

Cigna Mixed Health Care Insurance

Insurance Product Information Document

Product: CIGNA SALUD REEMBOLSO GOLD



Company: Cigna Life Insurance Company of Europe, SA / NV, Branch in Spain, hereinafter "Cigna Healthcare", with registered office in Pozuelo de Alarcón (28223 Madrid), Parque Empresarial La Finca, Paseo del Club Deportivo, I; Edificio 14 Planta Primera. Registered in the Madrid Mercantile Registry, Volume 809, Folio 205, Section 8, Sheet M-III84; NIF: W-0021205J. Registered in the General Directorate of Insurance and Pension Funds under number E0133. Cigna Healthcare is a Branch of Cigna Life Insurance Company of Europe, SA / NV, a private limited liability company incorporated under Belgian law, with registered office in Belgium, Plantin en Moretuslei 299, 2140 Antwerpen, company subject to the supervision of the National Bank of Belgium, and also subject to said regulator, as an insurance company that operates in Spain under the right of establishment, in matters related to liquidation.

This document is prior to contracting the insurance, its nature is informative, and does not imply a contractual commitment for the parties. The information in this document will be supplied assuming that it is contracted according to the indicated conditions, being subject to the clauses of the policy. Any insurance application submitted is subject to the risk selection and pricing rules and to the general conditions of the policy, in force on the date of its formalization.

What does this modality of insurance consist of?

Healthcare services through the following modalities: arranged medical services, reimbursement of expenses and mixed modality or simultaneous use of the two modalities in accordance with the conditions established in the policy. This product has an 80% or 90% expense reimbursement modality with a total insured sum of € 150,000.



What is covered?

- ✓ Outpatient and hospital emergencies.
- ✓ Primary medical assistance.
- ✓ Primary nursing care or nursing services.
- ✓ Specialties:
 - Allergology.
 - Anesthesiology and reanimation.
 - Angiology and vascular surgery.
 - Digestive system.
 - Cardiology.
 - Cardiovascular surgery, general and digestive surgery, oral and maxillofacial surgery, paediatric surgery, plastic and reconstructive surgery, thoracic surgery.
 - Dermatology and venerology.
 - Endocrinology and nutrition.
 - Geriatrics.
 - Gynecology and obstetrics.
 - Hematology and hemotherapy.
 - Nephrology.
 - Neonatology.
 - Pneumology.
 - Neurosurgery.
 - Neurology.
 - Ophthalmology.
 - Medical oncology and radiation oncology.
 - Otorhinolaryngology.
 - Psychiatry.
 - Rheumatology.
 - Orthopedic surgery and traumatology.
 - Prostheses and implants.
 - Urology.
 - Pain treatment.
- ✓ Preventive medicine: digestive system, cardiology, gynecology, paediatrics, urology.



What is not covered?

- ✗ Hospitalization, operation, diagnostic test or treatment not prescribed and approved by a Physician.
- ✗ Injuries and accidents resulting from alcoholism, drug addiction and the use of psychotropic, narcotic or hallucinogenic drugs.
- ✗ Ambulance transfers related to rehabilitation treatments, diagnostic tests or outpatient consultations.
- ✗ Illnesses or Injuries existing prior to contracting the insurance.
- ✗ Diagnostic and therapeutic procedures not commonly and widely used in public health centers and diagnostic tests and treatments which safety and efficacy are not sufficiently proven.
- ✗ Injuries due to suicide attempt or Accidents intentionally caused by the Insured Member.
- ✗ Healthcare provided in centers integrated into the National Health System.
- ✗ Illnesses or accidents derived from participating in dangerous activity or sport as an amateur.
- ✗ Accidents suffered as a professional athlete during participation in races or competitions and their corresponding events and training sessions.

All information regarding the excluded coverage is detailed in the General Conditions and in the Particular and Special Conditions.

- ✓ Complementary diagnostic means: clinical analysis, pathological anatomy, neurophysiology clinical, nuclear medicine, radiodiagnosis.
- ✓ Special Treatments: nebulized therapy/oxygen therapy /ventilotherapy, physiotherapy and rehabilitation, phoniatics and speech therapy.
- ✓ Surgical medical hospitalization prescribed by a physician or specialist of the medical network.
- ✓ Maternity and newborn coverage.
- ✓ Dental coverage.
- ✓ Access to the Cigna Hospital Network in the U.S.
- ✓ Other healthcare services: ambulance, podiatry, 24-hour telephone medical guidance, prostheses and implants, organ transplants, AIDS, second medical opinion, psychological guidance, assistance abroad.

All information regarding the coverage included is detailed in the General Conditions and in the Particular and Special conditions.



Are there restrictions when it comes to coverage?

- ! Reimbursement of Expenses: the insured member will not be reimbursed the amount of the invoices issued for any healthcare provided by the doctors and hospitals included in the arranged medical services.
- ! Childbirth or Cesarean: waiting period of eight (8) months.
- ! Hospitalization and/or Surgery: waiting period of six (6) months.
- ! Transplants: waiting period of twelve (12) months.
- ! Cigna Group Hospital Network in the USA: waiting period of twelve (12) months.

The waiting periods, except for childbirth or cesarean section and access to the Cigna Group Hospital Network in the USA, will be eliminated if you have had health insurance during the last 12 months.

All information regarding coverage limitations is detailed in the General Conditions and in the Particular and Special conditions.



Where am I under coverage?

- ✓ Expense Reimbursement: coverage valid in Spain and other countries in accordance with the policy conditions.
- ✓ The coverage of the policy is valid and provided only in Spain, except for healthcare assistance during temporary trips outside Spanish territory for periods of less than ninety (90) consecutive days.



What are my obligations?

- To sign the policy and return a signed copy to Cigna Healthcare.
- To make the payment of the premiums in their corresponding maturities as well as those due to deductibles in case of contracting the product with said option.
- To inform Cigna Healthcare of the occurrence of a claim covered by insurance in the case of a request for reimbursement or need authorization.
- Provide all information to Cigna Healthcare with regard to the circumstances and consequences of the accident covered by the insurance.
- Always carry your Cigna Healthcare card with you when you go to the doctor or call our Customer Service department.
- Request authorizations, when needed.



How and when do I have to make the payments?

Premium payment may be made as a one-time payment at the time coverage begins or in installments according to the client's needs.

**When does coverage begin and finish?**

Coverage begins on the 1st day of the month following the application for the policy and ends after one year has elapsed.

**How can I terminate the contract?**

One month prior to the annual renewal of the policy, you may indicate your intention to terminate the contract to Cigna Healthcare by sending an e-mail to: servicio.cliente@Cigna.com