
















DESCRIPTION OF SERVICES DESCRIPTION OF MEDICAL COVERAGE

UNV INTERNATIONAL VOLUNTEERS



CONTENT

This document contains a general description of Cigna's services and medical cover provided by UNV to its International Volunteers away from headquarters. Should you have any questions about an item that is not listed below or want additional information, please contact Cigna or consult your personal webpages which are accessible through www.cignahealthbenefits.com.

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OUR SERVICES

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 hospitalisation, 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 UNV dedicated phone number. You can find the full list of available toll-free numbers per country on your [personal webpages](#).

We're also available via **Skype** or **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 – Access to online information and services

All information regarding your plan is gathered on your personal webpages. Basically, everything you need to know is easily available in one place that is accessible at anytime from anywhere in the world. Here you can also access our online services: you can search our worldwide medical service provider network for a particular provider, download fillable forms and consult your settlement details.

You can access your personal webpages as follows:

- Go to www.cignahealthbenefits.com and click on 'Plan members'. After your first claim with Cigna, you will receive a personal reference number, which you need to login.

- **I don't have a personal reference number**
Fill in the dummy personal reference number 002/UNVEXT and 01/01/2000 on the next screen.
- **I have a personal reference number**
Fill in your personal reference number and password. You'll find your personal reference number on your membership card (002/xxxxx).

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 medical service 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.

Free choice of medical service provider

You have free choice of medical service provider anywhere in the world. However, consulting a provider from our network can be beneficial to you, as we have negotiated advantageous rates with most of our providers.

Let us pay your medical bills

By simply identifying yourself upon admission to a hospital, you do not have to advance your medical expenses first and submit a claim for reimbursement afterwards.

Prior approval: no surprises by notifying us in advance

For all non-emergency hospitalisations we advise you to request prior approval from our medical consultant. By contacting us before a planned admission, you will benefit from our direct payment service and prenegotiated 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 (Antwerp, Kuala Lumpur and Miami), we can quickly process your queries and handle your claims. Thanks to our high-quality services, we have a customer satisfaction rate of 96%.

YOUR COVERAGE

1. In general

The Cigna insurance plan indemnifies members, within the limits of the plan, for reasonable and customary charges for medical, hospital and dental treatment.

The plan reimburses only 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 has the fiduciary duty and discretionary authority to determine, on behalf of UNV, what constitutes a covered service or benefit under the plan.

All amounts are expressed in USD.

Yearly amounts are applied per insurance year unless indicated otherwise.

| Benefits | Description |
|------------------------|---|
| Reasonable & customary | <p>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.</p> <p>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.</p> <p>Any excesses in this regard will be limited to the reasonable and customary level.</p> |
| Prescriptions required | <p>Prescription from a doctor is required for medication, for psychological care, and for paramedical care (physiotherapy, nursing care, etc.).</p> <p>Validity of prescriptions: One year (even for prescriptions mentioning 'permanent use').</p> |
| Territorial limits | <ul style="list-style-type: none"> - For volunteers who have their duty station in the United States or for volunteers travelling in the United States for official travel purposes: worldwide coverage including the United States - For volunteers who have their duty station outside of the United States: worldwide coverage excluding the United States. <p>When a volunteer travels to the United States on a private basis, coverage will be limited to medical Emergency care.</p> |
| Medical emergency | <p>A medical condition, the onset of which is sudden and manifests itself by symptoms of sufficient severity, such that the absence of immediate medical attention would result in a serious threat to a person's general health.</p> |

| | |
|--|--|
| Emergency care | Adequate urgent and First-line treatment required in case of Medical emergency to reduce or remove an immediate and serious threat to a person's general health. This includes but is not limited to first aid. |
| First-line treatment | The first method that a doctor chooses to treat a particular medical condition. |
| Prior approval | <p>Prior approval from Cigna's medical consultant is required for all non-emergency hospitalisations.</p> <p>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.</p> |
| Overall maximum | There is an overall maximum of 150.000 USD per insurance year. |
| Insurance year | An insurance year equals a period of 12 months. The first insurance period starts as of the first day of coverage which is also the start date of your contract. |
| Deductible | No |
| Outpatient treatment/outpatient surgery/day case | Treatment given on an outpatient basis, where the date of admission is the same as the date of discharge. |
| Inpatient treatment/hospitalisation | Treatment given on an inpatient basis, where the date of admission differs from the date of discharge. |
| Currency of payment | <p>- USD</p> <p>- EUR: for volunteers duty station Cameroun, Central- African Republic, Chad, Comoros, Congo, Benin, Gabon, Ivory Coast, Niger, Senegal, Togo, Burkina Faso, Mali and Equatorial Guinea</p> |
| Claim submission deadline | All claims must reach Cigna within two years after the date on which the expenses were incurred. |

