



CIGNA

A GUIDE TO YOUR INSURANCE PLAN

**Guide for Erasmus+ volunteers and
European Solidarity Corps participants**

We've got you covered!

Welcome! As an Erasmus+ volunteer or a European Solidarity Corps participant, you are covered by a Cigna Group Medical and Non-Medical Insurance Plan that is free of charge to you. We're glad to have you with us!

Your insurance plan covers:

- a) **Medical expenses** following plan specifications (i.e. costs related to medical and urgent dental treatment, *hospitalisation* and surgery due to diseases, accidents, pregnancy and childbirth). Please go to section 1.3 on pages 8-14 for a detailed overview of your medical cover.
- b) **Non-medical expenses** following plan specifications (i.e. death, permanent disability, third party liability and loss or theft of luggage insurance). Please go to section 2.1 on pages 20-23 for a detailed overview of your non-medical cover.

As a Cigna 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. You can find more information on the online information and services available to you in section 3 on pages 24-29.

Why read this brochure?

This brochure contains everything you need to know to benefit from your insurance plan. Read it thoroughly to discover what it means to be complementary or primary insured, what to do when you need medical care, and what you should check before leaving on mobility.

The terms in *italic* are explained on page 36.

Who are we?

Your insurance plan is a partnership between:

- **The European Commission Directorate-General for Education, Youth, Sport and Culture (DG EAC)**. As DG EAC has the ultimate responsibility for running the Erasmus+ and the European Solidarity Corps Programmes, it organises insurance cover and monitors that participants are in a safe environment at all times. For cross-border activities, the European Commission offers a centralised insurance cover to the participants and determines the plan specifications.
- **The Education, Audiovisual and Culture Executive Agency (EACEA)**. The Agency has been entrusted by DG EAC to contract insurance services. As a policyholder, the EACEA is responsible for ensuring the correct implementation of the insurance contract with Cigna and the adequate delivery of insurance services to participants.
- **Cigna**. As the administrator of this plan, Cigna facilitates the plan through claims handling, reimbursements and fraud detection. Cigna is your point of contact whenever you have questions or need to submit a claim. Cigna is also the insurer of the Medical and the Life Insurance Plan.
- **Chubb**. The insurer of the Disability, Third Party Liability, and Travel Insurance Plan. Even though most of your non-medical benefits are insured by Chubb, you may contact Cigna with questions about the claiming procedures, your cover, or a specific claim you sent us. Cigna will contact Chubb on your behalf and will get back to you directly with answers to your questions.
- **VHD**. As the evacuation assistance provider, VHD (part of the Europ Assistance network) will provide the necessary assistance whenever there is a medical need for an evacuation or a repatriation.



We're here for you. Whether it's a question on the benefits of your insurance plan or a particular claim, don't hesitate to contact us. You can find detailed contact information on pages 30-31.

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1. Your Medical Insurance Plan

In this section, you can find more information on the medical cover provided under this insurance plan.

1.1 Who is covered and when?

As an Erasmus+ volunteer or a European Solidarity Corps participant, you are covered during the **entire period of your cross-border mobility**.

The European Solidarity Corps promotes social inclusion by facilitating the access to young people with fewer opportunities, including those young people who need additional support due to the fact that they are at disadvantage compared to their peers because of disabilities or health problems. This insurance plan ensures medical cover to all participants on the basis of the principles of equal treatment and non-pre-existing medical conditions.



If you have a chronic disease or a disability which requires permanent medical treatment or medication, you are invited to contact Cigna to enquire about your cover before you leave on mobility. Cigna's Medical Board can give you the necessary advice about the cover of your medical treatment, so that you don't have to worry about it during your mobility. You can find more information about this on page 35 of this guide.

You are covered **24 hours** from the day you leave home to the host country, until the end of the second month after the termination of your mobility. This includes any travel from and to the hosting country and any in-country travel linked to the mobility.

You enjoy **worldwide cover** during both private and project-related activities. However, a distinction is made between the cover in your home and hosting country and other countries worldwide:

- **Home and hosting country:** you are covered for all medical treatment based on the plan specifications, be it planned or unplanned (i.e. emergency treatment).
- **Other countries:** you are covered for unplanned (i.e. emergency treatment) only.

