



CIGNA HEALTHGUARDSM PLANS

**For Individuals residing in the Emirate of Dubai
and the Northern Emirates**

Together, all the way.SM



This material is intended for informational purposes only and contains a partial and general description of benefits. We recommend that you examine your (product) policy in detail to be certain of precise terms, conditions and coverage.



A PLAN THAT IS BUILT WITH YOU IN MIND

Having joined the millions of others around the world who've taken the huge step in life to relocate to a new country, it's important to secure peace of mind in as many aspects of your new life as possible – and your health comes first. Our plans have been specifically created for local nationals and expatriates residing and working in the Emirate of Dubai and the Northern Emirates, ensuring you have the very best of care available to you as and when you need it.

At Cigna, we specialize in health insurance policies for people just like you. It's our mission to help improve your health, wellbeing and peace of mind – and everything we do is designed to achieve this.



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WHY CHOOSE A CIGNA HEALTHGUARDSM PLAN

At Cigna, our mission is to help the people we serve improve their health, well-being and sense of security. We promise easy access to quality healthcare around the world.

When it comes to staying well - physically, financially, emotionally - we're with you all the way. We don't just want you to feel better. We want you to stay that way.

Our Cigna HealthguardSM plans provide peace of mind for customers worldwide. Whatever your circumstances, we are here to see you through the good times, as well as the hard times.

We've provided global health insurance for many years. Today we have 95 million customer relationships in over 200 countries and jurisdictions. Looking after them is an international workforce of 45,000 people, plus a medical network comprising of over 1 million partnerships, including 122,000 behavioural health care professionals, and 14,000 facilities and clinics.

We have partnered with Neuron to give you the best possible access to healthcare providers in the UAE, based on a tiered network of healthcare providers.

Neuron is one of the leading third party administrators (TPA) in the Middle East region delivering quality healthcare administrative services and business solutions amongst regional and international insurance companies and several multi-national self-funded organisations. Moreover, their experience in the healthcare sector in the region for over a decade has resulted in an extensive provider network.

Our partnership combines a comprehensive regional network with Cigna's extensive global network, meaning not only do we have you covered in the UAE, but also when you are travelling for business and pleasure across the globe.

Our goal is to provide you with easy access to quality care worldwide.

We have created flexible health plans for the Emirate of Dubai and the Northern Emirates that you can tailor to your specific needs. Read on to find out more about what we have to offer.



PUT YOUR HEALTH IN THE RIGHT HANDS



A healthcare plan specifically designed for you and your family if you are living or working in the Emirate of Dubai or the Northern Emirates



Proactively manage you and your family's health with our Healthy Connect optional module



Compliance with local regulatory requirements



Quick and easy access to healthcare facilities and professionals around the world through our extensive network 24 hours a day, 7 days a week, 365 days a year

WE HAVE YOU COVERED

Pre-existing conditions

Our plans provide cover for pre-existing and chronic conditions. Any pre-existing conditions will be reviewed by us. The outcome of our decision will be communicated to you during the application process in our underwriting summary form. Please let us know about any pre-existing conditions or chronic conditions as part of your application, as any undisclosed conditions could result in us not paying claims for those conditions.

Out of area emergency care

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. Beneficiaries will be covered for emergency treatment during temporary trips, even if those trips are outside your selected area of coverage.



HOW OUR PLANS WORK

Our Healthguard plans comprise of 3 distinct levels of cover. Depending on where you will be travelling to and your budget, we have a plan to suit your needs.

Our International and International Plus plans provide cover for worldwide travel with the option to select the Worldwide including USA area of cover. The International plan has a generous overall benefit maximum of AED 7,350,000 and the International Plus plan, our most comprehensive plan, has higher individual benefit limits and an unlimited overall annual maximum.

The Regional plan, the lower tier among our 3 plans, has an overall annual maximum of AED 2,750,000. This plan not only covers you in the United Arab Emirates and the wider Middle East but extends across Asia (with the exceptions of Hong Kong, China and Singapore). This is ideal for individuals who do not intend on travelling outside of Asia.

After you have decided which plan suits your needs best, you can select your Network Tier from one of our four choices: General, General Plus, Comprehensive excluding American Hospital Dubai (AHD), or Comprehensive.

Our three Cigna HealthguardSM plans at a glance

Regional	International	International Plus
✓ Coverage within the countries of the GCC, other Middle East and Asia countries (excluding Singapore, Hong Kong and China) ✓ Overall annual benefit maximum: AED 2,750,000	✓ Worldwide coverage with the option to include cover in the USA ✓ Overall annual benefit maximum: AED 7,350,000	✓ Worldwide coverage with the option to include cover in the USA ✓ Unlimited overall annual benefit maximum*
Option to include our Healthy Connect module	Option to include our Healthy Connect module	Option to include our Healthy Connect module
Option to Include our Mother and Baby Care module**	Option to Include our Mother and Baby Care module**	Option to Include our Mother and Baby Care module**

*Some benefits have individual limits.

**Eligibility criteria apply.

HOW TO CUSTOMISE YOUR CIGNA HEALTHGUARDSM PLAN

1 SELECT YOUR AREA OF COVER

Regional

GCC, other Middle East countries and Asia (excl. Singapore, Hong Kong and China)

International

Worldwide excluding USA or
Worldwide including USA

Healthguard Regional Plan

Healthguard International or International Plus plan

Annual maximum

Up to the maximum amount per beneficiary per period of cover

Regional: AED 2,750,000
International: AED 7,350,000
International Plus: Unlimited

2 CHOOSE YOUR NETWORK TIER

General

Excludes high cost hospitals

General Plus

Excludes some of the high cost hospitals

Comprehensive Excl. AHD

Excluding American Hospital Dubai (AHD)

Comprehensive

Access to all our hospitals within UAE

3 EXTEND YOUR COVERAGE



Healthy Connect
Optional module



Mother and Baby Care
Optional module*

4 MANAGE YOUR PREMIUM

You can choose to apply an optional Co-Pay in relation to outpatient visits:

0%
10% up to AED 50 per outpatient visit
20% up to AED 100 per outpatient visit

The higher the Co-Pay, the lower your premium will be. See page 10 for a full explanation of how Co-Pay on outpatient visits works.

5 PAY FOR YOUR PLAN

You can choose to pay for your premiums on a quarterly or annual basis. You can make payments by debit or credit card, or alternatively if you pay annually, you can pay by bank wire transfer.



Our plans include the following as standard:



Inpatient & daypatient hospital treatment and accommodation



Outpatient consultations, diagnostic tests & prescribed drugs



Mental health care



Maternity care



Cover for Pre-existing and chronic conditions



Out of area emergency cover

And many more benefits.



HEALTHY CONNECT

Optional module

In addition to the core medical offering, our Healthy Connect optional module includes a wide range of benefits that will help you take control and pro-actively manage the health and wellbeing of you and your family. The benefits range from comprehensive dental treatment, eye examination, enhanced health screenings and tests, life management assistance and dietetic consultations. What's more, we understand that there are times when you would prefer to have treatment in a familiar surrounding with family members close by; for those beneficiaries whose country of nationality is not the UAE, Healthy Connect also includes a Return home cash benefit, making it possible to return home, should the need arise.

Wellness tests and screenings -

enhanced physical examination, cancer screenings and counselling service

Dental care - including:

preventative, routine and major restorative treatment

Vision care - eye tests and help with costs for prescription glasses

Return home cash benefit - helping you with costs to return home for treatment should the need arise

OUR GLOBAL HEALTH ASSIST PROGRAMME

Our unique Global Health Assist programme is carried out by our dedicated team of doctors and nurses, who work hand in hand with customers with serious or complex health conditions to bring them the full medical support they deserve.

We are dedicated to helping you and your family live happier, healthier lives with an unparalleled level of clinical expertise, which grants all beneficiaries access to:



DECISION SUPPORT PROGRAMME



We provide our customers with access to speak with a doctor or nurse. This can offer an international second opinion service or simple reassurance to our customers at what can often be a sensitive and potentially emotional time. Included within this service may be an independent view on their diagnosis or treatment plan.

