



Your Benefit Overview

IMF International Staff,
Long-Term Experts, and Retirees

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Cigna Healthcare at Your Service

24/7 Availability

You can reach us anytime, anywhere in your preferred language. If you would like to know how to submit a claim or have any other questions, you can contact us by phone, e-mail, fax or post.



Tip: All our contact details are available with the tap of a finger on the Cigna Health Benefits app. Download the free 'Cigna Health Benefits' app and manage your health plan right from your smartphone.

Sometimes It Helps to See How Things Work

From how to claim expenses to what you should do in case of hospitalization, we've created short videos to help you quickly find answers to your questions.

[Watch our video tutorials.](#)

Our Contact Details

You can reach our multilingual team 24 hours a day, 7 days a week, 365 days a year. In case of emergency and when contacting us by phone, we'll ask you for your **full name** and **date of birth**. Please make sure you have your **personal reference number** ready as well.



You can request a **Guarantee of Payment** by going to your [personal webpages](#) and filling in the online form under the '**Contact**' tab.



Call us for free using a **toll-free number**. If there is no toll-free number available for your country of stay, you can use the toll-free number on your membership card. You can find the full list of available toll-free numbers per country on your [personal webpages](#).



We're also available via **Call back**. You can find out more about these services on your [personal webpages](#).



You can also use the [Cigna Health Benefits](#) app to download or send an **electronic version** of your **membership card** for you or a family member. Downloading your electronic membership card means you'll always have our contact information at hand in case of emergency.

Your personal webpages and the Cigna Health Benefits app - Access to online information and services

All information regarding your plan is gathered on your [personal webpages](#) and the [Cigna Health Benefits app](#). Everything you need to know is easily available in one place that is accessible at any time from anywhere in the world. Here you can also access our online services: you can search our worldwide health care provider network for a doctor or hospital nearby, file a claim and consult your settlement details.

Tip: We master all major languages in-house, so there is no need for you to translate any of the documents you wish to send us.

Access to quality health care at preferential rates

Wherever you are, you have access to our worldwide network of health care providers. We make sure you benefit from health care services at preferential rates. To find a provider that best suits your needs, search our provider list by location, type of facility and/or specialty on your personal webpages. We have negotiated advantageous rates with most of our providers. Your out-of-pocket expenses will be lower.

Let us pay your medical bills

By simply showing your membership card upon admission to a hospital, you do not have to advance your medical expenses first and submit a claim for reimbursement afterwards. You will only have to pay the out-of-pocket expenses.

Prior approval: avoid surprises by notifying us in advance

For all non-emergency hospitalisations you must request prior approval by our medical consultant. By contacting us before a planned admission, you will benefit from our direct payment service and pre-negotiated prices. This means lower out-of-pocket expenses and no unpleasant surprises when you receive your medical bill.

Information on chronic diseases and possibility to contact our medical consultant

We help raise awareness about the risk of developing serious or chronic diseases like diabetes, cardiovascular disorders or cancer. If you would like personal advice, feel free to contact our medical consultant through your personal webpages.

Swift processing of your medical claims

As we have claims processing offices in three time zones, we can quickly process your queries and handle your claims.



Cigna Global Telehealth

Cigna Healthcare's Global Telehealth service – available through the Cigna Wellbeing App® – connects patients to licensed doctors around the world (by telephone or video) for non-emergency health issues. The service can be accessed 24 hours a day, seven days a week, and appointments with general practitioners are set within 48 hours. Within five days of the initial consultation, the general practitioner can schedule a follow-up consultation with a specialist, when and where appropriate.

The Cigna Wellbeing application can be downloaded for free from the App Store (IOS) and Google Play (Android).

The Global Telehealth doctor is assigned on the basis of the date, time and language preference in your time zone. Currently, video consultations are available in English and Spanish while telephonic consultations are available in English, Spanish, French, German, Portuguese, Mandarin Chinese, Japanese, Hindi and Arabic.

To ensure the shortest waiting period for appointments, a plan participant may be paired with a different doctor for each consultation. However, all doctors will be able to review notes from previous Global Telehealth consultations, allowing for a shared and comprehensive patient file, which provides consistency and ensures that all users receive optimal care.

How can Global Telehealth help you?

