

THE EVANGELICAL ALLIANCE MISSION

International Long Term and Mid Term Global Workers

2023 Benefit Guide

Find your benefit information at
GuideStone.org/TEAM.

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 [GuideStone.org/TEAM](https://www.guidestone.org/TEAM).

This Benefits Guide will also help with the next step – enrollment! All new 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 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

Disclaimer: This Guide provides an overview of TEAM's Benefits Program and should not be considered complete. If any conflicts between the information in this guide and the actual insurance contracts or benefit programs/policies exist, the insurance contracts/policies will rule. Please note that TEAM reserves the right to change or terminate any benefits at any time with or without notice .

2023 Benefits Overview for International Long Term Global Workers

Benefit Plan Information	2023 Rates
<p>Medical & Pharmacy</p> <p>Cigna International Medical Plans:</p> <ul style="list-style-type: none"> Global Health 1500 (HSA qualified) Global Health 3500 <p>Toll-free calls 1-800-441-2668</p> <p>International calls AT&T access code + 1-800-441-2668</p> <p>Toll-free fax 1-800-243-6998</p> <p>International fax AT&T access code + 1-800-243-6998</p> <p>CignaEnvoy.com</p> <p>You can find detailed benefit information at GuideStone.org/TEAM.</p>	<p>AMOUNT EACH GLOBAL WORKER RAISES FROM WORK FUNDS</p> <p>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</p> <p>Global Health 3500: Employee only - \$324.52 / month Employee & Spouse - \$649.04 / month Employee & Child(ren) - \$616.59 / month Employee & Family - \$973.56 / month</p> <p>Amount each global worker pays from living allowance: \$0</p>
<p>Health Savings Account (HSA)*</p> <p>Further Customer Service: (800) 859-2144 Email: customersolutions@hellofurther.com Hellofurther.com</p> <p>To open an HSA, fill out a group application and return it to the Benefits Coordinator. Your HSA is available once you activate your 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.</p> <p>* Available if you choose an HSA qualified medical plan.</p>	<p>2023 Employer Contributions</p> <p>1. For those who had coverage in 2022 and remain covered in 2023:</p> <ul style="list-style-type: none"> Employee only - \$100 per month Employee +1 or more - \$150 per month <p>2. Plus - from #2 / Work Funds:</p> <ul style="list-style-type: none"> Employee only - up to \$100 / month Employee +1 or more - up to \$200 /month <p>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.</p> <p>2023 Total Contribution Limit</p> <ul style="list-style-type: none"> Individual: \$3,850 Family: \$7,750 Age 55+ Catch-up: \$1,000

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

403(b) Retirement Savings Plan

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 available. Default is date-targeted fund based on retirement at age 65.

2023 Benefits Overview for International Mid Term Global Workers

Benefit Plan Information	2023 Rates
<p>Medical & Pharmacy</p> <p>Cigna International Medical Plans:</p> <ul style="list-style-type: none"> • Global Health 1500 (HSA qualified) • Global Health 3500 <p>You can find detailed benefit information at GuideStone.org/TEAM.</p>	<p>AMOUNT EACH GLOBAL WORKER RAISES FROM WORK FUNDS</p> <p>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</p> <p>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</p> <p>Amount each global worker pays from living allowance: \$0</p>
<p>Life Insurance & Accidental Death and Dismemberment (AD&D) – Unum</p> <p>Claim submission process questions – contact your benefits administrator.</p> <p>Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service: 1-800-445-0402.</p>	<p>Employer-paid insurance: \$10,000 of term life and \$10,000 AD&D coverage</p>

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% tax-deductible 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.

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

HSA Information	
Who is eligible?	Any adult who <ul style="list-style-type: none">• 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 2023?*	Enrolled in individual plan: \$3,850 Enrolled in family plan: \$7,750 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 hellofurther.com , 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 hellofurther.com 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 GuideStone.org/TEAM .
*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.	

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: <http://www.irs.gov> – search in the top right-hand 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

CignaEnvoy.com

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

CignaEnvoy.com

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: 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
- CignaLinks 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 Health and Dental Plan 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 [GuideStone.org/TEAM](https://www.guidestone.org/TEAM).

Frequently Asked Questions

For frequently asked questions, view our online resource at [GuideStone.org/TEAM](https://www.guidestone.org/TEAM).

Claim Forms

If you need a claim form, you can download it at [GuideStone.org/TEAM](https://www.guidestone.org/TEAM).

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 [CignaEnvoy.com](https://www.cignaenvoy.com), 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 [CignaEnvoy.com](https://www.cignaenvoy.com). This discount is in addition to your medical plan’s vision exam.



