



CIGNA

SmartHealth

Technical Details. A Guide to our Conditions



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Welcome to this explanation of how **your plan** works. Please read these pages carefully as they tell **you** what is covered under **your plan**, **your** rights, and what **you** need to do when making a claim. To make things clearer for **you**, we have defined certain words in Section 16. They appear in **bold** in this document, the **list of benefits**, and in **your guide to claiming**. Alongside this information about **your plan** you also need to read the current **list of benefits** and **guide to claiming**.

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

1. What does my plan cover?

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

The **plan** also covers costs for certain specified **diagnostic tests** if **you** are referred by **your GP**. **You** should note that there is a pre-defined list of tests and procedures that **we** will cover for this. Please contact **us** for advice on what is covered.

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

Your claim won't be paid if **you** don't have all consultations, investigations and **treatment** pre-authorised by the CIGNA Customer Services Team, so please take extra care to ensure that **you** have received authorisation before **you** go ahead.

The terms and conditions of any CIGNA Dental Plan are not part of this **policy** and so **you** should refer to these separately.

2. When does cover start for myself and my family?

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

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

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

- **you** live permanently in the **United Kingdom**

- **you're** aged between 16 and 65 on the **effective date**.

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

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

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

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

You and **your** covered **dependants** are eligible for benefit on the **effective date**. **You** cannot be covered under the **plan** as a **member** and **spouse** at the same time.

3. What benefits can I receive?

a Healthcare Benefits

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

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

- **Home nursing:** cover may be provided instead of **hospital treatment**, if the **treatment** is medically necessary and covered by **your plan** as well as being recommended by **your specialist**. We pay for up to 180 days in any one **year of insurance**, depending on any relevant monetary limit shown in the **list of benefits**.
- A parent staying with a child: if an eligible child under 12 goes into **hospital** as an **inpatient**, we'll pay for **you, your spouse** or the child's legal guardian to stay with them for up to 30 days in any one **year of insurance**. This cover will stop on the child's 12th birthday. We only pay if:

- **you** or the other parent or guardian stays with **your child**
- **your child's treatment** is covered by the **plan** and
- the cost of **hospital accommodation** is reasonable.

- Private ambulance: we'll pay up to the amount shown in the current **list of benefits** in any one **year of insurance**.
- Chiropractic **treatment** or osteopathy: if **your GP** refers **you**, we'll pay up to the amount shown in the current **list of benefits** in any one **year of insurance**.
- **Treatment** of psychiatric conditions, other mental disorders, addictions and alcoholism: these fees will be paid subject to **medical necessity**, provided we approve the **treatment as evidence based treatment**. The only payments we make for addictions and alcoholism are to cover diagnosis and the first time the **patient** is referred by a **GP for treatment** at a specialist centre providing **evidence based treatment** i.e. the first alcohol or addictions programme after diagnosis. We may cover up to three attempts

at **detoxification** before starting a formal **outpatient** addictions programme. We won't pay for any more claims for recovery programmes for addictions, alcoholism or a related condition e.g. depression, dementia or liver failure, where after considering the medical evidence, we reasonably believe that the condition was the direct result of the addiction.

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

We'll also pay costs for the first course of **active and evidence based treatment** for **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread).

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

- Complementary medicine: we'll pay for **treatment** involving complementary medicine – for example, homeopathy or acupuncture - if recommended by a medical **specialist** (not a specialist in complementary medicine).

- Claims for treatment abroad: if **you** claim for this **you** must also send **us** proof of how long **you** spent abroad which should be no more than a total of 90 days in any one **year of insurance** (or longer if **we** agree in writing). If any terms in the **policy** only relate to the **United Kingdom**, **we'll** use those **we** believe are the closest in meaning to the foreign term. **Inpatient treatment** received overseas will be limited to a cumulative total of 90 nights in any one **year of insurance**. Costs, including accommodation charges will be paid only up to limits in the **list of benefits** and will be paid in pounds sterling using a suitable exchange rate chosen by **us**. The **CIGNA fee schedule** will apply to Surgeons' and Anaesthetists' fees. If the Foreign and Commonwealth Office has advised against travel to a particular country or area, or if **you're** already there but have been advised to leave, **we** won't pay for **treatment** whilst there unless **you** received prior written authority from **us**.

