

# CIGNA AFRICA

## Frequently asked questions

### ENROLMENT, ELIGIBILITY AND COVER

#### 1. In which areas can plan members be covered?

We offer 5 areas of cover:

- › Area of cover 1. Africa\*
- › Area of cover 2. Africa including India, Pakistan, Sri Lanka, Bangladesh and Lebanon\*
- › Area of cover 3. Europe including Africa
- › Area of cover 4. Worldwide excl US
- › Area of cover 5. Worldwide\*

\*(Core Care and Standard Care only have access to areas of cover 1 and 2; Select Care has no access to area of cover 5).

Usually, we match the area of cover with the plan member's location and nationality.

#### 2. Are plan members covered if they travel to countries excluded from their area of cover?

Plan members are covered outside their area of cover for accidents and emergencies (30 days per plan member and per insurance year).

#### 3. Is war risk covered?

If a plan member is a victim of acts of war and terrorism without any active involvement, he/she is covered within the limits of the medical cover. All consequences of active participation in operations of war and terrorism are explicitly excluded from all cover.

#### 4. What are the differences in cover between the 6 core plans?

	Core Care	Standard Care	Select Care	Essential Care	Executive Care	Elite Care
<b>Annual maximum benefit per member</b>	Up to \$ 50,000 per year of insurance	Up to \$ 100,000 per year of insurance	Up to \$ 500,000 per year of insurance	Up to \$ 2,000,000 per year of insurance	Up to \$ 4,000,000 per year of insurance	Up to \$ 6,000,000 per year of insurance
<b>Inpatient annual maximum benefit per member</b>	Up to \$ 50,000 per year of insurance	Up to \$ 100,000 per year of insurance	Up to \$ 500,000 per year of insurance	Up to \$ 2,000,000 per year of insurance	Up to \$ 4,000,000 per year of insurance	Up to \$ 6,000,000 per year of insurance
<b>Outpatient annual maximum benefit per member</b>	Up to \$ 1,500 per year of insurance	Up to \$ 2,500 per year of insurance	Up to \$ 3000 per year of insurance	Up to \$ 4,000 per year of insurance	Up to policy annual benefit	Up to policy annual benefit
<b>Room type</b>	Standard private room	Standard private room	Standard private room	Standard private room	Standard private room	Standard private room
<b>Cancer treatment</b>	Up to inpatient annual benefit	Up to inpatient annual benefit	Covered up to \$ 100,000	Up to inpatient annual benefit	Paid in full	Paid in full
<b>AIDS/HIV treatment</b>	Paid in full after a waiting period of 12 months	Paid in full after a waiting period of 12 months	Paid in full after a waiting period of 12 months	Paid in full	Paid in full	Paid in full
<b>Routine maternity and complicated maternity</b>	Up to \$ 2,500 per year of insurance	Up to \$ 3,500 per year of insurance	Up to \$ 3,500 per year of insurance	Up to \$ 5,000 per year of insurance	Paid in full	Paid in full
<b>Travel vaccinations and preventive medication e.g. against malaria</b>	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
<b>Medical evacuation and repatriation annual maximum benefit per member</b>	Up to \$ 50,000 per year of insurance	Up to \$ 50,000 per year of insurance	Up to \$ 50,000 per year of insurance	Up to policy annual benefit	Up to policy annual benefit	Up to policy annual benefit

Please refer to the table of benefits for a detailed benefits overview. Reimbursement ceilings apply.

## 5. Is a medical questionnaire needed?

It depends on the number of employees in your organisation. For small groups of less than 10 employees, a medical questionnaire has to be completed by each employee and each dependant. We offer the flexibility of an additional premium to waive exclusions, or alternatively, we can offer partial or total exclusion of a particular condition. For larger groups of 10 or more employees, a medical questionnaire is not required, meaning that pre-existing and chronic conditions are covered, there are no waiting periods and all plan members are fully covered from day one.

## 6. As from when are my employees covered?

For groups of less than 10 employees, cover starts as from the date on which our Medical consultant approves their application.

For groups of 10 or more employees where no medical application is required, cover starts from date of enrolment.

## 7. Is there an age limit for enrolment?

There is no specific age limit for enrolment in the medical core plan.

## 8. What happens when an employee returns to his or her home country?

Please inform us in writing of the exact date of relocation to the home country when an employee returns to his or her home country. The cover can be extended by a maximum of 3 months to allow the employee time to enrol in a local social security scheme or find another private insurance.

## 9. Can my employees' family members also be covered?

Yes. The spouse (partner) and children of your employees can be enrolled at any time. Their dependent children can be covered as of birth up to the age of 26.

## 10. Are evacuation and repatriation covered?

Medical evacuation and repatriation is included in all plan levels. Please refer to the table of benefits for a detailed benefits overview. Reimbursement ceilings apply.

