



Dear Participant:

Your employer has chosen Cigna Global Health Benefits to provide medical coverage for you and your covered dependents. We've created this welcome packet to help you understand your new benefits. It contains the following important documents. Please take time to carefully review this information:

- Plan ID information – Keep this helpful information on hand before you receive your ID card
- Benefit overview – Review your medical summary to learn about your benefits
- *Global Health Preventive Care Schedule*
- Cigna welcome kit – *Your Cigna Journey*
- Cigna flyers
- Claims and *Explanation of Benefits* (EOB) information including forms:
 - Claim form – After you receive health care services, complete this form and submit it to Cigna Global Health Benefits for reimbursement
 - Electronic Funds Transfer (EFT) enrollment form – To receive reimbursement for eligible out-of-pocket health care expenses more quickly, sign up for direct deposit
- Enrollment form – To enroll, fill out this form and return it to your employer's authorized benefits representative
- Required notices

CignaEnvoy.com is an online concierge program included with your coverage at no additional cost. This online resource was created specifically for those living overseas. Cigna Envoy allows you to:

- Email the service center quickly and securely
- Find doctors and hospitals in your area
- Submit claims online
- Get a second opinion on your health condition
- Receive concierge and travel assistance services

After your plan effective date, you can log into *CignaEnvoy.com* and create a secure account. You will need to have your ID card (or your Plan ID information) handy to complete the process. If you are in a country that offers the *CignaLinks* network, you will receive two ID cards: a Cigna Global card and a *CignaLinks* country card.

In addition to your ID card(s), Cigna Global will also send you a welcome kit with information covering the most common aspects of seeking medical care in a foreign country: filling a prescription, setting a medical provider appointment and arranging emergency medical evacuation. You'll also find the contact information for Cigna Global Health Benefits.

We are pleased to provide you with this information and welcome you to the new program. If you have questions or for more information about your benefits, please contact your employer's authorized benefits representative.

Sincerely,
GSFR

GSFR Brings Together Best-in-Class Providers



Worldwide Medical and Pharmacy Network

Cigna Global

1-866-472-0924

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* (EOBs), 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.

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)

- ❖ Group number: 05180A
- ❖ Member number: (your Social Security number)
- ❖ 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
P.O. 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

After You Receive Your Health 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.

Plan Materials and Resources on Our Website

Benefit Overviews

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

Frequently Asked Questions

For frequently asked questions, view our online resource at GSFRinternational.org.

Claim Forms

If you need a claim form, you can download it at GSFRinternational.org.

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, 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. This discount is in addition to your medical plan’s vision exam.

Global Health 2000

Effective January 1, 2017

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	\$2,000	\$2,000	\$4,000
• Family	\$4,000	\$4,000	\$8,000
Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family (including deductible, co-pays and co-insurance) ²	\$6,350/\$10,000	\$6,350/\$10,000	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	\$20,000/\$20,000
Primary care physician visit/specialist visit	80% after deductible	\$25/\$45	50% after deductible
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	80% after deductible	80% after deductible	50% after deductible
Outpatient services (CT scans, MRI, diagnostic)	80% after deductible	80% after deductible	50% after deductible
Outpatient surgery	80% after deductible	80% after deductible	50% after deductible
Emergency room	80% after deductible	80% after \$100 co-pay ³	50% after deductible ⁴
Urgent care	80% after deductible	\$45	50% after deductible
Chiropractic services (20 visits annually)	80% after deductible	\$45	50% after deductible
Mental health and substance abuse: Inpatient services	80% after deductible	80% after deductible	50% after deductible
Mental health and substance abuse: Office and professional services	80% after deductible	\$25	50% after deductible
Vision exam (one exam every 12 months)	80% after deductible	\$25	50% 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.

To locate a provider:

- Go to cignaenvoy.com.
- Under "I am a customer", log in or register as a new user.
- Select "Find Health Care" and follow the prompts.

	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	50%
	Preferred	20%	\$35	50%
	Non-preferred	20%	\$50	50%
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.

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 Patient Protection and Affordable Care Act of 2010 (PPACA), 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.

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 Patient Protection and 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 40–50 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 OT 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 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.



Cigna®

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



Your
Cigna
Journey



Welcome

Our personality

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to Cigna Global Health Benefits®



Our personality: encouraging

Cigna is the trusted expert in your life who understands, helps and encourages you.