2. Summary of benefits

2.1. In the Hospital

GENERAL RULE

All treatments and medicines must be prescribed by a qualified and registered medical doctor. The items below are reimbursed at 100%, unless indicated otherwise in the remarks.

| Item | Remarks |
|---|---|
| <p>Prior approval from Cigna'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.</p> | |
| Stay (bed and board expenses) | <p>In Europe and North-America: 100% on the basis of the price for a semi-private room</p> <p>Rest of the world: 100% reimbursement</p> <p>Internationals in Europe and North-America: 100% of the price for a <u>private</u> room is covered under the following circumstances:</p> <p>a) when the nature and gravity of the illness require private room care and such care is requested by the attending physician;</p> <p>b) when the patient is admitted on an emergency basis to a hospital, which has semi-private accommodation, but none is available at the time;</p> <p>c) when the patient is admitted to a hospital which does not have any semi-private accommodation, i.e. it has no standard of accommodation other than private rooms and general wards.</p> |
| All-in hospitalisation | 100% |
| Doctor's fees (surgeon, treating physician, assistant, anaesthetist, midwife) | 100% |
| Fees treating physician | 100% |
| Accompanying person | Not covered, except when the patient is under the age of 12 or when it is required by local legislation. In that case the expenses are covered at 100% |
| Other hospital expenses | 100% |
| Psychiatric admission | 100% |

| | |
|--|---|
| Transplantation: registration expenses | 100% |
| Transplantation: expenses donor in case the insured is the recipient | 100% |
| Transplantation: expenses donor in case the insured is the donor | Not covered |
| Private nurse during hospitalisation | 100% only covered if there is a medical necessity Prior approval is required |
| Chemotherapy, radiotherapy and haemodialysis | 100% |
| Out-patient surgery (operating theatre required) | 100% |
| Sterilisation - Reversal of sterilisation | Not covered |
| Abortus provocatus | 100% |

2.2. In the Special Institution/Institutional Care

| Item | Remarks |
|---|-------------------------|
| Rehabilitation/convalescence after surgery | See In the hospital 2.1 |
| Home for the elderly/nursing home Institution for the disabled | Not covered |
| In-patient treatment against drug and alcohol abuse | See In the hospital 2.1 |
| Cure | Not covered |

2.3. Outpatient Doctor's Fees

| Item | Remarks |
|--|---|
| 2.3.1. At the general practitioner's | |
| Consultation | 100% |
| Minor surgical intervention in a doctor's practice | 100% |
| Annual subscription fees | Not covered |
| 2.3.2. At the specialist's | |
| Consultation | 100% |
| Minor surgical intervention at a doctor's practice | 100% |
| Annual subscription fees | Not covered |
| Visit psychiatrist (=doctor) | 100% with a maximum of 1.000 USD per person per period of 12 months. |
| Psychotherapy at psychiatrist (=doctor) | As above |
| Psychotherapy at psychologist or other therapist (≠ doctor) | As above |
| Relationship therapy | Not covered |
| Outpatient treatment against drug and alcohol abuse | 100% |
| 2.3.3. At the licensed qualified medical service provider's | |
| Physiotherapy | 100% |
| Acupuncture, Osteopathy and Chiropractic treatment | 100% - Prior approval required Subject to certain conditions |
| Medical act/supervision by a nurse (wound dressing, injections,...) | 100% |
| Custodial care (i.e. assistance with activities of daily living) by a person other than a nurse (e.g. garde-malade, home health aides,...) | Not covered |
| Dietician | 100% for one dietary-oriented consultation per calendar year to make up a treatment plan. Up to ten sessions per lifetime for patients with: <ul style="list-style-type: none"> a chronic disease (namely: cardiovascular disease, diabetes mellitus, hypertension, |

| Item | Remarks |
|------|--|
| | <p>kidney disease, eating disorders and gastrointestinal disorders);</p> <ul style="list-style-type: none"> a BMI (Body Mass Index) higher than 30. <p>For these patients, dietary adjustment is medically necessary and has a therapeutic role.</p> <p>The nutritional counselling must be prescribed by a physician and furnished by a medical service provider (e.g. a registered dietician, licensed nutritionist or other qualified licensed health professional).</p> |

2.4. At the Specialised Supplier's Office (among others for the disabled)

PRELIMINARY REMARK:

