HELPFUL GUIDE

# GUIDE TO USING YOUR PLAN

Together, all the way.℠

Cigna®

# CONGRATULATIONS.

You are now covered under a Group Medical Insurance Plan that gives you access to some of the best medical and wellness benefits.

To get to know your benefits, we have designed this Helpful Guide to help make it easy for you.

## INTRODUCTION

The purpose of this Helpful Guide is to present an easy-to-understand reference guide to the valuable information on the benefits, limitations and exclusions that fall under the policy, and the claims procedure.

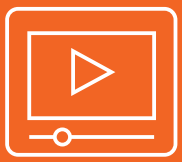
This guide does not replace or override the definitive policy and contract signed between the insurance company and your organisation. For full details of your company's insurance contract, please contact your company's HR Manager. Please note that the terms and conditions of your membership may be changed from time to time by the agreement between your company and us.

Some words and phrases used in this guide have specific meanings. These have been defined in the definition section of this guide.

Your insurance policy comprises of your list of health care benefits, your membership card, details of your hospital network and other documents related to our service including the contract we have with your employer.

Please take your time to read this Helpful Guide so you are fully informed about how to use your Plan.

**Together, all the way.™**



## WE'RE ADDRESSING YOUR NEEDS.

For some, workplace wellness is on the decline. That's because many workplace wellness programmes simply don't address employees' unique needs.* But that's not the case for you. Cigna's suite of health and wellness offerings can help you get the personalized care you deserve. Cigna offers a wide variety of features that promote wellness, including special attention on how to manage chronic conditions, and a focus on lifestyle. Our Wellbeing app offers online and telephone coaching, virtual visits with a physician and so much more.

**Some people feel they can never switch off from work.**
77% of the respondents of a recent survey reported being in an 'always on' workplace culture.* Your employer has taken a large step toward helping you find balance by choosing Cigna. Cigna's suite of health and wellness offerings can help you face many of the challenges that come from a stressful workplace. You'll access information and programmes that can help you make lifestyle changes that promote healthy choices. That could add up to more quality time, a greater sense of autonomy and better job satisfaction for you.

You can benefit from Cigna's health and wellbeing suite of offerings that will help improve your overall wellbeing and reduce your stress. With services such as chronic condition management, case management and second opinion - you can rest assure that your health and wellbeing are in good hands.

**Please take a look at page 12 to learn about the many ways our suite of products support a healthier work and life balance**.

*Source: Cigna 360 Well-Being Survey, UAE Report 2019

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## ABOUT YOUR INTERNATIONAL HEALTH PLAN

Membership of the plan means that you and your family can be sure of receiving comprehensive advice, and treatment in case of illness or accident.

UAE members can access care within the UAE simply by showing their valid Emirates ID card and stating that they are insured with Cigna Neuron.

All GCC members can access the digital ID cards via Cigna Envoy, they will get a physical **Cigna Neuron** ID card only if their company has enrolled for it.

A membership ID card is provided for each of your family members. Please ensure you have your digital ID cards with you when you visit the health care provider as they are important to access care within our networks.

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## INSURANCE REGULATIONS IN THE UAE

**For the Emirate of Dubai:**

The health insurance law for Dubai exists to ensure that residents in the Emirate of Dubai enjoy a minimum level of health cover to protect them in the case of illness or medical emergency.

All our plans are compliant with the regulations of the Dubai Health Authority

**For the Emirates of Abu Dhabi and Al Ain:**

The health insurance law exists to ensure that all residents in the emirates of Abu Dhabi and Al Ain enjoy a minimum level of health cover to protect them in case of illness or medical emergency.

All our plans are compliant with the regulations of the Health Authority of Abu Dhabi.

## IF IT'S AN EMERGENCY

Get the emergency treatment you need and call us if you need any advice or support.

Either you, your physician, one of your dependants or a colleague needs to call our 24-Hour Helpline **+44 (0) 1475 788618** (within 48 hours of the emergency) to inform us of the hospitalisation.

*Pre-authorisation Form* details can be taken over the phone when you call us.

## IN CASE OF EMERGENCY

While we hope you never face an emergency situation, it's important to know how to get immediate help if you need it. As part of your plan, we can assist with virtually any medical emergency that you may encounter.

In the event of an emergency, please contact the numbers below or on the back of your ID card:

- UAE Toll Free: 800 1 CIGNA (800 1 24462)
- For KSA: +966 920009150
- For Bahrain: 800 11309
- For Kuwait: +965 22069101
- For Qatar: 00800 100398
- For Oman: 800 74256
- International Helpline: +44 (0) 1475 788618 who shall:
  - co-ordinate evacuation to the nearest suitable location or repatriation to your home country if medically necessary;
  - arrange the care and repatriation of your young family members if your medical condition leaves them at risk. An escort shall travel with your children to either your home country or the place you are receiving treatment;
  - co-ordinate access to screened blood and resuscitation fluids where it is not readily available.

**PLEASE NOTE: Medical evacuation and repatriation must be pre-authorised.**

Please refer to your list of benefits to ensure *International Emergency Services* are covered. It is important that your family members or colleagues are aware of your insurance arrangements, should you be unable to contact the international helpline yourself.

**Emergency Out of Area Cover**

If you or your family members travel outside your Area of Cover i.e. Area 1, 2 or 4, your plan will provide you with health care cover for emergency treatment for a period of 30 days whether you are traveling for business or pleasure. If you need to move location for more than 30 days, you must notify us immediately to ensure that you remain fully covered.

## IMPORTANT CONTACT INFORMATION

International Customer Service can be contacted 24 hours a day, 7 days a week.

