



# A GUIDE TO YOUR GROUP MEDICAL PLAN

European Voluntary Service under Erasmus+



## CONTACT US 24/7

### We are here for you

Whether it's a question on the benefits of your Group Medical Insurance Plan, a particular claim or in case of emergency, don't hesitate to contact us.

Wherever you are, help is not far away. Call, fax or send us a mail, either online or through the post. Our staff members speak your language and are always available to answer any of your questions. And there's no need to remember our contact details, it's all on your **e-membership card**, which is available to download from your personal webpages. For more information, have a look at the 'Your personal webpages' section on p. 9.

Reach us  
24 hours a day,  
7 days a week,  
365 days a year!



- > telephone number
- > fax number
- > email address
- > postal address



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**WELCOME**

## We've got you covered

Welcome to your Group Medical Insurance Plan! As a participant of the Erasmus+ programme you now have access to a group medical insurance plan.

## Why is this so important?

Membership has its benefits. A group medical insurance plan gives you peace of mind. Priceless! If you ever find yourself in a situation where you need medical treatment, rest assured, your expenses will be covered.

And that's not all. As a plan member, you enjoy a wide range of services, such as 24/7 customer support, online information and services, access to health care providers worldwide and more.

## Who are we?

Think of us as support you can rely on when you need it most. As the administrator of this plan, we facilitate the plan through claims handling, reimbursements and fraud detection.

## Why read this brochure?

Everything you need to know about the plan can be found in this brochure. Read it thoroughly as it takes you step-by-step through the details of your plan, and explains what to do when you need medical care, how to claim your expenses and how to reach us. All this is crucial when the unimaginable occurs.

Terms marked in **bold** are explained on p. 20.

# EASY ACCESS TO HEALTH CARE

## Your e-membership card the key to quick, seamless and stress-free support



### Your e-membership card

the key to quick, seamless and stress-free support



### Your European Health Insurance card

the safety net for EU nationals



### Your personal webpages

online information at your fingertips



### Your worldwide access

to health care providers



### Your mobile app

little app, big features





Download your e-membership card and keep it close to hand as it's the key to accessing quality health care. If you're hospitalised or when you contact us, we can easily identify you by your personal reference number mentioned on the e-card. What's more, this number gives you access to our online information and services.

But what really counts is that with your **e-membership card**, a hospital can contact us to set up a **direct payment** arrangement so we can pay your medical bill for you. It will be a relief not having to worry about money during this time.

Find out more about our **direct payment** service in the section 'How to obtain **direct payment** of your expenses?' on p. 15.

As mentioned earlier, it's important to keep your e-card with you at all times so you can contact us immediately in case of emergency. If you lose your **e-membership card** or if the data on the e-card are incorrect, please let us know. We want to keep your file up-to-date.

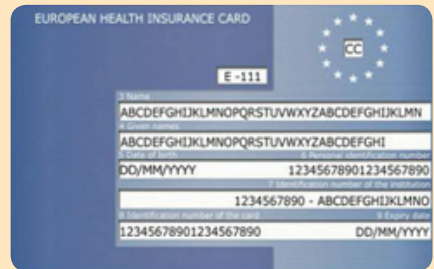
While your **e-membership card** allows for easy access to health care, it is not a proof of cover. If you need proof of cover, you can contact the Sending organisation in your home country.



## Your European Health Insurance card the safety net for EU nationals

As a European national temporary residing in another EU country (plus Iceland, Liechtenstein, Norway and Switzerland), you are entitled to a free European Health Insurance Card that provides you access to medically necessary, state-provided health care under the same conditions and at the same cost as in your home country.

You can obtain your card through your national health insurance provider in your home country. If you need help with applying for a European Health Insurance Card, you can contact the Sending organisation in your home country. You are required to make use of your European Health Insurance Card when you visit a health care provider. Your Cigna insurance will then cover the remaining expenses. If you are not eligible for a European Health Insurance Card or the card is not accepted by the health care provider, your Cigna insurance will cover your eligible expenses.







## Your personal webpages online information at your fingertips

Access all information regarding your plan anytime, anywhere. Just go to your **personal webpages**. It's all there, right at your fingertips. You also have access to our online services where you'll find our **worldwide network of health care providers**.

### How to access your personal webpages?

#### Step 1:

Go to  
[www.cignahealthbenefits.com](http://www.cignahealthbenefits.com)  
and click on Plan members.

