



CignaLinks

Australia

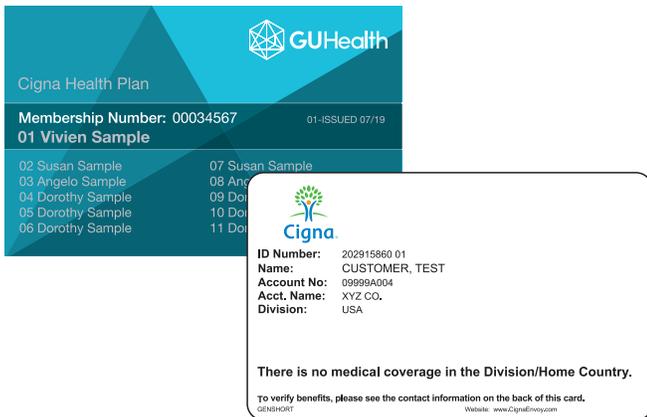
Welcome

More access. Less hassle.

CignaLinks® Australia – a program that provides more access to health care.

Our collaboration with GU Health, one of Australia’s largest corporate health insurers, helps us provide access to quality care, quicker claim reimbursements, lower out-of-pocket costs and much more.

Two cards are better than one.



You already have your global Cigna ID card. Use your GU Health member card included in this kit when you visit a hospital in Australia or a provider who specializes in supplementary services in Australia. Use your global Cigna card for health care services anywhere else in the world.

Your CignaLinks coverage is complementary to your Medicare coverage. In many cases, it will reduce or even

eliminate your costs. Here are two common scenarios; we'll go more in-depth later.

- Between GU Health and Medicare, you will receive 100% of the reimbursement costs Medicare deems appropriate, as outlined in the Medicare Benefits Schedule (MBS). This applies only to inpatient services from health care providers. Please be aware that your doctor may choose to charge above what Medicare deems appropriate which may lead to out-of-pocket costs.
- When Medicare pays for 85% of the MBS, you will still need to pay the remaining 15%. By law, GU Health cannot reimburse for outpatient medical treatment if services are covered by Medicare. When you visit a hospital and you're admitted as a patient, any service you receive is referred to as an **inpatient service**. If you're not admitted (this includes emergency room services) or you receive medical services outside of a hospital, it's classified as an **outpatient service**.

CignaLinks and Medicare. Understanding how they work together.

When you visit a doctor's office, submit your expenses to Medicare.

When you go to the hospital for a planned procedure, contact GU Health in advance so they can coordinate billing with the hospital. On the day of your procedure, please present your GU Health member card when you arrive at the facility.

CignaLinks and Medicare. Understanding how they work together. (cont'd)

When you see someone who specializes in supplementary services – such as a chiropractor or osteopath – they may be able to send claims directly to GU Health by swiping your GU Health member card through an electronic reader. Instantly, your benefit will come off the bill and you will only have to pay the remaining balance. If they do not have this functionality, you can pay up front and submit your receipts for reimbursement. To do this, follow the instructions on the claim form.

Now, here's the important part.

Before making any appointment, find out if your health care provider is registered. Otherwise, you may not be reimbursed. Fortunately, it's easy to find out if any doctor is registered. Just visit guhealth.com.au and click on the **"Find a provider"** tab, or call the number on the back of your GU Health member card. For full details on what GU Health and Cigna cover, read through the plan summary.

Two ways to get paid.

For quickest reimbursement of claims, you can enroll in FastBack which means your reimbursement can be paid directly into your chosen Australian bank account. If you haven't already enrolled and want to receive reimbursements via FastBack, please complete the FastBack form or contact the GU Health Member Relations Team at the number on the next page. While not as quick, you can also choose to be reimbursed by check/cheque.

The fine print. In language you can understand.

When it comes to reimbursement, there are many things to keep in mind. The first thing you should know is the Australian government has created guidelines called the Medicare Benefit Schedule (MBS) on what "fair and reasonable" costs are for most medical services. The amount of money you are reimbursed is affected by those guidelines. Here's how it works.

- › Medicare covers up to 75% of "fair and reasonable" costs for treatments performed in hospitals by medical professionals.
- › GU Health will cover the remaining 25% of the "fair and reasonable" costs.
- › If the medical professional charges more than what the government considers "fair and reasonable," you will have out-of-pocket expenses, commonly referred to as a medical gap.

Mind the gap.

