



Welcome
Kit

welcome
to an exciting
chapter in
your life.





Easy access to
quality health
care around
the world.

And welcome to Cigna.

You're about to go overseas for your job. And whether it's your first or 10th time, you know it has the potential to be an amazing experience. Professionally and personally.

Now back to reality for a second. This opportunity also brings changes, questions, and uncertainty. But there is one thing you can be sure of. You've got great health coverage.

Welcome to Cigna – where our sole mission is to provide easy access to quality health care around the world.

quick overview

Around-the-clock support. No matter what time zone you're in.

Feverish in Finland? Give us a call. Chills in China? You can call us about that, too. No matter where you are or what you're feeling, Cigna will connect you with the right doctor or hospital in your area.

24 hours a day. 7 days a week. 365 days a year. When you need to reach out, contact us anytime by phone or fax. Reverse charges are always accepted so never hesitate to call when you need us. You can also send us a secure email through [CignaEnvoy.com](https://www.cignaenvoy.com).

Should something come up, our Customer Service team will make sure you get the care you need. You can reach us in any of the ways described on page 4.

plan details

3 ways we make your life easier...

- Our Customer Service team, available 24/7/365, are trained to help you figure out which doctor or hospital is best for you. In any and every situation.
- We speak your language. Literally. You'll be able to reach someone who speaks virtually any language.
- Figuring out a new currency is one thing. Figuring out health care is another. To keep things simple, we offer guarantees of payment to doctors and hospitals all over the world. Just have the health care facility contact us at the phone number on your ID card.



24/7/
365



...and 7 ways to reach us.

Assistance is Available 24 hours a day/ 7 days a week

Website	CignaEnvoy.com
Toll-free telephone number	1.800.441.2668
Direct (collect calls accepted):	001.302.797.3100
Toll-free facsimile number	1.800.243.6998
Direct facsimile number	001.302.797.3150
Mail Delivery	Cigna P.O. Box 15050 Wilmington, DE 19850-5050 U.S.A.
Courier Delivery	Cigna 300 Bellevue Parkway Wilmington, DE 19809 U.S.A.

AT&T USADirect® access numbers

AT&T USADirect® access numbers make it easy and convenient to call our Service Centers. AT&T USADirect® access is available in many countries around the world. If you happen to be on assignment in one of the few countries where AT&T USADirect® access is not available, please call Cigna collect through the international operator.

Visit the AT&T website for a listing of AT&T USADirect® Access numbers and to create a personalized wallet card.
usa.att.com/traveler/tools/wallet.jsp

Don't leave home without your keys, wallet, or Cigna ID card.

Before you leave your house in the morning, make sure you have all three. Yes, your Cigna ID card is that important. In a way, your Cigna ID card is a lot like your keys. By using it, you can get into almost any health care facility in the world.

If you haven't received it already, your permanent ID card will arrive soon.

the ins
and outs of
your plan

ready to use your health benefits?

You will be after reading this.

- **A change in the family? Then you may need to change your coverage.** You're getting married. Your spouse got a new job. You're adopting a baby. These are just a few examples of when you may need to make changes to your coverage. To do so, just notify your company's plan administrator within 30 days of the change.
- **Need to update any information?** If you need to update information - like full names, addresses, or email addresses - you can let your employer know, call us, or do it yourself at CignaEnvoy.com.
- **Paying. And getting paid.** We've done our best to create plans that make your life easier. And a big part of that is making sure that as much money stays in your pocket as possible. And if it can't, we provide lots of ways to make sure you get reimbursed. You pick the one that's best for you.

For you, we offer:

- Direct payment to a U.S. or Canadian bank
- Wire transfers to bank accounts around the world
- Electronic funds transfers
- Checks to you in your local currency
- ePayment Plus® – an easy way to receive and track your payments; to sign up, go to CignaEnvoy.com

For your doctors and hospitals, we offer:

- Direct payment
- Guarantees of payment
- Wire transfers



CignaEnvoy.com

Finding the care that's best for you.

For some people, it's hard to get a referral to a good doctor at home. So it's easy to imagine that it's even more difficult in a foreign country – where you may or may not speak the language.

