















DESCRIPTION OF SERVICES DESCRIPTION OF MEDICAL COVERAGE

UNV NATIONAL VOLUNTEERS



CONTENT

This document contains a general description of Cigna's services and medical cover provided by UNV to its National 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.

Our services	3
Your coverage	5
1. In general.....	5
2. Summary of benefits.....	7
2.1.  In the hospital.....	7
2.2.  In the special institution/institutional care	8
2.3.  Outpatient doctor's fees	8
2.4.  At the pharmacist's	9
2.5.  Contraceptives.....	10
2.6.  In the laboratory/medical imaging facility	11
2.7.  Childbirth	11
2.8.  Fertility	12
2.9.  Transportation	12
2.10.  At the specialised supplier's office	13
2.11.  Allergies	14
2.12.  At the dentist's	14
2.13.  At the optician's	15
2.14.  Decease.....	15
3. Exclusions.....	16
4. Medical claims filling procedure.....	17

OUR SERVICES

24/7 Availability

You can reach us anytime, anywhere, in your preferred language. If you want to know how to submit a claim or have any other questions, or in case of emergency, you can contact us by phone, e-mail, fax or postal service.

Our contact details

You can reach us 24 hours a day, 7 days a week, 365 days a year. In case of emergency or if you simply have a question, you can contact our multilingual staff in several ways.

	Antwerp office	Kuala Lumpur office	Miami office
	www.cignahealthbenefits.com		
	unv.nationals@cigna.com		
	+ 32 3 217 69 64	+ 60 3 2178 05 56	+32 3 217 69 64
	Cigna P.O. Box 69 2140 Antwerpen Belgium	Cigna P.O. Box 10612 50718 Kuala Lumpur Malaysia	Cigna P.O. Box 260790 Miami, FL 33126-0790 USA
Urgent request for Guarantee of Payment			
	unv.nationals@cigna.com admissions@cigna.com		

Toll-free numbers

Wherever feasible, you can call us for free through a toll-free number. If there is no toll-free number available in 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.

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 any time 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 247/UNVEXT and 01/01/2000 on the next screen.
- **I have a personal reference number**
Fill in your personal reference number 247/xxxxxx and then your date of birth. In case you opted for our settlement details online service, you will have to enter your password instead.

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 is required for medication and for paramedical care (physiotherapy, nursing care, etc.).</p> <p>Validity of prescriptions: One year (even for prescriptions mentioning 'permanent use').</p>
Prior approval	<ul style="list-style-type: none"> • Prior approval from Cigna's medical consultant is required for all non-emergency hospitalisations. <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 25,000 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.

Benefits	Description
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	USD
Claim submission deadline	All claims must reach Cigna within two years after the date on which the expenses were incurred.

2. Summary of benefits

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.

2.1. In the hospital

Item	Remarks
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.	
Bed and board	100% on the basis of the price for a semi-private room . If no semi-private rooms are available in the hospital: 80% of the price for a private room.
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	Not covered

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 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 at a doctor's practice	100%
Annual subscription fees	Not covered
2.3.2. At the specialist's	
Consultation	100%
Minor surgical intervention in a doctor's office	100%
Annual subscription fees	Not covered
Visit psychiatrist (=doctor)	100% with a maximum of 500 USD per person per period of 6 months.
Psychotherapy at psychiatrist (=doctor)	As above
Psychotherapy at psychologist or other therapist (≠ doctor)	As above
Relationship therapy	Not covered
Outpatient 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

Item	Remarks
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	<p>100% for one dietary-oriented consultation per calendar year to make up a treatment plan</p> <p>Up to ten sessions per lifetime for patients with:</p> <ul style="list-style-type: none"> ▪ a chronic disease (namely: cardiovascular disease, diabetes mellitus, hypertension, kidney disease, eating disorders and gastrointestinal disorders); ▪ 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 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.

Item	Remarks
	<ul style="list-style-type: none"> the medication needs to be prescribed by a doctor for a well specified diagnosis and this diagnosis needs to be mentioned on the prescription. <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)	For costs incurred after 01/01/2009: 100% for all prescribed vaccinations and preventive products, also for children.
Medication to (temporarily) treat impotence (Viagra, Levitra...)	100% - Prior approval required
Bisphosphonates/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

2.5. Contraceptives

Item	Remarks
Prescribed contraceptives (e.g. birth control pill, IUD=intra-uterine device, contraceptive implant, contraceptive injection)	<p>Not covered</p> <p>Remark: Contraceptives that are taken for medical reasons are reimbursable. In that case, prior approval is required.</p>

Item	Remarks
Over-the-counter (OTC) contraceptives (condoms, diaphragm, spermicides...)	Not covered

2.6. 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

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
Hormonal treatment to stimulate fertility IUI (intra-uterine insemination) Cryopreservation IVF and/or ICSI (intra-cellular sperm injection) Including the techniques to extract sperm (PESA, TESE, MESA...)	100% with a lifetime maximum of 3 attempts*, all treatments combined *Remark: one attempt is defined as one insemination (for IUI) or one embryo transfer (for IVF/ICSI)

2.9. Transportation

Item	Remarks
Travelling expenses doctor/paramedic	Not covered
Ambulance Helicopter-ambulance	100% only to the first hospital where first treatment is given.
Medical transport (no ambulance) by professional services	100% only to the first hospital where first treatment is given.
Search & rescue (e.g. in case of ski-accident)	Not covered
Taxi Own transportation Public transportation	Not covered
Repatriation deceased patient to his home country	See Decease 2.14
Medical evacuation: out of country	In case of emergency or major dismemberment, special transport of the insured person including the costs of an accompanying person or attendant will be reimbursed at 100% up to a maximum of 7,500 USD.

2.10. At the specialised supplier's office

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	Not covered
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: <ul style="list-style-type: none"> - glucometer, insulin pump, strips - urine strips... 	100% under certain conditions
Aerosol	100% under certain conditions
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	
Hearing aids and batteries hearing aids	Not covered

2.11. Allergies

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

2.12. At the dentist's

Item	Remarks
Ordinary dental care	100% up to maximum of 500 USD per insurance year
Half-yearly dental examination at dentist, orthodontist, dental hygienist, dental surgeon...	See ordinary dental care
Scaling Prosthesis and provisional prosthesis 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

2.13. At the optician's

Item	Remarks
Lenses/glasses/frame	Not covered
Lasik/keratotomy and other procedures to change the dioptr	100% but only in case of cataract of glaucoma
Eye test to determine dioptr	Not covered

2.14. Decease

Item	Remarks
Funeral expenses	Not covered
Repatriation	Under the limitations of the Life Insurance, the refund of the costs of repatriation of the corpse of a National UNV up to USD 7.500. 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).
Mortuary (in hospital)	Not covered

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. Medical claims filling procedure

On your personal webpages you can review your policy information and procedures, find our 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 Member Access. 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**
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 - **I have a personal reference number**
Fill in your personal reference number 247/xxxxxx and then your date of birth. In case you opted for our settlement details online service, you will have to enter your password instead.

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