

# CIGNA SINGAPORE MEMBER BOOKLET





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# CIGNA CARE CONNECT HEALTHCARE BENEFITS

The plan covers recognised costs of services or treatment which are recommended by a medical practitioner, and are medically necessary for the care and treatment of an injury or sickness, as determined by Cigna's medical team, up to limits shown in the list of benefits. For the purposes of this plan, medically necessary is defined as:

'Medical necessity/medically necessary' – medically necessary covered services and supplies are those determined by the medical team to be:

- Required to diagnose or treat an illness, injury, disease or its symptoms;
- Orthodox, and in accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration;
- Not primarily for the convenience of the patient, physician or other health care provider; and
- Rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Where applicable, the medical team may compare the cost-effectiveness of alternative services, setting or supplies when determining the least intensive setting.



Kindly call +65 66640240 or email [cignaqueries@alliancemedinet.com](mailto:cignaqueries@alliancemedinet.com) before any hospitalisation or day surgery to check if the treatment is medically necessary otherwise we may reserve the right to reject the claim.

For pre-authorisation requests, please provide the doctor's memo or medical report and cost estimate for our review and approval.

# Plan Type

**Annual Limit** applies to Part 1 & 2 wherever is applicable



## Part 1: Inpatient Benefit (Including Day Surgery) - Core Plan

### Benefit Limit per Policy Year (S\$)

Daily Hospital Room & Board	Standard Room (Single Bed)  As Charged up to Annual Limit
Intensive Care Unit	
Short Stay Ward	
Hospital Miscellaneous Expenses	
Inpatient Physician's Visit	
Surgery	
Pre-Hospitalisation Treatment Up to 90 days per Hospitalisation	
Post-Hospitalisation Treatment Up to 90 days per Hospitalisation	
Parental Accommodation Up to 30 days for Child below age 18 per Policy Year	
Surgical Implants/ Appliances	
Organ Transplant	
Inpatient Cancer Treatment	As Charged up to Annual Limit
Inpatient Kidney Dialysis Treatment	
Outpatient Cancer Treatment	
Outpatient Kidney Dialysis Treatment	

Inpatient Congenital Conditions Benefit	
Inpatient Psychiatric Treatment	
Miscarriage (after week 13) or Ectopic Pregnancy	
Outpatient Emergency Treatment Due to Accident Only	
Emergency Dental Treatment Due to Accident Only	
Home Nursing Up to 180 days	
Community Hospital Confinement Up to 90 days	
Ambulance Services	
Hospital Cash Allowance B1/B2/C Class Ward for Admission to Singapore Government Restructured Hospitals Only Up to 30 days per Hospitalisation*	
Hospital Cash Allowance A Class Ward for Admission to Singapore Government Restructured Hospitals Only Up to 30 days per Hospitalisation*	

**Note:**

Dental emergency - due to accident only.

Cigna will pay for the actual and eligible charges on the treatment costs incurred that are medically necessary, subject to the benefit limit as specified, for treatment received within 24 hours of a dental emergency and any follow up treatment up to thirty-one (31) days from the date of the accident. This benefit does not include dental implants, crowning, bridges or dentures, and root canal treatments.

\*We will not pay this Benefit if any one of the following situations occur:

- (i) if the insured Member does not stay in the same class of ward during the entire Hospitalisation, or
- (ii) if the Hospitalisation is less than twenty-four (24) hours.

## Part 2 : Outpatient Benefits (Optional Rider)

Provider Network	Standard
General Practitioner Services	Benefit Limit per Policy Year (S\$)
Panel General Practitioner Services including Singapore Government Polyclinic	As Charged up to Annual Limit (Costs for this benefit will not count towards the General Practitioner Services Benefit Limit)
Non-Panel General Practitioner Services	
Alternative Treatment Maximum 20 visits per Policy Year	
Allied Health Services Maximum 20 visits per Policy Year	
Treatment at an Accident & Emergency Department	

Specialist Services	Benefit Limit per Policy Year (S\$)
Panel Specialist Services (Referral letter is required except for child below 7 years old for a Paediatrician visit)	As Charged up to Specialist Services Benefit Limit
Non-Panel Specialist Consultation (Referral letter is required except for child below 7 years old for a Paediatrician visit)	
Non-Panel Laboratory and Radiology (Referral letter is required except for child below 7 years old for a Paediatrician visit)	

\*Panel means the group of Physician clinics in Singapore designated and approved by Us to provide Treatment to the Insured Member.

