Cigna Global Wellbeing Solutions Limited

Participating Sponsor / Group
Medical University of South Carolina

MBA
Cigna StudyWell Program

EFFECTIVE DATE: June 23, 2022

CN003
08932J

This document printed in June, 2022 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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CIGNA GLOBAL INSURANCE COMPANY LIMITED

a Cigna company (hereinafter called Cigna) certifies that it insures certain Members for the benefits provided by the following policy(s):

POLICYHOLDER: CIGNA GLOBAL WELLBEING SOLUTIONS

PARTICIPATING SPONSOR/GROUP: Medical University of South Carolina

GROUP POLICY(S) — COVERAGE

08932J –MBA Solution

Cigna StudyWell

UNEXPECTED MEDICAL ILLNESS AND INJURY BENFITS
EMERGENCY EVACUATION AND REPATRIATION BENEFITS
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS

EFFECTIVE DATE: 6/23/2022

This certificate describes the main features of the insurance. It does not waive or alter any of the terms of the policy(s). If questions arise, the policy(s) will govern.
This certificate takes the place of any other issued to you on a prior date which described the insurance.



General Counsel

Explanation of Terms

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

The Schedule

The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.

How To File Your Claim

For Unexpected Medical Illness and Injury

Proof of Loss

Claims can be submitted by the provider if the provider is able and willing to file on your behalf. If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by using the toll-free number on your ID card.

CLAIM REMINDERS

- BE SURE TO USE YOUR ACCOUNT/GROUP NUMBER WHEN YOU FILE CIGNA'S CLAIM FORMS, OR WHEN YOU CALL YOUR CIGNA CLAIM OFFICE.
- YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR ID CARD.
- BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.

Timely Filing of Claims - for Unexpected Medical Illness and Injury

Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within 365 days after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within 365 days, the claim will not be considered valid and will be denied.

Timely Filing of Claims - for Accidental Death and Dismemberment (AD&D)

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act

Eligibility - Effective Date

Eligibility for Member Insurance

You will become eligible for insurance if:

- you are a Member of the StudyWell Association; and
- you have been identified as a participant and
- you are traveling outside your country of residence and or are on Sojourn Travel before or after the Trip;

Eligibility for Dependent Insurance

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent if that Dependent is traveling with you outside their country of residence and on Sojourn before or after the Trip.
- Dependents are not eligible for Accidental Death and Dismemberment coverage.

Any person for whom coverage is prohibited under applicable law will not be considered eligible.

Effective Date of Member Insurance

Your coverage will be effective when you meet the Eligibility requirements for Member Insurance above.

Dependent Insurance

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective when you become eligible for Member Insurance and your Dependent(s) become eligible for Dependent Insurance.

All of your Dependents as defined will be included.

Your Dependents will be insured only if you are insured.

MBA
Cigna StudyWell
The Schedule

Unexpected Medical Illness and Injury Benefits for a Study Abroad Program.

For You and Your Dependents

To receive Unexpected Medical Illness and Injury Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Deductible and Coinsurance.

This Plan provides coverage only for the following Unexpected Illness and Injury Services and Urgent Care. See definitions of Unexpected Illness and Injury Services and Urgent Care.

Coinsurance

The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.

Deductibles (If applicable)

Deductibles are Covered Expense to be paid by you or your Dependent before benefits are payable under this plan Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached, you need not satisfy any further Unexpected Medical Illness and Injury Deductible for the rest of that year.

Out-of-Pocket Expenses (If applicable)

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan. The following Expenses contribute to the Out-of-Pocket Maximum, and when the Out-of-Pocket Maximum shown in The Schedule is reached, they are payable by the benefit plan at 100%:

- Coinsurance.
- Plan Deductible.

The following Out-of-Pocket Expenses and charges do not contribute to the Out-of-Pocket Maximum, and they are not payable by the benefit plan at 100% when the Out-of-Pocket Maximum shown in The Schedule is reached:

- Non-compliance penalties.
- Provider charges in excess of the Maximum Reimbursable Charge.

Multiple Surgical Reduction applies in the United States only.

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

Assistant Surgeon and Co-Surgeon Charges applies in the United States only.

Assistant Surgeon

The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed a percentage of the surgeon's allowable charge as specified in Cigna Reimbursement Policies. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to or deductible amounts.)

Co-Surgeon

The maximum amount payable for charges made by co-surgeons will be limited to the amount specified in Cigna Reimbursement Policies.

BENEFIT HIGHLIGHTS	
Calendar Year Unexpected Medical Illness and Injury Benefit Maximum	$500,000
The Percentage of Covered Expenses the Plan Pays	100% of the Maximum Reimbursable Charge (see below)
Maximum Reimbursable Charge **Services Inside in the United States** Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or A Group percentage of a (fee) schedule that Cigna has developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for the same or similar services within the geographic market. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of: • the provider's normal charge for a similar service or supply; or • the 80th percentile of charges made by the providers of such service or supply in the geographic area where it is received as compiled in a database selected by the Cigna. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. **Note:** The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles and coinsurance.	300%

BENEFIT HIGHLIGHTS	
Maximum Reimbursable Charge **Services Outside the United States** Maximum Reimbursable Charge for services outside the United States is determined based on the lesser of: • the charges contracted or otherwise agreed between the provider and Cigna; or • the charge that a provider most often charges patients for the service or procedure; or • the customary charge for the service or procedure as determined by Cigna based upon the range of charges made for the service or procedure by most providers in the general geographic area where the service is rendered or the procedure performed. Cigna is not obligated to pay excessive charges. **Note:** The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles and Coinsurance.	100%
Calendar Year Deductible **Individual**	$0
Out-of-Pocket Maximum **Individual** **Member Only**	$0
Physician's Services	
Physician's Office Visit	The plan pays 100%
Surgery Performed in the Physician's Office	The plan pays 100%
Inpatient Hospital - Facility Services	The plan pays 100%
Semi-Private Room and Board	Limited to the semi-private room rate
Private Room	Private room covered outside the United States only if no semi-private room equivalent is available.
Special Care Units (ICU/CCU)	Limited to the ICU/CCU daily room rate per day.
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room	The plan pays 100%

BENEFIT HIGHLIGHTS	
Inpatient Hospital Physician's Visits/Consultations	The plan pays 100%
Inpatient Professional Services Radiologist, Pathologist, Anesthesiologist	The plan pays 100%
Outpatient Professional Services Surgeon, Radiologist, Pathologist, Anesthesiologist	The plan pays 100%
Ambulance	The plan pays 100%
Laboratory Services Physician's Office Visit Outpatient Hospital Facility Independent Lab Facility	The plan pays 100%
Radiology Services Physician's Office Visit Outpatient Hospital Facility	The plan pays 100%
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans) Physician's Office Visit Inpatient Facility Outpatient Facility	The plan pays 100%
Outpatient Short-Term Rehabilitative Therapy Calendar Year Maximum: Unlimited Includes: Cardiac Rehab Physical Therapy Speech Therapy Occupational Therapy Pulmonary Rehab Cognitive Therapy Chiropractic Therapy (includes Chiropractors)	The plan pays 100%
Medical Pharmaceutical "Prescription Drugs" Products (Pharmacy)	The plan pays 100%

BENEFIT HIGHLIGHTS	
Emergency Dental Care Treatment of accidental injury to sound, natural teeth Calendar Year Maximum: $1,000 subject to the Calendar Year Unexpected Medical Illness and Injury Benefit Maximum Physician's Office Visit Inpatient Facility Outpatient Facility Inpatient Professional Services Outpatient Professional Services	The plan pays 100%
Mental Health (routine) Inpatient Facility Outpatient - Office Visits Outpatient – All Other Services	The plan pays 100%
Substance Abuse (routine) Inpatient Facility Outpatient – Office Visits Outpatient – All Other Services	The plan pays 100%
Sojourn Travel Benefit Calendar Year Maximum: 15 days, when taken in conjunction with an approved Trip subject to the Calendar Year Unexpected Medical Illness and Injury Benefit Maximum	The plan pays 100%
War Risk Benefit	Not Covered

