

YOUR CIGNA JOURNEY

Welcome kit



Cigna Global Health Benefits®



WELCOME

to Cigna Global Health Benefits

OUR MISSION:

To help the people we serve improve their health, well-being and sense of security.

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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 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-assignment assistance tool?

Important documents checklist

Medical



- Your Cigna ID card - If you have not received your card before you leave, you can contact the customer service center:
 - › Toll-free: **1.800.441.2668**
 - › Direct calling: **001.302.797.3100** (collect calls accepted)

— OR —

 - › You can obtain a copy on **CignaEnvoy.com** or through the Cigna Envoy App
- Before you leave, see if you qualify for a longer supply of prescription medications you take regularly. You can contact our global service center to see if there are any associated travel restrictions
- A record of past surgeries, diagnoses and medications (names/dosages)
- Copies of X-rays, MRIs, CT scans, etc. (easily stored on a thumb drive or DVD)
- Blood type, blood group and Rh factor
- List of all allergies - include medicine, foods, seasonal, etc.
- Vaccination history
- International certificate of vaccinations for yellow fever (yellow card, if necessary)

Travel



- Passports
- Birth certificates
- Visas and work permits
- Marriage certificate (if applicable)
- Home address
- Emergency and contact information
- A copy of Cigna customer 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 app and Cigna Wellbeing app
- Pre-assignment screenings
 - › Research and create a list of physicians located in your assigned country on **CignaEnvoy.com**
- Driver's license

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?

The same drug can have different names in different parts of the world. Use our helpful Drug Translation Tool via Cigna Envoy to identify more than 295 drugs in 24 countries.

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**¹ other than your patient responsibility (e.g., **deductibles**² or **coinsurance**³). If it is an emergency, contact Cigna from the hospital or doctor's office immediately after the 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.

1. **Out-of-pocket expenses:** Expenses such as copays, coinsurance, deductibles and any other charges not covered under your plan.

2. **Deductibles:** This is the amount of covered expenses that you must pay before the plan pays any benefit. Once you meet this threshold, the plan will begin to pay benefits for covered expenses that you incur; this applies to both individual and family plans.

3. **Coinsurance:** A percentage of the cost of covered expenses you must pay after you have met your plan deductible.



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 prescription medications you take regularly. You can contact our global service center to see if there are any associated travel restrictions.



Did you know?

Many employers choose to add **emergency evacuation services** to their employee benefits plan. Ask your employer if it's included in your plan.

We are here for you



Cigna Envoy® website and mobile app

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

It's easy:

1. Download the mobile app OR go to CignaEnvoy.com and under "I am a Customer" select "I have not registered yet."
2. Enter your Cigna ID Number—this number is located on your Cigna ID card—and your personal details.
3. Answer the security questions and click 'Register.'
4. You will be issued a one-time PIN, which you then change to a password/PIN of your choosing.

Once registered, you can:

- › Access our health care provider directory.
- › Submit and track claims.
- › Understand your coverage.
- › Update your **current** mailing address to receive important compliance information and communications related to your coverage.

Use the same login credentials to access CignaEnvoy.com, the Cigna Envoy mobile app and the Cigna Wellbeing App.



Cigna Wellbeing™ app

2 **Manage your health** - Connect to better health with the Cigna Wellbeing App and discover:

- › Global Telehealth:
 - Same day consultations with a doctor by phone; with video consultations 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 where available.
 - Discussing a medication plan.
- › Health assessments in key areas that affect your wellness.
- › Wellness tips, recipes, articles and more.
- › Wellness Coaching through videos and over the phone.
- › Health management of chronic conditions.
- › Employee Assistance Program—real time access directly through the app.



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.

Download the Cigna Envoy mobile app from:



Download the Cigna Wellbeing app from:



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.

Website	CignaEnvoy.com
Toll-free telephone number	1.800.441.2668
Email	Email is available for registered customers; see page 6 for registration instructions
Toll-free TDD* telephone number for the hearing impaired	1.800.558.3604
Direct telephone number	001.302.797.3100 (collect calls accepted)
Toll-free fax number	1.800.243.6998
Direct fax number	001.302.797.3150
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.

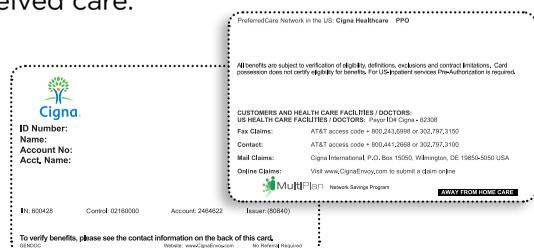
* Telecommunications Device for the Deaf. | For other convenient ways to contact our customer service center, please log in to CignaEnvoy.com.

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.

Frequently asked questions

Q: Do I need a Cigna ID card?

A: Yes. Your Cigna ID card is recognized by most providers around the world. By using your Cigna ID card, 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. 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 more than 1.5 million providers* worldwide, it's easy to locate a doctor or hospital. To locate an international provider, go to **CignaEnvy.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 customer 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.

* Internal network data as of January 2018.

† Subject to availability.

Claim instructions are included on page 8 of this kit.

