



# NOVARTIS INTERNATIONAL ASSIGNEE HEALTH CARE PLAN

**Your Cover - Premier Plus Plan  
with a limited 20% Co-insurance**

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# INTERNATIONAL HEALTH CARE BENEFITS

## A. In-Patient/Day Case Health Care Benefits

### 1. Hospital Charges for:

- › nursing and accommodation for In-Patient Treatment;
- › Day Case Treatment;
- › operating theatre and recovery room;
- › prescribed medicines, drugs and dressings for In-Patient and Day Case Treatment.

### 2. Parental Accommodation

This applies to Dependent children under the age of 18.

Cigna will pay reasonable costs for a parent staying in the same Hospital with the child.

### 3. Surgeon's and Anaesthetist's Fees

### 4. Specialist Physician's Fees

This Benefit is paid in full for regular visits by a Specialist physician during stays in Hospital including intensive care by a Specialist physician for as long as is required by Medical Necessity.

### 5. Surgical Procedures

### 6. Radiotherapy, Chemotherapy, Oncology, Physiotherapy, Radiology and Pathology

### 7. Home Nursing Charges

This Benefit will be paid:

- › if recommended by a Specialist immediately after Hospital Treatment for as long as is required by Medical Necessity;
- › on a full-time basis for as long as is required by Medical Necessity for Treatment which would normally be provided in a Hospital.

### 8. Surgical and/or Medical Appliance

This Benefit will be paid in respect of:

- › an artificial limb, prosthesis or device which is inserted during surgery;
- › an artificial prosthesis or device which is a necessary part of the Treatment immediately following surgery for as long as is required by Medical Necessity;
- › a prosthesis or appliance which is Medically Necessary and is part of the recuperation process on a short-term basis.

### 9. Psychiatric Care

This Benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions.

### 10. Maternity Cover

This Benefit is available to Eligible Females covered under the Plan.

### 11. International Emergency Services

This Benefit requires pre-approval. Please contact the Cigna Customer Service 24 hour helpline.

### 11. Private Ambulance

This Benefit is payable for transport to or from a Hospital when ordered for medical reasons.

### 12. Gender Confirmation Surgery

Charges made for gender confirmation surgery (male-to-female or female-to-male) and related services consistent with World Professional Association for Transgender Health (WPATH) recommendations including, when applicable, hormone therapy, orchiectomy, vaginoplasty (including colovaginoplasty, penectomy, labiaplasty,

clitoroplasty, vulvoplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy), vaginectomy (including colpectomy, metoidioplasty with initial phalloplasty, urethroplasty, urethromeatoplasty), hysterectomy and salpingo-oophorectomy, as well as initial mastectomy or breast reduction. Subject to prior-approval.

Benefit Limit - **\$105,000**  
**Lifetime Maximum**

## The following Benefits are subject to 80% refund

### 1. Consultations with Medical Practitioners and Specialists

(this Benefit includes Treatment for physiotherapy, acupuncture, chiropractic, osteopathy, homeopathy, pathology, radiography, radiology).

### 2. Non-Surgical and Minor Surgical Procedures and Treatment

### 3. Annual Routine Tests

One eye test and hearing test for children under the age of 15. One per Year of Insurance.

### 4. Check-ups/Regular Tests

Regular check-ups or tests including analysis and medical examinations for children under the age of 18 months.

### 5. Well Child Tests

This Benefit will be payable for Dependant children aged 6 and under, with immunisation covered for all Dependents. For full details please contact Cigna.

### 6. Travel Vaccinations

This Benefit will be payable for vaccinations related to travel. For full details please contact Cigna Customer Service.

### 7. Emergency Dental Treatment

This Benefit will be payable for Treatment received during the emergency visit immediately after accidental damage to natural teeth.

### 8. Speech Therapy and Occupational Therapy

This Benefit is payable for Treatment for Autism, Down Syndrome & Pervasive Development Disorder (PDD) and includes Applied Behaviour Analysis Therapy (ABA).

## B. Out-Patient Health Care Benefits

### The following Benefits are paid in full

#### 1. Chemotherapy and Radiotherapy

#### 2. Maternity Cover

This Benefit is available to Eligible Females covered under this Plan.

#### 3. Prescribed Medicines, Drugs and Dressings including Contraceptives

#### 4. Psychiatric care

Cigna will pay 100% of valid expenses per consultation.

## B. Out-Patient Health Care Benefits

### Note:

A 20% co-insurance will be deducted from the following Medical Out-Patient Benefits up to a maximum out of pocket of \$1,000 per single Membership and \$2,000 per married, family and single parent family Membership per Year of Insurance.





## C. Wellness Benefits

### 1. Routine Physical Exams

This Benefit will be paid for, or in connection with, routine physical examinations for all Members.

Benefit Limit - **Paid in Full**

### 2. Pap Smear

Cigna will pay charges for an annual Papanicolaou screening.

Benefit Limit - **Paid in Full**

### 3. Prostate Cancer Screening

Cigna will pay charges for an annual prostate cancer screening for eligible males over 50 years old.

Benefit Limit - **Paid in Full**

### 4. Mammograms for Breast Cancer Screening or Diagnostic Purposes

This Benefit will be paid in respect of:

- › one baseline mammogram for asymptomatic women aged 35-39;
- › a mammogram for asymptomatic women aged 40-49 every two years or more if Medically Necessary;
- › a mammogram every year for women aged 50 and over.

Benefit Limit - **Paid in Full**

## D. IEAP Level 3

### **Telephone Counselling, 6 Face to Face Counselling sessions and International Work-life Services**

Cigna will provide unlimited access to telephone support, 6 telephonic counselling sessions and 6 face to face counselling sessions. The programme is available 24/7 in more than 170 countries through a toll-free line. The multilingual team of qualified counsellors will help with work, personal or family issues, including advice relating to legal, financial, childcare or elderly care matters. They will answer Plan questions, assess the problem, whether big or small, discuss and develop an action Plan together with the Member. Individuals will work with their case manager to determine whether counselling will be delivered telephonically or face-to-face. The case manager handles all aspects of the individual's case and will organize the support services needed. The individual has access to 6 sessions per issue per year. If a referral to a network provider is appropriate, or if an individual requests to see a provider, the clinical professionals will refer them to available International EAP providers for face-to-face visits.

The individual is matched with a counsellor who best meets his/her particular needs and preferences. Information regarding each International EAP professional's hours, gender, languages spoken, certifications, education history, years of practice, experience serving a particular demographic, and additional information is stored in the IEAP case management system.

The International Work-life Service provides individuals and their household Members with culturally relevant counselling, educational information, and qualified

referrals to support the healthy balance of work and life. Work-life Specialists can contact professionals in the local area to screen them against the individual's criteria and follow-up with the individual with confirmed, matched referrals for professionals that meet the criteria, and who are licensed and registered with the appropriate bodies relevant to their line of work.

### **Note:**

Cigna will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, and donor's medical costs. The amount payable for donor's medical costs is reduced by the amount payable for those costs from any other Plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures). The Member/Dependant must contact Cigna before incurring any costs relating to organ donations.

