the policy and premium for the forthcoming period of cover.</p> <p>The minimum payment of three (3) months premium does not apply to renewed policies. This requirement applies only to the first year of your policy.</p> <p>Subject to Clause 7, any decision by Cigna Healthcare not to renew shall not be based on your claims history or any illness, injury or condition suffered by any beneficiaries.</p>

		<p>Updated current wording of General Terms and Conditions Clause I3 13.3</p> <p>If you do not inform us of your wish to not renew or to cancel the policy, your policy will renew automatically. In such circumstances, please ensure you have read and understood the policy documents for the forthcoming period of cover. Your cover will be renewed for another twelve (12) months.</p>
<p>Current General Terms and Conditions Clause I3 13.3</p> <p>If you do not want to renew your cover, you must let us know in writing at least fourteen (14) days before your policy end date.</p> <p>13.3.1</p> <p>If you do not renew your cover, any beneficiaries who have been covered under the policy can apply for their own cover. We will consider their applications individually, and inform them whether, and on what terms, we are willing to offer them such cover.</p>		<p>Updated current wording of General Terms and Conditions Clause I3 13.4</p> <p>If you do not want to renew your cover, you must let us know in writing at least fourteen (14) days before your policy end date by following the process to terminate this policy under Clause 6.5.</p> <p>13.4.1</p> <p>If you do not renew your cover, any eligible beneficiaries who have been covered under the policy can apply for their own cover. We will consider their applications individually, and inform them whether, and on what terms, we are willing to offer them such cover. Please note at least one (1) beneficiary must be at least eighteen (18) years old, as per the policy eligibility conditions set out in Clause I, to become a policyholder.</p>
<p>Current General Terms and Conditions Clause I3 13.5</p> <p>You should contact us upon receipt of the renewal notification, and at least fourteen (14) days before the annual renewal date if there is an exclusion which is due for review at that date.</p>		<p>Updated current wording of General Terms and Conditions Clause I3 13.6</p> <p>You should contact us upon receipt of the renewal notification, and at least seven (7) days before the annual renewal date if there is an exclusion which is due for review at that date.</p>
<p>Current General Terms and Conditions Clause I4 14.1</p> <p>In assessing your application, and administering the policy and the insurance provided to you, we will collect, process and share certain personal information about you. We take your privacy very seriously and we will always process your information in accordance with applicable data protection legislation, including the General Data Protection Regulation (EU 2016/679) and any other applicable legislation and any guidance or codes of practice issued in respect of protection of personal data from time to time. For more information please see our Data Protection Notice, which we may update from time to time.</p>		<p>Updated current wording of General Terms and Conditions Clause I4 14.1</p> <p>In assessing your application and administering the policy and the insurance provided to you, we will collect, process and share certain personal information about you. We take your privacy very seriously and we will always process your information in accordance with applicable data protection legislation, including the General Data Protection Regulation (EU 2016/679) and any other applicable legislation and any guidance or codes of practice issued in respect of protection of personal data from time to time. For more information please see our Data Protection Notice, which we may update from time to time. This can be found at: https://www.cignaglobal.com/privacy-statement</p>
<p>Current General Terms and Conditions Clause I6 16. Our right to recovery from third parties</p> <p>If a beneficiary requires treatment as a result of an accident or deliberate act for which a third party is at fault, we (or any person or company we nominate) will take on that beneficiary's right to recover the cost of that treatment from the third party at fault (or their insurance company).</p> <p>If we ask a beneficiary to do so, he or she must take all steps to include the amount of benefit claimed from us under this policy in any claim against the person at fault (or their insurance company).</p> <p>The beneficiary will need to sign and deliver all documents or papers and take any other steps we require to secure our rights. The beneficiary must not take any action which could damage or affect these rights. We can take over and defend or settle any claim, or prosecute any claim, in a beneficiary's name for our own benefit. We will decide how to carry out any proceedings and settlement.</p>		<p>Updated current wording of General Terms and Conditions Clause I6 16. Our right to recovery from third parties</p> <p>Subrogation refers to the rights which Cigna Healthcare can exercise to recover any expenses or costs from another insurance company, national health insurance scheme or any source linked to the reimbursement of treatment insured under this policy.