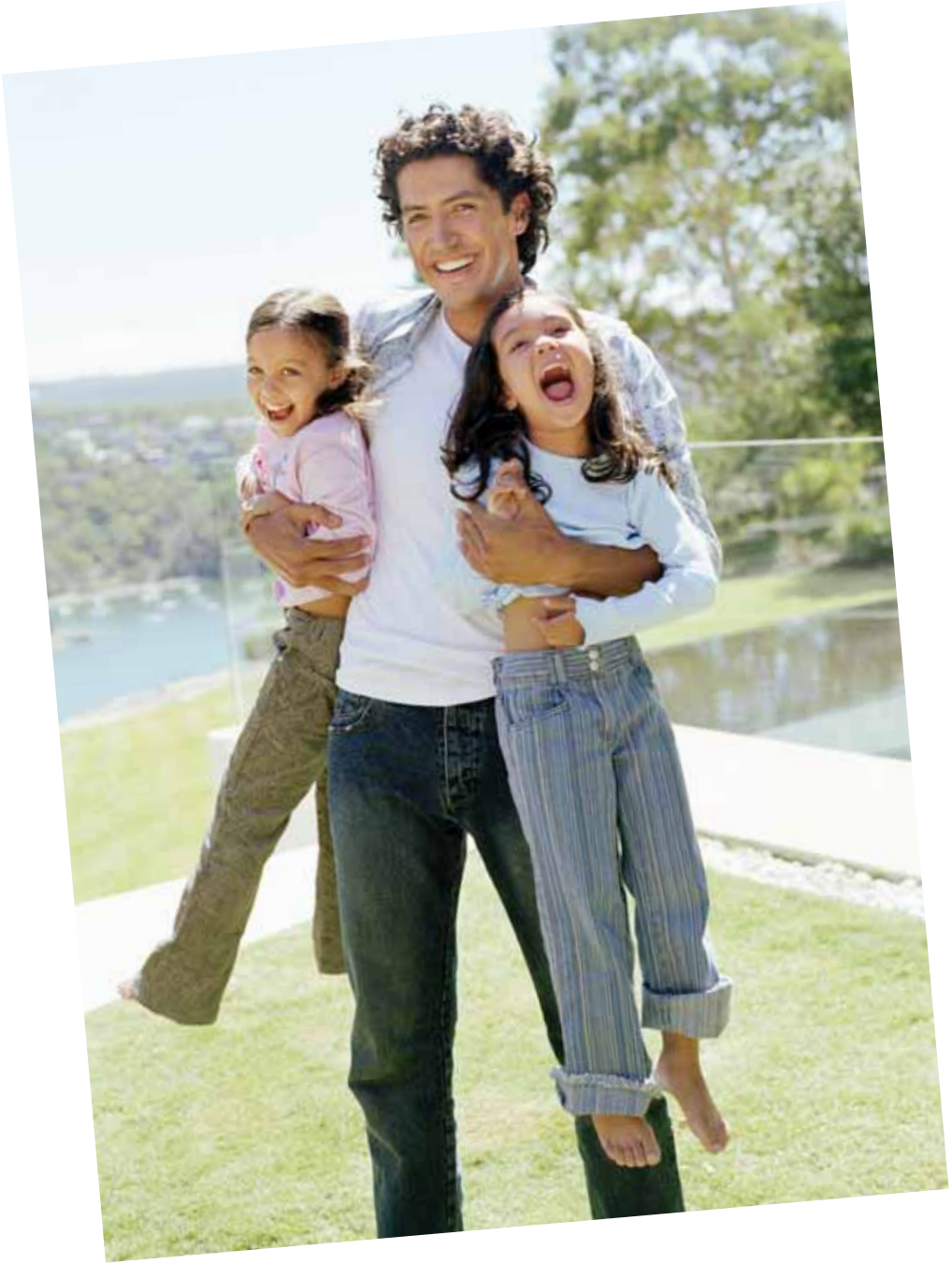
Cigna®

Global
Health Options
Advance

How to Claim Guide

Everything you need to know about getting treatment



Contents

you are one of a kind so are we

Getting treatment

you are one of a kind so are we

Prior approval

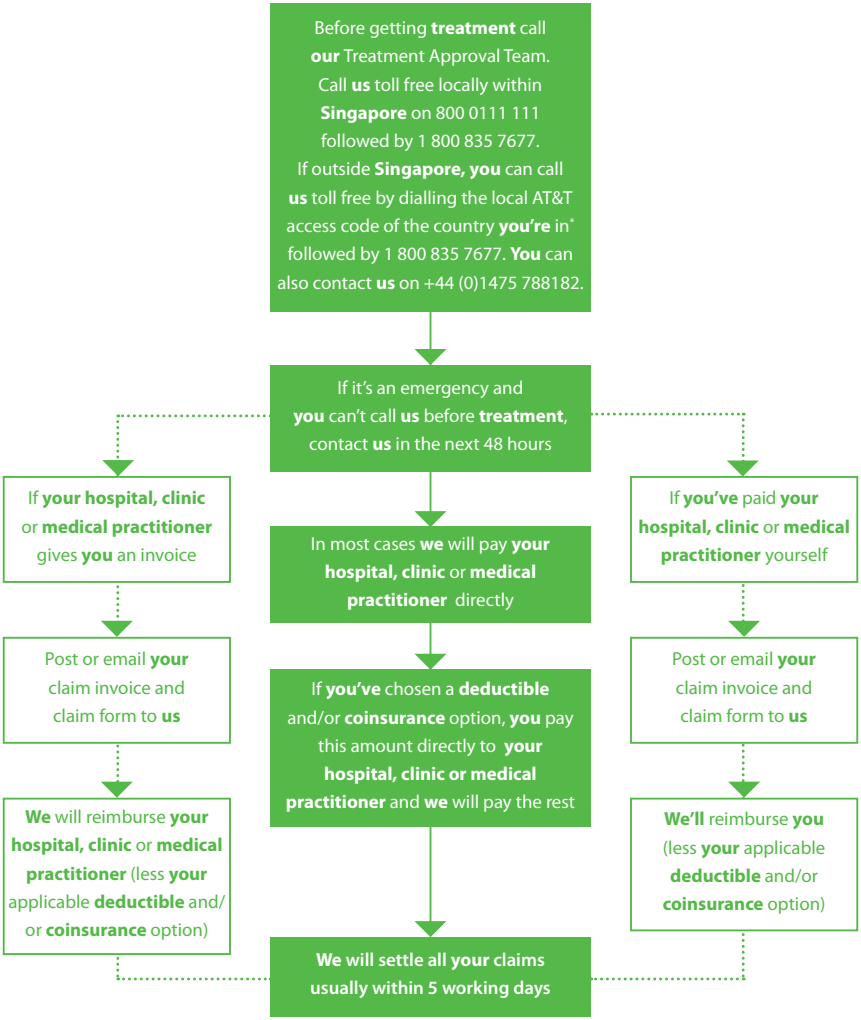
We can help **you** arrange **your treatment** plan, only if **you** call **us** prior to **treatment.** **We** can point **you** in the right direction, saving **you** the time and hassle of looking for a **hospital, clinic** or **medical practitioner** yourself.

How to claim

The diagram on the right shows how the **treatment** and claiming process works. In the event of **you** needing medical **treatment you** should contact **our** Customer Care Team who is available 24/7 to discuss **your treatment** plan and liaise directly with **your treatment** provider to arrange **guarantee of payment**, and ensure the **treatment** that **you** are about to undertake is covered under **your policy**.

We do recognise that it isn't always possible to contact **us** in advance of **emergency treatment** taking place, however **we** do ask that **you** contact **us** as soon as reasonably possible so that **we** can arrange direct settlement with **your** provider and confirm whether **treatment** is covered.

How to Claim
at a glance



* **You** will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in **your** Welcome Pack for full details.

Before treatment

Call **us** toll free locally within **Singapore** on 800 0111 111 followed by 1 800 835 7677. If outside **Singapore, you** can call us toll free by dialling the local AT&T access code of the country **you're** in* followed by 1 800 835 7677. **You** can also contact **us** on +44 (0)1475 788182.

After treatment

If **you've** paid for **your** treatment yourself, send **your** invoice and claim form to **us**:

For treatment incurred in Singapore:

Cigna Global Health Options *Advance*
Cigna Europe Insurance Company
S.A.-N.V. (Singapore Branch)
152 Beach Road
#26-05 The Gateway East
Singapore 189721

For treatment incurred outside Singapore:

Cigna Global Health Options *Advance*
Customer Service
1 Knowe Road
Greenock
Scotland
PA15 4RJ

For treatment incurred in the USA:

Cigna International
PO Box 15964
Wilmington
Delaware 19850
USA

For claims for **treatment** incurred outside the **USA, you** must contact **us** in writing within 90 days of the **treatment** giving **us** details of the claim. **We** need written details of the **treatment** within 90 days, otherwise the claim will be invalidated.

