



# DENTACARE LEVEL 4 DENTAL PLAN MEMBER GUIDE

## Your plan cover explained

This **plan** gives you the benefit of dental **treatment** carried out privately or under the National Health Service (NHS) and is designed to help you look after your **oral health**. Using your **plan**, you can access preventative, minor and **major treatment** making regular visits to the **dentist** as well as the costs of restorative treatment more affordable.

### Level of cover

It's important you know which level of cover you have and the benefit limits which apply to you. You can find this out by visiting your member portal at [www.cigna.co.uk/members](http://www.cigna.co.uk/members).

### Pre-authorisation

Before you incur expenses relating to dental implant placement or **oral cancer treatment**, you must contact us to pre-authorise your claim. If you do not do this, your claim will not be paid. For other dental **treatments** you don't need to call us for pre-authorisation.

### Simple claims procedure

Find out all you need to know about claiming in the '[How to claim for treatment](#)' section.



**Your Cigna helpline**  
**01475 333 424**

### Lines are open:

Monday to Friday 8am to 8pm  
Saturday 9am to 12 noon (excluding  
public holidays).

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised

**Together, all the way.<sup>SM</sup>**



## Useful Information

### Your CI number

Please have this to hand every time you contact us. You'll find this in your welcome email and member portal. If you do need to call us for pre-authorisation of a dental implant or **oral cancer treatment**, you'll be asked for your CI number or be prompted to enter it at the start of the call.

### Your member portal

[www.cigna.co.uk/members](http://www.cigna.co.uk/members)

It's easy to register using your CI number. You can view your **plan** cover, membership summary, submit and track claims and explore useful ways to improve your health and wellbeing.

### Your membership certificate and knowing your plan level of cover

Your **membership certificate** will be posted to you and you can also find a summary of this on your member portal. Simply log in to your member portal, click on 'Your Cover' under the Dental tab, then click on your name to find out your dental **plan** level of cover.

### Dental team email

[smyle@cigna.com](mailto:smyle@cigna.com)

### Using this Guide

To make this Guide easy to use, we've added links to help you quickly find the information you need. Simply click on the underlined text to go straight to that area of the Guide.

### Leaving your employer

Stay covered with Cigna. Call us on 01475 492 351 within 30 days of ending cover with your **employer**. Please refer to the '[When does my cover end?](#)' section. Applications are accepted at Cigna's discretion. The Terms and Conditions of an individual dental plan may be different from this **plan**.



## CONTENTS



### 1. [Quick start guide to your cover](#)

- [Words we use in this Guide](#)
- [Useful information](#)
- [Understanding your level of cover](#)
- [List of benefits](#)
- [Affordable dental care](#)
  - › Healthy Discounts dentists
  - › Full Cover dentists

### 2. [Overview of how to claim](#)

- [Simple claims procedure](#)
- [More information on how to claim for certain treatments](#)

### 3. [Your cover in detail](#)

### 4. [Your plan membership](#)

### 5. [Legal information](#)

### 6. [Glossary](#)

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised



# 1. Quick start to your cover

Reading this will help you understand the benefits of your dental **plan**.

## Words we use in this Guide

Some of the words we use in this Guide have a specific meaning so are shown in **bold**. You can find definitions of these words in the Glossary section of this Guide. In addition:

- When we use “you” or “your”, we mean you as a member and your **dependants** covered by the **plan**.
- When we use “we”, “us” and “our”, we mean Cigna Europe Insurance Company S.A.N.V. UK Branch, the insurer of this **plan**.

## Useful information

It's important that you read the front two pages of this Guide. This is where you'll find useful information including your helpline number, **plan annual renewal date** and how the member portal can help support you.

And remember, you can view a summary of your **membership certificate** and find out the level of cover which applies to you by visiting your member portal at [www.cigna.co.uk/members](http://www.cigna.co.uk/members).

Click on 'Your Cover' under the Dental tab, then click on your name to find out your dental **plan** level of cover.

## Understanding your level of cover

It's very important that **you** read this Guide carefully as it provides full details about what is and isn't covered.

Your level of cover has been chosen by your **employer** and agreed with Cigna. Your **membership certificate** will tell you the level of cover you have. Cigna will only pay benefits for cover provided under the specific **plan** level which applies to you.

## Main Benefits

There's no need to be dentally fit before joining and because the cover has been arranged by your **employer** you can start using it immediately, with the exception of **oral cancer treatment**. Your **employer** will confirm the **start date** of your **plan**.

All **plan** levels cover preventative, minor and major dental **treatment** and you also benefit from:

- Immediate cover
- No pre-joining exam
- Choice of any **dentist**
- Unlimited number of examinations, scale and polishes, and x-rays within **treatment** reimbursement limits
- Implant placement cover
- Orthodontic **treatment** for dependent children under 18 years old
- **Lifetime limit** of £20,000 for **oral cancer**

Your **plan** helps make a contribution towards private dental charges but please be aware that **treatment** limits apply and you may have to pay something towards the cost of **treatment** yourself.

All Cigna **plans** can also be used at an NHS **dentist**.

## Healthy Discounts and Full Cover dentists

Cigna has arrangements with a number of **dentists** across the UK to help provide more affordable dental care. You can find out more about [Healthy Discounts](#) and [Full Cover](#) dentist arrangements later in this Guide.

## Types of dental treatment covered

To help you understand the different types of dental **treatment** your **plan** covers here's some useful examples. You can click on these and link to the **list of benefits** to find out the limits relevant to your **plan**:

[Preventative treatment](#) – this is the type of **treatment** you're likely to get on your regular visits to the **dentist**. It includes procedures like examinations, scale and polish and x-rays.

[Minor treatment](#) – if you need help with the cost of restorative **treatment** your **plan** can help pay for things like fillings and root canal **treatment**.

[Major treatment](#) – there may be times when you need more complex restorative dental **treatment** and your **plan** can help by contributing towards the cost of **treatments** such as veneers, bridges and crowns.

[Additional cover](#) – there's also a number of other useful benefits available on your **plan** including placement of a dental implant, and orthodontic **treatment** for dependent children under 18 years old.

[NHS treatment](#) – remember your **plan** is also useful when claiming for NHS **treatment**.

