



Nanjing International School International Employee Healthcare Plan

Your Cover - Gold Plan with Maternity & Wellness Benefits



welcome...

to a guide to using your Cigna & CMB Healthcare Plan.

Notice

1. By giving consent to the policyholder to purchase the employee health insurance for you from Cigna & CMB Life Insurance Company ("Cigna & CMB") (including renewal), you agree for Cigna & CMB to use your and covered dependent's personal data as described herein.
 - To provide comprehensive insurance services in an efficient and timely manner, Cigna & CMB may engage Third Party Administrators (TPAs) to provide relevant customer services, including but not limited to claims handling and customer complaints. Where such a TPA is used, Cigna & CMB will only use and disclose such personal information to the TPA for the sole purpose of customer service.
 - To the extent permitted by applicable law, you agree for Cigna & CMB to provide your and covered dependent's personal information to regulatory bodies or insurance associations to comply with compliance requirements.
2. All costs over and beyond the insurance policy will be undertaken by the person insured. If the insurer has the right to recover the costs through legal approach.
3. Cigna & CMB may settle the medical expenses with medical providers through direct billing, but the direct billing amount does not represent the final claim conclusion. If the direct billing amount exceeds the final amount of insurance benefits, the insured person should be responsible for any fees if insurance policy does not cover, Cigna & CMB also have the right to deduct such part from future payment of insurance benefits or require a refund. If the insured person could not be refunded in due time, my direct billing services and other related policy services will be affected.

If you or a covered dependent has any question on the above, please contact our customer service helpline in time.

- Note:**
1. This booklet is for your reference only and does not form part of a legal contract. Details of insurance benefits are subject to the terms detailed in your insurance contract.
 2. Please access www.cignacmb.com/healthbenefits for a complete Benefits Table that is applicable to you.

Contents

Your Cigna & CMB International Employee Healthcare Plan	1
▪ Important Contact Information	1
▪ Benefits Schedule.....	2
▪ Exclusions.....	12
▪ Key Word Interpretation and Note.....	14
Using the Customer Portal	16
▪ Using “Cigna Envoy” Customer Portal on PC	16
Provider and Claim Guidance	17
▪ Choosing a Provider	17
▪ Using Your Cigna & CMB Customer ID Card	18
▪ Diagnosis and Claim	19
▪ Pre-authorisation	21
Emergency Care	22
Frequently Asked Questions	23

Your Cigna & CMB International Employee Healthcare Plan

Being covered by the Cigna & CMB international employee healthcare plan means that you and your insured family members can receive comprehensive advice and treatment, in the case of illness or accident. Your insurance pack contains a list of benefits detailing your specific cover and limitations. Please familiarise yourself with the benefit structure and be aware of your level of cover. A customer ID card is provided for each of your insured family members and while it does not act as a payment mechanism it is a means of identification and assists medical practitioners and hospitals in obtaining guarantees of direct payment.

Important Contact Information

Customer Service 24 hour Global Helpline Number	+86 (21) 6086 3108 or 400 820 0955
Customer Service Global Fax Number	+86 (21) 6168 1698
Mailing Address for Claims (apply to all regions)	8/F, Building 2, LuJiaZui Century Financial Plaza, 759 South YangGao Road, Pudong New Area District, Shanghai, China, PRC, 200127
Mailing Address for Claims Incurred in the USA	Cigna Global Health Benefits, PO BOX 15050 Wilmington, DE 19850-5050 USA
E-mail address	groupcare@cignacmb.com
Website	www.cignacmb.com/healthcare