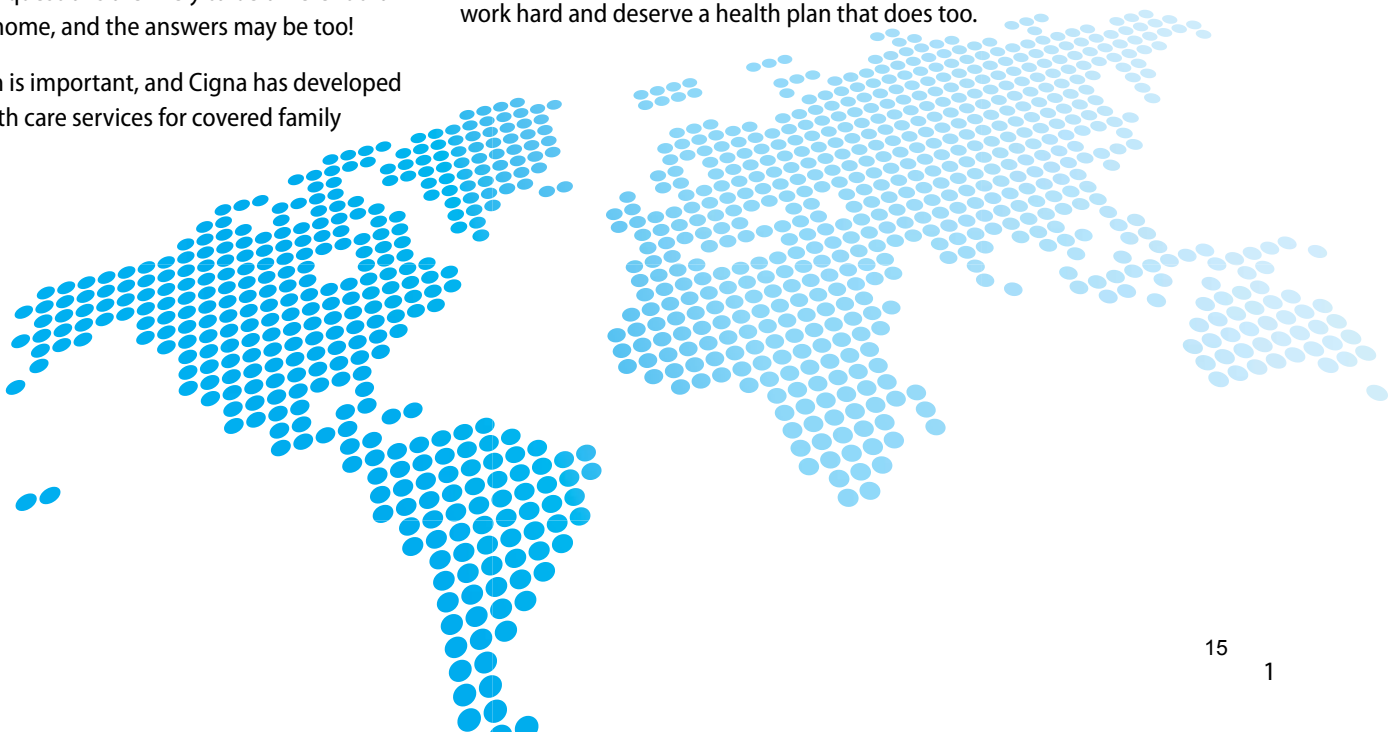
You are about to begin work *outside* of your home country...

...and whether it is your first or tenth time, you know it has the potential to be an amazing experience both professionally and personally. This opportunity also brings changes, questions and uncertainty. But one thing you can be sure of is you have valuable health coverage. When you are 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!

Your satisfaction is important, and Cigna has developed specialized health care services for covered family members.

Before you go, spend some time reviewing your health care benefits services, which are provided 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.

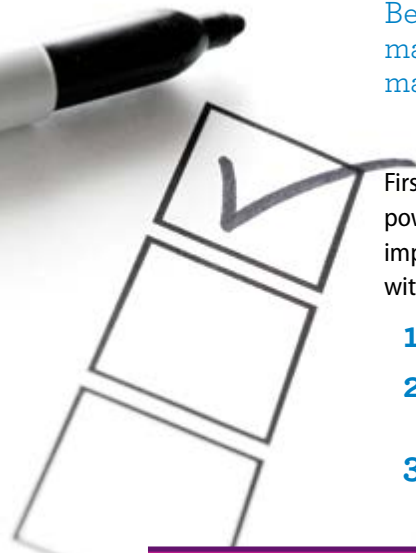




Pre-departure

Checklist and Tips

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



First, let's start with some basic questions. Information is power. So 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 www.CignaEnvoy.com to access our Pre-Assignment Tool?



Important Documents Checklist:

Medical

- Your Cigna ID card – be sure to make a copy of both sides. If you have not received your card before you leave:
 - Toll-free: **1.800.441.2668**.
 - Direct calling: **001.302.797.3100** (Collect calls accepted).
- Before you leave, get a 6-12 month supply of all prescriptions you take regularly (Country limitations may apply).
- A record of past surgeries, diagnoses and medications (names/dosages).
- Copies of X-rays, MRIs, CT Scans, etc. (Easily stored on a thumb drive or DVD).
- Blood type, blood group and Rh factor.
- List of all allergies – include medicine, foods, seasonal, etc.
- Vaccination history.
- International certificate of vaccinations for yellow fever (yellow card, if necessary).

Travel

- Passports.
- Birth certificates.
- Visas and work permits.
- Marriage certificate (if applicable).
- Home address.
- Emergency and contact information.
- A copy of Cigna customer service numbers:
 - Toll-free: **1.800.441.2668** and your Cigna ID number.
 - Direct calling: **001.302.797.3100** (Collect calls accepted).
- Review your country guides specific to your assigned country.
- Pre-assignment screenings.
- Research and create a list of physicians located in your assigned country.
- Driver's license.

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

Immunizations:

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

- Be sure to get your vaccines 4-6 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 Guide 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, get 6-12 months' worth of all prescriptions you take regularly.
- Check and see if the medications you take are available in the country you will be working.

Did You Know?

You can visit CignaEnvoy.com to learn the generic and local brand names of medicines.

Now that you work outside of your home country, what do you do in case of an emergency?

- If a situation arises, and you don't know what to do, contact us using the number on the back of your Cigna ID card. We can help you avoid paying **out of pocket expenses**¹ other than your patient responsibility (i.e., **deductibles**², **co-insurance**³, etc.). If it is an emergency, contact Cigna from the hospital or doctor's office immediately after the situation is stabilized. We'll work with your doctor and help.
- If you're hospitalized, our Global Service Center can also provide guidance from a health specialist with detailed knowledge of the country you're in.

Did You Know?

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

1. Out of Pocket Expenses:

Expenses not covered by your plan, such as co-pays, coinsurance, deductibles, and any other charges not covered under your plan.

2. Deductibles:

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

3. Co-insurance:

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



We are here for you

Whether you're still at home planning your departure or already in your new country, rest assured knowing that Cigna's here to help.



Important contact information – Contact us anytime, anywhere

Cigna representatives in our Global Service Center can provide 24/7 multilingual information and professional support, and help connect you with doctors around the globe.

Secure website:	www.CignaEnvoy.com (Secure email available, see page 6 for registration instructions)
Toll-Free telephone number:	1.800.441.2668 (For other convenient ways to contact our Customer Service Center, please log on www.CignaEnvoy.com)
Toll-free TDD* telephone number for the hearing impaired:	1.800.558.3604 (For other convenient ways to contact our Customer Service Center, please log on to www.CignaEnvoy.com)
Direct telephone number:	001.302.797.3100 (Collect calls accepted)
Toll-free facsimile number:	1.800.243.6998 (For other convenient ways to contact our Customer Service Center, please log on to www.CignaEnvoy.com)
Direct facsimile number:	001.302.797.3150
Mail Delivery:	Cigna Global Health Benefits P.O. Box 15050 Wilmington, DE 19850-5050, U.S.A.
Courier Delivery:	Cigna Global Health Benefits 300 Bellevue Parkway Wilmington, DE 19809, U.S.A.