BENEFIT HIGHLIGHTS	
Emergency Medical Evacuation & Repatriation Benefit Calendar Year Benefit Maximum: $500,000 Applies per member per Calendar Year.	
Emergency Medical Evacuation	The plan pays 100%
Repatriation Following a Medical Evacuation	The plan pays 100%
Repatriation of Mortal Remains	The plan pays 100%
Primary Repatriation to the Permanent Residence after a Serious Medical Event	The plan pays 100%
Emergency Family Travel	The plan pays 100%

BENEFIT HIGHLIGHTS	
Accidental Death and Dismemberment Benefits	
Amount of Principal Sum	$10,000
War Risk	Not Covered
Aggregate Limit of Liability For all covered persons involved in any one Accident **This includes forms of transportation such as air, bus, train, and boat**	Not more than $500,000 will be paid for all Covered Losses for all covered persons as the result of any one Accident. If this amount does not allow all covered persons to be paid the amounts this policy otherwise provides, the amount paid for each Loss bears to the Aggregate Limit of Liability.
Table of Benefits for Accidental Losses	**% of Principal Sum**
Loss of Life or Two or more members	100%
Loss of Speech and Hearing	100%
Loss of Speech or Hearing	One-half (1/2) the Principal Sum
Loss of One member	One-half (1/2) the Principal Sum
Thumb and index finger from the same hand	One-fourth (1/4) the Principal Sum
Such payment shall be in addition to any other indemnity payable as of the date of loss, but only one (1) amount, the larger applicable amount, shall be payable for all such losses resulting from one Accident. The "Principal Sum" is the amount specified as such in The Schedule.	
***Member: shall mean a hand, foot, or eye**	
Loss shall mean, with respect to: • hands and feet, actual severance through or above wrist or ankle joints; • with respect to eyes, entire irrecoverable loss of sight; • with respect to speech, the total irrecoverable loss of speech which does not allow audible communications in any degree; • with respect to hearing which cannot be corrected by any hearing aid or device; • with respect to thumb and index finger means complete severance through or above the metacarpophalangeal joints, (the joints between the fingers and the hand).	

Certification Requirements -Unexpected Medical Illness and Injury Benefits

Required for all U.S. Hospital Stays

For You and Your Dependents

Pre-Admission Certification/Continued Stay Review for Hospital Confinement

Pre-Admission Certification (PAC) and Continued Stay Review (CSR) refer to the process used to certify the Medical Necessity and length of a Hospital Confinement when you or your Dependent require treatment in a Hospital as a registered bed patient, except for 48/96 hour maternity stays.

In the case of an emergency admission, you should contact the Review Organization within 48 hours after the admission. CSR should be requested, prior to the end of the certified length of stay, for continued Hospital Confinement.

Covered Expenses incurred will not include the first $300 of Hospital charges made for each separate admission to the Hospital unless PAC is received within 48 hours after the emergency admission.

Covered Expenses incurred for which benefits would otherwise be payable under this plan for the charges listed below will be reduced by 50%:

- Hospital charges for Bed and Board, for treatment listed above for which PAC was performed, which are made for any day in excess of the number of days certified through PAC or CSR; and
- any Hospital charges for treatment listed above for which PAC was requested, but which was not certified as Medically Necessary.

PAC and CSR are performed through a utilization review program by a Review Organization with which Cigna has contracted.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this plan.

Covered Expenses

Unexpected Medical Illness and Injury Benefits

The term Covered Expenses means the expenses incurred by

a person while covered under this plan for the charges listed below:

- if they are incurred after he becomes insured for these benefits. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are made for Emergency Services or Urgent Care for the care and treatment of an Injury or a Sickness, as determined by Cigna.
- for services or supplies that are Medically Necessary for Emergency Services or Urgent Care or for the care and treatment of an Injury or a Sickness, as determined by Cigna and that are not otherwise excluded from coverage by the terms of this policy.

As determined by Cigna, Covered Expenses may-also include all charges made by an entity that has directly or indirectly contracted with Cigna to arrange, through contracts with providers of services and/or supplies, for the provision of any services and/or supplies listed below.

Any applicable Coinsurance, Deductibles or limits are shown in The Schedule.

Covered Expenses

- charges made by a Hospital, on its own behalf, for Bed and Board and other Necessary Services and Supplies; except that for any day of Hospital Confinement, Covered Expenses will not include that portion of charges for Bed and Board which is more than the Bed and Board Limit shown in The Schedule.
- charges for licensed ambulance service to or from the nearest Hospital where the needed medical care and treatment can be provided.
- charges made by a Hospital, on its own behalf, for medical care and treatment received as an outpatient.
- If Cigna determines that you expected to require hospitalization in excess of 3 days, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by you. Only those expenses approved by Cigna and/or its designee prior to occurrence will be eligible for coverage and reimbursement under the terms of your plan
- Coverage may be provided for non-taxable lodging expenses incurred by you in connection with or as a direct result of being quarantined after a positive/reactive test result (e.g. COVID/SARS COV2) subject to the following conditions and limitations. Benefits for lodging are available to you if Cigna determines that you are required to quarantine in accordance with guidelines issued by the United States Centers for Disease Control and Prevention or the applicable government or regulatory authority during an epidemic / pandemic, as formally declared by the World Health Organization. Cigna may provide coverage for quarantine lodging expenses up to a daily maximum benefit of $285 for up to 14 days. The quarantine lodging benefit may only be utilized once in a twelve month period. Coverage is limited to lodging costs.
-

The following are specifically excluded from coverage:

- Food and meals consumed while in quarantine; laundry bills; telephone bills; transportation to and from the quarantine location and or expenses charged by family or friends.
- Costs associated with government administrative required quarantine, not evidenced by a definitive positive test result, are excluded from coverage.

- charges made by a Free-Standing Surgical Facility, on its own behalf for medical care and treatment.
- charges made by a Physician or a Psychologist for professional services.
- charges made by a Nurse, other than a member of your family or your Dependent's family for professional nursing service.
- charges made for anesthetics and their administration; diagnostic x-ray and laboratory examinations; x-ray, radium, and radioactive isotope treatment; chemotherapy; blood transfusions; oxygen and other gases and their administration.
- charges made for laboratory services and other diagnostic and therapeutic radiological procedures.
- any care furnished to a newborn child including Hospital nursery expenses prior to discharge from the Hospital.
- medical expenses related to non-routine maternity care.
- charges made for a Dental Emergency up to the benefit amount listed in The Schedule. A Dental Emergency is defined as a type of medical emergency that involves a dental condition of recent onset and severity, which would lead a prudent layperson possessing an average knowledge of dentistry, to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. If treatment requires an immediate need for restoration coverage for fillings and or root canal to prevent further dental pain, these charges would be covered up to the amount shown in The Schedule.

Internal and External Prosthetic/Medical Appliances

Charges made for internal and external prosthetic/medical appliances that provide permanent or temporary internal and external functional supports for nonfunctional body parts are covered. Repair, maintenance or replacement of a covered appliance is also covered in the event of an emergency.

Short-Term Rehabilitative Therapy and Chiropractic Care Services

Following a covered acute medical emergency, charges for Medically Necessary short term rehabilitation services including physical, speech, occupational, cognitive, osteopathic manipulative, cardiac rehabilitation and pulmonary rehabilitation therapy, are covered when provided in the most medically appropriate setting. Also included, following a covered acute medical emergency, are charges made for Medically Necessary diagnostic and treatment services utilized in an office setting by a chiropractic Physician. Chiropractic treatment includes the conservative management of acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain, and improve function.

