

AVOID UNPLEASANT SURPRISES, REQUEST PRIOR APPROVAL

OUTPATIENT CARE

It is highly recommended to request prior approval for major outpatient care

WHAT IS MAJOR OUTPATIENT CARE

Examples (non-exhaustive):

- › Treatment exceeding 1,000 USD/EUR
- › Extensive medical imaging (MRI, CT scan)
- › Long-term/chronic treatment
- › Expensive prescription drugs
- › Speech therapy
- › Home nursing
- › Durable medical equipment (oxygen, wheelchair)
- › Day hospitalisation
- › Outpatient surgeries
- › Major dental work

In case of doubt, please check the description of benefits or contact us.

Submit prior approval request

Email: admissions@cigna.com at least 5 working days in advance of your upcoming treatment and provide the following information:

- › Diagnosis
- › Procedure and/or treatment plan
- › Reports of medical imaging, if available
- › Any available information on past care for the same diagnosis
- › Cost estimate

If your **upcoming treatment is at an in-network provider**, the result of the prior approval is a guarantee of payment (GOP) to your provider and copy to you. Therefore, in addition to the items listed above, please also provide:

- › The name and address of the selected in-network provider and the name of the treating physician/surgeon.
- › The date of the upcoming procedure or treatment.

If your **upcoming treatment is at an out-of-network provider**, prior approval does not trigger direct payment. You will need to pay and claim.

Submit a **prior approval request independently** whether the provider is in-network or out-of-network.

Please remember to include your **Cigna member number** (e.g. XXX/XXXXX) in the subject line of the email.

We review your request

Is your request approved?

YES

NO

We'll send you an email confirmation of the approval. Please include a copy of this approval email with your claim. If the provider is in the network, we'll send a guarantee of payment (GOP) to the provider and a copy by email to you.

We'll explain why we've been unable to provide approval and where possible discuss alternative options.