#### Step 2:

Fill in your personal reference number which can be found on your **e-membership card** or in your welcome email and follow the guidelines on the screen.

### Your personal webpages: a wealth of information

Aside from finding all key information related to your Group Medical Insurance Plan, you can:

- > learn more about what you are covered for and what not;
- > discover what you can do to make sure we settle your medical bills directly (our **direct payment** service);
- > find out how to claim your expenses;
- > read more about a number of chronic diseases such as asthma, diabetes, and other conditions;
- > find all our contact information.

### Online services at your fingertips

If you're looking for a doctor, need a particular form or want to track your settlements, go to your **personal webpages** where you can:

- > consult our **worldwide network of health care providers**;
- > download forms which you can fill in electronically;
- > check your **Online settlements**.



## Your worldwide access to health care providers

We are committed to your medical care. That's why we're providing you with access to a worldwide quality network of **several thousands of health care providers**, including hospitals, clinics, medical doctors, etc. To ensure that you have continuous access to the highest level of medical care, we continually monitor and update our network.

### Looking for a health care provider?

Go to our Provider List on [www.cignahealthbenefits.com](http://www.cignahealthbenefits.com). Depending on your need, you can search providers by name, location, type of facility and/or specialty. You can also check with whom we have a **direct payment** agreement.

If you want to visit an out-of-network provider or do not find your preferred provider in our list, contact us and we will try to make the necessary arrangements.

Because we understand that medical intervention can be very costly, we have negotiated beneficial tariff agreements and/or discounts with several health care providers and facilities.

### A plan that saves you money

Enjoy lower **out-of-pocket expenses** and prolong the time it takes to reach your plan's ceilings.

### Direct payment: no need to pay upfront

With you in mind, we have made **direct payment** agreements with all hospitals in our network. When you receive medical treatment, the hospital sends the invoice directly to us. In other words, you don't have to advance the medical bills covered by your plan first and claim for reimbursement afterwards. You will only be charged for expenses that are not covered by your plan and for any personal expenses.

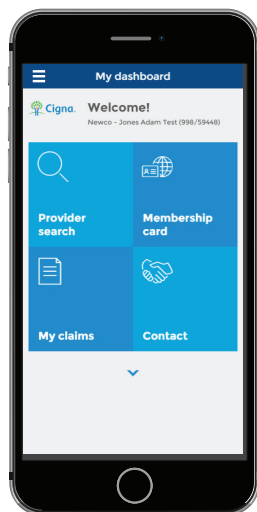
Find out more about our **direct payment** procedure in the section 'How to obtain **direct payment** of your expenses?' on p. 15.



## Your mobile app

### Little app, big features

We want to make sure that you have quick and easy access to our services anytime and anywhere you need them. With the Cigna Health Benefits mobile app, you manage your health plan right from your smartphone:



### Health care provider search

- › Search for a doctor, hospital or facility
- › Easy to locate using Google maps
- › Download and save search results



### Membership cards

- › Download or send electronic membership cards



### Claims

- › View past claims
- › Review and check the status of claims instantly



### Contact details

- › Contact us with the tap of a finger

The app is available to download for free from the App Store<sup>SM</sup> or Google Play<sup>TM</sup> for Android<sup>TM</sup> (search for Cigna Health Benefits).

# YOUR COVER

## Who is covered?

The Group Medical Insurance Plan covers all volunteers under the Erasmus+ programme.

## What is covered?

Your Sending organisation is genuinely concerned about your well-being. The benefits of your Group Medical Insurance Plan are a testament to this.

Find an overview of the benefits and exclusions procedures on your **personal webpages** (see the section ‘Your **personal webpages**’ on p. 8 for more information).



## Keep your personal information up-to-date

If any changes take place to your personal situation (e.g. change of address), please report these changes to your Sending organisation so they can inform us straight away.

# WHAT IF YOU NEED MEDICAL CARE?

## Choosing a health care provider: freedom of choice

You have a free choice of health care providers (hospitals, clinics, medical doctors, laboratories, etc) anywhere in the world.

However, if you don't know which health care provider to visit, we offer you **access to our worldwide network of health care providers**. Consult our database of providers on your **personal webpages**. There you can search for providers by name, location, type of facility and/or specialty.