NURSE COMPLEX CASE MANAGEMENT



When treatment is more complex, our nurses can take over the case providing clinical guidance and reassurance. In addition, that nurse can become the beneficiary's dedicated point of contact throughout the treatment process.



Our Global Health Assist service works with a proactive and personalised approach to manage complex health conditions.

Our qualified nurses from the Clinical team will immediately contact customers suffering from pre-existing conditions or serious illnesses and confirm a personalised and dedicated point of contact for the customer, and you will receive personalised support and information about:

- > Our decision support programme;
- > Medical network/preferred provider information;
- > Hospital visits and accessing the right level of healthcare;
- > Detailed coverage information;
- > Personalised support and case management and;
- > Global Care On Demand.



HOW CO-PAY ON OUTPATIENT VISITS WORKS

Co-Pay is the percentage of each outpatient visit which a beneficiary must pay themselves. You will be responsible for paying the amount of Co-Pay directly to the healthcare provider. The healthcare provider will let you know what this amount is. Your Certificate of Insurance and Medical ID Cards will detail any Co-Pay applicable.

For your added protection, there is a limit on the Co-Pay amount you will pay for every

outpatient visit. If you have selected a 10% Co-Pay, the maximum amount you will pay for an outpatient visit is AED 50. If you have selected a 20% Co-Pay, the maximum amount you will pay for an outpatient visit is AED 100.

Please see how the optional Co-Pay in relation to outpatient visits will apply for the following examples. For further details, please refer to Clause 18 in the Customer Handbook.

EXAMPLE 1: HEALTHGUARD REGIONAL PLAN - OUTPATIENT VISIT	 YOU PAY AED 100	 WE PAY AED 1,430
Co-Pay Selected: 20% up to a maximum of AED 100 per visit Visit to a provider for the following Outpatient benefits on the same day: - consultation with medical practitioner (AED 350) - multiple diagnostic tests (AED 1,180) Total Visit value: AED 1,530	WHAT THIS MEANS FOR YOU... Your selected Co-Pay is 20% which means the amount you would normally pay for this visit is AED 306. However, the amount you pay for each outpatient visit is capped at AED 100, so that your contribution is limited at AED 100.	
EXAMPLE 2: HEALTHGUARD INTERNATIONAL PLAN - OUTPATIENT VISITS	 YOU PAY AED 200	 WE PAY AED 1,330
Co-Pay Selected: 20% up to a maximum of AED 100 per visit Visit to a provider for the following Outpatient benefits on the same day: - consultation with medical practitioner (AED 350) - multiple diagnostic tests (AED 300) Next visit to the same provider for further Outpatient benefits on a different day: - multiple diagnostic tests (AED 880) Total Visits value: AED 1,530	WHAT THIS MEANS FOR YOU... Your selected Co-Pay is 20% which means the amount you would normally pay for these visits is AED 306. However, the amount you pay for each outpatient visit is capped at AED 100, so that your contribution is limited at AED 200 (2 * AED 100).	
EXAMPLE 3: HEALTHGUARD INTERNATIONAL PLUS PLAN - OUTPATIENT VISITS	 YOU PAY AED 500	 WE PAY AED 5,850
Co-Pay Selected: 10% up to a maximum of AED 50 per visit Visit to a provider for the following Outpatient benefits on the same day: - consultation with medical practitioner (AED 350) 1st physiotherapy session (AED 600) 9 visits to the same provider for further Outpatient benefits on different days: 9 physiotherapy sessions (AED 5400) Total Visits value: AED 6,350	WHAT THIS MEANS FOR YOU... Your selected Co-Pay is 10% which means the amount you would normally pay for these visits is AED 635. However, the amount you pay for each outpatient visit is capped at AED 50, so that your contribution is limited at AED 500 (10 * AED 50).	

Important note:

A mandatory Co-Pay of 10% applies to routine maternity, medically necessary caesarean and complications arising from maternity and childbirth (non-life threatening) benefits across all plans. These treatments covered on an inpatient and daypatient basis are not subject to the associated limit of AED 50 applicable for the optional Co-Pay in relation to outpatient visits.

A mandatory Co-Pay also applies to some of the dental benefits in the optional Healthy Connect module. The Co-Pay applicable to major restorative dental treatment and orthodontic treatment benefits are not limited to a specific amount for these treatments.

AREA OF COVERAGE GUIDE FOR REGIONAL PLAN

The Regional plan includes the following countries:

Gulf Corporation Council (GCC) countries*:	Other Middle East and Asia countries:	
Kingdom of Bahrain State of Kuwait Sultanate of Oman State of Qatar Kingdom of Saudi Arabia United Arab Emirates (UAE)	Armenia Azerbaijan Bangladesh Bhutan Brunei Darussalam Cyprus/Northern Cyprus Cambodia Egypt Georgia India Indonesia Jordan Kazakhstan Kuwait Kyrgyzstan Lao People's Democratic Republic Lebanon Macao	Malaysia Maldives Mongolia Myanmar Nepal Pakistan Palestine/Israel Philippines South Korea Sri Lanka Taiwan Tajikistan Thailand Timor-Leste Turkey Turkmenistan Yemen Uzbekistan Vietnam

*Which at the date of publication include the following countries.

The following countries in Asia are not included in the **Healthguard Regional plan**:

Not included in the Healthguard Regional plan
Singapore Hong Kong China

Important note

Notwithstanding the foregoing areas of cover, we will not pay claims for services received in sanctioned countries if doing so would violate the requirements of the United Nations Security Council, the European Union or the United States Department of Treasury's Office of Foreign Assets Control.



HEALTHGUARD PLAN BENEFITS

Our Healthguard plans comprise of three levels of cover. The Regional plan provides coverage within the countries of the Gulf Cooperation Council (GCC), other Middle East countries and Asia (excluding Singapore, Hong Kong and China).

The International and International Plus plans provide cover Worldwide excluding the USA as standard, however, you may select the Worldwide including the USA coverage additional option.

The table below details the level of cover you can choose. All benefits detailed as 'Paid in full' are subject to the overall annual benefit maximum with the exclusion of the Medical Evacuation and Repatriation service benefits. All the outpatient benefits detailed as 'Paid in full' are also subject to any Co-Pay amounts if you have selected an optional Co-Pay in relation to any outpatient benefit.

All amounts apply per beneficiary per period of cover (except where otherwise noted).

Our plans are designed to cover for inpatient, daypatient, accommodation costs, outpatient care and treatments, as well as cover for cancer, maternity, mental health care and much more. In addition to the core medical offering, you have the possibility to add our Healthy Connect and Mother and Baby Care optional modules.

Please note benefit limits displayed in USD (\$) are for illustrative purposes only and have been rounded.

LIST OF BENEFITS

YOUR OVERALL MAXIMUM

Annual overall benefit - maximum per beneficiary per period of cover Includes all inpatient, daypatient and outpatient treatment.	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
	AED 2,750,000 (\$750,000)	AED 7,350,000 (\$2,000,000)	Unlimited

YOUR NETWORK AND AREA OF COVERAGE

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Healthcare provider network in the UAE	Select your Network Tier from the 4 choices: General General Plus Comprehensive excluding American Hospital Dubai (AHD) Comprehensive		
A full list of our network of healthcare providers is available in your online Customer Area. Please note, in the following circumstances direct payment to the provider may not be possible and a reimbursement will apply, up to the maximum amount per benefit per period of cover: ✧ No network exists within area of coverage ✧ Emergency treatment ✧ The treatment required is not available in the network of healthcare providers.			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Network of healthcare providers	Direct payment to providers in the UAE Out of network penalty in the UAE - 20%*	Direct payment to providers in the UAE Out of network penalty in the UAE and the USA - 20% *	

If a beneficiary receives treatment in the UAE or the USA (if applicable) and the provider is not part of the healthcare provider network, we will reduce any amount we pay by 20%.

*Please note there are occasions when this may not apply, including:

- › Where there is no Cigna network of healthcare providers within 30 miles / 50 kilometres of the beneficiaries home address.
- › When the treatment the beneficiary needs is not available from a local network hospital, medical practitioner or clinic.
- › In the event emergency treatment is required at a hospital, medical practitioner or clinic that is not part of the Cigna network.
- › The Cigna network of healthcare providers is used outside of the UAE or the USA (if applicable).