Please find below examples of planned and unplanned treatment:

Example unplanned treatment: a participant with Turkey as home country and France as hosting country is on vacation in Spain and breaks his leg during a walk. In this case, all medical treatment in Spain is covered given that it concerns an unplanned/emergency treatment.

Example excluded planned treatment: the same participant is diagnosed with cancer while residing in France. He opts to be treated in the United States and travels there to receive treatment. The medical treatment is not covered, since it concerns a planned treatment outside of the home/hosting country.

1.2 Categories of cover

Please take a moment to identify whether you are a complementary or primary insured plan member (you can also find this information in your Cigna Welcome Email) and read this chapter thoroughly to review the benefits and procedures which apply to you. Both categories are equally covered by this insurance plan (i.e. same benefits, same ceilings).

Your category of cover is settled at the enrolment phase by your **sending/supporting organisation**. Therefore, it is very important that you provide the organisation with the necessary information on your national insurance situation.

1.2.1 Complementary cover

This insurance plan complements the cover provided by your European Health Insurance Card (EHIC) and/or national security systems. In other words, Cigna does not replace your national social security scheme (EHIC) or your primary statutory insurance, but provides complementary cover.

You will be enrolled as a complementary insured plan member:

- a) When your home and hosting country are both EU countries (plus Iceland, Liechtenstein, Norway and Switzerland);

Please note that you need to be in possession of a valid EHIC card before arriving to your host country when you are entitled to EHIC by your national legislation and the card is free of charge to you.

- b) When you enrolled to another public or private health insurance scheme prior to or during your mobility;

Please note that you may be obliged to register to the national health system of your hosting country because of the duration of your mobility or the type activity you will perform (job or traineeship). In that case, you have complementary cover from Cigna.

As a complementary insured member, you are required to make use of your EHIC card when visiting a health care provider. The Erasmus+ and European Solidarity Corps' insurance plan **only covers the remaining eligible expenses that are not covered by the EHIC or by the state healthcare system in your home country**.

What is the European Health Insurance Card (EHIC)?

As a European national temporarily residing in another EU country (plus Iceland, Liechtenstein, Norway and Switzerland), you're most likely entitled to a European Health Insurance Card that gives you access to **medically necessary, state-provided health care** under the same conditions and at the same cost (free in some countries) as people insured in that country.



It's important that you request your EHIC card in your home country before you leave for your mobility since your EHIC card may allow for *direct payment* in some countries (meaning you won't have to advance your medical bills).

Make sure you provide your sending/supporting organisation with the necessary information on your national insurance situation at the time of your enrolment.

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 reach out to your sending/supporting organisation. You can also find more information [here](#) (you can select your home country at the bottom of the page to consult country-specific guidelines).

How to use your EHIC during your mobility?

You are required to make use of your European Health Insurance Card when you visit a health care provider. The Erasmus+ and European Solidarity Corps' insurance plan only covers the remaining eligible expenses that are not covered by the EHIC. Section 1.4 provides you with more information on the reimbursement procedure.

- ✓ Cigna shall make a reimbursement as appropriate, on the basis of the difference between the costs actually incurred and the reimbursement obtained from your national system.
- ✓ Upon receipt of written proof that your expenses can't be covered by your national system, Cigna will reimburse your eligible expenses as from the first Euro.

More information on how to use your EHIC card as well as health care providers who will accept your EHIC card can be found [here](#) (select your home/hosting country at the top of the page for detailed information).

1.2.2 Primary cover

You will be enrolled as a primary insured plan member:

- a) When your home and/or hosting country is outside of the EU; or
- b) When you are not entitled for cover under your national social security scheme; or
- c) When you are not entitled to a free of charge EHIC card.

If you are a primary insured plan member, Cigna will reimburse your eligible expenses as from the first Euro.

What if I'm not eligible for an EHIC card?

Please verify whether you are eligible for a **free of charge EHIC** card before you leave for your mobility.