**International 24 hour Global Helpline Number:**
Dial +44 (0) 1475 788618 or if you are in the UAE call toll-free on: 800 1 CIGNA (800 1 24462)

- For KSA: +966 920009150
- For Bahrain: 800 11309
- For Kuwait: +965 22069101
- For Qatar: 00800 100398
- For Oman: 800 74256

**International Global Fax Number:**
Dial +1 800 262 2471 or +44 (0) 1475 492424

**International claims submission and enquiries email:** iceME@cigna.com

**Website:** www.CignaEnvoy.com

## IMPORTANT INFORMATION ABOUT YOUR PLAN

**Members eligibility:**

- Our plans are available to the eligible employees and their dependants (when applicable) who reside in the GCC countries.
- The eligible members for our Global Care plans must be:
  - **A sponsored employee(s) of the insured company**
  - **Legal spouse and children up to 18 years old**
  - **Children - Up to 25 years old, if they are full time students and unmarried** (proof of full time education will be required for dependants who are above 18 years old).
- The employees and their dependants must have the same plan level.
- Any special terms provided under your plan will be shown on the electronic Welcome Letter.

**Your benefits**

Your employer has chosen the plan level and benefits, including any additional options that are available to you. The Global Care plan covers you for costs arising from an unforeseen event which means the cost of eligible treatment resulting from an unexpected illness or accident.

**Adding eligible dependants to your plan**

Your employer can ask to add your eligible family members to your policy at any time. All material facts about your dependants must be given to us.

Please note:

- Your dependants must be added to the same plan you have.
- Any newborn infant may be added within 30 days from the date of birth, with the child's cover being effective from the date of birth.
- Any addition to a policy must be supported by valid and supporting documents as requested by us, for example: new entry permit, current visa, birth certificate.

Once the addition is agreed and processed, we will send your employer the membership ID cards for each of your dependants who are covered under the plan.

**Leaving your plan**

If you are leaving the health insurance plan, a cancellation request must be sent to us via your employer. The cancellation request will be entertained only if supported by valid reasons and supporting documents to prove the same (for example: you have resigned from your job, or you are leaving the country).

Please note:

- If you are removed from a plan, your end date will be the date that we receive the request, or a future date which was requested by your employer and given to us.
- If a main member is removed from a plan, all of their dependants will also be removed.
- If you wish to remove a dependant please contact your employer.
- When you or your dependants leave any plan, you must return the membership ID cards to your employer.

## HOW TO USE YOUR PLAN

**Inside the GCC - In-network treatment**
Your plan gives you access to an unparalleled regional network of medical providers.

Where treatment takes place at an in-network provider in the GCC, we will settle your invoices directly with the provider. Please ensure you present your digital ID card at the time of receiving treatment. You need to only pay any applicable co-insurance or excess to the provider at the time of receiving treatment.

Note: UAE members can also access care in the UAE by showing their Emirates ID and stating that they are insured with Cigna Neuron.

## Advantages of visiting **in-network** medical providers:

- ☑ **Direct Payment Facility – only pay your coinsurance (if applicable) and we will cover the rest.**
- ☑ **No claim forms to fill, no documents to send.**
- ☑ **Get your medication on the spot, all you need to pay is your coinsurance (if applicable).**
- ☑ **Pre-approvals are arranged by the network medical provider.**

We have contracted with over 5000+ medical providers in the GCC to provide you with access to an extensive network of preferred providers.

To find out if your provider is within our network you can:

- Refer to www.CignaEnvoy.com
- Contact us on any of the numbers listed under *'Important Contact Information'*.

**If you lose your membership card** or you forget to bring it with you when you receive treatment, then the treatment provider may not agree to the direct settlement of your claim. However, as long as it's not one of the treatments that require *pre-authorisation*, and provided your treatment is covered, you can still pay for the treatment upfront and then submit a claim. Please read *'Claim Submission'* on page 12.

**Inside the GCC - Out-of-Network treatment**

- **In-patient treatment**
  To keep your experience simple and cost effective we advise you to select an in-network provider. However, if you choose to receive in-patient medical treatment at an Out-of-Network provider please let us know, you will be required to pay for treatment and then submit a claim for reimbursement.
- **Out-patient treatment**
  All out-patient treatment received Out-of-Network is on a pay-and-claim basis, subject to policy terms and benefit limits and any co-insurance that may apply.

**How to access treatment outside the GCC**

You may receive services from any hospital, clinic, or doctor outside the GCC, within your Area of Coverage, using your Cigna global ID card. We recognise that you may be unfamiliar with local medical providers. To assist you in this process, we have created a *provider directory* of pre-screened primary care physicians, dentists and full-service hospitals for over 450 cities. To view the *Provider Directories* visit www.CignaEnvoy.com.

Providers may also call the 24-hour Helpline on + 44 (0) 1475 788618 to verify coverage.

## ABOUT YOUR MEMBERSHIP CARDS

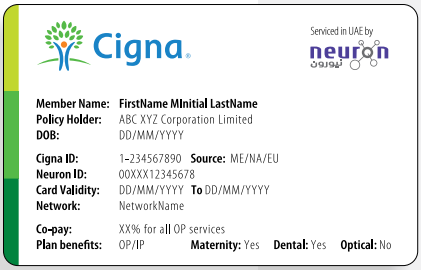
You will receive two membership cards, the **Cigna** global ID card for treatment outside the GCC (Gulf Cooperation Council), and the **Cigna - Neuron** membership card for treatment inside the GCC.

A membership card is provided for each of your eligible family members. Please carry your cards with you, as they are important to access health care within our networks. A digital copy of your Cigna-Neuron membership card will be sent to you via email and SMS.

*The CIGNA global ID card is pictured below.*

If you are based in any GCC country except KSA you will receive a **Cigna - Neuron** card that gives the health care provider all the information needed to administer your plan. If you are based in KSA you will receive a gold **Saudi Arabian Cooperative Insurance Company** card.