### **Health Risk Assessments**

Cigna will provide access to online Health Education, Health Risk Assessments and web-based coaching programmes.



## Dental Plan

### Annual Benefit

Maximum per Member

Overall Dental Benefit Limit - **\$2,000 combined limit for all classes per Year of Insurance**

### Class One

Investigative and Preventative Treatment.

Benefits include examinations, X-rays, Scale & Polish.

Benefit Limit - **Paid in Full**

### Class Two

Basic Restorative Treatment, Periodontal Treatment and Treatment of Dental Injury. Benefits include:

- › root canal Treatment, extractions, surgical procedures, occasional Treatment, anaesthetics, periodontal Treatment.

Benefit Limit - **80% Refund**

### Class Three

Major Restorative Treatment.

Benefits include:

- › dentures - acrylic/synthetic, metal and metal/acrylic;
- › crowns, inlays, mouthguard or occlusal splint.
- › implants

Benefit Limit - **50% Refund**

Orthodontic Treatment for Dependant children under the age of 18- maximum.

Benefit Limit - **50% Refund**

**Up to \$2,000 per Year of Insurance**

### Notes

1. Examinations and Scale and Polish will both be limited to 2 visits per Year of Insurance.
2. Full case assessment will be limited to one per Year of Insurance.
3. X-rays will be limited to four Bitewings and six Intra Oral per Year of Insurance and OPG every 3 years.
4. Prolonged periodontal Treatment limit of one course per Year of Insurance.



## Vision Plan

### Annual Benefit

Maximum per Member

Vision Benefit Limit - **\$150 per Year of Insurance**

### Vision Care

One eye examination per Year of Insurance by an Optometrist or an Ophthalmologist.

Benefit Limit - **Paid in Full**

Expenses for:

- › lenses to correct vision;
- › eyeglass frames;



## Exclusions

### Exclusions for Medical Plan

Cigna will not pay Benefit for the following Treatments and extras:

- a.** Treatment that arises from or is in any way connected with attempted suicide or any Injury or illness that you inflict upon yourself which exceeds an upper lifetime limit of £100,000/\$150,000/€150,000 per Patient.
- b.** Dental or orthodontic Treatment unless Benefit is specifically provided in the list of Benefits.
- c.** Treatment in nature cure clinics, health spas and nursing homes, unless explicitly mentioned in the list of Benefits.
- d.** Charges for residential stays in a Hospital which are arranged wholly or partly for domestic reasons or where Treatment is not required or where the Hospital has effectively become the place of domicile or permanent abode.
- e.** Treatment needed because of or relating to male or female birth control.
- f.** Hospital accommodation costs that are more expensive than those of a standard private room at the same Hospital. Deluxe, executive rooms or VIP suites are not covered.
- g.** Treatment directly related to surrogacy.
- h.** Treatment needed because of or relating to infertility or any type of fertility Treatment, including complications arising out of such Treatment, with the exception of the investigation of infertility to the point of diagnosis.
- i.** Treatment by way of the intentional termination of pregnancy, unless two Medical Practitioners certify in writing that the pregnancy were to endanger the life or mental stability of the mother.
- j.** Supportive Treatment for chronic kidney failure or kidney failure which cannot be cured. Treatment for kidney dialysis will be covered if such Treatment is available in the location of assignment or if not available, Treatment will be covered in the Patient's Country of Domicile or centre of excellence nearest the location of assignment. Only Treatment costs for kidney dialysis will be covered; travel and accommodation expenses in connection with such Treatment will not be covered.
- k.** Treatment to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive

Cigna will not pay maternity Benefits to:

- › an eligible female who acts as a surrogate; or
- › anyone else acting as a surrogate for an eligible female.



keratectomy (PRK), unless Cigna agrees in writing.

- l.** Injury or disability directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority, or while the Member or his/her Dependant(s) are carrying out army, naval or air services operations, whether or not war has been declared.
- m.** Treatment outside the selected area of coverage if one of the reasons the Patient travelled was for that Treatment, except if the medical assistance service has arranged emergency evacuation or medical repatriation.
- n.** Any form of non-emergency travel costs.
- o.** Any expenses for international emergency services which were not approved in advance by the medical assistance service.
- p.** International services expenses for emergency evacuation, medical repatriation and transportation costs for third parties where the Treatment needed is not covered under the Plan.
- q.** International services expenses related to repatriation and evacuation for:
  - › non-emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or sickness; or
  - › a condition which would allow for Treatment at a future date convenient to the Patient and which does not require emergency evacuation or repatriation; or
- › medical care or services scheduled for the Patient's or provider's convenience which are not considered an emergency.
- r.** Any expenses for ship-to-shore evacuations.
- s.** Treatment that arises from or is any way connected with Injury, sickness or disablement as a result of :
  - › taking part in a sporting activity on a professional basis; or
  - › solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.
- t.** Any form of experimental Treatment (or procedure) that does not amount to Orthodox Treatment or does not adhere to the commonly accepted, customary or traditional practice of medicine in the Switzerland.
- u.** Treatment for or in connection with developmental disorders, including but not limited to:
  - › developmental reading disorders;
  - › developmental arithmetic disorders;
  - › developmental language disorders;
  - › developmental articulation disorders.
- v.** Treatment for or in connection with non-medical counselling or ancillary services for learning disabilities, developmental delays, autism or cognitive or developmental disabilities or disorders.
- w.** Expenses relating to:
  - › any form of sterilisation or contraception including vasectomy;
  - › any form of plastic, cosmetic or reconstructive surgery or Treatment,

even for psychological reasons, unless it is of Medical Necessity as a direct result of the Patient having an accident or because of other surgery, which itself would have been covered under the Plan;

- › appliances (including spectacles unless the vision Benefit has been selected and hearing aids) which do not fall within Cigna's definition of surgical appliance and/or medical appliance;
- › hearing tests, except for one hearing test per Year of Insurance for a Dependant child under the age of 15 years;
- › incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation;
- › eye tests except for one eye test per Year of Insurance for a Dependant child under the age of 15 years;
- › costs or fees for filling in a claim form or other administration charges.
- › costs that have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna will only pay

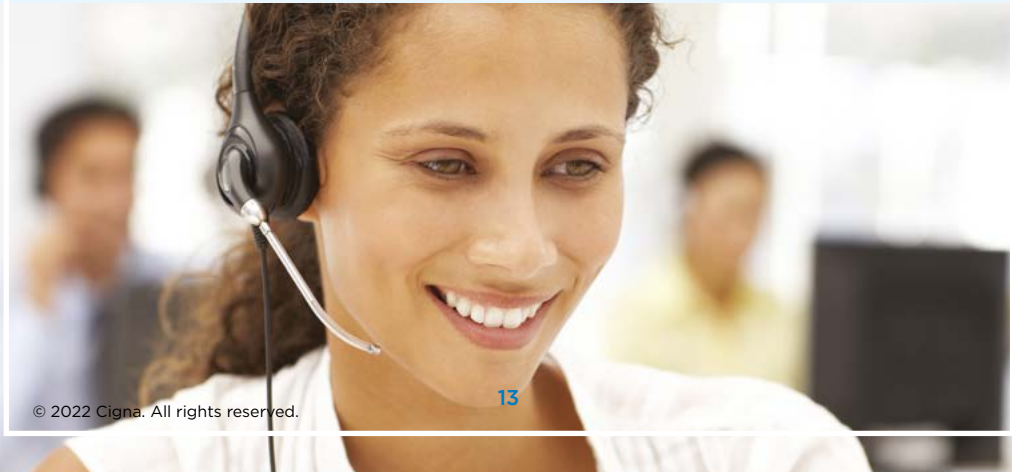
its part of your Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, Cigna may claim back any of these costs it has paid.