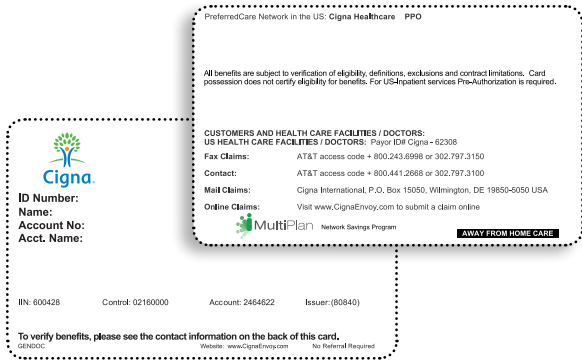
* Telecommunications Device for the Deaf.



Frequently asked questions:

Q: Do I need a Cigna ID card?

A: Yes. Your Cigna ID card is recognized by health care professionals around the world. By using your Cigna ID card, we can directly reimburse the doctor or hospital where you received care.



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

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

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

Q: Do I need to select a Primary Care Physician (PCP)?

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

Q: How can I locate a doctor?

A: With a network of more than 1 million health care professionals worldwide, it's easy to locate a doctor or hospital. To locate an international health care professional, go to www.CignaEnvoy.com and click on the "Find health care" tab or call us using the number on the back of 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 the back of your Cigna ID card. Our customer service team will help you identify available options. Please be aware that medications can only be filled locally 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 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.

Claim instructions are included on page 11 of this kit.

We also encourage you, when possible, to plan visits with your medical doctor in your home country for any new prescriptions, as well as having those prescriptions filled before you leave. If you have any questions or concerns about travel restrictions, you can call us at the phone number on the back of your Cigna ID card.

Q: What if I have a medical emergency?

A: Should something serious happen, visit the nearest hospital and contact the Global Service Center immediately. The professionals at our Global Service Center will help you get the **emergency assistance** you need. From ground transportation and translators to finding specialist and facilities, we're here to help.

A list of our contact information can be found on page 4.

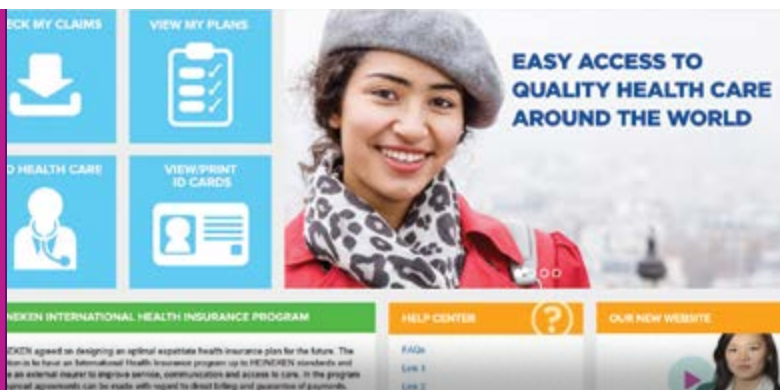
Q: How do I obtain a claim form?

A: You can get a claim form and/or submit a claim online through www.CignaEnvoy.com or by contacting us by telephone, fax or secure e-mail.



Cigna Envoy[®]

Making it easy.



Your personal information at your fingertips

Cigna Envoy is your customized online health resource. The tools and information are developed specifically for globally mobile individuals so you can easily find the information you need. Register for Cigna Envoy as soon as you receive your Cigna ID card. If you don't have an ID card, please call us at 1-800-441-2668. With your ID card handy, enter the site (www.CignaEnvoy.com) and follow these simple steps to get started:

- | | |
|----------------|--|
| Step 1: | Go to www.CignaEnvoy.com and under "I am a Customer" select "I have not registered yet". |
| Step 2: | Fill in your registration details using the relevant information as it appears on your Cigna ID card. |
| Step 3: | Answer the security questions and click Register . |

You will be issued with a one-time PIN, which you can then change to a password of your choice for all future log-ins.

Why use the website?

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

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

On Cigna Envoy, you can also:

- Send questions to us through our secure messaging tool.
- Access pre-assignment tools.
- Print and view your ID card.
- Obtain a second opinion without having to visit a doctor.
- Download claim forms, submit and track claims.
- Look up translations for medical terms.
- Learn more about the country you are working in.
- Get tips to stay in better shape while you are working outside of your home country.
- Sign up for Electronic Funds Transfer (EFT) to make deposits and also claim reimbursements.

Still have questions or want to know more? Get in touch with our Global Service Center by phone or email.



Finding and choosing a health care professional

As a covered customer, you have access to the Cigna directory of more than 200,000 international doctors and hospitals and a U.S. network of more than 550,000 doctors and 107,000 dental access points. By choosing a health care professional in-network, your costs are lower and paperwork is eliminated.

Two important ways to find a health care professional:

1. Access the online directory of thousands of doctors, hospitals, clinics and dentists through www.CignaEnvoy.com.
2. Call our Global Service Center (24/7/365) by using the number on the back of your Cigna ID card.

www.CignaEnvoy.com





Value-added services

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

- Advice on how to recover or replace lost documents like passports and credit cards.
- Coordination of emergency travel arrangements for family members who escort another family member to the hospital.
- Personal emergency telephone translation services.
- Help finding the right doctor or hospital closest to your location.
- Help finding or replacing prescription medication.
- Coordination of emergency travel arrangements for children under the age of 18 who are left unattended if a family member becomes sick.
- Help obtaining necessary documents for medical insurance claims.
- Arrangement of an emergency medical evacuation.

