



**GLOBAL GROUP MEDICAL INSURANCE
POLICY**

**FOR INTERNS, FELLOWS, SCIENTIFIC
VISITORS, TRAINING COURSE AND MEETING
PARTICIPANTS OF A UNITED NATIONS
ORGANIZATION**

FREQUENTLY ASKED QUESTIONS

This leaflet gives you an overview of the Frequently Asked Questions and is meant for interns, fellows, scientific visitors, training course and meeting participants who are covered within the framework of the above-mentioned policy.

1. When does your coverage commence and terminate?

The coverage will be effective from the starting date of your internship, fellowship, scientific visit, training course or meeting. Coverage is for the entire period of the internship, fellowship, scientific visit, training course or meeting up to and including the last day for which an allowance is payable.

Some organisations allow for an extension of the coverage of maximum 2 days before the start of your internship and 2 days after the end date of your internship, so that you are covered during the day(s) that you travel to and from the place of your internship.

2. Who can be covered?

Only the interns, fellows, scientific visitors, training course and meeting participants can be covered by the scheme; dependants cannot be included in this coverage.

3. What is the coverage for medical expenses?

The medical insurance policy provides for reimbursement of medical, hospital and dental treatment up to a maximum of US \$10,000/US \$15,000/US \$25,000/US \$50,000 per insured person (depending on the coverage selected by the organization) in any twelve consecutive months' period, subject to the following limitations:

3.1. 100% reimbursement

Reimbursement of 100% of the expenses involved in respect of medical treatment prescribed by doctors qualified to treat patients.

At the rate of 100% are also reimbursed the costs of hospital services such as:

- bed and board (maximum rate: the rate of the hospital concerned for a room for two or more patients)
- general nursing service
- use of operating rooms and equipment
- use of recovery rooms and equipment
- laboratory examinations
- X-ray examinations
- drugs and medicine for use in the hospital

The first US \$10 of any claim for medical expenses is not reimbursable (per 12 month period starting on the commencement of the coverage).

3.2. Limited reimbursement

The following types of treatment alone are subject to certain limitations:

- **Dental treatment:** the cost of dental care, of periodontic treatment, of false teeth, crowns, bridges, other similar appliances and dentofacial orthopaedics is reimbursed only to a maximum sum of US \$600 in a any twelve consecutive months period per insured person.

- **Special examinations and treatments:**

- a. The costs of psychiatric treatment including psycho-analysis are reimbursable only if the patient is treated by a psychiatrist. The costs of psychiatric treatment are reimbursable only at the rate of 50% and to a maximum reimbursement of US \$600, for not more than 50 visits per Insured Person in any consecutive six-month period.
- b. The costs of radiological treatment are reimbursable only if the patient has been referred to the specialist by the doctor in attendance.
- c. Expenses of or in connection with travel or transportation whether by ambulance or otherwise are covered if a professional ambulance service is used to transport the insured person between the place where he/she is injured by an accident or has contracted a disease and the first hospital where treatment is given. In case of emergency or major disability, special transport of the insured person, including cost of accompanying person or attendant, will be allowed, up to a maximum of US \$7,500 (for coverage with an overall ceiling of US \$50,000 a maximum of US \$10,000 will be covered). In addition, preparation and repatriation of the mortal remains to the home country will be covered up to a maximum of US \$7,500.

- **Pregnancy/maternity:**

- a. Complications during pregnancy are covered within the overall limit of the policy;
- b. follow-up checks during pregnancy are not covered;
- c. costs for the baby are not covered;
- d. IVF or other fertilization techniques are not covered.

3.3. Which services are not covered?

- Hearing aids;
- Spectacles;
- Fees for examination of the eye for glasses;
- Spa-cures;
- Periodic, preventive health examinations;
- Rejuvenation cures and cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as a result of an accident occurred during the insured period;
- The consequences of sicknesses or accidents resulting from voluntary and intentional action on the part of the insured person, e.g. attempted suicide, voluntary mutilation, and sexually transmitted diseases;
- The consequences of wounds or injuries resulting from motor vehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered;
- The consequences of insurrections or riots, if by taking part, the insured person has broken laws applicable in the country concerned; the consequences of brawls, except in case of self-defense;
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiations produced by the artificial acceleration of nuclear particles;
- Aircraft accidents are only covered if the insured person is on board of an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid license for the type of aircraft in question.

4. Direct payment procedure

Cigna has a wide range of agreements with health care providers and facilities located all over the world. These agreements may vary from one health care provider to another.

Besides direct payment, Cigna has negotiated specific tariff agreements and/or discounts with several health care providers and facilities. Although you may not be aware of this at the time of admission, the

provider's billing and our settlement will reflect these preferential rates, which are of benefit both to the individual member and to the Cigna plan.

4.1. How does direct payment work?

It is highly recommended that, in case of a **planned admission**, Cigna duly receives at least **5 days** in advance a notification of hospitalisation from the member or the care provider. As such, all administrative and financial aspects can be arranged well in advance, which guarantees a smooth admission and avoids deposit requirements.

Certain providers automatically arrange direct payment by contacting Cigna. This means that they immediately provide the information required for sending a **guarantee of payment**. Others prefer to await our cost estimate form to complete and our accompanying letter, which already confirms enrolment under the medical plan of Cigna.