- › costs for Treatment that has not yet taken place irrespective of whether advance authorisation has been given or a guarantee of payment has been put in place.
- x.** Cigna will not offer cover or pay Benefit when it is illegal to do so under applicable laws. Examples include but are not limited to, exchange controls, local licensing regulations, sanctions, anti-corruption or trade embargo.

## Exclusions for Dental Plan

Cigna will not pay Benefit for the following Treatments and extras

- a.** Benefit is not payable for Treatment which:



- › is directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion, (whether war be declared or not), civil war, commotion, military or usurped power, marital law, riot or the act or any lawfully constituted authority, or while you or your Dependants are carrying out army, naval or air services operations, whether or not war has been declared;
- › is purely cosmetic;
- › is not necessary for continued oral health;
- › is in any way caused by the Patient carrying out an illegal act.

**b.** Benefit is not payable for refunding costs which:

- › are fees for filling in a claim form or other administration charges;
- › costs that have been or can be paid by another insurance company, person, organisation or public programme. If you are covered by other insurance, Cigna will only pay its part of your Benefit. If another person, organisation or public programme is responsible for paying the costs of Treatment, Cigna may claim back any of these costs it has paid.

**c.** Benefit is not payable for the following procedures, services or items:

- › replacing any dental appliance which is lost or stolen;
- › replacing a bridge, crown or denture which is or can be made usable according to a standard

acceptable to a dentist of ordinary competence and skill in the Switzerland;

- › replacing a bridge, crown or denture within five years of original fitting unless:
  - › the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
  - › the bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury you or your Dependant receives while covered under the Plan.
- › porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars;
- › 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; or
  - › a temporary crown or pontic is required as part of routine or emergency dental Treatment.
- › surgical implants of any type including any attaching prosthetic device;
- › procedures and materials which are experimental or which do not meet accepted dental standards.
- › instruction for plaque control, oral hygiene and diet;
- › procedures, services and supplies



which are deemed by Cigna to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where dental Treatment is neither wholly nor partly the reason for the stay in Hospital);

- › orthodontic Treatment for Members and Dependants who are over the age of 18 (orthodontic Treatment will only be paid for Dependant children who are under the age of 18). In this case, you or your Dependant must send the following information prepared by the dentist who is to carry out the proposed Treatment to Cigna before Treatment starts, so that Cigna can confirm how much Benefit will be payable (Benefit will be payable only if Cigna has confirmed cover before Treatment starts):
  - › a full description of the proposed Treatment;
  - › X-rays and study models;
  - › an estimate of the cost of the Treatment.
- › bite registration, precision or semi-precision attachments;
- › procedures, appliances or

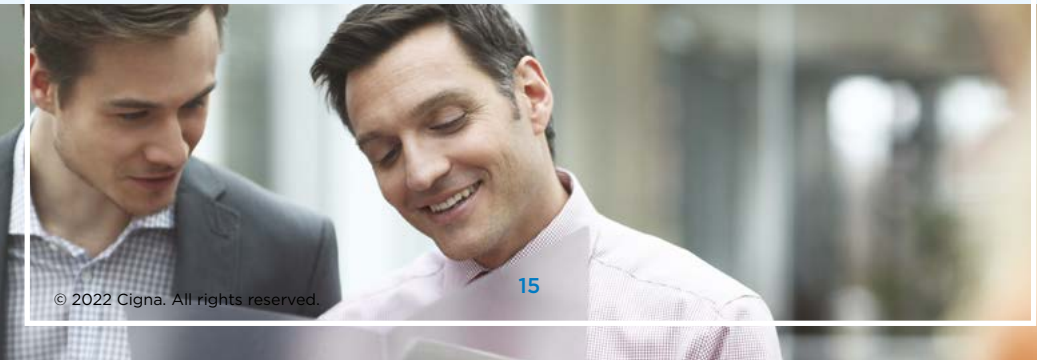
restorations (except full dentures) whose main purpose is to:

- › change vertical dimensions; or
  - › diagnose or treat conditions or dysfunction of the temporomandibular joint; or
  - › stabilise periodontally involved teeth; or
  - › restore occlusion.
- › major Treatment on deciduous or baby teeth for Dependant children.

## Exclusions for Vision Plan

Cigna will not pay Benefit for the following:

- › more than one eye examination in any one Year of Insurance;
- › sunglasses, unless medically prescribed;
- › medical or surgical Treatment of the eye;
- › lenses which are not a Medical Necessity and are not prescribed by an Optometrist or Ophthalmologist or frames for such lenses.



## Definitions

The words and phrases set out below have the meanings specified.

**'Annual renewal date'** - the anniversary of the start date each year or any other date which Cigna and the Employer may agree in writing.

**'Appropriate age intervals'** - birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years.

**'Benefit'** - any Benefit shown in the list of Benefits.

**'Caribbean'** - Anguilla, Antigua, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Cayman Islands, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, El Salvador, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Puerto Rico, St. Kitts, St. Lucia, St. Vincent, Trinidad and Tobago, and the Virgin Islands.

**'Cigna'** - Cigna Europe Insurance Company S.A.-N.V. Incorporated in Zurich with limited liability.

**'Cosmetic'** - services, procedures or items that are supplied only for aesthetic purposes and which are not needed in order to maintain an acceptable standard of oral health.

**'Country of Domicile'** - the nation of your birth or the nation in which you are deemed by the Law of Switzerland to have your permanent place of residence and an indefinite intention to reside.

**'Day Case Treatment'** - care involving admission to Hospital and using a bed but not staying overnight. In respect of US based admissions, this also includes surgical

procedures carried out in the doctor's surgery.

**'Dental emergency'** - where severe pain that is not relieved by painkillers, or facial swelling or uncontrollable bleeding after an extraction, is being suffered and it is either outside the business hours of your usual dentist or you are staying at a place which is away from the dental practice you usually visit. The Treatment covered in such an instance is to purely stabilise the problem and relieve severe pain.

**'Dental Injury'** - Injury to your dentition and supporting structures (including damage to dentures while being worn) caused by extra-oral impact.

**'Dentist'** - a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided.

**'Dependant'** -

- › your spouse, whose name has been provided to Cigna; and
- › your unmarried children, whose names have been provided to Cigna prior to the commencement of any Treatment, but only if those persons are under age 26 at the commencement of any Treatment.