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

Get a second opinion online


E-Cleveland Online Second Opinion Program

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

After you or your covered family member is approved for a medical second opinion, you'll need to formally register into the program just as if you were visiting the clinic in person. You'll be asked to complete some information, and a specialized physician will review the medical information before rendering an expert second opinion, usually within 10-14 days.

Once registered on [CignaEnvoy.com](https://www.cignaenvoy.com), you can access the Online Second Opinion Program by following these steps:

1. Select the **Health and Well-Being** tab.
2. Under Getting Medical Care click on the **Online Second Opinion** link.



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

Outside the United States

Outside the United States, you may need to file a claim unless you visit a health care professional that has a **direct pay arrangement**¹ or has obtained a **guarantee of payment**² from Cigna. To find out if a health care professional has a direct payment arrangement with Cigna, visit www.CignaEnvoy.com to find their contact information in the directory, and a note that says *"direct settlement may be available."* If so, all you need to do is present your Cigna ID card.

In the United States

If you receive care from one of Cigna's **in-network**⁶ health care professionals within the United States, you do not need to submit a claim for reimbursement because we have **direct pay arrangements**¹ with these doctors/hospitals. You would only be responsible for paying any **deductible**³, **co-insurance**⁴ or **co-pay**⁵ amounts that are part of your plan. If you choose to seek care from an **out-of-network**⁷ health care professional, you may need to file a claim.

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

- Submit your claim through **CignaEnvoy.com**. It's the fastest and easiest way to get your claims to Cigna.
- Make sure your form is complete. And don't forget to sign it!
- Fill out a separate form for each doctor or hospital visit.
- Be sure to add a diagnosis or explain your treatment.
- 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 faxes are faster than regular mail.

Reimbursement Options

- Direct Payment to a U.S. or Canadian bank.
- Electronic Funds Transfers (EFT).
- Checks to you in a variety of currencies (over 100 currencies).
- Wire transfers to bank accounts around the world.
- **ePayment Plus**[®] is an integrated and accurate process that includes automatic email notification of payments directly into a bank account you maintain in a given country, regardless of where you are when working outside of your home country. You can quickly and easily self-enroll in ePayment Plus on Cigna Envoy. ePayment Plus complements the existing array of electronic payment options, such as wire transfers* and Electronic Funds Transfer (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 www.CignaEnvoy.com.

*Your bank, or intermediary banks, may apply a fee for the receipt of wire transfers.

- 1. Direct Pay arrangements:** Cigna pays your health care professional directly, which helps reduce the amount you need to pay for covered services at the time of treatment.
- 2. Guarantee of payment (GOP):** Assures payment directly to a doctor or hospital for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan. Have your health care professional call Cigna using the number on the back of your ID card to arrange a GOP.
- 3. Deductible:** This is the amount of covered expenses that you must pay before the plan pays. Once you meet this threshold, the plan will begin to pay benefits for covered expenses that you incur; this applies to both individual and family plans.
- 4. Co-insurance:** A percentage of the cost of covered expenses you must pay after you have met your plan deductible.
- 5. Co-payment (co-pay):** A flat fee you pay a doctor for certain covered services, such as visits or prescriptions.
- 6. In-network:** You'll receive care from doctors or other health care professionals who participate in the Cigna network, which eliminates your paperwork.
- 7. Out-of-network:** Health care professionals or facilities that do not offer discount arrangements for services with Cigna and may require that you pay for services at the point of care. You may visit any health care facility you choose, but choosing a doctor who does not participate in the Cigna network may lead to higher out-of-pocket costs.



Customer claims scenario

Direct Pay

Meet Johan,



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



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



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



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



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

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



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



Customer claims scenario

Guarantee of Payment

Meet Amelia,



Amelia is a German citizen working in France.



Amelia has a backache and needs to see a specialist, so she visits Cigna Envoy to find an orthopedic specialist.



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



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



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



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

Note: payment options and procedures may vary depending on the health care professional and your plan design.



Our mission:

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

Our personality: encouraging

Cigna is the trusted expert in your life who understands, helps and encourages you.



Cigna Global Health Benefits®

Our promise and shared value: individuality

Cigna understands and nurtures your individual strengths to help you achieve what matters most in your life.





Easy Access to Quality Health Care Around the World.

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PRE-ASSIGNMENT ASSISTANCE

Be prepared before you leave.

Great reasons to use Cigna's Pre-assignment Assistance Program

Have an easier and healthier transition.

You'll have access to tools that can help you identify medical problems before you leave for an international assignment. Learn about your new location and how to receive medical care while you're there.

Be prepared.

Review a checklist of things you should do before leaving home. Learn what to expect in your new country.

Learn about a country's health care.

Health care is not the same in all countries - it can vary greatly across the globe. You can learn more about your new location including how to access health care while you're there and how to obtain medications before or during your assignment.

Get individualized advice.

No two people are alike. You'll get customized feedback based on your specific needs.

While not everyone will need to speak with a Cigna clinician, if we determine that you may benefit from an outreach, a clinician may contact you via email or phone.

We'll help your family too.

Whether your family is coming with you or staying at home, your spouse and children can also participate in the Pre-assignment Assistance Program.

Any medical condition.

Persons with any medical condition may benefit from this program. Even if you are doing well in your home country, medical care may be very different in a new location. Let Cigna assist you in making sure you are prepared. If you need medical care, it is best to be prepared.

It only takes 10 or 15 minutes.

To access the pre-assignment assistance questionnaire, visit **CignaEnvoy.com** and select "I do not have a Cigna ID/Pre-assignment tools."

Living abroad is exciting, but health care systems are so different! I'm so glad we knew where and how to find a health care professional before we actually needed one.

Together, all the way.®



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

112043 08/15

Pre-Assignment Assistance Program



Take a few moments to learn how you can get started today.

How to access the pre-assignment questionnaire.

1. Visit **CignaEnvoy.com** and select “I do not have a Cigna ID/Pre-assignment tools.” Log in with your client ID number and password below.