Where applicable, Cigna will only reimburse the rental of devices instead of the purchase. Therefore, prior approval is always required.

| Item | Remarks |
|---|---|
| In general: orthopaedic devices and repair of orthopaedic devices | 100% |
| Hearing aids and batteries hearing aids | 100% up to 1.000 USD per insured person per calendar year |
| Wheel chair, adapted buggy | 100% |
| Adaptation to the house (shower, elevator, special lavatory,...) | Not covered |
| Hospital bed | 100% |
| Rollator, Gehwagen etc. | 100% |
| Sphygmo(mano)meter = blood pressure gauge | 100% under certain conditions |
| Material for diabetics (glucometer, insulin pump, strips, ...) | 100% under certain conditions |
| Aerosol | 100% under certain conditions |

| | |
|---|-------------------------------|
| In general: orthopaedic devices and repair of orthopaedic devices | 100% |
| Home trainer | Not covered |
| Infrared lamp | |
| Decubitus material (special pillow, mattress) | |
| Incontinence material | |
| Wig | 100% |
| Special bathing suit/bra after breast amputation | Not covered |
| CPAP-appliance | 100% under certain conditions |
| Support stockings | 100% |
| Orthopaedic insoles and shoes | |

2.5. Allergies

| Item | Remarks |
|--|-------------|
| Anti-allergic eiderdown coverage, mattress cover, pillow cover | Not covered |
| Immunotherapy | 100% |
| Humidifier | Not covered |
| Air cleaner | |
| (Baby) food in case of serious metabolic disorder (e.g. Amino acid deficiency) | |

2.6. Contraceptives

| Item | Remarks |
|---|--|
| Prescribed contraceptives (e.g. birth control pill, IUD=intra-uterine device, contraceptive implant, contraceptive injection) | 100% up to 50 USD per person per calendar year |
| Over-the-counter (OTC) contraceptives (condoms, diaphragm, spermicides,...) | Not covered |
| Abortus provocatus | 100% |
| Sterilization / reversal of sterilization | Not covered |

2.7. Childbirth

| Item | Remarks |
|--|---|
| Amniocentesis | 100% - Prior approval required |
| Delivery in hospital/outpatient delivery | See In the hospital 2.1 |
| Home delivery | 100% |
| Visits midwife | 100% |
| Maternity care/assistance | 100% 8 days with a maximum of 7 hours per day starting from the day of the delivery (the number of days stayed in the hospital will be deducted) |
| Maternity pack for home delivery, Breast pump, Birth premium, Adoption premium | Not covered |
| Prenatal & postnatal exercises | 100% only in case it is given by a paramedic |

2.8. Fertility

| Item | Remarks |
|--|--|
| IVF and/or ICSI (intra-cellular sperm injection) Including the techniques to obtain sperm (PESA, TESE, MESA, ...) | 100% with a lifetime maximum of 3 attempts (one attempt is defined as one embryo transfer IVF/IVSI) |
| Hormonal treatment to stimulate fertility | Not covered |
| IUI (intra-uterine insemination) | Not covered |
| Crypreservation | Not covered |

2.9. Transportation

| Item | Remarks |
|--|---|
| Medical emergency transportation by professional services including road ambulance and helicopter-ambulance (in-country) | 100%, only to the closest hospital where adequate Emergency care can be given in case of Medical emergency resulting from an Accident or a Sickness |
| Search & rescue (e.g. in case of ski-accident) | Not covered |
| Taxi | Not covered |
| Own transportation | Not covered |

| Item | Remarks |
|---|--|
| Public transportation | Not covered |
| Repatriation deceased patient to his / her home country | <p>Under the limitations of section II – Life Insurance, the Insurers will also refund the costs of repatriation of the corpse of an International UNV up to USD 10.000. This includes the cost of the coffin, preparation and transportation of the corpse (e.g. cost of transportation from the country of assignment to the country of origin/recruitment and from the arrival at the airport to the home of the late insured person and from the home to the burial ground).</p> <p>In case of death of a dependant occurred at the volunteer's duty station, the cost of transportation (repatriation) of his / her corpse will be reimbursed at 100% up to a maximum of 5.000 USD.</p> |
| Medical emergency evacuation by professional services of patient to another country | 100%, only to the closest location where adequate Emergency care can be given in case of Medical emergency resulting from an accident or a disease and provided this care is not available in-country |
| Accompanying person | 100% if medically necessary |
| Non-emergency transport / evacuation | Not covered |

