Emergency Services while Outside of the United States

Coverage outside the United States

If you find yourself receiving emergency or urgent care services while visiting a different country those services could still be covered under your Cigna Medical benefits.

Employees or family members are encouraged to contact Cigna at **866.763.8442** within 24 hours of having an emergency.

All emergency foreign claims are processed at billed charges, applying the customers **in network** benefits, and making payments directly to the customer's address on file or domestic address.

Billed charges should be in the country's currency where services are rendered, Cigna will locate the exchange rate and reimburse the employee in U.S. Dollars.

How to file a Foreign Medical Claim?

To submit your claim via mail or fax:

- Go to **Claims** and click **Form Center** on myCigna.com.
- Select **Medical (PDF)**.
- Print a copy of the form.
- Follow the **Instructions for Filing a Claim**.

The customer will pay up front and attach the following with the Medical claim form:

- Proof of payment (Receipt).
- An itemized bill. – Cigna will translate these documents
- All clinical information, including the description of the diagnosis and services rendered.

*Cigna will not be able to outreach to the foreign provider for additional information.

Important Information

1. Cigna will not cover medications purchased or obtained in a foreign country, on a non-emergency basis.

- *Maintenance Medications*
- *Drugs that are not medically necessary*
- *Drugs not covered under the plan*
- *Over the counter medications*

2. Services rendered on a cruise ship are considered a foreign claim and will be processed using the same process.

3. Return to the United States may be covered when it's cost effective to transport to a domestic facility for long term care. Coverage for transport of remains back to the United States are not available.

Guarantee of Payment (GOP)

A Guarantee of Payment (GOP) assures payment directly to a health care provider outside the United States (U.S.) for covered authorized medical services when higher level of care is needed. This helps prevent financial burden on the Employee from having to pay upfront for services that would normally be covered under the plan.

- Using a GOP increases access to care around the world.
- Reduces out-of-pocket expenses at those health care providers who do not directly bill Cigna Healthcare.
- Enables hospital to bill Cigna directly.

What is needed to start a GOP review?

- Employee name, group name and group number
- Purpose for the travel (business or personal) including travel dates
- Resident country
- Patient name, birthdate and Cigna ID
- Treating doctor and/or hospital contact details
  - Name, address, phone, fax and email address
- Location where customer is presently
- Contact details for patient or designated/emergency contact
- Effective/termination dates
- Other insurance (group or travel insurance)

How does the GOP process work?

1. This process can be started two different ways:
   - Facility requests by contacting Cigna per their normal process. Some facilities already have a relation with Cigna Global.
   - Customer requests can call Cigna toll-free at 866-763-8442

2. Once a request is received along with all the needed information, it's reviewed by Cigna's Medical Review team to ensure the best level of care possible. The review is standardly one business day or critical 2 hours.

3. Once the review is complete, Cigna Global creates the GOP which confirms the customers benefits and exactly what services we cover and how much the customer will owe for the services.

   - The facility can request this amount be paid upfront by the customer prior to providing services.
   - The facility will then receive payment from Cigna once services have been rendered.

Questions?