Client ID:*

Password:*

2. After you accept the terms of use,** you will be taken to the pre-assignment assistance 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 information or outreach from a Cigna clinician or nurse.
5. While you're online, you can also click on our country guides and health care professional directory to learn more about the country you will be traveling to. You will find information on things like: **Local health care, required and recommended immunizations, crime rate, weather, currency, finding a good health care professional and more.**



*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 www.CignaEnvoy.com or your employer's privacy office.

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THE NETWORK TO KNOW

Understanding CignaLinks

Did you know?

Cigna has a global network of more than one million health care professionals and facilities. The Cigna network is designed to create a seamless experience for global customers whenever they seek health care services. To help successfully deliver this experience, Cigna Global Health Benefits® created the CignaLinks® program. Here are a few things to consider when you think of CignaLinks.

What is CignaLinks?

CignaLinks is a strategic alliance between Cigna and established regional insurance administrators intended to make the health care experience easier for our global customers. It is made up of nine networks containing approximately 170,000 health care professionals and facilities (complete listing available on cignaenvoy.com):

- **CignaLinks Australia** – Grand United Corporate Health offers access to 40,000 health care professionals and facilities throughout Australia.
- **CignaLinks Brazil** – Gama Saúde offers access to 14,000 health care professionals and facilities and is one of the largest health networks in Brazil.
- **CignaLinks China** – Quality Healthcare Medical Services offers access to 850 health care professionals and facilities and there are often no claims to file.
- **CignaLinks Middle East** – Saudi Arabian Insurance Company (SAICO) offers access to 1,900 health care professionals and facilities with locally negotiated discounts.
- **CignaLinks Southeast Asia** – Parkway Health offers direct settlement with the 1,400 local health care professionals and facilities in their network.
- **CignaLinks Spain** - Customers have access

to 35,000 health care professionals and facilities at discounted rates and direct claims settlement.

- **CignaLinks United Kingdom** – Offers an alternative to the National Health Service by providing access to 300 private health care professionals and facilities.
- **CignaLinks Africa** – Medical Services Organisation offers access to more than 47,000 health care professionals and facilities in various regions of Africa.
- **CignaLinks Canada** – Cowan Insurance Group provides access to 30,000 health care professionals and facilities throughout Canada.

What does CignaLinks provide and why choose it?

CignaLinks provides access to an expansive global network of healthcare professionals and facilities, connecting globally mobile employees to quality, cost-effective care around the world. Specifically, it offers clients:

- Dedicated medical experts, available 24/7
- Compliance with the local laws governing health care
- Simplified and more efficient benefit plan administration
- Access to over 170,000 health care professionals and facilities in 24 countries

CignaLinks provides employees:

- An enhanced customer experience with both global and local service centers
- Discounted services due to negotiation and local pricing

- › In many cases, no out-of-pocket expenses
- › Faster claims processing as a result of local claims administration
- › Electronic claim settlement for some services

Why two ID cards?

Certain countries in the CignaLinks network may require the use of a separate ID card when visiting a health care professional or facility. While the thought of using two ID cards may initially seem confusing, it has been our experience that customers in the CignaLinks program have seamlessly managed the use of two cards. Most customers like having a separate CignaLinks ID card that is widely recognized and accepted in their country of assignment.

When customers visit a health care professional in a CignaLinks country that requires a separate ID card, they simply present their CignaLinks ID and pay any applicable coinsurance to receive treatment. If a customer leaves their CignaLinks country, they use their standard Cigna ID card when seeking care.

What's new?

As of January 1, 2015, Cigna entered into an agreement with Cowan Insurance Group, creating the CignaLinks Canada program. Customers enrolled in CignaLinks Canada have access to over 30,000 in-network health care professionals and facilities across the provinces, including pharmacies and specialists. Customers enrolled in CignaLinks Canada will receive an ID card that displays both the Cigna and Cowan logos. Click [here](#) to read the CignaLinks Canada press release.

Questions?

If you have any questions, please contact your Cigna Global Health Benefits Client Manager or New Business Manager.

UNDERSTANDING

YOUR

Explanation of Benefits



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

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


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

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

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

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

ANY COMPANY
890 ROAD ST
ANYWHERE



JOHN PUBLIC
123 STREET RD
ANYWHERE

Questions About Your Claims?
For questions about this document, please visit Cigna's secure website, Cigna Envoy, at www.CignaEnvoy.com, or call the International Service Center at the number below:

Phone 1.800.569.3554 or 302.797.3337
Fax 302.797.3481

Customer ID # 123456789
Account Name / Account #
ANY COMPANY / 000000000

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

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

<i>U.S. Dollars</i>		
Total	\$400.00	The total amount billed for all services submitted. For international claims, this amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
Cigna Discount	\$50.00	The total Cigna-negotiated savings for the services submitted.
Cigna Paid	\$350.00	The total amount that Cigna paid for the services submitted.
Amount Not Covered	\$0.00	The portion of the services that are not covered by the plan or the amount not paid based on plan percentages.
Patient Responsibility	\$0.00	The amount the patient is responsible for paying after discounts that Cigna has negotiated and what your plan has paid. Refer to the glossary page for more information regarding patient responsibility.

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

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

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

Together, all the way.™



Page 2

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

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

Glossary

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

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

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

Claim submissions tips

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

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


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

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

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

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

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



Explanation of Benefits

THIS IS NOT A BILL.

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

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

1 - The deductible is the amount you need to pay each year before your plan starts paying benefits.
 2 - After the deductible is met, the cost of covered expenses shared by you and your health plan. The percentage of covered expenses that should be owed is called coinsurance.
 3 - The portion of the billed amount that is the patient's responsibility in USD, including any amounts already paid.

Remark Codes
 BANEW-To obtain additional details about this claim, please contact the Customer Service Center.

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

Page 4

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

Important Information about Your Appeal Rights

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

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





ONLINE CLAIM SUBMISSION

Simplified claims process

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

How to file an online claim

1. Visit **CignaEnvoy.com**.
2. Under “**I am a customer**,” select “**I have an existing login**” and enter your Cigna ID number and password.
3. Select “**My Claims**” on the navigational toolbar at the top.
4. Under “**My Claims**,” select “**Submit/Complete a Claim**.”
5. You will need to provide the following information for each claim you submit.
 - Personal data
 - Claim details
 - Payment
6. Select “**Submit a New Claim**.”