If **you** receive **treatment** inside the **USA**, from a **hospital, medical practitioner** or **clinic,** which is not part of the **Cigna** network, any payment **we** make will be reduced by 20%. Sometimes it just isn't possible to get **treatment** from a member of the **Cigna** network, whether it be due to location, or a case of emergency, and in these cases, the 20% reduction will not apply.

Claim forms

You'll find claim forms in **your** Welcome Pack. **You** can also download them at www.cignaglobal.com

Help us to reimburse you quickly

We will usually reimburse **you** within five working days of receiving **your** claim.

To help **us** achieve this, please follow these simple tips:

- if **you** provide confirmation of **your** diagnosis or explanation of **treatment you** don't need to send a claim form;
- tell **us** how and where **you** want **your** refund issued;
- send **us your** invoice and claim by email scanned copies, instead of posting them.

*__You__ will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in **your** welcome pack for full details.

How we pay

In certain circumstances, **we** agree in advance to pay some or all of the cost of **treatment** by giving the **beneficiary, hospital, medical practitioner** or **clinic** a **guarantee of payment**. If a **hospital, medical practitioner** or **clinic** is willing to invoice **us** directly, **we** will pay them directly, so long as the **treatment** is covered. Similarly, if a **beneficiary** has been invoiced directly, **we** will pay the **hospital**, **medical practitioner** or **clinic** directly.

We can reimburse you via the following methods:

- **Bank wire transfer**
- **Cheque**

How the Deductible, Coinsurance, and Out of Pocket Maximum Work

Example 1

Deductible:

- A **deductible** is the portion, specified in **your policy** currency, of claims that are not covered by **your plan** in a **period of cover**.
    - o For example, if **you** select a **deductible** of £500 and incur claims in the **period of cover** totaling £1,200, **you** will pay the first £500 and **we** will pay the remaining £700.

How it works: **Deductible** - How much **you** must pay towards your claim *before* **we** pay.

Claim value	Deductible	We pay	What this means for you
£1,200	£500	£700	**You** only pay the deductible amount and **we** pay the rest.

Example 2

Coinsurance and Out of Pocket Maximum (when your coinsurance amount is *under* the out of pocket maximum):

- A **coinsurance** is the portion, specified as a percentage, of *each claim* that is not covered by **your plan**. The **out of pocket maximum** is the maximum amount **you** will need to pay in **coinsurance** in a **period of cover**, and is specified in **your policy** currency.
    - o For example, if **you** select a **coinsurance** of 20% and an **out of pocket maximum** of £1,500 and incur a claim of £1,000, **you** will pay £200 and we will pay the remaining £800.

How it works: **Coinsurance** - The percentage **you** must pay towards **your** claim **& out of pocket maximum** – the absolute maximum **you** will pay annually.

Claim value	Deductible	20% coinsurance	Out of pocket maximum	We pay	What this means for you
£1,000	£0	£200	£1,500	£800	**Your coinsurance** is 20% of £1,000 - which is £200. This is less than the £1,500 **out of pocket maximum**, so **you** only pay the **coinsurance** amount of £200. **We** pay the rest.

Example 3

Coinsurance and Out of Pocket Maximum (when your coinsurance amount is *over* the out of pocket maximum)

- However, in the example above, if **you** incur claims in the **period of cover totalling** £20,000, **you** will pay just £1,500 and **we** will pay the remaining £18,500.

How it works: **Coinsurance** - the percentage **you** must pay for care *after* **you've** met **your deductible**. **Out of Pocket Maximum** - the maximum **you** will pay in **coinsurance** annually.

Claim value	Deductible	20% coinsurance	Out of pocket maximum	We pay	What this means for you
£20,000	£0	£4,000	£1,500	£18,500	**Your coinsurance** is 20% of £20,000 - which is £4,000. This is more than **your out of pocket maximum**, so **you** only pay £1,500 and **we** cover the rest.

Example 4

Deductible, Coinsurance and Out of Pocket Maximum

- If **you** select both a **deductible** and a **coinsurance**, the amount **you** will need to pay due to the **deductible** is calculated before the amount **you** will need to pay due to the **coinsurance**. The amount **you** pay related to the **deductible** does not contribute to the **out of pocket maximum**.