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. Cigna will be able to support with our Guarantee of Payment process and 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 **CignaEnvy.com**.
2. Select "Check my claims."
3. Select "View all claims."
4. Under Explanation of Benefits, select "View" to see the specific EOB you are looking for.

Q: What if I have a medical emergency?

A: Should something serious happen, visit the nearest hospital and contact the global service center immediately. 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.

Our contact information can be found on page 4.

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

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

Q: What services are provided through Global Telehealth?

A: Global Telehealth provides access to clinical guidance from doctors—by phone or video—directly through the Cigna Wellbeing app. A diagnosis could be done 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 the patient will be advised to have these tests done (where legally allowed).

Cigna Envoy: Making it easy

Information at your fingertips.



Cigna Envoy® is your personalized online health resource. The tools and information are developed specifically for globally mobile individuals so you can easily find the information you need. Register for Cigna Envoy as soon as you receive your Cigna ID card. If you don't have an ID card, please call us toll-free at 1.800.441.2668 or direct at 001.302.797.3100 (collect calls accepted). With your ID card handy, enter the site (CignaEnvoy.com) and follow these simple steps to get started.

STEP 1	Go to CignaEnvoy.com and under "I am a Customer" select "I have not registered yet."	You will be issued a one-time PIN, which you can then change to a password of your choice for all future logins.
STEP 2	Fill in your registration details using the relevant information exactly as it appears on your Cigna ID card.	
STEP 3	Answer the security questions and click, "Register."	

- › Learn more about the country you are working in.
- › Get tips to stay in better shape while you are working outside of your home country.
- › Sign up for Electronic Funds Transfer (EFT) to make deposits and also receive claim reimbursements.
- › Download claim forms, submit and track claims.

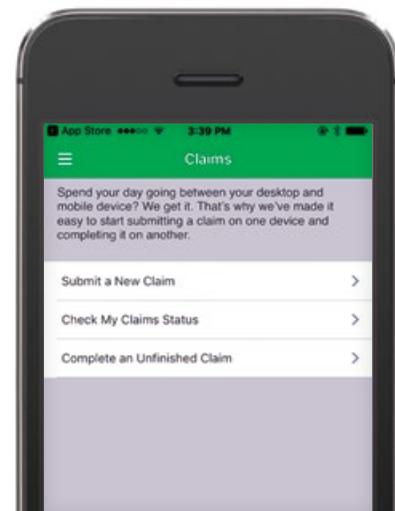
Why use the website?

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

- › Your benefits and exclusions – what you and your family members are covered for.
- › You and your covered family members' full claim history.
- › Our providers directory, allowing you to find a provider in your location.
- › Health and well-being information on managing many conditions, plus healthy living information.
- › Country guides which give you access to practical travel information, such as cultural, health and safety, travel tips, visitor and currency information for more than 190 countries.

On Cigna Envoy, you can also:

- › Send questions to us through our messaging tool.
- › Access pre-assignment tools.
- › Print and view your ID card.
- › Obtain a copy of your certificate of coverage under "My Documents".
- › Obtain a second opinion without having to visit a doctor.
- › Watch our global assignment video series to help you navigate your health care while on assignment.
- › Look up translations for medical terms.



Cigna Envoy on the go.

Instant, real-time access to your health information on the go. The Envoy App can be downloaded for free from the Apple App StoreSM, Google PlayTM or Amazon.com.