Registering for Cigna Envoy:

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

1. Visit **CignaEnvoy.com**.
2. Under “**I am a customer**,” select, “**I have not registered yet**.”
3. On the registration page, provide your identifying information by entering the first nine digits of your Cigna ID number and click “**Register**.”
4. Enter the identifying information, including your account number and security word, then click “**Register**.”
5. Next, you will receive your registration confirmation. Remember your secure PIN to complete the registration. **Please note: Secure PINs are case sensitive.**
6. Click “**Continue**” to log in.



CignaEnvoy.com

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

Cigna Global Health Benefits®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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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	

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):** _____

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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):	
Employer:		Check One: Enrollment for EFT 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>			
Email Address: <i>(Will be used to send deposit notification)</i>			
U.S. Bank Information – This information is required along with a voided check			
U.S. Bank Name:			
U.S. Bank Address: <i>Street</i>	<i>City:</i>	<i>State:</i>	<i>Postal / ZIP Code:</i>
Name on U.S. Bank Account:			
Account Type: (Check One) Checking Saving	Account Number:	Bank Routing Code: <i>(9-Digit code located on the bottom left corner of check)</i>	

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.

International Group Plans Enrollment Form

A. GENERAL INFORMATION (ALL SPACES MUST BE COMPLETED)

Employer name: International Teams Employer number: 74862
 Employee name-Last: _____ First: _____ MI: _____
 Birth date: ____/____/____ Social Security number: _____ E-mail: _____
 Home address: _____
 City: _____ State: _____ ZIP Code: _____
 Daytime telephone: (____) _____ Country of destination: _____ Effective date: ____/____/____
 Sex: Male Female Marital Status: Married Single Employee classification: Overseas Missionaries
 Date of full-time employment: ____/____/____ Coverage effective date: ____/____/____

B. BENEFIT ELECTION

MEDICAL

For myself: yes no For spouse: yes no For eligible children: yes no

Overseas Coverage: Global Health 2000

C. PARTICIPANT & DEPENDENT* INFORMATION (ONLY LIST FAMILY MEMBERS TO BE COVERED)

Last name	First name	Initial	Social Security number	Relationship	Birth date	Gender M/F	Medical Yes/No
			_____	Self	_____	—	

* Your spouse and eligible children up to age 26 are eligible for coverage.

E. REQUIRED SIGNATURES

I authorize my employer to arrange for me to be covered under the terms of the plans I have chosen. I also authorize my employer to make any required deductions from my earnings as my contribution to the cost of this coverage.

Employee signature: _____ Date: ____/____/____

Employer representative: _____ Date: ____/____/____

INTERNAL USE ONLY

Processed by: _____ Date: ____/____/____ PCL: _____ Letter: _____

Continued on other side



International Employee Annual Change Request

Group Plans

Note: Complete and return this form to your employer to change your coverage option(s) to the plans listed below. Your employer will need to return this form to GSFR. The coverage available for your selection is contingent upon your employer's enrollment and participation in the plan.

EMPLOYEE INFORMATION

Employee first name: _____ MI: _____ Last name: _____ Effective date: _____
Employee address: _____ City: _____ State: _____ ZIP Code: _____
Social Security number (last four digits): _____ Email: _____
Telephone number: _____ Classification: _____ (i.e., ministerial, administrative)

Please provide dependent information on the reverse side, if applicable.

EMPLOYER INFORMATION

Employer name: _____
Employer address: _____ City: _____ State: _____ ZIP Code: _____
Employer number: _____ Email: _____

MEDICAL PLAN OPTIONS

Coverage option (please check): For myself For spouse For eligible children

Stateside coverage (check only one):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Health Legacy 200 | <input type="checkbox"/> Health Today | <input type="checkbox"/> Health Choice 500 | <input type="checkbox"/> Health Choice 1000 |
| <input type="checkbox"/> Health Choice 1500 | <input type="checkbox"/> Health Choice 2000 | <input type="checkbox"/> Health Choice 2500 ¹ | <input type="checkbox"/> Health Choice 3000 ¹ |
| <input type="checkbox"/> Health Choice 3000 80/20 ¹ | <input type="checkbox"/> Health Choice 5000 ¹ | <input type="checkbox"/> Health Choice 5000 80/20 ¹ | <input type="checkbox"/> Health Saver 2600 ¹ |
| <input type="checkbox"/> Health Saver 2800 ^{1,2} | <input type="checkbox"/> Health Saver 3000 ^{1,2} | <input type="checkbox"/> Value Health 5000 ^{1,2} | <input type="checkbox"/> Health Saver 5000 ^{1,2} |

¹These plans do not constitute "creditable coverage" for Massachusetts residents.

²These plans are not considered "creditable coverage" under Medicare Part D for active participants age 65 and older.

Overseas coverage (check only one):

- Global Health 500 Global Health 1000 Global Health 2000 Global Health 2000 Plus

DENTAL PLAN OPTIONS

Coverage option (please check):

- For myself
 For spouse
 For eligible children

Stateside coverage (check only one):

- Premier Dental Care Plan
 Choice Dental Care Plan
 Guided Dental HMO Plan

Overseas coverage (check only one):

- Global Dental Basic Plan
 Global Dental Plus Plan

AUTHORIZED SIGNATURES

Employee signature: _____ Date: ____/____/____

Employer authorized representative signature: _____ Date: ____/____/____

Continued on other side



Employee name: _____ Social Security number (last four digits): _____

LIST ALL DEPENDENTS TO BE COVERED FOR 2016

Note: Your spouse and children up to age 26 are eligible for coverage.