2.10. At the Optician's

| Item | Remarks |
|---|---|
| General optical care | 100% up to 200 USD per insured person per two calendar years. |
| Lenses/glasses/frame | See general optical care |
| Lasik/keratotomy and other procedures to change the diopter | 100% but only in case of cataract of glaucoma |
| Eye test to determine dioptre | See general optical care |

2.11. At the Dentist's

| Item | Remarks |
|---|--|
| Ordinary dental care | 100% up to maximum of 700 USD per insurance year |
| Half-yearly dental examination at dentist, orthodontist, dental hygienist, dental surgeon,... | See ordinary dental care |
| Scaling | See ordinary dental care |
| Prosthesis and provisional prosthesis | |

| Item | Remarks |
|---|--|
| X-rays Orthodontic treatment: device and fees Dental hygienist Splint = mouthguard | |
| Implants Periodontitis treatment | See ordinary dental care |
| Treatment plan | Not covered |
| Dental surgery, stomatology Surgical tooth extraction (wisdom teeth) | Hospital expenses: See In the hospital 2.1 Surgeon, anaesthetist, parts of implants/bridge: 100% up to the maximum for ordinary dental care |

2.12. At the Pharmacist's

| Item | Remarks |
|--|--|
| <p>General cover of prescribed pharmaceutical products</p> <ul style="list-style-type: none"> § 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. | <p>100%</p> <p>For claiming purposes, please provide us with the following documents together with your Claim form:</p> <ul style="list-style-type: none"> § doctor's prescription stating: <ul style="list-style-type: none"> ○ the name of the patient; ○ the diagnosis; ○ the name of the medication; ○ the dosage; § the official original invoice clearly mentioning: <ul style="list-style-type: none"> ○ the date of purchase; ○ the name(s) of the medication; ○ the price paid for each product. |
| Over-the-counter (OTC) drugs | <p>OTC drugs are only covered in case they are an essential part of a treatment and when the following conditions are met:</p> <ul style="list-style-type: none"> § the medication must be generally medically accepted as medicine (containing enough active pharmaceutical components). This means that there has to be enough scientific proof of its effectiveness in the peer reviewed medical literature. § the medication needs to be prescribed by a doctor for a well specified diagnosis and this diagnosis needs to be mentioned on the prescription. |

| Item | Remarks |
|--|---|
| | <p>The following products are never reimbursable:</p> <ul style="list-style-type: none"> § cosmetics such as creams/lotions to remove wrinkles, Retin A products (unless for diagnosed severe acne), body washes/soaps, moisturizers/barrier creams, skin cleansers; § non-mediated eye drops, hypo tears, eye lubricants |
| Drugs for obesity management/dietary products | Not covered |
| Chinese medicines | 100% |
| Phytotherapy | Not covered |
| Homeopathy | 100% |
| Food/nutritional supplements | Not covered |
| Vitamins | 100% only to cure a deficit |
| Vaccinations/preventive medication (e.g. against malaria) | 100% for all prescribed vaccinations and preventive products, also for children. |
| Medication to (temporarily) treat impotence (Viagra, Levitra,...) | 100% - Prior approval required |
| Bifosfonates/Medication to treat osteoporosis (Fosamax, Evista etc.) | 100% only in case of osteoporosis. Subject to conditions – Prior approval required |
| Nicotine substitutes | Not covered |
| Hair tonics | Not covered |
| Special shampoo or tooth paste | Not covered |
| Dressings/bandages | 100% only if for care of wounds |
| PrEP medication | <p>100%</p> <p>Limited to generic medication (brand medication will not be covered)</p> |

2.13. In the Laboratory/Medical Imaging Facility

| Item | Remarks |
|------------------------------|---------------------------------|
| Diagnostic medical imaging | 100% |
| Lab tests | 100% |
| Screening/preventive testing | Not covered |
| General or complete check-up | Not covered |
| Mammography | 100% if for diagnostic purposes |

| Item | Remarks |
|---------------------------|---------------------------------|
| PSA test, urological exam | 100% if for diagnostic purposes |
| HIV-test | 100% if for diagnostic purposes |

2.14. Life Insurance

The capital sum payable on the death of an insured person, whatever the cause may be, amounts to 100.000 USD. Repatriation expenses will be refunded up to 10.000 USD.

If the death is caused by malicious acts (e.g. war, murder, sabotage...), the capital sum payable is brought to 500.000 USD.

In case of death of a dependant occurred at the volunteer's duty station, the cost of transportation (repatriation) of this corpse will be reimbursed at 100% up to a maximum of 5.000 USD. This includes the cost of the coffin, preparation and transportation of the corpse (e.g. cost of transportation from the country of assignment to the country of origin/recruitment and from the arrival at the airport to the home of the late insured person and from the home to the burial ground).