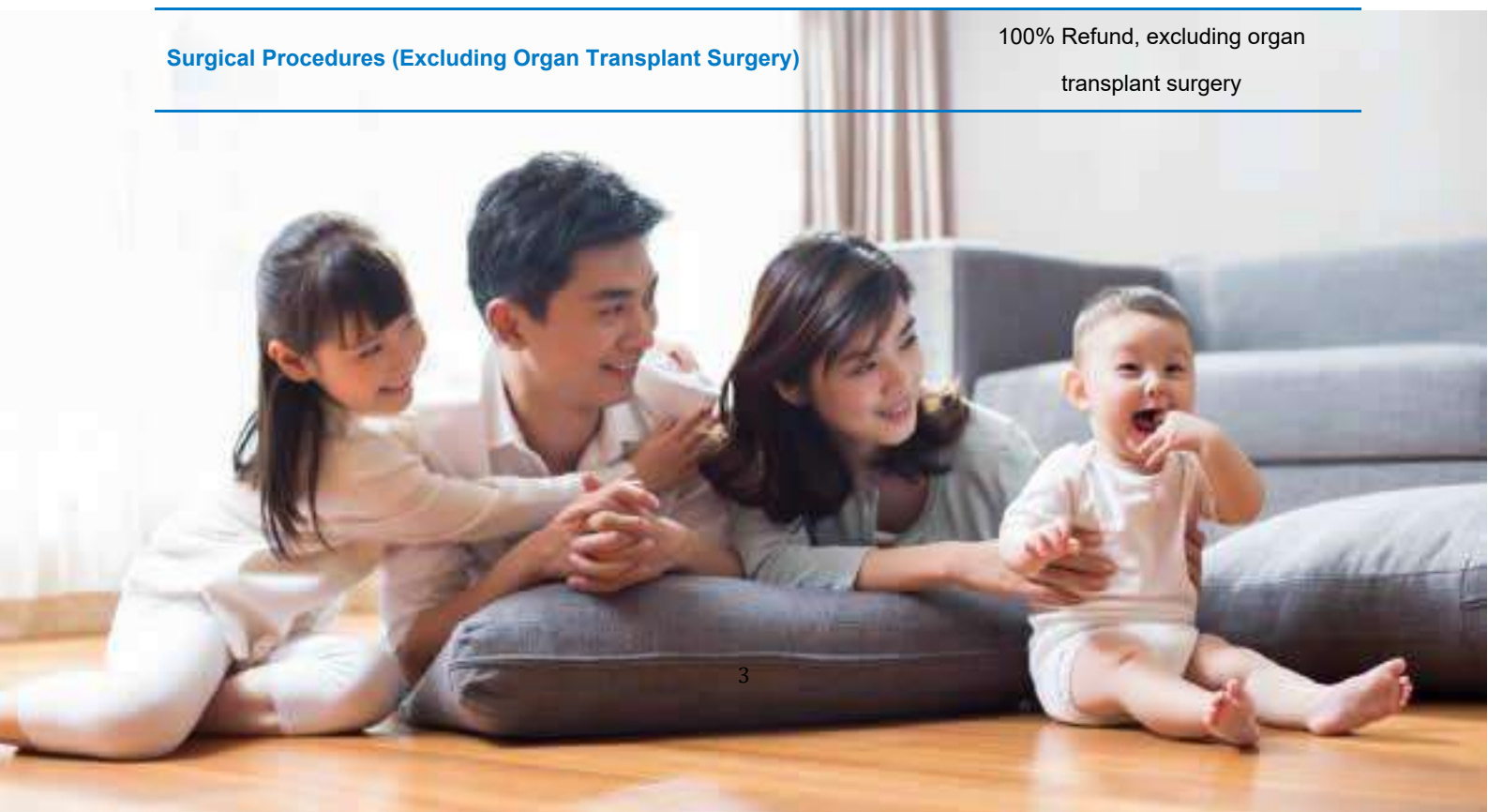
Benefits Schedule

List of Benefits for Medical Insurance

	Benefit Limit
Combined Limit for Medical Insurance Benefits Maximum per main insured person or additional insured person per insurance period	RMB 12,000,000 per insurance period
Medical Deductible Deductible is the amount that the member or dependent is responsible for paying in any one year of insurance before any benefit is paid under the plan. The deductible is due from the first time the member or dependent makes a claim. The amount will be deducted from the cost of each relevant claim until the deductible limit for the year of insurance, if applicable, is reached. <ul style="list-style-type: none">• Individual Deductible• Family Deductible	RMB 6,000 per individual RMB 18,000 per family Not applicable to Health Check-up
Coinsurance Coinsurance is the percentage of charges for covered expenses that the main insured person or additional insured person will be required to pay under the plan after satisfying the required deductible.	There will be 30% coinsurance for this plan if the main insured person or additional insured person seeking treatments at hospitals or clinics in the co-payment provider list below (Page 10). The 30% coinsurance does not apply to outpatient treatment at Shanghai United Family Hospital or all treatment at Nanjing Raffles Medical.
Out-of-Pocket Limit Out-of-pocket expenses are covered expenses incurred for charges that are not paid by the plan because of any coinsurance. When the out-of-pocket limit is reached, no further coinsurance will be applied to covered expenses for that year of insurance.	RMB 30,000
Area of Coverage	Worldwide excluding USA For US nationals, United States outpatient treatment is covered up to RMB 10,000 and routine physical examination is also provided in USA.
Pre-existing Conditions	Medical History Disregarded

In-Patient / Day Case Healthcare Benefits

	Benefit Limit
Hospital Charges for: <ul style="list-style-type: none"> Nursing and accommodation for in-patient treatment 	100% Refund Up to standard private room (1 bed with toilet) for accommodation
<ul style="list-style-type: none"> Day case treatment 	100% Refund Up to standard private room (1 bed with toilet) for accommodation
<ul style="list-style-type: none"> Prescribed medicines, drugs and dressings for in-patient or day case treatment 	100% Refund
Surgical Appliance and/or Medical Appliance	
This benefit will be paid in respect of:	
<ul style="list-style-type: none"> an artificial limb, prosthesis or device which is inserted during surgery an artificial prosthesis or device which is necessary part of the treatment immediately following surgery for as long as is required by medical necessity a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis 	100% Refund
Parental Accommodation	
This applies to insured in-patient under the age of 18.	
Cigna & CMB will pay for reasonable costs for a parent staying in the same hospital with the insured in-patient.	
	100% Refund Up to standard private room (1 bed with toilet) for accommodation Up to 30 days per insurance period
Operating Theatre and Recovery Room	
	100% Refund
Surgeons' and Anesthetists' Fees	
	100% Refund
Surgical Procedures (Excluding Organ Transplant Surgery)	
	100% Refund, excluding organ transplant surgery



Specialist Physician's Fees	
This benefit is paid in full for regular visits by a specialist physician during stays in hospital including intensive care by a specialist physician for as long as is required by medical necessity.	100% Refund
Physiotherapy	
Non-surgical Cancer Treatment	
Include Radiotherapy, Chemotherapy, Targeted Therapy and Cancer Immunotherapy	
Proton beam therapy and heavy ion therapy only indicated for malignant tumors with evidence show net benefit than normal radiation therapy, including:	
- Gallbladder cancer	100% Refund
- Head and neck cancer with intracranial, skull base, orbital and perineural invasion	
- Unresectable intrahepatic malignant tumor	
- Hepatocellular carcinoma	
- Ocular melanoma	
- Skull base tumors including chordomas and chondrosarcomas	
Pathology, Radiography, Radiology	
Home Nursing Charges	
This benefit will be paid:	
• If recommended by a specialist immediately after hospital treatment for as long as is required by medical necessity	100% Refund
• On a full time basis for as long as is required by medical necessity for treatment which would normally be provided in a hospital	
Psychiatric Care	
This benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions	Not Covered
Private Ambulance	
This benefit is payable for transport to or from a hospital when ordered for medical reasons	100% Refund

Out-Patient Healthcare Benefits

	Benefit Limit
<p>Out-patient Insurance Benefit – Combined maximum limit per main insured person or additional insured person per insurance period for out-patient treatments. This limit forms a part of the Insurance Benefit limit</p>	<p>100% Refund Up to RMB 60,000 per insurance period Except the below three items which are fully covered up to annual max</p>
<p>Cancer Treatment</p> <p>Include Radiotherapy, Chemotherapy, Targeted Therapy and Cancer Immunotherapy</p> <p>Proton beam therapy and heavy ion therapy only indicated for malignant tumors with evidence show net benefit than normal radiation therapy, including:</p> <ul style="list-style-type: none"> - Gallbladder cancer - Head and neck cancer with intracranial, skull base, orbital and perineural invasion - Unresectable intrahepatic malignant tumor - Hepatocellular carcinoma - Ocular melanoma - Skull base tumors including chordomas and chondrosarcomas 	<p>100% Refund, up to annual max of 12,000,000 RMB</p>
<p>Pathology, Radiography, Radiology</p>	<p>100% Refund, up to annual max of 12,000,000 RMB</p>
<p>Non-surgical and Minor Surgical Procedures and Treatment Outpatient Surgery fee, MRI, CT, PET Scan Fees</p>	<p>100% Refund, up to annual max of 12,000,000 RMB</p>
<p>Consultations with Medical Practitioners and Specialists</p>	<p>100% Refund</p>
<p>Prescribed Medicines, Drugs and Dressings</p>	<p>100% Refund</p>
<p>Physiotherapy, Traditional Chinese Medicine Treatment (including Acupuncture, Tuina, Cupping, Chinese Medicine for External, Needle-knife Therapy), Chiropractic, Osteopathy, Homeopathy, Speech Therapy, Alternative therapy</p>	<p>100% Refund up to RMB 12,000 per year of 10 visits per year</p>
<p>Hormone Replacement Therapy</p>	<p>Not Covered</p>
<p>Annual Eye Test and Hearing Test One eye test and hearing test for <i>additional insured person</i> under the age of 15</p>	<p>100% Refund</p>