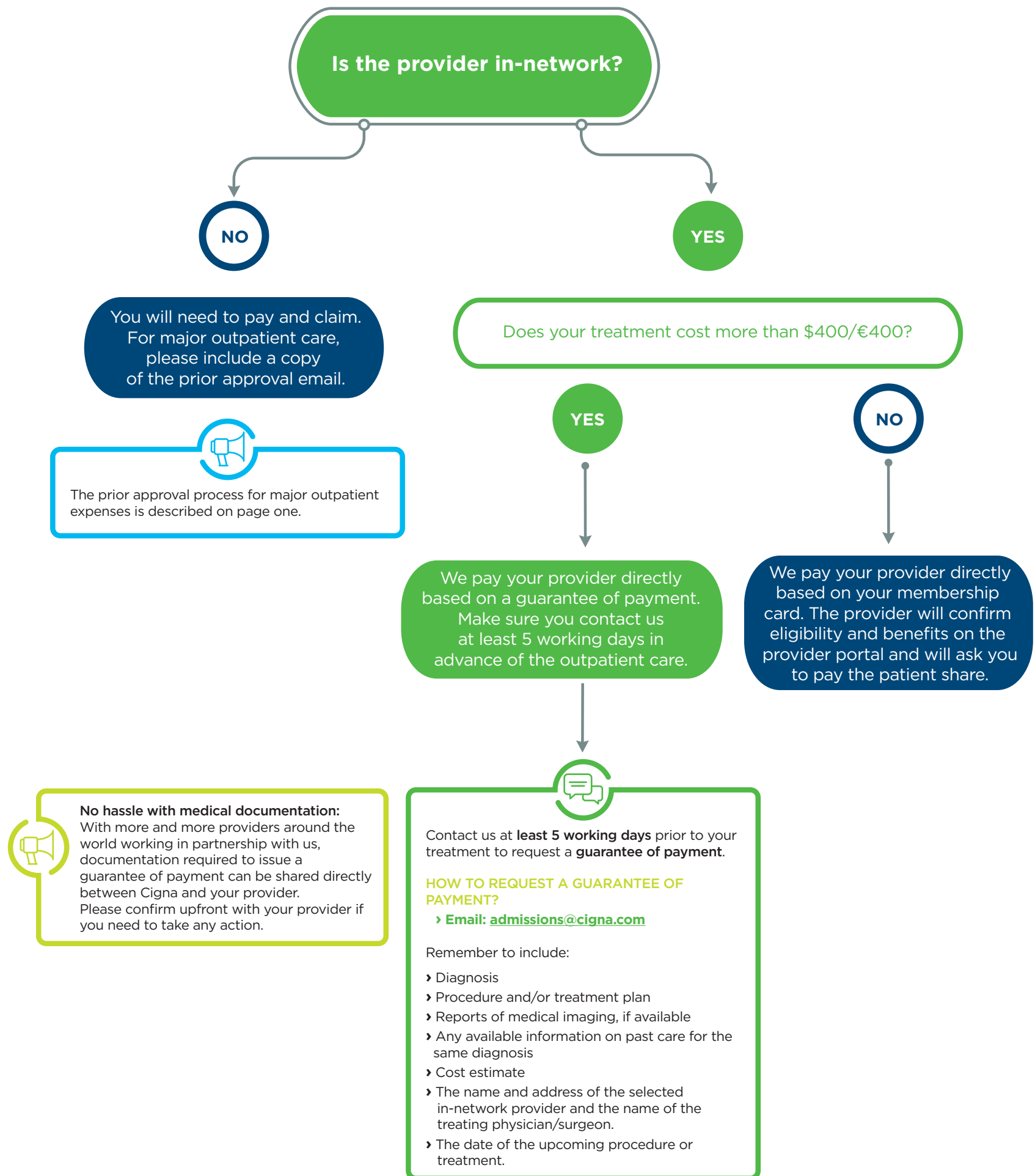
KEEP IN MIND

PRIOR APPROVAL
REQUIRED

In your description of benefits, a blue box highlights the treatments that need prior approval.