The capital sums mentioned above are only payable if the death occurs before the volunteer's 70th birthday.

PLEASE NOTE THAT CERTAIN EXCLUSIONS APPLY.

These include, but are not limited to, attempted suicide, voluntary mutilation, motor-vehicle racing, dangerous competition, brawls, radioactivity and injuries resulting from breaking the law. The coverage is suspended in time of war for insured persons who are mobilized or volunteer.

2.15. Dismemberment Insurance

If any accident or disease listed below results in permanent dismemberment within one year after being incurred or diagnosed, the insured shall receive the whole or part of the insured sum of 100.000 USD.

The amount of the insured sum is determined by the degree of disability according to the final condition of the insured. The total loss of the use of a limb will be considered as the loss of a limb. For a left-handed person the rates stipulated for the right upper limb shall apply to the left upper limb and vice-versa.

The total amount of the insured sum for several dismemberments caused by the same accident can never be more than the total capital sums insured.

The admitted diseases are tropical disease, stroke, heart attack, meningitis, encephalitis, blindness, deafness and permanent total renal insufficiency. Tropical disease means a sickness which is typical for tropical countries and cannot practically be incurred in another climate. Examples of tropical disease are: pestilence, leprosy, trypanosoma, etc.

If the permanent dismemberment is attributable to a malicious act, the capital sum payable shall be the whole or part of the insured sum of 500.000 USD.

PLEASE NOTE THAT CERTAIN EXCLUSIONS APPLY.

These include, but are not limited to, attempted suicide, voluntary mutilation, motor-vehicle racing, dangerous competition, brawls, radioactivity and injuries resulting from breaking the law. The coverage is suspended in time of war for insured persons who are mobilized or volunteer.

3. Exclusions

The coverage does not extend to:

- Expenses that are not deemed to be reasonable and customary;
- Alternative medicine for which there is not enough adequate evidence of safety and effectiveness in the peer reviewed published medical literature;
- Periodic, preventive health examinations;
- Spa cures, rejuvenation cures or cosmetic treatment. Reconstructive surgery is covered, however, when it is necessary as a result of an illness or accident for which coverage is given;
- The consequence of sickness or accidents resulting from voluntary and intentional action on the part of the Insured Person, e.g. attempted suicide, and voluntary mutilation;
- The insurance is suspended in time of war for Insured Persons who are mobilized or who volunteer for naval, air or military service;
- The result of wound or injuries resulting from motor vehicle racing and 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 Insured Person has broken the applicable laws; the consequences of brawls, except in case of self-defence;
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiations 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 Person between the place where he is injured by an accident or stricken by a disease and the first hospital where the treatment is given will not be excluded hereunder;
- Aircraft accidents are only covered if the Insured Person is on board an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid license for the type of aircraft in question.

4. Access to forms

On your personal webpages you can review your policy information and procedures, find contact details and toll-free lines and consult Cigna's online services.

You can access your personal webpages as follows:

- Go to www.cignahealthbenefits.com and click on 'Plan members'. After your first claim with Cigna, you will receive a personal reference number, which you need to login.
 - **I don't have a personal reference number**
Fill in the dummy personal reference number 002/UNVEXT and 01/01/2000 on the next screen.
 - **I have a personal reference number**
Fill in your personal reference number and password. You'll find your personal reference number on your membership card (002/xxxxx).

5. Provider Search

[Home](#) | [My plan](#) | [Claims](#) | **[Provider search](#)** | [My health](#) | [Contact](#)

PROVIDER SEARCH



If you're looking for a doctor or hospital, you can select the health care provider of your choice, or rely on our professional network of more than 10,000 hospitals, doctors and specialists.

The big advantage of selecting an in-network facility? You benefit from the direct payment agreements and discounts we've negotiated for you.

To ensure that you have access to the highest level of medical care at all times, we continually monitor and update our network.

It's our goal to limit your patient portion to a minimum. Use our Provider search to look for your preferred health care provider. You can also check with whom we have a direct payment or discount agreement.

| WHERE | WHAT | WHO |
|---|--|---|
| <input type="text" value="Choose a country"/> | <input type="text" value="Choose a type of facility or provider"/> | <input type="text" value="Type a (part of a) provider name"/> |
| <input type="text" value="Choose a city"/> | <input type="text" value="Choose a speciality"/> | <input type="button" value="Search"/> |
| Or enter your location | | |

DID YOU KNOW?

You can search for a doctor, hospital or facility and save the search results with the Cigna Health Benefits app!

[Read more](#)



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