Travel Vaccinations

This benefit will be payable for vaccinations related to travel

Not Covered

Chinese Herbal Medicine

100% Refund up to RMB
12,000 per insurance period

Emergency Dental *Treatment*

This benefit will be payable for *treatment* received during the emergency visit immediately after accidental damage to natural teeth

Not Covered

Psychiatric Care

This benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions

Telehealth Services (Remote Consultation)

Charges for the delivery of telehealth services by means of real time two-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support healthcare delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in the state, while such patient is at an originating site and the health care provider is at a distant site.

100% Refund up to 20 times per
insurance period
(Maximum 60 minutes in one visit of
Mental Health Care)



Wellness Benefits (Deductible Does Not Apply)

Benefit Limit

Routine Physical Exams

This benefit will be paid for, or in connection with, routine physical examinations for insured persons

Pap Smear

Cigna & CMB will pay charges for an annual Papanicolaou screening

Prostate Cancer Screening

Cigna & CMB will pay charges for an annual prostate cancer screening for male insured person over 50 years old

Mammograms for Breast Cancer Screening or Diagnostic Purposes

This benefit will be paid in respect of:

- one baseline mammogram for asymptomatic women aged 35-39
 - a mammogram for asymptomatic women aged 40-49 every two years or more if medically necessary
 - a mammogram every year for women aged 50 and over
-

Immunization

This benefit will be payable for all insured person

Payable up to RMB 3,500 per insurance period
For US nationals, this benefit is extended in USA



Maternity Benefits

	Benefit Limit
Inpatient and Outpatient Maternity Cover This benefit is payable to eligible female* covered under the plan. It includes childbirth, pre-natal and post-natal exams, pre-natal vitamins.	100% Refund up to RMB 60,000 for normal delivery, unlimited if complications; Up to standard private room (1 bed with toilet) for accommodation in hospital if necessary for maternity.
New Born Infant care, Treatment within 14 Days(For Enrolment New Born Only)	100% Refund, up to Maternity cap of 60,000 RMB



Other Special Health Benefits

Benefit Limit

Reconstructive Surgery: Where is needed as a result of an accident or disease in order to restore function or shape/appearance, the surgery must be carried out within 12 months of the accident or disease. 100% Refund, up to 12,000,000 RMB

Congenital Condition Treatment:

- | | |
|---|-----------------------------------|
| 1. Diagnosed within 6 months of birth for new born infant that are enrolled onto the plan within 30 days of birth | 1. 100% Refund, up to 200,000 RMB |
| 2. For minors under 18 years of age | 2. 100% Refund, up to 30,000 RMB |
-

AIDS/HIV Treatments (Non-pre-existing Conditions)

100% Refund, up to 12,000,000 RMB

Compassionate Emergency Visit

Costs you have to pay for an economy class return ticket from a country within your area of cover to visit a close family member, if their medical condition results in them being placed on a critical list, or their death.

You are limited to one return journey in each plan year. Close family member means a dependent, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother or sister in-law, son or daughter in-law or guardian.

One round trip per policy year

Flights to Thailand (Need Pre-auth)

1. Only eligible for Inpatient treatment received within Cigna's Thailand network.
 2. Restricted to one return flight under the name of the client receiving the inpatient treatment.
 3. Flights for accompany family members are not covered.
 4. Flights must arrive in Thailand within a two day period prior to admission and leave Thailand within a two - day period following discharge from hospital.
-

100% Refund, up to 7,000 RMB

Co-payment Provider List

Plan co-insurance will apply if you choose the following hospitals/clinics/doctors in Mainland China/Hong Kong and out of the CIGNA PPO network hospitals in the US for all treatment:

- United Family Hospitals and Clinics (Beijing, Shanghai, Guangzhou, Qingdao, Hangzhou, Tianjin and other cities if any, please refer to <https://ufh.com.cn>.)
- ParkwayHealth Medical Centers (Shanghai, Suzhou, Hongkong and other cities if any, please refer to <https://www.parkwaypantai.com/>. **Chengdu and Shenton Clinics in Mainland China are excluded**)
- St. Michael Hospital (Shanghai)
- Shanghai East International Medical Center (Shanghai)
- International SOS and Raffles Medical Joint Venture Clinics (Beijing, Tianjin, Shenzhen, Dalian and other cities if any, not include Nanjing. please refer to <https://www.internationalsos.com>.)
- Beijing International Medical Center (Beijing)
- American Medical Center (Shanghai)
- Institute for Western Surgery (Guangzhou and other cities if any)
- Hong Kong Adventist Hospital - Stubbs Road (Hong Kong)
- Matilda International Hospital (Hong Kong)
- Hong Kong Sanatorium & Hospital (Hong Kong)