## Main treatments not covered:

- **Treatment** for dental implants when directly or indirectly related to the following:
  - › Failure of the implant to integrate
  - › Replacement of the implant following failure, including replacement of any attaching prosthetic device such as a crown, bridge or dentures
  - › Breakdown of **osseointegration**
  - › **Peri-implantitis**
- Treatment for pre-existing **oral cancer**
- **Cosmetic treatment**
- Replacement of lost or stolen dental appliances e.g. dentures
- Mouth guards required for professional sports
- Charges or fees for Personal Protective Equipment (PPE)
- Any **hospital treatment**.

Please refer to [‘What's not covered by this plan’](#) for more information.

**Find out your level of cover and the benefits available to you**



Simply visit your member portal at [www.cigna.co.uk/members](http://www.cigna.co.uk/members)

Click on **‘Your Cover’** under the Dental tab, then click on your name to find out your dental plan Level.

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised

## List of benefits

This shows the **treatment** types and benefit limits for each DentaCare level of cover. You can refer to your **membership certificate** at [www.cigna.co.uk/members](http://www.cigna.co.uk/members) to check the level of cover you have. Cigna will only pay benefits provided under the specific level of cover which applies to you, as chosen by your **employer**. Here are all the items your **plan** covers and the maximum amounts we reimburse.

All benefit limits apply to each **member** and covered **dependant** for every **year of insurance** unless otherwise stated.

**You will be responsible for paying all costs above the limits stated in the following table.**



**Remember to check which level of cover you have, you'll find this in your membership certificate or your member portal.**

Plan Benefits	LEVEL 4
<b>Preventative Treatment</b>	
Normal Examination	£52.00
Extensive Examination	£65.00
Full Case Assessment	£77.00
Bitewing X-Rays	£12.00
Intra Oral X-Rays	£20.00
O.P.G. X-Rays	£44.00
Polishing & Scaling	£65.00
Fissure Sealant	£32.00
Topical Fluoride Application	£36.00
Occlusal Splint	£190.00



Remember to check which level of cover you have, you'll find this in your membership certificate or your member portal.

Plan Benefits	LEVEL 4
<b>Minor Treatment</b>	
One surface amalgam filling	£55.00
Two surface amalgam filling	£72.00
Three+ surface amalgam filling	£90.00
One surface composite anterior filling	£73.00
Two+ surface composite anterior filling	£103.00
One surface composite posterior filling	£80.00
Two+ surface composite posterior filling	£103.00
Additional charge use of pin	£18.00
Upper & lower anterior root treatment (1 root)	£270.00
Upper premolar root treatment (2 roots)	£360.00
Lower premolar (1 root)	£340.00
Molars - root canal treatment (3 roots)	£385.00
Single extraction	£90.00
Extraction per additional tooth	£65.00
Extractions - post op care	£31.00
Extraction/removal bone debris	£135.00
Extraction - soft tissue involved	£130.00
Apicectomy	£180.00
Relative analgesia/nitrous oxide	£62.00
IV valium	£120.00
Dressings	£40.00
Incising an abscess	£35.00
Open root canal for drainage	£85.00
Recementing crowns/bridges	£45.00
Abnormal haemorrhaging	£65.00

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised



Remember to check which level of cover you have, you'll find this in your membership certificate or your member portal.

Plan Benefits	LEVEL 4
<b>Major Treatment</b>	
Prolonged periodontal treatment (per sextant)	£75.00
Splinting	£80.00
Gingivectomy	£45.00
Mucoperio, flap bone surgery	£130.00
Partial/full upper or lower acrylic denture	£275.00
Partial/full upper and lower acrylic denture	£620.00
Partial metal denture	£470.00
Full upper or lower metal denture	£470.00
Additional tooth to denture	£60.00
Addition of clasp to denture	£48.00
Denture repair	£45.00
Veneers (per tooth)	£390.00
Adhesive bridges (per unit)	£200.00
Conventional bridgework (per unit)	£450.00
Standard post & core	£90.00
Gold post & core	£135.00
Bonded precious crown	£450.00
Bonded non precious crown	£400.00
Full cast crown	£450.00
Porcelain crown	£450.00
Precious inlay	£400.00
Non precious inlay	£400.00
Porcelain inlay	£420.00

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised





Remember to check which level of cover you have, you'll find this in your membership certificate or your member portal.

Plan Benefits	LEVEL 4
<b>Additional cover</b> - important: <ul style="list-style-type: none"> <li>Cigna's pre-authorisation is required before incurring expenses relating to dental implant placement and <b>oral cancer treatment</b>.</li> <li>For levels 3 and 4 all <b>treatments</b> in the following section are not available under the <a href="#">Full Cover</a> arrangement.</li> </ul>	
Dental <b>emergencies</b> (up to 4 dental <b>emergencies</b> per <b>year of insurance</b> at £200 each)	£800.00
Dental <b>accidents</b> (up to 4 dental <b>accident treatments</b> per <b>year of insurance</b> at £2,500 each) This benefit includes necessary corrective or restorative <b>treatment</b>	£10,000
Placement of a dental implant including any attaching prosthetic device necessary as part of the implant placement	£1,300.00
Orthodontic <b>treatment</b> cover for dependent children under the age of 18	£600.00
<b>Oral cancer</b>	£15,000.00 Lifetime limit

Plan Benefits	LEVEL 4
<b>NHS Treatment</b> - where NHS banded charging applies	
Band 1 - maintenance	100%
Band 2 - simple treatment	100%
Band 3 - complex treatment	100%
Band 4 - urgent treatment	100%



## Affordable dental care

### Healthy Discounts dentists

**HEALTHY  DISCOUNTS**  
Make Healthcare Affordable

You can access a 20% saving if you use a Healthy Discounts dentist.

#### **What is a Healthy Discounts dentist and who can benefit from the savings?**

A number of dentists across the UK have signed up to a discount agreement with our dental partner's network. These Healthy Discounts dentists have agreed to provide Cigna members with a 20% discount off their published private fees for all treatments. All Cigna dental plan members can benefit from these savings as long as a Healthy Discounts dentist is used.

#### **Do the savings apply to all types of dental treatment?**

No, the savings only apply to fees for private dental treatment. The savings do not apply to any NHS treatment charges.

#### **If you visit a Healthy Discounts dentist**

You will pay 20% less for all treatments at a Healthy Discounts dentist. This means 20% less than the dentist's published private fees.

If you're having treatment that's covered by your Cigna dental plan, just claim as you normally would as explained in this Guide.