Well, it could be difficult. But with Cigna, it doesn't have to be. We've worked hard to create a worldwide network of doctors that no other insurer can match. But how do you find the one that's best for you?

Two ways. You can call our Service Center to get a referral. Or you can go to CignaEnvoy.com and click on the "Find a Provider" tab. It's up to you.

In an emergency, we're here for you.

Should something serious happen, turn to us immediately. The professionals at our Service Center will help you get the emergency care you need. From ground transportation and translators to finding the right specialists and facilities, we'll be there for you. Every step of the way.

CignaEnvoy.com

using our website

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

Meet your personal health assistant – CignaEnvoy.com

Even if you've just glanced through this brochure, you've seen this website mentioned time and again. Well, there's a very good reason for that.

CignaEnvoy.com was created to be the only health resource for anyone on an overseas assignment. The information is specialized. The tools are personalized. It's got the information you need. And it's easy to find that information.

Here are just a few things CignaEnvoy.com can help you do:

- Email the Service Center quickly and securely.

- Find the right doctors and hospitals in your area.
- Submit and track claims.
- Make changes to your enrollment.
- Look up translations for medical terms.
- Manage ongoing conditions like diabetes, asthma, heart issues, and more.
- Learn more about the country you just moved to.
- Stay in shape – or get in better shape – while you're there.

Registration only takes a couple of minutes. Seriously. Just go to CignaEnvoy.com and follow the simple steps. You'll be logged in and doing what you need to do – in no time. Just make sure you have your ID card handy.

7 easy ways to speed up the claims process

- Submit your claims through CignaEnvoy.com. It's the fastest and easiest way to get your claims to us.
- Make sure the form is complete. And don't forget to sign!
- Fill out a separate form for each doctor's or hospital visit.
- Be sure to add a diagnosis or explain your treatment.
- Hang on to 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.



special benefits

Your benefits go above and beyond.

So we can take good care of you when you're sick. Make sure claims get paid quickly. And help you navigate health care in a foreign country.

That's great. But it's not enough to help you when you're sick. It's our mission to help you improve your health. Your well being. And sense of security. These programs deliver on that promise.

Take advantage of our "feel-good" programs.

Sure, we provide access to more than one million doctors and hospitals around the world. But we also have a specialized team at Cigna that can help you manage things like diabetes, high blood pressure, and other ongoing health issues. If you're someone who likes to take care of things yourself, CignaEnvoy.com has easy-to-use tools that help you identify and take control of your health issues.

Get a second opinion from a first class facility.

When we offer a second opinion, it's not just any second opinion. We've teamed up with the Cleveland Clinic – one of the top hospitals in the U.S. – to offer second opinions for serious diagnoses. To learn more about this very special feature, go to CignaEnvoy.com.

Coverage that reflects your needs. And your life.

As a globally mobile professional, you're in a very unique situation. That's why we offer unique coverage to help you take care of issues that go far beyond health. Our Concierge and Travel Assistance Services provide:

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

We work hard to make your health care easier, more cost-effective and more comprehensive. By helping you improve your health and well-being, it's easier for you to be your best every day. In every part of the world.



Easy Access to
Quality Health Care
Around the World.

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Global Health Benefits

Cigna Global Health Benefits Claim Form

Cigna Worldwide Insurance Company
 Connecticut General Life Insurance Company
 P.O. Box 15050
 Wilmington, DE 19850 USA
 Website: www.CignaEnvoy.com

Phone:
 (800) 441.2668 (outside the USA, via ATT + access)
 (302) 797.3100 (outside the USA, collect calls accepted)
Facsimile:
 (800) 243.6998 (outside the USA, via ATT + access)
 (302) 797.3150 (inside the USA)



Global Health Benefits

IMPORTANT INFORMATION: PLEASE READ

Submit this completed claim form with itemized bills and receipts to the address or fax number listed above.
 Tape small receipts on 8.5 x 11 inch or ISO A4 paper. Do not staple receipts to claim form. **Complete a separate Claim Form for each patient.**
In order for your health claim to be considered for reimbursement, you must complete and sign this claim form.