- Optical cash benefit: **we** will pay costs up to the limit shown in the **list of benefits** for optical services incurred by **you** for eye tests and the purchase of eye glass

frames with prescription lenses, provided there is a change to **your** prescription.

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

b Diabetes Programme
Our Diabetes Programme is designed to help **members** and any **dependants** who have type 1 or 2 diabetes to manage their condition better.

You must meet **our** assessment criteria to be accepted on the Programme. If **you're** eligible, a Care Specialist (qualified **nurse**) will work with **you** to help manage **your** diabetes, monitoring:

- blood glucose
- HbA1c (a measure of average blood glucose over a period of time)
- cholesterol
- weight

- body mass index
- medication or diet compliance
- frequency of hospital admissions
- adoption of appropriate changes to lifestyle.

c Stress Helpline
 Available to **members** and **dependants** over 18, the Stress Helpline offers confidential advice and support at times of stress. Within this service, **members** and **dependants** will:

- receive advice on managing home, personal and work-related stress
- learn to use different coping strategies
- benefit from telephonic or counselling in person, if appropriate
- understand how to access psychiatric care either privately or through the NHS.

Where counselling in person is necessary, it will be limited to six counselling sessions per **year of insurance**. **You** must meet **our** assessment criteria to be accepted on the counselling programme.

- d Excess
There may be an excess to pay under this **policy**, which will apply to **you** if **you** make a claim. If so, **we'll** agree this amount with **your employer** at the **start date** and **you** can find out what it is by looking on **your membership certificate**. Any excess is due from the first time **you** make a claim. The amount will be deducted from the cost of **treatment** for each claim **you** make until the excess limit for the **year of insurance** is reached. **You** will need to pay any deducted excess amount directly to **your** provider. **We** will let **you** know what this amount is. At each **annual renewal date**, **we'll** agree any new excess level with **your employer**.
- The excess doesn't apply to any **NHS cash benefit** which **we** might pay to **you** as an alternative to paying for **treatment** under this **plan**, or to the six sessions of counselling available through the Stress Helpline.
4. **What isn't covered by this plan?**
We will not pay claims for the following conditions, **treatments** and incidental costs where **your** claim is:
- 4.1 for the following conditions that are not **acute** medical conditions i.e.
- a. Pregnancy or childbirth, unless it's affected by an **acute** medical condition or requires a **specified obstetric procedure**.
- b. Termination of pregnancy.
- c. Any **treatment** needed because of male or female birth control.
- d. Infertility or any type of fertility **treatment**.
- e. Sex change operations or any associated **treatment** needed before or after (for example, psychological counselling).
- f. Expenses for any plastic or reconstructive surgery, even for psychological reasons, unless it's medically necessary as the result of an accident or because of other surgery covered under the **plan**.
- 4.2 based on a referral route, place of **treatment** or type of **treatment** that is not covered by the **plan** i.e.
- a. Any **treatment** that hasn't been referred by **your GP**, an optician for eye treatment, or an occupational health physician for psychiatric conditions. However, any emergency **treatment you** receive is still covered.
- b. **Diagnostic tests** where **you** have been referred by **your GP**, that have not been approved by **us**.
- c. **Treatment** outside the **United Kingdom** if one of the reasons **you** went abroad was for that **treatment**.
- d. **Treatments** that are not **evidence based treatment**.
- 4.3 for the following specific types of **treatment** or **treatment** settings that are not covered by the **plan** i.e.
- a. Dental or orthodontic **treatment**, except for any surgical procedures included in the **CIGNA Fee Schedule** which are specifically covered.
- b. Transplants (apart from skin and corneal grafts) and any related **treatment** or supervision.
- c. Bone marrow donations whether using **your** own bone marrow or someone else's'.
- d. Removing, storing and reintroducing very early cells (or stem cells) that produce blood cells, and any associated **treatment**.
- e. Any **treatment** to change the refraction of one or both eyes.
- f. **Treatment** in any way linked to a Human Immunodeficiency Virus (HIV) infection or a related illness.
- g. **Treatment** linked to a sexually-transmitted disease.
- h. Charges for **treatment** which has not yet taken place.
- i. **Treatment** connected to injuries **you** cause yourself.
- j. **Treatment** caused by injuries or illness resulting from **you** behaving illegally.

