International Long Term and Mid Term Global Workers

2024 Benefit Guide

Find your benefit information at GSFRInternational.org/GlobalWorker

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WELCOME TO YOUR INTERNATIONAL BENEFITS GUIDE

Welcome to your Benefits Guide. This Benefits Guide provides a broad overview of the benefits available to you and your family. The Guide includes benefit highlights for each plan and a quick reference page with provider and resource contact information. It is important that you understand your benefits. Additional details are available in the Plan Documents and Summary of Benefits and Coverage (SBC) documents. These are available at <u>GSFRInternational.org/GlobalWorker</u>.

This Benefits Guide will also help with the next step – enrollment! All long term and mid term global workers are enrolled in a Medical Plan. All long term global workers also have the opportunity to decide which dental, vision, and life insurance options offered they want to accept or decline. Long term and mid term global workers will also have the opportunity to change their benefit elections during the annual open enrollment period each fall for the upcoming calendar year.

We hope that this Benefits Guide will continue to be a valuable resource for you and your family as it includes step-by-step tips on how to locate in-network providers, as well as quick resource tips on how to obtain the highest level of benefits and manage your out-of-pocket costs.

BENEFIT BASICS

Who is Eligible?

- For the medical plans, all regular employees who work a minimum of 30 hours per week
- The legal spouse of an eligible employee and their children through the end of the month of the child's 26th birthday
- Eligibility for other benefits may vary please see plan documents for specific eligibility for each benefit plan

NOTE: Your employer may request dependent status documentation prior to the coverage beginning.

When Coverage Begins

- New Hire Coverage begins the day you begin to travel to your work region for your initial term of service
- Open Enrollment Coverage begins the first day of the following calendar year
- Qualifying Event Internal Revenue Service (IRS) regulations only allow for benefit changes during the plan year if you or your eligible dependents have a qualifying event. The date your coverage begins depends on the qualifying event. You must elect coverage within 60 days of the qualifying event. The member is responsible for notifying the Benefits Coordinator of a Qualifying Event.

What is a Qualifying Event?

- Marriage, legal separation, divorce
- Birth, adoption, or legal custody change of a dependent child
- Death of a dependent
- A change in employment status that affects benefits coverage
- A change in eligibility for you or your dependents
- An involuntary loss of other group coverage

2024 Benefits Overview for International Long Term Global Workers

Benefit Plan Information	2024 Rates	
Medical & Pharmacy	THE AMOUNT EACH GLOBAL WORKER RAISES	
Cigna International Medical Plans:	FROM WORK FUNDS	
Global Health 1500 (HSA qualified)Global Health 3500	Global Health 1500: Employee only - \$340.73 / month	
Toll-free calls 1-800-441-2668	Employee & Spouse - \$681.46 / month Employee & Child(ren) - \$647.39 / month Employee & Family - \$1,022.20 / month	
International calls AT&T access code + 1-800-441-2668	Global Health 3500:	
Toll-free fax 1-800-243-6998	Employee only - \$324.52 / month Employee & Spouse - \$649.04 / month	
International fax AT&T access code + 1-800-243-6998	Employee & Child(ren) - \$616.59 / month Employee & Family - \$973.56 / month	
<u>CignaEnvoy.com</u>		
You can find detailed benefit information at GSRFInternational.org/GlobalWorker.	The amount each global worker pays from living allowance: \$0	
Health Savings Account (HSA)* Further Customer Service: (800) 859-2144	2024 Employer Contributions 1. For those who had coverage in 2023 and remain covered in 2024:	
Email: <u>customersolutions@hellofurther.com</u> <u>Hellofurther.com</u>	 Employee only - \$100 per month Employee +1 or more - \$150 per month 	
To open an HSA, fill out a group application and	2. Plus – from #2 / Work Funds:	
return it to the Benefits Coordinator. Your HSA is available once you activate your	 Employee only - up to \$100 / month Employee +1 or more - up to \$200 /month 	
account. As it is a debit account, you will only be able to use the funds currently in your account. You may pay for expenses with your debit card or reimburse yourself online.	Living Allowance – any amount you choose as long as the total of all contributions (i.e. employer, work funds and living allowance) does not exceed the total contribution limit.	
* Available if you aboose an UCA-avalified meetical	2024 Total Contribution Limit	
* Available if you choose an HSA-qualified medical plan.	 Individual: \$4,150 Family: \$8,300 Age 55+ Catch-up: \$1,000 	

Dental – Cigna International	The amount each Global Worker pays from living allowance:
Toll-free calls 1-800-441-2668 <i>CignaEnvoy.com</i>	Global Plus Employee - \$33.95 / month Employee + Spouse - \$70.59 / month Employee + Child(ren) - \$70.95 / month Employee + Family- \$121.14 / month Global Basic Employee only - \$25.16 / month Employee + Spouse - \$49.99 / month Employee + Child(ren) - \$50.24 / month Employee + Family- \$91.87 / month
Vision – VSP Vision Service Plan (VSP) Customer Service: (800) 877-7195 <u>VSP.com</u> Register for an account online with your SSN and other personal data.	The amount each Global Worker pays from living allowance: Employee only - \$8.04 / month Employee + 1 - \$11.65 / month Employee + family - \$20.90 / month
Life Insurance & Accidental Death and Dismemberment (AD&D) - Unum Claim submission process questions – contact your benefits administrator. Questions about claims that have already been submitted to Unum should be directed to Unum	Employer-paid insurance: \$10,000 of term life and \$10,000 AD&D coverage
Life Claim Service: 1-800-445-0402. Optional Life Insurance – Unum	Voluntary employee-paid insurance:Options from \$25,000 - \$200,000Spouse and child options also available.Your premium contributions are based on yourage as of January 1st of each year, and theamount of coverage selected.

403(b) Retirement Savings Plan	The amount each Global Worker raises:		
	 Single - \$160 / month Couple - \$320 / month 		
	Minimum contributed from living allowance:		
	 Single - \$60 / month Couple - \$120 / month 		
	Traditional pre-tax or Roth post-tax options are		
	available. Default is a date-targeted fund based		
	on retirement at age 65.		

2024 Benefits Overview for International Mid Term Global Workers

Benefit Plan Information	2024 Rates
Medical & Pharmacy	AMOUNT EACH GLOBAL WORKER RAISES FROM WORK FUNDS
Cigna International Medical Plans: • Global Health 1500 (HSA qualified) • Global Health 3500	Global Worker – Global Health 1500: Employee only - \$340.73 / month Employee & Spouse - \$681.46 / month Employee & Child(ren) - \$647.39 / month Employee & Family - \$1,022.20 / month
You can find detailed benefit information at GSFRInternational.org/GlobalWorkers.	Global Worker – Global Health 3500: Employee only - \$324.52 / month Employee & Spouse - \$649.04 / month Employee & Child(ren) - \$616.59 / month Employee & Family - \$973.56 / month The amount each global worker pays from living allowance: \$0
Life Insurance & Accidental Death and Dismemberment (AD&D) - Unum	Employer-paid insurance: \$10,000 of term life and \$10,000 AD&D coverage
Claim submission process questions – contact your benefits administrator.	
Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service: 1-800-445-0402.	

HEALTH SAVING ACCOUNTS

Opening an Individual Health Savings Account (HSA)

An HSA is a separate account you own that allows you to pay for current and future health care expenses tax-free for you and your IRS-qualified tax dependents*. Contributions to a qualified HSA can be made pre-tax, or they are 100% taxdeductible on your federal income tax return. Funds may roll over from year to year, collect interest, and grow on a tax-deferred basis. If used for eligible health care expenses, the funds are withdrawn tax-free. Money withdrawn prior to age 65 for non-eligible expenses will be taxed and subject to an additional 20% penalty.

Once you are 65 or older, you may withdraw your HSA money without penalty; however, monies withdrawn for non-eligible expenses will be taxed.

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts for medical, dental, and vision plans. Additionally, you may use your HSA to pay for expenses that the IRS says are eligible but may not be covered by our insurance plans. HSAs are designed to help with many types of medical expenses—some examples include hearing aids and chiropractic services.

* NOTE: For more information on who qualifies as a tax dependent, as well as how to calculate your maximum contribution if you change your coverage during the year, please see IRS Publication 969.

	HSA Information			
Who is eligible?	 Any adult who is enrolled in an HSA-qualified medical Plan has no other first-dollar medical coverage is not enrolled in Medicare cannot be claimed as a dependent on someone else's tax return 			
What is the maximum I can contribute in 2024?*	Enrolled in individual plan: \$4,150 Enrolled in family plan: \$8,300 Age 55+: Additional \$1,000			
How do I open an HSA? **	To open an HSA with Further, you simply fill out a group application and return it to the Benefits Coordinator. ** Mid Term: Many banks offer HSAs. If you open an individual HSA directly with Further, at <u>hellofurther.com</u> , you can have funds automatically transferred from your checking account into your HSA.			
How do I use my HSA?	Further provides debit visa cards for direct expense payments, online direct deposit reimbursements, and other services. See <u>hellofurther.com</u> for details.			
Where can I get more information?	More details about the features of an HSA, along with fee schedule and investment options specific to Further, are located on <u>GSFRInternational.org/GlobalWorker.</u>			
*These amounts assume enrollment in the individual or family plan for the entire year. If you change your coverage mid-year, your maximum contribution amount will be affected.				

Frequently Asked Questions

What qualifies as eligible health care expenses that can be paid for from my HSA?

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts. You may also pay for expenses that may not be covered by your insurance or are subject to limitations.

Here are some examples:

- Over-the-counter (OTC) drugs, medicines, and feminine hygiene products
- Vision care, including glasses, contact lenses, and laser vision correction
- Physical therapy, speech therapy, and chiropractic services
- Transportation expenses related to health care
- Hearing aids
- Physician-directed weight-loss programs
- Orthodontic services (braces)

For more information about qualified medical expenses, go to <u>http://www.irs.gov</u> – search in the top righthand corner for "Publ 502" to download the IRS publication. Make sure you have the most recent date.

Who keeps track of what I spend on qualified health care expenses?

You do. In the event of an audit, it will be your responsibility to maintain receipts to document the appropriate use of funds.



Worldwide Medical and Pharmacy Network

Cigna Global

1-800-441-2668

<u>CignaEnvoy.com</u>

Cigna Global is your medical claims administrator and network provider for international and stateside services. Their customer service center can answer questions about your benefits or claims and provide new ID cards.

Cigna Global also serves as your pharmacy benefits provider. Their customer service center can answer questions about covered drugs, claims and 365-day fills prior to leaving stateside.

You can search for your providers before setting up your account login.

Once you register, you can view your claims on your *Explanation of Benefits* (EOB), access support and additional benefits as well as print new ID cards. Additionally, you can price a medication to discover alternatives to discuss with your doctor, identify availability of generics and fill mail-order prescriptions.



Worldwide Dental Network

Cigna

1-800-441-2668 <u>CignaEnvoy.com</u>

Cigna is your dental claims administrator and network provider. Their customer service center can answer questions about benefits or claims and provide new ID cards.

You can search for your providers before setting up your account login.



Life, Accident and Disability Benefits

Unum

Unum is the administrator for your life, accident and disability benefits. If you have a question about your coverage or need to access your benefits, please contact your benefits administrator.

Before You Receive Your Health Plan ID Cards

If you need to see your doctor or fill a prescription before you receive your medical or prescription ID cards, provide the following information to your provider:

Medical and Prescription Drugs (Cigna)

Account number:

- Global Health 1500 -05180B001
- Global Health 3500 05180A002

Benefit questions: (302) 797-3100 or AT&T Direct Access Code + 1-800-441-2668

Hospital or facility admissions: (302) 797-3100 or AT&T Direct Access Code + 1-800-441-2668

Claims address: Cigna Global Health Benefits Box 15050 Wilmington, DE 19850-5050 USA

Note: If you are in a country that offers the CignaLinks network, you will receive two ID cards:

- Cigna Global card
- Cigna*Links* country card

If you need to validate coverage for a specific drug, please visit Cigna.com/DrugList and select "Legacy 3 Tier" from the" Select Drug List".

If you need preassignment assistance, refer to Preassignment Assistance handout for ways this program can help you even before you leave for an international assignment.

After You Receive Your ID Cards

After you receive your ID card(s), please establish a login on the Cigna Global website. Your ID card contains important information such as your Plan ID number and a phone number to verify participating providers. Provide your Cigna ID card(s) when you receive medical care services.

If you've enrolled in a dental plan, your Cigna Global health Plan ID card also serves as your dental Plan ID card. Your ID card contains important information such as your Plan ID number and a phone number to verify participating providers. Provide your dentist with your Cigna Global ID card when you receive dental care services.

Plan Materials and Resources on Our Website

Benefit Overviews

The Benefit Overview for your health plan as well as the plan documents for all coverage are located at **GSFRInternational.org/GlobalWorker**.

Frequently Asked Questions

For frequently asked questions, view our online resource at GSFRInternational.org/GlobalWorker.

Claim Forms

If you need a claim form, you can download it at GSFRInternational.org/GlobalWorker.

Additional Benefits and Services - Stateside

Healthy Rewards[®]

Through the Healthy Rewards program, you gain access to discounts on a wide range of health and wellness products and programs, including vision care discounts, weight management programs, massage therapy, acupuncture, fitness club memberships and much more. For more information, log into <u>CignaEnvoy.com</u>, then select "Discount Programs – Healthy Rewards". You'll need your ID card to access these discounts.

Vision Discount

Through the Healthy Rewards program, you can gain discounts on exams, contact lenses, glasses and frames. More than 20,000 providers participate in the program, including many popular retailers. To find a provider near you, log into <u>*CignaEnvoy.com*</u>. This discount is in addition to your medical plan's vision exam.



Global Health 1500

Effective January 1, 2024

Cigna has the world's largest and most extensive health care network. For many in-network doctors and hospitals, Cigna uses direct payment, guarantees of payment and other methods to eliminate or reduce costs. However, you may choose your own provider and are not required to use an in-network provider.

For medical care in the U.S., you receive the highest level of benefits by using an in-network provider.