Global Telehealth doctors will listen to your specific concerns and provide clear advice and guidance on the best steps to take. You will be able to share documents, images and files to help explain your symptoms and condition. The doctors can also help you to understand the local health-care system. They'll tell you how to organize any potential upcoming doctor appointments.

What services are provided through Global Telehealth?

Global Telehealth provides access to clinical guidance from doctors by phone or video. You may:

- Access a trusted doctor, including specialists, for a medical consultation, even when based in a remote location
- Discuss pressing medical symptoms, such as a fever, a rash and aches and pains
- Receive a working diagnosis when enough medical information is available
- Discuss a medical report, test results or treatment plans
- Prepare for upcoming consultations, treatment and hospitalizations
- Get support for navigating the local health-care system
- Obtain referrals to in-network Cigna health-care providers

What if there is an emergency?

Cigna Healthcare's Global Telehealth is not for medical emergencies. In those cases, patients are advised to reach out to their local emergency service.



Your Coverage

1. In General

Benefits	Description
Overall Maximum	Unlimited
Deductible	Medical: 300 USD per person – 600 USD per family per year Dental: 200 USD per person – 500 USD per family per year
Out of pocket	Medical: 2500 USD per person – 5000 USD per family per year Pharmacy: 1000 USD per person – 2000 USD per family per year The OOP is the maximum amount the member is responsible to pay for covered expenses during the Calendar Year. Once satisfied, the plan will pay 100% of the covered expenses. The deductibles, payment percentage and co-pays of in-network and out-of-network costs apply towards the OOP. It doesn't apply toward: - Charges over the recognized reasonable and customary charge; - Dental treatment; and - Non-covered expenses.
Aim	The plan covers reasonable and customary expenses of medical, hospital and dental treatment resulting from sickness, accident or maternity. The plan only reimburses treatment, supplies or other services that are widely and generally accepted as medically necessary and appropriate for the condition being treated, and when such treatment, supplies or other services are prescribed by a licensed, qualified medical professional. Cigna Healthcare has the fiduciary duty and discretionary authority to determine, on behalf of the Organisation, what constitutes a benefit or a covered service under the programme. Additionally, the plan provides cover for some aspects of preventive care, see Summary of benefits.
Reasonable and Customary	Only reasonable and customary expenses are covered. This means that only fees and prices which are commonly charged for the treatment or purchase in question can be considered for reimbursement, taking into account the geographical area where the treatment is given or the item is purchased. Furthermore, the treatment or purchase must also be reasonable and customary from a medical point of view. This means, for example, that the number of treatment sessions/days of admission/dosage of medication should be medically justified. Any excesses in this regard will be limited to the reasonable and customary level.
Eligibility	Worldwide coverage
Care in the USA	Access to the USA Network: Cigna Healthcare OA Plus

Benefits	Description
Coordination of Benefits	The insurance programme does not reimburse the cost of services that have been, or are expected to be reimbursed under another insurance, social security or similar arrangement. For members covered by two or more plans, the Organisation insurance programme coordinates benefits to ensure that the member receives as much coverage as possible but not in excess of expenses incurred. Members covered under the insurance programme are expected to advise the Third Party Administrators (TPA) when a claim can also be made against another insurer.
Currency of Reimbursement	Claims will be reimbursed in USD by default. Upon request, reimbursement in other currencies is possible: If expenses were incurred in that specific currency. Provided that the payment can be made by bank transfer.
Validity of Prescriptions	One year (even for prescriptions mentioning 'permanent use')
Claim Submission Deadline	All claims must reach Cigna Healthcare within two years after the date on which the expenses were incurred.
Out-patient Treatment/Out-patient Surgery/Day Case	Treatment given on an out-patient basis, where the date of admission is the same as the date of discharge.
In-patient Treatment/Hospitalisation	Treatment given on an in-patient basis, where the date of admission differs from the date of discharge.
Insurance Year	An insurance year is equal to a calendar year.
Prior Approval	Prior approval from Cigna Healthcare's medical consultant is required for all non-emergency hospitalisations. Prior approval means that reimbursement is guaranteed only in cases where our medical consultant grants his explicit approval for the treatment, on the basis of the medical justification, as well as a Cost estimate furnished by the beneficiary at least one week prior to the planned admission. In case of a medical emergency, approval can be obtained <i>post factum</i>, on the basis of the same medical criteria. Other benefits that require prior approval from Cigna Healthcare's medical consultant include acupuncture, speech therapy, home health care, durable medical equipment or orthopaedic appliances, and vitamins, minerals and food/nutritional supplements.
General rule	All treatments and medicines must be prescribed by a qualified and registered medical doctor.