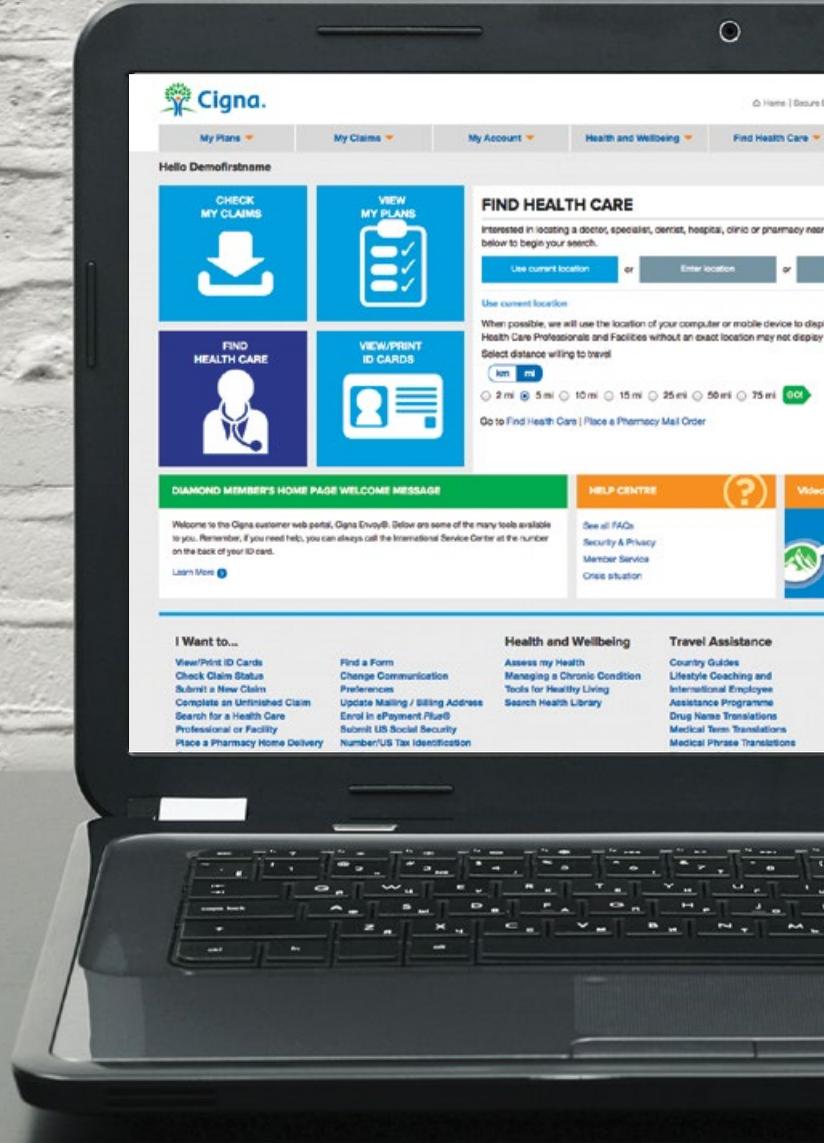


- › Easy and simple navigation.
- › Available whenever, wherever.
- › Find health care all over the world through our app location services.
- › Submit and check the status of claims through our photo claim submission tool.
- › View and print ID cards.

STILL HAVE QUESTIONS?

Want to know more? Get in touch with our global service center by phone or email.

* Online Certificates of Coverage will not generate for customers with no reported nationality and/or work location. Online Certificates of Coverage will not be available for customers with a reported nationality and/or work location in Iran, Syria, Ukraine, Cuba, North Sudan, or North Korea. Certificates of Coverage for expats in Germany, Russia, Turkey, Czech Republic, Switzerland, and Australia should continue to be requested through our Client Advocacy Team and will not be available online.



Finding and choosing a provider.

As a covered customer, you have access to the Cigna directory of more than 1.5 million providers 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:

1. Access the online directory of thousands of doctors, hospitals, clinics and dentists through **CignaEnvoy.com**.

Once on the Cigna Envoy home page, select “**Find Health Care**” to begin your search.

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

PreferredCare Network in the US: Cigna Healthcare PPO

All benefits are subject to verification of eligibility, definitions, exclusions and contract limitations. Card possession does not certify eligibility for benefits. For US inpatient services Pre-Authorization is required.

CUSTOMERS AND HEALTH CARE FACILITIES / DOCTORS:
US HEALTH CARE FACILITIES / DOCTORS: Payor ID# Cigna - 62308

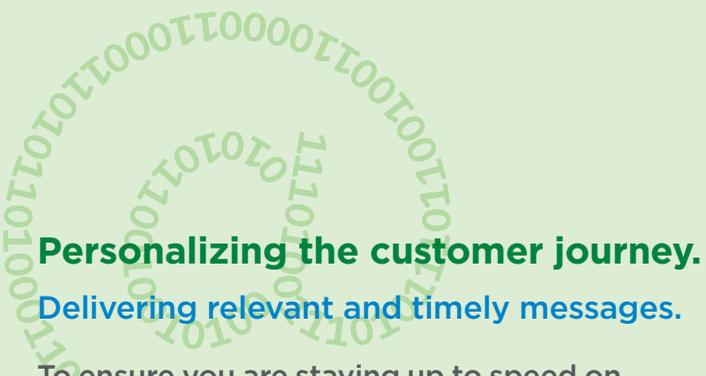
Fax Claims: AT&T access code + 800.243.6998 or 302.797.3150