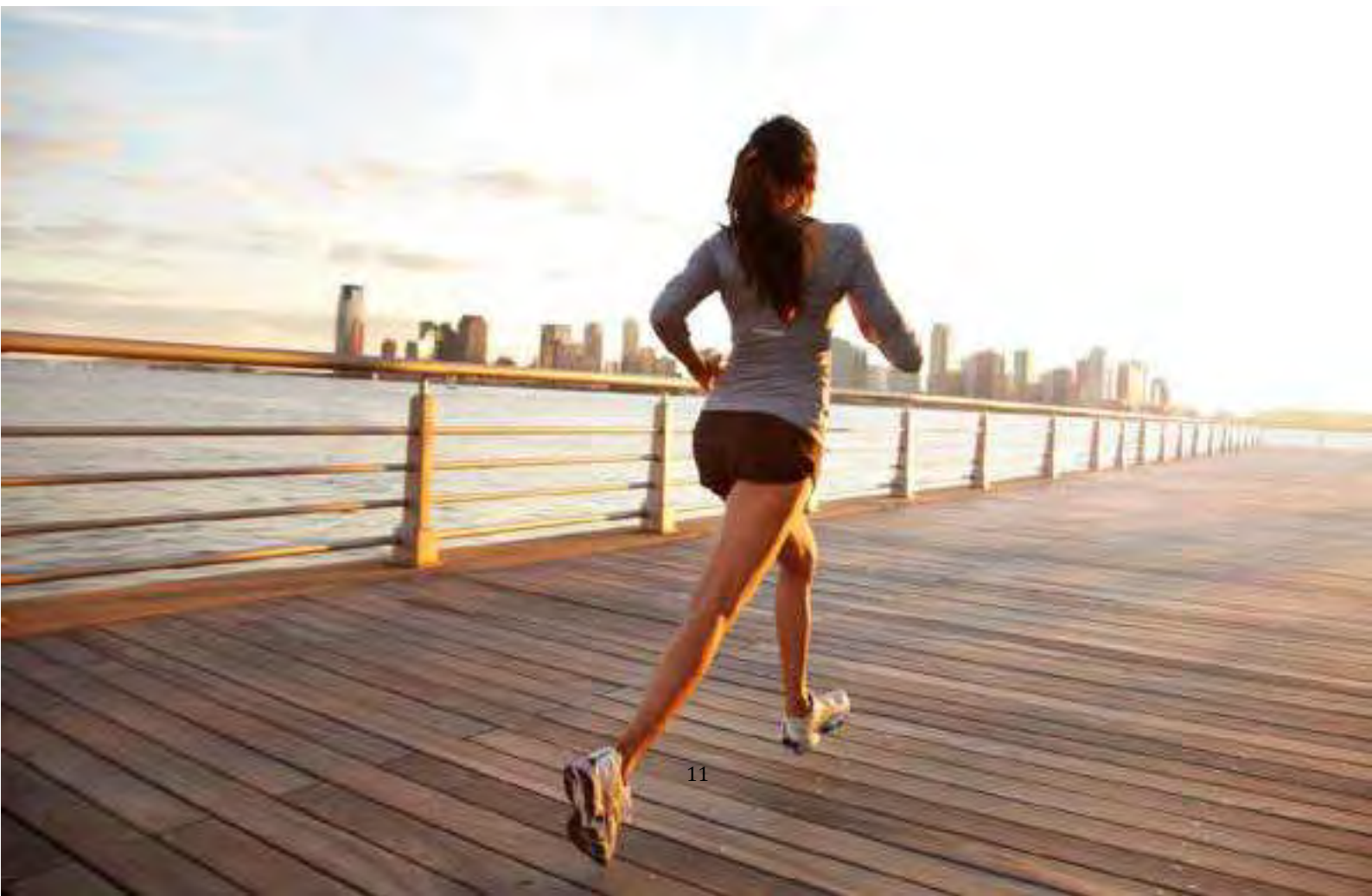
***The above list is subject to change.**

Please access www.cignacmb.com/healthbenefits for the latest provider co-payment list.



Emergency Medical Evacuation/Repatriation (These benefits require pre-approval by Cigna & CMB)

	Benefit Limit
Emergency Evacuation	100% Refund
Medical Repatriation	100% Refund
Repatriation of Remains	100% Refund
Transport Cost for Third Party	100% Refund



Exclusions

The company will not pay benefit for the following treatments and extras:

- a Treatment that arises from or is in any way connected with attempted suicide or any injury or illness that the main insured person or additional insured person inflicts upon himself.
- b Occupational Therapy, including but not limited to:
 - (a) Sensory integration therapy, group therapy, treatment of dyslexia, behaviour modification or myofunctional therapy for dysfluency, for stuttering or other involuntarily acted conditions not arising from any illness or injury;
 - (b) Treatment for functional articulation disorder not arising from any illness or injury, such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction;
 - (c) Treatments for custodial, educational or developmental in nature related purposes;
 - (d) Maintenance or preventive treatment consisting of routine long-term or non-medically necessary care provided to prevent recurrences;
 - (e) Treatment designed to acquire levels of function that had not been previously achieved prior to the injury or illness.
- c Dental or orthodontic treatment which is not caused by accidents unless benefit is specifically provided in the list of benefits.
- d Private prescriptions or dressings for use as an out-patient unless the out-patient list of benefits has been chosen and benefit is covered under that list.
- e Treatment in nature cure clinics, health spas and nursing homes.
- f Charges for residential stays in a hospital which is arranged wholly or partly for residence reasons or for treatment which is not necessary, or cost for stays in a hospital which has virtually become the place of domicile or permanent residence.
- g All aspects of pregnancy or childbirth unless maternity benefit is selected and shown in the list of benefits.
- h Treatment needed because of or relating to infertility, including complications arising out of such treatment, with the exception of the investigation of infertility to the point of diagnosis.
- i Treatment by way of the intentional termination of pregnancy, unless two medical practitioners certify in writing that the pregnancy were to endanger the life or mental stability of the mother.
- j Treatment by way of nursery care for an eligible female in a hospital following childbirth,
- k Treatment to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratectomy (PRK), unless the company agrees in writing.
- l Injury or disability directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority, or while the main insured person or additional insured person are carrying out army, naval or air services operations.
- m Treatment outside the selected area of coverage, except if the treatment is taken as emergency treatment as set forth in the contract.
- n International services expense for emergency evacuation, medical repatriation and transportation costs for third parties without the company's authorisation in advance or afterwards.
- o Any expense arising from the travel between land and an off-shore facility at sea,

regardless if it is out of medical necessity. An off-shore facility at sea refers to an off-shore artificial facility including but not limited to oil rig, ship, vessel, etc. A naturally formed island or reef shall not be included.

p Sex change operations or any treatment needed to prepare for or recover from these operations (for example, psychological counselling) including complications arising out of such treatment.

q Treatment that arises from or is any way connected with injury, illness or disablement as a result of:

- taking part in a sporting activity on a professional basis; or
- solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.

r Any form of experimental treatment (or procedure) that does not amount to orthodox treatment or does not adhere to the commonly accepted, customary or traditional practice of medicine.

s Expenses relating to:

- treatment needed for or related to birth control, including but not limited to any form of sterilisation or contraception including vasectomy;

- any form of plastic, cosmetic or reconstructive surgery or treatment, even for psychological reasons, unless it is of medical necessity as a direct result of the patient having an accident or because of other surgery, which itself would have been covered under the contract;

- appliances (including spectacles unless the vision benefit has been selected and hearing aids) which do not fall within the company's definition of surgical appliance and/or medical appliance;

- hearing tests, except for one hearing test per annum for an additional insured person under the age of 15 years;