## 11. Are malaria tablets and vaccinations covered?

Yes; please refer to the Benefits overview under the 'Outpatient health care benefits' section.

# HEALTH CARE PROVIDERS

## 1. Can my employees receive treatment in any hospital?

Yes. Your employees and their dependants have complete freedom of choice when it comes to choosing hospitals, doctors and specialists. They may consult the health care provider of their choice, in their area of cover.

They can also rely on our own network of 11,500 hospitals, doctors and specialists and benefit from the direct payment\* agreements and discounts we have negotiated.

## 2. How can my employees avoid advancing the costs of treatment?

- › If an admission is planned, they should contact us well in advance so we can arrange for direct payment\* of their expenses.
- › Direct payment is also possible in case of an emergency or accident. Patients simply need to show their membership card to the health care provider upon admission and have someone contact us by phone as soon as possible. Plan members can contact us using the contact details on the front of their membership card. Contact details for health care providers can be found on the back of the membership card.

If a plan member loses their membership card or doesn't have it with them, they can download or email an electronic version of their card for themselves or one of their eligible dependants whenever they need it. They can access this service on their personal webpages or on the Cigna Health Benefits mobile app, which they can download from the Apple App Store<sup>SM</sup> and Google Play<sup>TM</sup> for Android phones.

## 3. What should plan members do if they need an insurance certificate?

They can download their personal certificate from their personal webpages.

\*Direct payment is not possible in sanctioned countries.

## CLAIMS AND COMMUNICATION SERVICES

### 1. What should a plan member do if emergency treatment is needed?

They should call the number (available 24/7) indicated on the front of their membership card. There is only one number for Cigna Africa + 32 3 293 11 19. This number is a one-stop shop for all types of questions and the call can be transferred to our evacuation partner if an emergency medical evacuation is needed.

### 2. When are claims reimbursed?

We aim at a rapid and hassle-free settlement of all claims and process 99% of the claims within 5 days of receiving all required documents.

### 3. How can a plan member be sure that he/she is covered before receiving treatment?

For planned hospital admissions, we advise plan members to consult the benefits on their personal webpages or to call our 24/7 Contact centre to check whether the treatment is covered under their plan.

### 4. Can plan members receive assistance over the phone?

Yes. Our Contact centre agents are available 24/7, 365 days a year.

### 5. What information and services are available online?

Plan members can find all information regarding their plan and access our services anytime, anywhere on their personal webpages. They can search our worldwide network of health care providers, find instructions on how to claim, download personalised forms, check their reimbursements, claim online and download an electronic version of their membership card.

### 6. What if plan members require advice or assistance?

If they require any advice or assistance, a multilingual 24 hour helpline is available. The contact details are available on the front of the membership card and are as follows:

- › 24/7 helpline: + 32 3 293 11 19
- › 24/7 fax: + 32 3 663 28 57
- › 24/7 email address: [cigna-africa@cigna.com](mailto:cigna-africa@cigna.com)

### 7. What happens if plan members have started or are halfway through a course of treatment on the date of enrolment?

For groups of more than 10 employees, that does not impact on their treatment. All hospitalisations and series of treatment approved by their current insurer will be respected by Cigna Africa.

### 8. Are plan members covered if they have an accident?

Yes, the plan does not distinguish between illness or accidents, and covers plan members 365 days of the year for medical treatment resulting from an accident.

### 9. How will plan members receive the reimbursement?

The money can be transferred to their bank account.\*

\*Direct payment is not possible in sanctioned countries.

## DEFINITIONS

### 1. What is a standard private room?

A standard private room is a room with one bed – the lowest rate (regular) private room in a hospital.

### 2. What are prescription drugs?

Prescription drugs are medicines that are necessary to treat a medical condition and are not available without a doctor's prescription (excluding over the counter drugs).

### 3. What is a host country?

The host country is the country in which the plan member will be living and working (as declared in the Application form).

### 4. What is a home country?

The home country is the country where the insured normally resides or used to reside and out of which he/she is expatriated to another country (as declared in the Application form). If the home country cannot be named according to this definition, it is the country of which the insured has the nationality and is holding a passport from.

### 5. What are reasonable and customary expenses?

Medical expenses will be considered Reasonable and Customary if they correspond to the charge usually made for a similar service or supply and do not exceed the normal charge made under the best prevailing conditions for such a service or supply in the locality where the service or supply is received. If usual and prevailing charges cannot be determined because of the unusual nature of the service or supply, the Administrator will determine on behalf of the Insurer to what extent the charge is reasonable, taking into account:

- the complexity involved;
- the degree of professional skill required;
- all other pertinent factors.

We refer to our policy terms and conditions for a complete list of benefits, exclusions and limitations. Cover may not be available where prohibited by local law.

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