How it works: **Deductible** - How much **you** must pay for care first BEFORE **we** pay. **Coinsurance** - the percentage **you** must pay for care *after* **you've** met your **deductible**. **Out of pocket maximum** - the maximum **you** will pay in **coinsurance** annually.

Claim value	Deductible	20% coinsurance	Out of pocket maximum	We pay	What this means for you
£20,000	£500	£3,900	£1,500	£18,000	After **you** paid **your deductible** of £500, **your coinsurance** is 20% of £19,500 - which is £3,900. This is still more than **your out of pocket maximum**, so **you** only pay the £1,500 **out of pocket maximum** for the **coinsurance** (and the initial £500 **deductible** that **you** paid at the outset) and **we** cover the rest.

Please Note: **Deductibles**, **coinsurances**, and **out of pocket maximums** are determined separately for each **beneficiary** and each **period of cover**.

Notes on getting treatment and claiming

Prior approval

- Prior approval should be obtained from **us** for all **treatment**. If it is not, there may be delays in processing claims, or **we** may decline to pay all or part of the claim.
- **We** appreciate that there will be times when it will not be practical or possible for a **beneficiary** to contact **us** for prior approval (for example, emergencies, or when a family member is suddenly sick and the priority is to get **treatment** for them as soon as possible). In circumstances like these, **we** simply ask that **you** or the affected **beneficiary** get in touch with **us** as soon as is reasonably possible after **treatment** has been sought, so that **we** can confirm whether subsequent **treatment** will be covered. In this situation, **we** will ask for an explanation of why the **treatment** was needed urgently, and may ask for evidence of this. If **we** agree that it was not reasonably possible or practicable to seek prior approval, **we** will cover the cost of the initial **treatment** (including any prescribed medication) which was urgent, even without prior approval (within the terms of this **policy**).
- Although **emergency treatment** does not require **our** prior approval, if a **beneficiary** is taken to **hospital** in an emergency, he or she should arrange for the **hospital** or a family member to contact **us** within 48 hours of admission (or as soon as reasonably possible after that). This will allow **us** to make sure that the **beneficiary** is making the best use of the cover.
- If a **beneficiary** has been taken to a **hospital, medical practitioner** or **clinic** which is not part of the **Cigna** network, then **we** may make arrangements (with the **beneficiary's** consent) to move the **beneficiary** to a **Cigna** network **hospital**, **medical practitioner** or **clinic** to continue **treatment**, once it is medically appropriate to do so.

Prior approval for treatment outside the USA

- If prior approval is not obtained for **treatment** outside the **USA, we** will pay only the amount which **we** would have paid if prior approval had been sought. In the absence of evidence to the contrary, **we** will assume that the **treatment** costs would have been reduced by 20% if **our** prior approval had been sought, and the amount which **we** will pay will be reduced accordingly.

Prior approval for treatment in the USA

- If prior approval is not obtained for **treatment** in the **USA, we** will pay only the amount which **we** would

have paid if prior approval had been sought. In the absence of evidence to the contrary, **we** will assume that the **treatment** costs would have been reduced by 50% if **our** prior approval had been sought, and the amount which **we** will pay will be reduced accordingly.

- If prior approval is obtained, but the **beneficiary** decides to receive **treatment** at a **hospital, medical practitioner** or **clinic** which is not part of the **Cigna** network, **we** will reduce any amount which **we** will pay by 20%.
- There may be occasions when it is not reasonably possible for **treatment** to be provided by a **Cigna** network **hospital, medical practitioner** or **clinic**. In these cases, **we** will not apply any reduction to the payments **we** will make. Examples include:
  - when there is no **Cigna** network **hospital, medical practitioner** or **clinic** within 30 miles/50 kilometres of the **beneficiary's** home address; and
  - when the **treatment** the **beneficiary** needs is not available from a local **Cigna** network **hospital, medical practitioner** or **clinic.**

Strict compliance with claims procedure

- **Beneficiaries** must comply strictly with the claims procedures set out in this section in respect of every claim. If they do not do so, **we** will reduce **benefits** or not pay the claim as specified above.
- In order to make a claim, a **beneficiary** must contact **us** in writing within 90 days of the date of **treatment**, giving us details of the claim on a **Cigna** claim form.

Claims for treatment inside Singapore

- Claim forms and documentation relating to **treatment** received in **Singapore** should be sent to the following address. Please clearly state the **policy** number on all documentation.