SECTION A: EMPLOYEE AND PATIENT INFORMATION

COUNTRY WHERE SERVICES WERE RENDERED [▲]		DIAGNOSIS/REASON FOR TREATMENT [▲]				ID NUMBER [▲]			
<input type="text"/>		<input type="text"/>				<input type="text"/>			
EMPLOYER		EMPLOYEE NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) [▲]							
<input type="text"/>		<input type="text"/>							
PATIENT NAME (IF MULTIPLE, USE INDIVIDUAL CLAIM FORMS FOR EACH) [▲]				PATIENT DATE OF BIRTH (MONTH/DAY/YEAR) [▲]		HOME PHONE NUMBER			
<input type="text"/>				<input type="text"/>		<input type="text"/>			
PRIMARY MAILING ADDRESS (WHERE CHECK/EOB SHOULD BE SENT)						WORK PHONE NUMBER			
<input type="text"/>						<input type="text"/>			
CITY/STATE		COUNTRY/POSTAL CODE		EMAIL ADDRESS			FASCIMILE NUMBER		
<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>		

SECTION B: PAYMENT INFORMATION [▲]

(Incomplete or incorrect information may result in a check payment made in US Dollars and mailed to your Primary Mailing Address)

PAY EMPLOYEE

PAY PROVIDER

IF NEITHER OF THE ABOVE IS CHECKED PAYMENT WILL BE MADE TO THE EMPLOYEE. PLEASE BE ADVISED THAT IF THE PROVIDER OF SERVICE IS A PROVIDER IN THE US AND HOLDS A CONTRACT WITH Cigna, PAYMENT WILL BE MADE TO THE PROVIDER EVEN IF THIS SECTION INDICATES OTHERWISE. IF THE PROVIDER IS CONTRACTED WITH CIGNA, THE PROVIDER WILL BE PAID BY Cigna AT THE CONTRACTED RATE. IF YOU HAVE ALREADY PAID FOR SERVICES, YOU SHOULD SEEK REIMBURSEMENT DIRECTLY FROM THE PROVIDER

IF PAYMENT IS BEING MADE TO EMPLOYEE – COMPLETE PAYMENT DETAILS BELOW

RESTRICTIONS TO EFT, ePAYMENT PLUS, WIRE TRANSFER OR PAYMENT CURRENCIES MAY AFFECT OUR ABILITY TO PAY CLAIMS AS REQUESTED

PAYMENT TYPE	POINT OF CLAIM PAYMENT OPTIONS		FOR OTHER AVAILABLE PAYMENT OPTIONS SEE THE BACK OF THIS CLAIM FORM MORE INFORMATION ALSO AVAILABLE ON OUR WEBSITE www.CignaEnvoy.com
	<input type="checkbox"/> CHECK <input type="checkbox"/> MAILED TO YOUR PRIMARY MAILING ADDRESS <input type="checkbox"/> US DOLLAR <input type="checkbox"/> OTHER CURRENCY (SPECIFY BELOW) <input type="text"/>		
	<input type="checkbox"/> WIRE TRANSFER US OR INT'L CURRENCY TO AN INTERNATIONAL BANK. BANK MAY ASSESS FEES FOR RECEIPT OF ELECTRONIC WIRE PAYMENTS FILL OUT THE BANK DETAILS SECTION BELOW		
BANK DETAILS THIS SECTION FOR WIRE TRANSFERS ONLY	NAME ON ACCOUNT		ACCOUNT NUMBER (INTERNATIONAL BANK ACCOUNT NUMBER – IBAN)
	<input type="text"/>		<input type="text"/>
	BANK NAME		BRANCH ADDRESS
	<input type="text"/>		<input type="text"/>
BANK CODE		CITY/STATE	
<input type="text"/>		<input type="text"/>	
ABA / Routing / Swift / Bic / RUT/ BSB/ sort codes			
BANK ACCOUNT CURRENCY		COUNTRY/POSTAL CODE	
<input type="text"/>		<input type="text"/>	