The following limitation applies to Short-term Rehabilitative Therapy and Chiropractic Care Services:

- occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Injury or Sickness.

Short-term Rehabilitative Therapy and Chiropractic Care services that are not covered include but are not limited to:

- treatment for chronic, ongoing, or continuation of a Sickness, Injury or medical condition, or treatment of a Sickness, Injury, or medical condition which began prior to traveling;
- sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily acted conditions without evidence of an underlying medical condition or neurological disorder;
- treatment for functional articulation disorder such as correction of tongue thrust, lisp, or verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or Injury; and
- Maintenance or Preventive Treatment consisting of routine, long term or non-Medically Necessary care provided to prevent recurrences or to maintain the patient's current status.

The following are specifically excluded from Chiropractic Care Services:

- services of a chiropractor which are not within his scope of practice, as defined by state law;
- charges for care not provided in an office setting;
- vitamin therapy.

If multiple outpatient services are provided on the same day they constitute one day visit.

Medical Pharmaceutical "Prescription Drugs" Products (Pharmacy)

Charges made for Medically Necessary medical pharmaceutical "prescription drugs" products. Coverage will be provided for medical pharmaceutical "prescription drugs" products for necessary medications that were lost while traveling.

Charges made for medical pharmaceutical "prescription drugs" products related to medically necessary maintenance drugs and their administration.

Mental Health/Substance Use Disorder Services

Charges made for routine and unexpected medical illness and injury treatment of mental health /substance abuse conditions.

Exclusions

The following are specifically excluded from Mental Health and Substance Use Disorder Services:

- treatment of disorders which have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
- developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.
- counseling for activities of an educational nature.
- counseling for borderline intellectual functioning.
- counseling for occupational problems.
- counseling related to consciousness raising.
- vocational or religious counseling.
- I.Q. testing.
- custodial care, including but not limited to geriatric daycare.
- psychological testing on children requested by or for a
- school system.
- occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

Emergency Evacuation/Repatriation Benefits

Covered Expenses

Expenses incurred for medical evacuation or repatriation without the approval and authorization of Cigna, and/or its designee will not be Covered Expenses. Only those expenses approved by Cigna will be eligible for coverage and/or reimbursement under the terms of your plan.

If you or your Dependent suffer medical emergency and, Cigna, and/or its designee, determines that appropriate medical facilities are not available locally, Cigna may arrange for an evacuation to the nearest appropriate facility.

Emergency Evacuation

You or your Dependent must contact your schools representative or Cigna at the phone number indicated on your ID card to begin this process. In making their determinations, Cigna, and/or its designee, will consider the nature of the emergency, your condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions, and distance to be covered.

Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to the specific Medical Necessity of each case.

Emergency Family Travel

Arrangements and Confinement Visitation

If Cigna determines that you or your Dependent is expected to require hospitalization in excess of 7 days at the location to which you will be evacuated, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by you. If a Dependent child under age 26, is evacuated, one economy [round-trip] airfare will be provided to a parent or legal guardian regardless of the number of days that the Dependent child is hospitalized. Only those expenses approved by Cigna and/or its designee prior to occurrence will be eligible for coverage and reimbursement under the terms of your plan.

Return of Dependent Children

If dependent child(ren) under the age of 26 are left unattended by virtue of the evacuee's absence following a covered evacuation, a one-way economy airfare will be provided to their place of residence or that of an individual chosen by you.

Repatriation following a Medical Evacuation

Covered Expenses

Following any covered emergency medical evacuation, Cigna will pay for one of the following:

- if it is deemed Medically Necessary and appropriate by the Cigna medical director, you or your Dependent will be transferred to your permanent residence via a one-way economy airfare; or
- you or your Dependent will be transferred back to your original work location or the location from which you were evacuated via a one-way economy airfare.

If your transportation needs to be medically supervised a qualified medical attendant will escort you. Additionally, if Cigna, and/or its designee, determines a mode of transport other than economy class seating on a commercial aircraft is required for Medical Necessity reasons, Cigna, or its designee, will arrange accordingly and such will be covered by Cigna.

Primary Repatriation to the Permanent Residence after a Serious Medical Event

Following a serious medical event, if it is deemed Medically Necessary and appropriate by the Cigna medical director, Cigna may pay for you or your Dependent to be transferred to your permanent residence via a one-way economy airfare.

If the Cigna medical director determines that transportation needs to be medically supervised a qualified medical attendant will escort you. Additionally, if Cigna determines a mode of transport other than economy class seating on a commercial aircraft is required for Medical Necessity reasons, Cigna, or its designee, will arrange accordingly and such will be covered by Cigna.

Repatriation of Mortal Remains

The costs associated with the transportation of mortal remains from the place of death to the home country will be covered. In addition, assistance will be provided by Cigna, or its designee, for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

Exclusions

No payment will be made for charges for:

- services rendered without the authorization or intervention of Cigna, or its designee.
- non-emergency routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or harm to you.
- a condition which would allow for treatment at a future date convenient to you and which does not require emergency medical evacuation or repatriation.
- medical care or services scheduled for member or providers convenience which are not considered an emergency.
- expenses incurred if the original or ancillary purpose of your trip is to obtain medical treatment.
- services provided for which no charge is normally made.
- expenses incurred while serving in the armed forces of another country.
- transportation for your vehicle and/or other personal belongings involving intercontinental and/or marine transportation.
- service provided other than those indicated in this certificate.

Conditions of Coverage

Accidental Death and Dismemberment (AD&D) Benefits

This section describes the Conditions of Coverage under which benefits provided by the policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the "Exclusions" sections in order to understand all of the terms, conditions and limitations of coverage.

We will pay benefits specified in The Schedule, subject to all applicable conditions and exclusions, if you suffer a Covered Loss caused, directly and independently of all other causes, by an Accident which occurs while you are traveling:

- on a Trip outside the Member's home country; and
- if applicable in the course of the business of the Group and
- on a Trip or on Sojourn Travel, authorized in advance by the Group, and

For purposes of this coverage "Country of Permanent Assignment**"** means the Country where the Member normally resides.

Exclusions

Coverage for a Trip is not provided during any of the following:

- any activity not authorized or organized, or not reimbursable, by the policy; or
- driving any vehicle or Private Passenger Automobile for pay or hire.

If applicable, business Travel Coverage is not in effect while you are performing job duties during work hours, and in a residence work area, which is specified in a written telecommuting agreement between you and your Group.

Exposure and Disappearance Coverage

Cigna will pay benefits specified in The Schedule, subject to all applicable conditions and exclusions, if you suffer a Covered Loss which results, directly and independently of all other causes, from an Accident that causes you unavoidable exposure to the elements following the forced landing, sinking, stranding or wrecking of a vehicle. If you disappear and are not found within one year from the date of wrecking, sinking or disappearance of the conveyance in which you were riding in the course of a Trip which would otherwise be covered under the policy, it will be presumed that your death resulted directly and independently of all other causes from an Accident. Travel or Trip must have been authorized in advance by the Group.

Exclusions, Expenses Not Covered and General Limitations

Exclusions and Expenses Not Covered

Additional coverage limitations determined by plan or provider type are shown in The Schedule. Payment for the following is specifically excluded from this plan:

- Injury, Sickness, dismemberment or death which results from or in the course of an insured's regular occupation for wage or profit. (This does not apply to students, a corporate officer, partner or sole proprietor who is not insured under Workers' Compensation Employer's Liability Law or similar law).
- expenses incurred for flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface:
- except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
- being flown by the covered person or in which the covered person is a member of the crew;
- being used for:
  - crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
  - any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
  - designed for flight above or beyond the earth's atmosphere;

- an ultra-light or glider;
- being used by any military authority, except an aircraft used by the Air Mobility Command or its foreign equivalent; or
- being used for the purpose of parachuting or skydiving.