**'Effective date'** - the date cover starts for you and your Dependants.

**'Eligible female'** - a person who is a female Member or a female spouse or partner of a Member.

**'Emergency Treatment'** - Treatment which is Medically Necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which if

left untreated could result in a significant deterioration in health and represent a threat to life or limb. Only medical Treatment through a physician, Medical Practitioner or Specialist and Hospitalisation that commences within 24 hours of the emergency event will be covered.

**'Employer'** - your Employer named in the policy schedule.

**'Europe'** - Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

**'Full case assessment'** - extensive examination in order to establish current state of teeth.

**'Home nursing'** - visits from a qualified nurse to the Patient's home to give expert nursing services:

- › immediately after Hospital Treatment for as long as is required by Medical Necessity;
- › visits for as long as is required by Medical Necessity for Treatment which would normally be provided in a Hospital. In either case, the Specialist who treated the Patient must have recommended these services.

**'Hospital'** - any organisation which is registered or licensed as a medical or surgical Hospital in the country in which it is located and where the Patient is under the daily care or supervision of a Medical Practitioner or qualified nurse.

**'Injury'** - a physical Injury.

**'In-Patient'** - A Patient who stays overnight

in Hospital while undergoing Treatment.

**'International services'** - services arranged by the medical assistance service for the Plan as set out in Condition 4.

**'List of Benefits'** - the latest list of Benefits which Cigna has published for the International Assignee Health Care Plan, including any notes to it. Please refer to the policy literature for details of the list of Benefits your Employer has selected.

**'Maternity Benefit'** - all aspects of pregnancy or childbirth, including any complications, for any eligible female covered under the Plan, but excluding:

- › Treatment by way of the intentional termination of pregnancy unless two Medical Practitioners certify in writing that the pregnancy would endanger the life or mental stability of the mother; and
- › Treatment by way of nursery care for a Dependant in a Hospital following childbirth, unless due to Medical Necessity during Treatment that is otherwise covered by this policy.

**'Medical assistance service'** - a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available 24 hours per day.

**'Medical Necessity'** - 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 a reasonably cost effective way that is appropriate for the delivery of the services and supplies.

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

**‘Medical Practitioner’** - a doctor or Specialist who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the Treatment is provided.

**‘Medical team’** - means Cigna’s medical team including the medical director or the medical assistance service.

**‘Member’** - any Member of staff who is working the minimum of 30 hours per week, nominated and sponsored by the Employer who becomes a Member of the Plan.

**‘Minor surgical procedures and associated Treatment’** - any surgical Treatment or procedure that does not require a general anaesthetic or overnight Hospital stay, e.g. surgical Treatment of an ingrown toe nail.

**‘Operation’** - any procedure described as an operation in the schedule of surgical procedures.

**‘Oral health’** - for a Patient, a reasonable standard of oral health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency,

according to a standard acceptable to a dentist of ordinary competence and skill in Switzerland which will safeguard his general health.

**‘Orthodox’** - in relation to a procedure or Treatment that is medically or dentally accepted in Switzerland at the time of the commencement of the procedure or Treatment, in that it accords with that upheld by a respectable, responsible and substantial body of medical or dental opinion, experienced in the particular field of medicine or dentistry.

**‘Out-Patient’** - a Patient who does not need to stay overnight in Hospital for either consultation with a Specialist or for Treatment.

**‘Patient’** - you or your Dependant who undergoes Treatment.

**‘Plan’** - the Cigna Employee Health Care Plan.

**‘Policy’** - the policy sent to your Employer including policy terms, policy schedule, list of Benefits and proposal form.

**‘Policy schedule’** - the latest policy schedule issued with the policy including any endorsements or notes to it.

**‘Private ambulance’** - a purpose-built vehicle operated as an ambulance by a recognised private ambulance service.

**‘Qualified nurse’** - a nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided.

**‘Schedule of surgical procedures’** - the current schedule of surgical procedures approved by Cigna’s chief medical officer.

**‘Selected area of coverage’** - means one of the following:

- › Area I - worldwide, or
- › Area II - worldwide, excluding USA, Canada and the Caribbean, or
- › Area III - Europe

as selected by your Employer on the start date of the Plan.

**‘Sickness’** - a physical or mental illness and pregnancy.

**‘Specialist’** - a doctor who:

- › has received advanced Specialist training;
- › practices a particular branch of medicine or surgery; and
- › holds or has held a consultant appointment in a Hospital or an appointment which Cigna accepts as being of equivalent status.

A physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist for the purpose of physiotherapy as described in the list of Benefits.

**‘Spouse’** - your legal husband or wife, or unmarried or civil partner as advised to Cigna.

**‘Start Date’** - the date the policy starts, as shown in the policy schedule.

**‘Surgical Appliance and/or Medical Appliance’**

- › an artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery; or

- › an artificial device or prosthesis which is a necessary part of the Treatment immediately following surgery for as long as required by Medical Necessity;
- › a prosthesis or appliance which is Medically Necessary and is part of the recuperation process on a short-term basis.

**‘Treatment’** - any relevant Treatment controlled by a Medical Practitioner to cure or substantially relieve acute or chronic conditions within the scope of the Plan. Any dental procedure or service which:

- › is needed for continued oral health, and;
- › is carried out or personally controlled by a dentist, including procedures provided by a hygienist, and;
- › is included in the list of Benefits or, though not included in the list of Benefits, is accepted by Cigna as a procedure or service meeting common dental standards as upheld by a respectable, responsible and substantial body of dental opinion, experienced in the particular field of dentistry.

**‘Vision Benefit’** - procedures and Treatment relating to the vision of a Member or Dependant.

**‘Wellness Benefit’** - tests as defined in the list of Benefits and conditions and carried out by a Medical Practitioner.

**‘Worldwide’** - every country throughout the world and at sea, excluding any country with whom, at the date of commencement of Treatment, the Federal Government of the United States of America has prohibited

trade to the extent that payments are illegal under applicable law.

**'Worldwide excluding USA, Canada and the Caribbean'** - worldwide, with the further exception of the United States of America, Canada and the Caribbean.

**'Year of Insurance'** - the annual period starting on the start date or annual renewal date.

**'You/Your'** - the Member or qualifying Dependant.



# YOUR INTERNATIONAL COVER

Membership of the Cigna plan means that you and your family can be sure of receiving comprehensive advice and treatment, in the case of illness or accident. Your membership pack contains a list of benefits detailing your specific cover and limitations. Please familiarise yourself with the benefit structure and be aware of your level of cover.

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 medical practitioners and hospitals 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

<b>Cigna 24 Hour Helpline Number</b>	+44 (0) 1475 492197 or +1 800 253 7052
<b>Cigna Fax Number</b>	+44 (0) 1475 492424 or +1 800 262 2471
<b>Cigna USA 24 Hour Helpline</b>	+1 800 768 1725
<b>Cigna USA Fax Number</b>	+1 800 243 6998 or +1 302 797 3150
<b>Mailing Address for Claims Incurred Outside the USA</b>	Cigna Global Health Benefits, 1 Knowe Road, Greenock, Scotland, PA15 4RJ
<b>Mailing Address for Claims Incurred in the USA</b>	Cigna Global Health Benefits, PO Box 15050, Wilmington, DE 19850-5050 USA Courier delivery: Cigna Global Health Benefits, 300 Bellevue Parkway, Wilmington, DE, 19809 USA
<b>Email address</b>	Ice.Team@Cigna.com
<b>Website</b>	www.CignaEnvoy.com

# SECURE EMAIL PRACTICES

The table below shows the various options available to our members for communicating with us.