- k. Injury or disability that has been caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval or air services.
 - l. **Treatment** in nature cure clinics, health hydros or similar establishments or private beds registered as a nursing home in these places.
 - m. **Home nursing** or living in a **hospital** where it is not a medical necessity, unless **we** agreed to this.
 - n. Replacing or repairing glasses or frames, unless the prescription changes.
 - o. Buying frames with or without lenses, unless there is a change in prescription, prescription sunglasses, daily disposable contact lens or lenses, or the cost of contact lens solution.
 - p. **Treatment** for any **pre-existing condition** that **you** knew about or suspected before the **effective date**. The exception is if **you** disclosed all relevant information in **your** application form and **we** didn't specifically exclude the condition on **your membership certificate**.
 - q. **Treatment** of a psychiatric condition which existed before the **effective date**.
- 4.4 for the following diagnostics and **treatment** of genetic and developmental conditions that are not covered by the **plan** i.e.
 - a. Any genetic screening.
 - b. **Treatment** for abnormalities from birth, except for emergency operations carried out on babies within 14 days of birth.
 - c. **Treatment** related to learning disorders or delay in **your** child's development.
 - d. **Treatment** related to tongue-tie or cleft lip palates.
 - 4.5 for a **chronic** condition i.e.
 - a. **Treatment**, supervision or care for a **chronic** condition.
 - b. Any **treatment** required as a result of a relapse of a **chronic** condition.
 - c. Supportive **treatment** for chronic kidney failure, including dialysis.
 - 4.6 for **cancer** that has spread from its original site (known as secondary **cancer** or metastatic spread) for which **you** have already received the first course of **active treatment**.
 - 4.7 for the following specific charges and fees
 - a. Private prescriptions or dressings that **you** need as an **outpatient**.
 - b. Expenses for **your GP's** fees, including consultations or fees for filling in a claim form.
 - c. Expenses for any sterilisation or contraception, including vasectomy.
 - d. Expenses for appliances (including spectacles and hearing aids) which don't fall within **our** definition of **surgical appliance**.
 - e. Extra costs including newspapers, taxi fares, phone calls and guests' meals.
 - f. Expenses for routine examinations or tests including eye tests, health screens, medical examinations and hearing tests.
 - g. Charges incurred by **you** for missed or cancelled appointments.
- 4.8 for any expenses which **you** have claimed or can claim from another source or insurance (see Section 11 for more information on this).
5. [How and when do I make a claim?](#)
For all consultations, investigations and **treatment**, it's vital that **you** follow the claiming process described below or **we** won't pay the claim. Before **you** make a claim, please refer to the **guide to claiming**.
- a. Claiming Process
You must get an authorisation number from **us** – without this, the claim can't be paid. **You** must

take great care to follow this procedure:

- If **your GP** refers **you** for a consultation with a **specialist** or for investigations, **you** must call **us** before this takes place. **We'll** check **your** cover details and confirm that the consultation or investigations are covered.
- After the consultation and before any **treatment**, call **us** again and tell **us** what the **specialist** has recommended. At this point, **we'll** confirm cover, provide information and tell **you** what benefits **you** can claim.
- **You** must contact our Customer Services team regularly at each stage of **treatment** – especially if there is any change in **treatment**.

If **you** don't keep to the claiming process, **you** will be responsible for the full cost of each claim.

If **your employer** has chosen one of **our** excess options, the amount of the excess will be deducted from any claims **you** make until

the excess limit is reached in every **year of insurance**.

- b
- When to send in **your** claim form
Please send **us** **your** completed claim together with all bills and invoices within six months of the **treatment's** start date. **We** can't accept photocopies - only original bills. If **you** don't submit **your** claim and invoices within this time, **your** claim will be denied. If **you** must have **treatment** that continues for longer than six months **you** should send **us** interim claims for every six month period. **We** may ask for a medical report if **we** need more information, which may mean that **you** need to have an independent medical examination. **We'll** pay for both of these.

6. When does my cover end?

6.1 Cover will normally come to an end for **you** and **your dependants** in the following situations.

- If **you** die. **Your employer** may agree to continue cover for **your dependants** up to the next **annual renewal date** when **we** may allow them to join one of **our** individual healthcare plans.