VERIFY ALL ACCOUNT INFORMATION, BANK CODE REQUIREMENTS AND CURRENCY REQUIREMENTS FOR YOUR BANKING COUNTRY TO ENSURE THE SUCCESSFUL TRANSMISSION OF YOUR PAYMENT. EFT, WIRE TRANSFERS, EPAYMENT PLUS MAY NOT BE AVAILABLE IN ALL COUNTRIES TO ALL MEMBERS. **INCURRED CURRENCY OR US DOLLAR CHECK MAY BE ISSUED AS A DEFAULT PAYMENT**

[▲] Required information. Missing or incomplete information on this form will delay payment of your reimbursement.

SECTION C: OTHER COVERAGE INFORMATION *(Complete only if other coverage is in effect or if the claim is accident or work related)*

DO YOU OR THE PATIENT HAVE ANY OTHER INSURANCE?

Yes

No

IF YES, PROVIDE THE NAME OF THE HEALTH INSURANCE CARRIER, EFFECTIVE DATE OF COVERAGE AND POLICY NUMBER

PLEASE INDICATE SOURCE OF COVERAGE:

IS THE CLAIM ACCIDENT OR WORK RELATED?

Yes

No

IF YES TO EITHER, PROVIDE THE ACCIDENT OR INJURY DETAILS

PLEASE PROVIDE A DESCRIPTION OF HOW THE ACCIDENT OCCURRED:

ARE YOU SEEKING REIMBURSEMENT FROM ANOTHER SOURCE?

Yes

No

IF YES TO EITHER, INDICATE THE SOURCE

REIMBURSEMENT SOURCE INFORMATION:

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.

SECTION D: PAYMENT AUTHORIZATION – I authorize payment as indicated in Section B of this Claim Form

EMPLOYEE SIGNATURE: _____

DATE: _____

PATIENT'S SIGNATURE (Parent or Guardian, if claim is for a minor). I certify, to the best of my knowledge, that this Claim Form does not contain any false or misleading information. I certify that the information supplied is true and correct.

PATIENT/GUARDIAN SIGNATURE: _____

DATE: _____

IMPORTANT PAYMENT INFORMATION***ELECTRONIC FUNDS TRANSFER (EFT)**

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: www.CignaEnvoy.com, under Forms. Banking details will be updated within 10 business days after receiving the EFT authorization form. Within 10-15 business days after the update, your bank will verify if your account is ready to receive funds. 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, Spain, Germany, France, Belgium, Canada, Portugal, Hong Kong, Netherlands or Singapore* 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, in the Member Information section. Once enrolled, your claim reimbursements will be deposited electronically into the bank account you specify. 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 account information through the website. 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 TRANSFERS

Wire transfers are only available for electronic payments made in Local Currency - wires will not be used to send US Dollars to a US Bank account. Wire transfers require complete and accurate information to be completed on the front of the claim form.

DEFAULT PAYMENT PROCESS

Missing or incomplete information on this form will delay payment of your reimbursement. If Payment Type selected is unavailable your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in this form. Note: All currencies are not available for some countries. If a currency or payment method is not available, the default payment is a U.S. dollar check. If your bank information submitted for enrollment in EFT or ePayment Plus is incomplete or incorrect, your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in this form. You will receive reimbursements through the method of choice, once the correct information for EFT or ePayment Plus is received.



Understanding Your Explanation of Benefits

Making it easy

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

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


page 1

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 doctor or hospital 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 800 ROAD ST ANYWHERE			
JOHN PUBLIC 123 STREET RD ANYWHERE		Questions About Your Claims? For questions about this document, please visit Cigna's secure web portal, Cigna Envoy, at www.CignaEnvoy.com , or call our Service Center at the number below: Phone 1.800.441.2668 or 302.797.3100 Fax 302.797.3150	
		Customer ID # 123456789 Account Name / Account # COMPANY INC / 00123A99	
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 June 5, 2011			
Local Currency			
Local Currency Total	350.0000000	The total amount billed for all services submitted, which was in EUR currency.	
U.S. Dollars			
Total	\$427.35	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	\$0.00	The total Cigna-negotiated savings for the services submitted.	
Cigna Paid	\$427.35	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.	



page 2

If you're unsure of the meaning of words or terms, you can look them up in the Glossary.