In case you are not eligible for a free EHIC card (e.g. because of your age), please contact clientservice2@cigna.com. Upon receipt of a **formal written communication from your social security office / national system** stating the reason why you are not eligible for an EHIC card, your category will be changed from complementary to primary.

1.3 Your cover

In this section, you will find a detailed overview of your cover.

You are covered for all medical treatment based on the plan specifications, be it planned or unplanned (i.e. emergency treatment), in your home and hosting country. In other countries, your cover is restricted to unplanned (i.e. emergency) treatment only.



Please take note of the following **important plan conditions**:

- The insurance plan will cover the costs related to medical and urgent dental treatment, *hospitalisation* and surgery due to diseases, accidents, pregnancy and childbirth occurring during the duration of the cover following the plan specifications set out below.
- Cover is limited to **medically necessary and reasonable & customary** expenses.
- Avoid unpleasant surprises. If you are in doubt whether or not your treatment is covered under the insurance plan, please **contact us**.
- Certain expenses are subject to **Prior Approval** by Cigna's Medical Board. You can find more information on how to request Prior Approval in on page 14.
- An aggregate **maximum reimbursement of 250,000 EUR** per person is applicable.
- If you are a **complementary insured** plan member, you are required to use your **European Health Insurance Card (EHIC)** or to claim with your national system first. For more information, please go to sections 1.2 on pages 5-7 and section 1.4 on page 15.



Please note that the following expenses and situations are excluded from your cover:

- **Hearing aids** and costs of **spa-cures**;
- **Periodic, preventive** health examinations;
- The insurance is suspended in time of **war** for insured persons who are mobilised or who volunteer for naval, air or military service;
- The results of wounds or injuries resulting from motor vehicle **racing and dangerous competitions**; normal sports competitions are covered;
- The consequences of **insurrections or riots**, if by taking part the insured person has broken the applicable laws; the consequences of brawls, except in cases of self-defense;
- **Rejuvenation cures** and **cosmetic treatment**. Cosmetic surgery is covered, however, when it is necessary as the result of an accident for which cover is provided;
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the **atomic nucleus** or by **radioactivity** or resulting from radiation produced by the artificial acceleration of nuclear particles;
- **Aircraft accidents** are only covered if the insured person is on board an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid license for the type of aircraft in question;
- **Elective medical treatment** such as IVF (In Vitro Fertilization), AI (Artificial Insemination), ICSI, Mesa, Tesa, voluntary interruption of pregnancy, circumcision.

Type of expense	Cover rate	Subject to Prior Approval	Good to know
General Practitioners' and Specialists' fees	100%	No	
Outpatient surgery	100%	Yes if the surgery is planned	<i>Outpatient</i> surgery allows a person to return home on the same day that a surgical procedure is performed. <i>Outpatient</i> surgery is also referred to as ambulatory surgery or <i>same-day surgery</i> .
Physical Therapists' and Registered Nurses' fees	100%	No	
Laboratory and Diagnosis Tests	100%	Yes	
X-Rays / Radiotherapy / Chemotherapy	100%	Yes	
Prescription drugs	100%	No	Only prescribed <i>generic</i> drugs (if available) with active pharmaceutical ingredients are covered. Vitamins, food supplements and contraceptives are not covered by your medical plan, unless they are prescribed to treat a medical condition. In this case, please request Prior Approval.
Shipment of medications or replacement of eyeglasses and contact lenses abroad	Real expenses	Yes	
Outpatient medical treatment in hospital	100%	No	
Hospital charges Surgery charges	100%	Yes in case the <i>hospitalisation</i> is planned	These charges may include: <ul style="list-style-type: none"> - Bed and board - Doctor's fees - General nursing services - Use of operating rooms and equipment - Laboratory examinations - X-ray examinations - Drugs and medicine for use in the hospital