*The CIGNA - Neuron membership card is pictured below.*



When you receive your membership cards please check that the information is correct. If something needs to be changed contact us and we will arrange this.

When receiving treatment in the GCC please present your Cigna - Neuron or Saudi Arabian Cooperative Insurance Company membership

card to the provider. For treatment anywhere else in the world present your Cigna global ID card.

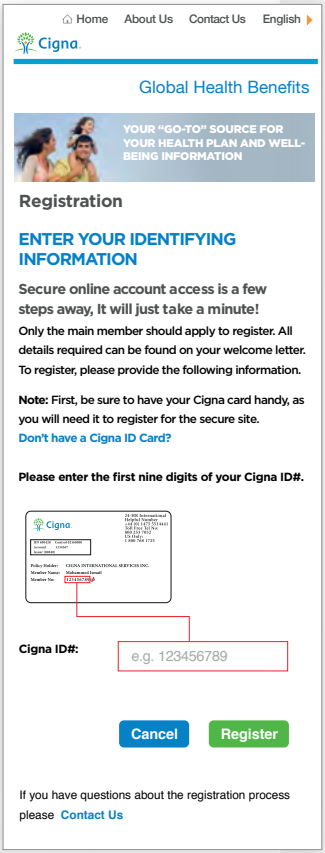
## UPDATE YOUR CONTACT INFORMATION

**To ensure that you receive your digital card copy at the earliest make sure to update your contact information, by:**

**Email** your full name, date of birth, Cigna membership ID and updated mobile number to iceME@cigna.com

**Call** to 800 1 CIGNA (800 1 24462)

**Secure App** click here.




## REGISTER FOR THE SECURE MEMBER WEBSITE

To make your life easier and save you time and hassle, www.CignaEnvoy.com is an exclusive member website. You can log on to Envoy from anywhere in the world to gain access to information and expert advice.

**Some of the benefits include:**

- **Find a provider:** Through extensive selection procedures and physician-directed referrals, you have access to quality medical facilities and health care practitioners with the international *Provider Directory*.
- **Submit a claim:** You can submit your claim, view your claim status, history and payment details. This feature provides you with the reassurance of knowing your claim has been submitted, processed and payment is on its way.
- **Access to preferred Network Providers in US:** Whilst in the USA you have access to the preferred *Provider Network* which ensures a smooth transition into a complex health care system, subject to your Area of Coverage.

Available on the App Store

GET IT ON Google Play

Additionally, you have access to general dentists and dental specialists through the *Dental Network* which also gives access to significant discounts, backed by a simple claims process which is completed by the dentist.

- **Access to travel information:** *Country Guides* allow you to access practical travel information such as: cultural, health and safety information for over 190 countries.

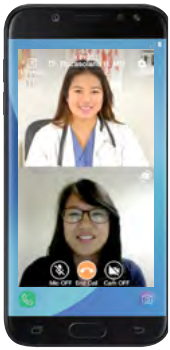
**Be connected while you're 'on-the-go'**
Download the 'Cigna Envoy' Mobile App from the *Apple® App Store*, or the *Google Play® Store*.

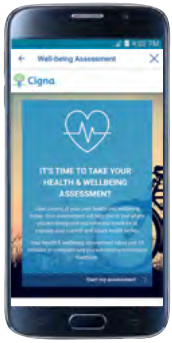
Type in your Cigna log in username and password every time you want to use the App.

**With the help of our App you can:**
> View your electronic Cigna global ID card
> Search for nearby providers
> Submit and track claims
> Contact the customer service team

## DECISION SUPPORT PROGRAMME

- One of the primary benefits of this programme is that it enables you to get a second opinion without the burden of travel, through Cigna Envoy. After acceptance for a medical second opinion you will need to formally register into the programme just as if you were visiting the clinic in person.
- You first need to complete a condition specific questionnaire and send pertinent medical records and original materials such as X-rays to us.
- A specialised physician reviews the medical information before giving you an expert second opinion, usually within 7 working days.
- A coordinator will follow up with the patient by phone to ensure that the information provided is understood and all the questions are answered.






## TAKE CHARGE OF YOUR HEALTH, ANYTIME, ANYWHERE.

You can access convenient care including a virtual visit to the doctor, online clinical care, health assessments, counselling, and so much more. Here some of the ways our suite of health and wellness programmes support members like you:

- **The Cigna Wellbeing App.**
  You can receive a health assessment, access health coaching by phone or computer, get an online diagnosis and many other cost-free or low-cost conveniences. Downloading this app will give you access to the support you need... all at the tap of a button.

- **Telehealth.**
  **We put healthcare in your hands, 24/7/365.**
  You can connect with a licensed doctor by phone or video. It's confidential, convenient and in some cases, there's no copay or deductible. If medication is necessary we can also arrange home delivery.* Download the Cigna Wellbeing app or call Cigna's customer service for more information.
  *Only available in Dubai.

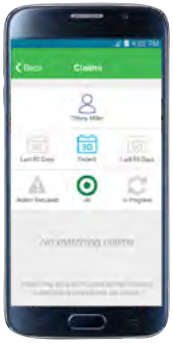
- **Health Risk Assessments.**
  **Online health and well-being assessments.**
  You can receive personalised evaluations online which include help with sleep, stress nutrition, fitness and exercise. Take them online through the Cigna Envoy Member Portal or by downloading the Cigna Wellbeing app.

- **Case Management.**
  In the case that you're hospitalised, our clinical care team works with all parties to ensure you receive quality, cost-effective care. Reach out to customer service to get the support you need.