- incidental costs not out of medical necessity including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation, etc;

- routine examinations or tests including health screens and medical examinations (if Wellness Benefit has been selected, this will be detailed in the list of benefits, and coverage for Wellness tests will be included);

- eye tests except for eye test once per insurance period for additional insured person under the age of 15 years;

- costs or fees for filling in a claim form or other administration charges;

- costs that have been paid by another insurance company, person, organisation or public programme. If the main insured person or additional insured person is covered by other insurance, the company will only pay its part of the benefit. If another insurance company, person, organisation or public programme is responsible for paying the costs of treatment, the company is entitled to claw back any of these costs that has been paid.

t The treatment for injury or illness directly caused by medical malpractice shall be excluded from the coverage of the policy. Expenses relating to treatment for complication and sequela resulted from medical malpractice shall not be excluded from the coverage of this policy.

u Unless otherwise agreed in policy, the treatment for work related injuries shall be excluded from the coverage of the contract. Work related injuries shall be identified in accordance with the identification report issued by identification institution authorized by relevant laws and regulations of the People's Republic of China or any institution with equal qualification.

Key Word Interpretation and Note

Orthodox:

Orthodox - in relation to a procedure or treatment that is medically accepted at the time of the commencement of the procedure or treatment, in that it accords with that upheld by a respectable, responsible and substantial body of medical opinion, experienced in the particular field of medicine.

Day case treatment:

Day case treatment - care involving admission to hospital and using a bed but not staying overnight.

Hospital:

Hospital - any organisation which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the patient is under the daily care or supervision of a medical practitioner or qualified nurse.

Medical necessity:

Medical necessity - medically necessary covered services and supplies are those determined by the medical team to be:

1. to diagnose or treat an illness, injury, disease or its symptoms;
2. orthodox, and in accordance with generally accepted standards of medical practice;
3. clinically appropriate in terms of type, frequency, extent, site and duration;
4. not primarily for the convenience of the patient, physician or other health care provider; and
5. rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

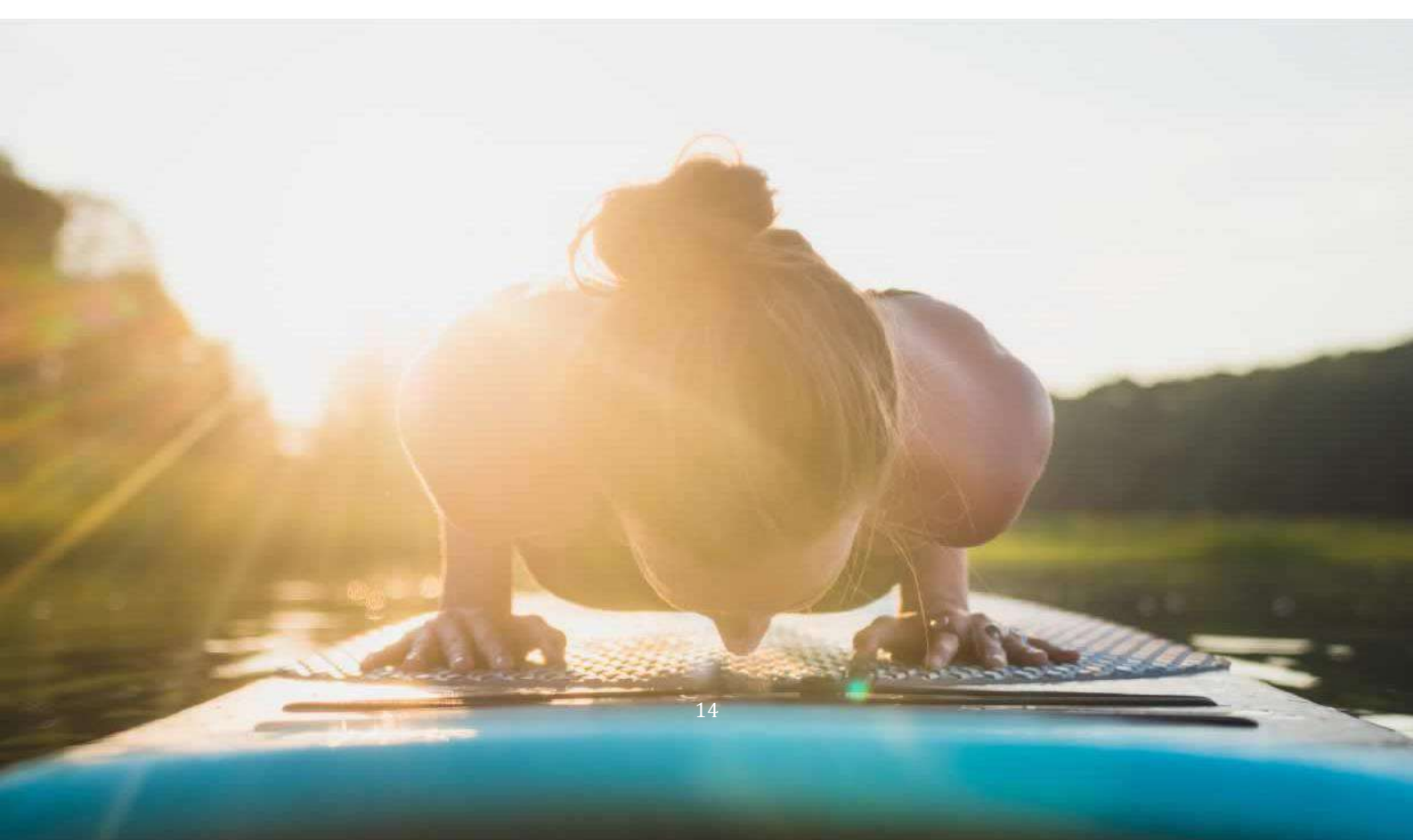
Where applicable, the company's medical team may compare the cost-effectiveness of alternative services, settings or supplies when determining least intensive setting.

Short-term:

Short-term – means a period of time consistent with the recuperation time required for the treatment and as prescribed by the treating medical practitioner with the approval of the company's medical director.

Emergency Evacuation:

Emergency medical evacuations is provided by medical assistance provider for the purpose of transporting the patient to the nearest hospital available for necessary treatment under emergency circumstance where there's medical necessity to do so and such treatment can't be obtained at local medical facilities.



Medical Repatriation:

Medical repatriations is provided by medical assistance provider for the purpose of repatriating the patient to his/her country of domicile available for necessary treatment under emergency circumstance where there's medical necessity to do so and such treatment can't be obtained at local medical facilities.