  Cigna Global Health Options *Advance*

  Cigna Europe Insurance Company S.A.-N.V. (Singapore Branch)

  152 Beach Road

  #26-05 The Gateway East

  Singapore 189721

Claims for treatment outside Singapore

- Claim forms and documentation relating to **treatment** received outside **Singapore** should be sent to the following address.

  Please clearly state the **policy** number on all documentation.

  Cigna Global Health Options *Advance*

  Customer Service

  1 Knowe Road

  Greenock

  Scotland

  PA15 4RJ

For claims incurred inside and outside **Singapore**, if **we** are not given written details of the claim within 90 days, the claim will be invalidated unless it is shown that written details were provided as soon as reasonably possible thereafter.

In any event, written proof of a claim must be provided to **us** within 6 months of the date of the **treatment** in respect of which the claim is made. The proof provided must describe the date, nature and extent of the **treatment** and the costs that were incurred as a result. If written advice and proof of the claim are not submitted to **us** within 12 months of the date of **treatment**, the claim will not be paid.

- **We** may need to ask for extra information to help **us** process a claim, for example:
  - medical reports or other information about the **beneficiary's** condition.
  - the results of any independent medical examination that **we** may ask and pay for.

Claims for treatment in the USA

- If a **beneficiary** receives **treatment** in the **USA** from a **hospital, medical practitioner** or **clinic** which is not part of the **Cigna** network, any payment **we** make in respect of this **treatment** will be reduced by 20%. A list of **Cigna** network **hospitals, clinics and medical practitioners** is available upon request at the address opposite. The only exceptions to this are when it is not reasonably possible to obtain **treatment** from a member of the **Cigna** network, for example because of location, or in the case of **emergency treatment**.
- If a **beneficiary** makes a claim for **treatment** in the **USA**, he or she may be required to keep to the **pre-admission certification (PAC)** and **continued stay review (CSR)** requirements. The **beneficiary** will be transferred to **CareAllies** for **PAC** for each **inpatient** or **daypatient hospital** admission in the **USA**. The **beneficiary** must discuss the **PAC** with **CareAllies** either:
  - before the **beneficiary** goes into **hospital**; or
  - in the case of **emergency treatment**, by the end of the first working day after the date on which the **beneficiary** goes into **hospital.**

The **beneficiary** must arrange for the **medical practitioner** who is to carry out the **treatment** to complete the **PAC**, which should then be sent to **CareAllies**. **CareAllies** will advise the **beneficiary** of the length of the agreed stay. If the **beneficiary** needs **inpatient treatment** for longer than agreed by **CareAllies**, then the **medical practitioner** who is carrying out the **treatment** must ask for **CSR** for the extra days. For emergency **inpatient** admissions, the attending **medical practitioner** should call the Customer Care Team, who will then transfer him or her to **CareAllies** for an admission certificate.

- Claim forms and documentation relating to **treatment** received in the **USA** should be sent to the following address. Please clearly state the **policy** number on all documentation.

  Cigna International
  PO Box 15964
  Wilmington
  Delaware 19850
  USA

- In order to make a claim, a **beneficiary** must contact **us** in writing within 90 days of the date of **treatment**. If **we** are not given written details of the claim within 90 days, the claim will be invalidated unless it is shown that written details were provided as soon as reasonably possible thereafter.

- Written proof of a claim must be provided to **us** within 6 months of the date of **treatment** in respect of which the claim is made. The proof provided must describe the date, nature and extent of the **treatment** and the costs that were incurred as a result. If written advice and proof of the claim are not submitted to **us** within 12 months of the date of **treatment**, the claim will not be paid.

- **We** may need to ask for extra information to help **us** process a claim, for example:
  - medical reports or other information about the **beneficiary's** condition.
  - the results of any independent medical examination that **we** may ask and pay for.

How we will pay claims

- In some circumstances, **we** may give a **beneficiary** or a **hospital, medical practitioner** or **clinic** a **guarantee of payment**. This means that **we** agree in advance to pay some or all of the cost of a particular **treatment**. Where **we** have given a **guarantee of payment**, **we** will pay the **beneficiary** or **hospital, medical practitioner** or **clinic** the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the **treatment** has been provided.

- Some **hospitals, medical practitioners** or **clinics** are willing to invoice **us** directly. If the **treatment** is covered, the **hospital, medical practitioner** or **clinic** should send **us** the original invoice and **we** will pay them directly.