Read more about our **provider network** in the section 'Easy access to health care - Your worldwide access to health care providers' on p. 10.

## Overview: what to do in case of ...?



### HOSPITALISATION

Direct payment  
based on Guarantee of  
Payment (GOP)



### EMERGENCY OR ACCIDENT

Direct payment  
based on Guarantee of  
Payment (GOP)



### OUTPATIENT TREATMENT

Pay & claim

# WHAT TO DO IN CASE OF ...

## ... hospitalisation?

Planning your hospital admission usually causes stress and we understand that perfectly well. If you or the provider **contact us well in advance** before the scheduled date of admission, we will help you with the necessary administration and arrange **direct payment of your medical bills**. To arrange direct payment, we always need to be informed of the planned treatment and cost. It doesn't matter whether the health care provider you visit is part of our direct payment network or not.

## ... an emergency or accident?

Sometimes hospital admissions are unexpected and unplanned. Even if you cannot contact us before being admitted, we can still help you deal with the paperwork and assist you in settling your medical bill.

**In case of emergency, show your membership card to your health care provider upon admission** and have someone (e.g. a family member or colleague) call us as soon as possible. The name and telephone number of the health care provider is enough for our Customer Service Team to initiate the **direct payment** procedure and send a **Guarantee of payment** to the provider within a few hours.

If you sustain injuries from an accident, submit a Notification of accident form which can be found on your personal webpages. Specify the place and circumstances of the accident and mention details of third parties involved and of any witnesses or legal authorities.

## ... outpatient treatment?

When visiting a doctor or another health care provider, simply pay the bill and claim your expenses with us afterwards. You don't have to contact us beforehand.

For major outpatient treatment (>200 EUR) you can also obtain direct payment. To arrange direct payment, we always need to be informed of the planned treatment and cost.

For more information about claiming, see the section 'How to claim your expenses?' on p. 17.



# HOW TO OBTAIN DIRECT PAYMENT OF YOUR EXPENSES?

## Direct payment based on GOP

### Preparation provides real benefits

If you know you will be admitted to a hospital for **day surgery** or **inpatient care**, contact us beforehand. You'll be glad you did!

Here's why:

- > **You don't have to advance the cost of your treatment yourself**

The hospital may agree to send the medical bill directly to us. You'll only be charged for **out-of-pocket expenses**, which is the portion of the bill that is not covered by your Group Medical Insurance Plan.

- > **You'll benefit from better rates**

We have negotiated preferential rates and discounts with most of the providers in our network. If you consult a provider which is not part of our **direct payment** network, we will try to make the necessary arrangements so that you can benefit from our **direct payment** service and beneficial rates.

- > **Your out-of-pocket expenses will be lower**

Thanks to lower rates, your **out-of-pocket expenses** will be lower as well.



## Obtaining direct payment is easy. In case of a planned admission, just follow the steps below.

### **Step 1: Search for your preferred provider in our network**

Log in to your **personal webpages** and search for your preferred provider. If the provider is not included in the list, contact us so we can make the necessary arrangements.

### **Step 2: Contact us or have the provider contact us**

### **Step 3: Download our Cost estimate form**

You can download the form from your **personal webpages**. Ask the health care provider to fill it in and to return it to us. If you have a European Health Insurance Card, you can present the card to the health care provider.

### **Step 4: Cigna will send a Guarantee of payment (GOP)**

After we receive the Cost estimate form, we'll send a **Guarantee of payment (GOP)** to both you and the provider. This document mentions whether or not the treatment is covered and what portion of the expenses will be invoiced to us directly.

### **Step 5: Upon admission, show your Cigna e-membership card, European Health Insurance Card and Guarantee of payment to the provider**

### **Step 6: We settle the bill directly with the provider**

You only have to pay the remaining patient portion, that is your co-pay, as well as non-covered items, if any, either directly to the provider or to us at a later stage. After we settle with the provider, you will receive a settlement note.

No problem if you're unable to provide us with the information we requested. As soon as we're informed about your admission, we will contact your health care provider on your behalf.

# HOW TO CLAIM YOUR EXPENSES?

## Pay & claim

When you visit a doctor or another health care provider, simply show your European Health Insurance Card (if you are entitled to one) and/or pay the bill and claim your expenses with us afterwards.