- If **you** stop working for **your employer**. **We** may allow **you** to join one of our individual healthcare plans.

- If **your employer** stops paying premiums for **you** and any **dependants**.

6.2 Cover will end for a **dependant**:

- if they die, or
- if they're no longer **your dependant**. Cover will end on the next **annual renewal date**. If **you** get divorced or no longer live together or dissolve the civil partnership, **your** former partner will no longer be a **dependant** for the purposes of this **plan**. Cover for **your spouse** ends as soon as the final decree/final dissolution order has been granted. **We** may then allow the **dependant** to join one of **our** individual healthcare plans.

6.3 Cover will end for all **members** and **dependants**:

- on the first **annual renewal date** after the number of **members** in the **plan** reaches one, unless **we** decide otherwise

- on the **annual renewal date** after we give **your employer** at least 28 days' notice that the **plan** is about to end, or
- if **your employer** does not pay the premiums owed under the **policy** within the **days of grace**.

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

- 6.4 Please note that even if **treatment** has been authorised, we won't be responsible for any costs if the **plan** ends or **you** leave the **plan** before **treatment** has taken place.
- 6.5 If the **plan** ends then **your** access to the Diabetes Programme and Stress Helpline will end on the same day. If cover ends as described in 6.1 or 6.2 for any individual **member** or **dependant** then access to the Diabetes Programme and Stress Helpline will end for them on the same day.
7. [Who is responsible for providing the information for administering the plan?](#) **Your employer** must give **us** all the information we need, in writing, to work out the premium. **You** are

responsible for making sure we have enough information to pay **your** claims. Remember to tell **your employer's plan** administrator about any changes to **your** circumstances, name or address, to ensure **our** records are up to date.

8. [How is the policy renewed?](#)

Depending on Section 9, the **plan** will continue for the period shown in the **policy schedule**. It may continue after that if **we** and **your employer** agree.

9. [Will there be any changes to my plan's conditions?](#)

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

- For changes to the **list of benefits**, we will give **your employer** at least 28 days' notice in writing. The **effective date** of the changes will be shown on the notice and the new **list of benefits** will apply after this time.
- For changes to the conditions or if **we** end the **plan**, we will give **your employer** at least 28 days' notice in writing. The change will take place or the **plan** will end on an **annual renewal date**.

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

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

10. [How should payments be made?](#)

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

11. [Other insurance and CIGNA's right of subrogation explained](#)

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

name for **our** own benefit. **We** will decide how to carry out any proceedings and settlement.

12. **What should I do if I want to complain?**

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

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

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

13. **Regulatory information**

CIGNA Life Insurance Company of Europe S.A.-N.V. is authorised by the Banking, Finance and Insurance Commission, (Commission Bancaire, Financière et des Assurances – « CBFA ») of Belgium and is regulated by the Financial Services Authority (FSA) for the conduct of insurance business in the UK. **Our** FSA registered number is 202845.

You can check this on the FSA's register by going to their website at www.fsa.gov.uk/register or by contacting them at:

The Financial Services Authority
25 The North Colonnade
Canary Wharf
London E14 5HS

14. **What about data protection?**

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

Under the Data Protection Act 1998, **we** act as the Data Controller for the personal information **we** hold about **you**. This will be processed by **us** to carry out **our** obligations and **we** may need to share it with authorised third parties. If **you'd** like a copy of the information **we** hold about **you**, please write to **us** quoting **your** membership number. Please note that **we** may charge a fee to provide this information.

Please ensure **our** records are up to date by telling **your employer's plan** administrator about any changes to **your** circumstances, name or address.

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

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

15. **Law and interpretation**

The **policy** is governed by English Law. Please note that the words and phrases in **bold** all have special meanings which are defined below in Section 16.

No person other than the **insurer** or the **employer** may enforce this policy by virtue of the Contracts (Rights of Third Parties) Act 1999.

16. **What do these words mean?**

CIGNA, **we**, **us**, **our**, the insurer - CIGNA Life Insurance Company of Europe S.A.-N.V., 1 Knowe Road, Greenock, Scotland PA15 4RJ

You, **your** - **you** as a **member** and **your dependants**, if they're eligible.