Contact: AT&T access code + 800.441.2668 or 302.797.3100

Mail Claims: Cigna International, P.O. Box 15050, Wilmington, DE 19850-5050 USA

Online Claims: Visit www.CignaEnvoy.com to submit a claim online

 MultiPlan Network Savings Program **AWAY FROM HOME CARE**



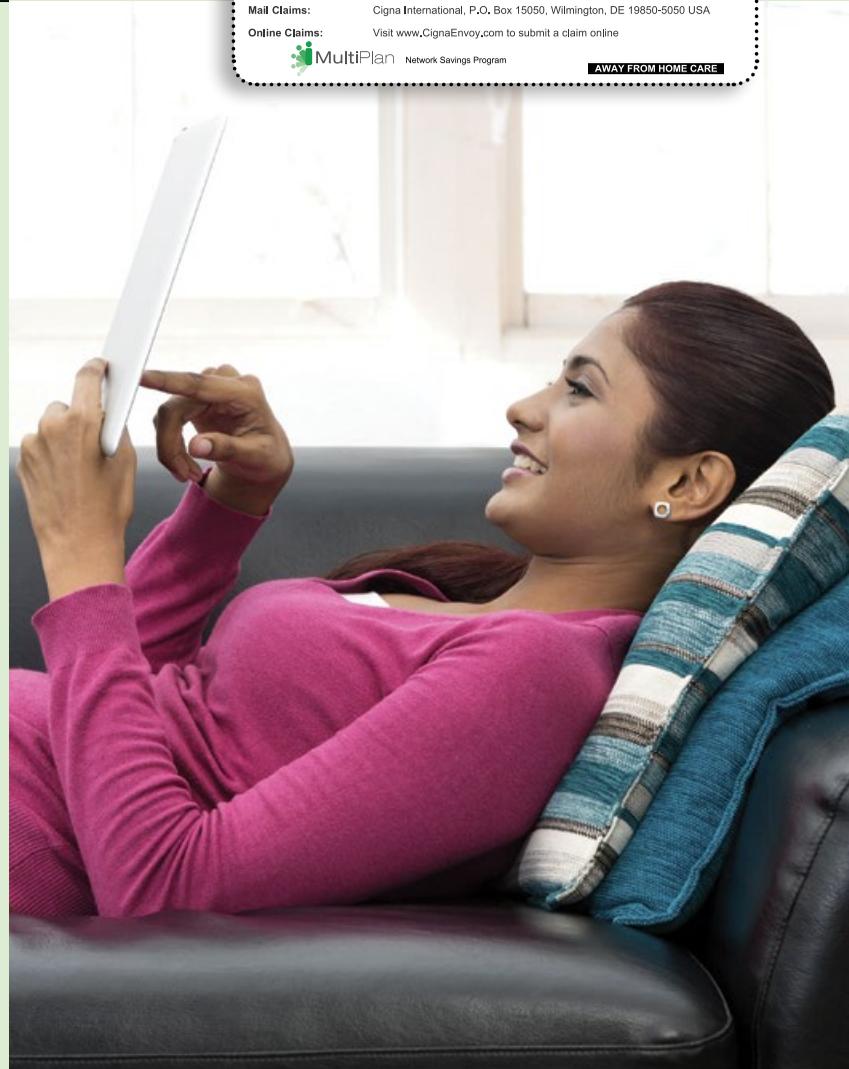
Personalizing the customer journey.

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 will allow us to personalize the 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 our customers.



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**¹ or has obtained a **guarantee of payment**² from Cigna. To find out if a provider has a direct pay arrangement, visit [CignaEnvoy.com](https://www.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**³ providers within the U.S., you do not need to submit a claim for reimbursement because we have **direct pay arrangements**¹ with these doctors/hospitals. You would only be responsible for paying any **deductible**⁴, **coinsurance**⁵ or **copay**⁶ amounts that are part of your plan. If you choose to seek care from an **out-of-network**⁷ 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](https://www.cignaenvoy.com), or 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 100 currencies).
- Wire transfers to bank accounts around the world.
- **ePayment Plus**[®] 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 transfers* 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](https://www.cignaenvoy.com).



1. **Direct pay arrangements:** Cigna pays your provider directly, which helps reduce the amount you need to pay for covered services at the time of treatment.

2. **Guarantee 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 using the number on your ID card to arrange a GOP.

3. **In-network:** You'll receive care from doctors or other providers who participate in the Cigna network, which eliminates your paperwork.

4. **Deductibles:** This is the amount of covered expenses that you must pay before the plan pays any benefit. Once you meet this threshold, the plan will begin to pay benefits for covered expenses that you incur; this applies to both individual and family plans.

5. **Coinsurance:** A percentage of the cost of covered expenses you must pay after you have met your plan deductible.

6. **Copayment (copay):** A flat fee you pay a doctor for certain covered services, such as visits or prescriptions.

7. **Out-of-network:** Providers or facilities that do not offer discount arrangements for services with Cigna and may require that you pay for services at the point of care. You may visit any health care facility you choose, but choosing a doctor who does not participate in the Cigna network may lead to higher out-of-pocket costs.



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:

- › Advice 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 insurance claims.
- › If covered, emergency medical evacuation can be arranged.

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

Get a second opinion online.

Cleveland Clinic's MyConsult Online Medical Second Opinion program

One of the primary benefits of this program is that it enables you to get a second opinion without the burden of travel. Through our website, you can obtain a second opinion from expert clinicians. Clinicians will determine if you or your covered family member is a good candidate for an online second opinion.

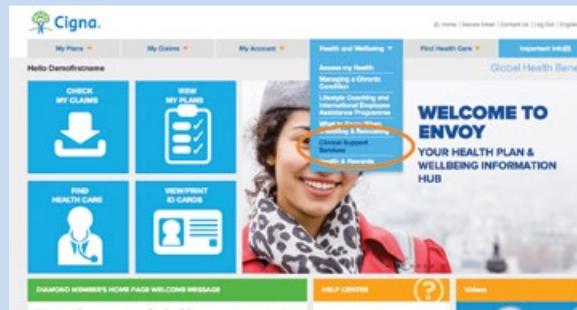
After you or your covered family member is approved for a medical second opinion, you'll need to formally register for the program just as if you were visiting the clinic in person. You'll be asked to complete some information, and a specialized physician will review the medical information before rendering an expert second opinion.

Once registered on CignaEnvoy.com, you can access the online second opinion program by following these steps.