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
USA area of coverage option	Not applicable	Worldwide excluding the USA or; Worldwide including the USA	

Choose to include the USA area of coverage (International and International Plus plans only)

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Out of Area Emergency Cover Up to the total limit shown for your selected plan per beneficiary per period of cover.	AED 180,000 (\$50,000)	AED 280,000 (\$75,000)	AED 500,000 (\$135,000)
		Not applicable if you have selected the Worldwide including the USA coverage option.	

Emergency inpatient, daypatient or outpatient medical treatment during temporary business or leisure trips outside your area of coverage.

Important notes:

- › The medical condition requiring emergency treatment must not have existed prior to the travel and the beneficiary must have been treatment, symptom, and advice free of the medical condition prior to initiating the travel.
- › Coverage is limited to a maximum period of 30 days per trip and a maximum of 60 days per period of cover for all trips combined.
- › Charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth are excluded from this Out of Area Emergency Cover.

YOUR STANDARD MEDICAL BENEFITS

INPATIENT & DAYPATIENT BENEFITS

Please note, there are some benefits detailed below that include outpatient treatment. Therefore, a Co-Pay (if selected) will apply for such treatments.

Hospital charges for: nursing care, accommodation on a private room basis for inpatient and daypatient treatment and recovery room including emergency treatment. Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full Standard private room	INTERNATIONAL Paid in full Standard private room	INTERNATIONAL PLUS Paid in full Standard private room
› We will pay for nursing care and accommodation whilst a beneficiary is receiving inpatient or daypatient treatment; or the cost of a treatment room while a beneficiary is undergoing outpatient surgery, if one is required. › We will only pay these costs if: • it is medically necessary for the beneficiary to be treated on an inpatient or daypatient basis; • they stay in hospital for a medically appropriate period of time; • the treatment which they receive is provided or managed by a specialist. › If a hospital's fees vary depending on the type of room which the beneficiary stays in, the maximum amount which we will pay is reasonable and customary costs in line with appropriate costs in that area, based on a standard single room with a private bathroom or equivalent. › If the treating medical practitioner decides that the beneficiary needs to stay in hospital for a longer period than we have approved in advance, or decides that the treatment which the beneficiary needs is different to that which we have approved in advance, then that medical practitioner must provide us with a report, explaining: how long the beneficiary will need to stay in hospital; the diagnosis (if this has changed); and the treatment which the beneficiary has received, and needs to receive.			
Hospital charges for: operating theatre, prescribed medicines, drugs and dressings and surgeons' and anaesthetists' fees on an inpatient and daypatient basis. Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
Operating theatre costs: › Costs and charges relating to the use of an operating theatre, if the treatment being given is covered under this policy. Medicines, drugs and dressings: › Medicines, drugs and dressings which are prescribed for the beneficiary whilst he or she is receiving inpatient or daypatient treatment. › Medicines, drugs and dressings which are prescribed for use at home will be covered under the limits of the prescribed drugs and dressing limit in Outpatient benefits (unless they are prescribed as part of cancer treatment).			
Intensive care: including intensive therapy, coronary care and high dependency unit. Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
Treatment in an intensive care, intensive therapy, coronary care or high dependency facility if: › that facility is the most appropriate place for them to be treated; › the care provided by that facility is an essential part of their treatment; and › the care provided by that facility is routinely required by patients suffering from the same type of illness or injury, or receiving the same type of treatment.			

Surgeons' and Anaesthetists' fees	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
Inpatient or daypatient costs for: › surgeons' and anaesthetists' surgery fees; and › surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).			

Specialists' consultation fees	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
Regular visits by a specialist during stays in hospital including intensive care by a specialist for as long as is required by medical necessity. We will pay for consultations with a specialist during stays in a hospital where the beneficiary: › is being treated on an inpatient or daypatient basis; › is having surgery; or › where the consultation is a medical necessity.			

Companion Accommodation (per night)	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the total limit shown per night for your selected plan per beneficiary per period of cover.	AED 100 (\$28)	AED 100 (\$28)	AED 200 (\$56)
› The cost of accommodation of a person accompanying an inpatient beneficiary in the same room in cases of medical necessity at the recommendation of the treating doctor.			

Hospital accommodation for a parent or legal guardian (per night)	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the total limit shown per night 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.	AED 500 (\$135)	AED 1,000 (\$270)	Paid in full
If a beneficiary who is under the age of 18 years old needs inpatient treatment and has to stay in hospital overnight, we will also pay for hospital accommodation for a parent or legal guardian, if: › accommodation is available in the same hospital; and › the cost is reasonable. We will only pay for hospital accommodation for a parent or legal guardian if the treatment which the beneficiary is receiving during their stay in hospital is covered under this policy.			

Transplant services for organ, bone marrow and stem cell transplants	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if: - 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. We will pay for anti-rejection medicines following a transplant, when they are given on an inpatient basis. We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if: - 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. 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. If a person donates bone marrow or an organ to a beneficiary, we will pay for: - 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. 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. 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. 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. Important note: A Co-Pay (if selected) will apply for all outpatient treatment related to this benefit. 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.			

Kidney dialysis	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
Treatment for kidney dialysis will be covered if such treatment is available. - We will pay for this on an inpatient or daypatient basis. - 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.			

Pathology, radiology and diagnostic tests	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
Tests which are medically necessary and are recommended by a specialist as part of a beneficiary's hospital stay for inpatient or daypatient treatment, including: - blood and urine tests; - X-rays; - ultrasound scans; - electrocardiograms (ECG); and - other diagnostic tests.			

Advanced medical imaging	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full

We will pay for the following scans if they are recommended by a specialist as a part of a beneficiary's inpatient or daypatient treatment:

- › magnetic resonance imaging (MRI);
- › computed tomography (CT); and/or
- › positron emission tomography (PET).

Rehabilitation	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to thirty (30) days and 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.	AED 9,000 (\$2,500)	AED 18,000 (\$5,000)	Paid in full

We will pay for rehabilitation on an inpatient, daypatient or outpatient basis immediately following treatment that is covered under the policy.

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 notes:

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:

- › how long the beneficiary will need to stay in hospital;
- › the diagnosis; and
- › the treatment which the beneficiary has received, or needs to receive.

A Co-Pay (if selected) will apply for all outpatient treatment related to this benefit.

Home nursing	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to thirty (30) days and 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.	AED 9,000 (\$2,500)	AED 18,000 (\$5,000)	Paid in full

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.

Important notes:

- › 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.

Physiotherapy	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
- Where treatment is provided on an inpatient or daypatient basis. - We will pay for treatment provided by physiotherapist if it is recommended by a specialist as part of the beneficiary's hospital stay for inpatient or daypatient treatment (but is not the primary treatment which they are in hospital to receive).			

Local road and air ambulance services	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in Full (Road only)	Paid in full	Paid in full
Where it is medically necessary, we will pay for a local ambulance to transport a beneficiary: - from the scene of an accident or injury to a hospital; - from one hospital to another; or - from their home to a hospital. We will only pay for a local road ambulance where its use relates to treatment which a beneficiary needs to receive in hospital. Where it is medically necessary, we will pay for an air ambulance to transport the beneficiary from the scene of an accident or injury to a hospital or from one hospital to another. Important notes: Air ambulance cover is subject to the following conditions and limitations: - In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, we will not arrange or pay for an air ambulance. This policy does not guarantee that an air ambulance will always be available when requested, even if it is medically appropriate. - We will only pay for a local air ambulance, such as a helicopter, to transport a beneficiary for distances up to 100 miles (160 kilometres) and we will only pay for an air ambulance where its use relates to treatment which a beneficiary needs to receive in hospital. This policy does not provide cover for mountain rescue services.			

Hospice and palliative care	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
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.			

Internal prosthetic devices/ surgical and medical appliances	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 150,000 (\$41,000)	Paid in full	Paid in full
Medically necessary internal prosthetic implants, devices or appliances which are put in place during surgery as part of a beneficiary's treatment. A surgical appliance or a medical appliance can mean: - a 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.			