- 16.1 'Active treatment' - **treatment** which is intended to shrink a **cancer**, stabilise it or slow down the spread of the disease. This excludes **treatment** given solely to relieve symptoms.
- 16.2 'Acute' - a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.
- 16.3 'Annual renewal date' - the anniversary of this **plan's start date** or any other date which **we** may agree with **your employer** in writing.

- 16.4 'Cancer' - a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
- 16.5 'Chronic' - a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
 - it needs ongoing or long-term control or relief of symptoms;
 - it requires **your** rehabilitation or for **you** to be specially trained to cope with it;
 - it continues indefinitely;
 - it has no known cure;
 - it comes back or is likely to come back.
- 16.6 'CIGNA Fee Schedule' – the current schedule of interventional procedures and reimbursement limits approved by **us**, using the codes and narratives from the Clinical Classification and Schedule Development Group.
- 16.7 'Day case treatment' – **treatment** which, for medical reasons, means **you** have to go into a **hospital** or **day patient** unit because **you** need a period of clinically-supervised recovery but do not have to stay overnight.
- 16.8 'Day patient' - a **patient** who is admitted to a **hospital** or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
- 16.9 'Days of grace' - a period of 14 days after the date on which a premium is due. **We** will not pay any claims received during this period until **we** have received the premium owed.
- 16.10 'Dependant' - **your spouse** if they are under 65 on the **start date** and **your** unmarried dependent children, if they're under 21, or under 25 and in full-time education.
- 16.11 'Detoxification' - **treatment** for withdrawal symptoms after **you** have been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise **your** body.
- 16.12 'Diagnostic tests' - investigations, such as x-rays or blood tests, to find or to help to find the cause of **your** symptoms.
- 16.13 'Effective Date' - the start date of cover as **we** explained in Section 2 for each **member** or **dependant**.
- 16.14 'Employer' - **your** employer as named in the **policy schedule**.
- 16.15 'Evidence based treatment' – **treatment** which has been researched, reviewed and approved by:
- the National Institute for Health and Clinical Excellence or
 - CIGNA's Medical Advisory Panel or
 - another national or international source recognised by **us**.
- 16.16 'General practitioner' (GP) - a registered doctor in general practice.
- 16.17 Guide to claiming – information available to **you** in a leaflet or via a website which sets out the steps **you** need to take and tells **you** who **you** need to contact when making a claim. It also contains the **list of benefits**.
- 16.18 'Home nursing' - expert nursing services provided to **you** at home by a qualified **nurse**, following hospital **treatment**.
- 16.19 'Hospital':
- NHS hospital - a national health service hospital, as defined in Section 128 of the National Health Service Act 1977 or in any future law.

- Private hospital - an independent hospital registered under The Registered Homes Act (1984) or any future law. It may also include a private bed in an NHS hospital.
- 16.20 'Inpatient'- **treatment** which, for medical reasons, means that **you** have to stay in **hospital** overnight or longer.
- 16.21 'Inpatient treatment'- **treatment** which, for medical reasons, means that **you** have to stay in **hospital** overnight or longer.
- 16.22 'List of benefits' - **our** latest list of benefits payable for different **treatment** and service items which **you** will find in **your guide to claiming**.
- 16.23 'Medical necessity' – health care services necessary to evaluate, diagnose, or treat an illness, injury, disease or its symptoms, which are:
- (a) in line with generally accepted standards of medical practice
 - (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and thought to be effective for the **patient's** illness, injury or disease
 - (c) not chiefly for the **patient's** or **specialist's** convenience, and
 - (d) not more costly than an alternative service(s) at least as likely to produce the same therapeutic or diagnostic results.
- 16.24 'Member' - an employee covered under the **plan**.
- 16.25 'Membership certificate' - the certificate issued to **you**. It shows the **policy** number, **effective date**, the amount of excess, if one is applied, that **you** would need to pay if **you** make a claim, details of who is covered and any individual exclusions which apply.
- 16.26 'NHS Cash Benefit' – a cash amount paid to the **member** for each night spent in an NHS **Hospital** for NHS **inpatient treatment** instead of **us** making a payment for **treatment** provided under the **plan**. An overnight stay must start before midnight.
- 16.27 'Nurse' - a qualified nurse who is on the register of the Nursing and Midwifery Council (NMC) and holds a valid NMC personal identification number.
- 16.28 'Operation' and 'Oro-surgical procedure' - operations described this way in the **CIGNA Fee Schedule**.
- 16.29 'Outpatient' - **treatment** given at a **hospital**, consulting room or outpatient clinic where **you** do not go in for **day case** or **inpatient treatment**.
- 16.30 'Outpatient treatment' – **treatment** given at a **hospital**, consulting room or outpatient clinic where **you** do not go in for **day case** or **inpatient treatment**.
- 16.31 'Patient' - **you** or **your dependant** while having **treatment**.
- 16.32 'Plan' – **your employer's** CIGNA SmartHealth Plan of which **you** are a member.
- 16.33 'Policy' – a document **we** send to **your employer** which includes the policy conditions, **policy schedule**, **list of benefits**, and proposal form.
- 16.34 'Policy schedule' – a document **we** send to **your employer** with the **policy** that details any endorsements or notes and is updated for each **year of insurance**.
- 16.35 'Pre-existing condition' - any disease, illness or injury for which:
- **you** have received medication, advice or **treatment**, or
 - **you** have experienced symptoms
- whether the condition has been diagnosed or not in the five years before the start of **your** cover.
- 16.36 'Private ambulance' - a purpose-built vehicle run by a recognised private ambulance service.