- Injury or Sickness, dismemberment or death for which you are entitled to benefits under Workers' Compensation Law, Employer's Liability Law or similar law.
- expenses incurred for travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle expenses incurred during participation in any motorized race or contest of speed with the exception of school sponsored activities.
- an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in a Driver's Education Program.
- expenses incurred for travel in any aircraft owned, leased or controlled by the Group, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Group if the aircraft may be used as the Group wishes for more than 10 straight days, or more than 15 days in any year.
- Injury or Sickness, dismemberment or death, occurring while the insured is serving on full-time active duty in the Armed Forces of any country or international authority.
- Hospital Confinement, surgery, treatment, service or supply for which:
- the charge is payable or reimbursable by or through a plan or program of any governmental agency;
- or charges which would not have been made if the person had no insurance.
- Injury as a result of a commission of a felony.
- eyeglasses, contact lenses, hearing aids, or examinations for prescription or fitting thereof, unless lost or stolen.
- cosmetic or plastic surgery except:
- when necessary as a result of an Injury or Sickness occurring while insured; or
- reconstructive surgery when such service is incidental to or follows surgery resulting from Injury or Sickness. This includes reconstructive surgery resulting from a previous illness or injury.
- Hospital Confinement, care or treatment which is not recommended and approved by a Physician.
- private Hospital rooms and/or private duty nursing unless determined by the utilization review Physician to be Medically Necessary.
- obesity/bariatric surgery.
- physical examinations unless required because of Injury or Sickness.
- dental expenses unless the result of an accident to sound natural teeth or alleviation of sudden unexpected dental pain, then the benefit is limited to the amount shown in The Schedule.
- expenses incurred while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which you have been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state and or country in which the Accident occurred.
- claim payments which are illegal under applicable law.
- any and all expenses incurred for medical services or treatment or loss or dismemberment that occurs in the insured's country of permanent residence.
- expenses incurred if the original or ancillary purpose of your Trip is to obtain medical treatment.
- routine maternity treatment.
- treatment of an Injury or Sickness death and dismemberment which is caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- for or in connection with experimental, investigational or unproven services.

  Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or biologic therapies or devices that are determined by the utilization review Physician to be:

  not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed; or
- not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed.

  In determining whether drug or Biologic therapies are experimental, investigational and unproven, the utilization review Physician may review, without limitation, U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature. The plan or policy shall not deny coverage for a drug therapy or device as experimental, investigational and unproven if the drug therapy or device is otherwise approved by the FDA to be lawfully marketed and is recognized for treatment of the prescribed indication in a prescription drug reference compendium approved by the Insurance Commissioner or substantially accepted peer reviewed medical literature.
- abortions, unless a Physician certifies in writing that the pregnancy would endanger the life of the mother, or the

expenses are incurred to treat medical complications due to abortion.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- to the extent that payment is unlawful where the expenses are incurred.
- for charges which would not have been made if the person had no insurance.
- to the extent that they are more than Maximum Reimbursable Charges.
- expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- treatment or care of a person by a Physician or Nurse, if the Physician or Nurse is a member of the insured's immediate family or ordinarily resides with the insured.

Expenses For Which A Third Party May Be Responsible

This plan does not cover:

- Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.
- Expenses incurred by you to the extent any payment is received for you either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), occupational disease law, any employer's liability insurance or similar type of law or coverage.

Subrogation/Right of Reimbursement

If you incur a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which you may receive payment as described above:

- Subrogation: The plan shall, to the extent permitted by law, be subrogated to all rights, claims or interests that you may have against such party and shall automatically have a lien upon the proceeds of any recovery by you from such party to the extent of any benefits paid under the plan. You or your representative shall execute such documents as may be required to secure the plan's subrogation rights.
- Right of Reimbursement: The plan is also granted a right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation right granted in paragraph 1, but only to the extent of the benefits provided by the plan.

Lien Of The Plan

By accepting benefits under this plan, you:

- grant a lien and assigns to the plan an amount equal to the benefits paid under the plan against any recovery made by or on behalf of you which is binding on any attorney or other party who represents you whether or not your agent or of any insurance company or other financially responsible party against whom you may have a claim provided said attorney, insurance carrier or other party has been notified by the plan or its agents;
- agrees that this lien shall constitute a charge against the proceeds of any recovery and the plan shall be entitled to assert a security interest thereon;
- agrees to hold the proceeds of any recovery in trust for the benefit of the plan to the extent of any payment made by the plan.

Additional Terms

- You may not assign any rights that you may have to recover medical expenses from any third party or other person or entity to any minor Dependent of yourself without the prior express written consent of the plan. The plan's right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- You shall not make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- The plan's right of recovery shall be a prior lien against any proceeds recovered by you. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat the plan's recovery rights by allocating the proceeds exclusively to non-medical expense damages.
- You shall not incur any expenses on behalf of the plan in pursuit of the plan's rights hereunder, specifically; no court costs, attorneys' fees or other representatives' fees may be deducted from the plan's recovery without the prior express written consent of the plan. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".
- The plan shall recover the full amount of benefits provided hereunder without regard to any claim of fault on your part, whether under comparative negligence or otherwise.
- The plan hereby disavows all equitable defenses in pursuit of its right of recovery. The plan's subrogation or recovery rights are neither affected nor diminished by equitable defenses.
- In the event that you shall fail or refuse to honor your obligations hereunder, then the plan shall be entitled to recover any costs incurred in enforcing the terms hereof including, but not limited to, attorney's fees, litigation, court costs, and other expenses. The plan shall also be entitled to offset the reimbursement obligation against any entitlement to future medical benefits hereunder until you have fully

complied with your reimbursement obligations hereunder, regardless of how those future medical benefits are incurred.

- By acceptance of benefits under the plan, you agree that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, the Plan shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.
- You must assist the plan in pursuing any subrogation or recovery rights by providing requested information.

Payment of Benefits

Assignment and Payment of Benefits

You may authorize Cigna to pay any healthcare benefits under this policy to a provider. When you authorize the payment of your healthcare benefits to a provider, you authorize the payment of the entire amount of the benefits due on that claim. If a provider is overpaid because of accepting duplicate payments from you and Cigna, it is the provider's responsibility to reimburse the overpayment to you. Cigna may pay all healthcare benefits for Covered Services directly to a provider without your authorization. You may not interpret or rely upon this discrete authorization or permission to pay any healthcare benefits to a provider as the authority to assign any other rights under this policy to any party, including, but not limited to, a provider of healthcare services/items.

Even if the payment of healthcare benefits to a provider has been authorized by you, Cigna may, at its option, make payment of benefits to you. When benefits are paid to you or your Dependent, you or your Dependents are responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of Cigna is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, Cigna may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our members passes away, Cigna may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release Cigna from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by Cigna, Cigna will have the right at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment. In addition, your acceptance of benefits under this plan and/or assignment of Unexpected Medical Illness and Injury Benefits separately creates an equitable lien by agreement pursuant to which Cigna may seek recovery of any overpayment. You agree that Cigna, in seeking recovery of any overpayment as a contractual right or as an equitable lien by agreement, may pursue the general assets of the person or entity to whom or on whose behalf the overpayment was made.

Calculation of Covered Expenses

Cigna, in its discretion, will calculate Covered Expenses following evaluation and validation of all provider billings in accordance with:

- the methodologies in the most recent edition of the Current Procedural terminology.
- the methodologies as reported by generally recognized professionals or publications.