</p> <p>If Cigna Healthcare agrees to indemnify a beneficiary under the policy, we shall immediately be subrogated to any rights of recovery, contractual or otherwise, which the beneficiary may have against a liable third-party, to the extent permitted by law and shall automatically have a lien upon the proceeds of any recovery by a beneficiary from such third-party to the extent of any benefits paid under the policy.</p> <p>The beneficiary must execute all documents as may be required, and do everything necessary to secure and preserve such rights as to enable Cigna Healthcare to bring proceedings in the name of the beneficiary. The beneficiary will not prejudice Cigna Healthcare's interests or its potential or actual rights of recovery and will give Cigna Healthcare such information and co-operation as it may reasonably require. We may ask for a medical report from the medical practitioner who has carried out the treatment, if it needs more information.</p> <p>The beneficiary will need to sign and deliver all documents or papers and take any other steps we require to secure our rights. The beneficiary must not take any</p>

		<p>action which could damage or affect these rights. We can take over and defend or settle any claim, or prosecute any claim, in a beneficiary's name for our own benefit. We will decide how to carry out any proceedings and settlement.</p> <p>In respect of any expenses for which the beneficiary has been or can be reimbursed from any other insurance or source, Cigna Healthcare will apply the normal principles of equitable contribution and indemnity in accordance with the conditions set forth under this policy and reserves the right of subrogation and reimbursement to recover such expenses from any source.</p> <p>Cigna Healthcare is also granted the right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation rights granted in this policy, but only to the extent of the benefits provided by the policy.</p> <p>In the event a beneficiary shall fail or refuse to honor its obligations hereunder, then Cigna Healthcare shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, lawyers or attorney's fees, litigation, court costs, and other expenses. Cigna Healthcare shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until the beneficiary has fully complied with his reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.</p> <p>No beneficiary shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the policy.</p>
	<p>Current General Terms and Conditions Clause I7 I7. Other Insurance</p> <p>If another insurer also provides cover, we will negotiate with them as regards to who pays what proportion of any claim. If a beneficiary is covered by other insurance, we may only pay part of the cost of treatment. If another person, organisation or public programme is responsible for paying the costs of treatment, we may claim back any of the costs we have paid.</p>	<p>Updated current wording of General Terms and Conditions Clause I7 I7. Other Insurance</p> <p>If you make a claim under this policy which may be covered by another insurer under a separate policy, you must notify us of this as soon as possible, providing details of the other insurance and the insurer. You will not be entitled to double recovery. We will contact the other insurer to discuss the claim and we will negotiate with them with regards to who pays what proportion of any claim, or, where appropriate, we may claim back from them any of the costs we have already paid.</p> <p>When an overpayment has been made by Cigna Healthcare, we reserve the right to;</p> <p>(i) recover that overpayment from the person to whom or on whose behalf it was made; or</p> <p>(ii) offset the amount of that overpayment from a future claim reimbursement.</p>
	<p>Current General Terms and Conditions Clause I8 I8.2</p> <p>We reserve the right to make any changes to this policy that are necessary to comply with any changes to relevant laws and regulations. If this happens, we will write to you and tell you of the change.</p>	<p>Updated current wording of General Terms and Conditions Clause I7 I8.2</p> <p>We reserve the right to make any changes to this policy that are necessary to comply with any changes to relevant laws and regulations. If this happens, we will write to you and tell you of the change as soon as practical.</p>
The following changes relate to Section 2: General Exclusions		
	<p>Current General Exclusion 2</p> <p>2. Pre-existing conditions</p> <p>Treatment for:</p> <p>a) a pre-existing condition; or</p> <p>b) any condition or symptoms which result from, or are related to, a pre-existing condition.</p> <p>We will not pay for treatment for a pre-existing condition of which the policyholder was (or should reasonably have been) aware at the date cover commenced, and in respect of which we have not expressly agreed to provide cover.</p>	<p>Updated General Exclusion 2</p> <p>2. Pre-existing conditions</p> <p>Unless otherwise agreed, treatment for:</p> <p>i. a pre-existing condition; or</p> <p>ii. any condition or symptoms which result from, or are related to, a pre-existing condition.</p> <p>We will not pay for treatment for a pre-existing condition of which the policyholder was (or should reasonably have been) aware at the date cover commenced, and in respect of which we have not expressly agreed to provide cover.</p>
	<p>Current General Exclusion I3</p> <p>I3. Incidental expenses</p>	<p>Updated General Exclusion I3</p> <p>I3. Incidental expenses</p>

All Policy Rules Section 2: General Exclusions	Incidental costs including newspapers, telephone calls, guests' meals and hotel accommodation.	Incidental costs including, but not limited to , newspapers, telephone calls, guests' meals and hotel accommodation.