External prosthetic devices/ surgical and medical appliances	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 10,000 (\$2,700)	AED 15,000 (\$4,100)	Paid in full

External prosthetics, devices or appliances which are necessary as part of a beneficiary's treatment (subject to the limitations explained below).

We will pay for:

- ▶ 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.

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.

We will pay for an initial external prosthetic device and up to two replacements for beneficiaries aged 17 or younger per period of cover.

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.

Inpatient cash benefit (per night)	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to thirty (30) nights and to the total limit shown per night for your selected plan per beneficiary per period of cover.	AED 400 (\$100)	AED 600 (\$150)	AED 900 (\$250)

Cash payment directly to a beneficiary when they:

- ▶ 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.

Emergency dental and gum treatment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full

Dental or gum treatment, in the case of a medical emergency immediately after damage to sound natural teeth or gums on an inpatient or daypatient basis, subject to the conditions set out below.

- ▶ We will pay for emergency treatment which is required by a beneficiary while they are in hospital as an inpatient, if that emergency inpatient dental treatment is recommended by the treating medical practitioner because of a dental emergency (but is not the primary treatment which the beneficiary is in hospital to receive).
- ▶ This benefit is paid instead of any other dental benefits the beneficiary may be entitled to in these circumstances.

Emergency mental health care	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full

Treatment for emergency mental health conditions and disorders and addiction treatment on an inpatient, daypatient and outpatient basis. We will only pay for evidence-based, medically necessary treatment and recommended by a medical practitioner.

- ▶ Prescription drugs or medication prescribed on an outpatient basis is paid under the prescribed drugs and dressings benefit.
- ▶ A Co-Pay (if selected) will apply for all outpatient treatment related to this benefit.

Non-emergency mental health care Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 5,500 (\$1,500)	INTERNATIONAL AED 7,500 (\$2,000)	INTERNATIONAL PLUS AED 7,500 (\$2,000)
Subject to the limits explained below we will pay for the following treatment on an inpatient, daypatient or outpatient basis: - the treatment of mental health conditions and disorders; and - the diagnosis of addictions. Addiction treatment - 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. - 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. - We will not pay for any treatment related to alcoholism or controlled substances 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 controlled substances addiction. - Prescription drugs or medication prescribed on an outpatient basis is paid under the prescribed drugs and dressings benefit. Important note: - A Co-Pay (if selected) will apply for all outpatient treatment related to this benefit.			
Cancer care Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
- Following a diagnosis of cancer, we will pay for costs for the treatment of cancer if the treatment is considered by us to be active treatment and evidence-based treatment. This includes chemotherapy, radiotherapy, oncology, diagnostic tests and drugs, whether the beneficiary is staying in a hospital overnight or receiving treatment as a daypatient or outpatient. - Cover for genetic cancer screening is only available if you selected the Healthy Connect optional module detailed in this Customer Handbook. - No Co-Pay will apply for outpatient treatment, including drugs.			
Cancer preventative surgery Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 36,500 (\$10,000) 30% Co-Pay applies	INTERNATIONAL AED 66,000 (\$18,000) 20% Co-Pay applies	INTERNATIONAL PLUS AED 66,000 (\$18,000) 10% Co-Pay applies
We will pay for preventative surgery for breast and ovarian cancer when the surgery is considered medically necessary for the treatment of individuals at high risk of developing breast or ovarian cancer according to Cigna medical guidelines.			
Routine maternity, childbirth and elective caesarean 10% mandatory Co-Pay applies. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 7,000 (\$1,900)	INTERNATIONAL AED 7,000 (\$1,900)	INTERNATIONAL PLUS AED 7,000 (\$1,900)
We will pay for routine maternity care, childbirth and elective caesarean costs on an inpatient or daypatient basis including: - hospital, obstetricians' and midwives' fees for routine childbirth; - any fees as a result of post-natal care required by the mother immediately following routine childbirth. We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary. Important notes: - A 10% mandatory Co-Pay applies to this benefit. - The benefit is payable outside of the UAE once the mother has been covered by the policy for 12 months or more.			

Medically necessary caesarean and complications arising from maternity and childbirth (non-life threatening) 10% mandatory Co-Pay applies. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
	AED 10,000 (\$2,700)	AED 10,000 (\$2,700)	AED 10,000 (\$2,700)
We will pay for medically necessary caesarean and complications cost arising from maternity and childbirth on an inpatient or daypatient basis including: - hospital, obstetricians' and midwives' fees for complicated (non-life threatening) childbirth; - any fees as a result of post-natal care required by the mother immediately following complicated (non-life threatening) childbirth. We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary. The plan benefit limits for routine maternity in the benefit above and a medically necessary caesarean, does not result in a combined aggregate limit payable. Important notes: - A 10% mandatory Co-Pay applies to this benefit. - The benefit is payable outside of the UAE once the mother has been covered by the policy for 12 months or more.			

Complications arising from maternity and childbirth (Treatment for life threatening maternity conditions) and medically necessary termination Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
	Paid in full	Paid in full	Paid in full
We will pay for all treatment as a result of complications of pregnancy, including a medically necessary termination, ectopic pregnancy and pre-eclampsia.			

Newborn Care Up to thirty (30) days from newborn's birth and to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
	AED 150,000 up to and including 30 days from newborn's birth.	AED 150,000 up to and including 30 days from newborn's birth.	AED 150,000 up to and including 30 days from newborn's birth.
We will pay for the following: - Any illness or defect detected (congenital or otherwise) during pregnancy or evident at or arising up to and including 30 days from birth. - BCG, Hepatitis B, Vit K and other neo-natal screening tests, including; Phenylketonuria, Congenital Hypothyroidism, Sick cell screening, Congenital adrenal hyperplasia, G6PD and hearing tests.			

Congenital conditions and birth defects (life threatening) Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
	AED 150,000 (\$41,000)	AED 150,000 (\$41,000)	AED 150,000 (\$41,000)
We will pay for treatment for life threatening congenital conditions and birth defects on an inpatient, outpatient and daypatient basis which are life threatening.			

OUTPATIENT BENEFITS

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
A Co-Pay (if selected) applies to all outpatient care benefits	Choose your Co-Pay option for Outpatient visits: 0% 10% up to a maximum of AED 50 (\$14) per visit 20% up to a maximum of AED 100 (\$28) per visit		
Co-Pay is the percentage of each outpatient visit that is not covered by your plan. For additional peace of mind, our Co-Pay options include a maximum amount for each outpatient visit.			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Consultations with medical practitioners and specialists			
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
- Consultations or meetings with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment; - Non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary.			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Surgeons' and Anaesthetists' fees			
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
Outpatient costs for: - surgeons' and anaesthetists' surgery fees; and - surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Outpatient maternity			
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full Maximum of 8 visits to obstetrician.	Paid in full Maximum of 8 visits to obstetrician.	Paid in full Maximum of 8 visits to obstetrician.
- All care provided for low risk or specialist obstetrician for high risk referrals. - All blood tests required during one of the visits to an obstetrician including, initial investigations such as: - FBC and Platelets; - Blood group, rhesus status and antibodies; - VDRL, MSU and urinalysis; - Rubella serology; - GTT (for high risk patients); - FBS, random s or A1. 3 ante-natal ultrasound scans; - Appointment(s) for and tests such as the CTG and Bishops score and a membrane sweep; and - All visits including reviews, checks and tests in accordance with ante-natal protocols for high risk patients. Important notes: - A Co-Pay (if selected) will apply for all outpatient treatments related to this benefit. - All post-natal treatment (other than immediately following delivery and complications) is covered under the applicable outpatient care benefit. - The benefit is payable outside of the UAE once the mother has been covered by the policy for 12 months or more.			