MEDICAL PLANS

Global Health 1500

Effective January 1, 2023

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	\$1,500	\$1,500	\$3,000
• Family	\$3,000	\$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
Retail (30-Day Supply)	Generic	20%	20%	40%
	Preferred	20%	20%	40%
	Non-preferred	20%	20%	40%
Mail Order (90-Day Supply)	Generic	N/A	20%	N/A
	Preferred	N/A	20%	N/A
	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 co-insurance. 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, 2023

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 (co-insurance) (after deductible)	100% / 0%	80% / 20%	60% / 40%
Maximum out-of-pocket (medical and prescription): individual/family (including deductible, co-pays and co-insurance) ²	\$3,500 / \$7,000	\$6,350 / \$12,700	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	\$22,000 / \$42,000
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 (CT scans, MRI, diagnostic)	100% no deductible	80% after deductible	60% after deductible
Outpatient surgery	100% no deductible	80% after deductible	60% after deductible
Emergency room	100% no deductible	80% after \$100 co-pay ³	60% after deductible ⁴
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: inpatient services	100% no deductible	80% after deductible	60% after deductible
Mental health and substance abuse: office and professional services	100% no deductible	\$25	60% after deductible
Vision exam (one exam every 12 months)	100% no deductible	\$25	60% after deductible
Travel immunizations ⁵ (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 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
Retail (30-Day Supply)	Generic	20%	\$15	40%
	Preferred	20%	\$35	40%
	Non-preferred	20%	\$50	40%
Mail Order (90-Day Supply)	Generic	N/A	\$45	N/A
	Preferred	N/A	\$105	N/A
	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 co-insurance. 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.

2023 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 Breast cancer preventive drugs: Tamoxifen and Raloxifene	100% of covered expenses	100% of covered expenses	Not covered
	Outside U.S.	In-network U.S.	Out-of-network U.S.
Child Preventive Care: Routine preventive care for children up to age 18 (including immunizations and developmental screenings)	100% of covered expenses	100% of covered expenses	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](https://www.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, 2023

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 <ul style="list-style-type: none"> • Routine oral examinations — two per calendar year • Routine dental cleanings — two per calendar year • Bitewing X-rays — one per calendar year • Fluoride treatments for children through age 18 — one per calendar year • Sealants — one per three calendar years through age 14 	100% no deductible	100% no deductible
Class II: Basic restorative <ul style="list-style-type: none"> • Full mouth X-ray — one per five calendar years • Panoramix X-ray — one per five calendar years • Fillings • Oral surgery • Anesthetics • Major/minor periodontics • Root canal/therapy • Relines, rebases and adjustments • Repairs — bridges, crown and inlays • Repairs — dentures 	80% after deductible	80% after deductible
Class III: Major restorative <ul style="list-style-type: none"> • 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
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AD&D Coverage Amount	\$10,000
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Employee & Affiliated Spouse Optional Term Life

Employer Paid

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

See 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 Evidence of Good Health is required. Guaranteed issue is offered only during the initial 31-day eligibility period.

Coverage Amount	\$5,000
------------------------	----------------

Rate: \$0.95 per month

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 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 and accident 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&D	
<i>Employer Paid</i>	
Term Life Coverage Amount	\$10,000
AD&D Coverage Amount	\$10,000

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

Non-Affiliated Spouse Term Life	
<i>Employee Paid</i>	
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	
<i>Employee Paid</i>	
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 Term Life rates below.	
<i>Evidence of Good Health Application</i> 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	
<i>Employee-Paid</i>	
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	
<i>Employee Paid</i>	
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	
<i>Employee Paid</i>	
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	
<i>Employer Paid</i>	
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: 01/01/2023

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$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 year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Average savings of 20-25% on other lens enhancements 	\$0	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | vsp.com

1. Brands/Promotion subject to change.

2. 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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VSP, VSP Vision care for life, eyeconic.com, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

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ADDITIONAL CIGNA MEDICAL PLAN INFORMATION

YOUR CIGNA JOURNEY

Welcome kit



Cigna Global Health Benefits®



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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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 questionnaire?

Important documents checklist

Medical



- ☐ 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)— OR —
- › You can obtain a copy on **CignaEnvoy.com** or through the Cigna Envoy App
- ☐ Before you leave, check to 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)
- ☐ Talk to your doctor about any important medical records or medical history which you may want to document and bring with you
- ☐ 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 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**
- ☐ Driver's license

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.