	<p>Current General Exclusion 15</p> <p>15. Non-medical hospital admissions</p> <p>Non-medical admissions or stays in hospital which include:</p> <ul style="list-style-type: none"> a) treatment that could take place on a daypatient or outpatient basis; b) convalescence; c) admissions and stays for social or domestic reasons e.g. washing, dressing and bathing. 	<p>Updated General Exclusion 15</p> <p>15. Non-medical hospital admissions</p> <p>Non-medical admissions or stays in hospital which may include:</p> <ul style="list-style-type: none"> i. treatment that could take place on a day patient or outpatient basis; ii. convalescence; iii. admissions and stays for social or domestic reasons e.g. washing, dressing and bathing.
	<p>Current General Exclusion 19</p> <p>19. Self-inflicted injury or attempted suicide</p> <p>Treatment that arises from, or is in any way connected with attempted suicide, or any injury or illness that the beneficiary inflicts upon him or herself. We will cover medically necessary mental health care and behavioural health services, including but not limited to counselling and therapy with specialists.</p>	<p>Updated General Exclusion 19</p> <p>19. Self-inflicted injury or attempted suicide</p> <p>While we will cover medically necessary mental health care and behavioural health services, including but not limited to counselling and therapy with specialists, we will not otherwise cover treatment that arises from or is in any way connected with attempted suicide, or any injury or illness that the beneficiary inflicts upon him or herself, unless state or federal law requires such coverage.</p>
		<p>Updated General Exclusion 19 [CLICE EXPAT LICENSE ONLY]</p> <p>19. Self-inflicted injury or attempted suicide</p> <p>Long-term treatment, including life support, extensive rehabilitation and ongoing maintenance, that arises from, or is in any way connected with, attempted suicide or any injury or illness that the beneficiary inflicts upon him or herself. We will cover medically necessary emergency care and mental health support, including but not limited to counselling and therapy with specialists, up to a combined annual maximum of \$10,000 / €7,400 / £6,650 per beneficiary.</p>
	<p>Current General Exclusion 22</p> <p>22. Addictive conditions and disorders</p> <p>Treatment for a related condition resulting from addictive conditions and disorders.</p>	<p>Updated General Exclusion 22</p> <p>22. Addictive conditions and disorders</p> <p>Treatment for a related condition resulting from addictive conditions and disorders. However, one course or programme of addiction treatment at a specialist centre providing evidenced-based treatment (where such treatment is medically necessary and recommended by a medical practitioner) and up to three attempts at detoxification is covered under this policy to the extent detailed under the Mental and Behavioural Health Care benefit.</p>
	<p>Current General Exclusion 27</p> <p>27. Refractive eye surgery</p> <p>Treatment which is intended to change the refraction of one or both eyes, including but not limited to laser treatment, refractive keratotomy and photorefractive keratectomy. Note that we will pay for treatment to correct or restore eyesight if it is needed as a result of a disease, illness or injury (such as cataracts or a detached retina).</p>	<p>Updated General Exclusion 27</p> <p>27. Refractive eye surgery</p> <p>Treatment which is intended to change the refraction of one or both eyes, including but not limited to laser treatment, refractive keratotomy and photorefractive keratectomy. Note that we will pay for treatment to correct or restore eyesight if it is needed as a result of a disease, illness or injury (such as cataracts or a detached retina).</p> <p>We do not cover treatment in the event of physiological presbyopia – vision loss that can be attributed to the normal change in vision that arises as a result of ageing.</p>
	<p>Current General Exclusion 30</p> <p>30. Experimental or unapproved treatments</p> <p>Treatment which (in our reasonable opinion) is experimental, or has not been proven to be effective. This includes but is not limited to:</p> <ul style="list-style-type: none"> a) treatment which is provided as part of a clinical trial; b) treatment which has not been approved by the relevant public health authority in the country in which it is received; or c) any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed. 	<p>Updated General Exclusion 30</p> <p>30. Experimental or unapproved treatments</p> <p>Treatment which (in our reasonable opinion) is experimental, or has not been proven to be effective. This includes but is not limited to:</p> <ul style="list-style-type: none"> a) treatment which is provided as part of a clinical trial; b) treatment which has not been approved by the relevant public health authority in the country in which it is received; or c) any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed. <p>Any complications arising as a result of experimental or unapproved treatments will also not be covered.</p>