If you're having treatment that's not covered by your Cigna dental plan you must pay the treatment costs to the dentist yourself. Remember you cannot make a claim for treatment that is not covered by your Cigna dental plan. However you can enjoy a 20% discount on your treatment.

**Please note that the Healthy Discounts feature does not alter your plan limits, so even with a discount from a Healthy Discounts dentist, your claim will be subject to the reimbursement limits and annual maximum benefits detailed in the plan level List of Benefits within this Guide.**

#### **How can I find a Healthy Discounts dentist?**

To find out if there's a Healthy Discounts dentist near you visit [www.cigna.co.uk/healthydiscounts](http://www.cigna.co.uk/healthydiscounts).

If you'd prefer to speak to someone in person to find a Healthy Discounts dentist, please call the free-phone helpline on 0808 234 0440. Lines are open Monday to Friday 8am – 8pm.

#### **What to take with you when you visit a Healthy Discounts dentist**

When you, or any family members covered by a Cigna dental plan, visit a Healthy Discounts dentist, it's important that you can confirm to them that you have a Cigna dental plan. Please take your welcome email/letter with you or show your electronic network card once you've arrived for your appointment.

Following your appointment you should follow the standard claims process as detailed in this Guide as long as the treatment is covered by your Cigna dental plan. If the treatment is not covered by your Cigna dental plan you must pay the treatment costs to the dentist yourself and you will have no right to claim.

#### **You decide if you want to use a Healthy Discounts dentist**

This is simply an additional choice for you. If your own dentist is not a Healthy Discounts dentist you can continue to visit them and use your plan.

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised

## How does it work in practice?

### Here is an example to help familiarise yourself with the Healthy Discounts Network:

- You need to make an appointment for a normal examination and select to go to a healthy discounts **dentist** that you've found in the network finder tool.
- You may phone the dental practice to confirm your appointment and mention that you are a Cigna Member benefiting from Healthy Discounts. The dentist confirms the cost of treatment.
- Let's say that the healthy discounts dentist's published private fees for normal examinations is £30. Thanks to Healthy Discount, you will get 20% of that published fee amount. In this case, this means you will get £6 off your treatment.
- On the day of the appointment, you show the dentist your electronic network card to confirm you have access to the Healthy Discounts network. After having received the treatment, you will thus pay the dentist £24 and you will receive a receipt or complete claims form in return.
- Your Cigna Dental Plan covers normal examinations up to £26 (this amount varies according to the type of plan you have selected, for this example we used DentaCare level 2). You can then claim your reimbursement back to Cigna by providing your itemised receipt or completed claims form together with the actual proof of payment. In this case, you will have claimed for £24 while your plan reimburses up to £26, you will therefore not have any short-fall to pay.



You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised



**FULL COVER IS AVAILABLE ON LEVELS 3 AND 4 ONLY. REMEMBER TO CHECK WHICH PLAN LEVEL YOU HAVE, YOU'LL FIND THIS IN YOUR MEMBERSHIP CERTIFICATE OR MEMBER PORTAL. PLEASE NOTE THAT ADDITIONAL COVER TREATMENTS ARE NOT AVAILABLE UNDER THE FULL COVER ARRANGEMENT.**

## Full Cover dentists – an added feature for plan Levels 3 and 4

If you use a Full Cover dentist, you can receive full reimbursement for the majority of treatments covered by DentaCare Levels 3 and 4 – giving you the reassurance of no shortfalls. This simple feature makes dental care more affordable and easy to understand. All members on DentaCare Levels 3 or 4 can choose to take advantage of the Full Cover feature – as long as you use a Full Cover dentist. Only dentists are included, this feature cannot be used for services provided by a hygienist unless the hygienist is a bona fide employee of the practice and the treatment is authorised by a Full Cover dentist.

### What is a Full Cover dentist?

A number of dentists have signed up to an arrangement with our dental partner's network. This means that members with DentaCare Levels 3 or 4 who use a Full Cover dentist can take advantage of full refunds on the majority of covered treatments. Full Cover dentists are mainly based in Central London locations. The number of dentists signed up will continue to grow over time. We recommend you continue to check the website for an up to date list of Full Cover dentists in your area. Only dentists are included, this feature cannot be used for services provided by a hygienist unless the hygienist is a bona fide employee of the practice and the treatment is authorised by a Full Cover dentist.

### Who can benefit from the Full Cover feature?

All Cigna dental plan members with DentaCare Levels 3 or 4 can take advantage of this feature as long as a Full Cover dentist is used.

### If you visit a Full Cover dentist

#### For covered treatments:

Full refunds apply to the majority of covered treatments. You can take advantage of full refunds for treatments listed as preventative, minor or major including examinations, scale & polishes and x-rays. Full refunds do not apply to the [additional cover](#) treatments in the List of Benefits, or to services provided by a hygienist. As an example, if you're having dental implant placement, the benefit is payable only up to the annual implant limit shown in the List of Benefits relevant to your plan level. For these covered treatment exceptions, you can enjoy a 20% discount off the dentist's published private fees.

If you're having treatment that's covered by your Cigna dental plan, please make sure you tell the dentist **prior** to receiving treatment that you have the Cigna Full Cover plan and ask the dentist for a Full Cover claim form. Full Cover dentists have these unique claim forms, you do not need to provide one. To make a claim a staff member at the dental surgery should complete and sign the treatment section. Once the form is completed you should follow the simple claims procedure as detailed in this Guide.

#### For non-covered treatments:

If you're having treatment with a Full Cover dentist that's not covered by your Cigna dental plan, you must pay the treatment costs to the dentist yourself. Remember - you cannot make a claim for treatment that's not covered by your Cigna dental plan. However you can enjoy a 20% discount off the dentist's published private fees.

### How can I find a Full Cover dentist?

To find out if there's a Full Cover dentist near you visit [www.cigna.co.uk/fullcover](http://www.cigna.co.uk/fullcover).

If you'd prefer to speak to someone in person to find a Full Cover dentist, please call the free-phone helpline on 0808 234 0440. Lines are open Monday to Friday 8am – 8pm. You can also call this helpline if you simply want assistance with arranging your visit to a Full Cover dentist.



## What to take with you when you visit a Full Cover dentist

When you visit a Full Cover dentist make sure you take your welcome email/letter with you or to show your electronic network card for added convenience.