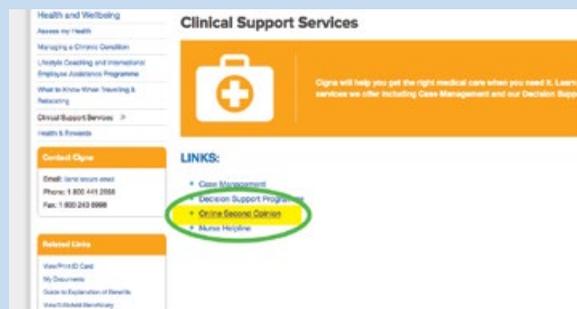
1. From the home screen, Click on the tab "Health and Well-being."



2. From the drop-down menu, select "Clinical Support Services."



3. Under Links, select "Online Second Opinion."



We also offer our 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 and the process to be activated.



Feeling good?

Health and Well-being Assessment

At Cigna, we treat 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 advice on how to feel, and live even better. Your personal results are confidential and are not shared with your employer.

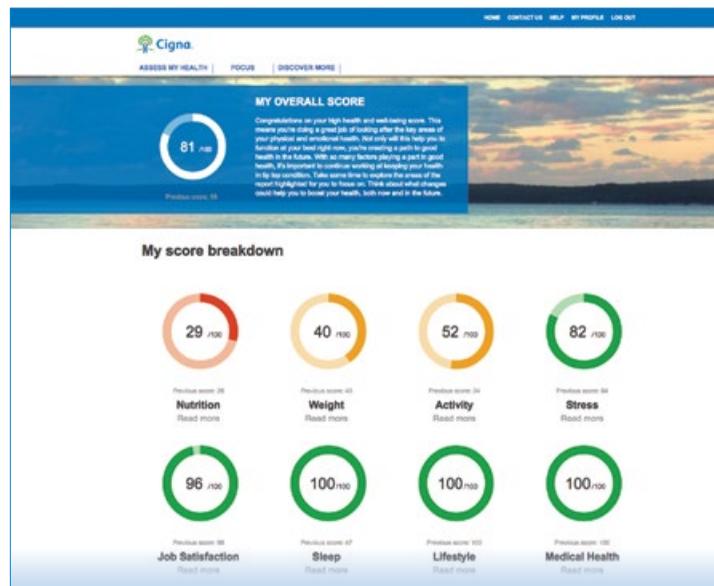
Feel and live even better.

Do it online. At any time.

To take your personal Health and Well-being Assessment:

1. Go to **CignaEnvoy.com**.
2. 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. It is personalized. And it 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 it again in a few weeks or a few months. Whatever works best for you.

Customer claim scenario: Direct Pay

Meet Johan

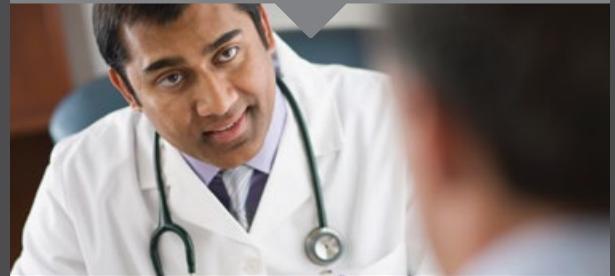
Johan is a U.S. citizen, expatriate working in London.



While in London, Johan catches a stomach bug and needs medical attention. He visits Cigna Envo 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 Amelia

Amelia is a German citizen working in France.



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



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

Amelia explains to the doctor that he needs to call the phone number located on her ID card for a guarantee of payment (GOP). Now, Amelia 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 Amelia receives treatment, along with a physical therapy prescription.

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



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

Together, all the way.®



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UNDERSTANDING

YOUR

Explanation of 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.

Your Explanation of Benefits is a summary of how your claims were processed and what you may owe, not a bill. Your health care professional or the facility may bill you directly for the remainder of what you owe.

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

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

ANY COMPANY
890 ROAD ST
ANYWHERE

JOHN PUBLIC
123 STREET RD
ANYWHERE

Questions About Your Claims?
For questions about this document, please visit Cigna's secure website, Cigna Envoy, at www.CignaEnvoy.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 / 000000000

THIS IS NOT A BILL.
Your health care professional may bill you directly for any amount that you owe.

Explanation of Benefits
Summary of claim(s) processed on March 11, 2015

U.S. Dollars

Total	\$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.
Cigna Discount	\$50.00	The total Cigna-negotiated savings for the services submitted.
Cigna Paid	\$350.00	The total amount that Cigna paid for the services submitted.
Amount Not Covered	\$0.00	The portion of the services that are not covered by the plan or the amount not paid based on plan percentages.
Patient Responsibility	\$0.00	The amount the patient is responsible for paying after discounts that Cigna has negotiated and what your plan has paid. Refer to the glossary page for more information regarding patient responsibility.

Make this paper disappear! Cigna now offers you the ability to opt out of receiving your Explanation of Benefits in the mail. It's quick, easy, and you can help save the environment. Visit Cigna Envoy at www.CignaEnvoy.com to find out how.

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description or insurance certificate governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations and applicable state mandates.

PLEASE SEE CLAIM DETAILS ON THE FOLLOWING PAGE(S) Page 1 of 5

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Page 2

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

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

Glossary

Amount Billed: The amount charged by the health care professional or facility (physician or facility) for your covered dependents.