Claim submissions tips are included at the bottom of page 2 to clarify what you need to include when you submit a claim for the quickest processing time.

Glossary

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

Amount Not Covered: The portion of your bill that is not covered by your plan. You may or may not need 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 for each claim:

1. Account name and Account #
2. Customer ID #
3. Patient name
4. Health care professional or facility 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 doctor or hospital that provided your services, which is listed above the details of your visit.



Explanation of Benefits

THIS IS NOT A BILL

Claim Detail

DATE PROCESSED: 06/08/11 CUSTOMER NAME: JOHN PUBLIC CUSTOMER ID #: 123456789 01

SERVICES PROVIDED BY: DR HOSPITAL PATIENT ACCOUNT#:

Service Dates	Type of Service	Claim Number	Local Currency Total	Exchange Rate	USD Total	CIGNA Discount	Amount not Covered	Copay	Deductible ¹	Coinsurance ²	CIGNA Paid	Patient Responsibility ³ Codes
05/01/10	Physician Visit: O/V	24273190	150.000000 EUR	0.8190000	183.15	0.00	0.00	0.00	0.00	0.00	183.15	0.00
05/01/10	Physician Visit: O/V	24273190	200.000000 EUR	0.8190000	244.20	0.00	0.00	0.00	0.00	0.00	244.20	0.00
Totals for TEST Z MEMBER:			350.000000 EUR		\$427.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$427.35	\$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

Other important information:

Payment Method: N/A
Benefits are being paid to: HOSPITAL ASSOCIATES INC

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.

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.

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 Service Center number on your ID card a day, 7 days a week, if you need assistance understanding this notice or our decision to deny you a service.

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

"Cigna" refers to Cigna Corporation and/or its subsidiaries and affiliates. Cigna Global Health Benefits refers to these subsidiaries and affiliates. Products and services are provided by these subsidiaries, affiliates and other contracted companies and not by Cigna Corporation. "Cigna" is a registered service mark. This material is provided for informational purposes only. It is believed accurate as of the date of publication and is subject to change. Such material should not be relied upon as legal or medical advice. As always, we recommend that you consult with your independent legal and/or medical advisors. Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law. Cigna Global Health Benefits' web-based tools, such as CignaEnvoy®, are available for informational purposes only. Cigna Global Health Benefits' web tools are not intended to be a substitute for proper medical care provided by a physician. References to non-partnered organizations or companies, and/or their products, processes or services, do not necessarily constitute an endorsement or warranty thereof.

NOTICE OF PRIVACY PRACTICES

Cigna Global Health BenefitsSM

Para recibir este Aviso de prácticas de privacidad en español, llame al Centro de servicio internacional al 302.797.3100 o al 800.441.2668.

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

Our Privacy Commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business – providing medical care to you – Cigna Global Health Benefits (“CGHB”) creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

How We Protect Your Privacy

We understand the importance of protecting your PHI. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

How We Use and Disclose Your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

- **Treatment:**
 - To share with hospital staff, nurses, doctors, pharmacists, optometrists, health educators and other health care professionals and personnel at health care facilities so they can determine your plan of care.
 - To help you obtain services and treatment you may need – for example, to order lab tests and using the results.
 - To coordinate your health care and related services with a different health care facility or professional.
- **Payment:**
 - To obtain payment of premiums for your coverage.

GO YOUSM



- To make coverage determinations – for example, to speak to a health care professional about payment for services provided to you.
 - To coordinate benefits with other coverage you may have – for example, to speak to another health plan or insurer to determine your eligibility or coverage.
 - To obtain payment from a third party that may be responsible for payment, such as a family member.
 - To otherwise determine and fulfill our responsibility to provide your health benefits – for example, to administer claims.
- **Health care operations:**
 - To provide customer service.
 - To support and/or improve the programs or services we offer you.
 - To assist you in managing your health – for example, to provide you with information about treatment alternatives to which you may be entitled.
 - To support another health plan, insurer, or health care professional who has a relationship with you, so that it can improve the programs it offers you – for example, for case management.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care.**
 - If you are present or otherwise available to direct us to do so, we may disclose your PHI to others – for example, a family member, a close friend, or your caregiver.
 - If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition or your death.
 - We may disclose your child's PHI to your child's other parent.