In case of an **urgent admission**, the name and telephone number of the care provider suffice for our Customer Service Representatives to initiate the direct payment procedure.

4.2. When does it apply?

In case of an **inpatient hospitalization**, i.e. a hospital admission including at least one overnight stay, Cigna can set up a direct payment procedure with the care providers. To this end, the following information should be provided to our medical adviser: the diagnosis and treatment, the exact dates of admission and discharge as well as the detailed cost per type of care.

Please use the estimate form that can be downloaded from Cigna's dedicated website. The completed estimate form can be sent to:

- by email: **admissions@cigna.com**
- by post: Cigna, PO Box 69, B-2140 Antwerpen (Belgium).

If the diagnosis and treatment are covered under the terms and conditions of the plan and the related expenses prove to be reasonable and customary, Cigna will send a **guarantee of payment** to the care providers.

The hospital is requested to send all invoices directly to Cigna for direct settlement, which leaves only the balance at your charge. You will be informed of the latter amount by means of our corresponding **settlement note**.

Together with this settlement note we send you a copy of the corresponding invoices we received directly from the provider. It is important that you check the hospital bill to make sure that it corresponds exactly to the services given.

Here are **5 golden rules to check your hospital bill**:

- Check the dates of your admission and discharge in order to verify whether the correct number of days was billed;
- If you were in a semi-private room, make sure you have not been charged for a private room;
- Make sure you have not been charged twice for the same service, supplies or medication (e.g. doctors' fees billed by both doctor and hospital);
- Did you receive every service, treatment and medication for which you are being billed (e.g. your physician ordered an expensive test and then canceled it but you were charged anyway)?
- In case you are entitled to reimbursement from another insurance, is this clearly mentioned on the invoice?

Outpatient expenses however, are first to be settled by the insured person, who can afterwards claim reimbursement by means of the appropriate claim form, accompanied by the original, detailed invoices, the proof of payment and - if possible - a detailed medical report. This claim form is available online and can be downloaded from Cigna's dedicated website.

5. How to submit claims

You can submit a claim by post or online.

IMPORTANT: in order to be able to submit your claim by post, please ask your personal Cigna reference number first:

- Send an e-mail message to **clientservice1@cigna.com** asking for your personal CIGNA reference number.
- Make sure to mention your full name, date of birth and the name of your sponsoring organization you so we can easily trace your eligibility details.

You will receive an e-mail from us with your personal Cigna reference number and a separate e-mail with password. This will allow you to access the online claiming application allowing you to submit your claim through the website (online or by post), or through mobile app. Here is how it works:

5.1. I want to submit my claim online:

- Scan all invoices and other [supporting documents](#) in advance.
 - Scan each document as a separate file.
 - Supported file types are .pdf, .jpg, .jpeg, .tif, .tiff, .gif and .png.
 - Maximum file size is 10MB.
- Follow the steps of the [claiming tool](#) and attach all scanned documents.
- Submit your claim online.
- You can now track its status and view the claim summary in your claims overview...
- Please retain the original invoices and supporting documents for a period of 6 months after the electronic submission of your claim.

5.2. I want to submit my claim by post:

- Follow the steps of the claiming tool to create a claim summary (pdf).
- Print and sign the claim summary.
- Attach all invoices and other supporting documents.
- Send the claim summary and supporting documents to Cigna by post.
- You can now track the status of your claim and view the claim summary in your claims overview.

5.3. I want to submit my claim by mobile app

- Download the “Cigna Health Benefits app

- After logging in, go to the my claims section and take a picture of the invoices you want to submit
- Submit your claim online.

As you can see, claiming online is very easy. However, here are a few things you need to pay attention to:

- Always submit your claims before the deadline defined in your plan!
- Submit one separate claim per patient.
- Fill in all the required fields (indicated by a red asterisk).
- Make sure you enter the bank details corresponding to the country in which your bank is located.
- If you are entitled to reimbursement by another Insurer, reimbursement by Cigna will be made as appropriate on the basis of the costs actually incurred and the reimbursement obtained from other sources.
- Please make sure that you keep copies of the invoices for your own file which is very helpful in a case of loss.

6. How and when will my claims be settled?

Claims will be settled by cheque in US dollar within two weeks, following the receipt of satisfactory written evidence by Cigna.

The conversion of medical expenses incurred in another currency than US dollar will normally be made at the UN-operational rate of exchange, in force on the date the claim was signed.

7. How can I contact Cigna?

You can direct your queries on coverage, claims paid and reimbursements to Cigna's Medical Claims Center:

- **fellows@cigna.com**
- **Phone** + 32 3 217 68 66
- **Fax** + 32 3 663 28 57

We herewith kindly invite you to have a look at your personal webpages at www.cignahealthbenefits.com where you can find all relevant information about your health care insurance plan.

The website shows you different tabs with information on coverage, direct payment, claims procedure, forms, contact data and Cigna's proprietary provider list.

8. How can I log in to my personal webpages?

If you haven't claimed yet and do not have a personal reference number, log in as follows:

- Go to www.cignahealthbenefits.com and click Plan members.
- Enter '242/EXTIAP' (upper case required) in the field '**Personal reference number**';
- Enter '06/06/1963' in the field '**Password**'.

If you have already claimed and have received a personal reference number, log in as follows:

- Go to www.cignahealthbenefits.com and click Plan members.
- Enter your own personal reference number;
- Enter the password we have sent you by email.

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