Applicant first name: _____ MI: _____ Last name: _____

Social Security number (last four digits): _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Applicant

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Spouse first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Spouse

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Dependent first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Child Other: _____

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Dependent first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Child Other: _____

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Dependent first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Child Other: _____

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Dependent first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Child Other: _____

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Dependent first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female

Relationship: Child Other: _____

Medical Dental

Dental ID number: _____ (first-time Guided Dental HMO enrollees only)

Make copies of this page and complete if more than five dependent children will be covered.

Privacy Practices of Health Plans

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

Summary of the *Privacy Practices of Health Plans*

GSFR is the plan sponsor of Group health plans that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

This notice does not apply to Protected Health Information maintained in your employment records by your employer for employment or other non-health plan purposes.

How the Plans will use your information

The Plans may use and disclose your Protected Health Information without authorization from you to pay medical benefits or operate the Plans. The Plans may also use, share or disclose your Protected Health Information in connection with treatment by a health care provider covered by HIPAA. In addition, the Plans may use or disclose your information in other special circumstances described in this notice. The Plans will require your written authorization for the use or disclosure of your Protected Health Information for any other purpose.

Your individual rights

You have the right to access certain Protected Health Information, inspect and copy this information, amend or correct the information, request restrictions on the use and disclosure of the information, request that communications be made to you through alternate means or at an alternative location, obtain an accounting of the information that the Plans have accessed or disclosed for reasons other than treatment, payment, health care operations or certain other circumstances, and to obtain a paper copy of the *Privacy Practices of Health Plans*.

Continued on back

Questions and complaints

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

The attached notice describes all of the Plans' privacy practices in more detail.

Notice of privacy practices of health plans

This notice describes how medical information about you may be used and disclosed by the Plans named below and how you can get access to your information. Please review it carefully.

GSFR is the plan sponsor of the Plans that are subject to HIPAA.

The privacy of your Protected Health Information that is created, used or disclosed by the Plans is protected by HIPAA. The Plans are required by law to:

- Maintain the privacy of your Protected Health Information.
- Provide you with this notice of the Plans' legal duties and privacy practices with respect to your Protected Health Information.
- Abide by the terms of this notice.

Plans' uses and disclosures for treatment, payment or health care operations

Under HIPAA, the Plans and the individuals who administer them may use and disclose your Protected Health Information for treatment, payment or health care operations without obtaining a written authorization from you. This broad range of activities includes:

- **Treatment** The Plans may disclose Protected Health Information to your providers for treatment, including the provision of care (diagnosis, cure, etc.) or the coordination or management of that care.
- **Payment** The Plans may use and disclose your Protected Health Information 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 the members of the Plans, reviewing the medical necessity of the services rendered, conducting claims appeals and coordinating the payment of

benefits between multiple medical plans.

- **Health care operations** The Plans may use and disclose your Protected Health Information for activities compatible with, and directly related to, treatment and payment. For example, the Plans may use or disclose your Protected Health Information for the Plans' administration activities, such as eligibility, enrollment, verification of enrollment, payment of costs of coverage, information systems controls, underwriting and actuarial evaluations, network development, selecting vendors, precertification, third-party liability, quality assessments, case management, disease-management programs and other Plan-related activities, including compliance and financial audits of claims.

Our Plans contract with other businesses for certain plan administration services. Our third-party administrator provides underwriting for Group and Personal Plans. The third-party administrator provides claims processing services for the Plans. The Plans may release your health information to one or more of these business associates for these purposes if the business associate agrees in writing to protect the privacy of your information.

Unless you authorize the Plans otherwise (or the individually identifying data is deleted from the information), your Protected Health Information will be available only to the individuals who need the information to conduct the Plans' administration activities, and the release will be limited to the minimum disclosure required unless otherwise permitted or required by law.

Other uses and disclosures permitted and required by the Plans

In the following circumstances, the Plans may be required or permitted to use or disclose your Protected Health Information without obtaining an authorization from you. These events are generally subject to certain conditions. More specific information is available from the HIPAA Privacy Contact upon request.

- **Required by law** The Plans may be required by

law to release your Protected Health Information to a government or public health representative. The disclosure must comply with the relevant requirements of that law and be limited to the information that is required.

■ **Public health** The Plans are permitted to disclose your Protected Health Information for certain required public health activities to:

- » A public health authority that is authorized to collect or receive that information for the purpose of preventing or controlling disease, injury or disability.
- » A public health authority or other governmental authority authorized to receive reports of child abuse or neglect.
- » A person subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety or effectiveness of FDA-regulated products or activities.
- » A person who may have been exposed to a communicable disease or is otherwise at risk for contracting or spreading a disease or condition, where authorized by law as necessary in the conduct of a public health intervention or investigation.

■ **Victims of abuse, neglect or domestic violence** The Plans may use and disclose your Protected Health Information to a government authority if the Plans reasonably believe you are a victim of abuse, neglect or domestic violence and such disclosure is required by law or if the Plans, in the exercise of their professional judgment, believe the disclosure is necessary to prevent serious harm to you or other potential victims.

■ **Health oversight activities** The Plans may use and disclose your Protected Health Information to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative or criminal investigations, actions or proceedings, and certain other oversight activities.

■ **Judicial and administrative proceedings** The Plans may use and disclose your Protected Health Information in the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request or other lawful process. The Plans

will only disclose information in response to a lawful process other than a court or administrative tribunal order if satisfactory assurances are received from the party seeking the information that notice of the request has been provided to you and that you have not filed an objection within the time provided for you to do so or that other appropriate processes have been followed.

■ **Law enforcement purposes** The Plans may use and disclose certain Protected Health Information for a law enforcement purpose to a law enforcement official if certain legal conditions are met. For example, in certain situations, information may be disclosed to a public official where you are suspected to be a victim of a crime.

■ **Decedents** The Plans may use and disclose your Protected Health Information to a coroner or medical examiner or to a funeral director for the purpose of carrying out his or her duties as authorized by law.

■ **Organ/eye/tissue donation** If you are an organ donor, the Plans are permitted to use and to disclose your Protected Health Information to an appropriate entity for cadaveric organ, eye or tissue donation and transplantation purposes.