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

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

Claim submissions tips

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

1. Account name and Account #
2. Customer ID #
3. Patient name

Page 3 The Claims Detail page follows the Glossary page. Here, you'll find:

The total amount you may owe is listed in the Patient Responsibility column.

You may owe this amount to the health care professional or facility that provided your services, which is listed above the details of your visit.

Remark Codes are notes that explain processing methods. Cigna has clarified and simplified remark codes to help make your Explanation of Benefits easier to understand.

Payment amount and method are stated in the Other Important Information section.



Explanation of Benefits

THIS IS NOT A BILL.

Claim Detail
 DATE PROCESSED: 03/11/15 CUSTOMER NAME: JOHN PUBLIC CUSTOMER ID #: 000000000.00
 SERVICES PROVIDED BY: DR HOSPITAL PATIENT ACCOUNT#:

Service Dates	Type of Service	Claim Number	Local Currency Total	Exchange Rate	USD Total	Cigna Discount	Amount not Covered	Copay	Deductible ¹	Coinsurance ²	Cigna Paid	Patient Resp. ³ Codes
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	25.00	0.00	0.00	0.00	0.00	75.00	0.00
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	25.00	0.00	0.00	0.00	0.00	75.00	0.00
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00
Totals for TEST Z MEMBER:			0.0000000		\$400.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$350.00	\$0.00

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 covered expenses that should be owed is called coinsurance.
 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.

Other important information:
Make this paper disappear! Cigna now offers you the ability to opt out of receiving your Explanation of Benefits in the mail. It's quick, easy, and you can help save the environment. Visit Cigna Envoy at www.CignaEnvoy.com to find out how.
 Payment Method: N/A
 Benefits are being paid to: JOHN PUBLIC
Missing a claim? If a claim has been submitted and it is not displayed above, that could mean the claim is in process. 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.

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at the International Service Center number 1-800-440-1000, 24 hours a day, 7 days a week, if you need assistance understanding this notice or our decision to deny your claim.

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



TRANSITION OF CARE AND CONTINUITY OF CARE

Your guide to understanding and benefiting from these two special services.



Are you a globally mobile employee new to Cigna?

Is your family staying behind while you go on assignment?

Will part of your assignment include coming back and forth to the U.S.?

Or is your U.S. doctor leaving the Cigna network?

If you said yes to any of these questions, take a few moments to read about Transition of Care and Continuity of Care. These unique benefits can make changes to your health care more affordable – and less stressful. In addition, this program ensures ongoing health care internationally.

What is Transition of Care?

- ▶ Transition of Care allows you to continue to receive care for certain conditions from U.S. health care professionals who do not participate in the Cigna network. In addition, the program ensures ongoing health care internationally.
- ▶ In the U.S., you'll have a set amount of time to continue to see your doctor. After that, you will need to choose a health care professional within Cigna's U.S. network.
- ▶ To qualify for this benefit, you must apply for it when you enroll – or within 30 days after coverage begins.
- ▶ Outside the U.S., you may choose any health care professional, but remember to check the directory on **CignaEnvoy.com** to find a health care professional who will accept your Cigna ID card and not require payment directly from you.

- ▶ You might want Transition of Care coverage if:
 1. You are changing health plans.
 2. Your health care professional is not part of our U.S. network.
 3. You are currently in treatment for an ongoing condition inside or outside the U.S.

What is Continuity of Care?

- ▶ With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical conditions when your health care professional leaves Cigna's U.S. network.
- ▶ You'll have a set amount of time to continue to see your doctor. After that, you will need to choose a health care professional within Cigna's U.S. network.
- ▶ You must apply for Continuity of Care within 30 days of your health care professional's termination date. This is the date that he or she is leaving the Cigna network.
- ▶ Outside the U.S., you may choose any health care professional, but remember to check the directory on **CignaEnvoy.com** to find a health care professional who will accept your Cigna ID card and not require payment directly from you.

How does it work?

- ▶ You must already be under treatment for one of the conditions listed on the attached form.
- ▶ If Transition of Care or Continuity of Care is approved, you will receive the in-network level of coverage for that condition.
- ▶ Transition of Care and Continuity of Care coverage applies only to the condition specified on the request form.

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

- › Approval of Transition of Care or Continuity of Care does not guarantee a treatment is medically necessary. It also doesn't mean you are preapproved for any medical services. Preapproval and medical necessity may still be required.

What are some of the conditions that may qualify?

- › Pregnancy in the second or third trimester.
- › A "high-risk" pregnancy. Examples of this include gestational diabetes, pregnancy-induced hypertension and more.
- › Newly diagnosed or relapsed cancer during chemotherapy, radiation therapy or reconstructions.
- › Trauma and recent major surgeries.
- › Transplant candidates or recipients who are in need of ongoing care due to complications.
- › Serious conditions in active treatment, including heart attacks, strokes, unstable chronic conditions, etc.
- › Hospitalization on the plan effective date.
This applies only to those plans that do not have extension of coverage provisions.

What are some things that don't qualify?

- › Many elective surgeries – even if they have already been scheduled. These include lesion removal, hernia repair, bunionectomy and more.
- › Minor illnesses such as colds, sore throats, and ear infections.
- › Chronic conditions that are currently well-controlled – including diabetes, arthritis, asthma, allergies, hypertension and more.
- › Routine exams, health assessments and vaccinations.