Repatriation of mortal remains

If the main insured person or additional insured person dies outside their country of domicile, the medical assistance provider will arrange as soon as reasonably practicable for the return of the bodily remains to the country of domicile of the deceased.

The contract shall not take insurance liability for any expenses or costs relating to funeral, which includes but not limited to cremation costs, cinerary casket expenses, etc.

Transport Cost for Third Party:

This Benefit is payable for travel costs (economy class) of an insured person's children under 18 years (the children should be additional insured persons under the policy) returning to their country of domicile under the circumstance that they will be left without the company of a parent or adult relative after the evacuation or repatriation of the main insured person or additional insured person. The benefit is also payable for travel costs (economy class) of any individual who because of medical necessity, has to go with the evacuated or repatriated patient. The number of accompanying person shall be limited to one.

[Note]:

Cigna & CMB will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, organ freezing expenses, and donor's medical costs. The amount payable for donor's medical costs is reduced by the amount payable for those costs from any other plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures). The main insured person or additional insured person must contact Cigna & CMB to get authorization before incurring any costs relating to organ donations or the claim may not be paid in full or it may be denied. In all cases of failure by the main insured person or additional insured person to get such pre-authorization where Cigna & CMB agrees to pay the claim following treatment, the main insured person or additional insured person will have to pay 20% of the eligible treatment costs.



Using the Customer Portal

Using “Cigna Envoy” Customer Portal on PC

Accessing the Website and Online Registration

Please go to the website:

www.cignaenvoy.com

Click the first slide of top banner or the “Cigna Envoy - LOG IN” button in down-right corner to access the welcome page of Cigna Envoy Customer Portal directly.

Be sure to have your Cigna & CMB customer ID card, as you will need it to successfully complete your online registration.

- Select “I AM A CUSTOMER” and “I have not registered yet”.
- Enter the first nine digits of your Cigna ID number, and click “Register”.
- Enter your personal details such as your first and last name, your date of birth and your Policy Holder, and click “Register.”
- Receive your registration confirmation Remember your secure PIN to complete the registration in the next steps so as to continue to Login.
- From the existent banners, select “I AM A CUSTOMER” and click “I have an existing login”.
- Enter the first 9 digits of your ID and the secure PIN, and click “Go”.
- Complete the security questions, and create your password.

Your Registration is Complete!



Key Features of the Website

Within Cigna Envoy® you can view your claim status, history and payment detail. Please click the “Claims” box from main menu on home page to use this feature. It provides you with the reassurance of knowing your claim has been processed and payment is on its way.

Additionally, you can view claims that have recently been submitted but yet to be processed. Whilst viewing your claim information you can also view your settlement details, download the claim form, which is available in English and Chinese, view your benefits and check your eligibility information.



Online Provider Directory

Click the “Find a Provider” box from main menu on home page to access a list that you can choose your country to find the local provider directory.

Through extensive selection procedures and physician-directed referrals, you have access to quality medical facilities and healthcare practitioners. The Provider Directory lists only those providers and facilities that have passed our high quality standards.

Additionally, you have access to general dentists and dental specialists through the Cigna Dental Network which delivers access to significant discounts, backed by a simple claims process which is completed by the dentist.



Choosing a Provider

- You may receive services from any hospital, clinic* and doctor in the covered area of your plan.
- Where you do not have a relationship with a healthcare provider and you are experiencing symptoms, please contact Customer Service and they will refer you to the most appropriate provider for your condition and location.
- We recognise that customers may be unfamiliar with local medical providers whilst living abroad. To assist you in this process, we have created a provider directory of prescreened primary care physicians, dentists and full-service hospitals for over 450 cities, available on our Cigna Envoy® Customer Portal. Additional provider referrals, including specialists can be obtained by contacting Customer Service.
- If you would like us to pay your provider directly, contact Customer Service prior to treatment taking place**.
- Providers may also call Customer Service to verify coverage:
For treatment call
Toll Free: 400 820 0955
Tel: +86 (21) 6086 3108 (Available Oversea)
- In addition, you may enjoy Hospital Representative Service in some hospitals***. Cigna & CMB hospital representatives have working experience at the well-known hospitals, medical background and good sense of service. They are familiar with hospital procedures and are able to provide Chinese and English service so as to create a better medical experience for you. Services provided by hospital representatives include:
 - Consultation, examination and appointment for operation
 - Answer your questions about guarantee
 - Assist you to fill in a claim form and apply for GOP (Guarantee of Payment)
 - Collect deductibles and co-payment

* Any organization which is registered or licensed as a medical or surgical hospital/clinic in the country in which it is located and where the patient is under the daily care or supervision of a medical practitioner or qualified nurse.

** Cigna & CMB may arrange guarantee of payment for claims over the value of RMB1,500 or equivalent value in foreign currency based on the claim application materials.

*** Please call the Customer Service 24 hour Global Helpline for the hospital details.



Using Your Cigna & CMB Customer ID Card

When you receive your Cigna & CMB Customer ID card, check that the information is correct. If something needs to be changed, contact Customer Service by telephone, fax or email and they will arrange for your information to be updated.

Toll Free in China: 400 820 0955

Tel: +86 (21) 6086 3108 (Available Oversea)

Fax: +86 (21) 6168 1698

Email: groupcare@cignacmb.com

When receiving treatment please present your customer ID card to the provider.

 <p>招商信诺 CIGNA CMB 保险 · 健康 · 财富</p>	<p>24-HR International Helpline Number: +86(21)6086 3108 International call no: +1 800 253 7052 China only free no.: 400 820 0955 US only free no.: +1 800 768 1726</p>
<p>RxBIN: 017010 RxPCN: 0216INTL RXGRP: P4CA Issuer: (80840)</p>	
<p>Policy Holder : Test Group Member Name : Test Member Member No : 8688888801 Coinsurance : 0 Deductible : 0 Expiration Date : Sep-30-2016</p>	

<p>Provider Network: CIGNA Healthcare PPO</p>  <p>Away From Home Care</p>	
<p>All benefits are subject to verification of eligibility, definitions, exclusions and contract limitations. Card possession does not certify eligibility or benefits.</p>	
<p>Submit all claims to:</p>	<p>8/F, Building 2, LuJiaZui Century Financial Plaza, 759 South YangGao Road, Pudong New Area District, Shanghai, China 200127 Fax +86-21-6168-1698</p>
<p>Or you can submit claims incurred in USA to:</p>	<p>Cigna International, PO Box 15050 Wilmington DE, 19850 USA Payor ID #62308 Fax: Inside US: 1 800 243 6998 or 1 302797 3150</p>
<p>Cigna Email:</p>	<p>groupcare@cignacmb.com</p>
<p>Cigna Web:</p>	<p>www.cignacmb.com/healthcare</p>

If you resign from your company during the policy period, please return the customer ID card to your company's human resource department. Please note that you will automatically withdraw from the insurance plan upon your resignation and will no longer be entitled to use any benefits or services provided by the insurance plan; for any expense incurred after your resignation, Cigna & CMB is not obligated to reimburse*.