Accidental Death and Dismemberment (AD&D)

To Whom Payable

Death Benefits will be paid to the insured's named beneficiary, if any, on file at the time of payment. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the insured's estate. We may reduce the amount payable by any indebtedness due.

All other benefits unless otherwise stated in the policy, will be payable to the insured.

Any other accrued benefits which are unpaid at your death will, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to $750 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Cigna will pay the Benefit Amount when it receives due proof that:

- you received an accidental bodily Injury while insured for this benefit; and
- as a direct result of that Injury, independently of all other causes, you sustained any loss shown in the "Table of Benefits for Accidental Losses"; and
- the loss occurred within 90 days after the date of that Injury.

The Benefit Amount for each loss will be your amount of Principal Sum determined from The Schedule multiplied by the percentage shown in the "Table of Benefits for Accidental Losses" for that loss. The maximum that will be paid for all

losses resulting from injuries you receive in any one Accident will be your amount of Principal Sum.

Termination of Insurance

Members

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible members or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance, if any.
- the last day in which your Trip ends except as described below.
- the date the policy is canceled.

Dependents

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be in an Eligible class as defined in Eligibility section or cease to qualify for the insurance.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made the required contribution for the insurance, if any.
- the date Dependent Insurance is canceled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

Medical Benefits Extension

During Hospital Confinement Upon Policy Cancellation

If the emergency medical benefits under this plan cease for you or your Dependent due to cancellation of the policy (except if policy is canceled for nonpayment of premiums) and you or your Dependent is Confined in a Hospital on that date, emergency medical benefits will be paid for Covered Expenses incurred in connection with that Hospital Confinement. However, no benefits will be paid after the earliest of:

- the date you exceed the Maximum Benefit, if any, shown in The Schedule;
- the date you are covered for medical benefits under another group plan;
- the date you or your Dependent is no longer Hospital Confined; or
- 10 days from the date the policy is canceled.

The terms of this Medical Benefits Extension will not apply to a child born as a result of a pregnancy which exists when your emergency medical benefits cease. or your Dependent's emergency medical benefits cease.

When You Have an Appeal or Complaint

If you have questions, disagree with the determination of a claim, or have a complaint, you may contact Cigna at the address indicated below. A written request for a claim review must be sent in writing within 365 days of receipt of a denial notice to:

Cigna
Attn: Appeals & Complaints
P.O. Box 15800
Wilmington, DE 19850 USA

For a claim review, you should state the reason(s) why you feel your claim should have been approved. Send a copy of the denial along with any relevant additional information (e.g. benefit documents, clinical records) which helps to demonstrate that your claim is covered under the plan. For questions, please contact the **Cigna Service Center at 1-800-441-2668 (inside the United States and Canada) or 302-797-3100 (outside the United States, call collect).**

It is important to include your Name, Group Number, Member/Patient ID Number, Name of the patient and relationship, and "Attention: Appeals" on all supporting documents.

You are entitled to receive free upon request access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

You will be notified of the final decision in a timely manner, as described in your plan materials.

If you are still not satisfied with our final decision to your complaint or appeal, you can refer your complaint or appeal to the Channel Islands Financial Ombudsman Service at the address below:

The Channel Islands Financial Ombudsman (CIFO)
PO Box 114
Jersey, Channel Islands
JE4 9QG
Telephone: +44 (0)1534 748610
Fax: +44 (0)1534 747629
Email: enquiries@ci-fo.org
Website www.ci-fo.org

Appeals Procedure for Denied Claims

Whenever a claim is denied, there is the right to appeal the decision. A written request for appeal must be made to Cigna within 60 days from the date the denial was received. If a request is not made within that time, the right to appeal will have been waived.

Once a request has been received by Cigna, a prompt and complete review of the claim will take place. This review will give no deference to the original claim decision. It will not be made by the person who made the initial claim decision, or a subordinate of that person. During the review, the claimant (or the claimant's duly authorized representative) has the right to review any documents that have a bearing on the claim, including the documents which establish and control the Plan. Any medical or vocational experts consulted by Cigna will be identified. Issues and comments that might affect the outcome of the review may also be submitted.

Cigna has 60 days from the date it receives a request to review the claim and provide its decision. Under special circumstances, Cigna may require more time to review the claim. If this should happen, Cigna must provide notice, in writing, that its review period has been extended for an additional 60 days. Once its review is complete, Cigna must state, in writing, the results of the review and indicate the Plan provisions upon which it based its decision.

Definitions

Accident

A sudden, unforeseeable, external event that results, directly and independently of all other causes, in an Injury or Covered Loss and meets all of the following conditions:

- occurs while the insured is insured under this Policy;
- occurs under one of the "Conditions of Coverage";
- is not contributed to by disease, Sickness, or mental or bodily infirmity;
- is not otherwise excluded under the terms of the policy.

Active Service

If applicable, you will be considered in Active Service:

- on any of the Group's scheduled work days if you are performing the regular duties of your work as determined by the Group on that day either at the Group's place of business or at some location to which you are required to travel for the Group's business.

Bed and Board

The term Bed and Board includes all charges made by a Hospital on its own behalf for room and meals and for all general services and activities needed for the care of registered bed patients.

Covered Losses

We will pay the Benefit for any one of the Covered Losses listed in The Schedule, subject to all applicable conditions and exclusions, if the covered person suffers a Covered Loss resulting directly and independently of all other causes from an Accident within the applicable time period specified in The Schedule.

If the insured sustains more than one Covered Loss as a result of the same Accident, Cigna will pay the Benefit for the Covered Loss for which the largest benefit is payable. If the insured sustains more than one Covered Loss as a result of the same Accident, the total of Benefits Cigna will pay will not exceed the Principal Sum.

If an Accident causes the insured's death, the total of all Benefits Cigna will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum Accidental Death Benefit.

Dental Emergency

Dental Emergency is defined as a type of medical emergency that involves a dental condition of recent onset and severity, which would lead a prudent layperson possessing an average knowledge of dentistry, to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection.

This also includes accidental dental treatment of an Injury to sound, natural teeth.

Dependent

- your lawful spouse; or
- your Domestic Partner; and
- any child of yours who is:
  - less than 26 years old.
  - 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence may be required to be submitted to the plan within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, the plan may require proof of the continuation of such condition and dependence.

The term child means a child born to you or a child legally adopted by you. It also includes a stepchild. If your Domestic Partner has a child, that child will also be included as a Dependent.

Benefits for a Dependent child will continue until the last day of the calendar month in which the limiting age is reached.

Anyone who is eligible as a Member will not be considered as a Dependent spouse. A child under age 26 may be covered as either a Member or as a Dependent child. You cannot be covered as a Member while also covered as a Dependent of a Member.

No one may be considered as a Dependent of more than one Member.

Domestic Partner

A Domestic Partner is defined as a person of the same or the opposite sex who:

- shares your permanent residence;
- has resided with you for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by Cigna to be sufficient to establish financial interdependency under the circumstances of your particular case;
- is not a blood relative any closer than would prohibit legal marriage; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to Cigna upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has signed a Domestic Partner affidavit or declaration with any other person within twelve months prior to designating each other as Domestic Partners hereunder;
- is currently legally married to another person; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

Uenexpected Illness or Injury

An acute medical condition that requires medical attention that would not be considered chronic or routine in nature, unless otherwise stated in this certificate. Acute exacerbations of an underlying condition may be considered an unexpected acute medical condition and may be covered under the plan due to the unexpected nature and decompensation of an otherwise stable chronic condition.

Emergency Services

Emergency Services means, with respect to an Emergency Medical Condition, a medical screening examination that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate the Emergency Medical Condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, to stabilize the patient.

Expense Incurred

An expense is incurred when the service or the supply for which it is incurred is provided.

