

MEDICAL BENEFITS ABROAD

Frequently Asked Questions

Q When does coverage begin and end?

A Specific plan coverage and benefit information can be found in your Benefits at a Glance or Welcome Kit. Coverage begins on your first scheduled date of travel once you arrive in a country that is not your residence or permanent assignment location. Coverage ends once you return to your country of residence or permanent assignment. If you seek care for an illness while traveling and follow-up care is needed once back in your country of residence or permanent assignment, that care will be covered through your primary health coverage and no longer through the MBA plan.

Q Can my Cigna card be used worldwide?

A Yes. Your Cigna MBA ID card can be used in any location; except in country of residence or permanent assignment. As a covered MBA international traveler, you have access to any hospital, clinic, physician, or specialist worldwide; however, we recommend using network facilities as they are prescreened and may offer discounts to Cigna customers. Cigna maintains a health care facility directory that you may access on line and you can always call Customer Service, through the number located on your MBA ID card, to locate a network provider or hospital.

Q Are there advantages to having a Cigna ID card?

A Yes. Cigna has provided global health coverage for more than 50 years. The Cigna card is recognized worldwide by major hospitals. The card's recognition enables Cigna to offer direct reimbursement to hospitals and clinics, and other services. This may prevent you from having to pay out of pocket and submitting a claim for reimbursement.

Q Is Telehealth virtual care available?

A You can access global telehealth 24/7 via the Teladoc Global Health Complete app.* Through the app, you can speak with licensed doctors around the world, by phone or video, to discuss your symptoms and determine best next steps.

Teladoc Global Health Complete App



Click on iOS or Android buttons or scan QR codes to download



Alternatively, you can call the Cigna MBA Customer Service Center to request a telehealth appointment. The Cigna customer service team will forward your request to our partners at Teladoc who will contact you directly to schedule your virtual appointment (typically within 1-2 hours).

Q How do I file a claim?

A In situations where a health care provider does not have a direct billing arrangement with us and they will not accept a guarantee of payment, you can still receive care. Once you have received treatment, a claim must be submitted to Cigna by you or your physician, along with itemized invoices.

When filing the claim, be sure to provide a diagnosis or a suitable explanation for treatment as well as all necessary itemizations. When receiving care from doctors outside of the United States, a personal note

to explain anything that may seem unclear will help process a claim promptly. The claim process may be delayed if additional correspondence is required to obtain missing information.

The quickest way to send in your claim information is through our step by step claims submission process on **CignaEnvoy.com**. To access Envoy, you will need your group's user ID and password details. Mailing and Faxing your claim information is also an option.

Q How long do I have to file a claim for emergency medical illness and injury?

A Cigna will consider claims for coverage under our plans when proof of loss (a claim) is submitted within one year (365) days after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within one year (365) days, the claim will not be considered valid and will be denied.

Q What if my claim is due to an accident that occurred at a work site while traveling outside my country of residence or permanent assignment?

A If you're an employee traveling on behalf of your employer, please contact your employers' benefits representative or plan administrator. Work-related claims are typically reimbursed by a Workers' Compensation fund or plan, not by Cigna.

Q What are my reimbursement options?

A Cigna recommends that you clearly state how you would like to be reimbursed, where you would like your reimbursement issued, and in what currency you would like your reimbursement issued. You have the option to receive payment in U.S. dollars, in your home country currency, your host country currency, or the currency of the country in which you received medical services. If your physician requires payment in the local currency, please indicate this on the claim. Claims are paid in more than 135 currencies.

Cigna is able to make the following types of reimbursements:

- Direct reimbursement to the hospital with your authorization signature
- Check reimbursement to your address in U.S. dollars or local currency
- Direct check reimbursement mailed to your bank account in the U.S. or Canada with the currency type (U.S. or Canadian dollars) and account information completed
- Wire transfer to your bank account (for claims of \$100 U.S. or more)

Q How quickly can I expect to be reimbursed?

A Once your international travel is verified by your group, Cigna may be able to reimburse you or your doctor or hospital within 10 business days regardless of the language in which the claim is submitted. You may encounter a delay in reimbursement if there are missing items from your claim submission. Claims submitted for payment in local currency (non-U.S.) may take a few days longer due to currency conversion banking procedures. Cigna's system automatically calculates the currency exchange rate based on the date of service.

If you would like Cigna to direct deposit reimbursement checks into your personal bank account in the U.S. or Canada, complete the payment information section of the Cigna claim, indicating U.S. or Canadian dollars. Your claim reimbursements may also be sent via wire transfer to your bank outside the U.S. We also offer wire transfers in Cigna Envoy for reimbursement.

Please note: certain countries have minimum foreign currency requirements for wire transfers. Banks may require you to pay wiring fees (**Note:** Your bank or intermediary bank may assess processing fees. Please check with your bank, as all fees associated with wire transfers are your responsibility.)* We can bulk payments for all family members posted on the same date into one payment to reduce these fees and meet any minimum payment amounts.

Q Will Cigna authorize prepayment of hospital charges in a foreign country?

A Hospitals in some countries will not admit patients without prepayment of charges. Call Customer Service and tell a Representative your requirements and the details of your treatment and charges. Cigna will guarantee payment for eligible services to any licensed hospital, clinic, doctor, or dentist who is agreeable to accept the guarantee. The health care provider must verify your eligibility and covered benefits either by phone (if urgent or needed within 72 hours) or by fax.

Q What if a physician or hospital insists I pay the bill myself?

A For small charges and expenses, physicians or hospitals may ask you to pay the bill yourself using cash or a credit card. Submit your claim and your payment preference via CignaEnvoy.com or by mail or fax. Cigna recommends informing your doctor that you have an insurance plan that can pay directly, quickly, and in local currency. If necessary, Cigna can coordinate payments if hospital or doctor is requesting payment in advance, contact Customer Service.

Q Will Cigna make direct reimbursement to a hospital or a physician?

A For Cigna to pay a doctor or hospital directly, you must sign the appropriate section of the claim authorizing direct reimbursement. If your physician requires payment in the local currency, please indicate this on the claim. Claims are paid in more than 135 currencies.

The quickest way to send in your claim information is through our step by step claims submission process on CignaEnvoy.com. Mailing and Faxing your claim information is also an option.

Q What should I do if I have an emergency?

A You may go to any emergency room at any time. However, showing your MBA ID card does not guarantee that a hospital will forgo admission charges before admitting you and providing the necessary care. If a hospital needs to verify your benefits or eligibility or make arrangements for advance payment, they may call Customer Service at any time.

Q Does Cigna pay for my evacuation or repatriation, if that ever becomes necessary?

A Cigna covers ground transportation to the nearest health care facility able to handle the situation. Please check with your company's benefits representative/plan administrator for your specific plan of benefits regarding evacuation and repatriation and how these expenses are handled.



Together, all the way.®



* Products and services are subject to availability and may not be available in all jurisdictions. Terms and conditions may apply. Local carrier charges may apply in some regions. The downloading and use of the Global Health Complete 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.

Please refer to plan terms for dependent coverage details. Cigna offers global telehealth in partnership with Teladoc Health. All doctors are licensed in the countries where they practice medicine and are fully qualified and trained to provide this service. Telehealth services may not be available in all jurisdictions. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Providers are solely responsible for any treatment provided and are not affiliated with Cigna.

** Cigna does not charge fees for International Wire Transfers, however encourage you to contact your bank to confirm if they apply any fees.

Cigna's web-based tools, such as the Cigna Envoy app and website, are for informational purposes only and are not a substitute for proper medical care provided by a physician. The information on these tools is only a general description of benefits and not a contract.

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