See the reverse side for a glossary of terms used.

Benefits	Outside the U.S. ¹	In-Network U.S.	Out-of-Network U.S.
Deductible			
 Individual Family 	\$1,600 \$3,200	\$1,600 \$3,200	\$3,000 \$6,000
Plan pays/individual pays (co-insurance) (after deductible)	80% / 20%	80% / 20%	60% / 40%
Maximum out-of-pocket (medical and prescription): individual/family (including deductible, co-pays and co-insurance) ²	\$4,250 / \$8,000	\$4,250 / \$8,000	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	\$8,500 / \$16,000
Primary care physician visit/specialist visit	80% after deductible	80% after deductible	60% after deductible
Telehealth	N/A	N/A	N/A
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	80% after deductible	80% after deductible	60% after deductible
Outpatient services (CT scans, MRI, diagnostic)	80% after deductible	80% after deductible	60% after deductible
Outpatient surgery	80% after deductible	80% after deductible	60% after deductible
Emergency room	80% after deductible	80% after deductible	80% after deductible ³
Urgent care	80% after deductible	80% after deductible	60% after deductible
Chiropractic services (20 visits annually)	80% after deductible	80% after deductible	60% after deductible
Mental health and substance abuse: inpatient services	80% after deductible	80% after deductible	60% after deductible
Mental health and substance abuse: office and professional services	80% after deductible	80% after deductible	60% after deductible
Vision exam (one exam every 12 months)	80% after deductible	80% after deductible	60% after deductible
Travel immunizations ⁴ (for employees and dependents)	100% no deductible	100% no deductible	100% no deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

¹ For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.

² All amounts a participant pays for covered expenses, including care outside the U.S. and in-network and out-of-network care in the U.S., accumulate toward your maximum out-of-pocket limit.

³ If services are provided by an out-of-network U.S. emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the in-network level.

⁴ Injectable anti-malarial drugs are covered under the travel immunizations benefit. If the medication is provided in a pill format, it is covered under the prescription drug coverage.

	Prescription Drug Coverage	Outside the U.S. You Pay	In-Network U.S. You Pay	Out-of-Network U.S. You Pay
(ýldo	Generic	20%	20%	40%
Retail (30-Day Supply)	Preferred	20%	20%	40%
(30-D)	Non-preferred	20%	20%	40%
Order Supply)	Generic	N/A	20%	N/A
il Order ay Supp	Preferred	N/A	20%	N/A
Mail C (90-Day 3	Non-preferred	N/A	20%	N/A

Note: If the cost of the prescription (in-network U.S.) is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month supply of your prescription is available for international assignments.

Glossary of Terms

Co-insurance maximum, out-of-network U.S. — The most you will have to pay in a year in out-of-network U.S. co-insurance for covered benefits after you meet your out-of-network U.S. deductible.

Deductible (family) — When family members meet the plan amount determined to be the family deductible, the plan will consider all family members to have met their deductibles. One individual cannot contribute to the family deductible more than the amount determined to be the individual deductible (this is an embedded deductible).

Deductible (individual) — The amount an individual is required to pay before benefits begin for services not covered by co-pays. Once this amount is met, the plan will begin paying claims for that individual at the co-insurance level.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions via mail.

Maximum out-of-pocket (medical and prescription) — The maximum out-of-pocket limit includes the deductible, co-pays and coinsurance. After an individual has satisfied this amount, the health plan covers all eligible health care expenses, including co-pays, for the rest of the plan year.

Non-preferred drugs — Prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician co-pay — The amount you pay for an office visit to an in-network, primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Telehealth — The use of telephone and/or live video technology in order to provide medical care via the Cigna Wellbeing mobile application.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the *Preventive Care Schedule*, which are covered at 100%, not subject to the deductible. The *Preventive Care Schedule* is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive under these plans. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Global Health 3500

Effective January 1, 2024

Cigna has the world's largest and most extensive health care network. For many in-network doctors and hospitals, Cigna uses direct payment, guarantees of payment and other methods to eliminate or reduce costs. However, you may choose your own provider and are not required to use an in-network provider.

For medical care in the U.S., you receive the highest level of benefits by using an in-network provider.

See the reverse side for a glossary of terms used.

Benefits	Outside the U.S. ¹	In-Network U.S.	Out-of-Network U.S.
Deductible			
 Individual 	\$0	\$3,500	\$6,000
• Family	\$0	\$7,000	\$12,000
Plan pays/individual pays	100% / 0%	80% / 20%	60% / 40%
(co-insurance) (after deductible)			
Maximum out-of-pocket (medical and			N1/A
prescription): individual/family (including	\$3,500 / \$7,000	\$6,350 / \$12,700	N/A
deductible, co-pays and co-insurance) ²			
Annual co-insurance maximum for an	N/A	N/A	\$22,000 / \$42,000
individual/family (after deductible)			
Primary care physician visit/specialist visit	100% no deductible	\$25 / \$45	60% after deductible
Telehealth	100% no deductible	100% no deductible	N/A
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	100% no deductible	80% after deductible	60% after deductible
Outpatient services	100% no deductible	80% after deductible	60% after deductible
(CT scans, MRI, diagnostic)			
Outpatient surgery	100% no deductible	80% after deductible	60% after deductible
Emergency room	100% no deductible	80% after \$100 co-pay ³	80% after \$100 co- pay ³
Urgent care	100% no deductible	\$45	60% after deductible
Chiropractic services (20 visits annually)	100% no deductible	80% after deductible	60% after deductible
Mental health and substance abuse:	100% no deductible	80% after deductible	60% after deductible
inpatient services			
Mental health and substance abuse:	100% no deductible	\$25	60% after deductible
office and professional services		ψ20	
Vision exam (one exam every 12 months)	100% no deductible	\$25	60% after deductible
Travel immunizations ⁵	100% no deductible	100% no deductible	100% no deductible
(for employees and dependents)			
Lifetime maximum	Unlimited	Unlimited	Unlimited

¹ For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.

² All amounts a participant pays for covered expenses, including care outside the U.S. and in-network and out-of-network care in the U.S., accumulate toward your maximum out-of-pocket limit.

³ The deductible does not apply under emergency room for in-network U.S. However, if you are admitted to the hospital, the co-pay is waived and the deductible applies.

⁴ If services are provided by an out-of-network U.S. emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the in-network level.

⁵ Injectable anti-malarial drugs are covered under the travel immunizations benefit. If the medication is provided in a pill format, it is covered under the prescription drug coverage.

	Prescription Drug Coverage	Outside the U.S. You Pay	In-Network U.S. You Pay	Out-of-Network U.S. You Pay
(ylqc	Generic	20%	\$15	40%
Retail (30-Day Supply)	Preferred	20%	\$35	40%
(30-Di	Non-preferred	20%	\$50	40%
Order Supply)	Generic	N/A	\$45	N/A
Mail Order -Day Supp	Preferred	N/A	\$105	N/A
Mail C (90-Day 3	Non-preferred	N/A	\$150	N/A

Note: If the cost of the prescription (in-network U.S.) is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month supply of your prescription is available for international assignments.

Glossary of Terms

Co-insurance maximum, out-of-network U.S. — The most you will have to pay in a year in out-of-network U.S. co-insurance for covered benefits after you meet your out-of-network U.S. deductible.

Deductible (family) — When family members meet the plan amount determined to be the family deductible, the plan will consider all family members to have met their deductibles. One individual cannot contribute to the family deductible more than the amount determined to be the individual deductible (this is an embedded deductible).

Deductible (individual) — The amount an individual is required to pay before benefits begin for services not covered by co-pays. Once this amount is met, the plan will begin paying claims for that individual at the co-insurance level.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions via mail.

Maximum out-of-pocket (medical and prescription) — The maximum out-of-pocket limit includes the deductible, co-pays and coinsurance. After an individual has satisfied this amount, the health plan covers all eligible health care expenses, including co-pays, for the rest of the plan year.

Non-preferred drugs — Prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician co-pay — The amount you pay for an office visit to an in-network, primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Telehealth — The use of telephone and/or live video technology in order to provide medical care via the Cigna Wellbeing mobile application.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the *Preventive Care Schedule*, which are covered at 100%, not subject to the deductible. The *Preventive Care Schedule* is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive under these plans. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

2024 Cigna Global Health Preventive Care Schedule

Quick Reference Guide

Your health plan focuses on helping to keep you well, rather than just providing coverage for covered illness or injury. Your plan includes coverage for preventive care services for men, women and children and complies with the Affordable Care Act — including expanded preventive care for women. It is important to note that your health plan does not provide coverage for certain prescription drugs.

Listed below are services that may be covered as preventive care under your plan. Other services provided at the time of your well visit or checkups that are not listed as preventive will be considered under your standard medical coverage. This means you may be responsible for paying a share (co-pay or co-insurance) of the costs for those services that may be different from the share you pay — if any — for preventive services. Please see your plan materials for specific details about your coverage.

	Outside U.S.	In-network U.S.	Out-of-network U.S.
Cancer Screening: Mammogram, PSA, pap smear and colorectal cancer screening charges	100% of covered expenses	100% of covered expenses	Not covered
Colorectal Cancer Screening: Annually age 50 and older	100% of covered expenses	100% of covered expenses	Not covered
Lung Cancer Screening: Annually ages 55 to 80 with smoking history. Computed tomography requires precertification.	100% of covered expenses	100% of covered expenses	Not covered
Routine Lead Screening: Children 12 months of age or 6 years and younger that are considered at risk	100% of covered expenses	100% of covered expenses	Not covered
Routine Mammogram: Women at risk prescribed by a physician, women ages 40 to 49 every 2 years and women age 50 and older annually	100% of covered expenses	100% of covered expenses	Not covered
Routine Pap Smear: Annually	100% of covered expenses	100% of covered expenses	Not covered
Routine PSA: Annually or prescribed by a physician following the results of treatment for patients with known prostate cancer	100% of covered expenses	100% of covered expenses	Not covered
Preventive Medication: Smoking cessation drugs: Coverage for OTC and generic drugs	100% of covered expenses	100% of covered expenses	Not covered
Breast cancer preventive drugs: Tamoxifen and Raloxifene			
Child Preventive Care: Routine preventive care for children up to age 18 (including immunizations and developmental screenings)	Outside U.S. 100% of covered expenses	In-network U.S.	Out-of-network U.S. Not covered
Adult Preventive Care: Adult routine physical examinations for employees and dependents age 18 and over (including immunizations)	100% of covered expenses	100% of covered expenses	Not covered
Travel Immunizations: For employees and dependents	100% of covered expenses	100% of covered expenses	100% of covered expenses

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures *Recommendations for Preventive Health Care*. For additional information on immunization, visit the immunization schedule section of *cdc.gov*. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Exclusions

This document does not guarantee coverage for all preventive services. Immunizations for travel are generally covered. Other non-covered services can include any medical service or device that is not medically necessary and any services and supplies for, or in connection with, experimental, investigational or unproven services. This document contains only highlights of preventive health services.

DENTAL PLAN BENEFITS

CIGNA INTERNATIONAL DENTAL PLANS 😽

Effective January 1, 2024

Monthly Rates	Global Dental Plus	Global Dental Basic
Employee	\$33.95	\$25.16
Employee + Spouse	\$70.59	\$49.99
Employee + Child(ren)	\$70.95	\$50.24
Employee + Family	\$121.14	\$91.87

Dental Plan Comparison Chart	Global Dental Plus	Global Dental Basic
Providers	May use any provider or save with network providers	May use any provider or save with network providers
Deductible (per person per year)	\$50	\$50
Annual maximum benefit (per person, per year)	\$1,500	\$1,000
 Class I: Preventive care Routine oral examinations – two per calendar year Routine dental cleanings – two per calendar year Bitewing X-rays – one per calendar year Flouride treatments for children through age 18 – one per calendar year Sealants – one per three calendar years through age 14 	0% no deductible	0% no deductible
Class II: Basic restorative Full mouth X-ray - one per five calendar years Panoramix X-ray - one per five calendar years Fillings Oral surgery Anesthetics Major/minor periodontics Ropot canal/therapy Relines, rebases and adjustments Repairs - bridges, crown and inlays Repairs - dentures	20% after deductible	20% after deductible
Class III: Major restorative • Dentures • Crowns • Bridges	50% after deductible	50% after deductible
Class IV: Orthodontia ¹ services	50% no deductible	Not covered

¹Applies only to a dependent child less than 19 years of age. Lifetime maximum is \$1,500.

TERM LIFE AND ACCIDENT PLAN BENEFITS

International Term Life and Accident Plans

Term Life and Accident Plans – Long Term Global Workers in Unum Non-Restricted Countries

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	\$10,000
AD&D Coverage Amount	\$10,000

Employee & Affiliated Spouse Optional Term Life

Employee Paid

Available Coverage Amounts\$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000See Monthly Optional Term Life rates below.

Guaranteed issue is available at initial eligibility for up to \$150,000 in coverage. Guaranteed issue is offered only during the initial 31-day eligibility period. A coverage amount of \$200,000 requires *Evidence of Good Health Application*.

Benefit reduction at age 65	Reduces to 65% of the current amount but not to reduce	
	below \$20,000 of coverage.	

Non-Affiliated Spouse Term Life	
Employee Paid - No Evidend	ce of Good Health is required. Guaranteed issue is offered only
during the initial 31-day eligi	bility period.
Coverage Amount \$5,000	
Rate: \$0.95 per month	

Non-Affiliated Spouse Optional Term Life		
Employee Paid		
Coverage Amount	t May select up to 50% of the employee's total life coverage. It must be in a \$5,000 increment.	
See Monthly Optional Term Life rates below.		
Evidence of Good Health Application is required.		

Monthly Optional Term Life Rates		
Age	Rate per \$1,000	
29 & Under	\$0.056	
30-34	\$0.068	
35-39	\$0.08	
40-44	\$0.11	
45-49	\$0.18	
50-54	\$0.28	
55-59	\$0.47	
60-64	\$0.72	
65-69	\$1.20	
70-74	\$2.24	
75+	\$3.45	

Child Life

Employee Paid

Coverage Amount

\$10,000 per child

Rate: \$0.75 per month per family unit

Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires *Evidence of Good Health Application*.