Free-Standing Surgical Facility

The term Free-Standing Surgical Facility means an institution which meets all of the following requirements:

- it has a medical staff of Physicians, Nurses and licensed anesthesiologists;
- it maintains at least two operating rooms and one recovery room;
- it maintains diagnostic laboratory and x-ray facilities;
- it has equipment for emergency care;
- it has a blood supply;
- it maintains medical records;
- it has agreements with Hospitals for immediate acceptance of patients who need Hospital Confinement on an inpatient basis; and
- it is licensed in accordance with the laws of the appropriate legally authorized agency.

Hospital

The term Hospital means:

- an institution licensed as a Hospital, which: maintains, on the premises, all facilities necessary for medical and surgical treatment; provides such treatment on an inpatient basis, for compensation, under the supervision of Physicians; and provides 24-hour service by Registered Graduate Nurses;
- an institution which qualifies as a Hospital, a psychiatric Hospital or a tuberculosis Hospital or is appropriately accredited where located as determined by Cigna.

The term Hospital will not include an institution which is primarily a place for rest, a place for the aged, or a nursing home.

Hospital Confinement or Confined in a Hospital

A person will be considered Confined in a Hospital if he is a registered bed patient in a Hospital upon the recommendation of a Physician.

Injury – for Accidental Death and Dismemberment (AD&D)

Any bodily harm that results, directly and independently of all other causes, from an Accident.

Injury - for Unexpected Illness and Injury

The term Injury means an accidental bodily injury.

Maximum Reimbursable Charge - Services Inside the United States Emergency Medical Illness and Injury

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- a group's-selected percentage of a schedule developed by Cigna that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for the same or similar service within the geographic market.

The percentage used to determine the Maximum Reimbursable Charge is listed in The Schedule.

In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply; or
- the 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge is available upon request.

Maximum Reimbursable Charge - Services Outside the United States - Unexpected Medical Illness and Injury

The Maximum Reimbursable Charge for covered services outside the United States is determined based on the lesser of: the charges contracted or otherwise agreed between the provider and the Insurance Company; or the charge that a provider most often charges patients for the service or procedure; or the customary charge for the service or procedure as determined by the Insurance Company based upon the range of charges made for the service or procedure by most providers in the general geographic area where the service is rendered or the procedure performed.

The Insurance Company is not obligated to pay excessive charges.

The percentage used to determine the Maximum Reimbursable Charge is listed in The Schedule.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge is available upon request.

Medically Necessary/Medical Necessity

Health care services, supplies and medications provided for the purpose of evaluating, diagnosing or treating a Sickness, Injury, condition, disease or its symptoms, that are all of the following as determined by a Medical Director or Review Organization:

- required to diagnose or treat a Sickness, Injury, disease or its symptoms;
- in accordance with generally accepted standards of medical practice;
- clinically appropriate in terms of type, frequency, extent, site and duration;
- not primarily for the convenience of the patient, Physician or other health care provider;
- not more costly than an alternative service(s), medication(s) or supply(ies) that is at least as likely to produce equivalent therapeutic or diagnostic results with the same safety profile as to the prevention, evaluation, diagnosis or treatment of your Sickness, Injury, condition, disease or its symptoms; and
- rendered in the least intensive setting that is appropriate for the delivery of the services, supplies or medications. Where applicable, the Medical Director or Review Organization may compare the cost-effectiveness of alternative services, supplies, medications or settings when determining least intensive setting.

  In determining whether health care services, supplies, or medications are Medically Necessary, the Medical Director

or Review Organization may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitations and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines.

Member

The term means any faculty, chaperone, fellow, volunteer, or student, and who is currently enrolled at, or employed by, an institution that is participating in the StudyWell Program.

Necessary Services and Supplies

The term Necessary Services and Supplies includes any charges, except charges for Bed and Board, made by a Hospital on its own behalf for medical services and supplies actually used during Hospital Confinement.

The term Necessary Services and Supplies will not include any charges for special nursing fees, dental fees or medical fees.

Nurse

The term Nurse means a Registered Graduate Nurse, a Licensed Practical Nurse or a Licensed Vocational Nurse or equivalent.

Participating Sponsor/Group

An academic institution that has become an institutional member of InterNations GmbH.

Physician

The term Physician means a licensed medical practitioner who is practicing within the scope of his license and who is licensed to prescribe and administer drugs or to perform surgery. It will also include any other licensed medical practitioner whose services are required to be covered by law in the locality where the policy is issued if he is:

- operating within the scope of his license; and
- performing a service for which benefits are provided under this plan when performed by a Physician.

Private Passenger Automobile

A validly registered, four wheel private passenger car, including Participating Sponsor-owned cars, automobile campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile.

Psychologist

The term Psychologist means a person who is licensed or certified as a clinical psychologist. Where no licensure or certification exists, the term Psychologist means a person who is considered qualified as a clinical psychologist by a recognized psychological association or equivalent.

Review Organization

The term Review Organization refers to an affiliate of Cigna or another entity to which Cigna has delegated responsibility for performing utilization review services. The Review Organization is an organization with a staff of clinicians which may include Physicians, Registered Graduate Nurses, licensed mental health and substance use disorder professionals, and other trained staff members who perform utilization review services.

Sickness

The term Sickness means a physical or mental illness and substance use disorder. It also includes non-routine maternity care. Expenses incurred for routine Hospital and pediatric care of a newborn child prior to discharge from the Hospital nursery will be considered to be incurred as a result of Sickness.

Sojourn Travel

The Sojourn travel benefit covers personal trip(s) directly connected before or after the Trip.

When coverage is provided for Sojourn Travel, the time period covered is shown in The Schedule.

Trip

Trip is travel abroad in connection with your enrollment in, employment by, or association with an academic institution

Urgent Care

Urgent Care is medical, surgical, Hospital or related health care services and testing which are not Emergency Services, but which are determined by Cigna, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or were scheduled to receive services. Such care includes, but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a Physician's recommendation

that the insured should not travel due to any medical condition.

SCHEDULE 3

DATA PROTECTION CONTROLLER TO CONTROLLER ACTIVITES

1 CONTROLLER TO CONTROLLER ACTIVITIES

1.1 Data Protection

In Processing Personal Data to provide international medical insurance services, Cigna is a Data Controller of the Personal Data that is shared with Cigna directly from the Client or from any other authorised third party and is also a Data Controller of the Personal Data that Cigna collects and Processes directly from the Employees (and Dependants) or from other third parties as part of the provisions of the insurance services.

1.2 General Data Protection Obligations

1.2.1. The Parties acknowledge that each Party:

(a) is a Data Controller of the relevant Personal Data; and

(b) shall comply with its obligations as a Data Controller under the Data Protection Legislation and the requirements set out in the Policy and Policy Schedules.

1.2.2. Without prejudice to Clause 1.2.1, the Disclosing Party shall ensure that:

(a) All relevant Personal Data has been collected and disclosed to the Receiving Party in accordance with Data Protection Legislation;

(b) The relevant Personal Data is accurate and up to date;

1.2.3. The Receiving Party shall ensure that:

(a) Where applicable, Data Subjects have been provided with a Data Protection Notice which allows the Receiving Party to Process the relevant Personal Data; and

(b) Where applicable, unambiguous consent has been obtained from the Data Subjects.

1.2.4. Where the Receiving Party is located outside the European Economic Area, it shall take all such further action as the Disclosing Party directs (including entering into the Standard Contractual Clauses) to ensure that the transfer is subject to adequate safeguarding measures.

1.2.5. Disclosing Party Obligations

Without prejudice to Clause 1.2.1, the Disclosing Party shall transfer relevant Personal Data using appropriate technical and organisational security measures including, but not limited to, encryption and password protection.