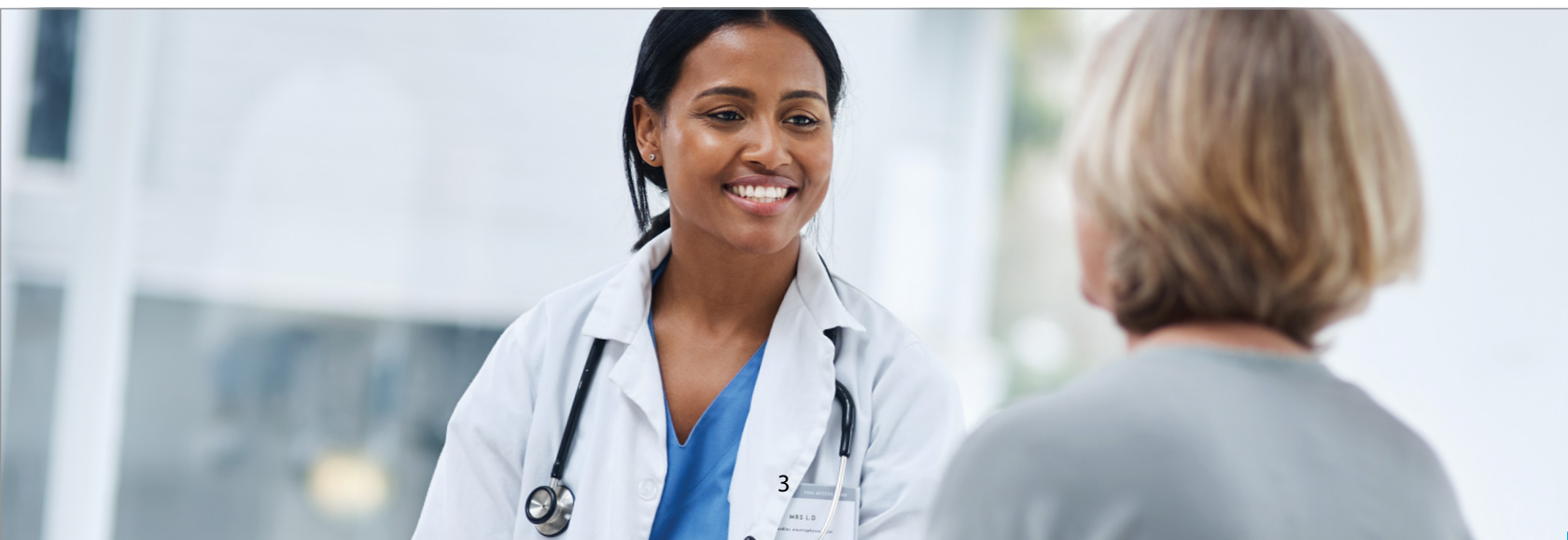


DID YOU KNOW?

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:

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 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.
5. 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:

- 1.** 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.
- 2.** Call our global service center (24/7/365) by using the number on the back of your Cigna ID card.

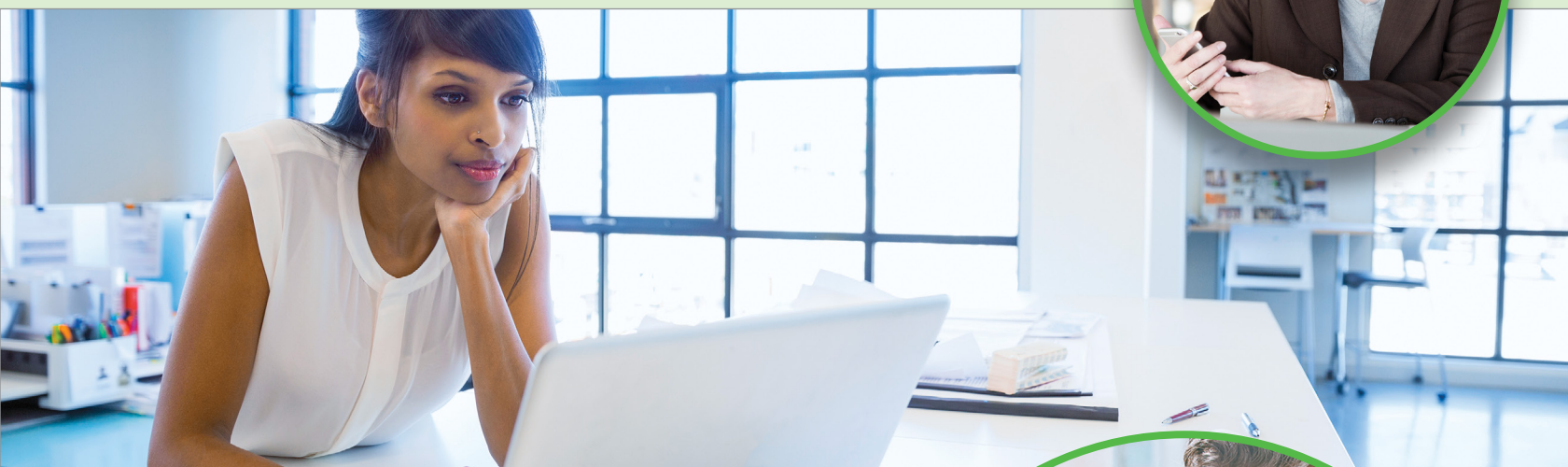
Personalizing the customer journey.

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.