- **Chronic Condition Management.**
  If you or a loved one faces chronic health issues (like diabetes), our clinical care

team can help. Your first step is to contact customer service.

- **In-Hospital Nurse Case Management.** Nurses are available on site in the hospital to help oversee your care and make sure you get the attention you need for your entire course of treatment. You can quickly contact customer service at 800-1-CIGNA (800-1-24462).
- **Decision Support Programme.** Helps those diagnosed with a severe illness get a second opinion from a world-class specialist. Gain this crucial feedback by reaching out to customer service.



## CLAIMS SUBMISSION

Where treatment takes place at an In-network provider in the GCC, we will settle your invoices directly with the provider. Please ensure you present your membership card at the time of receiving treatment. You need only pay any applicable co-insurance/deductible to the provider at the time of receiving treatment. **When applicable to your plan, for treatment received outside of the network you will need to pay the provider and then submit your invoice and Claim Form.**

The Claim Form can be downloaded from CignaEnvoy.com. You should have also received it in your Welcome Pack which was sent to you at the start of your policy.

## WHEN TO SUBMIT?

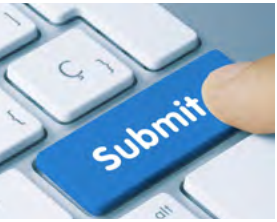
For reimbursement, claims should be submitted within a maximum of 12 months of receiving treatment. Any claims submitted after 12 months will not be considered. As per the reimbursement rule, the following needs to be submitted – all Claim Forms duly completed, together with all certificates, invoices, reports, test results etc., and more particularly a clear diagnosis by a medical practitioner. We reserve the right to request original copies of all documentation at any time.

## WHAT TO SUBMIT?

You will have to submit at all times a duly filled Claim Form attaching the following:

**For in-patient treatment:**

- Itemised hospital bill supported by the official hospital receipt for the total amount paid.
- Official receipt showing the attending physician's or surgeon's charges along with his stamp and signature.
- Detailed hospital discharge report.
- Copies of any associated investigation reports




## TIPS TO ENSURE A SPEEDY CLAIMS SETTLEMENT:

- Provide a *diagnosis* or *explanation of treatment* on the *Claim Form*.
- State *how* and *where* you want the reimbursement issued.
- Where the payment method selected is *'Electronic Bank Transfer'*, full details must be provided, including bank name and address, account name, account number and your bank's SWIFT code.
- Email scanned copies of your claim for reimbursement, rather than fax or post.

### For out-patient treatment:

- Official receipt showing the attending physician's detailed charges along with his stamp and signature.
- Itemised pharmacy bill showing the date of purchase, name of patient, quantity and name of drugs along with the physician's prescription.
- Official receipt showing charges for each of the lab tests, X-ray films and other examinations done. This should be supported by the respective physician's request to undergo examinations and copies of the results of examinations undertaken.
- For vision claims, the prescription for the vision correction must be submitted along with the above documents.

### WHERE TO SUBMIT?

**- Online:**
You can submit your claims online at www.CignaEnvoy.com

**- Mobile App:**
You can submit your claims by the Cigna Envoy Mobile Application

**- Email:**
For GCC and International claims (except KSA), submit to iceME@cigna.com

For KSA claims, please submit to saicohealthksa@saico.com.sa

**- Registered mail:**

- **for treatment in GCC** send your claims to:
  Cigna Insurance Middle East
  The Offices 3 at One Central,
  Dubai World Trade Centre, Office No. 111,
  Level 1, PO Box 3664, Dubai, UAE.

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- **for treatment in Kingdom of Saudi Arabia** send your claims to**:**
  Saudi Arabian Cooperative Insurance Company
  Riyadh Head Office
  Platinum Center, Salahuddin St.
  P.O. Box- 58073, Riyadh 11594, KSA.
- **for treatment outside your Area of Cover** send your claims to:
  Cigna Global Health Benefits,
  1 Knowe Road, Greenock,
  Scotland PA15 4RJ.

**- Fax:** +44 (0) 1475 492424

## HANDLING YOUR CLAIMS

If your employer has arranged for a broker to administer your and your dependants' health care plan, you should be aware of the following process which we follow when handling claims and medical information. If your employer has nominated a broker as the administrator of your healthcare plan we do release the following information, if requested by the broker, about you and your dependants' claims:

- who the claim was paid to
- when the claim was paid;.
- which payment method was used to pay the claim.

**We do not release medical information about you and your dependants to the broker.**

**In the event that you have any queries about this process, please contact your HR department for further information.**

## REIMBURSEMENT OPTIONS

We provide a number of reimbursement options in many different currencies.

Where possible Cigna will aim to pay the medical practitioner or hospital direct to reduce the need for you to pay directly and reclaim the cost of treatment. In case where you have paid the provider directly Cigna can reimburse your claim (as per policy terms and conditions) by electronic transfer or cheque.

Please note that reimbursement will be processed more efficiently by the receiving bank if you provide full bank details for your transfer (payee name, address, account number/IBAN, routing codes/SWIFT).

A *Claim Form* is not always necessary, providing Cigna receive confirmation of your medical condition and treatment details.

**Remember you can submit and track the progress of your Claim by accessing CignaEnvoy.com or the Cigna Envoy mobile application.**

## REIMBURSEMENT RULE

The patient will forward to the INSURER, via post or email, the claim forms duly completed, together with all certificates, invoices, reports, test results etc., and more particularly a clear diagnosis by a medical practitioner. The INSURER reserves the right to request original copies of all documentation at any time. The INSURER will only consider claims made within 12 months of treatment being received.