2. Summary of benefits

2.1. In the Hospital

Item	Outside the USA	In-network USA	Out-of-network USA
Prior approval from Cigna Healthcare's medical consultant is required for all non-emergency hospitalisations. Notification of such hospitalisations should be given at least 1 week prior to the admission date.			
Bed and Board	90% after deductible	90% after deductible	80% after deductible
- Semi Private room/Ward - Private room : - Intensive care unit (ICU) :	90% after deductible to the price of semi-private room 90% after deductible	90% after deductible to the price of semi-private room 90% after deductible	80% after deductible to the price of semi-private room 80% after deductible
Other Hospital Expenses (e.g. use of operating theatre and equipment, lab, x-rays, medication for use during the hospital admission)	90% after deductible	90% after deductible	80% after deductible
Doctors' fees (surgeon, anaesthetist, assistant, treating physician)	90% after deductible	90% after deductible	80% after deductible
Accompanying person	Not covered		
Out-patient surgery (date of admission and discharge are the same)	90% after deductible	90% after deductible	80% after deductible
Private nurse during hospitalisation	Not covered		
Chemotherapy, radiotherapy, haemodialysis, etc	90% after deductible	90% after deductible	80% after deductible
Specific Admission/Surgeries			
In Vitro Fertilisation (IVF)	90% after deductible up to 50,000 USD per lifetime	90% after deductible up to 50,000 USD per lifetime	80% after deductible up to 50,000 USD per lifetime
Cryopreservation of stem cells/umbilical cord (= preservation by cooling to low sub-zero temperatures)	90% after deductible up to 50,000 USD per lifetime	90% after deductible up to 50,000 USD per lifetime	80% after deductible up to 50,000 USD per lifetime
Abortus provocatus	90% after deductible	90% after deductible	80% after deductible

Item	Outside the USA	In-network USA	Out-of-network USA
Sterilisation/Vasectomy/ Tubal ligation	90% after deductible	90% after deductible	80% after deductible
Blepharoplasty (= eyelid surgery)	See out-patient surgery, prior approval required		
Cosmetic surgery	Not covered		
Reconstructive surgery	Prior approval required		
Breast reduction	Prior approval required		
Circumcision	90% after deductible	90% after deductible	80% after deductible
Bariatric surgery	Prior approval required		
Gender Affirming Treatment	Prior approval required		



2.2. Ambulance and Transportation Expenses

Item	Remarks
General transportation costs	90% after deductible
Ambulance from place of illness/accident to first hospital where care can be given	90% after deductible
Transport during hospitalisation to another facility (e.g. for MRI)	90% after deductible
Medical transport (no ambulance) by professional services	90% after deductible
Taxi	Not covered
Own transportation	Not covered
Public transportation	Not covered
Evacuation	Please contact Cigna Healthcare for more information.