Kidney dialysis Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
Treatment for kidney dialysis will be covered if such treatment is available. > We will pay for this on an outpatient basis. > 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.			
Pathology, radiology and diagnostic tests Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
Tests where they are medically necessary and are recommended by a specialist as part of a beneficiary's outpatient treatment, including: > blood and urine tests; > X-rays; > ultrasound scans; > electrocardiograms (ECG); and > other diagnostic tests.			
Advanced medical imaging Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
We will pay for the following scans on an outpatient basis if they are recommended by a specialist part of beneficiary's outpatient treatment: > magnetic resonance imaging (MRI); > computed tomography (CT); and/or > positron emission tomography (PET).			
Physiotherapy treatment Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full Maximum of 15 visits	INTERNATIONAL Paid in full Maximum of 30 visits	INTERNATIONAL PLUS Paid in full
> 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.			
Osteopathy and chiropractic treatment Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full up to a combined maximum of 10 visits	INTERNATIONAL Paid in full up to a combined maximum of 15 visits	INTERNATIONAL PLUS Paid in full
> Treatment includes 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.			

Acupuncture	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 3,500 (\$1,000)	Paid in full	Paid in full
› Treatment administered by a registered Acupuncturist, when 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. › We will not pay for any other types of alternate therapies or treatment, including but not limited to Naturopathy, Herbal Medicine, Reiki or Hypnotism.			

Emergency dental and gum treatment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
› Dental or gum treatment, in the case of a medical emergency immediately after damage to sound natural teeth or gums on an outpatient basis. › This benefit is paid instead of any other dental benefits the beneficiary may be entitled to in these circumstances.			

Restorative speech therapy	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 9,000 (\$2,500)	AED 18,000 (\$5,000)	Paid in full
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); › it is confirmed by a specialist to be medically necessary on a short-term basis. Important notes: › We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. › We will not pay for speech therapy which: • 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.			

Prescribed drugs and dressings	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 9,000 (\$2,500)	AED 18,000 (\$5,000)	Paid in full
› Prescription drugs and dressings which are prescribed by a medical practitioner on an outpatient basis.			

Rental of durable equipment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 9,000 (\$2,500)	AED 18,000 (\$5,000)	Paid in full
› 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. › We will only pay for the rental of durable medical equipment which: • 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.			

Adult vaccinations	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 2,000 (\$550)	AED 7,500 (\$2,000)	Paid in full
› The following vaccinations and immunisations that are clinically appropriate, namely: • Influenza (flu); • Tetanus (once every 10 years); • Hepatitis A; • Hepatitis B; • Meningitis; • Rabies; • Cholera; • Yellow Fever; • Japanese Encephalitis; • Polio booster; • Typhoid; and • Malaria (in tablet form, either daily or weekly).			

Well child tests	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 9,000 (\$2,500)	Paid in full	Paid in full
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: › evaluating medical history; › physical examinations; › development assessment; › anticipatory guidance; and › appropriate 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: › 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 and up to age 17 years who have diabetes.			

Child vaccinations and immunisations	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
The following vaccinations and immunisations as appropriate, for children aged 17 or younger: › 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). Important note: The benefit includes vaccinations and immunisations as per the guidelines set by the Dubai Ministry of Health.			

Annual routine tests for children aged 15 or younger	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
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.	AED 9,000 (\$2,500)	Paid in full	Paid in full
We will pay for the following routine tests for children aged 15 or younger: › 1 eye examination; and › 1 hearing test.			

Routine adult physical examination	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the total limit shown for your selected plan per beneficiary per period of cover.	AED 550 (\$150)	AED 1,100 (\$300)	AED 1,650 (\$450)
› Routine adult physical examination (including: height, weight, body mass index, skin check, blood test (cholesterol, glucose level), urinalysis, blood pressure, cardiac examination, neurological examinations and vital organ functions) for persons aged 18 or older.			

Diabetes screening	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
› Diabetes screening coverage every 3 years for low risk individuals from age 30 years, and also for high risk individuals annually from age 18 years.			

Cancer screening	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
1 annual screening/test for each of the following if applicable › Breast Cancer screening: • Asymptomatic Women Aged 40-69: Breast awareness consultation, Clinical Breast Exam (CBE) every year, Mammography every 2 years › Cervical Cancer screening: • Asymptomatic Women Aged 25-49: Papanicolaou test (pap smear) every 3 years • Asymptomatic Women Aged 50-65: Papanicolaou test (pap smear) every 5 years › Bowel Cancer screening: • Asymptomatic Men and Women Aged 40-75: Colonoscopy every 10 years; or Fecal Immunochemical Test (FIT) every 2 years. • Eligible population must be offered colonoscopy screening first, as baseline. In case of refusal, the patient should be offered a Fecal Immunochemical Test (FIT). › Prostate Cancer screening: • Asymptomatic Men Aged 50-75: Prostate examination (prostate specific antigen (PSA) test) every year			

Hepatitis C Virus screening Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
> 1 annual screening for high risk individuals. The risk level is determined as per the Dubai Health Authority Questionnaire issued in Policy Directive Number 3 of 2018 (PD 03/2018), published on 29th July 2018.			
Treatment for accidental hearing loss Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
> We will pay for treatment for accidental hearing loss as a result of a medical emergency or as a result of a life threatening condition.			
Hearing and vision aids and vision correction by surgeries and laser in a medical emergency Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
> We will pay for hearing and vision aids, and vision correction by surgery and laser as a result of a medical emergency or as a result of a life threatening condition.			
Preventative dental treatment Three (3) months waiting period applies. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 550 (\$150)	INTERNATIONAL AED 1,100 (\$300)	INTERNATIONAL PLUS AED 1,650 (\$450)
We will pay for the following preventative dental treatment recommended by a dentist: > 2 dental check-ups per period of cover including scaling and polishing (topical fluoride application if required).			

MEDICAL EVACUATION BENEFITS

Medical Evacuation and Repatriation service provides coverage for reasonable transportation costs to the nearest centre of medical excellence in the event that the treatment is not available locally in an emergency. This service also includes repatriation coverage. It also includes compassionate visits for a parent, spouse, partner, sibling or child to visit a beneficiary after an accident or sudden illness and the beneficiary has not been evacuated or repatriated.

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Medical Evacuation	Paid in full	Paid in full	Paid in full
Transfer to the nearest centre of medical excellence if the treatment the beneficiary needs is not available locally in an emergency. If a beneficiary requires emergency treatment, we will pay for medical evacuation for them: - to be taken to the nearest hospital where the necessary treatment is available (even if this is in another part of the country, or in another country); and - to return to the place they were taken from, provided the return journey takes place not more than 14 days after the treatment is completed. As regards to the return journey, we will pay: - the price of an economy class air ticket; or - the reasonable cost of travel by land or sea; whichever is lesser. We will only pay for taxi fares if: - it is medically preferable for the beneficiary to travel to the airport by taxi, rather than by ambulance; and - approval is obtained in advance from the medical assistance service. We will pay for evacuation (but not repatriation) if the beneficiary needs diagnostic tests or cancer treatment (such as chemotherapy) if, in the opinion of our medical assistance service, evacuation is appropriate and medically necessary in the circumstances. We will not pay any other costs related to an evacuation (such as accommodation costs). Important note: If you require to return to the hospital where you were evacuated for follow up treatment, we will not pay for travel costs or living allowance costs.			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Medical repatriation	Paid in full	Paid in full	Paid in full
If a beneficiary requires a medical repatriation, we will pay: - for them to be returned to their country of habitual residence or country of nationality; and - to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the treatment is completed. The above journey must be approved in advance by our medical assistance service and to avoid doubt all transportation costs are required to be reasonable and customary. As regards to the return journey, we will pay: - the price of an economy class air ticket; or - the reasonable cost of travel by land or sea; whichever is lesser. We will only pay for taxi fares if: - it is medically preferable for the beneficiary to travel to the airport by taxi, rather than by ambulance; and - approval is obtained in advance from the medical assistance service. We will not pay any other costs related to a repatriation (such as accommodation costs). Important notes: - If you require to return to the hospital where you were repatriated for follow up treatment, we will not pay for travel costs or living allowance costs. - If a beneficiary contacts the medical assistance service to ask for prior approval for repatriation, but the medical assistance service does not consider repatriation to be medically appropriate, we may instead arrange for the beneficiary to be evacuated to the nearest hospital where the necessary treatment is available. We will then repatriate the beneficiary to his or her specified country of nationality or country of habitual residence when his or her condition is stable, and it is medically appropriate to do so.			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full
› If a beneficiary dies outside their country of habitual residence during the period of cover, the medical assistance service will arrange for their mortal remains to be returned to their country of habitual residence or country of nationality as soon as reasonably practicable, subject to airlines requirements and restrictions. › We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the beneficiary's mortal remains.			