## HOW IS CO-INSURANCE CALCULATED?

If your plan has a Co-insurance it means you have to pay a certain percentage of the treatment cost. Have a look at the two examples given below:

**Example #1: 20% Co-insurance (you will always only pay a maximum of US$13)**

| Medical Service | Billed Amount | Net Amount | You Pay |
|---|---|---|---|
| Specialist consultation | 100 | | |
| Outpatient Xray | 120 | | |
| Outpatient drugs | 130 | | |
| **Total:** | **350** | **337** | **13** |
| **Dental Service** | **Billed Amount** | **Net Amount** | **You Pay** |
| Dental consultation | 90 | | |
| Outpatient Dental Xray | 150 | | |
| Scale and Polish | 200 | | |
| **Total:** | **440** | **427** | **13** |
| **Vision/Optical Service** | **Billed Amount** | **Net Amount** | **You Pay** |
| Eye exam | 100 | | |
| Frame | 120 | | |
| **Total:** | **220** | **207** | **13** |

**Example #2: 20% Co-insurance (with no maximum applied)**

| Medical Service | Billed Amount | Net Amount | You Pay |
|---|---|---|---|
| Specialist consultation | 100 | | |
| Outpatient Xray | 120 | | |
| Outpatient drugs | 130 | | |
| **Total:** | **350** | **280** | **70** |
| **Dental Service** | **Billed Amount** | **Net Amount** | **You Pay** |
| Dental consultation | 90 | | |
| Outpatient Dental Xray | 150 | | |
| Scale and Polish | 200 | | |
| **Total:** | **440** | **352** | **88** |
| **Vision/Optical Service** | **Billed Amount** | **Net Amount** | **You Pay** |
| Eye exam | 100 | | |
| Frame | 120 | | |
| **Total:** | **220** | **176** | **44** |

## PLANS DEFINITIONS

| | |
|---|---|
| **Benefit** | Any benefit shown in the list of benefits. |
| **Client** | The policy holder who has agreed to the terms of the policy with the INSURER. |
| **Cosmetic** | Services, procedures or items that are supplied only for aesthetic purposes and which are not needed in order to maintain an acceptable standard of health. |
| **Daycase treatment** | Care involving admission to a health care provider and using a bed but not staying overnight. |
| **Dependant** | • Legal spouse and children up to 18 years old<br>• Children - Up to 25 years old, if they are full time students and unmarried (proof of full time education will be required for dependants who are above 18 years old). |
| **Designated Health care Providers** | A group of contracted health care providers providing access to their services on a direct billing basis in conformity with the terms of this policy |
| **Effective date** | The date cover starts for the employee and their dependents. |
| **Eligible female** | A person who is a female employee or a female spouse of an employee |
| **Emergency** | A serious, unexpected, and often dangerous situation which calls for immediate medical intervention by a health care provider for the rescuing of a person's life or the elimination of the danger threatening that person's life. |
| **Employee** | Any member of staff who is working the minimum of 30 hours per week, nominated and sponsored by the client who becomes a member of the plan. |
| **GCC** | Gulf Cooperation Council countries; Saudi Arabia, UAE, Kuwait, Oman, Bahrain and Qatar. |
| **Health care provider** | Any organisation which is registered or licensed as a medical or surgical hospital, clinic or individual licensed to provide health care services in the country in which it is located and where the patient is under the daily care or supervision of a medical practitioner or qualified nurse |

| | |
|---|---|
| **Home nursing** | Visits from a qualified nurse to the patient's home to give expert nursing services:<br>• immediately after a health care provider's treatment for as long as is required by medical necessity;<br>• visits for as long as is required by medical necessity for treatment which would normally be provided by health care providers.<br>In either case, the specialist who treated the patient must have recommended these services. |
| **Injury** | A physical injury |
| **In-patient** | A patient who stays overnight at a health care provider's facility while undergoing treatment |
| **INSURER** | **GCC (except KSA):** Cigna Insurance Middle East S.A.L.<br>**KSA:** Saudi Arabian Cooperative Insurance Company |
| **List of benefits** | The latest list of health care benefits which the INSURER has attached to this plan. |
| **Maternity benefit** | All aspects of pregnancy or childbirth, including pre and post natal visits, check-ups, any complications and delivery, for any eligible female covered under the plan, but excluding:<br>• treatment by way of the intentional termination of pregnancy unless two medical practitioners certify in writing that the pregnancy would endanger the life or mental stability of the mother and as permitted by the applicable law; and<br>• treatment by way of nursery care for a dependant in a health care provider following childbirth, unless due to medical necessity during treatment that is otherwise covered by this policy. |
| **Medical necessity** | Medically necessary covered services and supplies are those determined to be:<br>• required to diagnose or treat an illness, injury, disease or its symptoms;<br>• orthodox, in accordance with generally accepted standards of medical practice;<br>• clinically appropriate in terms of type, frequency, extent, site and duration;<br>• not primarily for the convenience of the patient, physician or other health care provider; and<br>• rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. |

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| **Medical practitioner** | A doctor or specialist who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the treatment is provided |
| **Medicine** | Pharmaceuticals authorised in the local country of prescription, which can only be obtained through a prescription written by a medical practitioner. |
| **Minor surgical procedures and associated treatment** | Any surgical treatment or procedure that does not require a general anaesthetic or overnight health care provider stay, e.g. surgical treatment of an ingrown toe nail. |
| **Operation** | Any procedure described as an operation in the schedule of surgical procedures |
| **Orthodox** | In relation to a procedure or treatment that is medically accepted in the jurisdiction in which it was performed and which meets minimally accepted international medical standards at the time of the commencement of the procedure or treatment, in that it accords with that upheld by a respectable, responsible and substantial body of medical opinion, experienced in the particular field of medicine. |
| **Out-Patient** | A patient who does not need to stay overnight at a health care provider for either consultation with a specialist or for treatment. |
| **Patient** | The employee or dependant who undergoes treatment |
| **Plan** | The health care benefits that the INSURER agreed to offer and accepted by the client. |
| **Policy** | The policy sent to the client comprising the policy terms, the policy schedule, list of benefits, and premium schedule. |
| **Policy schedule** | The policy schedule issued with the policy including any endorsements to it. |
| **Pre-admission certification** | A review and an initial decision by INSURER or its third party administrator, before admission to the health care provider whether it is for an in-patient or daycare treatment. |