## You decide if you want to use a Full Cover dentist

This is simply an additional feature. If your own dentist is not a Full Cover dentist you can continue to visit them and use your plan. You won't be covered in full but you can still claim up to the standard treatment limits available on DentaCare Levels 3 and 4. There's even the flexibility for you to move dentist during the year of insurance if you decide.

### How does it work in practice?

#### Here is an example to help familiarise yourself with the Full Cover Network:

- You need to make an appointment for a normal examination and select to go to a Full Cover dentist that you've found in the network finder tool because you want to be reimbursed in full and do not want to experience any short-fall on this covered treatment.
- You may phone the dental practice to confirm your appointment and mention that you are a Cigna Member benefiting from Full Cover. The dentist confirms the cost of treatment which would normally not yield to any short-fall.
- On the day of the appointment, you show the dentist your electronic network card to confirm you have access to the full cover network. The dentist charges the fixed fee schedule for the normal examinations. Let's say that on this schedule a normal examination costs £36.
- Your Cigna Dental Plan covers normal examinations up to £36 (this amount varies according to the type of plan you have selected, for this example we used DentaCare level 3).
- Don't forget to ask the dentist to complete the Full Cover Claim Form or itemised receipt. Together with the claim form or itemised receipt, you must also provide a proof of payment to benefit from the full reimbursement.
- In this case, you have claimed for £36 while your plan reimburses up to £36, you will therefore not have any short-fall. As per full cover suggests, you have been fully covered for this treatment.



You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised



## 2. How to claim



**Remember:** Please follow the steps below to ensure your claim is paid.

### Simple claims procedure

Making a claim for treatment is very straightforward, you simply follow the steps below.

#### Important points

- In all cases you should make payment to your **dentist** first and then claim a refund from **Cigna**.
- Claims should be submitted when your **treatment** has been completed.
- Regardless of the way you submit your claim, your claim must be received by us within 90 days of the start of your **treatment**.
- If you don't submit your claim within this time, your claim will be denied.
- We will get in touch if we need any more information about your claim, which might include asking you to complete a Cigna dental claim form, or submit itemised receipts, if you haven't already.
- Where you choose to have your benefit paid directly into a bank account, we will pay this to the account you have detailed on your claims submission in the member portal or claim form.

**Do I need pre-authorisation?** - For most dental **treatments** you don't need to call us for pre-authorisation. However, you must obtain Cigna's pre-authorisation for:

- Expenses relating to dental implant placement
- **Oral cancer treatment**

Before you go for dental implant or **oral cancer treatment** under your **plan**, you must contact us to pre-authorise your claim. If you do not do this, your claim will not be paid as explained in the '[More information on how to claim for treatment](#)' section. When your **treatment** is completed you can submit your claim.

**Claiming online** - It's easy to claim online and registering for the member portal couldn't be easier. Simply visit [www.cigna.co.uk/members](http://www.cigna.co.uk/members) to register with your CI number and create a password. Log in to your member portal, click the 'My Claims' section, and enter your details. You'll need to upload itemised receipts showing full details of the **treatment** carried out and relevant dates. If you do this, you don't need to complete a claim form. However we may ask you for one if we need more information on your claim.

For claims for **treatment** at a Full Cover **dentist** you need to upload a completed Full Cover claim form, which the **dentist** will provide, together with your itemised receipts.

You can also claim by email or post.

Remember to check if you need pre-authorisation and then follow the next steps.

Please note you do not have to submit a claim form if your email includes the itemised receipt(s) and your payment details.

If you are submitting a claim by post you must submit a claim form along with your itemised receipt. If you need a claim form you can find it [here](#).

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised

### Using a claim form

- A qualified staff member at the **dentist/specialist/hospital** completes and signs the **treatment** section of your claim form.
- You provide your membership details and your signature on the claim form.

**If you are visiting a Full Cover dentist, the dentist will provide a copy of the Full Cover claim form.**

### Claiming by email

If using a claim form, please scan both sides of the form along with the corresponding receipts and email to [smyle@cigna.com](mailto:smyle@cigna.com). We may contact you and ask you to submit original receipts and proof of payment.

### Claiming by post

Post your claim form to Cigna at the address below with your original itemised receipts.



#### **CONTACT DETAILS**

Cigna Dental  
Cigna HealthCare Benefits  
1 Knowe Road  
Greenock  
Scotland  
PA15 4RJ  
**Cigna Helpline:**  
01475 333 424

#### **Where can I find a claim form?**

Download a claim form  
from your member portal -  
[www.cigna.co.uk/members](http://www.cigna.co.uk/members)

**Cigna will quickly refund you for the covered costs.**

## More information on how to claim for certain treatments

For some claims we may need more information from you and this section explains this in more detail.

### Claims for any dental treatment

We may need to see x-rays and/or study models to help us assess the appropriateness of the **treatment**. In the case of **oral cancer**, we will need to see a report of definitive diagnosis following biopsy.



If your claim is for a dental implant or oral cancer treatment please call your helpline before treatment starts.

### Claims for dental accidents

You or your **dependant** must notify us of an **accident** within 14 days of the **accident**. If any emergency **treatment** to relieve pain, swelling or bleeding is required as a result of the **accident** a signed statement must be provided by the **dentist**. If further definitive **treatment** is required, a treatment plan must be submitted to us prior to the start of any **treatment**.

All **treatment** arising from an **accident** must be completed within 12 months of the date of the **accident**, unless you or your **dependant** has written authorisation from us to pay **treatment** costs outside this period.

We may ask you to provide one or more of the following to let us assess the validity of the claim and appropriateness of the **treatment**:

- a report from the **dentist** describing the cause of the **accident** and the **treatment** provided.
- a photograph of your face showing the external trauma.
- x-rays and/or study models.
- a copy of any official **accident** report (for example from police, fire, ambulance, school, employer).
- a signed statement from you confirming the cause of the **accident** and injury.

### 3. Your cover in detail

Your **plan** provides cover for dental **treatment** and **oral cancer** diagnosis and **treatment** as detailed in the [list of benefits](#), that is carried out privately or under the National Health Service (NHS).

You must contact your Cigna helpline on 01475 333 424 before incurring expenses relating to dental implant placement or oral cancer treatment or your claim will not be paid.



#### Any questions?

If you're unsure how something works, just call your Cigna helpline and we'll be happy to explain.