*If otherwise stipulated in the insurance contract, such stipulations shall prevail.

Direct Billing and Reimbursement Process



Advantage of Direct Billing Service:

- > Simplify claim procedure and improve claim efficiency
- > Network providers will assist you on benefits checking and pre-authorization

Mailing Address for Claims (apply to all regions)

8/F, Building 2, LuJiaZui Century Financial Plaza, 759 South YangGao Road, Pudong New Area District, Shanghai, China, PRC, 200127

Claims incurred in USA:

Cigna Global Health Benefits, PO BOX 15050 Wilmington, DE 19850-5050 USA

Tips to Speed Claim Process

- Complete and submit original claim form.
- Provide a diagnosis or explanation of treatment.
- State how and where you want the reimbursement issued.
- Where the payment method selected is electronic bank transfer, full details must be provided, including bank and branch name, address, name on the account (must be exact), and account number.

Remember you can track the progress of your claim by accessing the Cigna Envoy® Customer Portal via www.cignacmb.com/healthcare.

Reimbursement Options

Where possible Cigna & CMB will aim to pay the medical practitioner or hospital direct to reduce the need for you to pay directly and reclaim the cost of treatment. In cases where you have paid the provider directly Cigna & CMB provide many reimbursement options such as:

- **Electronic transfer of funds into your bank account.**

Please note that payments made within China will be processed more efficiently by the receiving bank if you provide Bank and Branch name (and Chinese if possible) as well as the name on the account (must be exact).

Claims incurred in China will automatically be paid electronically in RMB.

- **Multi-Currency claims payment.**

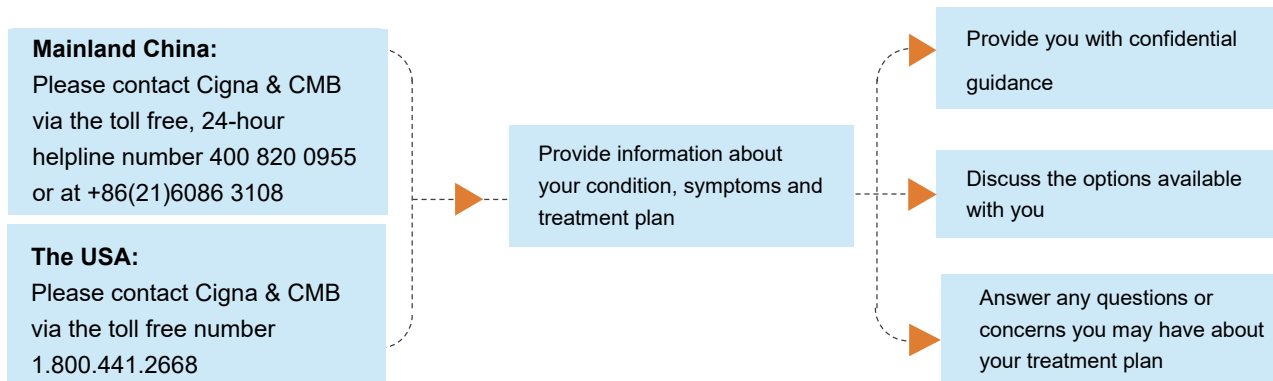
Cigna & CMB also offer ePayment Plus to customers with a bank account in one of the following countries and regions: USA, UK, Spain, Germany, France, Belgium, Canada, Portugal, The Netherlands, China, Austria, Hong Kong, Singapore and Greece. In most cases, ePayment Plus provides the added feature of depositing funds without incurring bank service charges. Cigna & CMB will continue to cover the costs of generating the payment, regardless of the payment method selected. By enrolling in ePayment Plus at our Cigna Envoy® Customer Portal, it allows you to receive automatic e-mail notification of payments



Pre-authorisation

Our pre-authorisation process gives you access to expert advice and support from our qualified staff. They will work closely with you to check your cover and help make sure that you are getting the best treatment that is right for you. The pre-authorisation process below needs to be followed prior to receiving treatment in China or the United States.

Pre-authorisation Process



This means prior to receiving treatment you must contact Cigna & CMB to get pre-authorisation before incurring costs for the following treatments:

1. Mainland China (Public Hospitals)

- In-patient Stays

2. Mainland China (Private Hospitals)

- In-patient Stays
- Physiotherapy
- Maternity
- MRI Scan, CT and PET
- Mental Health
- Pain Management

3. The USA:

- In-patient Stays

Before being admitted to hospital in the USA for in-patient stays or day case treatment, Cigna & CMB will authorise institutions to review and approve the in-patient stays or day case treatment, eligible treatment costs and will advise you of the length of agreed stay. If you need to stay longer in the hospital for the continuation of in-patient treatment than what was originally approved, it will be reviewed by the institution that will advise you if the request for the extra days is approved. For emergency in-patient admissions, the attending medical practitioner should call the US institution helpline.

For emergency situations* pre-authorisation is not required immediately for the above mentioned treatments. However, you must contact Cigna & CMB within 24-48 hours after the emergency occurs to obtain authorisation for eligible treatment. If you do not contact Cigna & CMB prior to the treatment or if you do not contact Cigna & CMB to get authorisation within the given time after treatment in cases of emergency situations, the claim may not be paid in full or it may be denied. In all cases of failure by you to get such authorisation where Cigna & CMB agrees to pay the claim following treatment, you will have to pay 20% of the eligible treatment costs.

*Emergency situation refers to those if left untreated with the treatment requires pre-authorization could result in a significant deterioration of health to main insured person or additional insured person.

Global Emergency Service

In the event of an emergency, please contact Customer Service: 400 920 8206

Customer Service shall:

- Coordinate with the help of medical assistance provider for evacuation to the nearest suitable location or repatriation to your home country if medically necessary.
- Arrange your child under 18 for his/her return to home country, with the help of medical assistance provider, in the event that your child is also insured under Cigna & CMB International Employee Healthcare Plan and will be left alone without accompany of parent or adult relative over age of 18 after your evacuation or repatriation.