Frequently asked questions

How much time do I have to transition to a new doctor?

If you are approved, services by the out-of-network doctor will be authorized for a specific amount of time (usually 90 days), until care is completed or transitioned over – whichever comes first.

If I am approved, can I receive in-network coverage payments for an unrelated condition?

No. But you can submit an additional Transition of Care or Continuity of Care request for a different, unrelated condition. Remember, we will need to receive that form no later than 30 days after your coverage begins or your health care professional leaves the Cigna network.

Can I apply if I am not currently in treatment or seeing a health care professional?

No. You must already be in active treatment for one of the qualifying conditions. Active treatment means you are receiving care at either an inpatient setting or outpatient treatment center 30 days prior to transition.

How do I apply for Transition of Care or Continuity of Care?

Simply complete the enclosed form when you enroll or when your health care professional leaves the Cigna network. You must submit your request no later than 30 days after your coverage becomes effective or your doctor leaves the Cigna network.

Once your request is received, we will review the information provided and send a letter to let you know if your request was approved or denied. If denied, you have the option to file an appeal.

An uncommon benefit for unusual circumstances.

While not used very often, Transition of Care and Continuity of Care benefits can help people facing serious health issues get the care they need. And the peace of mind they deserve.



Tips for completing the Transition of Care or Continuity of Care request form.

- › A separate request form must be completed for each condition you or any of your dependents are seeking care for.
- › Additional forms are available at **CignaEnvoy.com**.
- › Please be sure that all questions are answered in detail.
- › After completion, the form must be signed by the person applying for Transition of Care or Continuity of Care. If the patient is a minor, a parent or guardian must sign the form.
- › To help ensure a timely review, please return the form as soon as possible. Remember, coordinating care may take time and effort.
- › The first few sections of the form are to be completed by the employee. When the form asks for the patient's name, enter the name of the person who is applying for Transition of Care or Continuity of Care coverage.
- › For question #10, please include detailed information about your current or proposed treatment plan – including the length of time your treatment is expected to continue. If surgery has been planned, tell us what type it is and the proposed date.

Cigna Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.

New Cigna enrollee (Transition of Care applicant)

Existing Cigna customer whose health care professional terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer		Policy #		Employee date of enrollment in Cigna plan (mm/dd/yyyy)
Employee name		Employee Social Security # or alternate ID		Work phone
Home address Street	City	State	ZIP	Home phone/mobile phone
Patient's name	Patient's Social Security # or alternate ID	Patient's birth date (mm/dd/yyyy)		Relationship to employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due date _____ (mm/dd/yyyy) Yes No
2. If yes, is your pregnancy considered high risk? E.g., multiple births, gestational diabetes, etc. Yes No
3. Is the patient currently receiving treatment for an acute condition or trauma? Yes No
4. Is the patient scheduled for surgery or hospitalization after your effective date with Cigna? Yes No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? Yes No
6. Is the patient receiving treatment as a result of a recent major surgery? Yes No
7. Is the patient receiving dialysis treatment? Yes No
8. Is the patient a candidate for organ transplant? Yes No
9. Is the patient receiving mental health/substance abuse treatment? Yes No
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.
11. Please complete the health care professional information request below.

Group practice name	
Health care professional name	Health care professional phone #
Health care professional specialty	
Health care professional address	
Hospital where health care professional practices	Hospital phone #
Hospital address	
Reason/diagnosis	
Date(s) of admission (mm/dd/yyyy)	Date of surgery (mm/dd/yyyy)
Type of surgery	
Treatment being received and expected duration	

12. Is this patient expected to be in the hospital when coverage with Cigna begins or during the next 90 days? Yes No
13. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care coverage. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care coverage, you need to complete a separate Transition of Care/Continuity of Care form.

I hereby authorize the above provider to give Cigna or any affiliated Cigna company any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care benefits under Cigna. I understand I am entitled to a copy of this authorization form.	
Signature of patient, parent or guardian	Date (mm/dd/yyyy)

▶ Detach Transition of Care request form here. ▶

Submit this request form to:



Cigna
Attention: Medical Review
PO Box 15050
Wilmington, DE 19850-5050



Direct fax: 001.302.797.3150
Toll-free fax: 1.800.243.6998

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of participant's effective date. Review for organ transplant requests may take longer than 10 days.

Easy access to quality health care around the world.



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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-based tools are not intended to be a substitute for proper medical care provided by a physician.

NOTICE OF PRIVACY PRACTICES

Cigna Global Health Benefits®

This notice describes how medical information about you, may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our privacy commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business – providing medical care to you – Cigna Global Health Benefits (“CGHB”) creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it and to notify you following a breach of your unsecured PHI.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

How we protect your privacy

We understand the importance of protecting your PHI. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored.

Para recibir este Aviso de prácticas de privacidad en español, llame al Centro de servicio internacional al 302.797.3100 o al 800.441.2668.