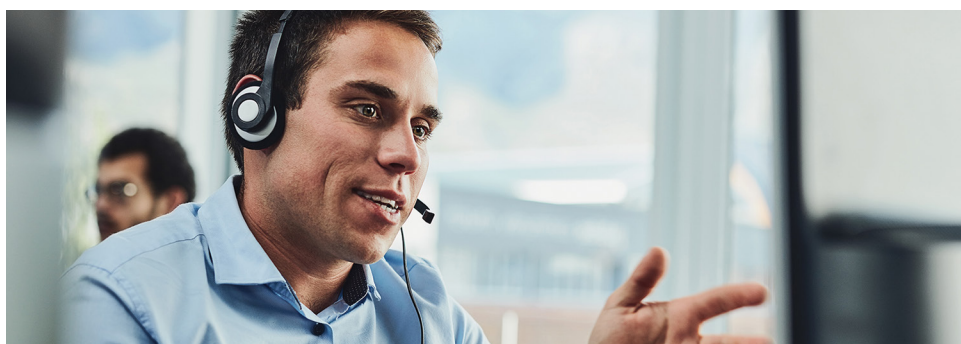
- We recommend submitting your claims through CignaEnvoy.com, or the Cigna Envoy App. It's the fastest way to get your claims to Cigna.
- If you choose to mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign!

- 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**.
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, 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?

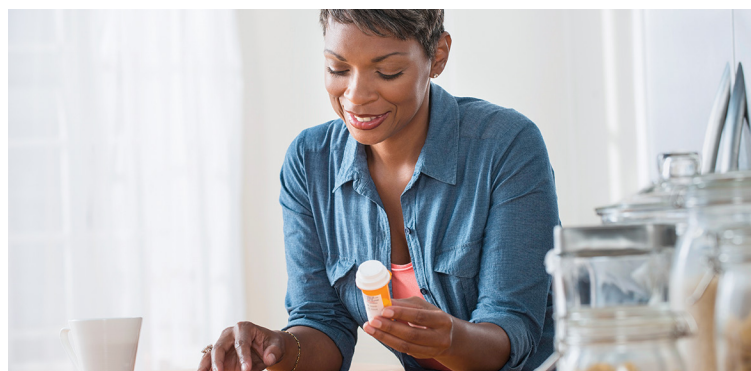
A: Should something serious happen, visit the nearest hospital and contact the global service center as soon as you are able or ask the medical facility to contact us on your behalf. The professionals at our global service center will help you get the **emergency assistance** you need. From ground transportation 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 in-network 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.

1. 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 from 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.

4. 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.

6. 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.



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

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.

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.

Together, all the way.®



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WE ARE HERE FOR YOU

Contact Cigna Global Health Benefits
for help managing your care.

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.

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.

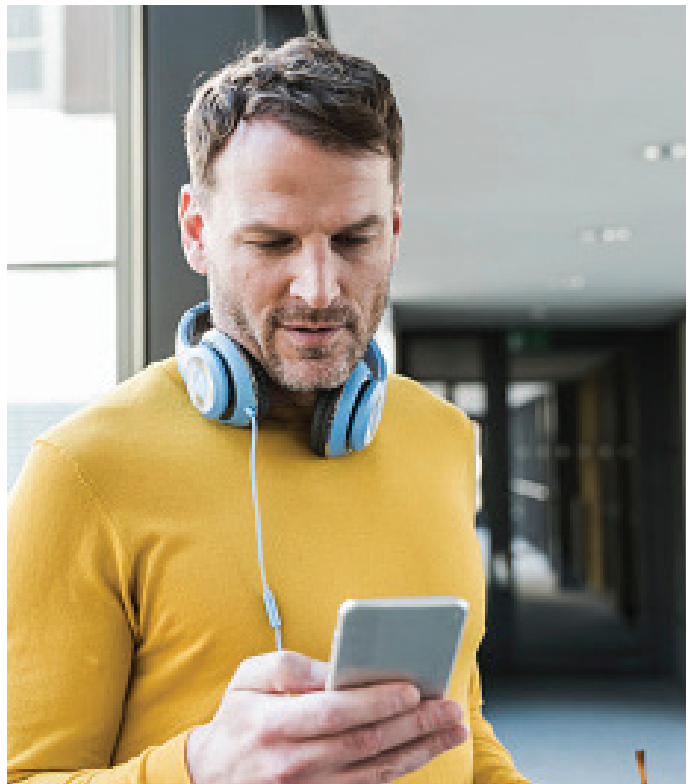
An easy way to speed up the claims process

- › 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 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.



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. Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law.

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CIGNA ENVOY MOBILE APP

Global convenience for your mobile world.

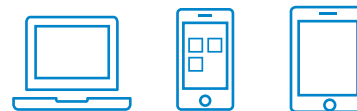
You're mobile. So are we. The Cigna Envoy® mobile app lets you manage your health benefits and submit claims from just about anywhere. It's easy. It's convenient. And it's at your fingertips.

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.