Employee & Affiliated Spouse Supplemental AD&D

Employee Paid

Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident

Available Coverage Amounts \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000 Rate: \$0.025 per \$1,000 per month

Participation in the Employee Term Life Plan is not required.

Non-Affiliated Spouse Supplemental AD&D

Employee Paid

Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident

Non-Affiliated Spouse coverage will be 50% of the employee's supplemental AD&D coverage.

Rate: \$0.025 per \$1,000 per month

Participation in the Employee Term Life Plan is not required, but participation in Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

The above amounts of coverage are not available for Term life coverage to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

PLEASE NOTE: Members traveling in Unum-restricted countries for work or work-related travel will be subject to the maximum payout for Unum-restricted countries. The maximum payout for Unum-restricted countries includes 1) \$10,000 of employer provided Term Life for an Employee and an Affiliated Spouse and 2) a maximum benefit of \$20,000 for Employee and Affiliated Spouse Optional Term Life. Full benefits will be paid out for non-work-related travel.

Term Life and Accident Plans – Long Term Global Workers in Unum Restricted Countries

Unum has limited the term life insurance coverage available to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Employee & Affiliated Spouse Term Life and AD&DEmployer PaidTerm Life Coverage Amount\$10,000AD&D Coverage Amount\$10,000

Employee & Affiliated Spouse Optional Term Life	
Employee Paid	
Available Coverage Amount	\$20,000
See Monthly Optional Term Life rates below.	

Non-Affiliated Spouse Term Life	
Employee Paid	
Coverage Amount \$5,000	
Rate: \$0.95 per month	
No Evidence of Good Health is required. Guaranteed issue is offered only during the initial	
31-day eligibility period.	

Non-Affiliated Spouse Optional Term Life	
Employee Paid	
Coverage Amount	May select up to 50% of the employee's total life coverage. It must be in a \$5,000 increment.
See Monthly Optional Ter	m Life rates below.
Evidence of Good Health Application is required.	

Monthly Optiond	Il Term Life Rates
Age	Rate per \$1,000
29 & Under	\$0.056
30-34	\$0.068
35-39	\$0.08
40-44	\$0.11
45-49	\$0.18
50-54	\$0.28
55-59	\$0.47
60-64	\$0.72
65-69	\$1.20
70-74	\$2.24
75+	\$3.45

Child Life

Employee-Paid

Coverage Amount

\$10,000 per child

Rate: \$0.75 per month family unit

Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires *Evidence of Good Health Application*.

Employee & Affiliated Spouse Supplemental AD&D

Employee Paid

Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident

 Available Coverage Amounts
 \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000

 Rate: \$0.025 per \$1,000 per month

Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans. Evidence of Good Health is not required for accident plans.

Non-Affiliated Spouse Supplemental AD&D

Employee Paid

Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident

Non-Affiliated Spouse coverage will be 50% of the employee's supplemental AD&D coverage.

Rate: \$0.025 per \$1,000 per month

Participation in the Employee Term Life Plan is not required, but participation in Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

Term Life and Accident Plans – Mid Term Global Workers

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	\$10,000
AD&D Coverage Amount	\$10,000

ADDITIONAL BENEFITS

Life Planning Financial & Legal Resources

Financial, legal and grief support in the event of a death or diagnosis of a terminal illness.

Assist America®

24-hour network of emergency medical and legal resources offering worldwide emergency assistance to active employees and their families who are traveling.

Accelerated Benefits

Allows terminally ill participants with a life expectancy of 12 months or less to receive up to 75 percent of the death benefit (\$250,000 maximum) prior to death.

Portability or Conversion of Coverage

Employees and their dependents can continue coverage if employment is terminated or they otherwise lose eligibility.

Add Children Without Underwriting

No underwriting is required to add a dependent child within 60 days of the child's birth, adoption, or placement for adoption.

Additional AD&D Benefits

AD&D plan pays additional death benefits if you die traveling more than 100 miles from home while properly wearing a seatbelt or when protected by an airbag. The plan also pays an additional education benefit to each of your qualified, college-age dependents if you die.

VISION BENEFITS - VSP

Life is better in focus."



Get access to the best in eye care and eyewear with VSP[®] Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- Value and Savings. You'll enjoy more value and low out-of-pocket costs.
- High Quality Vision Care. You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- Choice of Providers. The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon[®], Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com**[®], VSP's preferred online eyewear store.



Your VSP Vision Benefits Summary



VSP Coverage Effective Date: 01/01/2024

VSP Provider Network: VSP Choice

Benefit	Description	Сорау	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	 \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco[®] frame allowance 	Included in Prescription Glasses	Every other calendar ye
Lenses	Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	Progressive lensesAverage savings of 20-25% on other lens enhancements	\$O	Every calendar year
Contacts (instead of glasses)	 \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/special 20% savings on additional glasses and sunglasses, including lens er months of your last WellVision Exam. 		any VSP provider within 12
Extra Savings	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhance 	cement to a WellVis	sion Exam
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; dis 	scounts only availa	ble from contracted facilitie
	Your Coverage with Out-of-Network Providers		
et the most out of your b	enefits and greater savings with a VSP network doctor. Call Member Servic	ces for out-of-netw	ork plan details.
xam			sup to \$5 up to \$10

is the legal name of the corporation through which VSP does business.

Contact us. 800.877.7195 | vsp.com

Brands/Promotion subject to change.
 Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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ADDITIONAL CIGNA MEDICAL PLAN INFORMATION

YOUR CIGNA JOURNEY

Welcome kit

Cigna Global Health Benefits®



939031c 04/22

Offered by: Cigna Health and Life Insurance Company or its affiliates.

WELCOME to Cigna Global Health Benefits

OUR MISSION:

To improve the health, well-being and peace of mind of the people we serve.

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Together, all the way.®

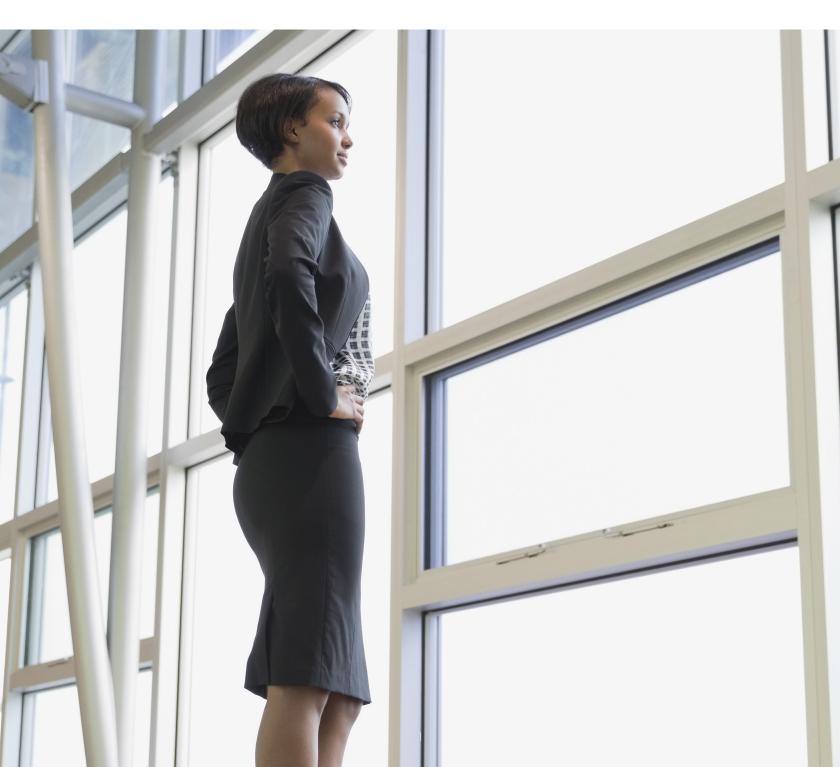
You are about to begin work or may already be working outside of your home country

Whether it is your first or tenth time, it has the potential to be an amazing experience, professionally and personally. This opportunity can bring changes, questions and uncertainty. When living in a different country, your health care questions are likely to be different than when you're at home, and the answers may be too! With Cigna Global Health Benefits you have valuable health coverage.

Your satisfaction is important, and Cigna has developed specialized health benefit services for you and your covered family members. Before you go, spend time reviewing your health care benefits and services outlined in this kit. You and your covered family members have all the advantages of Cigna services whenever you need them, wherever you are in the world.

Cigna is excited to share in this experience with you. You work hard and deserve a health plan that does too.







Pre-departure: Checklist and tips

Before traveling to work outside of your home country, you'll need some assistance. We've designed an easy-to-follow checklist to make sure you have everything covered before you leave.

Let's start with some basic questions. Information is power. It's in your best interest to be sure all of your important information is updated and ready to travel with you.

- 1. Are your travel and ID documents up to date?
- **2.** Are your health documents updated, renewed and reauthorized?
- 3. Have you visited CignaEnvoy.com to access our pre-departure medical assessment questionaire?

Important documents checklist

Medical 😡	Travel
 Your Cigna ID card - If you have not received your card before you leave, you can contact the global service center: Toll-free: 1.800.441.2668 Direct calling: 001.302.797.3100 (collect calls accepted)	Travel Passports Birth certificates Visas and work permits Marriage certificate (if applicable) Home address Emergency and contact information A copy of Cigna global service numbers: Toll-free: 1.800.441.2668 and your Cigna ID number Direct calling: 001.302.797.3100 (collect calls accepted) Review your country guides specific to your assigned country available on Cigna Envoy Download the Cigna Envoy app1 Pre-departure screenings Research and create a list of physicians located in your assigned country on CignaEnvoy.com
fever (yellow card, if necessary)	

Pre-departure: Checklist and tips (cont.)

Things to ask your doctor before traveling outside of your home country.

Immunizations

You will need to be sure you're up to date on your immunizations in your home country and the country you'll be working in. Here are some tips:

- Be sure to get your vaccines four to six weeks before you leave. They need time to become effective in your body.
- Ask your primary doctor if you need to schedule an appointment to get booster shots once you are working outside of your home country.
- If traveling to countries where exposure to malaria or other diseases may be common, ask how to best prevent it. Check out our Country Guides on CignaEnvoy.com for detailed information about the country where you will be assigned.



DID YOU KNOW?

Different countries have different vaccination requirements. To find out what other vaccines you'll need, go to the **Centers for Disease Control** website at **www.cdc.gov.**

Medications:

Before you leave, see if you qualify for a longer supply of the prescription medications you take regularly. You can contact our global service center to see if there are any associated travel restrictions.

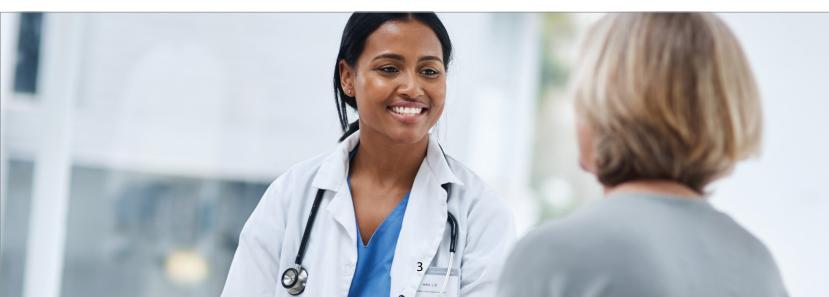


DID YOU KNOW?

The same drug can have different names in different parts of the world. Use our helpful Drug Translation Tool on Cigna Envoy.

Now that you are working outside of your home country, what do you do in case of a medical emergency?

- If a situation arises, and you don't know what to do, contact us using the number on your Cigna ID card. We can help you avoid paying **out-of-pocket expenses** other than your patient responsibility (e.g., **deductibles** or **coinsurance**). If you are having an emergency, contact Cigna from the hospital or doctor's office immediately after your situation is stabilized. We'll work with your doctor and help.
- If hospitalized, our global service center can also provide guidance from a health specialist with detailed knowledge of the country you're in.



We are here for you

Cigna Envoy[®] website and mobile app

Manage your benefits

Cigna Envoy is your personalized online health resource to help you get the most from your Cigna benefits.

It's easy:

- Download the mobile app OR go to CignaEnvoy.com and within the 'Customers' section, select 'Register'.
- 2. Enter your Cigna ID and click 'Register'.
- **3.** Enter identifying information, including account number, then click **'Register'**. Receive your registration confirmation to your email. Click the link in the email to continue registration.
- Click 'Activate Cigna Account'. Now you can set up your password with the requirements provided on screen.
- Click 'Confirm Password'. You'll also be prompted to set up two-factor authentication or you may skip this step. Two-factor authentication is used to provide added security for your account.
- 6. Choose 'Email or SMS & submit' or 'Skip authentication'.
- 7. Access your account, and **read and accept** the terms and conditions and any other Informational messages.
- 8. Click 'Continue'.

Once registered, you can:

- > Find nearby in-network doctors and hospitals
- > Submit and track claims
- Access global telehealth²
- Assess all aspects of your health through our Health Risk assessment tool
- Access the Employee Assistance Program (if part of your employer's plan.)
- Participate in online lifestyle management programs such as nutrition, sleep and resilience
- Translate drug names and medical phrases
- Update personal information and communication preferences

Use the same login credentials to access CignaEnvoy.com and the Cigna Envoy mobile app¹.



Cigna Wellbeing® app

Manage your health

Connect to better health with the Cigna Wellbeing App and discover:

- > Health assessments in key areas that affect your wellness.
- > Wellness tips, recipes, articles and more.
- > Wellness Coaching through videos.
- > Health management of chronic conditions.
- Employee Assistance Program—real time access directly through the app if part of your employer's plan.

Note: If you have already registered for **CignaEnvoy.com** or the Cigna Envoy mobile app, simply log in using your current ID and password/PIN.



