

## PAHO INFORMATION BULLETIN



PIB No.: PIB-HQ-22-0040

Date: 1 March 2022

Cost Center: FRM

Subject: Guidelines for Accessing Health Insurance Benefits with Third-party Administrators Cigna International and Navitus Health Solutions

Participants in the Staff Health Insurance Plan are advised to adhere to the following guidance when accessing healthcare benefits using Cigna International and Navitus Health Solutions in the U.S:

1) **Participants can minimize their out-of-pocket cost for healthcare by selecting a healthcare provider who participates in the Cigna network.** In-network providers can be located by logging-in to the [Cigna Web Page](#) and selecting the “Provider Search” tab.

While participants are free to choose the healthcare provider they wish to use, out-of-network providers are reimbursed at a lower rate and allowable fees may be limited to reasonable and customary prices for similar services in a given location (see paragraphs C.1 and C.7 of the [Staff Health Insurance Rules](#)). Use of out-of-network providers may result in an out-of-pocket cost of 30% or more.

2) **Always carry your Cigna ID card (or picture) with you and present it to the receptionist when you arrive for your medical appointment. Healthcare providers should use the phone numbers on the reverse side of the card** to verify your coverage and benefits. If coverage cannot be verified through the provider’s on-line insurance service, **request that they call the phone numbers on the Cigna card**, shown below:

**U.S. Healthcare Providers:** 1-866-428-3935

**Non-US Healthcare Providers (Americas Region):** 1-305-908-9211

3) Since the beginning of the year some members have experienced undue terminations of coverage, or have seen errors in balances of optical or dental benefits. These errors were due to glitches in SHI Geneva's integrations with Cigna and Navitus, and in some cases were caused by staff changing their names in PMIS which caused failures or glitches in integrations in SHI Geneva. **If you experience any coverage issue please inform immediately [shi@paho.org](mailto:shi@paho.org) and contact Cigna customer service.**

Note that balances for optical care (SHI Rule B.110) or dental care (SHI Rule 120) are available from the [Cigna Web Page](#). If a participant considers the stated limits to be inaccurate, participants may request the SHI Team to review the data by submitting a SRS Ticket.

4) As explained in Cigna's presentations for out of network optical/dental providers, you may need to pay for the services and then submit your claim to Cigna for reimbursement. You should pay any material (frames, lenses, contacts) and the fee for the optometrist visit and afterwards claim to Cigna.

5) If you have questions concerning your health insurance claims, your medical benefits, or you plan to receive treatment in a hospital or outpatient facility, participants should contact **Cigna Customer Service** using the phone numbers **on the front of the ID card** (shown below) to obtain information on claims and benefits.