## Part 5: Dental Benefit (Optional Rider)

### Benefit Limit per Policy Year (S\$)

Preventive Services Maximum 2 Visits/Policy Year

Dental Treatment

As Charged up to  
Benefit Limit

### Preventive services include:

- (a) Dental examination
- (b) Scraping and scaling
- (c) Cleaning and polishing
- (d) X-Ray

### Dental Treatment includes:

- (a) Composite fillings and simple non-surgical extraction
- (b) Minor gum treatment
- (c) Surgical extraction including wisdom tooth
- (d) Root canal treatment
- (e) Dental amalgam
- (f) X-ray needed to support major restorative gum treatment
- (g) Periodontal treatment
- (h) Crowning
- (i) Dentures – acrylic/synthetic, metal and metal/acrylic, crowns, inlays, mouth guard or occlusal splint
- (j) **Eligible Cost** to supply fit and repair crowns, bridges, and dentures
- (k) All dental **Surgery** and related **Eligible Charges** (including anesthetics) to the Dental Treatment



## Policy Exclusions

1. All **Pre-Existing Conditions** unless endorsed by **Us** in the **Policy**.
2. Routine or preventative physical examinations, investigation, medical check-up, vaccinations, treatments or follow-up consultations, unless specified in the **Policy Schedule**.
3. Any **Injury** or **Illness** caused directly or indirectly by intentional self-infliction or selfdestruction, abuse of drugs or alcohol or **Injuries** sustained as a result of criminal act or attempted suicide whether the **Insured Member** is sane or insane.
4. Any **Treatment** for conditions relating to physiological or natural cause such as aging, menopause, or puberty and which are not due to any underlying **Illness** or **Injury**.
5. **Congenital Conditions** or genetic defects including hereditary conditions existing from the time of birth regardless of the time of discovery of such anomalies or defects, unless specified in the **Policy**.
6. **Outpatient Treatment**, traditional Chinese medicine and its related treatment, unless specified in the **Policy**.
7. Rest cares, sanatoria care, nature cure clinics, health spa, nursing home, or stay in any similar healthcare establishment for social or non-medical reasons.
8. Hormone replacement therapy, nutritional and dietary supplements including, but not limited to, vitamins (except for prenatal vitamins if maternity benefit is covered), minerals, herbs, meal supplements, sports nutrition products, natural food supplements, and other related products used to boost the nutritional content of the diet. Toiletries including, but not limited to, moisturiser, cream, gel, lotion, whether prescribed or not are not covered under this **Policy**.
9. Cryopreservation, or harvesting or storage of stem cells as a preventive measure against possible future disease/**Illness** or **Injury**.
10. Administrative expenses (including bank charges, where applicable), medical report charges, and non-medical personal service and other ineligible non-medical items.
11. Dental care and its related **Treatment** unless it is necessary to treat or replace sound natural teeth damaged or lost as a result of **Accident**, or as specified in the **Policy**.
12. Any **Treatment** relating to temporomandibular joint disorder.
13. Pregnancy, childbirth, intentional termination of pregnancy, miscarriage, pre and post natal care, and all complications arising therefrom unless specified in the **Policy**.
14. Birth control measures, assisted reproduction, abortion including infertility treatment, sterilisation (or its reversal) or any events arising out of or in connection thereto.
15. Home birth, including all consequence of it.
16. Circumcision unless **Medically Necessary**, impotence or any consequence of it.
17. Any **Treatment** which arises from, or is in any way attributable to, sex change.
18. Any costs in relation to dental implants, orthodontics for **Insured Members** aged eighteen (18) years old and above, or cosmetic **Treatments** including but not limited to dental whitening and dental veneer.

19. Eye tests, refractive errors of the eyes, spectacles and contact lenses, as well as any costs relating to **Surgery** for correction of squint or other eye misalignment.
20. Any **Treatment** needed as a result of engaging in or taking part in acts of terrorism, nuclear contamination, biological contamination or chemical contamination.
21. Any **Treatment** arising from any consequence of direct participation in declared or undeclared war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons.
22. All types of learning disorders, educational problems, behavioral problems, physical development, or psychological development, including assessment or grading of such problems.
23. Any costs related to **Experimental Treatment**.
24. Any costs related to robotic **Treatment**, except for prostate cancer.
25. Any conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma, or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment or treatment for beautification purposes, except for plastic surgery which is **Medically Necessary** arising from an **Illness** or **Injury** while the **Insured Member** is covered under this **Policy**.
26. Any genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not the **Insured member** may be genetically disposed to the development of a medical condition in the future.
27. Any **Treatment** of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight improvement; supplements or medications for weight loss or weight improvement.
28. All types of sleep disorder including snoring, insomnia, obstructive sleep apnea or sleep study test unless followed by **Surgery** as prescribed by the **Physician**.
29. Purchase of all durable or long-term medical equipment.
30. Transport-related services including emergency evacuation, medical repatriation and repatriation of mortal remains.
31. All costs relating to immunisation unless specified in the **Policy**.
32. All non-**Medically Necessary Treatments** and related costs.
33. Full-time military, naval or air service personnel, except national reservist duty pursuant to relevant local laws.
34. **Injury** or **Illness** arising from violation or any attempted violation of the law or resistance or attempted resistance to lawful arrest.
35. **Injury** or **Illness** covered or coverable under a workmen's compensation insurance contract or any legislation or corresponding insurance relating to occupational death, injury, illness or disease.

