

## **The complaint**

Mr A is unhappy that CIGNA Life Insurance Company of Europe SA-NV hasn't settled a claim made on his 'silver' international medical insurance policy ('the policy') in full.

## **What happened**

The details of this complaint are well known to both parties, so I won't repeat them again here. I'll focus on giving the reasons for my decision.

## **What I've decided – and why**

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

CIGNA has a regulatory obligation to handle insurance claims fairly and promptly.

The certificate of insurance for the relevant period of insurance reflects that there are some 'deductibles' applicable to the policy. They are:

- International medical insurance – 550 euros
- International outpatient – 370 euros

The customer guide explains that a 'deductible' is:

The amount you must pay towards your cost of treatment until the deductible for the period of cover is reached.

It then provides an example of how this works in practice.

The customer guide then goes on to list the maximum claimable benefit for a 'silver' policy. This includes:

- Mental and behavioural health care – up to 3,700 euros per period of cover
- Prescribed drugs and dressings – 1,100 euros
- Pathology, radiology and diagnostic tests – 1,850 euros

Mr A claimed for medical treatment costing just over 4,000 euros but CIGNA only paid just under 1,400 euros.

Looking at the breakdown of the costs claimed, I'm satisfied that CIGNA has acted fairly and reasonably by limiting the claimed amount. That's because almost half of the costs claimed were for prescribed medication and I'm satisfied that Cigna has fairly and reasonably relied on the customer guide to limit these costs to 1,100 euros.

I'm also satisfied that it's fairly and reasonably applied the deductibles for international medical insurance in the sum of 550 euros (for the costs claimed in connection with mental health treatment) and for international outpatient in the sum of 370 euros.

Since bringing the complaint to the Financial Ombudsman Service, CIGNA has offered to waive the deductibles for the claim. That's more than it's reasonably required to do. Mr A should contact CIGNA if he'd like to accept.

Mr A also says that the policy was mis-sold as he'd been told when first taking out the policy in 2015 (which has subsequently renewed) that CIGNA will pay for 100% of treatment. However, that's been investigated and determined by the Financial Ombudsman Service separately.

I'm satisfied that the policy documents from when the policy renewed in 2024 are sufficiently and reasonably clear in terms of the deductibles and financial limits applying to different sections of the policy relevant to Mr A's claim.

### **My final decision**

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr A to accept or reject my decision before 10 March 2026.

David Curtis-Johnson  
**Ombudsman**