You should make payment to your **dentist** first and claim a refund from Cigna.

### What costs will I be covered for?

We will refund the costs of dental **treatment** as detailed in the [list of benefits](#) that is carried out privately or under the NHS. We'll use the **list of benefits** that is current when **treatment** is given. In all cases, the amount we pay is subject to:

- the limits shown in your **list of benefits**
- any restrictions detailed in the **list of benefits** on the number of times certain benefits are payable
- any lifetime limits shown in the **list of benefits**
- the exclusions listed in the '[Other charges and treatments not covered](#)' section
- you or your **dependant** providing us with satisfactory evidence to support the claim.

When you or your **dependant** can be reimbursed for **treatment** from any other source in addition to this **plan**, we'll only be liable for a fair proportion (agreed with the other source) of the benefit due. See the '[What happens if another party is involved in my claim?](#)' and '[Other insurance and Cigna's right of subrogation explained](#)' section for more details.

TREATMENT TYPE	WHAT'S COVERED	WHAT'S NOT COVERED
Preventative, minor and major dental <b>treatment</b> .	<p>We will refund the costs of dental <b>treatment</b> as detailed in the <b>list of benefits</b> that is carried out privately or under the NHS. We'll use the <b>list of benefits</b> that is current when <b>treatment</b> is given. In all cases, the amount we pay is subject to:</p> <ul style="list-style-type: none"> <li>• The <b>annual maximum benefit</b> shown in your <b>list of benefits</b></li> <li>• any restrictions detailed in the <b>list of benefits</b> on the number of times certain benefits are payable</li> <li>• any <b>lifetime limits</b> or other limits shown in the <b>list of benefits</b></li> <li>• the exclusions listed in the 'what's not covered' sections of this Guide</li> <li>• you or your <b>dependant</b> providing us with satisfactory evidence to support the claim.</li> </ul>	<p>Where your claim is for any expenses which you have claimed or can claim from <a href="#">another source of insurance</a>.</p> <p><b>Major treatment</b> on deciduous teeth for dependent children.</p> <p>Please also see '<a href="#">Other charges and treatments not covered</a>' section.</p>

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised

TREATMENT TYPE	WHAT'S COVERED	WHAT'S NOT COVERED
Dental <b>emergencies</b> and <b>accidents</b>	<p>For a dental <b>emergency</b>, we'll pay for <b>treatment</b> for the immediate relief of pain, swelling or bleeding, for you or your <b>dependants</b> covered under the <b>plan</b> up to the <b>annual maximum benefit</b> limit for dental <b>emergencies</b> shown in the <b>list of benefits</b>. Necessary corrective or restorative <b>treatment</b> following a dental <b>emergency</b> will be covered as appropriate from the plan <b>list of benefits</b>.</p> <p>We'll also pay for dental <b>accidents</b> including necessary corrective or restorative <b>treatment</b> arising from the <b>accident</b>, up to the <b>annual maximum benefit</b> limit for dental <b>accidents</b> shown in the <b>list of benefits</b>.</p>	<p><b>Treatment</b> resulting from the following amateur sports: boxing, hockey, rugby, shinty and martial arts except where mouth guards are worn.</p> <p>Please also see '<a href="#">Other charges and treatments not covered</a>' section.</p>
Oral cancer	<p>For <b>oral cancer</b>, we will pay an amount up to the maximum shown in the <b>list of benefits</b> for diagnostic procedures. We will pay for <b>treatment</b> up to the limit in the <b>list of benefits</b> if you or your <b>dependant</b> is given a definitive diagnosis of <b>oral cancer</b> following biopsy. Benefits will be paid only for <b>treatment</b> given by a consultant who is recognised as a <b>specialist</b> in <b>cancer treatment</b> by the NHS. You should note that a <b>lifetime limit</b> of benefit applies to <b>oral cancer</b> diagnosis and <b>treatment</b> as detailed in the <b>list of benefits</b>.</p> <p>Satisfactory evidence of the claim must be provided to us and benefits will be paid only for <b>oral cancer treatment</b> received within 12 calendar months after the date of diagnosis.</p>	<p><b>Oral cancer</b> which:</p> <ul style="list-style-type: none"> <li>• is diagnosed before you or your <b>dependant</b> joined the <b>plan</b></li> <li>• is diagnosed within 90 days of you or your <b>dependant</b> joining the <b>plan</b> or for which tests or consultations began within those 90 days even if the diagnosis is not made until later</li> <li>• is related in any way to HIV infection or AIDS</li> <li>• resulted from the chewing of tobacco products (including betel nuts) or from prolonged alcohol abuse</li> <li>• has not had <b>treatment</b> pre-authorised by us.</li> </ul> <p>Please also see '<a href="#">Other charges and treatments not covered</a>' section.</p>



TREATMENT TYPE	WHAT'S COVERED	WHAT'S NOT COVERED
Dental implant placement	We will pay the benefit for the placement of a dental implant, including any attaching prosthetic device (such as a crown, bridge or dentures) necessary as part of the implant placement, up to the annual implant benefit limit detailed in the <b>list of benefits</b> . <b>Treatment</b> must be provided by an implantologist. All <b>treatment</b> for dental implants must be pre-authorized by <b>Cigna</b> . The annual implant benefit limit applies irrespective of the number of implants placed.	<p>If the implant fails, we will not pay the benefit for any replacement implant or <b>treatment</b> resulting from the implant failure.</p> <p>Any dental implant <b>treatment</b> for <b>members</b> or <b>dependants</b> under the age of 18.</p> <p><b>Treatment</b> for dental implants, directly or indirectly related to any of the following:</p> <ul style="list-style-type: none"> <li>• failure of the implant to integrated</li> <li>• replacement of the implant following failure, including replacement of any attaching prosthetic device (such as a crown, bridge or dentures)</li> <li>• breakdown of <b>osseointegration</b></li> <li>• <b>peri-implantitis</b></li> </ul> <p>Please also see '<a href="#">Other charges and treatments not covered</a>' section.</p>
Orthodontic <b>treatment</b>	We will pay the benefit for orthodontic <b>treatment</b> for dependent children under the age of 18 subject to the <b>qualifying period</b> . <b>Treatment</b> begins on the date of initial consultation.	<p>Any orthodontic <b>treatment</b> for all <b>members, partners</b>, and dependent children aged 18 and over.</p> <p>Please also see '<a href="#">Other charges and treatments not covered</a>' section.</p>