Global Telehealth² through Cigna Envoy and the Cigna Wellbeing App¹

- Same day consultations with a doctor by phone (available in multiple languages); with video consultations (available in English or Spanish) coordinated between 3:00 am - 5:30 pm ET from the comfort of your home or office.
- > A diagnosis or consultation for non-emergency health issues.
- > Prescriptions for common health concerns when appropriate and where available.
- > Discussing a medication plan.



Finding and choosing a provider.

As a covered customer, you have access to the Cigna directory of nearly 1.7 million providers³ worldwide.

While you can access care through any licensed provider of your choosing, by selecting a Cigna Network Provider, your costs may be lower and the provider may be able to settle your claim directly with Cigna.



Two important ways to find a provider:

Access the online directory of thousands of doctors, hospitals, clinics and other providers through CignaEnvoy.com. Once on the Cigna Envoy home page, select 'Find a Provider' to begin your search.

Call our global service center (24/7/365) by using the number on the back of your Cigna ID card.

Personalizing the customer journey.

Delivering relevant and timely messages.

To ensure you are staying up to speed on our most up-to-date information, sign up for Cigna Envoy today!

With customers located all around the world, including remote and developing regions, traditional mail is often not the most effective way to communicate. In the digital age where world events are shared almost instantaneously, speed is important and even necessary for regulatory updates. That's why we've developed digital tools and communications that allow us to personalize your customer journey through email.

Communicating by email is important to provide a superior customer experience and we pledge to deliver only timely, relevant and valuable communications at the right frequency to you.

Online Certificate of Coverage

You can access your Certificate of Coverage via the Cigna Envoy[®] website. All you need to do is follow these simple steps:

Step 1: Log into CignaEnvoy.com

- Step 2: Click on 'Toolkit'.
- Step 3: Select 'Documents', then click on 'Certificate of Insurance'.

Your Certificate of Coverage⁴ will auto-generate based on your reported work location and will include your coverage details and any dependents covered under your plan, when applicable.

If you have any questions, please contact our Global Service Center by calling the number on your Cigna ID card.

When to file a claim and when you don't need to

Outside the U.S.

Outside the U.S., you may need to file a claim unless you visit a provider that has a **direct pay arrangement** or has obtained a **guarantee of payment** from Cigna. To find out if a provider has a direct pay arrangement, visit **CignaEnvoy.com**. Once you locate a provider look for a note that says, '**direct settlement may be available**'. If so, all you need to do is present your ID card.

In the U.S.

If you receive care from one of Cigna's **in-network** providers within the U.S., you do not need to submit a claim for reimbursement because we have **direct pay arrangements** with these doctors/hospitals. You are only responsible for paying any **deductible**, **coinsurance** or **copay** amounts that are part of your plan. If you choose to seek care from an **out-of-network** provider, you may need to file a claim.

If you need to submit a claim for reimbursement, follow these tips to speed up the process.

- We recommend submitting your claims through CignaEnvoy.com, or the Cigna Envoy App. It's the fastest way to get your claims to Cigna.
- If you choose to mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign!

- > Fill out a separate form for each doctor or hospital visit.
- Be sure to add a diagnosis, type of treatment or explain your treatment.
- Provide a detailed list of fees for each service rendered along with the date it was performed.
- Make and keep handy copies of your bills, receipts and claim forms.
- > Clearly state how you would like to be reimbursed.
- > If you can't submit your claim online, remember that even a fax is faster than regular mail.

Reimbursement options.

- > Direct Payment to a U.S. or Canadian bank.
- > Electronic Funds Transfers (EFT).
- Checks to you in a variety of currencies (over 135 currencies)⁵.
- > Wire transfers to bank accounts around the world.
- Our ePayment Plus* feature is an integrated and accurate process that includes automatic email notification of payments directly into a bank account identified by you. You can quickly and easily self-enroll in ePayment Plus on Cigna Envoy. ePayment Plus complements the existing array of electronic payment options, such as wire transfers⁶ and EFT, available in the U.S. After you enroll in ePayment Plus, charges often applied by your bank for wire transfers or other deposits are removed or minimized. To sign up, go to CignaEnvoy.com.

In an emergency, we're here for you



Should something life-threatening happen, visit the nearest hospital and contact Cigna's global service center immediately. Our service center professionals will help you get the emergency assistance you need. From ground transportation and translators to finding a specialist and facilities, we're here to help.

Guarantee of Payment

When visiting an out-of-network provider, a Guarantee of Payment (GOP) assures payment directly to the provider for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan. If your provider requests payment up front, ask them to contact Cigna to verify benefits and confirm payment of services on your behalf. You or your provider can request a GOP at any time by calling the number on your Cigna ID card.

Information required for a GOP

- Hospital or facility performing the services.
- Country where services will be rendered.
- > Facility fax number, phone number and email address.
- Requesting physician's name, phone number and email address.
- > Name of recipient who will receive the GOP.
- > Patient name.
- > Patient's Cigna ID number.
- Diagnosis.
- > Procedure to be performed.
- > Date(s) of service.
- Statement summarizing service to be covered on the GOP.

Value-added services

You have special needs when working outside of your home country. Cigna offers to help you take care of issues that go far beyond health. For example, our concierge and travel assistance services provide:

- Information on how to recover or replace lost documents like passports and credit cards.
- Coordination of emergency travel arrangements for family members who escort another family member to the hospital.
- > Personal emergency telephone translation services.
- Help finding the right doctor or hospital closest to your location.
- > Help finding or replacing prescription medication.
- Coordination of emergency travel arrangements for children under the age of 18 who are left unattended if a family member becomes sick.
- > Help obtaining necessary documents for medical claims.
- If covered under your employer's plan, emergency medical evacuation can be arranged.

To inquire about these services, please call our 24/7 global service number on your ID card.

You can use the Decision Support Program which provides:

- Support for serious medical issues to make informed decisions about diagnosis and treatment options available to you.
- An expert opinion on diagnosis and treatment already suggested; it is not for establishing medical necessity.

The program is voluntary; you must give consent for your medical records to be shared with the third party service provider and the process to be activated.

Feeling good?

Health and Well-being Assessment

At Cigna, we support you like the unique individual you are, and want to help you live a healthy and productive life. So even if you're in perfect health, taking our Health and Well-being Assessment can provide information to help you stay that way.

It's a simple online questionnaire that only takes 15 minutes to complete. The assessment is available in more than 20 languages and cultural adaptations, to help our customers around the world. You will answer questions that are relevant to your current situation and where you're doing great – and where there's room for improvement. It covers everything from sleep and health problems to stress levels and job satisfaction. It's thorough, yet easy to do. Once you complete it, you will receive a personalized report on your health and get information on how to help you feel, and live even better. Your personal results are confidential and are not shared with your employer.

Helping you feel and live even better.

Do it online. At any time.

To take your personal Health and Well-being Assessment:

- 1. Go to CignaEnvoy.com.
- Click the 'Health and Well-being' tab at the top of the home page.
- 3. Click the 'Assess my Health' link.
- 4. Register and complete the assessment.

When you are finished, the customized report will help you find out what you're doing right, discover areas of improvement and offer suggestions for current issues.



It is fast, personalized, and can help you feel – and live – your best every day. Take a few minutes to complete the Health and Well-being Assessment now.

Make it a habit.

Want to track your progress? Then come back and take the assessment again in a few weeks or a few months. Whatever works best for you.

Frequently asked questions



Q: Do I need a Cigna ID card?

A: Yes. Your Cigna ID card is recognized by many providers around the world. By using your Cigna ID card, it helps make sure we can directly reimburse the doctor or hospital where you received care.

When you receive your permanent ID card, please verify your information is correct and call Cigna immediately if a change is required. Present your ID card whenever you receive services from a provider.

Q: Is my Cigna ID card a credit or payment guarantee card?

A: No. Your Cigna ID card is purely a means of identifying you and your plan coverage. It has no payment capabilities. You should contact us for payment guarantees or questions.

Q: Do I need to select a primary care physician (PCP)?

A: You are not required to select a PCP. However, it is recommended that you establish a relationship with a personal doctor, such as a family practitioner or an internist, in advance of requiring care. A personal doctor will care for you and your covered family members, including routine physical exams, sick visits and follow-up care. They can also provide information and guidance when selecting specialists. They will become a valuable resource and can be a personal health coach for you and your covered family members.

Q: How can I locate a doctor?

A: With a network of nearly 1.7 million providers³ worldwide, it's easy to locate a doctor or hospital. To locate an international provider in our network, go to **CignaEnvoy.** com and click on the 'Find health care' tab or call us using the number on your ID card for assistance.

Q: How do I get my prescriptions filled while I am away?

A: If you receive a prescription from a local doctor while working outside of your home country, you can have it filled locally. If you have any questions, please contact us using the number on your ID card. Our global service team will help you identify available options. Please be aware medications can only be filled locally in the country where the prescription is written. For example, if you have a medication prescribed by a doctor in China, it cannot be filled in the United States (U.S.). Likewise, a prescription written in the U.S. cannot be filled in a pharmacy outside of the U.S. We also encourage you, when possible, to plan visits with your medical doctor in your home country for any new prescriptions, as well as having those prescriptions filled before you leave. If you have any questions or concerns about travel restrictions, you can call us at the phone number your ID card.

Q: What if my doctor is not in Cigna's international network?

A: You can see any licensed doctor in your assigned country. If needed, contact us to begin the Guarantee of Payment process and to reach out to your doctor directly to initiate the payment.

Q: What is an Explanation of Benefits (EOB) and how can I check on my claim status?

A: Your EOB is a summary of how your claims were processed and what you may owe, not a bill. Your provider or the facility may bill you directly for the remainder of what you owe. To view your claims status, follow these steps:

- 1. Log in to CignaEnvoy.com.
- 2. Select 'Claims' to view a list of submitted claims.
- Q: What if I have a medical emergency?

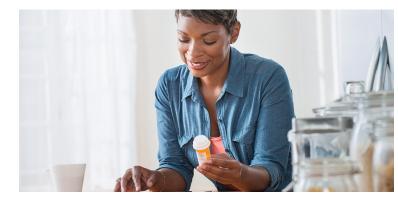
A: Should something serious happen, visit the nearest hospital and contact the global service center as soon as you are able or ask the medical facility to contact us on your behalf. The professionals at our global service center will help you get the **emergency assistance** you need. From ground transportation and translators to finding a specialist and facilities, we're here to help.

Q: How do I obtain and submit a claim form?

A: You can get a claim form and/or submit a claim online through **CignaEnvoy.com**. Additionally, you can submit your claim form via the Cigna Envoy App or by contacting us by telephone, fax or email.

Q: What services are provided through Global Telehealth²?

A: Global Telehealth provides access to clinical guidance from doctors—by phone or video—through Cigna Envoy or the Cigna Wellbeing app¹. A diagnosis may be provided during the consultation if enough medical information is available. If additional tests, such as lab work or radiology, are required to confirm the diagnosis then you will receive additional instructions from the doctor.



Understand plan and healthcare terms

Deductible amounts: A deductible is the portion of your covered medical expenses you are responsible for paying at the beginning of each plan/calendar year until you reach a certain amount. Then your plan will begin to pay for a portion of covered health care costs.

For example:

Let's say your plan deductible is \$1,000. That means for most covered services, you will pay 100% of your innetwork medical claims until the amount you pay reaches \$1,000. After that, you pay a coinsurance amount and/or a copay.

Copayment (copay): A fixed amount you pay at each visit. The amount can vary by the type of service such as a primary care doctor, a specialist or an emergency room visit.

For example:

If your plan has a \$30 copay for primary care physician visits and a \$50 copay for specialist visits, you will pay those flat amounts each time you visit an office. Additionally, for some services, you may have both a copay and coinsurance.

Coinsurance: The percentage a covered person must pay of the allowed amount for covered health services after the health plan begins to pay, usually once the plan deductible has been met. This may also refer to the percentage of covered expenses paid by a health benefit plan.

For example:

Let's say your plan has 80% coinsurance for covered medical services. You've already met your deductible. You go to an in-network doctor and it costs \$200 for the visit. The doctor sends a claim for that amount to Cigna, who pays the doctor 80% (\$160) of the claim. The doctor bills you for the remaining 20% (\$40). That amount you owe is your coinsurance.

Out-of-network: Your health plan provides coverage for services from doctors and facilities that are not in your plan's network. But if you receive covered out-of-network care, your share of the costs (i.e., deductibles, copays or coinsurance) will usually be higher than if you receive those services in-network.

In-network: Doctors or other providers who participate in the Cigna network, which keeps your costs lower and eliminates your paperwork.

Out-of-pocket costs: Expenses not covered by your plan, such as copays, coinsurance and deductibles.

Direct pay arrangements: Direct payment to your provider, which helps reduce the amount you need to pay for covered services at the time of treatment.

Guarantees of payment (GOP): Assures payment directly to a doctor or hospital for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan. Have your provider call Cigna to arrange a GOP by using the number on your ID card.

Important contact information - available 24/7

Cigna representatives in our global service center provide 24/7 multilingual information, professional support, and help connect you with doctors around the globe.

Cigna Envoy Website and App	CignaEnvoy.com
Telephone number	+1-888-819-8159 (Toll-free) +1-302-746-6536 (Direct, collect calls accepted)
Email	Email is available for registered customers; see above for registration instructions
Toll-free TDD ⁷ telephone number for the hearing impaired	+1-800-558-3604
Japanese Customer Support	+1-800-986-9572 (Toll-free) +1-302-797-5235 (Direct, collect calls accepted)
Fax number	+1-800-243-6998 (Toll-free) +1-302-797-3150 (Direct)
Mail delivery	Cigna Global Health Benefits, PO Box 15050, Wilmington, DE 19850-5050, U.S.A.
Courier delivery	Cigna Global Health Benefits, 300 Bellevue Parkway, Wilmington, DE 19809, U.S.A.

When dialing an international number, it's important to use the International Access Code. Go to **CignaEnvoy.com** and select **Contact Us** for a list of country codes and helpful calling instructions. The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a registered service mark of Apple Inc. Android and Google Play are trademarks of Google Inc. Amazon and all related logos are trademarks of Amazon.com Inc. or its affiliates.