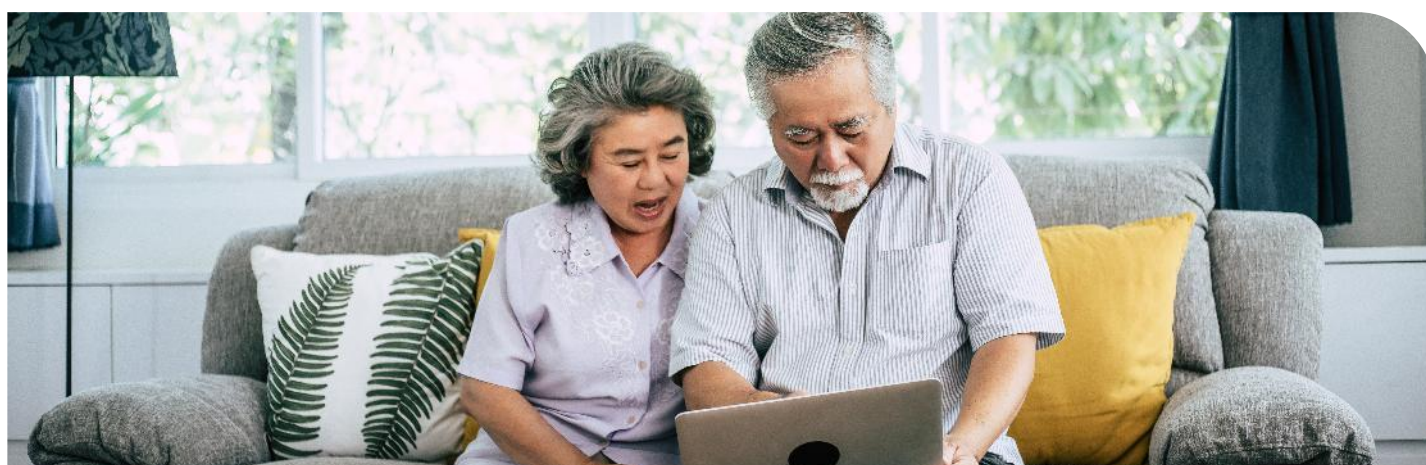
2.3. At the General Practitioner's

Item	Outside of USA	In-network USA	Out-of-network USA
Consultation by doctor - General doctor - Specialist	100%	100% after 20 USD co-pay	80% after deductible
Annual subscription fees	Not covered		
Minor surgical intervention in a doctor's office	90% after deductible	90% after deductible	80% after deductible
Vaccination: Not covered for travel or work.	100%	100%	100%
Routine physical exam: 1 per calendar year	100%	100%	100%
Well-child care	100%	100%	100%



2.4. At the Specialist's / Out-patient Doctor's Fees

Item	Outside of USA	In-network USA	Out-of-network USA
Consultation	100%	100% after 20 USD co-pay	80% after deductible
Emergency room visit/Urgent care	90% after deductible	90% after deductible	80% after deductible
Second surgical opinion	100%	100% after 20 USD co-pay	80% after deductible
Out-patient mental health care			
• Visit/psychotherapy by psychiatrist	100%	100% after 20 USD co-pay	100% after 20 USD co-pay
• Psychotherapy at psychologist or therapist			
Immunotherapy	100% after deductible	100% after deductible	80% after deductible
IUD (intrauterine device)	100%	100%	100%
Check-ups (mammography, Pap smear etc)	100%	100%	100%
• 1 per calendar year			
Hearing test (Routine)	100%	100%	100%
• 1 test every 2 calendar years			



2.5. At the Licensed Qualified Health Care Provider's (other than doctor)

Item	Outside of USA	In-network USA	Out-of-network USA
A doctor's prescription is required for care given by a person holding a paramedical degree (e.g. nurse, physiotherapist).			
Medical act (e.g. dressing wounds, giving injections) and supervision by a nurse	90% after deductible	90% after deductible	80% after deductible
Nursing assistance for activities of daily living (e.g. dressing, feeding, supervision)	Not covered		
Home health care – subject to prior approval from Cigna Healthcare	90% after deductible	90% after deductible	80% after deductible
Dietician and nutritional counselling Limit to 1 visit per year	100%	100% after 20 USD co-pay	80% after deductible
Physiotherapy	100%	100% after 20 USD co-pay	80% after deductible
Acupuncture	90% after deductible	90% after deductible	80% after deductible
Chiropractic treatment	100%	100% after 20 USD co-pay	80% after deductible
Podology	Not covered		
Speech therapy • Not covered services in an educational or training setting	100%	100% after 20 USD co-pay	80% after deductible
Psychological treatment given by a • Psychiatrist; • Licensed psychologist; • Licensed psychoanalyst; • Licensed psychiatric social worker;	100%	100% after 20 USD co-pay	100% after 20 USD co-pay
Custodial care	Not covered – refer to exclusion for more details		
Hospice care – subject to prior approval from Cigna Healthcare	90% after deductible	90% after deductible	80% after deductible
Relationship Therapy	Not covered		
Out-patient treatment for alcohol and drug abuse	100%	100% after 20 USD co-pay	80% after deductible

2.6. At the Optician's

Item	Remarks
General optical care	100% up to 600 USD optical ceiling every 2 years
Eye test to determine the dioptré by an ophthalmologist, optometrist or optician 1 per calendar year	100%
Routine eye exam by ophthalmologist 1 per calendar year	100%
Corrective glasses and contact lenses	100% up to 600 USD optical ceiling every 2 years
Frames	100% up to 600 USD optical ceiling every 2 years
Lenses	100% up to 600 USD optical ceiling every 2 years
Fluid for contact lenses	Not covered