## Other charges and treatments not covered

### What's not covered? - Treatments

- Any **treatment** not listed in the **list of benefits**.
- Any **treatment** outside the **United Kingdom**.
- For the following claims incurred within **sanctioned countries**:
  - › elective or pre-scheduled **treatment**; or
  - › urgent or emergency **treatment** incurred where the **member/dependant** visits a **sanctioned country** for a period of longer than ninety (90) days over the course of any twelve (12) month period.
- **Treatment** for procedures and materials which are experimental, unproven or which do not meet accepted dental standards.
- **Treatment** connected to injuries you cause yourself.
- **Treatment** caused by injuries or illness resulting from you behaving illegally.
- **Treatment** for any injury, **accident** or **emergency** which occurred before you or your **dependants' effective date**.
- Injury or disability that has been caused or exacerbated by war, invasion, terrorist or military activity, or while at work for the army, naval or air services.
- **Treatment** that is purely **cosmetic**.
- **Treatment** not considered necessary for continued **oral health**.
- Any **treatment** for replacing a bridge, crown or denture which is or can be made useable according to accepted dental standards.
- Any **treatment** for replacing a conventional bridge, crown or denture within five years of original fitting. The exceptions are:
  - › damage beyond repair, while in the mouth
  - › as a result of an injury not excluded under the **plan**, and
  - › when the damage took place while insured under the **plan**
- **Treatment** for:
  - › porcelain or acrylic veneers on the upper and lower first, second and third molars and pre-molars
  - › crowns or pontics on or replacing the upper and lower first, second and third molars unless they are constructed of either porcelain bonded-to-metal or metal alone e.g. gold alloy crown.
- **Treatment** related to all professional sports injuries.
- **Treatment** for bite registration, precision or semi-precision attachments.
- Procedures, appliances or restorations (except full dentures) whose main purpose is to:
  - › change vertical dimensions
  - › provide surgical treatment of conditions or dysfunction of the temporomandibular joint
  - › restore occlusion

### What's not covered? - Charges and fees

- Buying and replacing mouth guards for professional sports.
  - Charges for **treatment** which has not yet taken place.
  - Expenses for your **dentist's** fees including filling in a claim form or other administration related charges.
  - Charges for missed or cancelled appointments.
  - Charges partly or wholly absorbed by the NHS that are not your responsibility.
  - Charges or fees for replacing any dental appliance or **prosthesis** which is lost or stolen.
  - Charges or fees for instruction for plaque control, oral hygiene or diet.
  - Charges or fees for Personal Protective Equipment (PPE)
  - Charges or fees for medical procedures, services and supplies including:
    - › prescribed drugs
    - › mouthwashes
    - › procedures, services and supplies provided in a **hospital**
- The exceptions to this are charges for **treatment** and **hospital** stays where a valid **oral cancer** claim is made.

You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised

## 4. Your plan membership

### When does cover start for me and my family?

An **eligible employee** becomes a **member** of the **plan** when they fulfil the eligibility conditions agreed between **Cigna** and the **employer** as detailed in the **policy schedule**. An **eligible employee** or **dependant** must join the **plan** within 30 days of first becoming eligible. Otherwise they'll be unable to get cover until the following **annual renewal date**, when they will again have 30 days to join the **plan**.

**Eligible employees** and **dependants** will be listed on the **membership certificate** we will provide to the **member**.

You're eligible to join the **plan** if:

- you are **permanently resident** in the **United Kingdom**.
- you're aged over 16 on the **effective date**.

Your **dependants** may be allowed to join the **plan** if your **employer** has agreed to this.

If **your partner** or dependent children are eligible the following rules apply.

- If you have another child at a later date (including fostered, adopted and stepchildren), they will be accepted as a **dependant** and will be covered from the date your **employer** advises us. For stepchildren, fostered and adopted children, please provide appropriate evidence of the fact that the child is your step-child, adopted child or is fostered by you, as applicable.
- If you marry, form a civil partnership or your unmarried partner moves in with you after the **effective date**, your **partner** may be covered under the **plan** following this event.

You and your covered **dependants** are eligible for benefit on the **effective date**. The exception is benefit for orthodontic **treatment** which is available to dependent children under the age of 18 subject to the **qualifying period**. **Treatment** begins on the date of initial consultation.

You cannot be covered under the **plan** as a **member** and **partner** at the same time.

### When does my cover end?

Cover will normally come to an end for you and your **dependants**:

- If you die. Your **employer** may agree to continue cover for your **dependants** up to the next **annual renewal date** when they can apply to join a **Cigna** dental continuation plan. All applications are accepted at our discretion.
- If you stop working for your **employer**. Cover will stop on the date your employment ends. You can apply to join a **Cigna** dental continuation plan. All applications are accepted at our discretion.
- If your **employer** stops paying premiums for you and any **dependants**.

Cover will end for a **dependant**:

- if they die, or
- if they're no longer your **dependant**. They can apply to join a **Cigna** dental continuation plan. All applications are accepted at our discretion.

Cover will end on the next **annual renewal date**. If you get divorced or no longer live together or dissolve the civil partnership, your former partner will no longer be a **dependant** for the purposes of this **plan**. Cover for your **partner** ends as soon as the final decree/final dissolution order has been granted.

Cover will end for all **members** and **dependants**:

- on the **annual renewal date** after we give your **employer** at least 28 days' notice that the **plan** is about to end, or
- if your **employer** does not pay the premiums owed under the **plan** within the **days of grace**.

You or your **dependant** must apply to us within 30 days of the date cover ends if **you** wish to join a Cigna dental continuation plan. The conditions **we** set for **our** dental continuation plans may be different from those detailed for this **plan**. All applications are accepted at our discretion.

Please note that even if **treatment** has been authorised, we won't be responsible for any costs if the **plan** ends or you leave the **plan** before **treatment** has taken place.

### Who is responsible for providing the information for administering the plan?

Your **employer** must give us all the information we request, in writing, to work out the premium. You are responsible for making sure we have enough information to pay your claims. Remember to tell your **employer's plan** administrator about any changes to your name or address, to ensure our records are up to date.

### How is the plan renewed?

Depending on the section below, the **plan** will continue for the **year of insurance** and may continue after that if we and your **employer** agree.