Notes:

Medical evacuation and repatriation must be pre-authorized by Cigna & CMB. Please refer to your list of benefits to ensure International Emergency Services are covered.

It is important that your insured family members or colleagues are aware of your insurance arrangements, should you be unable to contact the international helpline yourself.

This mentioned value-added services are provided by Cigna & CMB Health Management Company Limited.

Emergency Out of Area of Coverage

If you or your insured family members travel outside your area of coverage, Cigna & CMB International Employee Healthcare Plan will provide coverage for emergency treatment occurred within 30 days after leaving your area of coverage (for non-medical purpose).

The emergency treatment refers to out-patient and in-patient implemented by a physician, specialist or medical practitioner and hospitalization that commences within the first 24 hours after emergency condition. The emergency condition includes but not limited to the following list. Cigna & CMB's medical team will decide if there is emergency condition requiring emergency treatment based on the claim application:

- High fever: Adult above 38.5 degree Celsius, Child above 39.0 degree Celsius
- Acute abdominal pain, severe vomiting, severe diarrhea
- All kinds of shock
- Coma
- Epileptic attack
- Severe wheezing, difficult breathing
- Acute chest pain, heart failure, severe arrhythmia
- Hypertension Crisis, hypertensive encephalopathy, cerebrovascular accident
- All kinds of acute hemorrhage
- Acute urinary tract hemorrhage, Acute urinary retention, renal colic
- All kinds of acute poisoning (food or drug toxic), all kinds of accident (electric shock, drowning)
- Cerebral trauma, fracture, dislocation, laceration, fire burn, burn, or any other acute injury
- All kinds of poisonous animal or insect bite, acute allergic disease
- Foreign body in ENT or respiratory tract or esophagus, acute sore eyes or redness eyes or swollen eyes, sudden visual impairment and eye trauma
- Other medically emergent conditions attributing to critical, urgent and severe circumstance recognized by Clinical Team of Cigna & CMB

Frequently Asked Questions

Is my customer ID card a credit or payment guarantee card?

- No. The customer ID card is purely a means of identifying you. It has no payment capabilities. You should contact Customer Service for payment guarantees or queries.

How do I know which geographical area of coverage I have?

- If unsure of your area of coverage, please contact Customer Service via telephone, fax or email.
Tel: 400-820-0955 or +86 (21) 6086 3108 (Available Overseas)
Fax: +86 (21) 6168 1698
Email: groupcare@cignacmb.com

Will my spouse and children be covered?

- Yes. Providing your family members is eligible to be covered and your company has agreed to include them under your coverage.

Can I choose the medical provider of my choice?

- Yes. If you choose to seek medical treatment in the medical facilities in our direct billing list, we will provide direct billing service under your insurance plan. If you choose other medical facilities, you may pay by yourself, and submit a claim after the treatment.

How do I obtain a claim form?

- You can obtain a claim form via Cigna Envoy® Customer Portal by visiting www.cignaenvoy.com or by contacting us by telephone, fax or email.
 - Medical Claim Form
 - Dental Claim Form

What kinds of medication are excluded by Cigna & CMB?

- Sea Water Spray; NasalCare Nasal Rinse Starter Kit; Healthcare products, Disinfectants, Dietary supplement, Include but not limited to Probiotics, Algal oil, DHA, Milk Powder, Nutricia Protifar Poeder, Lactase, Pipa herbal candy; Diaper Rash Cream; Insect Repellent; Skin care products: Include but not limited to CETAPHIL, AVENE; Sitz Bath Carex; Cream Scar; Spot Remover Cream; Temperature Management Blank.

What kinds of TCM therapy are covered by Cigna & CMB?

- TCM therapy as follows which is used for disease treatment are covered :
Acupuncture, Massage, Cupping, External application of Chinese medicine, Acupotomy.

What kinds of herbs are not covered by Cigna & CMB?

- Rare herbs as follows are uncovered, regardless of single or compound, including but unlimited to :
Ginseng (including wild ginseng, transplant wild ginseng, ginseng under forest, Korean ginseng, American ginseng.), Snow Lotus, Cordyceps Sinensis, Gekko, Human Placenta, Velvet Antler, Syngnathus, Seahorse, Dogs Testis and Penis, Bird's Nest, Oviductus Ranae, Dargon's Blood, Musk, Long-Nosed Pit Viper, Saiga, Bezoar, Pearl, Bear Gall, Rhinoceros Horn, Pangolin, Tiger bones, Amber and Sea Cucumber.
- Rare herbs as follows are uncovered , for single dosage only, including but unlimited to :
- Cervi Cornus Colla, Colla Carapacis et Plastri Testudinis, Colla Carapacis Trionycis, Antelope Horns, Colla Corri Asini.
- All Paste / Gao Fang are uncovered.

*The aforementioned coverage is subject to change from time to time, Cigna & CMB retain the right to make adjustment without notice.

Under what circumstances do the insurance benefits terminate?

- Unless otherwise agreed in the insurance contract, coverage under the contract will end immediately in case any of the following occurs:
 1. You or your insured dependent passed away (insurance coverage terminates for the person that passed away); or
 2. Your insured dependent ceases to be an eligible dependent (for example, your spouse is no longer eligible once you get divorced*); or
 3. You no longer work for your company; or
 4. Your company stops paying premiums for you or your insured dependents and fails to pay within the grace period; or
 5. insurance policy period expires; or
 6. The insurance contract is terminated.

**Coverage for the spouse provided by Cigna & CMB ends once the final divorce decree has been granted or the divorce formalities have been done.*

How to define whether the medication is covered or not when the insurance policy is about to expire?

- If you visit a doctor before the expiration of your insurance benefits, we will reimburse you for the amount of medication from the date of the visit to the expiration date of the insurance policy according to the doctor's advice. The expenses after the expiration date will not be covered.

What to do if I have a complaint ?

If you have any cause for complaint, please contact Cigna & CMB:

- in writing Cigna & CMB Life Insurance Co. Ltd,
- by phone 400 820 0955 or +86 (21) 6086 3108 (Available Oversea)
- by email groupcare@cignacmb.com

We endeavor to acknowledge your complaint within 5 business days of it being received by us and aim to resolve all complaints fairly, consistently and promptly





Cigna & CMB Life Insurance Co., Ltd.
31/F China Merchants Bank Tower
7088 Shennan Boulevard
Shenzhen 518040
China