	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Travel costs for accompanying person	Paid in full	Paid in full	Paid in full
If a beneficiary needs a parent, sibling, child, spouse or partner, to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they: › need help getting on or off an aeroplane or other vehicle; › are travelling 1000 miles (or 1600km) or further; › are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort; or › are very seriously ill or injured; we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the medical assistance service and the return journey must take place not more than 14 days after the treatment is completed. We will pay: › the price of an economy class air ticket; or › the reasonable cost of travel by land or sea; whichever is the lesser. If it is appropriate, considering the beneficiary's medical requirements, the family member or partner who is accompanying them may travel in a different class. If it is medically necessary for a beneficiary to be evacuated or repatriated, and they are going to be accompanied by their spouse or partner, we will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian. Important notes: We will not pay for a third party to accompany a beneficiary if the original purpose of the evacuation was to enable the beneficiary to receive outpatient treatment. We will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation.			

Compassionate visits - travel costs	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to a maximum of 5 trips per lifetime.			
Up to the total limit shown for your selected plan per beneficiary per period of cover	AED 3,500 (\$1,000)	AED 4,500 (\$1,250)	AED 4,500 (\$1,250)
Compassionate visits - living allowance costs	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the total limit shown per day for each visit with a maximum of 10 days per visit	AED 600 (\$150)	AED 750 (\$200)	AED 750 (\$200)
› For each beneficiary we will pay for up to 5 compassionate visits over the lifetime of the cover. Compassionate visits must be approved in advance by our medical assistance service. › We will pay the cost of economy class return travel for a parent, spouse, partner, sibling or child to visit a beneficiary after an accident or sudden illness, if the beneficiary is in a different country and is anticipated to be hospitalised for 5 days or more, or has been given a short-term terminal prognosis. › We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days per visit while they are away from their country of habitual residence up to the limits shown in the list of benefits (subject to being provided with receipts in respect of the costs incurred). Important note: We will not pay for a compassionate visit when the beneficiary has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, we will not pay any further third party transportation costs.			



OPTIONAL COVERAGE

HEALTHY CONNECT



HEALTHY CONNECT

In addition to the core medical offering, our Healthy Connect optional module includes a wide range of benefits that will help you take control and pro-actively manage the health and wellbeing of you and your family. The benefits range from comprehensive dental treatment, eye examination, enhanced health screenings and tests, life management assistance and dietetic consultations. What's more, we understand that there are times when you would prefer to have treatment in familiar surroundings with family members close by; for those beneficiaries whose country of nationality is not the UAE, Healthy Connect also includes a Return home cash benefit, making it possible to return home, should the need arise.

Healthy Connect can only be purchased in conjunction with the Core plan and is required to be purchased for all beneficiaries.

OUR LIFE MANAGEMENT ASSISTANCE PROGRAMME

Balanced living relies on total wellbeing. It is important to recognise when situations create an unhealthy amount of stress, distraction, or worry. Before any work or life issue becomes a larger problem, or for support when you are facing difficulties, our Life Management Assistance programme is here to help.

This service, included in the Healthy Connect optional module, is available 24 hours a day, 7 days a week, and 365 days a year. Anytime, any day you can contact the service for access to confidential assistance with any work, life, personal or family issue that matters to you.



As part of the Life Management Assistance programme, our customers will have access to:

 Short-Term Counselling Service	 Live Assistance	 Local Information Advisor
Up to 6 face-to-face or telephone counselling sessions per issue	Unlimited in-the-moment telephone support for live assistance	Information about local resources and referrals to legal, financial services etc.

This service includes 11,000+ specialised counsellors in 200+ countries and territories around the world, with multilingual support available for you if required. We are ready to assist you with topics that include, but are not limited to:

- › Assisting during relocation
- › Childcare/Elderly care
- › Surviving the loss of a loved one
- › Handling stress
- › Harmony between work and home life
- › Managing life changes
- › Parenting
- › Managing anxiety and depression
- › Managing workplace pressure
- › Couples support

For further details on our Life Management Assistance programme, please consult the next page.

WELLNESS

Enhanced adult physical examination Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 1,500 (\$400)	INTERNATIONAL AED 2,000 (\$550)	INTERNATIONAL PLUS AED 3,500 (\$1,000)
1 enhanced adult physical examinations (including: full biochemistry profile (liver and kidney function), lung function test, spinal assessment, advanced cardiovascular test (ECG or Aerobic fitness test), body metabolism test (Resting Metabolic rate (RMR), VO2 max test), chest X-Ray (if clinically indicated)), for persons aged 18 or older.			
Screening and tests Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 2,750 (\$750)	INTERNATIONAL AED 5,500 (\$1,500)	INTERNATIONAL PLUS AED 11,000 (\$3,000)
1 annual screening/test for each of the following if applicable: - Genetic cancer screening as per Cigna medical guidelines: 1 genetic test per lifetime for beneficiaries aged 25 and over with an increased risk of breast and ovarian cancer, including BRCA1 and BRCA2 where a direct family (bloodline) history exists. - Bone densitometry: 1 scan to determine the density of the beneficiary's bones. - Allergy Test: 1 series of tests with a qualified specialist to determine common allergies if medically necessary in accordance to Cigna medical guidelines.			
Homeopathy, Ayurveda and Chinese medicine 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.	REGIONAL AED 3,500 (\$1,000)	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
Treatment administered by a registered Homeopath, Ayurvedic & Chinese medicine practitioner, when 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.			
Dietetic consultations 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.	REGIONAL AED 1,500 (\$400)	INTERNATIONAL AED 2,000 (\$550)	INTERNATIONAL PLUS Paid in full
Up to 4 consultations with a dietician per period of cover, if the beneficiary requires dietary advice relating to a diagnosed disease or illness such as diabetes.			
Life management assistance programme	REGIONAL Paid in full	INTERNATIONAL Paid in full	INTERNATIONAL PLUS Paid in full
- 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. - This service covers short-term counselling, in-the-moment telephone support, and information about local resources: - 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. - Provides information, resources and counselling on any work, life, personal, or family issue that matters to you. - 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. Please contact us for approval. The service is provided by our chosen counselling provider.			

VISION CARE

Routine eye examination	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full	Paid in full	Paid in full
› 1 routine eye examination per period of cover to be carried out by either an ophthalmologist or optometrist. We will not pay for more than 1 eye examination in any one period of cover.			

Expenses for:	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
› Spectacle lenses; › Contact lenses; › Spectacle frames; › Prescription sunglasses; when all are prescribed by an optometrist or ophthalmologist. Up to the total limit shown for your selected plan per beneficiary per period of cover.	AED 600 (\$150)	AED 900 (\$250)	AED 2,000 (\$550)
› We will not pay for: • sunglasses, unless medically prescribed by an ophthalmologist or optometrist; • glasses or lenses which are not medically necessary or not prescribed by an ophthalmologist or optometrist; or • treatment or surgery, including treatment or surgery which aims to correct eyesight, such as laser eye surgery, refractive keratotomy (RK) or photorefractive keratectomy (PRK). › A copy of a prescription or invoice for corrective lenses will need to be provided to us in support of any claim for frames.			

RETURN HOME CASH BENEFIT

Return home cash benefit	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Up to the total limit shown for your selected plan per beneficiary per period of cover.	AED 900 (\$250)	AED 3,000 (\$800)	AED 5,500 (\$1,500)
If a beneficiary requests to travel back to their country of nationality for medically necessary inpatient or daypatient treatment, we will make a cash payment directly to the beneficiary: › to receive treatment in a hospital which is covered under the limits of this plan and within the beneficiary's selected area of coverage. › if it is medically appropriate for the beneficiary to travel back to their country of nationality. As regards to the return journey, we will pay the price of reasonable costs for an economy class air ticket for the beneficiary requiring treatment. Important notes: › The benefit is not payable in respect of any pre-existing conditions; › All treatment must be approved in advance by our customer care team; › The air ticket excludes the cost of an air ambulance; › The beneficiary will receive reimbursement once the treatment has been completed; › Evidence of the air ticket and cost is required prior to any reimbursement; › We will not pay for any other costs related to the journey home including; accommodation costs, other transport costs to and from the hospital, living allowance expenses or for anyone accompanying the beneficiary on the journey; › We will not pay for hospital accommodation if a beneficiary is no longer being treated but is waiting for a return flight; and › If the beneficiary is unable to return to their expatriate location following treatment, we may need to exercise our right to terminate the policy.			