Together, all the way.®



*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:

1. **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 you 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 in-network 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

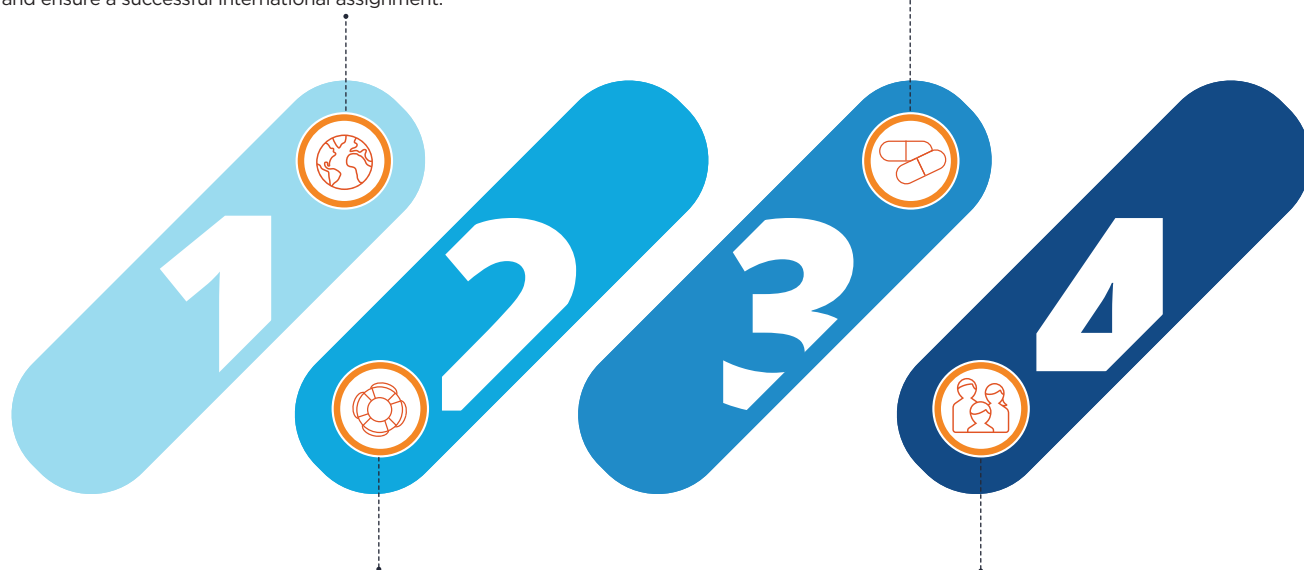
WAYS THIS PROGRAMME CAN HELP YOU EVEN BEFORE YOU LEAVE FOR AN INTERNATIONAL ASSIGNMENT

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.

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.

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.

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 public.cignaenvoy.com 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.

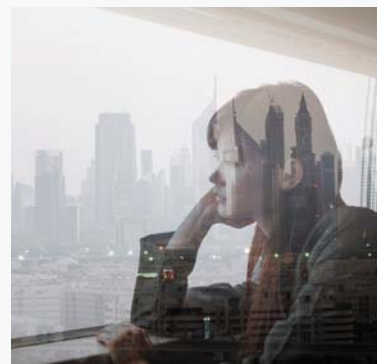
1. Visit member.cignaenvoy.com and enter your credentials. If you have not yet registered for Cigna Envoy, select **Register now** and follow the prompts.
2. Select **Toolkit** from the top menu, followed by **Health and Wellbeing**, and then **What to Know When Travelling and Relocating**.
3. The Pre-Departure 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).
4. 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.

CignaLinks

Not Available with the Global Health 1500 Plan

Quick reference guide

What is CignaLinks?

The CignaLinks® 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?

CignaLinks partners receive eligibility data for all eligible customers in their country or region.¹ Participation in a CignaLinks 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 CignaLinks program. For example, someone with a work location of Hong Kong and a citizenship of Brazil would be eligible for both the CignaLinks Hong Kong and CignaLinks 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 CignaLinks countries, customers simply present their CignaLinks 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 CignaLinks region.

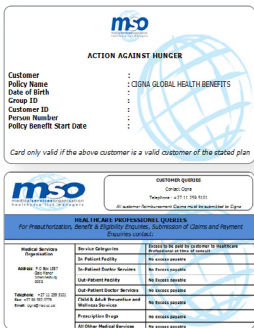





Where are separate ID cards issued?


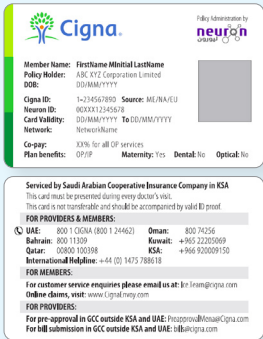

Customers who are eligible for a CignaLinks program will receive a Cigna global ID card and potentially one or more additional ID cards, depending on their citizenship and/or work location. Refer to the table below to review details per country or region.







CIGNALINKS PROGRAM COUNTRY SPECIFIC DETAILS

Country or region	Network partner	Separate ID card?	Key details
Africa (Nigeria, South Africa)	Medical Services Organization (MSO) 	Yes	<ul style="list-style-type: none"> 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	GU Health 	Yes	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	Cowan Insurance Group 	Yes	<ul style="list-style-type: none"> 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.