A membership card is provided for each of your family members and while it does not act as a payment mechanism, it is a means of identification and assists outpatient medical practitioners in obtaining guarantees of direct payment from Cigna; meaning that in many cases you will not have to pay and reclaim expenses from us.

## IMPORTANT CONTACT INFORMATION



Customer Service Hotline (8am-10pm): +65 66640240  
Urgent GOP Hotline (24 hour): +65 66640240



Email Address: [cignaqueries@alliancemedinet.com](mailto:cignaqueries@alliancemedinet.com)

## IN-PATIENT TREATMENT

When you have a planned hospital admission, please contact Cigna as early as possible prior to the date of admission. We can assist with administration and arrange direct payment of medical bill with the treating specialist or hospital. Our Guarantee of Payment (GOP) will be applicable upon approval of GOP request providing the patient remains an active member of the plan at the time of treatment.



# OUT-PATIENT TREATMENT

When visiting a health care provider for outpatient treatment we recommend you select a provider from our network to allow costs to be settled directly. This can be accessed at [www.mycigna.com.sg](http://www.mycigna.com.sg), or you can contact one of our customer service representatives for help.

Alternatively, you can pay your medical bills and then submit a claim to us, for covered treatment(s). Please check your benefit details before receiving your treatment.





## CLAIMING PROCEDURE

- Please get in touch via email/mobile App/call with Cigna in the first instance to pre-notify us of your inpatient treatment at least 5 days in advance for us to arrange a Guarantee of Payment (GOP) to be issued within 5 working days with complete medical information.
- If you do need to submit a claim to us, there are two options for submission:
  - o Online portal at [www.mycigna.com.sg](http://www.mycigna.com.sg) or
  - o Mobile App (Cigna Care Connect)
- Claim submission and GOP request for dependents will need to be submitted by the main member.

Processing of claims including payment via bank transfer is within 7 working days for outpatient claims, and 10 working days for inpatient claims upon receiving full submission of claims information.



## REIMBURSEMENT OPTIONS

Where possible Cigna will aim to pay the medical practitioner or hospital directly to reduce the need for you to pay and claim the cost of treatment. In cases where you have paid the provider directly, Cigna provides two reimbursement options as below:

- Electronic transfer of funds into your Singapore bank account.
- Cheque mailed to nominated addresss (only applicable for foreign account).



# SANCTION GUIDELINES

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 States, and Canada. Therefore, Cigna will not offer coverage or pay benefit to or on behalf of, any member 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 policyholder becomes sanctioned, Cigna will take all appropriate action, which could include suspending the plan, reporting to the relevant authorities such as the US Office of Foreign Assets Control (where applicable), and terminating coverage for such individual or entity with immediate effect. Cigna is under no obligation to notify the member or the policyholder in advance of taking these actions, or to obtain licenses from any government to enable the extension of coverage in compliance with sanctions laws.

In addition, restrictions will apply to claims incurred in sanctioned countries where there is no relevant, approved license from relevant authorities, such as the U.S. Office of Foreign Assets Control. Among the restrictions, Cigna will not cover: (1) elective or pre-scheduled treatment in sanctioned countries; or (2) members considered "ordinarily resident" in a sanctioned country. Members are considered ordinarily resident if they visit a sanctioned country for a period of longer than 6 weeks over the course of any 12 month period.





[www.cigna.com.sg](http://www.cigna.com.sg)

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The policy is underwritten by Cigna Europe Insurance Company S.A.-N.V. Singapore Branch.

Cigna Europe Insurance Company S.A.-N.V. Singapore Branch (Registration Number: T10FC0145E), is a foreign branch of Cigna Europe Insurance Company S.A.-N.V., registered in Belgium with limited liability, with its registered office at 152 Beach Road, #33-05/06 The Gateway East, Singapore 189721.

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This brochure is published for general information only. Full details of the standard terms and conditions of this plan can be found in the relevant policy contract.

Information is correct as at September 2020.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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