16.37 'Related condition' - any symptom, disease, illness, or injury which is medically considered to be associated with another symptom, disease, illness or injury.

16.38 'Specialist' – a doctor who:

- is a medical practitioner registered under the Medical Act 1983 (as amended) and a specialist in the **treatment** for which **you're** referred; or
- has valid admitting rights as approved by the Medical Advisory Committee from the independent **hospital** they intend to practice from; or
- has a certificate of Higher Specialist Training in their speciality from the Higher Specialist Training Committee of the appropriate Royal College or Faculty; or
- is or has been a National Health Service consultant; or
- is a chartered or state-registered physiotherapist and only a specialist for the purpose of physiotherapy as outlined in the **list of benefits**; or
- has a Diploma and practices in Osteopathy or Chiropractic; or

- has been recognised as a specialist by CIGNA.

16.39 'Specified obstetric procedure' – includes:

- When there's a complication to a pregnancy and a caesarean section becomes inevitable. Cover starts when **you're** admitted to **hospital** for the caesarean. Scans and any ante-natal care received before the admission are not covered under the **plan**, without prior authorisation from **us**.
- Transfusion to the foetus in the womb.
- Removing the placenta or other foetal products from the womb.
- Delivering a baby by forceps or vacuum extraction.
- Ectopic pregnancies.
- Hydatidiform moles (abnormal changes in a fertilised egg that make the placenta grow abnormally).

16.40 'Spouse' - **your** legal husband or wife, or unmarried or civil partner **we** have accepted for cover under the **plan**.

16.41 'Start date' - the date the **plan** started.

16.42 'Surgical appliance':

- An artificial limb, body part or device inserted during surgery.
- An artificial device or an artificial body part which **you** need immediately after surgery - for example, a knee brace after ligament surgery. This doesn't include wheel chairs, crutches and other similar appliances.

16.43 'Symptomatic' - **treatment** that no longer attempts to alter cancer growth or progression but is given to alleviate symptoms.

16.44 'Treatment' - surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

16.45 'United Kingdom' - England, Scotland, Wales and Northern Ireland.

16.46 'Year of insurance' - the 12 months from the **start date** or **annual renewal date** during which time this **policy** is valid.



CIGNA HealthCare

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CIGNA HealthCare is a trading name. The following companies listed below are part of the CIGNA organisation:

CIGNA Life Insurance Company of Europe S.A.-N.V. is a company registered in Belgium with limited liability.

Its principal place of business in the UK is 4th Floor, 45 London Road, Reigate, Surrey RH2 9PY.

It is regulated in Belgium by the Commission Bancaire, Financiere et des Assurances (CBFA)

and is regulated by the Financial Services Authority for the conduct of insurance business in the UK.

Our FSA registered number is 202845.

CIGNA European Services (UK) Limited is a company registered in England (199739)

with a registered office at 4th Floor, 45 London Road, Reigate, Surrey RH2 9PY.

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