1.2.6. Receiving Party Obligations

Without prejudice to Clause 1.2.1**,** the Receiving Party shall:

(a) Implement and maintain appropriate technical and organisational measures to preserve the confidentiality and integrity of the relevant Personal Data and prevent any unlawful Processing or disclosure or damage, taking into account the state of the art, the costs of implementation, the nature, scope, context and purposes of Processing, as well as the risk of varying likelihood and severity for the rights and freedoms of the Data Subjects;

(b) Take all steps set out below in respect of its Representatives:

(i) Ensure that only those Representatives who need to have access to the relevant Personal Data are granted such access and only for the purposes of performing its obligations under this Policy;

(ii) Take all reasonable steps to ensure the reliability of its Representatives;

(iii) Ensure that all Representatives have completed training in Data Protection Legislation and in the care and handling of Personal Data;

(iv) Ensure that all Representatives are informed of the confidential nature of the relevant Personal Data and are subject to appropriate contractual obligations of confidentiality; and

(v) Ensure that all Personnel comply with the obligations set out in this clause 1.2.

(c) Disclose only relevant Personal Data to those third parties as described in the Data Protection Notice and for the purpose of providing the Services under this Policy.

SCHEDULE 4

CIGNA GLOBAL HEALTH BENEFITS EUROPE DATA PROTECTION NOTICE

As a provider of quality healthcare around the world, our customers and clients expect us to carefully handle and protect the Personal Information (as defined below) they share with us.

You are receiving this Data Protection Notice either because your employer has signed an agreement with us, as an insurance company, to provide you, directly or through our partners, with international health insurance cover and other additional covers and services as may apply (referred to in this Data Protection Notice as the "**Services**") or you otherwise benefit from our Services (for example, as a dependant).

In order to provide our Services to you, we will collect and use your Personal Information. This Data Protection Notice explains how and why we do this and outlines your rights in relation to your Personal Information.

Depending on the specific terms and conditions of our insurance agreement with the employer, your Personal Information may be collected by any of the following entities (including but not limited to):

- Cigna Life Insurance Company of Europe S.A.-N.V., with corporate address in Belgium at Avenue de Cortenbergh 52, 1000 Brussels, and subject to the prudential supervision of the National Bank of Belgium and to the supervision of the Financial Services and Markets Authority in the field of consumer protection.

- Cigna Life Insurance Company of Europe S.A.-N.V., UK Branch, the UK branch of Cigna Life Insurance Company of Europe, S.A. N.V., with corporate branch address at 5 Aldermanbury Square, 13th Floor, London, England, EC2V 7HR and authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in the UK.

- Cigna Europe Insurance Company S.A.-N.V., with corporate address in Belgium at Avenue de Cortenbergh 52, 1000 Brussels, and subject to the prudential supervision of the National Bank of Belgium and to the supervision of the Financial Services and Markets Authority in the field of consumer protection.

- Cigna Europe Insurance Company S.A.-N.V., Brussels, Zurich Branch, the Swiss branch of Cigna Europe Insurance Company S.A.-N.V., with corporate branch address at Freigutstrasse 20, 8002 Zurich, Switzerland, existing under the laws of Switzerland and registered in the commercial register of Canton Zurich.

The company collecting your Personal Information depends on the insurance entity which provides your insurance cover and which can be found in your member booklet or certificate of insurance. This company will be the data controller of the Personal Information collected to provide the Services to you.

In addition to this Data Protection Notice, some of our products and services may have their own notices (for example, the "Cigna Online and Mobile Privacy Notice", which describes in more detail how your Personal Information is used in a particular context).

PERSONAL INFORMATION

"**Personal Information**" is the information that identifies and relates to you or to other individuals who also benefit from our Services, such as your dependants. Your Personal Information may be provided to us by yourself or by a third party entitled to provide us with such information (e.g. your healthcare providers, your employer, etc.).

Due to the nature of the Services to which you are entitled, your Personal Information may contain sensitive data including, but not necessarily limited to, your medical condition and health status.

THE TYPES OF PERSONAL INFORMATION WE COLLECT

The Personal Information we collect includes:

- General information such as your name, address, contact details, date of birth, gender, relationship to the policyholder (where you are not the policyholder);
- Identification information such as your national identification number, passport number or driving licence number;
- Information linked to the provision of the Services (for example, to review and pay your claims or to issue guarantees of payment/s when applicable);
- Information about your job including job title or any other information that may be strictly required to provide the Services to you, provided that there is a connection between the access to the Services and your job or job title;
- Information relating to previous policies or claims;
- Financial information such as your bank or payment details;
- Telephone recordings and other logs of your correspondence with us; and
- Sensitive data including details of your current and past physical and/or mental health.

We collect the Personal Information outlined above from a number of different sources, including from:

- You directly, or from someone else on your behalf (such as a family member that you have formally authorised to do so);
- Healthcare providers and other medical providers, and other third parties that are required to provide the Services to you (for example, loss adjusters, claims handlers, experts (including medical experts) etc.);
- Other third parties involved in the provision of the Services or linked to that provision, such as a broker or another insurer, claimants, defendants etc.;
- Your employer (as applicable);
- Medical reports and counsel opinions;
- Emergency assistance;
- Other companies within the Cigna corporate group as may be appropriate to provide the Services to you; and
- Insurance industry fraud prevention and detection databases and sanctions screening tools.

As we are required to collect your Personal Information by virtue of a contractual agreement with the employer, failure to provide this information may prevent or delay the fulfilment of these obligations. For example, if you do not provide certain Personal Information, we will not be able to provide you with the Services.

PURPOSE AND USE OF PERSONAL INFORMATION

Your Personal Information is collected in order to provide the Services, administer your plan and, in general, conduct insurance business in line with the Services to which you are entitled.

We use your Personal Information to:

- Provide insurance and assistance services including, for example, claim assessment, processing and settlement, and, where applicable, handle claim disputes;
- Communicate with you and others, including the employer, as part of our Services;
- Send you important information regarding changes to our policies, other terms and conditions and other administrative information;
- Make non-automated decisions about whether to provide the Services to you;
- Provide improved quality, training and security (e.g. with respect to recorded or monitored phone calls to our contact numbers);
- Continuously improve and test the quality of our Services (for example, conducting satisfaction surveys, research and analysis related to the Services);
- Protect our business against fraud. This includes searching claims or fraud registers when dealing with insurance

requests or claims in order to detect, prevent and investigate fraud;

- Manage our infrastructure and business operations, and comply with internal policies and procedures, including those relating to: auditing; finance and accounting; billing and collections; IT systems; business continuity; and records, document and print management;
- Resolve complaints and handle requests;
- Comply with applicable laws and regulatory obligations, including those relating to anti-money laundering and anti-terrorism; and respond to requests from public and governmental authorities and litigation; and
- Establish and defend legal rights; protect our operations or those of any of our group companies or insurance business partners; safeguard our rights, privacy, safety or property, and/or that of our group companies, you or others; and pursue available remedies or limit our damages.

As outlined above, we may use your Personal Information for a number of different purposes that are always connected with the Services we provide. Consequently, we will rely on the following legal grounds to use your Personal Information:

- The use of your Personal Information is necessary for the performance of a contract to which you are a party;
- We have a legal or regulatory obligation to use your Personal Information. For example, we will rely on this ground to comply with anti-money laundering and anti-terrorism obligations; and
- We have a legitimate interest in using your Personal Information. We may rely on this legal ground for the purpose of providing improved quality, training and managing our infrastructure and operations. When collecting and processing your Personal Information under this ground, we put in place robust safeguards to ensure that your privacy is protected and that our legitimate interests are not overridden by your interests or fundamental rights and freedoms.

Due to the nature of the Services to which you are entitled, we may process sensitive data connected with the provision of such Services. In general, your consent is not required as we are permitted by applicable law to process such information as a healthcare insurance company. However we may collect your consent in specific situations where either the nature of the data to be disclosed and/or the requirements in the jurisdiction where you are on assignment or other applicable laws and regulations may require that consent.