Our method of responding will depend on how we receive your emails.

SENDING EMAILS TO CIGNA	HOW WILL CIGNA REPLY?
<b>Sending emails to Cigna from within CignaEnvoy/ Mobile App</b>	<p>Register on <a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a> online or via our Mobile App. Enter your preferred email alert address (this can be a personal email account e.g. xxxx@gmail.com)</p> <p>Your chosen email address will receive a notification, with a click through link to access your Cigna Envoy mailbox/also viewable from the Mobile App</p>
<b>Sending emails to Cigna from a personal email account (where you have also registered for Cigna Envoy)</b>	<p>You will receive a reply from Cigna with an alert/link to access your CignaEnvoy/App mailbox</p>
<b>Sending emails to Cigna from a personal email address (if you have not yet registered for CignaEnvoy)</b>	<p>If you are relying on an email service/server that is TLS secured, you can receive emails directly to your personal mailbox. If the email cannot be delivered securely, it will be posted on a secured portal. You will receive a notification email with a link to the portal. Simply register/signon to retrieve your message.</p>
<b>Transport Layer Security email* - sending emails to Cigna from your company email account</b>	<p>If your employer has set up TLS email with Cigna, we will be able to correspond directly with you (no links to Cigna secure mailboxes need to be sent). If TLS has not been set up, then Cigna will reply as above</p>

\*Refer to your Human Resources department to find out if your employer has TLS set up with Cigna.

# INTERNATIONAL DIALLING CODES

We're here for you whenever you need us. Whether you have a question about your benefits, need help finding a doctor any time near you, or want to know the status of a claim you submitted, you can contact us anytime of the day or night from anywhere around the world.

Here are some convenient ways to contact us including:

- › Send a secure email through the CignaEnvoy web portal or Mobile App.
- › Direct dial toll free to our Customer Service Centre - International Access Code + Toll Number (i.e, 302, 800, 866, 877) +1. For example:
  - Dialling from China 00\* 800 253 7052 1
  - Dialling from Hong Kong 001\* 800 253 7052 1
  - Dialling from UK 00\* 800 253 7052 1

\*The International Access Codes are standard codes used to make calls outside the country from which the call is being made. This is sometimes referred to as an exit code. See <http://www.howtocallabroad.com/codes.html> for more information.

- › Collect calls - Cigna will accept call charges for reverse charge calls

# USING YOUR CIGNA MEMBERSHIP CARD

When you receive your Cigna membership card check that the information is correct.


If something needs to be changed contact the Cigna helpline by telephone, fax or email and they will arrange for your information to be updated.

**Tel:** +44 (0) 1475 492197

**Fax:** + 44 (0) 1475 492424

**Email:** Ice.Team@Cigna.com

When receiving treatment please present your membership card to the provider.

	24-HR International Helpline Number: +44 (0) 1475 492197 Toll Free Tel No: 1 800 253 7052 US Only: 1 800 768 1725								
<table border="1"><tr><td>RxBIN</td><td>17010</td></tr><tr><td>RxPCN</td><td>0216INTL</td></tr><tr><td>RxGRP</td><td>P47A</td></tr><tr><td>Issuer</td><td>(80840)</td></tr></table>	RxBIN	17010	RxPCN	0216INTL	RxGRP	P47A	Issuer	(80840)	
RxBIN	17010								
RxPCN	0216INTL								
RxGRP	P47A								
Issuer	(80840)								
COMPANY NAME MEMBER NAME <b>851234567 01</b>									

<b>Provider Network: Cigna Healthcare PPO</b>
 <b>Away From Home Care</b>
<small>Network Savings Program</small>
All benefits are subject to verification of eligibility, definitions, exclusions and contract limitations. Card possession does not certify eligibility or benefits.
<b>Send US claims to:</b> Cigna International, PO Box 15050 Wilmington DE 19850 USA, Payor ID #62308 Fax: Inside US: 1 800 243 6898 or 1 302 797 3150
<b>Send all other Claims to:</b> Cigna International, 1 Knowe Road Greenock, Scotland PA15 4RJ Fax: 1 800 262 2471 or +44(0)1475 492424
<b>Cigna Email/Web:</b> <a href="mailto:ice.team@cigna.com">ice.team@cigna.com</a> / <a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a>



# EMERGENCY CARE

In the event of an emergency, please contact the Cigna Helpline:  
For Non USA Based Members call +44 (0) 1475 492197, or +1 800 253 7052.

For USA Based Members call +1 800 768 1725.

The Helpline shall:

- › co-ordinate evacuation to the nearest suitable location or repatriation to your home country if medically necessary;
- › arrange the care and repatriation of your family members if your medical condition leaves them at risk.

Emergency medical evacuations or repatriations must be pre-authorized by the Cigna Helpline. Where it is not possible for pre-authorization to be sought before the evacuation or repatriation takes place, this must be sought as soon as possible thereafter, and always within 7 days. Cigna will only authorise medical evacuations or repatriations after the evacuation or repatriation has occurred where it was not reasonably possible for authorisation to be sought before this took place. Medical evacuations or repatriations must be determined by Cigna to be medically necessary to prevent the immediate and significant effects of illness, injury or conditions which if left untreated could result in a significant deterioration of health and represent a threat to life or limb, and it has been determined that the treatment is not available locally.



# AREAS OF COVER

Cigna has three areas of cover available:

<b>Area I: Worldwide INCLUDING USA, Canada and Caribbean</b>	Every country throughout the world and at sea, excluding any country with whom, at the date of commencement of treatment, the Federal Government of the United States of America has prohibited trade to the extent that payments are illegal under applicable law. Caribbean - (Anguilla, Antigua, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Cayman Islands, Costa Rica, Cuba*, Curacao, Dominica, Dominican Republic, El Salvador, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Puerto Rico, St. Kitts, St. Lucia, St. Vincent, Trinidad and Tobago, and the Virgin Islands)
<b>Area II: Worldwide EXCLUDING USA, Canada and Caribbean</b>	Worldwide, with the further exception of the United States of America, Canada and the Caribbean. (Caribbean defined as above)
<b>Area III: Europe</b>	Europe - (Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom).

Cigna will apply the appropriate area of coverage based on the location of you and your dependants, as agreed with your employer.

\* Due to trade sanctions we cannot pay claims into a Cuban bank account or to a Cuban provider. Any member in Cuba must have a bank account outside of Cuba.



# EMERGENCY OUT OF AREA COVER

If you or your insured family members travel outside your area of cover, your plan will provide you with Health Care cover for emergency treatment for a period of 30 days per trip whether you are travelling for business or pleasure. If you are outside your area of cover for more than 30 days, you must notify your HR department immediately to arrange for a change to your area of cover, if appropriate.

