

# CHANGES TO OUR POLICY TERMS AND CONDITIONS



We recently conducted a review of our dental plan and need to let you know about some changes we've made to our policy terms and conditions. Most of the changes relate to plan enhancements; others are to make our policy wording clearer.

## What's new?

Employees will receive a welcome email (unless hardcopy is requested by you) with details of how to log on to their member portal.

Employees can now claim online by logging on to the member portal.

## When do the changes take effect?

The changes are effective from your policy annual renewal date detailed in your renewal proposal or welcome email/letter.

## What else has changed?

- › We've clarified a few of our defined words.
- › We've clarified that the patient should make payment to their dentist first and claim a refund from Cigna.
- › Where a child is to be enrolled under the plan, for step children, adopted or fostered children, we require appropriate evidence of the fact that the child is their dependant.
- › Some changes have been made to our Exclusions, which are explained below:
  - We will not pay claims for the following conditions, treatments and incidental costs:
    - Treatment related to all professional sports injuries.
    - Treatment related to the following amateur sports: boxing, hockey, rugby, shinty and martial arts, except where mouth guards are worn.
- › We have clarified our Claiming Procedure to show that claims can be submitted in one of three ways:
  - online via the member portal
  - by email
  - by post

## Will the Terms & Conditions for employees be updated?

We've updated the Terms & Conditions for employees which replaces any other copy you have. The changes explained above are mainly documented in the following sections:

- › What Does My Plan Cover;
- › What Isn't Covered by this Plan;
- › Claims Procedure;
- › What Do These Words Mean.

## Any questions?

**If you have any questions about the changes to your dental plan and how they affect you, please contact your Cigna plan administrator.**

# DENTAL PLAN INSURANCE POLICY

## NOTICE OF AMENDMENT

This document gives notice that with effect from the annual renewal date of your policy, the following alterations will be made to the Terms and Conditions of your Policy Agreement with Cigna.

The following alterations shall be applicable to Schedule 1 of the Agreement, the Cigna Dental Plan Policy Terms and Conditions:

1. Section 1 (What Does the Plan Cover?) is amended to include the following:

“The **patient** should make payment to their **dentist** first and claim a refund from **Cigna**.”

2. Section 2 (Application for Cover under the Policy), shall have the following changes:

- i) Paragraph 1 shall be deleted and replaced with the following:

“The **employer** shall make application for cover for at least 75% of **eligible employees**. However the **plan** must have a minimum number of participating employees as stated in the **policy schedule**. If the participation level falls below this number **Cigna** reserves the right to end the **policy** without notice.”

- ii) It shall be amended at the 3<sup>rd</sup> paragraph to show that **eligible employees** and **dependants** will be listed on the **membership certificate we** will provide to the **member**.

- iii) It shall be clarified to show that if a **member's spouse** or dependent children are eligible the following rules apply:

- If the **member** has 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 the **employer** advises **us**. For stepchildren, fostered and adopted children, **we** require appropriate evidence of the fact that the child is the **member's** step-child, adopted child or is fostered by the **member**, as applicable.
- If the **member** marries, forms a civil partnership or they move in with their unmarried partner after the **effective date**, the **spouse** may be covered under the **policy** following this event.

3. Section 4 (What Isn't Covered by this Plan?) is amended at point 4.1 as follows:

[**We** will not pay claims for the following conditions, **treatments** and incidental costs:

4.1 Where the claim is for the following specific types of **treatment** or **treatment** settings that are not covered by the **plan**: i.e.]

4.1 (m) is deleted and replaced with the following:

“(m) 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 **policy**, and
- when the damage took place while insured under the **policy**.”

4.1 (p) is deleted and replaced with the following:

“(p) **Treatment** related to all professional sports injuries.”

A new 4.1 (q) is inserted as follows and the subsequent items re-lettered accordingly:

“(q) **Treatment** related to the following amateur sports: boxing, hockey, rugby, shinty and martial arts, except where mouth guards are worn.”