SIGNALINKS PROGRAM COUNTRY SPECIFIC DETAILS

Country or region	Network partner	Separate ID card?	Key details
Hong Kong	<p>Quality Healthcare Medical Services LTD (QHMS)</p> 	No	<ul style="list-style-type: none"> 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])	<p>CIME³/Neuron</p> 	Yes	<ul style="list-style-type: none"> 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)	<p>Cigna/Neuron</p> 	Yes	<ul style="list-style-type: none"> 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.

SIGNALINKS PROGRAM COUNTRY SPECIFIC DETAILS

Country or region	Network partner	Separate ID card?	Key details
Middle East (Kingdom of Saudi Arabia [KSA])	Saudi Arabian Cooperative Insurance Company 	Yes	<ul style="list-style-type: none"> 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 CignaEnvoys.com.
South East Asia (Indonesia, Malaysia, Singapore)	Parkway Health 	No	<ul style="list-style-type: none"> 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 CignaEnvoys.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 	Yes	<ul style="list-style-type: none"> 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	Cigna UK 	No	<ul style="list-style-type: none"> 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 CignaEnvoys.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 CignaLinks 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.

CignaLinks 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 CignaLinks 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 CignaLinks program?

When an employee is enrolled in a CignaLinks 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).
- › **CignaLinks 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'**.
3. Select the **'Submit a new claim'** button at the top of the screen.
4. 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.
5. 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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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 provider 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.	
<small>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.</small>			
<small>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.</small>			
PLEASE SEE CLAIM DETAILS ON THE FOLLOWING PAGE(S) Page 1 of 5			

Together, all the way.[®]



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

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 provider or facility (physician or 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 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 Claim Detail page follows the Glossary page.

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

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

Remark Codes are notes that explain processing methods.

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 Responsibility 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 1.800.441.2668, 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).

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).





Claim Form

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

Mailing 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: www.CignaEnvoy.com 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 each patient. In order for your claim to be considered for reimbursement, you must complete and sign this claim form.

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

SECTION A: Customer Information

CUSTOMER NAME (Last Name, First Name, Middle Initial) ▲		
CUSTOMER DATE OF BIRTH (DD/MM/YY) ▲	ID NUMBER ▲ -	
PRIMARY MAILING ADDRESS (Where check/correspondence should be sent) ▲		
CITY/STATE	COUNTRY/POSTAL CODE	EMAIL ADDRESS
HOME PHONE NUMBER	WORK PHONE NUMBER	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 ▲
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 is being made to **CUSTOMER** – complete payment details below.

PAYMENT TYPE	CLAIM PAYMENT OPTIONS ▲	
	US DOLLAR OTHER CURRENCY (PLEASE SPECIFY) _____	FOR OTHER AVAILABLE PAYMENT OPTIONS SEE PAGE 3 MORE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE www.CignaEnvoy.com
	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.	
	CHECK	
	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 DETAILS (THIS SECTION FOR ELECTRONIC PAYMENTS ONLY)	BANK ACCOUNT BENEFICIARY NAME	ACCOUNT NUMBER (INTERNATIONAL BANK ACCOUNT NUMBER – IBAN)
	BANK ACCOUNT TYPE	
	BANK NAME	BANK ADDRESS
	BANK ROUTING NUMBER	BANK CITY/STATE
	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? ▲	YES NO
IF YES, PROVIDE NAME OF HEALTH INSURANCE COMPANY:	
EFFECTIVE DATE OF COVERAGE (DD/MM/YY):	POLICY NUMBER:
IS THE PATIENT COVERED UNDER MEDICARE? ▲	YES NO
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.	

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):** _____

All products and services are provided exclusively by or through such operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna Life Insurance Company of Canada or service company subsidiaries. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



Cigna Global Health Benefits®

IMPORTANT CUSTOMER INFORMATION

Itemized bills must include:

Primary customer name	Type of Service	Health care professional name/credentials
Date of Service (DD/MM/YY)	Charge for the service	Health care professional address
Patient name	Diagnosis code/reason for service	

Payment Information:

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

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

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.

| NOTICES

HIPAA Notice of Privacy Practices for Protected Health Information

Effective date: December 23, 2017

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.

Dear GSFR Plan Participant:

GSFR is the Plan Sponsor of your Group and Personal Health Plans (“Plans”), and the Plans are subject to the Health Insurance Portability and Accountability Act (“HIPAA”).

You have received this Notice because of your health coverage with GSFR. This Notice describes how the Plans protect the personal health information they have about you which relates to your health coverage (“Protected Health Information” or “PHI”) and how the Plans may use and disclose this information. PHI includes individually identifiable information which is created, received, maintained or transmitted by the Plans and which relates to your past, present or future health, treatment or payment for health care services. This Notice also describes your rights with respect to PHI and how you can exercise those rights. This Notice does not apply to PHI maintained in your employment records by your employer for employment or other non-health plan purposes.