2.7. At the Dentist's

Item	Dental Deductible:	Dental Maximum:
	200 USD per person per year 500 USD per family per year	Type A,B,C: 5000 USD per calendar year Orthodontics: 3000 USD per lifetime

Type A: Diagnostic & Preventive:

- Routine exams: 2 per CY
 - Simple cleaning: 2 per CY
 - Fluoride Application: 1 per CY
 - Bitewing: 2 set per CY
 - Full amount x-rays: 1 set every 2 years
- 100% up to dental maximum

Type B: Basic Restorative

- Non preventive x-rays
 - Amalgam, silicate cement
 - Synthetic restorations
 - Deep scaling
 - Endodontics
 - Periodontics
 - Mouth Guard
- 80% after deductible and up to dental maximum

Type C: Major restorative

- Crowns
 - Inlay/onlay
 - Implants
 - Bridges
 - Dentures (complete & Partial)
- 80% after deductible and up to dental maximum

Implants Under Major Restorative coverage

Dental surgery (e.g. Surgical tooth extraction) 80% after deductible and up to the dental maximum

Orthodontic treatment:
Device and fee 80% up to orthodontics lifetime maximum

Sinus lift with bone graft procedure

In-network US: 90% after medical deductible
Out-of-network US: 80% after medical deductible
Outside the USA: 90% after medical deductible

2.8. At the Pharmacist's

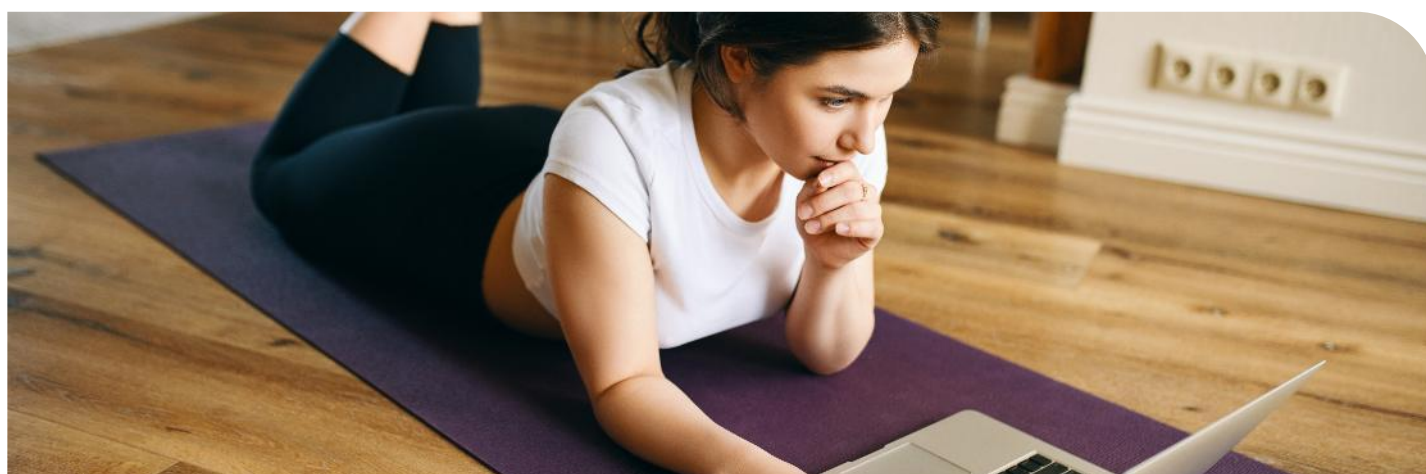
Item	Outside of US	In-network USA	Out-of-network USA
General cover of prescribed pharmaceutical products			
- Containing active medical components; and - Generally medically recognised and fully approved by the relevant legislation in force; and - Required as a result of illness, accident or maternity	90%	U.S. co-insurances of \$10% retail generic, 15% formulary brand and 25% non-formulary brand	Not covered
Over-the-counter (OTC) drugs	Not covered		
Food/nutritional supplements	Not covered		
Vitamins and minerals	90% only in medically justified cases. Prior approval is required		
Homeopathy	90%		
Phytotherapy	Not covered		
Chinese Medicine	90% - Only in countries where it is recognized. Please contact Cigna Healthcare.	Not covered	Not covered
Bisphosphonates/Medication to treat osteoporosis (Fosamax, Evista etc)	90%	Must use their Cigna Healthcare card at the pharmacy for direct payment. 90% for generic 85% Formulary Brand 75% non-formulary brand	Not covered
Drugs for obesity management	90% Prior approval is required	U.S. co-insurances of \$10% retail generic, 15% formulary brand and 25% non-formulary brand	Not covered
HIV-AIDS Medication	90%	U.S. co-insurances of \$10% retail generic, 15% formulary brand and 25% non-formulary brand	Not covered