By 'emergency treatment' we mean the following:

'Emergency treatment' - treatment which is medically necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which if left untreated could result in a significant deterioration in health. Only medical treatment through a physician, medical practitioner or specialist and hospitalisation that commences within 24 hours of the emergency event will be covered.



# CHOOSING A PROVIDER

Cigna will not be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical treatment at a hospital or from a medical practitioner, even when Cigna has approved the treatment as being covered.

## 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 bills, with the treating specialist or hospital. Our Guarantee of Payment (GOP) will remain valid, 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 Out-patient treatment we recommend you select a provider from our network to allow costs to be settled directly. This can be accessed at [www.CignaEnvoy.com](http://www.CignaEnvoy.com), 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 treatment.

If you have a high-cost Out-patient treatment planned (e.g. an MRI scan or cancer treatments), we advise you to contact us prior to the date of treatment. If you do not contact us prior to receiving treatment the provider may require you to pay your bill upfront. If this happens you will need to pay the provider directly then submit a claim to us.



# CHOOSING A U.S. PROVIDER

Cigna will not be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical treatment at a hospital or from a medical practitioner, even when Cigna has approved the treatment as being covered.

## In-Network Care

For members who are on our Worldwide area of coverage and wish to access treatment in the United States of America, Cigna has a Preferred Provider Organisation (PPO) network. This network will enable you to access more than 675,000 Cigna U.S. in-network providers, where you will receive optimum discounts and service. It is important that you always present your Cigna membership card to your provider when accessing services.

To access the PPO network, some of the providers require their identifying logo to be clearly displayed on the Cigna membership card. Depending on the address we hold for you, an additional identifying logo may therefore be displayed on your membership card. Alternatively, if your address is outside of the designated regions and you have Worldwide cover through Cigna, the "Away From Home Care" logo on the membership card ensures you will receive optimum discounts at participating network providers in the U.S.

Please keep Cigna informed if you or your family members move address. You can email Cigna your new address at [Ice.Team@Cigna.com](mailto:Ice.Team@Cigna.com) or alternatively inform us via the secure member portal [www.CignaEnvoy.com](http://www.CignaEnvoy.com). A change of address may result in a new membership card being issued.

Full details of the Cigna Provider Directory can be found by accessing our member portal [www.CignaEnvoy.com](http://www.CignaEnvoy.com). To register for access to the Cigna member portal, access the web portal and follow the instructions online. You will need your membership details which can be found on your membership card. Alternatively, you can contact our customer service team who will be happy to assist you in locating a US provider. Our team can be contacted by using the 24-Hr Helpline number on your membership card.

## Out-of-Network Care

If you choose to receive services from out-of-network US providers, the Network Savings Programme provides access to discounts from many physicians, hospitals and other facilities not otherwise participating in the Cigna PPO Network. We do however encourage you to use the in-network Cigna providers to optimise discounts and quality service.

To receive available discounts for providers included within the Network Savings Programme, please present your Cigna membership card.

You can contact our customer service team who will be happy to assist you in locating a US provider. Our team can be contacted by using the 24-Hr Helpline number on your Cigna membership card.



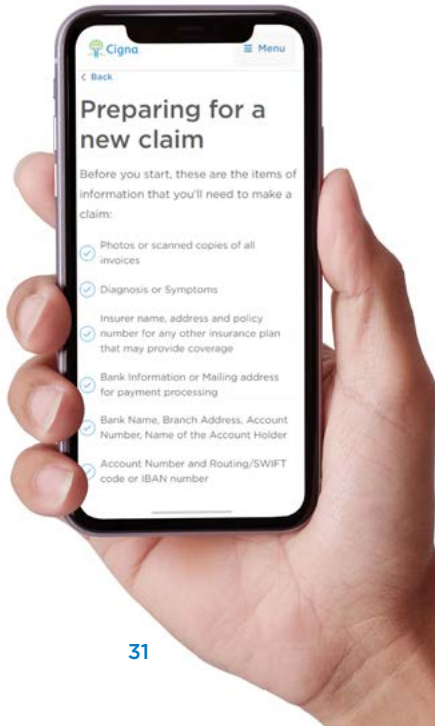
# CLAIMING PROCEDURE

We endeavour to pay claims within 10 working days on receipt of complete claim information, but here are our top tips for speeding up the process:

- › Seek care from one of Cigna's in-network health care professionals. That way you do not need to submit a claim for reimbursement because we generally have direct pay arrangements in place with these doctors and hospitals for in-patient or high cost out-patient services.
- › Get in touch with Cigna in the first instance to pre-notify us of your treatment at least 5 days in advance so that we can arrange a Guarantee of Payment (GOP) where required.
- › If you do need to submit a claim to us, there are a number of ways you can do this. We recommend that you use the online tool on CignaEnvoy or our Mobile App.

## Mobile App Claims Submission

Using the Cigna Mobile App, you can send claims for payment using your mobile device. A convenient solution for when you are on the move. See page 22 for more Mobile App features and benefits.



## Online Claims Submission

If you are a registered user of [www.CignaEnvoy.com](http://www.CignaEnvoy.com) you can submit claims through the secure web portal in an easy-to-follow process:



In addition to being able to submit claims online, you can view claims that have been previously submitted online.

## Submitting your claims by email or post

We recommend that you contact us to tell us about your expected claim no later than 90 days from the start of treatment. Please ensure you submit your claim as soon as is reasonably practicable following the start of treatment, and no later than 12 months from the start of treatment. Prompt filing results in faster payment of your claims. Claims received more than 12 months after the start of treatment may not be paid.

To enable us to process your claim as quickly as possible you should ensure you send your claim form or such other document telling us about your claim which must describe the occurrence, nature and extent of the treatment and clearly itemise the charges incurred together with all supporting documentation regarding your claim such as invoices. Failure to provide all such information may require us to contact you to obtain additional information which could delay reimbursement of your claim.

In the event the claim together with all the supporting documentation is not submitted within a timely manner then the processing of the claim could be delayed or in some instances may not be paid.

Claim forms can be downloaded from CignaEnvoy. Your claim form and invoices can be sent as follows:

<b>For Non USA Based Claims</b>	Cigna Global Health Benefits, 1 Knowe Road, Greenock, Scotland PA15 4RJ
<b>For USA Based Claims</b>	Cigna Global Health Benefits, PO Box 15050, Wilmington, DE 19850-5050 USA Courier delivery: Cigna Global Health Benefits, 300 Bellevue Parkway, Wilmington, DE, 19809 USA

### Tips to Speed Claims Process

- › submit claims online;
- › provide a diagnosis or explanation of treatment;
- › state how and where you want the reimbursement issued;
- › where the payment method selected is electronic bank transfer, full details must be provided, including bank name and address, account name, account number and routing code.

A claim form is not always necessary, providing we receive confirmation of your medical condition and treatment details. No claim form is necessary if submitted via CignaEnvoy or via the Mobile App.

In order for us to assess your claim in full, we may contact the provider for further details regarding your claim.

Remember you can track the progress of your claim by accessing the secure member website, [www.CignaEnvoy.com](http://www.CignaEnvoy.com).