 The downloading and use of the Cigna Envoy App or the Cigna Wellbeing App are subject to the terms and conditions of the app and the online store from which they are downloaded. Standard mobile phone carrier and data usage charges apply.

- 2. Subject to eligibility. Telehealth services may not be available in all areas and video chat may not be available with all providers or through your specific mobile device. Telehealth services are separate form your health plan's provider network. Telehealth services are provided by third party companies/ entities and not by Cigna. Providers are solely responsible for any treatment provided to their patients.
- 3. Data from GHB Network analysis as of April 2021. Subject to change.
- Online Certificates of Coverage will not generate for customers with no reported nationality and/ or work location; or for customers with a reported nationality and/or work location in Iran, Syria,

Ukraine, Cuba, North Sudan, or North Korea. Certificates of Coverage for customers with a reported work location in Russia, Germany, Turkey, Czech Republic, Switzerland and Australia will not be available online. However, they can be requested by contacting the Global Service Center at the number on the back of your Cigna ID card.

- 5. Data from GHB Business Intelligence analysis for full year 2020. Subject to change.
- Cigna cannot guarantee that your bank will not apply a wire transfer fee. Please check with your financial institution's disclosures and policies.
- 7. Telecommunications Device for the Deaf. | For other convenient ways to contact our customer service center, please log in to CignaEnvoy.com.

Customer claim scenario: Direct Pay

Meet Johan, Johan is a German citizen working in London.







While in London, Johan catches a stomach bug and needs medical attention. He visits Cigna Envoy to search for a provider.



Johan visits a provider that has a direct billing arrangement. Johan presents his Cigna ID card upon check-in.



Johan sees the doctor and is treated. He makes a follow-up appointment. The doctor bills Cigna directly for the services.



Johan goes to the pharmacist to fill the prescription given to him by the doctor.

Note: If the pharmacy doesn't participate in Cigna's network, they may require you to pay out-of-pocket.

Johan starts to feel better and goes to work the next day.



Customer claim scenario: Guarantee of Payment

Meet Kalisha, Kalisha is a U.S. citizen, expatriate working in France.







Kalisha has a backache and needs to see a specialist. She calls Cigna to find an orthopedic specialist.



Upon arriving at the doctor's office, Kalisha presents her Cigna ID card. The doctor doesn't recognize Cigna and requires payment before treatment.

Kalisha explains to the doctor that he needs to call the phone number located on her ID card for a guarantee of payment (GOP). Now, Kalisha doesn't have to pay out-of-pocket other than her patient responsibility (i.e., deductible or coinsurance) and can receive treatment.



The doctor calls the 24/7 global service center, receives a GOP and Kalisha receives treatment, along with a physical therapy prescription.

Kalisha goes back to Cigna Envoy to locate a physical therapist and calls to schedule her appointment.

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Note: Payment options and procedures may vary depending on the provider and your plan design.

These are examples for illustrative purposes only. Not actual customer experiences.





This material is provided for informational purposes only. It is believed accurate as of the date of publication and is subject to change. Such material should not be relied upon as legal or medical advice. As always, we recommend that you consult with your independent legal and/or medical advisors. Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law. Cigna Global Health Benefits' web-based tools, such as Cigna Envoy®, are available for informational purposes only. Cigna Global Health Benefits' web tools are not intended to be a substitute for proper medical care provided by a physician. References to non-partnered organizations or companies, and/or their products, processes or services, do not necessarily constitute an endorsement or warranty thereof.

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Cigna wants to make sure you and your family get the care you need while you're on assignment. We offer easy-to-use tools to help you manage your health and wellness – focusing on both your physical and emotional well-being.

Using Cigna Envoy®

Cigna Envoy is your personalized online health resource. Register for Cigna Envoy at **CignaEnvoy.com**. or through the Cigna Envoy App as soon as you receive your Cigna ID.

If you don't have an ID, please call us toll-free at **1.800.441.2668** or direct at **001.302.797.3100** (collect calls accepted). Once you log in, you can enjoy the following features.

- > Online provider directory. Find an in-network provider in your location.
- > Online claims tool. Download claim forms, as well as submit and track claims at your convenience.
- Coverage details. Review your claim history, as well as benefits and exclusions for you and your family members.
- > Electronic funds transfer (EFT). Sign up to facilitate claim reimbursements.
- > ID card information. View or print your ID card.
- > Health tips. Discover ways to stay healthy while you're working outside of your home country.
- Messaging tool. Enjoy an easy way to get answers to questions you may have.
- > **Country guides.** Get practical health, safety and travel tips, plus visitor and currency information for more than 190 countries, and so much more.

Cigna Global Health Benefits®

Finding a health care provider

You can receive services from any provider worldwide. However, if you choose to receive care within our network, you may enjoy additional savings.

That's why we recommend that you establish a relationship with an in-network provider in your location before receiving care.

If you don't have an in-network provider and need assistance, please call our global service center. We can help you find an in-network provider based on your individual needs and preferences.

You can also visit **CignaEnvoy.com.** and use our provider directory to get help finding an in-network provider in your location.

If you need assistance paying for services, don't hesitate to contact us. Each year, we make payments directly to international health care providers. We can also issue a guarantee of payment before you receive services.



Filing a claim

Your provider may file a claim directly with Cigna and charge you for your portion of the bill. In this case, Cigna will pay your provider and you do not need to file a claim. In other cases, your provider may require you to pay for services at the time you receive them. If so, file a claim with us for reimbursement.

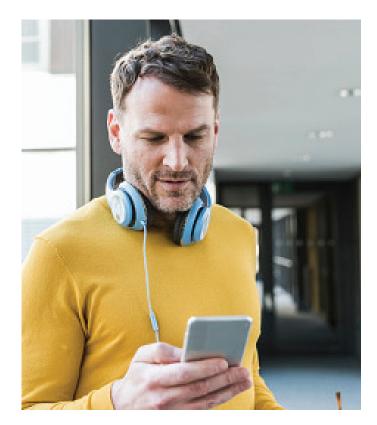
Use our simple claim submission process at **CignaEnvoy.com.** for the quickest reimbursement time.

An easy way to speed up the claims process

- > We recommend submitting your claims through **CignaEnvoy.com**, or the Cigna Envoy App. It's the fastest way to get your claims to Cigna.
- If you choose to mail or fax your claim, make sure your claim form is filled out completely, and don't forget to sign it.
- Fill out a separate form for each provider or hospital visit.
- > Be sure to include a diagnosis and let us know the type of treatment you received.
- Provide a detailed list of fees for each service rendered along with the date it was performed.
- Make copies of your bills, receipts and claim forms.
- Clearly state how you would like to be reimbursed.

If you can't submit your claim online, keep in mind that even a fax is faster than regular mail.

Remember to save copies of your bills, receipts and claim forms for your records.



Follow these steps if you prefer to fax or mail your claim.

- 1. Obtain a claim form, available in different languages in any of the following ways.
 - > Use the one included in your Welcome Kit.
 - > Download one at Cigna Envoy.
 - Call or email our global service center.
 We can email, fax, or mail you one.
- 2. Complete the form.
- 3. Fax it to:
 - > 1.800.243.6998 (toll-free fax number)
 - > 001.302.797.3150 (direct fax number)

Or mail it to:

Cigna Global Health Benefits PO Box 15050 Wilmington, DE 19850-5050 U.S.A.

We can reimburse you for your covered claims in U.S. dollars or in many local currencies in a number of ways.

- > Direct Payment to a U.S. or Canadian bank.
- > Electronic funds transfer (EFT).
- Checks to you in a variety of currencies (over 100 currencies).
- > Wire transfers to bank accounts around the world.

Filling prescriptions

If your plan includes pharmacy coverage, you may be able to fill a longer supply of medication before you leave the United States.

Please be aware that restrictions may apply. State and federal laws may limit the amount of certain controlled substances that can be distributed. Many countries also have specific laws regarding bringing medications into the country, including limits on the number, type (liquid or powder) and dosage.

Be sure to contact us to:

- Make a plan for obtaining medications before you leave or while you're away.
- > Refill prescriptions while abroad.
- Identify prescriptions that may not be available in your host country.
- Understand which drugs are covered by your plan.

Using your Cigna ID card

Here's what to do once once you receive your ID card:

- Verify that your information is correct. Call our global service center if something needs to be changed.
- Present your card when receiving services from a provider.

Your provider can call our global service center to verify your coverage and request Guarantee of Payment.

Accessing other resources

We offer access to additional tools and services such as:

- > Global medical and dental referrals.
- > Multilingual medical advice and consultation.
- > Appointment and admission assistance.
- > Emergency prescription services.
- > Concierge and travel assistance services.

To access these tools and more, visit CignaEnvoy.com. For questions, contact our global service center.

Contact us anytime, from anywhere

Cigna representatives in our global service center provide 24/7 multilingual information and professional support. They can also help connect you with providers around the globe.

Website	CignaEnvoy.com
Toll-free telephone number	1.800.441.2668 (Toll-free) 001.302.797.3100 (Direct, collect calls accepted)
Toll-free TDD*	1.800.558.3604 Telecommunications Device for the Deaf
Fax number	1.800.243.6998 (Toll-free) 001.302.797.3150 (Direct)
Mail delivery	Cigna Global Health Benefits PO Box 15050, Wilmington, DE 19850-5050, U.S.A.
Courier delivery	Cigna Global Health Benefits 300 Bellevue Parkway, Wilmington, DE 19809, U.S.A.

Calling from outside the United States

When dialing an international number, it's important to use the International Access Code. Go to **CignaEnvoy.com.** and select Contact Us for a list of country codes and helpful calling instructions.

*Telecommunications Device for the Deaf. For other convenient ways to contact our customer service center, please log in to CignaEnvoy.com.



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CIGNA ENVOY MOBILE APP

Global convenience for your mobile world.

You're mobile. So are we. The Cigna Envoy[®] mobile app lets you manage your health benefits and submit claims from just about anywhere. It's easy. It's convenient. And it's at your fingertips.

Information anytime, just about anywhere

At Cigna Global Health Benefits[®], we know it's important to stay connected. We're there for you – anytime, just about anywhere – with the Cigna Envoy mobile app.

We make it easy to:

- ➤ Locate nearby in-network healthcare provider and get directions delivered via Google Maps[™] mapping service.
- Submit claims by taking a photo with your Android or Apple mobile device and sending it through the app.
- > Manage and track the status of pending claims.
- > View Cigna ID card information.
- > Contact us with the tap of a finger.



The Cigna Envoy mobile app is free to Cigna Global Health Benefits customers. It's available from the App Store[®], Google Play[™] or the Amazon Appstore.



Download the app today.





* The downloading and use of the app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual mobile app features available may vary depending on your plan and individual security profile.

Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law. Cigna Global Health Benefits' web-based tools, such as Cigna Envoy, are available for informational purposes only. These tools are not intended to be a substitute for proper medical care provided by a physician. References to third party organizations or companies, and/or their products, processes or services, do not constitute an endorsement or warranty thereof. The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a registered service mark of Apple Inc. Google Play and Google Maps are trademarks of Google Inc. Amazon, Amazon Appstore and all related logos are trademarks of Amazon.com, Inc. or its affiliates.

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CIGNA PHARMACY MANAGEMENT

Performance

Whether you are going on assignment, already in your new location, coming home to visit or have family members back home, you can take advantage of your Cigna Pharmacy Management[®] program. We make it easy and convenient to fill your prescriptions before you leave and while you are living outside your home country. Below are some commonly asked questions regarding your prescription medications. If you have additional questions, feel free to call our service center at the phone number on your Cigna ID card. Our service team is available to help you 24 hours a day, seven days a week.

FREQUENTLY ASKED QUESTIONS

Receiving prescription medication outside the United States

Why do I need to think about my prescription medication before I leave?

You may find that certain countries have specific laws around you bringing medications into the country. These laws may include limits, exclusions of some medications, and even restrictions on forms of medications, such as powders or liquids which may not be allowed to enter the country. Outside your home country, you may also find that certain medications are not available locally, dosages may differ and the level of safety and oversight of medications can vary. Simply put, you may not be able to receive the medication you need. If you have any questions or concerns about travel restrictions or the availability of a prescription medication, you can call us at the phone number on your Cigna ID card.

Are there steps I can take to receive assistance before I leave?

Yes. There are different steps to take depending on whether or not you have received a Cigna ID card.



Together, all the way."

HAVE YOU RECEIVED YOUR CIGNA ID CARD?



If you have not received a Cigna ID card please follow these instructions.

- 1. Your employer can provide you with the login credentials.
- 2. Visit CignaEnvoy.com.
- 3. Select "I do not have a Cigna ID/Pre-Departure tools" from the menu.
- 4. The next screen will ask you to enter your client ID and password.
- **5.** Once you have logged in, you will be able to complete the pre-departure medical assessment questionnaire and access country guides to learn more about your destination.



After you complete the appropriate assessment, a member of our medical team may reach out to further assist you. You can also call our service team at the phone number on your Cigna ID card.

Is it possible to receive 12 months of prescriptions before I leave?

When possible, you may be able to take advantage of 12-month prescriptions before leaving the United States, through Express Scripts Home Delivery PharmacySM or Accredo, a Cigna specialty pharmacy. Please be aware that due to state and federal laws, some controlled medications cannot be filled for more than one month at a time or may have other distribution limits. To learn if your prescriptions can be filled for 12 months and if there are any associated travel restrictions, please call our service center at the phone number on your Cigna ID card.

What do I do if I need a prescription filled when I am abroad?

If you receive a prescription from a local doctor while on assignment, you may be able to fill it locally. If you have any questions, please contact our service center at the phone number on your Cigna ID card. Our customer service team will help you identify available options. Please be aware that medications prescribed in foreign countries can only be filled in the country where the prescription is written. For example, if you have a medication that was prescribed by a doctor in China, it cannot legally be filled in the United States. Likewise, a prescription written in the United States cannot be filled in a pharmacy outside of the United States. We also encourage you, when possible, to plan visits with your provider in the United States for any new prescriptions. Please fill prescriptions during your time in the United States, but if you have any questions or concerns about travel restrictions, you can call us at the phone number on your Cigna ID card.