Daily care products (soap,
shampoo)

Not covered

2.9. At the Specialised Supplier's Office

Item	Outside the USA	In-network USA	Out-of-network USA
Orthopaedic devices in general	90% after deductible	90% after deductible	80% after deductible
Orthopaedic shoes	Not covered		
Inlay soles	Not covered		
Hearing aids	100% up to 4500 USD ceiling once every 4 years	100% after 20 USD co-pay up to 4500 USD ceiling once every 4 years	80% after deductible up to \$4500 ceiling once every 4 years
Rental of an aerosol/nebulizer	90% after deductible	90% after deductible	80% after deductible
CPAP appliance (rental and purchase)	90% after deductible	90% after deductible	80% after deductible
Rental of sphygmomanometer (= a blood pressure meter)/blood pressure gauge	90% after deductible	90% after deductible	80% after deductible
Wheelchair	90% after deductible	90% after deductible	80% after deductible
Crutches, Rollator, Standing frame	90% after deductible	90% after deductible	80% after deductible
Support stockings for varicose veins	90% after deductible	90% after deductible	80% after deductible
Anti-allergic eiderdown cover, mattress cover, pillow cover	Not covered		



2.10. In the Laboratory/Medical Imaging Facility

Item	Outside of USA	In-network USA	Out-of-network USA
X-rays	90% after deductible	90% after deductible	80% after deductible
Magnetic Resonance Imaging (MRI)	90% after deductible	90% after deductible	80% after deductible
Ultrasound	90% after deductible	90% after deductible	80% after deductible
Electrocardiogram (ECG)	90% after deductible	90% after deductible	80% after deductible
Mammography for diagnostic purposes	90% after deductible	90% after deductible	80% after deductible
Laboratory tests	90% after deductible	90% after deductible	80% after deductible
HIV testing	90% after deductible	90% after deductible	80% after deductible
PSA testing for preventive purposes	100% - 1 per calendar year		
Pap smear	100% - 1 per calendar year		
Preventive routine mammography	100% - 1 per calendar year		



2.11. Pregnancy & Childbirth

Item	Outside of USA	In-network USA	Out-of-network USA
Prenatal screening	First visit: 100% Following visit: 90% after deductible	First visit: 100% after 20 USD Following visit: 90% after deductible	First visit: 100% after deductible Following visit: 80% after deductible
Delivery in hospital	Refer to in hospital benefits		
Home delivery	90% after deductible	90% after deductible	80% after deductible
Maternity care/ maternity assistance (kraamzorg)	90% after deductible	90% after deductible	80% after deductible
Kraamzorghotel (= non-medical facility where mother and baby go after delivery for maternity care)	Not covered		
Breast pump	90% after deductible		
Visits lactation consultant	100% up to 6 visits per 12 months	100% up to 6 visits per 12 months	80% after deductible up to 6 visits per 12 months
Prenatal and postnatal exercises guidance	90% after deductible	90% after deductible	80% after deductible



2.12. Fertility – Prior approval is required. Please contact Cigna Healthcare for more information.

Item	Outside of USA	In-network USA	Out-of-network USA
Hormonal treatment to stimulate fertility	90% after deductible up to \$50.000 per lifetime	90% after deductible up to \$50.000 per lifetime	80% after deductible up to \$50.000 per lifetime
IUI (intra-uterine insemination) • 6 attempts per lifetime	90% after deductible up to \$50.000 per lifetime	90% after deductible up to \$50.000 per lifetime	80% after deductible up to \$50.000 per lifetime
IVF and/or ICSI (intracellular sperm injection) Including the techniques to obtain sperm (PESA, TESE, MESA, ...)	90% after deductible up to \$50.000 per lifetime	90% after deductible up to \$50.000 per lifetime	80% after deductible up to \$50.000 per lifetime
Cryopreservation of sperm, egg cells in case of serious illness (e.g. chemo)	90% after deductible up to \$50.000 per lifetime	90% after deductible up to \$50.000 per lifetime	80% after deductible up to \$50.000 per lifetime