Contact your Plan administrator to obtain the HIPAA contact information for GSFR.

NOTICE SUMMARY

The following is a brief summary of the topics covered in this Notice. Please refer to the full Notice below for details:

As allowed by law, the Plans may use and disclose PHI to:

- Make, receive or collect payments;
- Conduct health care operations;
- Business associates that provide a service or function for the Plans; or
- Provide your employer with summary health information.

In addition, the Plans may use or disclose PHI to:

- Help with public health and safety issues;
- Do research;
- Comply with the law;
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director;
- Address workers' compensation, law enforcement and other government requests;
- Respond to lawsuits and legal actions;
- Individuals involved in your care;
- Communicate to you about health-related benefits or services; or
- Provide other uses of PHI that require authorization.

You have the right to:

- Receive a copy of this Notice;
- Inspect and copy your PHI, or a right to access your PHI;
- Amend your PHI if you believe the information is incorrect;
- Obtain a list of disclosures the Plans made about you (except for treatment, payment or health care operations);
- Ask the Plans to restrict the information that they share for treatment, payment or health care operations;
- Request that the Plans communicate with you in a confidential manner and that your information is sent to an alternative location or by alternative means; and
- Complain to the HIPAA Privacy Contact or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

The Plans are required by law to:

- Maintain the privacy of PHI;
- Provide this Notice of the Plans' legal duties and privacy practices with respect to PHI;
- Notify affected individuals following a breach of PHI; and
- Follow the terms of this Notice.

NOTICE DETAILS

The Plans may use and disclose PHI to evaluate and process any requests for coverage and claims for benefits. The following describe these and other uses and disclosures:

- **Treatment:** The Plans may disclose PHI to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.
- **For payment:** The Plans may use and disclose your PHI for enrollment, to receive payment for coverage and to pay benefits. Payment activities include receiving claims or bills from your health care providers, processing payments, sending Explanations of Benefits ("EOBs") to you, reviewing the medical necessity of the services rendered, conducting claims appeals and coordinating the payment of benefits between multiple medical plans.
- **For health care operations:** The Plans may use and disclose your PHI for activities compatible with, and directly related to, treatment and payment. For example, the Plans may use or disclose your PHI for the Plans' administration activities, such as verification of enrollment, payment of costs of coverage, information systems controls, underwriting and actuarial evaluations, network development, selecting vendors, third-party liability, quality assessments, case management, disease-management programs and other Plan-related activities, including compliance and financial audits of claims. Subject to U.S.C. § 9802(f), the Plans may not use or disclose PHI that is genetic information for underwriting purposes.
- **To business associates:** The Plans may disclose PHI to business associates if providing a service to the Plans or performing a function on their behalf. In order to release PHI to a business associate, the Plans require a business associate agreement where the business associate agrees in writing to contract terms designed to appropriately safeguard your information.

- **To your employer:** The Plans may provide to your employer summary health information (as defined by HIPAA to be health information for which there is no reasonable basis to believe the information can be used to identify the individual) for (a) obtaining premium bids for providing health coverage under the group health plan or (b) modifying, amending or terminating the group health plan. The Plans may also tell your employer whether you are enrolled or disenrolled from the Plans. Under no circumstances will the Plans disclose your PHI to your employer for the purpose of employment-related actions or decisions.
- **Help with public health and safety issues:** The Plans may disclose PHI for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.
- **Do research:** The Plans may disclose PHI for health research.
- **Comply with the law:** The Plans may disclose PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director:** The Plans may disclose PHI with organ procurement organizations, a coroner, medical examiner or funeral director when an individual dies.
- **Address workers' compensation, law enforcement and other government requests:** The Plans may share PHI in response to a court or administrative order or in response to a subpoena.
- **Respond to lawsuits and legal actions:** The Plans may disclose PHI in response to a court or administrative order or in response to a subpoena.
- **To individuals involved in your care:** The Plans may disclose your PHI to a family member or other individual who is involved in your health care. For example, the Plans may disclose PHI to a covered family member whom you have authorized the Plans to contact regarding payment of a claim.
- **For health-related benefits or services:** The Plans may use your PHI to provide you with information about benefits available to you under your current coverage or policy

and, in limited situations, about health-related products or services that may be of interest to you. However, the Plans will not send marketing communications to you in exchange for financial remuneration from a third party without your authorization.

- **Other uses of PHI:** Other uses and disclosures of PHI not covered by this Notice and permitted by the laws that apply to the Plans will be made only with your written authorization or that of your legal representative. If the Plans are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization in writing at any time, except to the extent that the Plans have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your coverage. You should understand that the Plans will not be able to take back any disclosures they have already made with authorization.