RECEIVING MEDICATION WHEN IN THE UNITED STATES

Filling your prescription with Express Scripts Home Delivery Pharmacy¹

How can I receive my medication when I am in the United States?

Express Scripts Home Delivery Pharmacy is a convenient and easy way for you to receive your medication when in the United States. This service offers a number of advantages, including a 90-day supply of medication at one time, as well as having it delivered directly to your home at no additional cost.

What are the benefits of Express Scripts Home Delivery Pharmacy?

Do you take medications on a regular basis? Then Express Scripts Home Delivery Pharmacy might be right for you! Express Scripts Home Delivery Pharmacy is a service available in the United States. You may be able to save money when you switch from a retail pharmacy to our accurate, easy home delivery.

Other benefits include:

- Standard delivery to your U.S. home address or other preferred U.S. location at no additional cost
- > 90-day refills
- Reminders so you don't forget to fill your prescriptions
- > Licensed pharmacists available 24/7
- > Tools to manage your prescriptions
- Medications approved by the U.S. Food and Drug Administration

Can I use Express Scripts Home Delivery Pharmacy if I already have a prescription with another pharmacy?

Yes. Simply call **800.835.3784** and have your doctor's contact information and prescription medication name(s) and dosage(s) ready. Express Scripts Pharmacy will do the rest.

How long will it take to fill a new prescription?

Once Express Scripts Pharmacy gets your order, it usually takes about 48 hours to fill it. You should get your order in about 8 days (or 10 - 14 days if it's a new prescription). To help make sure you don't miss a dose of your medication, please be sure you have a 30-day supply on hand when you place your order.

You can check the status of your order online, at any time. Simply log in to the Cigna Envoy app or website, navigate to Home Delivery, and we'll automatically connect you to your Express Scripts online account portal.

How can I place an order with Express Scripts Home Delivery Pharmacy?

Here are two easy ways to place a new order:

- Electronically: For fastest service, ask your doctor's office to send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
- 2. By fax: Have your doctor's office call 888.327.9791 to get a Fax Order Form.

Managing a complex medical condition

Use Accredo, a Cigna specialty pharmacy, to help manage a complex medical condition.

Managing a complex medical condition isn't easy. Accredo can help. They can also fill and ship your specialty medication to your home (or location of your choice).² Their team of specialty-trained pharmacists and nurses will provide you with the personalized care and support your need to manage your therapy. Accredo will help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

Other benefits include:

- > 24/7 access to pharmacists and nurses with experience and training in complex conditions
- Refill reminders to help make sure you don't miss a dose
- > Access to a wide range of personalized care services
- More choice in how to connect with them by text, phone and/or online resources

How long will it take to fill a new prescription?

- Accredo will schedule and quickly ship your medications (at no extra cost to you) – even those that need special handling, like refrigeration.
- Accredo will send supplies (like syringes and a sharps container) at no extra cost to you.
- Accredo will send you refill reminders to help make sure you don't miss a dose. You can also refill certain prescriptions by text.³
- > Get real-time updates once Accredo ships your order.

How can I place an order with Accredo, a Cigna specialty pharmacy?

Contact an Accredo representative by calling **877.826.7657** to place a new order with Accredo.

For existing orders:

- 1. Go to Accredo.com. You'll be asked to create an account to get to your dashboard. It's important to know that you'll need an Accredo Rx number to log in. That means you won't be able to do this until you've filled a prescription with Accredo.
- 2. Log in to the Cigna Envoy[®] website. Navigate to Home Delivery, and we'll automatically connect you to your Express Scripts online account portal. From there you will be able to view your existing Accredo prescriptions.

Filling your prescription with a traditional pharmacy

Can I fill my prescriptions at retail pharmacies in the United States?

Your pharmacy plan is an important part of your overall health care benefits package. It works together with your medical coverage to help keep you healthy. We offer a U.S. pharmacy network made up of approximately 67,000 retail pharmacies⁴ that offers you discounted prices on medications, saving you money on your prescriptions. You can also use Express Scripts Home Delivery Pharmacy to fill your maintenance medications. To see if your pharmacy is in Cigna's network, please log in to the Cigna Envoy® mobile app or website and search the provider network.

What are the benefits of visiting an innetwork pharmacy?

Customers enjoy substantial discounts on both covered brand and generic medications when filled at in-network pharmacies. When you visit one of these pharmacies, you will only be responsible to pay your copay, coinsurance, and/or deductible, if applicable and Cigna will also pay the pharmacy directly for our portion of a covered purchase, which eliminates the need to file a claim.

Will I need to pay for my prescription medication when I visit an in-network pharmacy?

When you visit one of these pharmacies, we will also pay the pharmacy directly for our portion of a covered purchase, which eliminates the need to file a claim. You are only responsible for paying the remaining balance (deductible, copay and/or coinsurance) based on your specific plan benefits.

Should I transfer my prescriptions to an in-network pharmacy if my current pharmacy is not part of the Cigna pharmacy network?

Yes. You are encouraged to transfer your prescriptions to an in-network pharmacy. This allows us to pay the pharmacy directly for covered purchases and helps you keep your out-of-pocket costs as low as possible.

To transfer your prescriptions to an in-network pharmacy, please contact the pharmacy directly.

Are the medications I am taking covered?

It is always best to check before going to the Pharmacy to see if your medication is covered.

QUESTIONS?

We know questions about your medications can come up anytime and that's why we are available 24 hours a day, seven days a week to help you. Call us anytime using the phone number on your ID card or visit **CignaEnvoy.com**.

> EASY ACCESS TO QUALITY CARE AROUND THE WORLD

Cigna Global Health Benefits®



1. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please check your plan materials, to learn more about the pharmacies in your plan's network.

2. As allowable by law.

3. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

4. Cigna national book of business analysis conducted Q2 2020

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KNOW BEFORE YOU GO

PRE-DEPARTURE MEDICAL ASSESSMENT

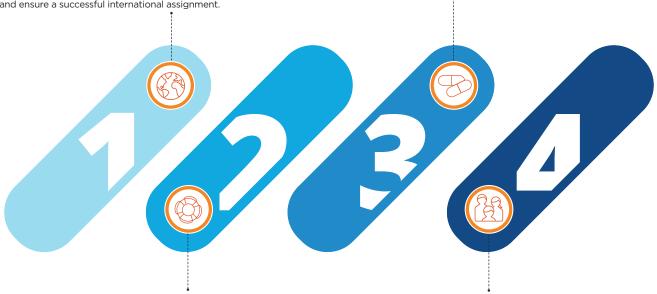
WAYS THIS PROGRAMME CAN HELP YOU EVEN BEFORE YOU LEAVE FOR AN INTERNATIONAL ASSIGNMENT

Have an easier transition

Whether this is your first international assignment or you are an experienced traveller, there may be health-related preparations you need to make before you leave. The Pre-Departure Medical Assessment programme can help you manage your healthcare prior to and during your assignment in order to avoid medical emergencies and ensure a successful international assignment.

Plan for any medical needs

Do you have a plan to obtain medications while on assignment? Do you or a family member have any medical conditions? Do you have a plan to receive medical care while on assignment? Cigna's Pre-Departure Medical Assessment programme can help you build a plan before you leave home.^{*}



Be prepared

Healthcare is not the same in every country – it can vary greatly across the globe. You can learn more about your new location by using the country guides A nurse can help you plan ahead and give you information about accessing healthcare, whether medications are available in your assignment country or if alternatives may be necessary, as well as how to find a doctor.

We help your family too

Whether your family is coming with you or staying back home, they can also be included in the programme and even speak with a nurse regarding any medical or medication concerns.

No two people are alike. That is why it is vital that you receive information specific to your condition. Our qualified Cigna nurses can give you personalised feedback and advice based on your specific needs and health history.

It only takes 10 minutes!

If you are identified as having a medical condition, a Cigna nurse may reach out to you to offer confidential assistance on how best to be prepared for your international assignment and answer any medical questions you may have.*



Together, all the way."

How to access the questionnaire if you haven't yet received your Cigna ID card.

1. Visit <u>public.cignaenvoy.com</u> and select I do not have a Cigna ID. Log in with your client ID number and password below.

Client ID:** GUID05810

Password:** 05810GUID

- 2. After you accept the terms of use,*** you will be taken to the Pre-Departure Medical Assessment questionnaire.
- **3.** When prompted, please enter your own personal and confidential login and password.
- **4.** Please check the *yes* consent box at the end of the questionnaire so that you may receive outreach from a Cigna nurse should you be identified as needing assistance.
- 5. You will find information related to local healthcare, required and recommended immunisations, crime rate, weather, currency, finding a good provider and more.

How to access the questionnaire if you've already received your Cigna ID card.

- 1. Visit <u>member.cignaenvoy.com</u> and enter your credentials. If you have not yet registered for Cigna Envoy, select **Register now** and follow the prompts.
- 2. Select **Toolkit** from the top menu, followed by **Health and Wellbeing**, and then **What to Know When Travelling and Relocating.**
- **3.** The Pre-Departure Medical Assessment will be your first option. You can register or log in to complete the online questionnaire (you may already have login credentials if you've taken the questionnaire).
- Please check the **yes** consent box at the end of the questionnaire so that you may receive information or outreach from a Cigna clinician or nurse.

*Please note that this programme is not linked to your insurance coverage and we are therefore unable to confirm what specific benefits may or may not be covered under your policy. Once you have your Cigna ID number you will be able to verify specific benefit coverage by simply contacting Cigna at the number located on your Cigna Identification card.

** Please note: The client ID above only provides access to the Cigna Envoy site. You must create a unique username and password to complete the pre-assignment questionnaire.

*** Personal data is treated confidentially and securely. We do not share personal data with third parties or employers and we will not send you unsolicited marketing. For additional information regarding data privacy policies and fair processing notices, please consult CignaEnvoy.com or your employer's privacy office.

CASE STUDY



Julia, on assignment in the UAE

After completing the Pre-Departure Medical Assessment questionnaire, Julia was identified with a medical condition and would require assistance obtaining her medication in the UAE. A Cigna nurse contacted her to help her create a plan for obtaining her medication while on assignment.

The nurse assisted by:

- Researching the availability of Julia's medication in the UAE

- Identifying doctors in the UAE for consultation

- Liaising between the doctor in her home country and the doctor in the UAE to facilitate medical records

- Coordinating with the Cigna medical team in the UAE for alternative options

The medication and the medical specialist needed were not available in the UAE. The nurse communicated with Julia's doctor in her home country to arrange for telehealth sessions, the first of which would be soon after her arrival at her destination to support her during transition. They also helped by providing information on medication shipment and customs.

Thanks to the support of the Pre-Departure Medical Assessment programme, Julia was able to continue seeing her doctor and receive her medication, avoiding any issues. Her nurse also helped with planning her next doctor's visit and medication refill upon her return.

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What is CignaLinks?

The Cigna*Links*[®] program integrates global health care coverage with local administrative services and provider networks to deliver:

- > Convenient access to quality care
- > Reduced out-of-pocket expenses
- > Local claims processing
- > Simplified administration
- Local regulation compliance for certain regions

How does the CignaLinks program work?

Cigna*Links* partners receive eligibility data for all eligible customers in their country or region.¹ Participation in a Cigna*Links* program is based on the elected medical coverage, work location and/or citizenship of the employee. It is possible for an employee to be eligible for more than one Cigna*Links* program. For example, someone with a work location of Hong Kong and a citizenship of Brazil would be eligible for both the Cigna*Links* Hong Kong and Cigna*Links* Brazil programs. For this reason, it is very important for Cigna to have accurate work location and citizenship data for all employees, as well as dependents on assignment at all times. If an employee's work location changes, Cigna should be notified immediately.

When seeking health care services in one of the Cigna*Links* countries, customers simply present their Cigna*Links* ID card (which may be a separate or co-branded card) to the participating health care provider or facility at the time of service. Customers should use their Cigna global ID card anywhere outside the specified Cigna*Links* region.

Where are separate ID cards issued?

Customers who are eligible for a Cigna*Links* program will receive a Cigna global ID card and potentially one or more additional ID cards, depending on their citizenship and/or work location. Refer to the table below to review details per country or region.





Cigna Global Health Benefits®

	CIGNALINKS PROGRAM COUNTRY SPECIFIC DETAILS			
Country or region	Network partner	Separate ID card?	Key details	
Africa (Nigeria, South Africa)	<section-header></section-header>	Yes	 MSO ID cards are issued for the employee and all dependents. Cigna ID number is printed on the card. Customers should contact Cigna Global Health Benefits with any questions. For vision and dental, and other ancillary services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Global Health Benefits. 	
Australia	<section-header><section-header><text></text></section-header></section-header>	Yes	 Only employees and their spouses receive GU ID cards. Dependent names are listed on main (employee/spouse) cards. Customers can call GU at the number on the back of the card. A specific GU ID number is assigned. ID cards can be swiped like a credit card at specific facilities, but not all health care providers have this technology. If a GU card is reissued, the previous card becomes invalid. For vision and dental services,² customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Global Health Benefits. 	
Brazil	Gama Saúde	Yes	 ID cards are issued for the employee and all dependents. A Gama Saúde-specific ID number is displayed on the back of the card. The Cigna ID number is not displayed. ID cards are printed in Portuguese and the local Gama Saúde phone number is only for health care professionals. Customers should contact Cigna Global Health Benefits with any questions. For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Global Health Benefits. 	
Canada	<section-header><section-header><image/><image/><image/><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></section-header></section-header>	Yes	 ID cards are issued for the employee and all dependents. Cowan will help employees determine if they are eligible for a specific provincial health care system in Canada. If eligible, a separate provincial ID card will be issued. A dedicated phone number for Cigna customers is displayed on the back of the ID card. An activation sticker is placed on each Cowan ID card. Employees need to contact Cowan to provide the necessary information to initiate electronic claim submission details for dental, vision and paramedical claims, as well as to confirm eligibility in Canada's provincial health care system. 	