2.13. Contraceptives

Item	Outside of USA	In-network USA	Out-of-network USA
<u>Prescribed</u> contraceptives (e.g. birth control pill, IUD=intra-uterine device, contraceptive implant, contraceptive injection)	100%		
<u>"Over the counter"</u> contraceptives (condoms, diaphragm, spermicides, ...)	Not covered		
Sterilisation / vasectomy	90% after deductible	90% after deductible	80% after deductible
Reversal of sterilisation	90% after deductible	90% after deductible	80% after deductible

3. Exclusions

- Insured participants who are mobilised or who volunteer for military service in time of war;
- Injuries resulting from motor-vehicle racing or dangerous competitions in respect of which betting is allowed (normal sports competitions are covered);
- The consequences of insurrections or riots if, by taking part, the plan member has broken the applicable laws; and the consequences of brawls, except in cases of self-defence;
- Spa cures, rejuvenation cures or cosmetic treatment (reconstructive surgery is covered where it is necessary as a result of an accident for which coverage is provided);
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiation produced by the artificial acceleration of nuclear particles;
- Expenses for, or in connection with, travel or transportation, whether by ambulance or otherwise, except that charges for professional ambulance service used to transport the insured participant between the place where he or she is injured by an accident or stricken by disease and the first hospital where treatment is given will not be excluded;
- Expenses that are not deemed to be reasonable and customary. The determination of the reasonable and customary charge for each service is made by Cigna Healthcare, based on the prevailing charges for the service at the place where treatment is rendered and considering the complexity of the treatment, including related services or supplies. Fees for treatments, supplies or services that are determined by Cigna Healthcare to be excessive compared with prevailing fee levels will be reimbursed up to the reasonable and customary level for the geographical area in which such medical services are received;
- Medical care that is not medically necessary or medical care that is not medically recognized as a treatment for the diagnosis provided;
- Products, the effectiveness of which has not been sufficiently proved scientifically and which are not generally medically recognized in the medical world, are not covered under the health plan. One example of this exclusion is products containing glucosamine or chondroitin sulphate;
- Elective surgery not resulting from illness, an accident or maternity.

The following are not covered services under your plan:

Behavioral health treatment

Services for the following based on categories, conditions, diagnoses or equivalent terms as listed in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric Association:

- **Stay** in a facility for treatment for dementia and amnesia without a behavioral disturbance that necessitates mental health treatment.
- School and/or education service, including special education, remedial education, wilderness treatment programs, or any such related or similar programs.
- Services provided in conjunction with school, vocation, work or recreational activities.
- Transportation.
- Sexual deviations and disorders except as described in the *Coverage and exclusions* section.
- Tobacco use disorders and nicotine dependence except as described in the *Coverage and exclusions-Preventive care* section.

Blood, blood plasma, synthetic blood, blood derivatives or substitutes

Examples of these are:

- The provision of donated blood to the **hospital**, other than blood derived clotting factors.
- Any related services for donated blood including processing, storage or replacement expenses.
- The service of blood donors, including yourself, apheresis or plasmapheresis.
- The blood you donate for your own use, excluding administration and processing expenses and except where described in the *Coverage and exclusions, Transplant services* section.

Cosmetic services and plastic surgery

Any treatment, **surgery** (cosmetic or plastic), service or supply to alter, improve or enhance the shape or appearance of the body, except where described in the *Coverage and exclusions* section.

Court-ordered services and supplies

This includes court-ordered services and supplies, or those required as a condition of parole, probation, release or because of any legal proceeding, unless they are a **covered service** under your plan.

Custodial care

Services and supplies meant to help you with activities of daily living or other personal needs.

Examples of these are:

- Routine patient care such as changing dressings, periodic turning and positioning in bed.
- Administering oral medications.
- Care of stable tracheostomy (including intermittent suctioning).
- Care of a stable colostomy/ileostomy.
- Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings.