- If a **hospital, medical practitioner** or **clinic** invoices a **beneficiary** directly, and the **hospital, medical practitioner** or **clinic** has not been paid, the **beneficiary** must send the original invoice to **us**, and **we** will make any payment under this **policy** to that **hospital, medical practitioner** or **clinic** directly.

- If the **hospital, medical practitioner** or **clinic** invoices to a **beneficiary** directly, and the invoice is paid, the **beneficiary** may send **us** the original invoice and a receipt for the payment which has been made to the **hospital, medical practitioner** or **clinic**. **We** will then reimburse the **beneficiary** for any portion of the cost of the **treatment** which is covered.
- In each case, **we** will only pay the parts of the costs incurred which are covered. **We** will let **you** know if **we** believe that any part of the cost incurred is not covered.
- Claims may be submitted in via email but in that case the original hard copy document must also be sent to **us** by post. **Our** contact details can be found on page 17 of this guide.

We will pay for the following costs related to your claim:

- **Treatment** and conditions included in the International Medical Insurance plan (and any additional selected **policy** options) which take place during the **beneficiary's period of cover.**
- **We** will cover costs for **treatment** which have taken place, however, **we** will not cover future **treatment** costs that require payment deposits or payment in advance.
- Costs as described in the **benefits** section of **your Customer Guide** as applicable on the date(s) of the **beneficiary's treatment**.
- **Treatment** which is **medically necessary** and clinically appropriate for the **beneficiary**.
- Reasonable and customary costs for **treatment**, and services related to **treatments** which are shown in the **list of benefits** in **your Customer Guide** and/or **your Certificate of insurance**. **We** will pay for such **treatment** costs in line with the appropriate fees in the location of **treatment** and according to established clinical and medical practice.

Things you need to know

you are one of a kind so are we

Your exclusions are costs or **treatments** that are not covered by **your policy**. If **you** have any questions about exclusions and what they mean, please call **us** on +44 (0) 1475 788182 or toll free by dialling the AT&T access code in country* followed by 1 800 835 7677.

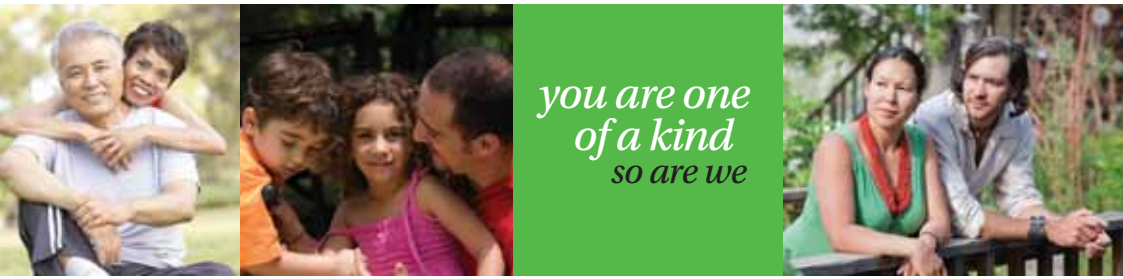
Policy Owners' Protection Scheme

Policies issued by Cigna European Insurance Company (Singapore Branch) are covered under the Policy Owners' Protection Scheme established under section 30 of the Deposit Insurance and Policy Owners' Protection Schemes' Act 2011, Act No. 15 of 2011 of Singapore ("the Act") up to the limits prescribed by the Act.

* **You** will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in **your** Welcome Pack for full details.

Getting in touch

If **you** need medical advice, **treatment** or have a question regarding **your policy**, **you** can speak to an advisor 24 hours a day, 7 days a week, 365 days a year by calling **our** Customer Care Team.



Telephone

Within Singapore

Call **us** toll free on 800 0111 111 followed by 1 800 835 7677.

Outside Singapore

Call **us** toll free by dialling the local AT&T access code of the country **you're** in* followed by 1 800 835 7677.

Customer Care Team

Call **us** on +44 (0)1475 788182.

Email

cignaglobal_customer.care@cigna.com

* **You** will need an access code depending on what country **you're** calling from. Please refer to the AT&T leaflet in **your** Welcome Pack for full details.

you are one of a kind

so are we

Important note: Details of the Cigna company who provides the cover under your policy can be found in your Policy Rules, in your Customer Guide, on your Certificate of insurance and in your How to Claim Guide.

ADVANCE HTC (SINGAPORE) (04/12)