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| **Pre-authorisation** | A process through which a patient or designated health care provider seeks approval from the INSURER prior to undergoing treatment to ensure that the proposed treatment falls within the scope of cover, subject to the policy terms and conditions and shall fall within the health care providers agreed rates. |
| **Primary health care costs** | Costs in relation to a medical practitioner's fees, prescribed medicine/drugs and dressings and dental emergency treatment in accordance and up to the limits detailed in the list of health care benefits. |
| **Private ambulance** | A purpose-built vehicle operated as an ambulance by a recognised private ambulance service or the private hospitals ambulance service. |
| **Qualified nurse** | A nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided. |
| **Selected area of coverage** | The area available within your table of benefits provided by your employer, as selected by the client or the employer on the start date of the plan. *'Selected area of coverage'* shall not include locations or coverage where applicable laws prohibit the insurance provided by the policy and/or related services and/or related payments. |
| **Short-term Treatment** | A period of time consistent with the recuperation time required for the treatment and as prescribed by the treating medical practitioner with the approval of the INSURER. |
| **Sickness** | A physical or mental illness |
| **Specialist** | A doctor who:<br>• has received advanced specialist training;<br>• practices a particular branch of medicine or surgery;<br>• holds or has held a consultant appointment in a health care provider or an appointment which the INSURER accepts as being of equivalent status; and<br>• is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided. |

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| **Spouse** | The employee's wife or husband by legal marriage as advised to the INSURER. If the employee divorces, cover for the spouse will end on the last day of the month in which the final decree of divorce has been granted. Cover for a partner other than a spouse must be agreed in writing between the INSURER and the client when the employee joins the plan. |
| **Start Date** | The date the policy starts, as shown in the policy schedule. |
| **Treatment** | Any relevant treatment controlled by a medical practitioner to cure or substantially relieve acute or chronic conditions within the scope of the plan. |
| **Vision benefit** | Procedures and treatment relating to the vision of an employee or dependant. |
| **Year of insurance** | The annual period starting on the start date or annual renewal date. |

## FREQUENTLY ASKED QUESTIONS

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| **1. Who is Neuron?** | In the UAE we have partnered with Neuron, an established third party administrator who will serve as back office support and enable access to a comprehensive network of over 3,000 health care providers across the UAE, on a direct billing basis. |
| **2. How do I make a claim for accessing care outside the GCC within my *Area of Cover*?** | If you choose to use any hospital, clinic, specialist or medical practitioner outside the GCC within your *Area of Cover*, you will need to settle the cost of claim yourself and then seek reimbursement. The reimbursement will be based on the R&C *(reasonable & customary)* cost of network in your country of residence. **Please make sure you send your reimbursement claims within a maximum of 12 months from the date of making the claim to avoid rejection of payment.** |
| **3. How do I know which providers are in the network?** | Through www.CignaEnvoy.com, your personalised member portal. Alternatively, you can always call your customer service team on + 44 (0) 1475 788618 or if you are in the UAE call toll-free on: 800 1 CIGNA (800 1 24462) |
| **4. What do I do in case of a cancellation of a pre-approved claim?** | The provider needs to send a written cancellation notification by email. |
| **5. What do I do in case of a cancellation of a PBM service?** | In case of a cancellation of a PBM *(Pharmacy Benefit Management)* service by the provider, we advise you to log in to your member portal or call your customer support team on the UAE toll-free number 800 1 CIGNA (800 1 24462) for a comprehensive list of approved providers and pharmacies. |

**6. Please specify benefit details for *Vision* and *Dental* coverage?**

Depending on the details of your *coverage plan* which will be highlighted in your Welcome letter – information of your *Vision* and *Dental* coverage will be outlined in your *member booklet*. You may also refer to *Envoy* to view your plan *benefits*.

**7. What are the telephone numbers on the back of my membership card?**

The numbers on the back of your *membership card* are for you to reach us when you need any assistance.

**8. Where do I get a *Claim Form* from?**

*Claim Forms* can be downloaded from your member portal accessed through CignaEnvoy.com or they are also included in the *Welcome Pack* you received at the start of your health insurance.

**9. Can I get my reimbursement into my home country currency?**

You can receive your reimbursement in over 140 currencies. We will use the exchange rate of the date of your treatment based on Citibank's currency exchange rate.

**10. How long does it take for a *claim* to get reimbursed?**

Please allow up to 10 working days for your *claim* to be processed and a further 5 to 7 working days for a bank transfer to be received in your account, or a further 2 weeks or more for a cheque to be received in the post.

**11. How will I know that my claim has been paid?**

You can track the status of your *claim* online through CignaEnvoy.com. Once your *claim* has been assessed you will be sent an email to confirm this.
Alternatively, you can call your customer service team on + 44 (0) 1475 788618. Or if you are in the UAE call toll free on: 800 1 CIGNA (800 1 24462). Please allow at least 10 working days from submission of your *claim*.

**12. What if the hospital I want to use is not listed in the global network and I need *in-patient* treatment?**

You should be prepared to settle the costs yourself and seek reimbursement. However, we recommend that you contact the customer service team and we will make contact with the hospital and endeavour to set up a *Guarantee of Payment*. Whilst we will do our best, this isn't always possible.