To claim your expenses, fill in a Claim form found on your **personal webpages**. These forms are customised for your personal use: your name and your personal reference number, are automatically filled in on the online form.

Send the completed Claim form as well as the original invoices and prescriptions to us; we will process your reimbursement as soon as we receive it.

**Step 1: Present your European Health Insurance Card (if you are entitled to one) and pay for the medical expenses**

The provider will give you an invoice to pay.

**Step 2: Claim your remaining expenses with us**

Complete the Claim form found on your **personal webpages** and send it to us together with the original invoices. If you have used your European Health Insurance Card, please mention this on the Claim form.

**Step 3: We will reimburse you**

We'll send you a settlement note specifying reimbursement details.

**Make copies of all documents for your personal records and use a separate Claim form for every person you submit claims for.**

# HOW WILL YOU BE REIMBURSED?

**You can change your email address and password online at any time.**

## **How and when will your claims be processed?**

The sooner you send us your Claim form, the sooner we can reimburse you!

We understand that you expect a smooth and swift reimbursement. Therefore, we aim for a rapid and hassle-free settlement of all claims.

Here's how your claims are processed:

- › After we receive your claim, it will be processed in the currency and within the time limits stipulated by your Group Medical Insurance Plan and according to the benefits set out by your employer.
- › If more documentation or information is needed to process your claim, we'll contact you.
- › Once we have processed your claim, we'll reimburse the expenses into the bank account you have indicated on your Claim form.

## **How do you know your claims have been settled?**

You'll always be informed when your claim has been processed so you won't be kept guessing. Settlement notes will be sent by **email thanks to our online settlements service**. If your claim was not or only partially accepted, our settlement note will explain why certain costs were not reimbursed.

## **Speedy and safe online settlements**

Our **Online settlements service** guarantees a safe and efficient way of working as there is no delay or risk of losing paper settlement notes in the post.



Access an **overview of all settlement information** (including reimbursement and payment details), with our secured online service. Every time your claim has been processed, we'll send you an email announcing that new settlement information is available online.

[Take a look at the many advantages of our Online settlements service:](#)

- › 24/7 accessibility from anywhere in the world;
- › faster availability thanks to an email notification;
- › less administration through the online archive and print functionality;
- › easy management thanks to the search functionality;
- › and you contribute to a better environment as this service replaces paper-based settlement details (except when we have to return or send documents to you).

# TERMS USED IN THIS BROCHURE

WHAT?	SHORT DESCRIPTION	READ MORE ON PAGE
Day surgery	Surgery performed on an in-and-out, same-day basis without an overnight stay.	15
Direct payment	By using this service you only need to pay your own share of the cost. The part covered by the plan is directly billed to us by your health care provider.	15 - 16
Guarantee of payment (GOP)	A letter of guarantee issued by us indicating the plan member's eligibility, cover and reimbursement rate per type of cost.	16
Health care provider network	We have established a worldwide quality network of several thousands of health care providers (doctors, physicians, pharmacies, hospitals, etc). This network is continuously being monitored, kept up-to-date and adapted to your needs. We have made direct payment and preferential tariff agreements with all providers in our network.	10
Inpatient care	Treatment given on an inpatient basis, where the date of admission differs from the date of discharge.	15
E-membership card	This is the personal e-card available upon affiliation. It contains all our contact details and your personal information. You'll need this e-card when receiving medical care or when contacting us.	7





WHAT?	SHORT DESCRIPTION	READ MORE ON PAGE
Online settlements	This secured online service gives access to an overview of all settlement information, including reimbursement and payment details.	18
Out-of-pocket expenses	Out-of-pocket expenses are the portion of the bill that is not covered by your medical plan.	15
Outpatient treatment	Treatment given on an outpatient basis, where the date of admission is the same as the date of discharge.	14
Personal webpages	We have created personal webpages which you can access anywhere in the world and at any time. On these webpages you can find all information regarding your cover and also access our online services.	9

# Cigna

P.O. Box 69  
2140 Antwerpen  
Belgium

P.O. Box 10612  
50718 Kuala Lumpur  
Malaysia

P.O. Box 260790  
Miami FL 33126  
USA

Chief editor: Wouter Reggers • Cigna International Health Services BVBA • Plantin en Moretuslei 299 • 2140 Antwerpen • Belgium • RPR Antwerpen  
VAT BE 0414 783 183 • FSMA 13799 A-R

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