DIRECT PAYMENT FOR OUTPATIENT CARE

OUTPATIENT CARE



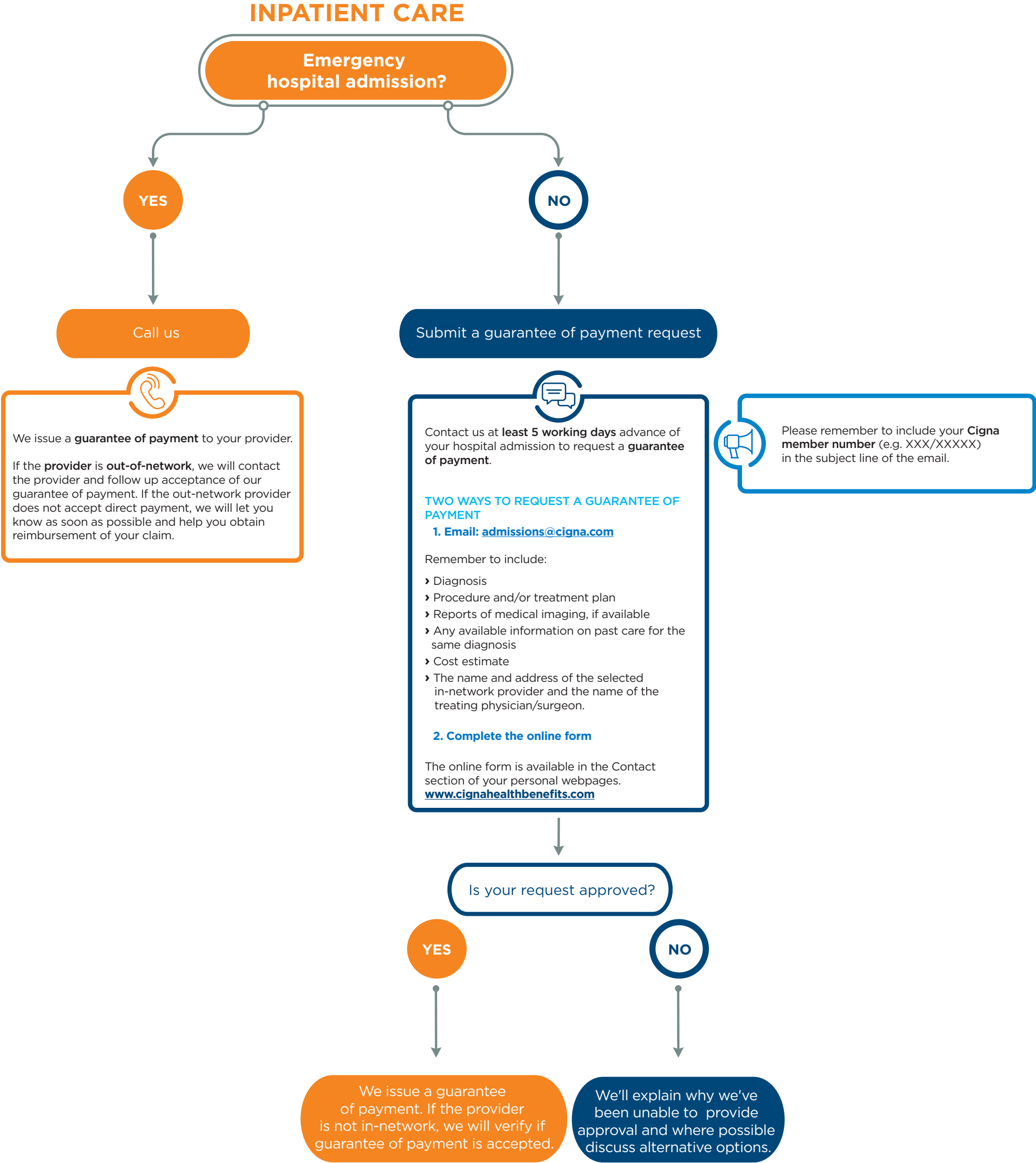
KEEP IN MIND

To look up a **network provider**, please consult the **Provider Search** on your personal webpages or Cigna Health Benefits app.
www.cignahealthbenefits.com

Not all in-network providers accept outpatient **direct payment as from zero USD/EUR**. By selecting the name of the provider, you can view which type of agreement is in place.

It is possible that a **hospital is in-network but your doctor and his/her team is not and therefore fees may exceed reasonable and customary ceilings**.

For **expensive outpatient treatment at out-of-network providers**, we can issue a guarantee of payment upon your request and confirm acceptance with the provider.



KEEP IN MIND

It is possible that a **hospital is in-network but your doctor and their team is not** and therefore fees may exceed reasonable and customary ceilings.

GLOSSARY - TERMS WE USE

INPATIENT CARE

Care at hospitals or clinics for which at least one overnight stay in hospital is required.

OUTPATIENT CARE

Treatments and services that do **not require an overnight stay** at the hospital.

Outpatient care includes day-surgery, day-hospitalisation, doctor's consultations, laboratory tests, medical imaging, prescription drugs, and more.

REASONABLE AND CUSTOMARY EXPENSES

Expenses that fairly and accurately reflect the market rate within a geographic area. Where possible, we determine the reasonable and customary limit on a yearly basis for a specific region through a statistical approach (80th or 90th percentiles) using data from claims during the previous 18 months.

PRIOR APPROVAL

You have the peace of mind that your treatment has been **validated** by us and is **covered** under your medical plan.

What do we check?

1. If the proposed treatment is covered under your medical plan.
2. If the estimated cost is reasonable and customary and what your patient share would be.
3. If the proposed treatment is medically necessary for your health condition in line with prevailing international medical literature.

MEDICAL NECESSITY REVIEW AND PERSONALISED EXPERT CLINICAL ADVICE

As your whole health partner, our priority is to safeguard your health. We will provide you with feedback on the procedures proposed by your treating physician, and in case of doubt or concerns, We will team you up with a nurse case manager to guide you through your medical journey with information, advice and decision support.

GUARANTEE OF PAYMENT (GOP)

A guarantee of payment is a confirmation issued by us to inform your health care provider about the treatments and expenses that Cigna will cover. A copy of the document is sent to you by email.

ADVANTAGES OF USING AN IN-NETWORK PROVIDER

- › **Direct payment:** The provider sends the bill to us and there is no need for you to pay and claim. You pay your patient share as per the plan's benefits directly to the provider.
- › **Discounted rates:** Discounted in-network rates can reduce the amount of the patient share you pay.
- › **No financial surprises:** The rates charged by an in-network provider will be within the reasonable and customary limits.
- › **No hassle with medical documentation:** With more and more providers around the world working in partnership with us, we can exchange the documentation for your guarantee of payment directly with your provider. Please confirm upfront with your provider if you need to take any action.

IF YOU NEED TO CONTACT US

You will find all the ways you can get in touch on your membership card.
Please call us if you need a quick response to an urgent matter.
Our customer care team is ready to assist 24 hours a day, 7 days a week, 365 days a year!

CALL US FREE OF CHARGE



Toll free line from Italy: **800 194 666**



Use your personal Skype account and search for username: **Cigna Health Benefits**



Request an immediate callback on the number of your choice through your personal webpages or the Cigna Health Benefits app by selecting "**call me back**" in the contact section.