Workforce members are trained on topics including:

- ▶ Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- ▶ Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

How we use and disclose your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

- ▶ **Treatment:**
 - To share with hospital staff, nurses, doctors, pharmacists, optometrists, health educators and other health care professionals and personnel at health care facilities so they can determine your plan of care.
 - To help you obtain services and treatment you may need – for example, to order lab tests and using the results.

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- To coordinate your health care and related services with a different health care facility or professional.

➤ **Payment:**

- To obtain payment of premiums for your coverage.
- To make coverage determinations - for example, to speak to a health care professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have - for example, to speak to another health plan or insurer to determine your eligibility or coverage.
- To obtain payment from a third party that may be responsible for payment, such as a family member.
- To otherwise determine and fulfill our responsibility to provide your health benefits - for example, to administer claims.

➤ **Health care operations:**

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health - for example, to provide you with information about treatment alternatives to which you may be entitled.
- To support another health plan, insurer, or health care professional who has a relationship with you for activities such as case management, care coordination and quality improvement activities. For example, we may share your claims information with your doctor if you have a medical need that requires attention.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

➤ **Disclosures to others involved in your health care.**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others - for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location or your general medical condition.

- We may disclose your child's PHI to your child's other parent.

➤ **Disclosures to your employer as sponsor of your health plan.** We may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. The Health Plan may also provide Summary Health Information to the plan sponsor as allowed by law so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan. See your employer's health plan documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.

➤ **Disclosures to vendors and accreditation organizations.** We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us to provide information and guidance to users with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

➤ **Communications.** We may disclose your PHI to:

- Encourage you to purchase or use a product or service that is not part of the health care services and benefits we provide when we meet with you in person, as permitted by law.
- Provide you with a promotional gift of nominal value.

Except as permitted by law, we will not use your PHI for marketing purposes without your prior written authorization.

➤ **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of another individual or the general public

➤ **Public health activities.** We may disclose your PHI to:

- Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations;
- Report child abuse or neglect, or adult abuse, including domestic violence, to a

government authority authorized by law to receive such reports;

- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity;
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.
- **Health oversight activities.** We may disclose your PHI to:
 - A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
 - Other regulatory programs that need health information to determine compliance.
- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State as required by law.
- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws and similar programs.

Uses of PHI that require your authorization

Other than for the purposes described above or as permitted by applicable law, we must obtain your written authorization to use or disclose your PHI. For example, we would need your authorization:

- To use your PHI to a prospective employer.
- Use your PHI for marketing communications and when we receive direct or indirect payment from a third party for making such communications.
- For any sale involving your PHI, as required by law.
- To use genetic information for underwriting purposes.

Uses and disclosures of certain PHI deemed "Highly Confidential." For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes;
- About alcohol and drug abuse prevention, treatment and referral;
- About HIV/AIDS testing, diagnosis or treatment;
- About venereal and/or communicable disease(s);
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law. Any other uses and disclosures not described in this Notice will only be made with your prior written authorization.

Cancellation. You may cancel ("revoke") a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

Your individual rights

You have the following rights regarding the PHI that CGHB creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them.
- **Right to receive confidential communications.** You may ask to receive CGHB communications containing PHI by alternative means or at alternative locations – for example, you may ask that we contact you by phone at home, rather than at work. We will accommodate reasonable requests whenever feasible.
- **Right to inspect and copy your PHI.** You may ask in advance to review or receive a copy of your PHI that is included in certain paper or electronic records we maintain such as prescription and billing records. Under limited circumstances, we may deny you access to a portion of your records.

You may request that we disclose or send a copy of your PHI to a Health Information Exchange (HIE).
- **Right to amend your records.** You have the right to ask us to correct your PHI contained in our electronic or paper records if you believe it is inaccurate. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility

or professional created the information that you want to change, you should ask them to amend the information.

- ▶ **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period. However, the list will exclude:
 - Disclosures you have authorized.
 - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
 - Disclosures made for treatment, payment, and health care operations purposes except when required by law.
 - Certain other disclosures that are excepted by law.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting report after the first one.

- ▶ **Right to name a personal representative.** You may name another person to act as your Personal Representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- ▶ **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one, as described in the Notice Availability and Duration section later in this Notice.

Actions you may take

Contact GHB If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address or telephone number:

Privacy Office
Cigna Global Health Benefits
300 Bellevue Parkway
Wilmington, DE 19809
International Service Centers:
302.797.3100 or 800.441.2668

For certain types of requests, you must complete and mail to us an applicable form, which is available by calling the International Service Centers or going to our website (www.Cignaenvoy.com).

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a written complaint with the Secretary (the "Secretary") of the U.S. Department of Health and Human Services ("HHS").

Your complaint can be sent by email, fax, or mail to the HHS' Office for Civil Rights ("OCR"). For more information, go to the OCR website <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. We will provide you with the contact information for the OCR Regional Manager in your area if you request it from our Privacy Office.

We will not take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice availability and duration

Notice availability. A copy of this Notice is available by calling the International Service Centers or on our website (go to www.Cignaenvoy.com and click Notice of Privacy Practices).

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a CGHB plan at that time, we will send you the new Notice, as required. In addition, you can obtain a copy of the new Notice upon request when you call the International Service Centers or from our website

Effective date. This Notice is effective as of April 14, 2003, and updated as of September 23, 2013.