DISCLOSURE OF YOUR PERSONAL INFORMATION

If necessary for providing you with the Services to which you are entitled or for any of the purposes describedin this Data Protection Notice, we may disclose your Personal Information to other parties. Disclosing your Personal Information means that we will provide your Personal Information to and/or that your Personal Information will be accessed by:

- Cigna group companies. Access to Personal Information within Cigna is restricted to those individuals and entities who have a requirement to access the information for the purposes described in this Data Protection Notice;
- Other insurance and distribution parties, such as other insurers; reinsurers; brokers and other intermediaries and agents and appointed representatives;
- Healthcare providers and travel and medical assistance providers;
- External third-party service providers, such as IT systems support and hosting service providers; document and records management providers; translators; and similar third-party vendors and outsourced service providers that assist us in carrying out business activities;
- External professional advisors and partners, such as medical professionals, accountants, actuaries, auditors, experts, consultants, lawyers; banks and financial institutions that service our accounts; and claims investigators, adjusters and others;
- Investigative firms we brief to look into claims on our behalf in relation to suspected fraud;
- Our regulators and other governmental or public authorities where necessary to comply with a legal or regulatory obligation;
- The police and other third parties or law enforcement agencies, courts, regulators, government authorities or other similar third parties where necessary for the prevention or detection of crime or to comply with a legal or regulatory obligation; or otherwise to protect our rights or the rights of a third party;
- Debt collection & Subrogation agencies;
- Selected third parties in connection with any sale, transfer or disposal of our business;
- Other third parties, such as emergency providers (fire, police and medical emergency services) and travel carriers;
- Your employer or a company acting on your employer's behalf to monitor, audit or otherwise administer the Services and fulfil contractual obligations in relation to the Services. Consequently, the Personal Information that may be shared will be the minimum necessary to perform the Services to which you are entitled. Under no circumstances will Cigna provide any sensitive information (i.e. medical information related to you) to your employer without asking for previous express consent from you;

- In addition to the above, we may need to share limited Personal Information with your employer in the event of an emergency medical evacuation or repatriation ("Emergency") to ensure that your health and safety and the best outcome for you, in the case of an Emergency when outside your home country, is achieved. Please be aware that during an Emergency we will try to prevent the immediate and significant effects of illness, injury or conditions which if left untreated would result in a significant deterioration of health and represent a threat to your life. During the complexity of those situations interaction with your employer may be required to provide additional assistance to try to ensure the best possible outcome during an evacuation and/or to assess whether to provide other assistance to you outside the Cigna plan. The Personal Information that may be shared will be the minimum necessary to conduct the evacuation or repatriation in line with the Services to which you are entitled. The information that will be shared may be: the date of evacuation or repatriation; the location to be evacuated or repatriated from or to; medical conditions which have resulted in the need for the evacuation or repatriation and the medical necessities for you as a patient during the Emergency. Once you are safely medically repatriated or evacuated that sharing of information will cease immediately; and
- Registers of claims which are shared with other insurers in order to check information to detect and prevent fraudulent claims. The Personal Information put on these registers may include details of injuries.

For any of the categories of recipients listed above, it should be noted that some of them may be located in the European Economic Area, while others may process and access your Personal Information from outside the European Economic Area, as described in the following section of the Data Protection Notice.

INTERNATIONAL TRANSFERS OF PERSONAL INFORMATION OUTSIDE THE EUROPEAN ECONOMIC AREA

Due to the global nature of the Services to which you are entitled and the need to provide your employer with compliance solutions to meet its needs and ensure that you have access to the Services in the location of your assignment, your Personal Information can be shared with and/or accessed by parties located in other countries outside the European Economic Area that have a different data protection regime than the one found in the country where your employer, signing the contract with us, is located. The countries to which we may transfer your Personal Information may not be regarded by the European Commission as ensuring an adequate level of protection for Personal Information (for instance, the United States).

In any cases where we transfer your Personal Information to any of these countries, we will conduct the transfer in accordance with applicable data protection law. This may include ensuring that appropriate safeguards, such as contractual obligations, are put in place with to protect your Personal Information and your fundamental rights and freedoms in relation to your Personal Information. If you would like further information regarding the steps we take to safeguard your Personal Information or if you would like to obtain a copy of the safeguards we put in place to protect it when it is transferred, please contact us using the details in the "Contact Us" section below.

Depending on the country of your assignment or location and the compliance requirements that may apply there, you may receive additional privacy notices from us or from our partners.

RETAINING YOUR PERSONAL INFORMATION

We ensure that proper procedures are in place to manage your Personal Information and to remove and/or archive it when necessary.

In general terms, we only retain your Personal Information for as long as is necessary to:

- Provide you with the Services;
- Fulfil the purposes outlined in this Data Protection Notice; and
- Comply with our legal obligations and/or protect our rights.

When your employer instructs us to terminate your access to the Services, we will protect your Personal information and will delete it once our retention period to comply with our legal or regulatory obligations and/or protects our rights has lapsed. Our default retention period is ten (10) years. However, depending on the jurisdiction that governs our contract and the type of information involved, our general retention period may vary between seven (7) to ten (10) years.

If you would like further information regarding the periods for which your Personal Information will be stored, please contact us using the details in the "Contact Us" section below.

Under data protection law you have certain rights in relation to the Personal Information that we hold about you. You may exercise these rights at any time by contacting us using the detailsset out in the "Contact Us" section below.

Your rights include:

The right to access your Personal Information

You are entitled to a copy of the Personal Information we hold about you and certain details about how we use it. There will not usually be a charge for dealing with these requests.

Your information will usually be provided to you in writing, unless otherwise requested, or where you have made the request by electronic means, the information will be provided to you by electronic means where possible.

The right to rectification

We take reasonable steps to ensure that the Personal Information we hold about you is accurate and complete. However, if you do not believe this is the case, you can ask us to update or amend it.

The right to erasure

In certain circumstances, you have the right to ask us to erase your Personal Information. Please note that in some circumstances exercise of this right will mean that we are unable to continue providing you with the Services as outlined above.

The right to object to, and/or to request restriction of processing

In certain circumstances, you are entitled to object to our processing of your Personal Information or ask us to stop using your Personal Information. Please note that in some circumstances exercise of these rights will mean that we are unable to continue providing you with the Services.

The right to data portability

In certain circumstances, you have the right to ask that we provide your Personal Information to you in a commonly used electronic format and to transfer any Personal Information that you have provided to us to another third party of your choice.

The right to object to marketing

However, we don't use your data for marketing purposes.

The right not to be subject to automated decision-making (including profiling)

You have a right in some circumstances to not be subject to a decision based solely on automated means, but we do not base our decisions only on automated means.

The right to withdraw consent

As explained previously, we collect and process your Personal Information (including sensitive data) to provide the Services under different grounds, which is why we do not ask for your consent.

The right to lodge a complaint with a data protection authority

You have a right to complain to your local data protection authority if you believe that any use of your Personal Information by us is in breach of applicable data protection laws and regulations.

Making a complaint will not affect any other legal rights or remedies that you have.

SECURITY

We will take appropriate technical, physical, legal and organisational measures, which are consistent with applicable data protection laws, to protect your Personal Information.

CHANGES TO THIS DATA PROTECTION NOTICE

We may update this Data Protection Notice from time to time to ensure that it remains accurate. Please check back each time that you provide additional Personal Information to us. Where changes to the Notice will have a fundamental impact on the nature of our processing of your Personal Information or otherwise have a substantial impact on you, we will give you sufficient advance notice so that you have the opportunity to exercise your rights in relation to your Personal Information.

CONTACT US



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