DENTAL CARE

Annual benefit - maximum per beneficiary per period of cover	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
	AED 4,500 (\$1,250)	AED 11,000 (\$3,000)	AED 24,000 (\$6,550)

Preventative dental treatment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
No waiting period applies. Up to the overall annual Dental Care benefit maximum.	Paid in full	Paid in full	Paid in full
We will pay for the following preventative dental treatment recommended by a dentist: 2 dental check-ups per period of cover; - X-rays, including bitewing, single view, and orthopantomogram (OPG); - scaling and polishing including topical fluoride application when necessary (2 per period of cover); 1 mouth guard per period of cover; 1 night guard per period of cover; and - fissure sealant.			

Routine dental treatment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
After the beneficiary has been covered on the Healthy Connect module for three (3) months. Up to the overall annual Dental Care benefit maximum.	Paid in full	Paid in full	Paid in full
Treatment costs for the following routine dental treatment after the beneficiary has been covered on the Healthy Connect optional module for 3 months (if that treatment is necessary for continued oral health and is recommended by a dentist): - dental fillings; - root canal treatment; - extractions; - surgical procedures; - occasional treatment; - anaesthetics; and - periodontal treatment.			

Major restorative dental treatment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
After the beneficiary has been covered on the Healthy Connect module for twelve (12) months. Up to the overall annual Dental Care benefit maximum.	Paid in full 20% Co-Pay applies	Paid in full 20% Co-Pay applies	Paid in full 20% Co-Pay applies
Treatment costs for the following major restorative dental treatments after the beneficiary has been covered on the Healthy Connect option for 12 months: - dentures (acrylic/synthetic, metal and metal/acrylic); - crowns; - inlays; and - placement of dental implants. If a beneficiary needs major restorative dental treatment before they have had Healthy Connect cover for 12 months, we will pay 50% of the treatment costs.			

Orthodontic treatment	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
After the beneficiary has been covered on the Healthy Connect module for eighteen (18) months. Up to the overall annual Dental Care benefit maximum.	Not covered	Paid in full 50% Co-Pay applies	Paid in full 50% Co-Pay applies
Treatment for beneficiaries aged 18 years old or younger after the beneficiary has been covered on the Healthy Connect option for 18 months. We will only pay for orthodontic treatment if: - the dentist or orthodontist who is going to provide the treatment provides us, in advance, with a detailed description of the proposed treatment (including X-rays and models), and an estimate of the cost of treatment; and - we have approved the treatment in advance.			



OPTIONAL COVERAGE

MOTHER AND BABY CARE



MOTHER AND BABY CARE

Mother and Baby Care provides enhanced cover for the expectant mother during and after pregnancy; including pre and post natal tests and examinations, routine maternity and homebirth, as well as newborn care and non-life threatening congenital conditions and birth defects, ensuring both mother and baby have access to a more comprehensive cover. This module can only be purchased upon policy inception or renewal in conjunction with the Core plan and is only available to a married female on the policy, being either the policyholder or the spouse of the policyholder, aged between aged between eighteen (18) and forty-three (43) years old*.

*Terms and Conditions apply

MOTHER AND BABY CARE

Routine maternity, childbirth and elective Caesarean Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 18,000 (\$5,000)	INTERNATIONAL AED 25,500 (\$7,000)	INTERNATIONAL PLUS AED 51,500 (\$14,000)
We will pay for routine maternity care, childbirth and elective caesarean costs on an inpatient or daypatient basis including: - hospital, obstetricians' and midwives' fees for routine childbirth; - any fees as a result of post-natal care required by the mother immediately following routine childbirth. We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary. Important note: - A 10% mandatory Co-Pay applies to this benefit.			
Medically necessary caesarean Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 18,000 (\$5,000)	INTERNATIONAL AED 36,500 (\$10,000)	INTERNATIONAL PLUS AED 73,500 (\$20,000)
We will pay for medically necessary caesarean on an inpatient or daypatient basis. If we cannot confirm that the caesarean was medically necessary, we will only pay up to the limit of the mother's routine maternity benefit. The plan benefit limits for routine maternity in the benefit above and a medically necessary caesarean, does not result in a combined aggregate limit payable. Important note: A 10% mandatory Co-Pay applies to this benefit.			
Complications arising from maternity and childbirth (non-life threatening) Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 150,000 (\$41,000)	INTERNATIONAL AED 150,000 (\$41,000)	INTERNATIONAL PLUS AED 150,000 (\$41,000)
We will pay for complications cost arising from maternity and childbirth on an inpatient or daypatient basis including: - hospital, obstetricians' and midwives' fees for complicated (non-life threatening) childbirth; - any fees as a result of post-natal care required by the mother immediately following complicated (non-life threatening) childbirth. Important note: - A 10% mandatory Co-Pay applies to this benefit.			
Homebirths Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to the total limit shown for your selected plan per beneficiary per period of cover.	REGIONAL AED 1,000 (\$270)	INTERNATIONAL AED 2,000 (\$550)	INTERNATIONAL PLUS AED 4,000 (\$1,100)
We will pay midwives' and specialists' fees relating to routine home births. Important note: Please note that the Complications from maternity cover explained above does not include cover for home childbirth. This means that any costs relating to complications which arise in relation to home childbirth will only be paid in accordance with the home childbirth limits, as explained in the list of benefits.			

Newborn Care	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to thirty (30) days and to the annual overall benefit maximum for your selected plan per beneficiary per period of cover	Paid in full and up to and including 30 days from newborn's birth.	Paid in full and up to and including 30 days from newborn's birth.	Paid in full and up to and including 30 days from newborn's birth.

We will pay for the following:

- Any illness or defect detected (congenital or otherwise) during pregnancy or evident at or arising up to and including 30 days from birth.
- BCG, Hepatitis B, Vit K and other neo-natal screening tests, including; Phenylketonuria, Congenital Hypothyroidism, Sickle cell screening, Congenital adrenal hyperplasia, G6PD and hearing tests.

Congenital conditions and birth defects (non-life threatening)	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to the total limit shown for your selected plan per beneficiary per period of cover.	AED 36,500 (\$10,000)	AED 73,500 (\$20,000)	AED 140,000 (\$39,000)

We will pay for treatment of congenital conditions and birth defects on an inpatient, outpatient and daypatient basis which are non-life threatening and manifest themselves before the beneficiary's 18th birthday if:

- the mother has been covered on the Mother and Baby Care module 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.

Outpatient Maternity	REGIONAL	INTERNATIONAL	INTERNATIONAL PLUS
Available once the mother has been covered on the Mother and Baby Care module for a continuous period of twelve (12) months or more. Up to the annual overall benefit maximum for your selected plan per beneficiary per period of cover.	Paid in full Maximum of 8 visits to obstetrician	Paid in full Maximum of 12 visits to obstetrician	Paid in full

- All care provided for low risk or specialist obstetrician for high risk referrals.
- All blood tests required during one of the visits to an obstetrician including, initial investigations such as:
 - FBC and Platelets;
 - Blood group, rhesus status and antibodies;
 - VDRL, MSU and urinalysis;
 - Rubella serology;
 - GTT (for high risk patients);
 - FBS, random s or A1.
- 3 ante-natal ultrasound scans;
- Appointment(s) for and tests such as the CTG and Bishops score and a membrane sweep; and
- All visits including reviews, checks and tests in accordance with ante-natal protocols for high risk patients.

Important notes:

- A Co-Pay (if selected) will apply for all outpatient treatments related to this benefit.
- All post-natal treatment (other than immediately following delivery and complications) is covered under the applicable outpatient care benefit.

THE CIGNA WELLBEING™ APP

Our Cigna Wellbeing™ App gives you easy access to doctors and health programmes, and opportunities for lifestyle and wellness changes that matter - at home, work, or on-the-go, at the tap of a button.