	CIGNALINKS PROGRAM COUNTRY SPECIFIC DETAILS				
Country or region	Network partner	Separate ID card?	Key details		
Hong Kong	<section-header><section-header><section-header><image/><image/><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></section-header></section-header></section-header>	No	 Employees and all dependents receive a Cigna Global Health Benefits ID card, which includes the QHMS logo on it. Local QHMS and Cigna phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. A digital version of the card is available on CignaEnvoy.com. For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement to Cigna Global Health Benefits. 		
Middle East (United Arab Emirates [UAE])	<section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Yes	 ID cards are issued for employee and all dependents. ID cards expire on the last day of the policy/plan year and Neuron will reissue cards as long as employer and employee (and dependents) compliance information is current and on file. The ID card displays a Neuron-specific ID number and the Cigna ID number. Local phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. For vision and dental services, customers will typically be required to pay up front at the time of service and submit a claim for reimbursement to Cigna Global Health Benefits. In the UAE, the Neuron network should be utilized. If traveling to Bahrain, Kuwait, Oman or Qatar, the Cigna direct network should be utilized. Customers can view all networks on CignaEnvoy.com or the app. 		
Middle East (Bahrain, Kuwait, Oman and Qatar)	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Yes	 ID cards are issued for employee and all dependents. ID cards expire on the last day of the policy/plan year and Neuron will reissue cards. The ID card displays a Neuron-specific ID number and the Cigna ID number. Local phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. In Bahrain, Kuwait, Oman and Qatar, the Cigna direct network is utilized. If traveling to the UAE, customers should access the Neuron network. Customers can view all networks on CignaEnvoy.com. 		

CIGNALINKS PROGRAM COUNTRY SPECIFIC DETAILS			
Country or region	Network partner	Separate ID card?	Key details
Middle East (Kingdom of Saudi Arabia [KSA])	<section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header>	Yes	 ID cards are issued for employer sponsored employees and dependents. ID cards expire on the last day of the policy/plan year and the Saudi Arabian Cooperative Insurance Company will reissue cards, as long as they have current information on file. The ID card displays a specific Saudi Arabian Cooperative Insurance Company ID number and the Cigna ID number. Local Saudi Arabian Cooperative Insurance Company phone numbers and email address are displayed on the back of the ID card and can be used by customers and health care providers. Customers may be eligible for vision and dental benefits in the KSA. Customers will typically be required to pay up front at the time of service and submit a claim to the Saudi Arabian Cooperative Insurance Company for reimbursement. In the KSA, the Saudi Arabian Cooperative Insurance Company network should be utilized. When traveling to the UAE, customers should access the Neuron network. When traveling to Bahrain, Kuwait, Oman or Qatar, the Cigna direct network should be utilized. Customers can view all networks on CignaEnvoy.com.
South East Asia (Indonesia, Malaysia, Singapore)	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	No	 Employees and all dependents receive a Cigna ID card which includes the Parkway logo. A local Parkway phone number is displayed on the back of the ID card for use by health care providers only. Customers should call the Cigna number, which is also displayed on the back of the ID card. A digital version of the card is available on CignaEnvoy.com. For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Global Health Benefits.
Spain	Cigna Spain Cigna Superior Cigna Superior C	Yes	 ID cards are issued for employees and all dependents. A local Spain phone number is displayed on the back of the ID card and is for health care provider use only. The phone number displayed for customers is routed to Cigna's customer service. For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Global Health Benefits.
United Kingdom	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	No	 Employees and all dependents receive a Cigna Global Health Benefits ID card, which is gray rather than white, which assists with network access in the UK. Cigna phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. A digital version of the card is available on CignaEnvoy.com. For medical, vision and dental services with health care providers who do not participate in direct billing with Cigna, customers will be required to pay up front at the time of service and submit a claim for reimbursement with Cigna Global Health Benefits.

Why doesn't Cigna offer a Cigna*Links* program everywhere?

Over the past 50 years of serving globally mobile individuals, Cigna has developed a robust network of health care providers outside the United States.⁴ In most countries, Cigna's global ID card is recognized and accepted by many health care providers and facilities, and they are willing to bill Cigna directly for services.

Cigna*Links* programs are often established where we have large concentrations of customers. These strategic alliances provide access to established local networks which promote quality, cost-effective care while simplifying administration for both clients and customers.

Customers can search for both Cigna direct network and Cigna*Links* network health care providers around the world by clicking the '**Find a Provider**' tab at **CignaEnvoy.com**. We always encourage customers to call Cigna Global Health Benefits if they have any questions.



We're here for you. Anytime you need us.

Our Global Service Center is open 24 hours a day, seven days a week. To reach us, dial **800.441.2668** or **001.302.797.3100**, and you can always reverse the charges. You can also fax us directly at **001.302.797.3150** or toll-free at **1.800.243.6998**.



What information do employees receive when they are enrolled in each Cigna*Links* program?

When an employee is enrolled in a Cigna*Links* program, they receive the following materials (please click on each country or region to learn more).

- CignaLinks Africa MSO Customer kit
- CignaLinks Australia Grand United (E)
 Customer kit (for employees with full Australia
 Medicare eligibility)
- CignaLinks Australia Grand United (A & C1) Customer kit (for all other employees)
- CignaLinks Brazil Gama Saúde Customer kit
- CignaLinks Canada Cowan Insurance Group Customer kit
- CignaLinks Hong Kong QHMS A CignaLinks welcome email is sent with a link to the customer kit (if employee email address is on file).
- > Cigna*Links* Middle East
 - > Bahrain, Kuwait, Oman, Qatar, UAE> KSA
- CignaLinks South East Asia Parkway Health A CignaLinks welcome email is sent with a link to the customer kit (if employee email address is on file).
- CignaLinks Spain Cigna Customer kit
- CignaLinks United Kingdom Cigna
 A CignaLinks welcome email is sent with a link to the customer kit (if employee email address is on file).

Together, all the way.



- 1. The client (employer) must participate in the CignaLinks program in order for customers to be eligible.
- 2. Australian citizens categorized as "E" should submit their claims directly to GU Health.
- 3. Customers may be eligible for vision and dental benefits in Abu Dhabi, Dubai and the Kingdom of Saudi Arabia, depending upon their plan design. Customers will typically be required to pay up front at the time of service and submit a claim to SAICO for reimbursement.
- 4. Cigna International Markets Fact Sheet, July 2020. Subject to change.

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ONLINE CLAIM SUBMISSION

CignaEnvoy.com

Simplified claims process

All registered users of the Cigna Envoy[®] website can submit claims online through easy-to-follow prompts. Your data is automatically pre-populated (name, date of birth, banking details, etc.), speeding up the submission process. Files up to 6MB can be attached and you have the ability to view current and historical claim submissions, including any attachments.

How to file an online claim

- 1. Visit CignaEnvoy.com.
- 2. Within the 'Customers' section, select 'Login'.
- Select the 'Submit a new claim' button at the top of the screen.
- You will need to provide the following information for each claim you submit.
 - Personal data
 - Claim details
 - Proof of payment if you are submitting for reimbursement
- 5. Select 'Submit.'

Registering for Cigna Envoy:

If you are not registered for Cigna Envoy, please follow these instructions.

- 1. Download the mobile app OR go to CignaEnvoy.com and within the 'Customers' section, select 'Register'.
- 2. Enter your Cigna ID and click 'Register'.
- **3.** Enter the identifying information, including account number, then click **'Register'**. Receive your registration confirmation to your email. Click the link in the email to continue registration.
- 4. Click 'Activate Cigna Account'. Now you can set up your password with the requirements provided on screen.
- Click 'Confirm password'. You'll also be prompted to set up two-factor authentication or you may skip this step. Two-factor authentication is used to provide added security for your account.
- 6. Choose 'Email or SMS & submit' or 'Skip authentication'.
- **7.** Access your account, and read and accept the terms and conditions and any other informational messages.
- 8. Click 'Continue'.

CignaEnvoy.com

One more way Cigna improves the health, well-being and peace of mind of the people we serve.

Cigna Global Health Benefits®



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GUARANTEE OF PAYMENT

A Guarantee of Payment (GOP) assures payment directly to a health care provider outside the United States for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan.

What does a GOP include?

Scheduled service, date of service to be performed, level of benefits, cost of service, deductible, coinsurance, and more.

Why is a GOP important?

- Using a GOP increases access to care around the world.
- Reduces out-of-pocket expenses at those health care providers who do not, per normal practice, directly bill Cigna (please note: You are responsible for any applicable coinsurance, deductible or copays per your plan).
- > Enables the hospital to bill us directly.
- Allows Cigna's Medical Review Team to consult on the services being rendered, providing you the best care possible.

Who is responsible for requesting a GOP?

- If a health care provider requests payment up front, always ask them to contact Cigna Global Health Benefits (CGHB) per the normal process that they use to verify benefits and confirm payment by CGHB for urgent/emergency services on your behalf.
- If you are requesting a GOP for urgent/emergency service, call the toll-free number on the back of your Cigna ID card. CGHB will verify benefits and confirm payment.
- If you are requesting a GOP for a service/procedure planned in the future through consultation with your health care provider, they should contact CGHB per the normal process that they use to verify benefits and confirm payment by CGHB for any services on your behalf.

What Information is needed for a GOP?

- Hospital/Facility performing the services
- Country where services will be rendered
- Facility fax number, phone number and email address
- Requesting provider name, phone number and email address
- Recipient (who will receive the GOP)
- > Patient name
- > Patient Cigna ID number
- Diagnosis
- > Procedure to be performed
- > Dates of service
- Statement on GOP summarizing service to be covered: "Please issue a GOP for xxxx reason"
- Please include in subject heading of email communication: "Urgent XXcompany nameXX GOP request - (customer name and ID number)" and mark as "High Importance"

Customers may request a GOP at any time. Coverage will depend on CGHB's clinical department reviewing the services for medical necessity, and your benefits and eligibility at the time of treatment. Once the information is received, we ask that you allow up to at least one business day for confirmation, unless urgent service(s) is required for your GOP to be completed.

We are always happy to assist you; let us know if there is anything else you need. Our Service Center is available 24/7 toll-free at **1.800.441.2668**, direct at **1.302.797.3100** or at **CignaEnvoy.com**.

Together, all the way."



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Cigna Global Health Benefits



Making it easy for you to get quality health care is only part of our mission.

We also make it easy for you to understand the costs. Our Explanation of Benefits uses simple language and only includes the information you need to know. Take a look at the sample below.

 The Summary page gives an overview of how your benefits are working for you – quickly see how much was submitted, how much has been paid, and what may be your responsibility.
 ANY COMPANY SUMMERE

 Your Explanation of Benefits is a summary of how your claims were processed and what you may owe, not a bill. Your health care provider or the facility may bill you directly for the remainder of what you owe.
 Explanation of Benefits Summary of claim(s) processed of U.S. Dollars

 If your claim was billed in local currency, total local currency amount will be listed here.
 U.S. Dollars

The amount that you may owe is stated in the Patient Responsibility field.

		Cigna.
JOHN PUBLIC 123 STREET RD ANYWHERE		Questions About Your Claims? For questions about this document, please visit Cigna's secure website, Cigna Throwy, at www.CignaThrowy.com, or call the International Service Center at the number below:
		Phone 1.800.569.3554 or 302.797.3337 Fax 302.797.3481
		Customer ID # 123456789 Account Name / Account # ANY COMPANY / 00000000
		THIS IS NOT A BILL Your health care professional may bill you directly for any amount that you owe.
Summary of claim	(s) processed on Ma	101 11, 2015
U.S. Dollars		
U.S. Dollars	\$400.00	The total amount billed for all services submitted. For international claims, this amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
	\$400.00 \$50.00	amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
Total	\$50.00	amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
Total Cigna Discount	\$50.00	amount is converted to U.S. dollars based on the foreign exchange rate for the date of service. The total Cigna-negotiated savings for the services submitted.
Total Cigna Discount Cigna Paid Amount Not	\$50.00 \$350.00	amount is converted to U.S. dollars based on the foreign exchange rate for the date of service. The total Cigna-negotiated savings for the services submitted. The total amount that Cigna paid for the services submitted. The portion of the services that are not covered by the plan or the amount not pai based on plan percentages. The amount the patient is responsible for paying after discounts that Cigna has



Together, all the way."

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Cigna Global Health Benefits

Page **2**

If you're unsure of the meaning of a word or phrase, you can look it up in the glossary.

Glossary

Amount Billed: The amount charged by the health care provider or facility (physic your covered dependents.

Amount Not Covered: The portion of your bill that is not covered by your plan. remark codes section on the following pages for more information.

Coinsurance: A percentage of covered expenses you pay after you satisfy your ded

Claim submission tips are included at the bottom of page two, clarifying what you need to include for the quickest processing time.

Claim submissions tips

Please submit a separate claim form for each patient and year in which services were rendered. Please include the for each claim:

Account name and Account #
 Customer ID #

3. Patient name

Page **3** The Claim Detail page follows the Glossary page.