Your Rights Regarding PHI that the Plans Maintain About You

The following are your rights under HIPAA concerning your PHI:

- **Right to accounting:** You have a right to an accounting of certain disclosures of your PHI that are for reasons other than for treatment, payment or health care operations in the six years prior to the date of the request.
- **Right to access:** You have a right to inspect and obtain a copy of the PHI in a designated record set. Generally, a designated record set contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. Access to psychotherapy notes and information compiled in reasonable anticipation of or for use in legal proceedings may be denied. A reasonable, cost-based fee may be imposed for copying and mailing the requested information.
- **Right to request amendment:** If you believe that your PHI is incorrect or incomplete, you have the right to request that we amend your PHI.
- **Right to request restrictions:** You have the right to request restrictions on how your PHI is used and/or disclosed 1) for treatment, payment or health care operations 2) to persons involved in your health care or payment for health care 3) to notify family members or others about your general condition, location or death. The Plans may agree

to your request if required by law.

- **Right to request confidential communications:** You have the right to request that the Plans communicate with you about PHI at alternative locations or by alternative means. For example, you may ask that we send all EOBs to your office rather than your home address. The Plans are not required to accommodate your request unless the request is reasonable and you state that the Plans' ordinary communication process could endanger you.
- **Right to request and obtain a paper copy of this Notice:** You have the right to request and obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
- **Right to receive notification in the event the Plans discover a breach:** You have a right to receive notification in the event the Plans discover a breach of your unsecured PHI and determine notification is required under HIPAA.
- **Right to file a complaint:** If you believe your privacy rights have been violated, you may file a written complaint with the HIPAA Privacy Contact or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

To exercise any of these rights, please obtain GSFR's HIPAA Privacy Contact information from your Plan administrator. The Plans are allowed to deny or limit your requests. You may have the right to object and obtain a review of the decision. The Plans will provide you with information about the decision.

Contact the Secretary of Health and Human Services:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

1-877-696-6775

Additional Information

Changes to this Notice: The Plans reserve the right to change the terms of this Notice and its information practices and to make the new provisions effective for all PHI it maintains. Any amended Notice will be made available on GSFR's website or by your employer.

CHIPRA Required Notice for Your Employees

President Obama signed into law the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) to extend and expand the State Children's Health Insurance Program (CHIP).

GSFR modified its procedures effective April 1, 2009, to comply with CHIPRA's requirement to add special enrollment rights for participants and their children when:

- There is a loss of coverage under Medicaid or CHIP or
- The employee or dependents become eligible under Medicaid or CHIP for state premium assistance to purchase coverage under the employer's group health plan.

Premium assistance programs use federal and state CHIP and Medicaid funds to help subsidize the purchase of group health coverage for children (and, in some circumstances, family members) who have access to employer-sponsored coverage but may need assistance in paying for their premiums.

What does this mean to employers?

CHIPRA requires that employers maintaining group health plans in states that provide medical assistance through either Medicaid or a CHIP program must provide a notice to employees to inform them of the potential opportunities for premium assistance in their state.

The attached notice is provided by the U.S. Department of Labor's Employee Benefits Security Administration. You should also check with your state Medicaid or CHIP program office to determine whether the additional state program information must be included in the notice.

Because your health plans renew each January 1, your notice must be provided with the annual re-enrollment materials for the next plan year.

This information was compiled on January 31, 2021. It will be updated as new information becomes available.

Continued on the next page

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	MASSACHUSETTS-Medicaid and CHIP Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA-Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	MINNESOTA-Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA-Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	MISSOURI-Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS-Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	MONTANA-Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY-Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA-Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA-Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE-Medicaid Enrollment Website: https://www.maine.gov/dhhs/of/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/of/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	NEW HAMPSHIRE-Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

International Group Plans Notice of Special Enrollment Rights

You are eligible to participate in GSFR group health plans. To participate, you must enroll and pay the costs if required by your employer. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions for workers and dependents that allow you to have special enrollment rights should you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

HIPAA allows you special enrollment rights in GSFR group health plans according to the following guidelines:

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In the 2020 plan year, the timeline for reporting special enrollment events is extended 60 days past the end of the outbreak period declared in response to the COVID-19 pandemic.

Loss of Coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a State Children's Health Insurance Program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a State Children's Health Insurance Program. In the 2020 plan year, the timeline for reporting special enrollment events is extended 60 days past the end of the outbreak period declared in response to the COVID-19 pandemic.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption. In the 2020 plan year, the timeline for reporting special enrollment events is extended 60 days past the end of the outbreak period declared in response to the COVID-19 pandemic.

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a State Children's Health Insurance Program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. In the 2020 plan year, the timeline for reporting special enrollment events is extended 60 days past the end of the outbreak period declared in response to the COVID-19 pandemic.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, GSFR may require that you complete the *Waiver of Medical Coverage* form. If you do not complete the form, you and your dependents may not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption or placement for adoption or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a State Children's Health Insurance Program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period unless special enrollment rights apply because of a new dependent by marriage, birth, adoption or placement for adoption or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a State Children's Health Insurance Program with respect to coverage under this plan.

To request special enrollment or to obtain more information about the plan's special enrollment provision, contact your employer's authorized representative.