Video and phone consultations with medical practitioners and specialists



Measure and monitor your health with health and wellbeing assessments



Chronic Condition Management Support



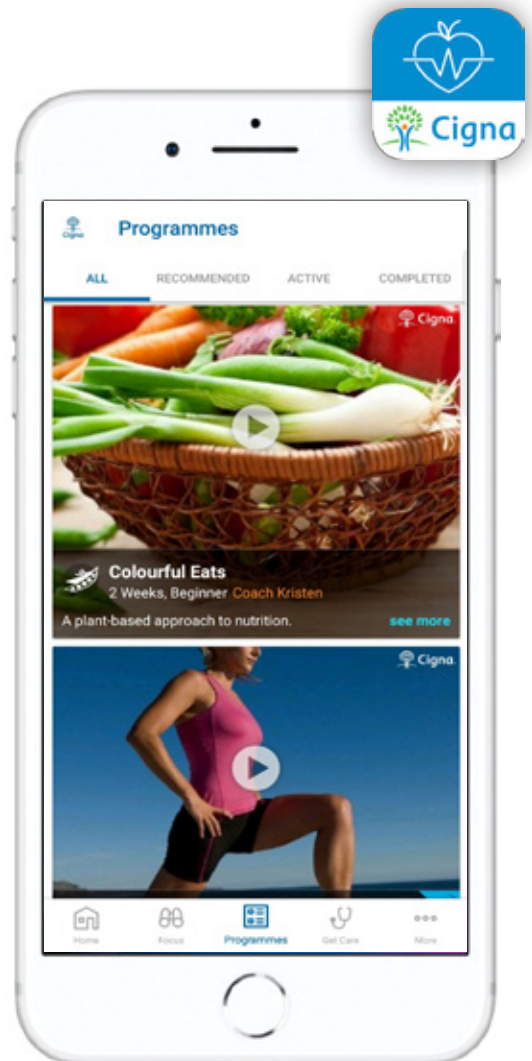
Online coaching programmes: nutrition, exercise, sleep, resilience



Health library, featuring articles and recipes



Keep track of your weight, blood pressure, blood sugar levels etc.



As a Cigna HealthguardSM customer, you can access this App for free via Google Play and the Apple Store.

Get started today:

- › Search “Cigna Wellbeing” in your App Store
- › Download the App
- › Select “Global Individual Plan” from the drop down menu
- › Log-in with your Customer Area credentials

YOUR TRAVEL SAFETY COMPANION

Our Healthguard International and Healthguard International Plus plans include the Safe Travel by Cigna application, which includes helpful travel advice, country profiles, real time alerts, news for specific travel destinations and much more.



Global incident monitoring system, with push notification travel news and security alerts



Extensive country profiles, with travel safety guides for over 195 countries



Secure personal profile and travel document upload/storage facility



Pre-trip advice and information on everything from personal security to natural hazards



SOS tracking system that turns your mobile phone into a personal safety device



The Safe Travel by Cigna App is currently made available to you free of charge for use on your phone whilst you remain a policyholder of the Healthguard International and Healthguard International Plus plans. We reserve the right to amend or withdraw the Safe Travel by Cigna App.

Available for Apple and Android devices only.

YOUR ONLINE CUSTOMER AREA

As a Cigna customer you have access to a wealth of information wherever you are in the world through your secure online Customer Area. Here you will be able to effectively manage your policy including;

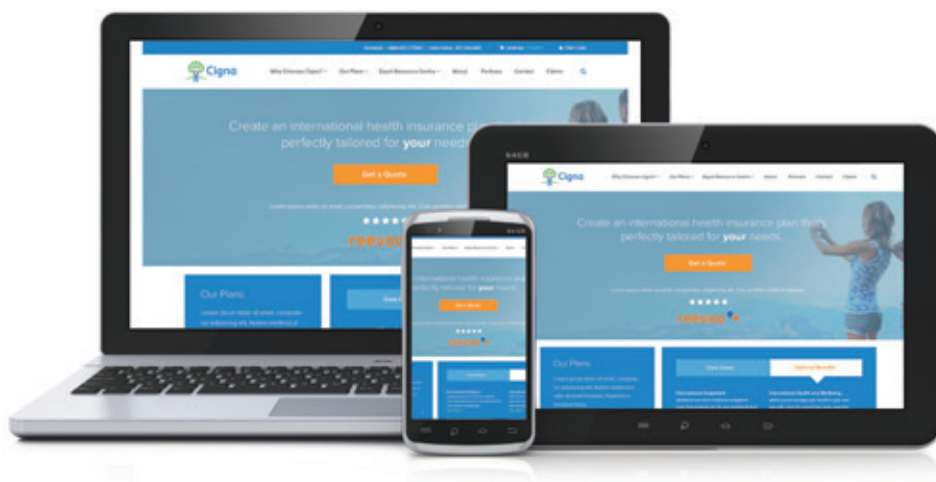
- > View your policy documents, including your Certificate of Insurance listing all the people covered under your plan
- > Review the Terms and Conditions, included in the Customer Handbook, that apply to your policy
- > Check your coverage for you and your family
- > Submit claims online
- > Search for healthcare facilities and professionals near your location
- > Access the Health and Wellbeing site
- > Download the Cigna Wellbeing™ app
- > Download the Safe Travel app (International and International Plus plan customers only)

To access your secure online Customer Area, please log on to www.cignaglobal.com then;

Click on the 'Customer Area Login' button at the top right of the page

Next, click on the 'Log into the Customer Area' button to access the Customer Area Login page

In the User ID field type the email address that you provided us with and then your password



If you have any problems accessing the Customer Area, please contact our Customer Care Team.

WHEN YOU NEED OUR HELP – WE WILL BE THERE FOR YOU

If you become ill or have a medical emergency, we want to make sure you are getting the right treatment when you need it. Our experts are available 24 hours a day, 7 days a week, 365 days a year and can help you arrange your treatment plan, and point you in the right direction, saving you the time and hassle of looking for a hospital, clinic or medical practitioner yourself. What's more, in most cases we can arrange direct payment with your treatment provider, cutting down the hassle and letting you focus on your health.

Getting treatment

Prior authorisation is required for all treatments and services with the exception of certain outpatient treatments. Our Customer Care Team will help you find a high quality hospital or doctor near you. Wherever possible, we will pay them directly, saving you the inconvenience of paying for your treatment yourself and claiming a refund later.

On occasions where you do pay for treatment yourself, we'll aim to process your claim within 5 working days after receiving all necessary documentation.

The Customer Handbook you receive as part of your welcome pack will tell you everything you need to know about getting treatment and making a claim.



**We're here to help 24 hours a day
7 days a week, 365 days a year**



WHAT YOU CAN EXPECT FROM US

In addition to your Cigna HealthguardSM plan, there are a few more things you might like to know about us and the service you can expect as a customer of ours.

Comprehensive welcome pack

Once you have joined Cigna, we will send your medical ID cards to the postal address you provided on your application form. Your policy documents, including the Customer Handbook and your Certificate of Insurance will be available online in your secure Customer Area.

Please read through your policy documents and make sure you check the details of your policy on the Certificate of Insurance. You will need to show your ID card when you require treatment so your doctor knows who you are (it's not used for payment). It also has all the contact numbers you'll need.

Your policy documents include the following:



Customer Handbook

This is your guide to using your health care plan, how it works and a guide to the benefits. It also includes the terms and conditions, general exclusions and definitions of your policy and our Complaints procedure - all in one useful booklet.



Certificate of Insurance

A record of the plan you chose, the premium and what and who it covers.



ID Cards

These provide proof of your identity and cover for when you need treatment.

WE'RE WAITING TO HEAR FROM YOU

If you have any questions about our plans and how they work for you or if you would like a personal quote, you can reach us at:



Call:

Inside the UAE: **800 444 999**

Outside the UAE: **00971 4 512 7198**



Email:

sales.healthguard@cigna.com



Together, all the way.SM



Important note: This document serves only as a reference and does not form part of a legal contract. The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains a partial and general description of benefits. We recommend that you examine your (product) policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law.

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