The following change relates to Section 3: Definitions

		<p>New definition</p> <p>Cigna Healthcare - the insurer of this policy.</p>
		<p>New definition</p> <p>Cigna Healthcare network - the network of hospitals, clinics, pharmacies, and medical practitioners that are authorised partners of the Cigna Group.</p>
	<p>Current definition.</p> <p>Designated country - the beneficiary's country of habitual residence being one of: Cyprus, Denmark, Greece, Malta or Romania.</p>	<p>Amendment of definition.</p> <p>Designated country - the beneficiary's country of habitual residence being either Cyprus, Denmark, Greece, Malta and Romania or as such other European countries that we have agreed to include prior to the policy start date which will be specified on your certificate of health coverage.</p>
	<p>Current definition.</p> <p>Emergency treatment - treatment which is medically necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which, if left untreated, could result in a significant deterioration in health. Only medical treatment through a physician, medical practitioner and hospitalisation that commences within twenty four (24) hours of the emergency event will be covered.</p>	<p>Amendment of definition.</p> <p>Emergency treatment - treatment which is medically necessary to prevent the immediate and/or significant effects of illnesses, injuries or conditions which, if left untreated, could result in a significant deterioration in health. Only medical treatment through a physician, medical practitioner and hospitalisation that commences within twenty-four (24) hours of the emergency event, or as soon as reasonably possible, will be covered.</p>
		<p>New definition.</p> <p>Executive Officer - a senior leader within Cigna Healthcare who is responsible for policy or decision making.</p>
		<p>New definition.</p> <p>International Medical Insurance - refers to the mandatory core cover of your Cigna Healthcare policy. It forms the foundation of your policy and is primarily comprised of inpatient and day patient benefits. For the full list of benefits covered under International Medical Insurance, please refer to the table of benefits in your Customer Guide.</p>
		<p>New definition.</p> <p>Minimum period - refers to the first three consecutive months from the initial start date of your policy (inclusive of the free look period) for which you are obligated to pay premiums, regardless of whether you have claimed under the policy or not.</p>
	<p>Current definition.</p> <p>Period of cover - this policy has a minimum period of cover of three (3) months and a maximum period of cover of twelve (12) months renewable. The period of cover is from the start date to the end date as noted in the Certificate of Insurance or earlier if terminated in accordance with the Policy Rules.</p>	<p>Amendment of definition.</p> <p>Period of cover - this policy has a period of cover of twelve (12) months. The period of cover is from the start date to the end date as noted in the Certificate of Insurance or earlier if terminated in accordance with the Policy Rules. The policy is automatically renewed at the end of the period of cover, unless expressed otherwise by you or us.</p>
	<p>Current definition.</p> <p>Pre-existing condition - any disease, illness or injury, or symptoms present before the initial start date of your policy for which: > medical advice or treatment has been sought or received; or > the beneficiary knew about and did not seek medical advice or treatment.</p>	<p>Amendment of definition.</p> <p>Pre-existing condition - any disease, illness or injury, or symptoms present before the initial start date of your policy for which:</p> <ul style="list-style-type: none"> ○ medical advice or treatment has been sought or received; or ○ the beneficiary reasonably knew about and did not seek medical advice or treatment.
		<p>New definition.</p> <p>'We', 'Us' and 'Our' - when we use the terms 'we', 'us' and 'our', we refer to Cigna Healthcare, the insurer of this policy. Please refer to page 3 of this Policy Rules document for details of the Cigna Healthcare legal entity providing your policy.</p>
		<p>Amendment of definition.</p> <p>'You' - the policyholder.</p>

The following change relates to the 'Important Information' Section		
		<p>New Wording [CEIC UK]</p> <p>You may be entitled to compensation from the Financial Services Compensation Scheme if Cigna Healthcare becomes insolvent and is unable to meet its obligations to you under this policy. Further information about the Scheme is available from the Financial Services Compensation Scheme on their website: www.fscs.org.uk.</p>