### Will there be any changes to my plan's conditions?

We can end the **plan** or change any of its conditions. If the **plan** changes because of new laws, we'll write and tell your **employer**. Otherwise, we'll give the following notice:

- For changes to the **list of benefits**, we will give your **employer** at least 28 days' notice in writing. The effective date of the changes will be shown on the notice and the new **list of benefits** will apply after this time. Any reduction in benefits will take effect from the **annual renewal date**.
- For changes to the conditions or if we end the **plan**, we will give your **employer** at least 28 days' notice in writing. The change will take place or the **plan** will end on an **annual renewal date**.

We may be able to end or change your cover or your **dependants'** cover, or reduce or reject you or your **dependants'** claim, at any time if either of the following happens:

- you or your **dependants** have not provided all information honestly and fully in response to our questions, or have broken the conditions of the **plan**.
- you or any of your **dependants** are no longer **permanently resident** in the **United Kingdom**.

### What happens if another party is involved in my claim?

#### Other insurance and Cigna's right of subrogation explained

You must tell us in writing as soon as possible about any claim or right of legal action against any other person that arises from a claim under this **plan**.

You must keep us fully informed of any developments. If another insurer provides cover, we'll negotiate with them to make sure we both pay our share of the claim.

If we ask you, you must take all steps to include the amount of benefit you are claiming from us under this **plan** in your claim against the other person. We can take over and defend or settle any claim, or prosecute any claim in your or your **dependant's** name for our own benefit. We will decide how to carry out any proceedings and settlement. Our recovery rights will be limited to the costs of **treatment** claimed and paid under this **plan**.

Providing your claim is eligible for cover within the terms and conditions, and benefit limits of this **plan**, the recovery by **Cigna** of claims costs from a third party will not delay or prevent the payment of your claim by us.

We will not pay for the proportion of any **treatment** which is over the benefit limits in the **list of benefits**.

### What should I do if I want to complain?

If **you** have any cause for complaint, please contact us in the first instance at:

- Cigna HealthCare, 1 Knowe Road, Greenock, Scotland PA15 4RJ.

If the complaint is not resolved to your satisfaction, you may refer your complaint to the Financial Ombudsman Service (FOS) at:

- The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR.

The FOS can adjudicate most, but not all, complaints. Their decision is binding on us but you may reject it without affecting your legal rights.



You must contact your Cigna helpline to have dental implants or oral cancer treatment pre-authorised



## 5. Legal information

### Regulatory information

Cigna European Services (UK) Ltd (Financial Services Register No. 788765), the administrator of this **plan**, is an Appointed Representative of Cigna Europe Insurance Company S.A.-N.V. UK Branch.

This plan is underwritten by Cigna Europe Insurance Company S.A.-N.V. UK Branch (Financial Services Register No. 207198) which is authorised and regulated by the National Bank of Belgium. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the **UK** for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Cigna Europe Insurance Company S.A.-N.V. (Brussels Trade Register no 0474.624.562) is registered in Belgium with limited liability with the registered address of Plantin en Moretuslei 309, 2140 Antwerpen, Belgium.

Cigna European Services (UK) Ltd is a company with limited liability registered in England & Wales (Company No. 199739), at 13th Floor, 5 Aldermanbury Square, London EC2V 7HR.

### Compliance with Economic Sanctions

It is Cigna's global corporate policy to comply with the economic sanctions rules related to individuals, entities, and countries applicable to its global business operations, including but not limited to those imposed by the United Nations, the European Commission, the **United Kingdom**, the United States, and Canada.

Therefore, Cigna will not offer coverage or pay benefits to or on behalf of, any insured **member/dependant** if doing so would violate these sanctions rules. In the event Cigna learns that a sanctioned individual or entity is enrolled under this **plan**, or that the **employer** becomes sanctioned, Cigna will take all appropriate action, which could include blocking, reporting, and terminating coverage. Cigna is under no obligation to notify the insured **member/dependant** or **employer** in advance of taking these actions, or to obtain licenses from any government to enable the extension of coverage in compliance with sanctions laws.

## What about data protection?

Telephone calls to and from **our** organisation may be recorded to help **us** monitor and improve the service we provide.

Under **Data Protection Legislation** we act as data controller of **personal data** of **members** and **dependants**.

**We** will process **personal data** that we reasonably deem necessary in order to provide the **plan** and to process claims. **We** will also process **personal data** for business purposes including fraud detection and prevention and financial management.

In order to provide the **plan** and process claims the **administrator** will process **personal data** of **members** and **dependants** on **our** behalf and **we** may also share such **personal data** with, and obtain **personal data** from, other Cigna group companies and third parties such as brokers, loss adjusters, credit reference agencies, healthcare providers, service providers, professional advisers, our regulators and fraud prevention agencies.

From time to time **we** may share such **personal data** with other insurers for fraud detection and prevention purposes.

**We** may transfer such **personal data** outside the European Union. Where **we** do so, **we** will ensure that appropriate technical and security measures are in place to protect the **personal data** and that all such transfers are made in compliance with **data protection legislation**.

Further details of the ways in which we process **personal data** can be found in the Data Protection Notice at: [www.cigna.co.uk](http://www.cigna.co.uk). This also sets out the rights that **members and dependants** have in relation to their personal data that we process.

Any communications containing the **personal data** of minor dependent children who are covered by the **plan** will be sent to the **member's** address, regardless if the child lives with another parent or guardian.

**Members** and their **dependants** have a right to request a copy of any **personal data** held by **Cigna** about them.

## Law and interpretation

The **plan** is governed by English Law. Please note that the words and phrases in **bold** all have special meanings which are defined in the Glossary section of this Guide.

No person other than the **insurer** or the **employer** may enforce this **plan** by virtue of the Contracts (Rights of Third Parties) Act 1999. Your **employer** is the Policyholder of your **plan**. Only the Policyholder and Cigna have legal rights under the agreement relating to your **plan**. This means that only the Policyholder and Cigna may enforce the **plan**, although Cigna will allow you and anyone who is covered under the **plan** access to our complaints process.

## 6. Glossary

### What do these words mean?

**Accident** - an unforeseen event caused by external trauma (i.e. an external blow to the mouth) and solely as a result of non-self-inflicted direct extra oral impact to your dentition and supporting structures (this includes dentures whilst being worn).