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**13. Who should I contact if I have any questions about the policy?**

Your dedicated customer service team are available 24/7/365 in the UAE toll-free on: 800 1 CIGNA (800 1 24462), or if you are outside UAE (anywhere in the GCC) call the local numbers listed on the back of the membership card.

Alternatively, you can call the 24-hour International helpline on: + 44 (0) 1475 788618.

We appreciate the number is international and we will accept reverse charges or call you straight back.

You can also contact the Customer Service team at iceME@cigna.com, we will respond to you as soon as possible, please allow up to 48 hours. If your enquiry is more urgent, please call us.

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**14. What happens if I *claim* outside my direct-billing network?**

If you have decided to be treated at a provider which is not listed in the *direct billing network* covered by your plan a different process applies.

- You must take a *claim form* with you (available at *Envoy*) and make sure it is filled in and signed by yourself and the medical practitioner treating you and sent back to us as quickly as possible, **please ensure you submit your *claim* within 12 months from the date of your treatment.**
- Please provide us with the following information to ensure your *claim* is processed without delay: A fully completed *claim form* together with all certificates, invoices, reports, test results etc.,

and more particularly a clear diagnosis by a medical practitioner will ensure your *claim* will be processed promptly. An incomplete or unsigned *claim form* may delay settlement of your *claim* and in some cases, may lead to the *claim form* being returned to you for completion. It may be necessary for us to obtain a medical report from the attending medical practitioner.

- Please note:
  - we reserve the right to request original copies of all documentation at any time.
  - we do not pay for medical reports.
  - we will only consider *claims* made within 12 months of treatment being received.

## 15. When would I be required to pay an *Out-of-Network* (OON) co-insurance?

We have created a network of health care providers, with whom we have negotiated prices for certain services.

Your employer may have chosen to apply a *co-insurance* or decline services received on an OON basis.

In order to benefit from our negotiated prices we encourage you to visit *in-network* providers. If you choose to visit an *Out-of-Network* provider (within your *Area of Coverage*) then you may need to pay *Out-of-Network co-insurance* based on what your employer has chosen.

It is also a requirement to show your ID card. If you do not show your ID card, even at an *in-network* provider, your *claim* will be incurred on an OON basis. Our health insurance plans can provide coverage for services received

when you have not used your ID card however these claims would be considered '*Out-of-Network*', and charges at an OON provider are generally higher than our negotiated prices.

**16. Are all benefits subject to *Out-of-Network* co-insurance?**

*OON co-insurance* will apply to all *in-patient* and *out-patient* medical benefits,

**17. What if I have misplaced my ID card or my card has not yet been issued?**

Please contact our Customer Service team via email on iceME@cigna.com or contact your HR department to request a new card. We are unable to make an exception for treatment claimed *in-network* without presenting your ID card at the point of service.

If you are seeking treatment and discover you do not have your ID card, please have your health care provider contact us to obtain approval and arrange direct billing.

You can also access care, by presenting your Emirates ID and informing the provider that you are insured by Cigna Neuron, or by presenting a digital copy of our membership ID card.

**18. What if a provider rejects my ID card?**

If a provider rejects your ID card and the provider is on our provider network list, please contact the Customer Service team (contact numbers are listed on the back of your ID card) or send an email to iceME@cigna.com.

**19. What if the service/ treatment I require isn't available at a Network provider?**

If an *in-patient* or *out-patient* service/ treatment in line with our medically necessary definitions is unavailable at a Network provider in your location, the claim will not be subject to OON co-insurances.

**20. What is a Guarantee of Payment?**

A Guarantee of Payment (GOP) assures payment directly to a health care provider inside your chosen network should they agree to accept a Guarantee of Payment from Cigna for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan.

**21. Who is responsible for requesting a Guarantee of Payment?**

If a health care professional requests payment up front, always ask them to contact Cigna as per the normal process that they use to verify benefits and confirm payment by CGHB for urgent/emergency services on your behalf.

If you are requesting a GOP for urgent/ emergency service, call the toll-free number on the back of your Cigna ID card. We will verify benefits and confirm payment.

If you are requesting a GOP for a service/ procedure planned in the future through consultation with your health care professional, they should contact us per the normal process that they use to verify benefits and confirm payment by us for any services on your behalf.

## 22. What Information is needed for a GOP?

- Hospital/Facility performing the services
- Country where services will be rendered
- Facility fax number, phone number and email address
- Requesting physician name, phone number and email address
- Recipient (who will receive the GOP)
- Patient Name
- Patient Cigna ID number
- Diagnosis
- Procedure to be performed
- Dates of Service
- Statement summarizing service to be covered on the GOP “please issue a GOP for xxxx reason”
- Please include in the subject heading of email communication; “Urgent XXcompany nameXX GOP request – (customer name ID number)” and mark as urgent.

## CANCELLATION

In case of termination or cancellation, the client shall ensure all membership ID cards are destroyed before the cancellation date (a picture of the destroyed/cut membership ID cards must be sent to us), **failing which the client will be the sole and fully liable party towards the medical healthcare provider and/or to INSURER in respect of any expenses incurred or misuse of membership card by the insured members from the termination or cancellation date of this policy.**

## COMPLAINTS PROCEDURES

We are committed to providing the highest standards of service to our customers. However, should there ever be an occasion when you feel that we have failed to honor our promise and that you need to complain, we will do everything possible to ensure that your complaint is dealt with fairly, effectively and promptly.

**The information provided here will show you how to:**

1. Submit a complaint
2. Contact the right person quickly
3. Take further action if you are unhappy with the outcome

**The following standards apply to all complaints handling:**

- We will conduct complaints handling in a fair, transparent and timely manner;
- We will only ask and take into account relevant information when deciding on your complaint;
- At all times during the complaint process:
  - You will be treated with courtesy;
  - Your information will be treated with confidentiality;
  - You have the right to enquire about the progress of your complaint.