- **Disclosures to your employer as sponsor of your health plan.** We may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. The Health Plan may also provide Summary Health Information to the plan sponsor as allowed by law so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan. See your employer's health plan documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.

- **Disclosures to vendors and accreditation organizations.** We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us to provide information and guidance to customers with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

- **Communications.** We may disclose your PHI to:

- Encourage you to purchase or use a product or service that is not part of the health care services and benefits we provide when we meet with you in person, as permitted by law.
- Provide you with a promotional gift of nominal value.

Except as permitted by law, we will not use your PHI for marketing purposes without your prior written authorization.

- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of another individual or the general public.
- **Public health activities.** We may disclose your PHI to:
 - Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations;

- Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports;
- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity;
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.
- **Health oversight activities.** We may disclose your PHI to:
 - A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
 - Other regulatory programs that need health information to determine compliance.
- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State as required by law.
- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws and similar programs.

Uses of PHI that require your authorization

Other than for the purposes described above or as permitted by applicable law, we must obtain your written authorization to use or disclose your PHI. For example, we will not supply PHI to a prospective employer without your prior written authorization.

Uses and disclosures of certain PHI deemed “Highly Confidential.” For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would

include PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Cancellation. You may cancel (“revoke”) a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

Your Individual Rights

You have the following rights regarding the PHI that CGHB creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them.
- **Right to receive confidential communications.** You may ask to receive CGHB communications containing PHI by alternative means or at alternative locations - for example, you may ask that we contact you by phone at home, rather than at work. We will accommodate reasonable requests whenever feasible.
- **Right to inspect and copy your PHI.** You may ask in advance to review or receive a copy of your PHI that is included in certain paper or electronic records we maintain. Under limited circumstances, we may deny you access to a portion of your records.

You may request that we disclose or send a copy of your PHI to a Health Information Exchange (HIE).

- **Right to amend your records.** You have the right to ask us to correct your PHI contained in our electronic or paper records if you believe it is inaccurate. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or professional created the information that you want to change, you should ask them to amend the information.

- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period. However, the list will exclude:
 - Disclosures you have authorized.
 - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
 - Disclosures made for treatment, payment, and health care operations purposes except when required by law.
 - Certain other disclosures that are excepted by law.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting report after the first one.

- **Right to name a personal representative.** You may name another person to act as your Personal Representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- **Right to receive a paper copy of this notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one, as described in the Notice Availability and Duration section found later in this Notice.

Actions You May Take

Contact CGHB. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address or telephone number:

Privacy Office
 Cigna Global Health Benefits
 300 Bellevue Parkway
 Wilmington, DE 19809
 International Service Centers: 302.797.3100 or 800.441.2668

For certain types of requests, you must complete and mail to us an applicable form, which is available by calling the International Service Centers or going to our website (www.Cignaenvoy.com).

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a written complaint with the Secretary (the “Secretary”) of the U.S. Department of Health and Human Services (“HHS”).

Your complaint can be sent by email, fax, or mail to the HHS’ Office for Civil Rights (“OCR”). For more information, go to the OCR website (<http://www.hhs.gov/ocr/privacy/hipaa/complaints>). We will provide you with the contact information for the OCR Regional Manager in your area, if you request it from our Privacy Office.

We will not take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice Availability and Duration

Notice availability. A copy of this Notice is available by calling the International Service Centers or on our website (go to www.Cignaenvoy.com and click *Notice of Privacy Practices*).

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a CGHB plan at that time, we will send you the new Notice, as required. In addition, you can obtain a copy of the new Notice upon request when you call the International Service Centers or from our website.

Effective date. This Notice is effective as of April 14, 2003, and updated as of November 1, 2011.



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