

TRANSITION INFORMATION PAHO

Welcome to Cigna

**Cigna is proud to be the new administrator of your health plan.
We're here to support you during the transition.**

Cigna is proud to be the new health services administrator of the PAHO/WHO Staff Health Insurance Plan. We are here to support you during the transition. For now, sit back, relax and enjoy your holidays. We've got you covered as from **1st January 2021**.

CIGNA IS A GLOBAL HEALTH SERVICES COMPANY

At Cigna, we are dedicated to helping you improve your health, wellbeing and peace of mind. You can rely on us to support you in your health journey with preventive care, easy access to health care, and help in recovering from illness or injury.

Cigna is a global health service leader that provides medical, dental, pharmacy, disability, life and accident insurance and related products around the globe, with 115 million customer relationships in over 195 countries. This includes a large list of clients based in the US and Washington DC area, including large Intergovernmental organizations such as WBG, IMF and OAS.

WHAT WILL CHANGE FOR YOU?

Your insurance benefits will continue to be governed by the Staff Health Insurance Rules. There will be no change in benefits as a result of the change to Cigna for claims administration.

Coverage and eligibility verification

Health care providers should contact Cigna using the exclusive PAHO toll free number 1-866-210-8388 (also mentioned on your Cigna ID card) to verify eligibility and benefits if needed. Please make sure to present your new Cigna card to the provider of your choice so direct billing can be established.

Health care provider network

Our Cigna US network includes over 1,275,000 providers in the USA, more than 1.5 million health care providers worldwide, a large global team of Medical Network Managers, over 100 Care staff, over 70 nurses and 50 doctors worldwide.

Cigna provides average discounts between 5% and 30% outside the US and up to 50% within the USA.

If you are traveling abroad, you can rely on our extensive network of hospitals and benefit from the direct payment agreement and discounts we have negotiated for you. You can check our personal webpages www.cignahealthbenefits.com for a list of providers within our direct payment network under provider search. After all, it is our goal to limit your patient portion to a minimum.

Claims submission

Healthcare providers will submit claims to Cigna for direct payment. The corresponding billing details will be located in the back of your Cigna ID card. You will be notified via email once we have processed a claim and view a copy of the settlement note on our personal webpages. Retired staff, will receive a copy of the paper settlement note by mail.

For medical treatments outside the USA with a provider that is outside of our network, you can pay directly to the provider and submit the claim to Cigna for reimbursement. We encourage you to first visit our personal webpages www.cignahealthbenefits.com to view a list of providers within our network, which will allow us to send a Guarantee of Payment and establish direct payment with the provider.

Out-of-network providers in the USA may send all claims to Cigna, which will allow us to negotiate possible discounts with these providers and ultimately reduce your patient responsibility. If the out-of-network provider is unable to submit a claim to Cigna, you should pay the bill and submit a claim to Cigna for reimbursement.

You can easily submit your claims online on your personal webpages and through the Cigna Health Benefits app. You can also track the status of your claim and view your remaining balances. If you do not have online access, you can submit a paper claim by post to P.O Box 451989, Sunrise, Florida 33345.

Continuation of Care

In an effort to make this an easy transition, if your current in-network healthcare provider with Aetna is not in the network with Cigna, you can continue to receive care at an in-network coverage level, for a period of 6 months. Following this period, out-of-network coverage will apply.

Your new membership card

Active staff and dependents will only have access to electronic ID cards that can be downloaded from our personal webpages www.cignahealthbenefits.com or via our Cigna health benefits app **as of 1st January 2021**. Your new Cigna card will include your new **Cigna reference ID number**, also known as a **personal reference number** and contact details, which can be used when you visit a health care provider or when you contact us.

Retired Staff and dependents, while also having access to electronic ID cards, will receive physical cards in the course of January.

When contacting us via email, please make sure to include your **Cigna reference ID number** located in the front of your card in the subject line of each email. You will also be asked for this number when calling us. Your **Cigna reference ID number** consists of a 3-digit plan code **533**, followed by your employee ID.

You will soon receive an activation email, which includes a link to access our personal webpages. You can log on to your personal webpages and the Cigna Health Benefits app to view your electronic membership card. Dependents can also access our personal webpages, by using the Cigna reference number on the card and the same password established by the main insured.

Benefits

The level of coverage is defined in the SHI Rules of your organization. Benefits have not changed and stay the same.

In the 'My Plan' section of your personal webpages and Cigna Health Benefits app, you will have access to the SHI rules as a detailed description of benefits. Please feel free to contact Cigna as from 1st January 2021 for any benefit-related questions.