# REIMBURSEMENT OPTIONS

Where possible Cigna will aim to pay the medical practitioner or hospital direct to reduce the need for you to pay directly and reclaim the cost of treatment. In cases where you have paid the provider directly Cigna can reimburse your claim by cheque or electronic transfer. Please note that reimbursements will be processed more efficiently by the receiving bank if you provide full bank details for your transfer (payee name, bank address, account number/IBAN, routing code/swift).





All monetary limits are dependent on the currency of your policy and are based on the contractual agreement between Cigna and your employer. The first 2 digits of your membership number determines your monetary limits. If the first two digits of your membership number are:

- › 82 - all monetary limits apply in Euros.
- › 85 - all monetary limits apply in US Dollars.
- › 88 - all monetary limits apply in Sterling.

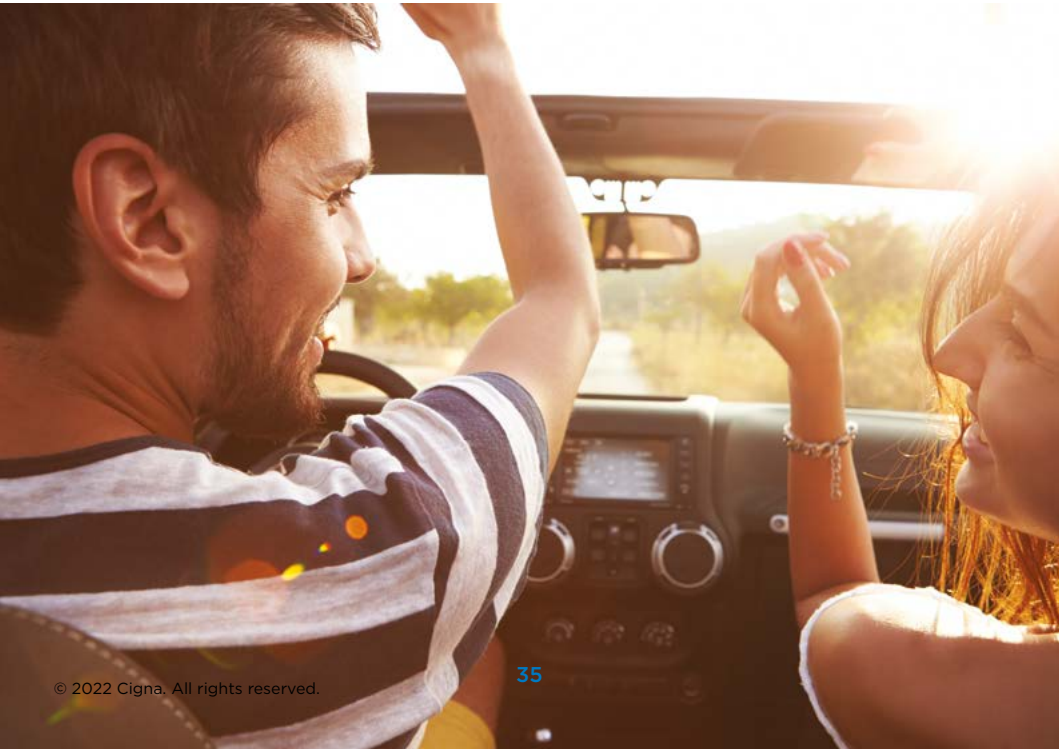
**Example:**

Policy currency = Sterling

Benefit limit €7500 / \$7500 / £5000

Claim incurred = \$9000

The Claim shall be converted to Sterling and the resulting Sterling amount offset against the £5000 for payment.



Claims are reimbursed in the currency in which the claim was incurred, or upon request, the currency of the premium paid on the insurance policy. This is calculated using the Applicable Exchange Rate (defined below). You may request reimbursement in a currency other than the currency of premium or the currency in which the claim was incurred, and any such request is an “Alternative Currency Request”. Should Cigna agree to provide reimbursement consistent with an Alternative Currency Request, we will apply a standard exchange rate charge of 3% (a “Convenience Charge”) over the Applicable Exchange Rate.

The Convenience Charge will be added to the exchange rate of the requested currency and will impact the final amount to be reimbursed. This means that if an Alternative Currency Request is made, subject to exchange rate fluctuations, the amount reimbursed may be less than the original amount claimed. The Applicable Exchange Rate is the rate charged by Citibank (inclusive of any fees and commissions charged to Cigna by Citibank) to exchange the currency in which a claim was originally incurred into the currency of the Alternative Currency Request or the premium of the insurance policy, as the case may be, as of the date a claim was incurred. In the event an Alternative Currency Request cannot be met, we will contact you to find your preference as to another Alternative Currency Request or standard reimbursement.

Please contact the Cigna Helpline for the Applicable Exchange Rate applied to any particular claim. Cigna reserves the right to withdraw or vary the Convenience Charge at any time on 60 days prior notice.



## Expenses for which a third party may be liable

You and your dependants must tell us in writing as soon as possible about any claim or right of legal action against any other insurance, person or source, that arises from a claim under this plan. You must keep us fully informed of any developments.

In respect of any expenses which arise from a claim under this plan which another party may be responsible as a result of having caused or contributed to the injury or sickness, Cigna will apply the normal principles of equitable contribution and indemnity and reserves the right of subrogation to recover such expenses from any insurance, person or source.

If we ask, you or your dependant must take all steps to include the amount of benefit you are claiming from us under this plan in your claim against the other insurance, person or source. 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.

Providing your claim is eligible for cover within the terms and conditions, and benefit limits of this policy, the recovery by Cigna of claims costs from a third party will not delay or prevent the payment of your claim by Cigna. Cigna will not pay for the proportion of any treatment which is over the benefit limits in the list of benefits.

Please contact our customer contract centre if you have any questions.



# USING THE SECURE WEBSITE & MOBILE APP

Your personal information at your fingertips.

By registering on our secure website, you can access your plan details at any time. Your secure web pages are tailored to your own insurance plan. Additionally, you will have access to our network of health care providers.

Please note it must be the primary insured member who should register with Envoy and not the spouse/partner or dependants.

## How do I register for the website?

**Step 1:** Go to [www.CignaEnvoy.com](http://www.CignaEnvoy.com) and click on '*I have not registered yet*' in the green box. Then click '*Need help signing in*' and then '*Register*'.

**Step 2:** Enter the first 9 digits of your Member No (details are on your member card) and click '*Register*'.

**Step 3\*:** Fill in your registration details, using the relevant information as it appears on your member card, and click '*Register*'. You will receive a registration confirmation email with details of your secure PIN, which a link to the second part of the registration.