- Care of a bladder catheter, including emptying or changing containers and clamping tubing.
- Watching or protecting you.
- Respite care, adult or child day care, or convalescent care.
- Institutional care, including **room and board** for rest cures, adult day care and convalescent care.
- Help with walking, grooming, bathing, dressing, getting in or out of bed, going to the bathroom, eating, or preparing foods.
- Any other services that a person without medical or paramedical training could be trained to perform.
- **For behavioral health (mental health treatment):**
 - Services provided when you have reached the greatest level of function expected with the current level of care, for a specific diagnosis.
 - Services given mainly to:
 - o Maintain, not improve, a level of function.

Educational services

Examples of these are:

Any service or supply for education, training or retraining services or testing. This includes:

- Special education
- Remedial education
- Wilderness treatment programs (whether or not the program is part of a **residential treatment facility** or otherwise licensed institution)
- Job training
- Job hardening programs
- Educational services, schooling or any such related or similar program, including therapeutic programs within a school setting.

Examinations

Any health or dental examinations needed:

- Because a third party requires the exam. Examples include examinations to get or keep a job, and examinations required under a labor agreement or other contract.
- To buy coverage or to get or keep a license
- To travel
- To go to a school, camp, sporting event, or to join in a sport or other recreational activity.

Gene-based, cellular and other innovative therapies (GCIT)

The following are not **covered services** unless you receive prior written approval from us:

All associated services when GCIT services are not covered. Examples include:

- Infusion
- Lab

- Radiology
- Anesthesia
- Nursing services

See the *How your plan works – Medical necessity and precertification requirements* section.

Maintenance care

Care made up of services and supplies that maintain, rather than improve, a level of physical or mental function, except for habilitation therapy services.

Medical supplies – out-patient disposable

Any out-patient disposable supply or device. Examples of these include:

- Sheaths
- Bags
- Elastic garments
- Support hose
- Bandages
- Bedpans
- Home test kits not related to diabetic testing
- Splints
- Neck braces
- Compresses
- Other devices not intended for reuse by another patient

Missed appointments

Any cost resulting from a cancelled or missed appointment.

Nutritional support – (Applies in the United States only)

Any food item, including:

- Vitamins
- Prenatal vitamins

Other non-covered services

- Services you have no legal obligation to pay.
- Services that would not otherwise be charged if you did not have the coverage under the plan.

Other primary payer

Payment for a portion of the charges that another party is responsible for as the primary payer.

Personal care, comfort or convenience items

Any service or supply primarily for your convenience and personal comfort or that of a third party.

Services not permitted by law

Some laws restrict the range of health care services a **provider** may perform under certain circumstances or in a particular state. When this happens, the services are not covered by the plan.

Services provided by a family member

Services provided by a spouse, civil union partner, domestic partner, parent, child, stepchild, brother, sister, in-law, or any household member.

Sexual dysfunction and enhancement

Any treatment, or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire, including:

- **Surgery**, implants, devices or preparations to correct or enhance erectile function, enhance sensitivity or alter the shape of a sex organ.
- Sex therapy, sex counselling, marriage counselling, or other counselling or advisory services.

Strength and performance

Services, devices and supplies such as drugs or preparations designed primarily to enhance your strength, physical condition, endurance or physical performance.

Therapies and tests

- Full body CT scans
- Hair analysis
- Hypnosis and hypnotherapy
- Massage therapy, except when used for physical therapy treatment
- Sensory or hearing and sound integration therapy

Tobacco cessation

Any treatment, drug, service or supply to stop or reduce smoking or the use of other tobacco products or to treat or reduce nicotine addiction, dependence or cravings, including, medications, nicotine patches and gum.

This also includes:

- Counseling, except as specifically provided in the Coverage and exclusions section

- Hypnosis and other therapies
- Medications, except as specifically provided in the Coverage and exclusions section
- Nicotine patches
- Gum

Treatment in a federal, state, or governmental entity

Any care in a **hospital** or other facility owned or operated by any federal, state or other governmental entity unless coverage is required by applicable laws.

Wilderness treatment programs

See *Educational services* in this section.

Work related illness or injuries

Coverage available to you under workers' compensation or a similar program under local, state or federal law for any illness or injury related to employment or self-employment.

Your Benefit Overview



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