**Administrator** - Cigna European Services (UK) Limited.

**Annual Maximum Benefit** - the annual monetary amount covered in any one **year of insurance**.

**Annual renewal date** - the annual renewal date shown in the **policy schedule**.

**Cosmetic** - services, procedures or items which are supplied just for aesthetic purposes and are unnecessary for maintaining an acceptable standard of **oral health**.

**Data Protection Legislation** - Regulation (EU) 2016/679 (the “General Data Protection Regulation” or the “GDPR”) and the Data Protection Act 2018 (or, in the event that the UK leaves the European Union, all legislation enacted in the UK in respect of the protection of personal data) and the Privacy and Electronic Communications (EC Directive) Regulations 2003; and any guidance or codes of practice issued by any UK data protection regulator from time to time (all as amended, updated or re-enacted from time to time).

**Days of grace** - a period of 14 days after the date on which a premium is due. We will not pay any claims received after this period until we have received the premium owed.

**Deciduous** - the first teeth which are usually lost and replaced by permanent teeth.

**Dentist** - a dentist, dental surgeon or dental practitioner registered with the General Dental Council.

**Dentition** - the type, number, arrangement, alignment and appearance of teeth (includes dentures).

**Dependant** - your **partner**, and your unmarried dependent children if they're under 25 and in full-time education.

**Effective date** - the date cover starts for each member or dependant as shown in the **membership certificate**.

**Eligible employees** - employees who the **employer** has notified us as being eligible for membership.

**Emergency** - when severe pain not stopped by painkillers, or facial swelling, or uncontrollable bleeding from the oral cavity takes place outside your (or your dependant's) **dentist's** business hours, or when you (or your dependant) is staying in another location. Palliative **treatment** is covered to stabilise the immediate problem and relieve severe pain, swelling or bleeding.

**Employer** - your employer as named in the **policy schedule**.

**Hospital** -

- NHS hospital - a national health service hospital, with facilities for medical and surgical treatment, as defined in Section 128 of the National Health Service Act 1977 or in any future law.
- Private hospital - an independent hospital which can provide acute medical, surgical or psychiatric care. It must be registered under The Registered Homes Act (1984) or any future law. It may be a private bed in a NHS hospital.

**Hygienist** - a hygienist registered with the General Dental Council.

**Lifetime limit** - the maximum level a **member** can claim for the life of their **plan**.

**List of benefits** - our latest **list of benefits** payable for different **treatment** and service items which you will find in this guide.

**Major treatment** - all major treatment as outlined in the **list of benefits**.

**Member** - an **eligible employee** covered under the **plan**.

**Membership certificate** - the latest certificate Cigna provides to the **member**. It shows the group number, Cigna ID number and details of who is covered.

**Oral cancer** - a malignant tumour or neoplasm within any of the hard or soft tissues of the oral cavity (mouth). The oral cavity includes the lips, the buccal mucosa, the teeth, the gums, the front two-thirds of the tongue, the floor of the mouth below the tongue, the hard palate and the retromolar trigone.

**Oral health** - a sufficient standard of oral health of the teeth, their supporting structures and other mouth tissues, to ensure dental efficiency and safeguard general health.

**Osseointegration** - integration with the bone.

**Partner** - your legal husband or wife, or unmarried or civil partner, whether or not of the same sex, who lives at the same address as you, and whom we have accepted for cover under the **plan**.

**Peri-implantitis** - the destructive inflammatory process affecting the soft and hard tissues surrounding a dental implant.

**Permanently resident** - living in the **United Kingdom** on a lawful and properly settled basis, being absent from the **United Kingdom** for no more than 180 days in the tax year.

**Personal Data** - any information relating to an identified or identifiable natural person.

**Plan** - your **employer's** Cigna Dental Plan of which you are a **member**.

**Policy** - a document we send to your **employer** which includes the **plan** conditions, **policy schedule** and **list of benefits**.

**Policy schedule** - a document we send to your employer with the **policy** that details any endorsements or notes and is updated for each **year of insurance**.

**Prosthesis** - a fixed or removable appliance to replace missing teeth such as crowns, bridges or dentures.

**Qualifying period** - the first six months of membership for dependent children under the age of 18 where orthodontic **treatment** is not covered.

**Sanctioned country/sanctioned countries** - comprehensively sanctioned countries or regions sanctioned by, but not limited to, the United Nations, the European Commission, the **United Kingdom**, the United States and Canada. Sanctioned countries and regions include, but are not limited to, Syria, Cuba, Iran, the Crimea region of Ukraine/Russia\* and North Korea. Sanctioned countries are subject to change.

\*The Crimea Region is a federal subject (republic) of Russia located on the disputed Crimean Peninsula, which was annexed by Russia from Ukraine in 2014, but is still recognised by many countries as being part of Ukraine.

**Specialist** - a **dentist** who:

- has received advanced specialist training
- practices a particular branch of dentistry
- is or has been a National Health Service consultant or a **dentist** who we choose to recognise because of extra training.

This definition also includes an oralmaxillofacial surgeon and a qualified oncologist.

**Start date** - the date the **plan** comes into effect, as shown in the **policy schedule**.

**Treatment** - any dental procedure or service that is carried out or personally controlled by a **dentist**, as well as procedures provided by a **hygienist**, and is included in the **list of benefits**. **Treatment** is always subject to the exclusions described in this guide.

**United Kingdom** - England, Scotland, Wales and Northern Ireland.

**Year of insurance** - the 12 months from the **start date** or **annual renewal date** during which time this **plan** is valid.

**Together, all the way.<sup>SM</sup>**



Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorised personnel. Copyright © Cigna 2022. All rights reserved.

Cigna European Services (UK) Ltd (Financial Services Register No. 788765), the administrator of this plan, is an Appointed Representative of Cigna Europe Insurance Company S.A.-N.V. UK Branch.

This plan is underwritten by Cigna Europe Insurance Company of Europe S.A.-N.V. UK Branch (Financial Services Register No. 207198) which is authorised and regulated by the National Bank of Belgium. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Cigna Europe Insurance Company S.A.-N.V. (Brussels Trade Register no 0474.624.562) is registered in Belgium with limited liability with the registered address of Plantin en Moretuslei 309, 2140 Antwerpen, Belgium.

Cigna European Services (UK) Ltd is a company with limited liability registered in England & Wales (Company No. 199739), at 13th Floor, 5 Aldermanbury Square, London EC2V 7HR.