**Step 4:** Choose your security question and enter your answer, then click '*Update*'.

**Step 5:** Enter a secure password of your choice and then click '*Confirm Password*'.

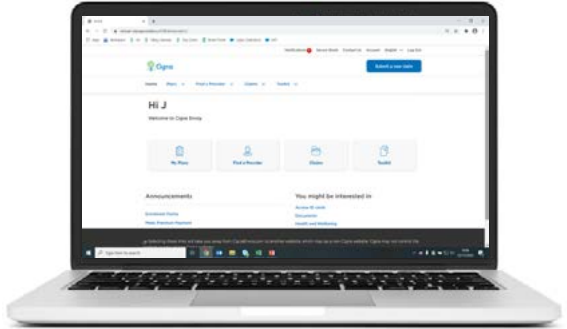
**Step 6:** You can set up Two-Step Authentication by registering your mobile number. If you do not wish to register for this, please click the '*Skip Authentication*' button. Either SMS or email can be used - it is also possible to use an email address that is shared amongst other family members here.

\* If you require help with the registration process, please select "view registration instructions" at the bottom of the webpage.

## Why use the website?

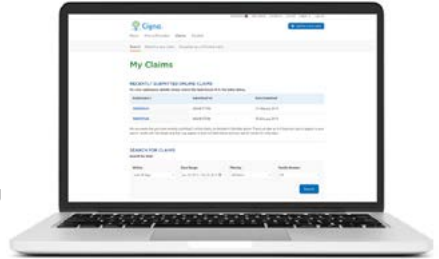
There is a wide range of information available to you on our secure website, including:

- › You and your dependants' full claim history.
- › Your benefits and exclusions - what you and your dependants are covered for.
- › Our vast provider directory, allowing you to find an appropriate provider in your location.
- › Health and wellness information on managing any conditions, plus healthy living information.
- › Country guides allowing you to access practical travel information, such as cultural, health & safety, travel tips, visitor and currency information for over 190 countries.



You can also carry out the following activities on the secure website, including:

- › Download claim forms.
- › Submit and track claims.
- › Send queries to us via our secure messaging tool.
- › Update your personal details (address, telephone, email).



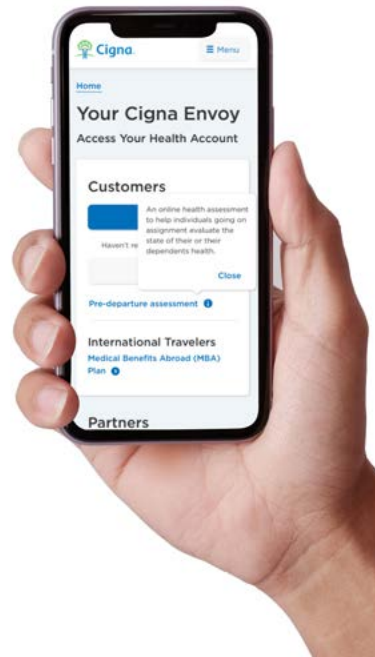
## Mobile App

Using the Cigna Mobile App, you can send claims for payment using your mobile device. A convenient solution for when you are on the move.

With the App, you can:

- › Submit new claims, and manage and track the status of pending claims.
- › Locate nearby health care professionals and facilities, and get directions delivered via Google Maps™.
- › Download or send an electronic version of your membership cards.
- › Contact us with the tap of a finger.

You can download the CignaEnvoy Mobile App from Apple App Store<sup>SM</sup>, Google Play<sup>TM</sup> or the Amazon Appstore<sup>®</sup>.





# EXPRESS SCRIPTS PHARMACY<sup>SM</sup>

Members based in the USA have access to Express Scripts Pharmacy. There is no need to submit a claim when accessing one of the 65,000 pharmacies within this network. Simply present your membership card and charges will be sent directly to Cigna. To determine if your preferred pharmacy is in the network, simply log into the secure member website, [www.CignaEnvoy.com](http://www.CignaEnvoy.com) where you can access the pharmacy directory.



# FREQUENTLY ASKED QUESTIONS

## **Is my membership card a credit or payment guarantee card?**

No. The membership card is purely a means of identifying you. It has no payment capabilities. You should contact the Cigna helpline for payment guarantees or queries.

## **How do I know which geographical area of cover I have?**

If unsure of your area of cover, please contact Cigna via telephone, fax or email.

## **Will my spouse and children be covered?**

Yes. Providing your company has agreed to include them under your cover.

## **Can I choose the medical provider of my choice?**

Yes, however if you contact us we can help you find an appropriate medical provider or hospital locally. We can also arrange direct payment for planned Inpatient, and high-cost Outpatient treatment.

## **What if my cover ends before my treatment is finished?**

If your plan ends, cover and services under the policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid.

If treatment has been authorised or a guarantee of payment issued, Cigna will not be held responsible for any treatment costs if the plan ends or you or your dependant leave the plan before treatment has taken place.

## **How do I obtain a claim form?**

You can obtain a claim form via the member website, [www.CignaEnvoy.com](http://www.CignaEnvoy.com) or by contacting us by telephone, fax or email

## **Contact us:**

Tel : +44 (0) 1475 492197

Fax : +44 (0) 1475 492424

Email : [Ice.Team@Cigna.com](mailto:Ice.Team@Cigna.com)



# WHAT TO DO IF YOU HAVE A COMPLAINT

If you have any cause for complaint, or wish to highlight any concerns, please contact Cigna in the first instance:

**... in writing** Cigna Global Health Benefits, 1 Knowe Road, Greenock, PA15 4RJ.

**... by phone** + 44 (0) 1475 492 197

**... by email** Ice.Team@cigna.com

We endeavour to acknowledge your complaint within 5 business days of it being received by us and aim to resolve all complaints fairly, consistently and promptly.

If the complaint is not resolved to your satisfaction, you may wish to use an independent dispute resolution scheme. As our services are provided from the UK, you can refer your complaint to the Financial Ombudsman Service (FOS) at:



**The Financial Ombudsman Service**

**Exchange Tower**

**London**

**E14 9SR**



**[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)**

The FOS can adjudicate most (but not all) complaints, and can be contacted in over 25 languages. If for any reason your complaint is outwith their jurisdiction they may be able to advise you of other schemes available to you. Their decision is binding on us but you may reject it without affecting your legal rights.

# DATA PROTECTION

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

In line with the EU Data Protection Directive, Cigna will act as Data Controller for the personal information we hold about you. This data will be managed by us to carry out our obligations under the policy and we may need to share it with authorised third parties to fulfil the contract, such as emergency repatriation providers and reinsurers.

If you would like a copy of the information we hold about you, please write to us quoting your membership number. Please note that we may charge a fee to provide this information.

As the main point of contact for the policy, you will have administrative access to personal data held about you and your dependants. In the event of a claim, this may include access to some limited sensitive personal data.

# PRIVACY NOTICE

As a provider of quality Health Care around the world, at Cigna Global Health Benefits we are committed to protecting the privacy of the individuals we encounter in conducting our business, and thus also yours.

If you are receiving this booklet via email [please click here to read more](#).

If you are receiving this booklet via post please read the Privacy Notice accompanying this pack.



**1 Knowe Road, Greenock, Scotland PA15 4RJ**

**Tel : +44 (0) 1475 492197 Fax : +44 (0) 1475 492424**

Claims can be submitted via [CignaEnvoy.com](https://www.cignaenvoy.com), which also provides your link to easy access to quality healthcare around the world. Mailing address for claims is Cigna Global Health Benefits, 1 Knowe Road Greenock, Scotland PA15 4RJ.

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