Any health care provider has the option to charge an amount above the "fair and reasonable" limit, but must provide you with details on what they will charge and what Medicare and GU Health will cover. If you experience a gap, and your doctor agrees to participate in GU Health's Access Gap Cover scheme, GU Health will pay above the MBS fee, up to the Access Gap Cover amount specified. This means that your potential expenses could be reduced or, in many cases, eliminated completely. This is because the GU Health Access Gap Cover benefit amount is more than the amount set out in the MBS.

You should also know that you can ask your health care provider to become part of the GU Health Access Gap Plan. But, ultimately, the decision is up to them.



Making changes to your membership.

Getting married? Adopting a child? If there's a change in your family status and you need to add or remove coverage, simply contact your employer. If there is a change in your Medicare eligibility, please complete a new Customer Information Form and send it to Cigna.

Resolving disputes.

If you have a complaint with GU Health, they will do all they can to resolve the issue with you. So, when an issue arises, get in touch with GU Health. Their professionals will work with you to find a solution. But, if you aren't satisfied with the outcome, you can contact the Private Health Insurance Ombudsman at **1800 640 695**.

Keep it in the family.

Want to give your spouse or partner access to your plan information? It's easy. If they are not yet named on the membership and you would like them to be, simply complete a Third Party Access Authority Form. You can get one by contacting GU Health or downloading it from guhealth.com.au.

Once approved, your spouse or partner can access plan information and make changes to the plan – but cannot cancel it.



We're here for you.

Need to find a new health care provider? Have a question about a payment? For these, and all other questions, contact the GU Health Member Relations Team.

- › By email – CignaLinks@guhealth.com.au
- › By phone (GU Health Member Relations Team) – **1800 124 214**
- › By phone (inside of Australia) – **1800 124 214**
- › By phone (outside of Australia) – **+61 2 4914 1519**

If you choose to contact GU Health by phone, remember to call between 8:30 am–5:00 pm Australian EST, Monday through Friday.

For questions about coverage outside of Australia, reach out to Cigna's global service center, available 24 hours a day, seven days a week. Dial **800.441.2668** or **001.302.797.3100** or send an email using CignaEnvoy.com. You can also fax us directly at **001.302.797.3150** or toll-free at **800.243.6998**.

It makes health care easier and it helps you get the personal attention you deserve. It's CignaLinks Australia and it's just one of the ways Cigna helps provide easy access to quality health care around the world.



A legal summary – four things you should know about Medicare laws and GU Health.

By law, there are some rules that regulate what GU Health can pay for. Here is a quick overview.

- › When applicable, you must claim Medicare reimbursement first.
- › GU Health – in conjunction with Medicare – can reimburse you up to the “fair and reasonable” costs that have been determined by the Australian government for inpatient medical services.
- › GU Health cannot reimburse for any outpatient services which are eligible for a Medicare benefit.
- › GU Health can only reimburse some supplementary care services. To find out if things like chiropractic treatment, prescriptions and speech therapy are covered, contact GU Health or refer to your plan summary.

An innovative approach to health care coverage.

Am I compliant?

Another advantage of your GU Health coverage is that it ensures your compliance with the following issues.



› Lifetime health coverage

- Those customers who do not have hospital coverage with an Australian registered health fund by June 30 following their 31st birthday will have to pay an additional 2% hospital cover premium loading each year.
- After a customer secures local health fund coverage under an appropriate hospital cover and maintains continuous health care coverage for a period of ten years, any additional loading to your health care premium will be removed.



› Medicare Levy Surcharge

- Medicare is Australia's publicly funded national health system and is available to all Australian citizens and persons holding a Permanent Resident Visa.
- Every eligible taxpayer pays 2% of their taxable income toward Medicare.
- The Australian government has implemented an additional Medicare Levy Surcharge that affects taxpayers whose annual income exceeds a threshold amount and do not have private hospital cover for themselves and their family through an Australian local health fund.
- If you earn over a threshold amount and cannot prove that you have an acceptable level of private hospital insurance cover then you will have to pay an additional percentage of your taxable income for each uncovered day during that year. An income test determines the level of Medicare Levy Surcharge, if any, you'll have to pay.
- More information can be obtained on the Australian Taxation Office website <http://www.ato.gov.au/>.

As long as you participate in the CignaLinks plan, you will receive a statement at the end the Australian tax year (June 30). Be sure to submit this with your tax returns to apply for an exemption from the Medicare Levy Surcharge.



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