**1. Submission of complaints**

You have a number of options to submit your complaint:

a. The easiest way to lodge a complaint is by sending an **email** (and any supporting material) to the following address: ComplaintsMena@cigna.com

b. Or you can **call** to any of the numbers appearing on the back of your membership card;
   - For UAE: 800 1 CIGNA (800 1 24462)
   - For Bahrain: 800 11309
   - For Kuwait: +965 22069101
   - For Qatar: 00800 100398
   - For Oman: 800 74256

c. **Hand delivery or** sending the letter (and any supporting material) by **courier** to any of the following addresses:

- **Dubai**
  The Offices 3 at One Central,
  Dubai World Trade Centre,
  Office No. 111, Level 1, P.O. Box 3664,
  Dubai, United Arab Emirates

- **Abu Dhabi**
  Office no. 1, Level 7, East Tower,
  The Towers at the Trade Center,
  Abu Dhabi Trade Center, 2nd Street,
  Abu Dhabi, United Arab Emirates

- **Sharjah**
  Regus - Office 4048,
  Megamall Tower Plot 260,
  Bu Daniq, P.O. Box 73500,
  Sharjah, United Arab Emirates

- **Kuwait**
  35th floor, Al Hamra Tower,
  East Maqwa, Kuwait City, Kuwait

- **Lebanon**
  1st Floor, Plot no. 24/Marfaa, Solidere,
  Fakhrey Bey Street, Beirut Central District,
  P.O. Box 3685, Beirut, Lebanon

- **Oman**
  Upper Mezzanine Floor, Hormuz Grand Hotel
  Al Matar Street, Muscat, P.O. Box 1101,
  P.C. 114, Jibroo, Sultanate of Oman

- **Bahrain**
  Saudi Arabian Insurance Company BSC,
  LMC Building 852, Office 42, Road 3618,
  Block 436, Al Seef District P.O. Box 60138,
  Manama, Kingdom of Bahrain

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**Please ensure that your complaint is properly addressed to the Complaints Officer.**

In compliance with the applicable regulations, Cigna has appointed a **Complaints Officer** who will be responsible for ensuring that your complaint is acknowledged, properly investigated, and that the company's response is promptly communicated to you.

**2. What happens when your complaint is logged?**

a. Once you have lodged your complaint, we will acknowledge within 2 working days of receipt of complaint.

b. The Complaints Officer will refer your complaint to the concerned person/ department which will investigate it thoroughly and a written response detailing the outcome of our investigation and our decision shall be provided to you within 15 calendar days;

c. In the unlikely event that your complaint has not been answered within the timeframe mentioned above, we will write and let you know the reasons why and the further action that we will take including when we anticipate to have concluded our investigation;

d. In the unlikely event that you are not satisfied with the solution provided by us, you have the right to escalate your complaint to Cigna Senior Manager. Your escalation will be acknowledged as per 2.a above and a written answer shall be provided within 2 working weeks from the date of your escalation;

e. After receiving the Senior Manager's written decision, and if you are still not satisfied, you can write directly to the following Regulatory Authority:

- **UAE:**
  **UAE Insurance Authority**
  Head Office: Aldar HQ, Al Raha Beach,
  P.O. Box 113332, Abu Dhabi,
  United Arab Emirates
  Toll Free: 800 42823 (800 IAUAE)
  Tel: +971 2 4990111 Fax: +971 2 5572111
  www.ia.gov.ae

- **Dubai:**
  **Dubai Health Authority**
  Toll Free: 800 342 (800 DHA)
  Fax: +971 4 3113113
  Email: regulation@dha.gov.ae
  www.dha.gov.ae

- **Abu Dhabi:**
  **Health Authority of Abu Dhabi**
  Abu Dhabi Airport Road, Abu Dhabi,
  P.O. Box 5674, United Arab Emirates
  Tel: +971 2 4493333 Fax: +971 2 4449822
  www.haad.ae

- **Bahrain:**
  **Central Bank of Bahrain**
  P.O. Box 27, Manama, Kingdom of Bahrain
  Tel: +973 1754 7777 Fax: +973 1753 0399
  Website for registering Complaints:
  http://cbb.gov.bh/complaint_form.php
  Email: complaint@cbb.gov.bh
  www.cbb.gov.bh

- **Kuwait:**
  **Ministry of Commerce**
  Tel: +965 22480000
  www.moci.gov.kw

- **Oman:**
  **Capital Markets Authority**
  P.O. Box: 3359, Postal Code: 112 Rouwi, Oman
  Tel: +968 24823269 Fax: +968 24817471
  www.cma.gov.om

## DATA PROTECTION

Telephone calls to and from our organisation may be recorded to help us monitor and improve the service we provide.

We will act as Data Controller for the personal information we hold about you. This data will be managed by us to carry out our obligations under the policy and we may need to share it with authorised third parties to fulfill the contract, such as emergency repatriation providers and reinsurers.

If you would like a copy of the information we hold about you, please write to us quoting your membership number. Please note that we may charge a fee to provide this information.

As the main point of contact for the policy, you will have administrative access to personal data held about you and your dependants. In the event of a claim, this may include access to some limited sensitive personal data.

We may share information related to fraudulent activities with third parties, to the extent allowed by applicable law.

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**Cigna Insurance Middle East S.A.L. (Dubai Branch),** is the local insurer in UAE.
Registered and authorised by the UAE Insurance Authority as a branch of a foreign insurance company under registration No. 48 on 31 December 1984.

Together, all the way.℠

Cigna®