■ **Certain limited research activities** If the Plans obtain documentation from the individual or from a researcher that the applicable authorization requirement has been waived by an appropriate Institutional Review Board or privacy board, the Plans may use and disclose your Protected Health Information for research purposes.

■ **Health and safety** The Plans may use and disclose your Protected Health Information to avert a serious threat to the health or safety of you or any other person, consistent with applicable law and standards of ethical conduct.

■ **Government functions** The Plans may use and disclose your Protected Health Information for specialized government functions — for example, if you are in the Armed Forces or a veteran — for purposes of certain national security, presidential protection and intelligence activities.

■ **Workers' compensation** The Plans may use and disclose your Protected Health Information as authorized by and to the extent necessary to comply

with laws and regulations related to workers' compensation or similar programs.

Specific uses and disclosures

The Plans may also use and disclose your Protected Health Information for the following specific purposes:

■ **Communications related to your health**

The Plans may use and disclose your Protected Health Information to provide information to you about disease management programs, treatment alternatives or other health-related benefits and services that may be of interest to you.

■ **Plan sponsor** The Plans may disclose your Protected Health Information to GSFR for reasons consistent with the Privacy Rules of HIPAA and as described in the Plans' documents.

Limitations on use and disclosure

If a use or disclosure of your Protected Health Information identified in this notice is subject to a law more stringent than HIPAA, the more stringent law will apply. If you have a question about your rights under any particular federal or state law, please write to the HIPAA Privacy Contact.

Authorizations required for all other uses and disclosures

Any other use or disclosure of your Protected Health Information not identified within this notice will be made only with your written authorization. You have the right to limit the type of information and the persons to whom it should be disclosed. You may revoke your written authorization at any time, and the revocation will be followed to the extent that action on the authorization has not yet been taken. An authorization form is available by contacting your Group Plans administrator.

Your rights

You have the right to:

- Request a restriction on certain uses and disclosures of your Protected Health Information by the Plans. The Plans are not required to agree to a requested restriction for payment or health care operations

where the health care provider has not been paid out-of-pocket in full. To request a restriction, please write to the HIPAA Privacy Contact and provide specific information as to the disclosures you wish to restrict and the reasons for your request. The Plans will respond in writing.

- Request that the Plans' confidential communications of your Protected Health Information be sent to alternative locations or by alternative communicative means. For example, you may ask that we send all 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.
- Inspect and obtain a copy of the Protected Health Information by making a written request that may be used by the Plans to make decisions about your benefits. Access to psychotherapy notes 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.
- Request that the Plans amend your Protected Health Information or record if you believe the information is incorrect or incomplete.
- Receive an accounting of certain access to or disclosures made of your Protected Health Information for purposes other than treatment, payment or the Plans' operations in the six years prior to the date of the request.
- Request and obtain a paper copy of this notice at any time, even if you have agreed to receive it electronically.
- Receive notification in the event the Plans discover a breach of your unsecured Protected Health Information and determine notification is required under HIPAA.

To exercise these rights, please write to the HIPAA Privacy Contact at the provided address. There are circumstances where the Plans are allowed to deny or limit your requests. In such event, you may have the right to object and obtain a review of the Plans' decision. The Plans will provide you with further information about those rights at that time. If you would like more specific information about these

matters, contact the HIPAA Privacy Contact.

Changes to this notice

Each Plan reserves the right to change the terms of this notice and its information practices and to make the new provisions effective for all Protected Health Information it maintains. Any amended notice will be made available to you.

Complaints and Privacy Contact

You may file a complaint with the Plans' HIPAA Privacy Contact and with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by any of the Plans. Their addresses are available under "Privacy contact information." All complaints must be filed in writing. **You will not be retaliated against for filing a complaint.**

Privacy Contact information

If you have any questions about this notice, please contact your Group Plans administrator for the HIPAA Privacy Contact at GSFR.

To 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
www.hhs.gov/contacts
(202) 619-0257
Toll free: 1-877-696-6775

International Group Plans Notice of Special Enrollment Rights

You are eligible to participate in 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 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).

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.

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.

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.

Important warning

If you decline enrollment for yourself or for an eligible dependent, you may be required to 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.

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, 2015. 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

If you or your dependents 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 call 1-877-KIDS-NOW or visit 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 in paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your state for more information on eligibility.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: www.myalbipp.com Phone: 1-855-692-5447	Website: http://health.bss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): (907) 269-6529
COLORADO – Medicaid	FLORIDA – Medicaid
Medicaid Website: http://www.colorado.gov/bcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
Website: http://dcb.georgia.gov/ Select “Programs,” then “Medicaid,” then “Health Insurance Premium Payment (HIPP)” Phone: 1-800-869-1150	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
IOWA – Medicaid	KANSAS – Medicaid
Website: www.dbs.state.ia.us/bipp/ Phone: 1-888-346-9562	Website: http://www.kdbeks.gov/bcf/ Phone: 1-800-792-4884
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://new.dbb.louisiana.gov/index.cfm/page/222 Phone: 1-888-695-2447
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://www.maine.gov/dbhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY: 1-800-977-6741	Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: http://www.dbs.state.mn.us/id_006254 Select “Health Care,” then “Medical Assistance” Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mbd/participants/pages/bipp.htm Phone: (573) 751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.dbbs.nh.gov/oii/documents/bippapp.pdf Phone: (603) 271-5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmabs/clients/medicaid/ Medicaid Phone: (609) 631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www2.ncdbbs.gov/dma/medicaid Phone: (919) 855-4100	Website: http://www.nd.gov/dbs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.oregonhealthykids.gov http://www.bijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.dbs.state.pa.us/bipp Phone: 1-800-692-7462	Website: www.eobbs.ri.gov/ Phone: (401) 462-5300
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://www.getbipptexas.com/ Phone: 1-800-440-0493	Websites — Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.bca.wa.gov/medicaid/premiumpynt/pages/index.aspx Phone: 1-800-562-3022, Ext. 15473	Website: www.dbbr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third-Party Liability
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dbs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: http://health.wyo.gov/healthcarefin/ Phone: (307) 777-7531

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