4. Section 5 (Claims Procedure) is amended such that the existing point (b) ‘When to send in the claim form’ is deleted and replaced with the following:

“b) Claiming online

Registered users of the member portal can submit claims through this secure site in an easy to follow process. Just click the ‘My Claims’ section. **We** will get in touch if **we** need any more information about their claim, which might include asking them to fully complete a Cigna dental claim form or submit original receipts.

c) Claiming by email

Claims can be sent to us on a Cigna dental claim form which must be completed by the **dentist**. Please scan both sides of the completed claim form and corresponding receipts, and email them to [smyle@cigna.com](mailto:smyle@cigna.com). **We** may contact the **member/dependant** and ask them to submit original receipts.

d) Claiming by post  
Claims can be posted to **us** on a Cigna dental claim form which must be completed by the **dentist**. **We** must receive the original receipts for payment with the completed claim form.

e) In all cases the **member/dependant** should make payment to their **dentist** first and claim a refund from **Cigna**. Regardless of the method of claims submission, claims must be received by **us** within 90 days from the start of the **treatment**. Claims received after this time will be denied. **We** will get in touch if **we** need any more information about the claim, which might include asking the **member/dependant** to fully complete a Cigna dental claim form, or submit original receipts, if they haven't already. Where the **member/dependant** chooses to have their benefit paid directly into a bank account, **we** will pay this to the account they have detailed on their claim submission."

5. Section 8 (Changes to the Terms and Conditions of the Policy) is amended to show that where Cigna changes the List of Benefits, any reduction in benefits will take effect from the **annual renewal date**.

6. Section 9 (Premium Information and Collection) is amended such that paragraphs (a) and (b) are deleted and replaced with a new paragraph (a) as follows and subsequent paragraphs are re-lettered accordingly:

"(a) The premium will be the total of all annual premiums for all **members** and **dependants** calculated from the premium rates as agreed between the **employer** and **Cigna**. **We** will add (if applicable) the appropriate percentage of Insurance Premium Tax ("IPT") to this premium as set out in current **United Kingdom** legislation. If the IPT rate is changed by the **United Kingdom** Government, this change will be passed on to the **employer** from its effective date. The tax point that applies to IPT charged by **Cigna** is the date that the premium is due to be paid to **Cigna**, not the date the **policy** is agreed.

Depending on the frequency of the **employer's** payment(s) IPT will be applied in the following way;

- If the premium is payable annually, any change in IPT will be applied from the next **annual renewal date**, and to any additional premiums that are payable at the end of the current **year of insurance** following **Cigna's** reconciliation process.
- If premiums are payable by instalments (e.g. monthly, quarterly, etc) depending

on when the **employer** is due to make a payment by instalment the IPT rate that will be applied will be the rate applicable as set by the Government at the date the premium is due. **Cigna** will inform the **employer** of how any change in IPT will affect their premiums before any increase takes place."

7. Section 11 (Other Insurance and Cigna's Right of Subrogation Explained) is deleted and replaced with the following:

"The **member** or **dependant** 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**. They must keep **us** fully informed of any developments. If another insurer provides cover, **we** will negotiate with them to make sure we both pay our share of the claim. If **we** ask, the **member** or **dependant** must take all steps to include the amount of benefit they are claiming from **us** under this **plan** in their claim against the other person. **We** can take over and defend or settle any claim, or prosecute any claim in the **member** or **dependant's** name for **our** own benefit. **We** will decide how to carry out any proceedings and settlement. **Cigna's** recovery rights will be limited to the costs of **treatment** claimed and paid under this **plan**. Providing the 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 the claim by **Cigna**. **Cigna** will not pay for the proportion of any **treatment** which is over the benefit limits in the **list of benefits**."

8. Section 16 (Definitions) is amended as follows:

a. The following new Definition is inserted:

"'Sextant' - one sixth of the mouth."

b. The Definition of 'Accident' is deleted and replaced with the following:

"'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 the patient's **dentition** and supporting structures (this includes dentures whilst being worn)."

c. The Definition of 'Dependant' is deleted and replaced with the following:

"'Dependant' - the **member's spouse**, and the **member's** unmarried dependent children, if they're under 25 and live at the same address as one of their legal guardians."

d. The Definition of 'Membership Certificate' is deleted and replaced with the following:

“Membership Certificate’ - the latest certificate Cigna provides to the **member**. It shows the **policy** number, Cigna ID number and details of who is covered.”

e. The Definition of 'Spouse' is deleted and replaced with the following:

“Spouse’ - the **member's** legal husband or wife, or unmarried or civil partner who lives at the same address as the **member**, and whom **we** have accepted for cover under the **plan**.”

Except as otherwise outlined in your Renewal Proposal, in all other respects the Terms and Conditions remain unaltered but shall be re-numbered accordingly as applicable.

Signed:



For Cigna Life Insurance Company of Europe S.A.-N.V., UK Branch

*This document forms part of your policy terms and conditions with Cigna. Please refer to your specific Policy Agreement and to any subsequent renewal amendments, which forms your contract with Cigna, for full details of your cover, including your obligations and the benefits covered under your policy. This Notice of Amendment is incorporated by reference into the contract between your company and Cigna. Please make sure you keep a copy of this Notice of Amendment (ref. 4759) with your existing Policy Agreement.*



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