The total amount you may owe is listed in the Patient Responsibility column.	Claim Detail	n of Benefits	THIS IS NOT A BILL
You may any this amount to	DATE PROCESSED: 03/11/15 CUSTOMER NAME: JOHN PUBLIC SERVICES PROVIDED BY: DR HOSPITAL	CUSTOMER ID #: 00000000 00 PATIENT ACCOUNT#:	
You may owe this amount to the health care provider or		19D Cigna Mmount not	Cigna Patient Remark Paid Resp. ³ Codes
facility that provided your services, which is listed above	07/01/14 Hymician Visit O/V 24880665 0.000000 0.000000 100. 07/01/14 Hymician Visit O/V 24880665 0.000000 0.000000 100. 07/01/14 Hymician Visit O/V 24880665 0.000000 0.000000 100. 07/01/14 Hymician Visit O/V 24880665 0.000000 100. 100.	.00 25.00 0.00 0.00 0.00 0.00 .00 25.00 0.00 0.00 0.00 0.00 .00 0.00 0.00 0.00 0.00 0.00	100.00 0.00 75.00 0.00 ENNEW 75.00 0.00 ENNEW 100.00 0.00
the details of your visit.	Totals for TEST Z MEMBER: 0.0000000 \$400.1 1 - The deductible is the amount you need to pay each year before your plan starts paying benefits. 2 - After the deductible is met, the cost of covered expenses shared by you and your health plan. The percentage of co		\$350.00 \$0.00
Remark Codes are notes that explain processing methods.	 3 - The portion of the billed amount that is the patient's responsibility in USD, including any amounts already paid. Remark Codes BANEW-To obtain additional details about this claim, please contact the Customer Service Center. 		
Payment amount and method —	Other important information: Make this paper disappear! Cigna now offers you the ability to opt out of receiving your Explanation of Benefits in the	e mail.	
are stated in the Other	If's quick, easy, and you can help save the environment. Vnit Cigna Envoy at www.CignaEnvoy.com to find out how. Psyment Michael: NA Benefits are being paid to: JOHN PUBLIC		
important information section.	Missing a claim? If a claim has been submitted and it is not displayed above, that could mean the claim is in proces	ess. Please contact the Service Center to check the status of the claim.	

Page 4

The Important Information about Your Appeal Rights page details how you can file an appeal for a denied claim, how to receive additional information, and other resources that may be able to help you, if applicable.

We are always happy to assist you; let us know if there is anything else you need. Our Service Center is available 24/7 toll-free at **1.800.441.2668** or direct at **1.302.797.3100** (collect calls accepted).

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at the International Service Center nu hours a day, 7 days a week, if you need assistance understanding this notice or our decision to c

What if I don't agree with this decision? You have a right to appeal any decision not to provid or service (in whole or in part).



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Claim Form

Insured and/or Administered by: Connecticut General Life Insurance Company Cigna Health and Life Insurance Company

ng Address:	P.O. Box 15050 Wilmington, DE 19850, USA
Phone:	1.800.441.2668 (Toll-free) 001.302.797.3100 (Collect calls accepted)
Fax:	1.800.243.6998 (Toll-free) 001.302.797.3150

Website: <u>www.CignaEnvoy.com</u> For faster service, submit your claims online via our website.

Please submit this completed claim form with itemized bills and receipts as soon as possible to the address, fax number, or website above. Tape small receipts on 8.5 x 11 inch or ISO A4 paper. Do not staple receipts to the claim form. Complete a separate claim form for <u>each</u> patient. In order for your claim to be considered for reimbursement, you must complete and sign this claim form.

Maili

Required information: Missing or incomplete information on this form will delay payment.

SECTION A: Customer Information			
CUSTOMER NAME (Last Name, First Name, Midd	dle Initial) 📥		
CUSTOMER DATE OF BIRTH (DD/MM/YY)		ID NUMBER	-
PRIMARY MAILING ADDRESS (Where check/corr	respondence should be s	sent) 📥	
CITY/STATE	COUNTRY/POSTAL C	ODE	EMAIL ADDRESS
HOME PHONE NUMBER	WORK PHONE NUMB	ER	FACSIMILE NUMBER
EMPLOYER 📥			

SECTION B: Patient Information

	PATIENT NAME (If multiple, use separate claim forms for each) 📥	
PATIENT DATE OF BIRTH (DD/MM/YY) ▲ COUNTRY WHERE SERVICES WERE RENDERED▲	PATIENT DATE OF BIRTH (DD/MM/YY) 📥	COUNTRY WHERE SERVICES WERE RENDERED

DIAGNOSIS / REASON FOR TREATMENT / SYMPTOMS

NOTE: Please include a prescription from your general practitioner (GP) or medical specialist for prescribed drugs.

SECTION C: Health Care Professional Information Complete this section if the bill does not include complete health care professional contact information						
NAME 📥	ADDRESS 📥	PHONE NUMBER 📥	DATE OF SERVICE 📥	AMOUNT 📥		

SECTION D: Payment Information

Incomplete or incorrect information may result in a check payment made in US dollars and mailed to your primary mailing address 🔺

PAY CUSTOMER

PAY HEALTH CARE PROFESSIONAL

Please be advised that if the health care professional is a provider in the US and holds a contract with Cigna, payment will be made to the health care professional at the contracted rate even if this section indicates otherwise. If you have already paid for services, you should seek reimbursement directly from the health care professional.

	If payment	t is being made to CUSTOMER – complete payment details below.		
PAYMENT TYPE	CLAIM PAYMENT OPTIONS 🔺			
	US DOLLAR OTHER CURRENCY (PLEASI	E SPECIFY)	FOR OTHER AVAILABLE PAYMENT OPTIONS SEE PAGE 3	
	Note: Some currencies may not be available for reimbursement. Cigna reserves the right to default the payment currency to US dollars in order to facilitate payment.		MORE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE	
	СНЕСК		www.CignaEnvoy.com	
	ELECTRONIC PAYMENT	Payments issued in US dollars or international currency via wire transfer to an international bank may be assessed fees by your bank for receipt of the wire transfer. FILL OUT THE BANK DETAILS SECTION		

Cigna Global Health Benefits®

	•	-
BANK	BANK ACCOUNT BENEFICIARY NAME	ACCOUNT NUMBER (INTERNATIONAL BANK ACCOUNT NUMBER – IBAN)
DETAILS (THIS	BANK ACCOUNT TYPE	
SECTION FOR	BANK NAME	BANK ADDRESS
ELECTRONIC PAYMENTS	BANK ROUTING NUMBER	BANK CITY/STATE
ONLY)	ABA / Routing / SWIFT / BIC / BSB / Sort codes	
	ACCOUNT CURRENCY	BANK COUNTRY/POSTAL CODE

Verify all account information, bank routing number requirements, and currency requirements for your banking country to ensure the successful transmission of your payment. Incurred currency or US dollar check may be issued as a default payment. Cigna reserves the right to make electronic payments in the method and format deemed to be the most cost effective and expedient way to reach the payee.

SECTION E: Injury / Occupational Claim Information Complete this section only if you are filing the claim because of an accident or occupational (work-related) injury or illness.					
INJURY OR ILLNESS OCCURRED WHILE ON THE JOB?	YES	NO			
DESCRIPTION OF HOW INJURY OR ILLNESS OCCURRED					
DATE OF INJURY OR BEGINNING OF ILLNESS (DD/MM/YY)					
ARE YOU OR YOUR DEPENDENT(S) FILING A CLAIM OR LAWSUIT AGAINST A THIRD PARTY INCLUDING AN INSURANCE COMPANY IN ORDER TO RECOVER THE COST OF EXPENSES INCURRED AS A RESULT OF THIS INJURY OR ILLNESS?	YES	NO			
IF YES, PLEASE PROVIDE NAME OF THIRD PARTY 📥					
SECTION F: Other Coverage Complete this section if other coverage is in effect					
IS THE PATIENT COVERED UNDER ANOTHER HEALTH INSURANCE PLAN?	NO				

IS THE PATIENT COVERED UNDER ANOTHER HEALTH INSURANCE PLAN?

IF YES, PROVIDE NAME OF HEALTH INSURANCE COMPANY:

EFFECTIVE DATE OF COVERAGE (DD/MM/YY):

IS THE PATIENT COVERED UNDER MEDICARE?

IF YOU ANSWERED YES TO EITHER QUESTION ABOVE AND THE OTHER INSURANCE COMPANY IS PRIMARY, PLEASE SEND US THIS FORM AND (1) A COPY OF THE EXPLANATION OF BENEFITS (EOB) AND (2) THE ITEMIZED BILL(S) FOR THIS CLAIM.

POLICY NUMBER:

SECTION G: Certification and Payment Authorization

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

CERTIFICATION: By signing this form, I certify that this claim form does not contain any false or misleading information. I understand that Cigna and/or its subsidiaries may investigate my claims by collecting additional relevant personal information from me and from third parties, if necessary.

PAYMENT AUTHORIZATION: I authorize payment as indicated in Section D of this claim form.

NOTE: The information provided on this form may be disclosed to other persons or entities, including my Plan Sponsor, for the purpose of processing this claim and performing health plan administration and for such purposes as stated on the privacy notices, available upon request or at http://www.cigna.com/privacyinformation/privacy-notices-and-forms/.

I authorize the release of any medical information necessary to process this claim and for the purposes stated in the privacy notices. I certify that the information supplied is true and correct. I authorize payment as indicated in Section B of this claim form.

PATIENT SIGNATURE / PARENT OR LEGAL GUARDIAN IF PATIENT IS A MINOR _

_____ DATE (DD/MM/YY): _

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Cigna Global Health Benefits®

IMPORTANT CUSTOMER INFORMATION

Health care professional name/credentials

Health care professional address

Itemized bills must include:

Primary customer name Date of Service (DD/MM/YY) Patient name

Payment Information:

Electronic Funds Transfer (EFT) - Referred to in the US as ACH (Automated Clearing House)

Type of Service

Charge for the service

Diagnosis code/reason for service

EFT is only available for electronic payments made in US dollars to US bank accounts. An EFT authorization form must be completed prior to claim submission. The form can be found on our website at: <u>www.CignaEnvoy.com</u>, under My Account. Banking details will be updated within 10 business days after receiving the EFT authorization form. Within 24 hours of banking details being updated, Cigna can begin making electronic payments to the account. Claim payments made in the interim of receiving the authorization will be made by check in US dollars.

ePayment Plussm (Int'l ACH)

International ACH payments are only available for electronic payments in the *United Kingdom, Canada, Hong Kong, Singapore, Australia, Denmark, Sweden or New Zealand* in the local currency of that country. Enrollment must be completed prior to claim submission. To enroll, please access the ePayment *Plus* online enrollment section found on our website at: <u>www.CignaEnvoy.com</u>, under My Account. Once enrolled, your claim reimbursements will be deposited electronically into the bank account you specify. To cancel electronic deposits to your account you must terminate your ePayment *Plus* account information through this website. Lifting fees and additional bank charges may apply, please contact your bank for details.

Wire Payments

Wire payments are only available for payments made to banks outside of the United States. For payment to banks located in the United States, you must use the EFT (ACH) option. Enrollment must be completed prior to claim submission. To enroll, please access the wire transfer online enrollment section found on our website at: www.CignaEnvoy.com, under My Account. To cancel electronic deposits to your account, you must terminate your banking information through our website at: www.CignaEnvoy.com. Your bank may charge a fee for incoming wire payments, please contact your bank for details.

Default Payment Process

- If an electronic payment is rejected due to incorrect bank account information, a local currency or US dollar check may be issued until you correct your electronic payment information through our website at: www.CignaEnvoy.com.
- If your electronic bank information is incomplete or incorrect, your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in the form. You will receive reimbursement through the method of choice, once the correct bank information is received.
- All currencies are not available for some countries. If a currency or payment method is not available, the default payment is a US dollar check.
- If payment currency is in Euros and being remitted to one of the following countries, it may be sent as a SEPA payment: Aland Island, France, Italy, Norway, Austria, French Guiana, Latvia, Poland, Belgium, Germany, Liechtenstein, Portugal, Bulgaria, Gibraltar, Lithuania, Reunion, Cyprus, Guadeloupe, Luxembourg, Romania, Czech Republic, Greece, Malta, Slovakia, Denmark, Hungary, Martinique, Spain, Estonia, Iceland, Monaco, Switzerland, Finland, Ireland, Netherlands or United Kingdom.
- Cigna reserves the right to make electronic payments in the method and format deemed to be most cost effective and expedient to reach the payee.





Electronic Fund Transfer (EFT) Enrollment Form

Mailing Address:

P.O. Box 15050
 Wilmington, DE 19850, USA

Fax: 1.800.243.6998 (outside the USA) 001.302.797.3150 (inside the USA)

Please Read, Important Information:

To enroll for EFT, please complete the following information and submit this form along with a voided check to Cigna Global Health Benefits.

Cigna ID Number: (Not required for new members)	Employee Name (First, Last):					
Employer:	Check One:					
	Enrollment for EFT Change to Existing Account					
Daytime Telephone Number: (In the event there are questions about the information provided, please include country and city codes)						
Email Address: (Will be used to send deposit notification)						
U.C. Denk Information This information is rea	wind along with a vaided abook					
U.S. Bank Information – This information is required along with a voided check						
U.S. Bank Name:						
U.S. Bank Address: Street	City: State: Postal / ZIP Code:					
Name on U.S. Bank Account:						
Account Type: (Check One) Account Number:	Bank Routing Code: (9-Digit code located on the bottom left corner of check)					
Checking Saving						

Deposit Authorization:

I hereby authorize Cigna Global Health Benefits to deposit my claim reimbursements in U.S. Dollars into the financial institution named above and I hereby authorize that institution to credit these deposits to my account. This authorization is to remain in effect until I notify Cigna Global Health Benefits in writing of a cancellation or change, allowing reasonable time to implement such cancellation or change. I understand that it is my responsibility to verify that the funds are in my account correctly or to notify Cigna Global Health Benefits immediately of any discrepancies. I hereby agree to hold Cigna Global Health Benefits harmless from any error or omissions they may make in depositing or failing to deposit any claim reimbursements to the designated account.

Employee Signature: ____

Date:

If name on bank account is different than the insured, then the owner of the bank account must also sign giving Cigna Global Health Benefits the authority to deposit funds into their bank account.

Account Owner Signature: ____

Date:

All claim payments will be electronically transferred to your bank account unless otherwise specified by you on the claim form or unless benefits have been assigned to the Provider of service(s).

When a benefit payment is transferred to your bank account you will receive an e-mail notifying you of the deposit at the e-mail address you have provided above. Cigna Global Health Benefits cannot guarantee the confidentiality of this information when exchanged over the Internet. If you would prefer not to receive electronic reimbursement notification, do not provide your e-mail address. In either case, an Explanation of Benefits (EOB), explaining the reimbursement in detail will be mailed to you. You may also view your reimbursement information on-line at http://www.cignaenvoy.com

FRAUD NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

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