Frequently Asked Questions that will ensure a smooth transition to Cigna

1. Will I receive a benefits booklet in my language?

The SHI rules will be available on your personal webpages and the Cigna Health Benefits app in English and Spanish.

2. What should I do with my claims?

Any expenses incurred in 2020, should be submitted by your healthcare provider to Aetna, even after 1st January 2021.

Any claim with expenses incurred as from the 1st of January 2021, must be submitted to Cigna.

If Cigna would erroneously receive claims with expenses incurred **prior to 2021**, Cigna will return the claim to you or the provider and it will need to be resubmitted to Aetna using their specific claim form. If claims incurred in 2021 are received by Aetna, they will return the claim to you or the provider and you or the provider will need to resubmit it to Cigna.

3. Until when can I claim for treatment received in 2020?

We recommend that providers submit all pending claims to Aetna as soon as possible. For any claim incurred in 2020, providers have to contact Aetna directly. As per SHI rules, any expenses that have been paid out of pocket must be submitted for reimbursement within 12 months of the date of the bill for the services rendered.

Cigna will become your new point of contact for claims and services incurred after 1st January 2021.

4. Will Aetna inform Cigna about my dental and hearing aid balance?

Cigna will receive all your updated balances from the SHI. You will be able to consult your remaining balances on your personal webpages and the Cigna Health Benefits app as of 1st January 2021.

5. What should I do if a health care provider gives me a statement for treatment I received in both 2020 and 2021?

For medical care in 2020, please provide your healthcare provider your Aetna ID card for direct billing. For all care as of 1st January 2021, providers will need to submit claims to Cigna directly.

6. My treatment will continue in 2021. How can I make sure that the treatment will be covered in 2021?

We recommend that you contact Cigna via our US toll-free line +1-866-210-8388 to request confirmation of coverage for any treatment planned in 2021. In addition, we encourage you to present your new Cigna card to your healthcare provider to allow direct billing for medical care. Providers can verify coverage and eligibility by contacting us at the toll-free number indicated for providers in the back of the card.

7. What should I do if I have not received my physical membership card by 31st January?

Only Retired staff and dependents will receive physical cards. If you are a retiree or dependent of a retiree and haven't received your card by the end of January, please contact us at clientservice1@cigna.com.

8. What should I do if I need medical care and have not received my physical card?

Only Retired staff and dependents will receive physical cards. An electronic version of Cigna ID card will be available as of 1st January 2021 through our personal webpages and through the Cigna App, by clicking on My Plan> ID Card. If you cannot access your card through the personal webpages or app, please call us at +1-866-210-8388, and we will send you an electronic version of your ID card via email, which you can print and present to the provider.

9. What should I do if my name on the membership card is not correct?

Please contact your organization at SHI@paho.org to allow them to correct your or your family member's name in their files. Cigna will be automatically informed via the eligibility exchange with your organization and a new membership card will be issued and delivered to you in due course.

Active staff will be able to see the corrected electronic membership card online and in the Cigna Health Benefits app sooner. For any questions, please feel free to contact us as from 1st January 2021.

10. What happens if I am unexpectedly hospitalized just before the start of 2021?

As soon as you or the hospital has informed Aetna of your admission, Aetna will be responsible for expenses until 31st December 2020 and as of 1st January 2021, the health care provider will need to contact Cigna.

11. Should I inform Cigna of my planned hospital admissions?

For any hospital admissions, planned after 1st January 2021, we ask you to please present your new Cigna card to the provider of your choice to establish contact for pre-certification. You may also contact us via email at paho@cigna.com.

12. Pre-authorization and hospital admission requests received by Aetna for treatment in 2021:

Aetna will forward the request to Cigna and will inform you that the message has been duly received and forwarded to Cigna. Cigna will establish contact with the provider to verify benefits and eligibility.

13. What do I do if I have primary coverage with another health insurance?

Retired staff and their dependents need to present the Medicare card to their health care provider for primary payment. The provider needs to bill Cigna directly as secondary coverage along with an explanation of benefits from Medicare.

How to contact Cigna

Starting 1 st January 2021 you can contact Cigna through the following channels:	
Contact Cigna	Medical Team: Admissions@cigna.com Toll-Free in the US: +1-866-210-8388 Outside the US: +32-3 293 1805 Email: paho@cigna.com
Skype	Add Cigna Health Benefits to your contacts and call directly (There is no need to wait for Cigna to accept your friendship request)
Automated call back functionality available via our personal webpages	www.cignahealthbenefits.com , under contact. You will need to enter your phone number and our system will call you right back.

Please make sure to include your personal reference number, starting with **533** followed by your PAHO employee Number, when contacting us.