Ambulance transportation	100%	No	<p>Ambulance from place of illness/accident to the first hospital where care can be given.</p> <p>Other transportation (e.g. public transport, taxi) is not covered by your medical plan.¹</p>
Necessary medical care and tests in the event of pregnancy	100%	No	Depending on the established protocol for pregnancy in home or hosting country to ensure the health of the mother and the foetus.
Hospital charges and accommodation, including midwife and doctor's fees for childbirth and (medically necessary) caesarean section	100%	Yes in case the <i>hospitalisation</i> is planned	
Psychotherapy	100%	Yes	<p>Only medically necessary psychotherapy (upon diagnosis and pathology) is covered by your medical plan.</p> <p>Subject to a maximum of 30 sessions or 30 continuous days in case of <i>inpatient</i> treatment per activity.</p>
Physiotherapy	100%	Yes	
Necessary general dental care and treatment	100% Subject to a ceiling of 1,000 EUR	Yes	<p><u>Eligible expenses:</u></p> <p>Only urgent dental care. In case of sudden dental complaints, the only treatment covered is treatment that is meant to stabilize the dental complaints.</p> <p>The urgency of your dental care will be assessed by Cigna's Dental consultant against the documents to be submitted together with your Prior Approval.</p> <p>The following documents need to be submitted to Cigna's Dental Consultant to assess the medical necessity of your request prior to your treatment:</p> <ul style="list-style-type: none"> - A detailed report from the dentist specifying the urgent nature of

¹ In exceptional circumstances, other modes of transportation may be covered if proven medically necessary. Prior Approval by Cigna's Medical Board is required.

			<p>the treatment, in particular why this treatment should take place before the end of your mobility;</p> <ul style="list-style-type: none"> - An X-ray in case of a root canal treatment. <p><u>Expenses excluded from cover:</u></p> <ul style="list-style-type: none"> - Any dental care that can be postponed until after the mobility; - Preventive dental care (such as check-up, cleaning, polishing, whitening, mouth guard); - Elective dental care (such as change of fillings, crowns/implants/prostheses, wisdom tooth removal); - More than 2 root canal treatments; - More than 3 fillings.
Repatriation in the event of serious disease or serious accident	Real expenses	Yes	In case of a medical emergency requiring evacuation assistance, please call our evacuation assistance provider VHD via +31 10 289 41 93 (mention policy no. BEBBBY01626).
Accidents linked to sports and trips linked to the mobility abroad	100%	Yes	<p>Medical expenses following an accident will be covered following policy guidelines.</p> <p>The results of wounds or injuries resulting from motor vehicle racing and dangerous competitions are not covered; normal sports competitions are covered.</p>
Follow-up of orthodontic treatment	100% Subject to the dental ceiling of 1,000 EUR	Yes	Only ongoing orthodontic treatment is covered by your medical plan. To obtain Prior Approval, you must submit a confirmation note from your orthodontist in your home country stating the start date of your treatment.
Replacement of a pair of prescription eyeglasses or contact lenses that is deteriorated, lost or stolen.	100% Subject to a ceiling of 300 EUR	Yes	<p><u>Eligible expenses:</u></p> <p>Only one replacement of a pair of prescription eyeglasses or contact lenses that is deteriorated, lost or stolen, will be covered by your medical plan.</p>

		<p>Only single vision glasses without treatment (e.g. anti-reflective layers) will be covered.</p> <p><u>Expenses excluded from cover:</u></p> <ul style="list-style-type: none"> - Damage caused by wear-and-tear; - Visits to an optician or ophthalmologist to determine your dioptre. Optical cover only applies to ongoing treatments; - Daily/weekly contact lenses; - Cleaning products; - Sunglasses; <p>Following documents need to be submitted in order to assess the medical necessity of your request prior to your purchase:</p> <p>1) In case your glasses/contact lenses are deteriorated or lost:</p> <ul style="list-style-type: none"> - A medical report/prescription for your previous glasses/contact lenses from your ophthalmologist in your home country, indicating your ongoing treatment and his/her contact details for cross-checking; - Two completed copies of the optical cost estimate form; - A completed copy of the Declaration of Honour form describing the circumstances of the loss, signed by you and by the legal representative of your hosting organisation (including his/her contact details). <p>2) In case your glasses/contact lenses have been stolen:</p> <ul style="list-style-type: none"> - A medical report/prescription for your previous glasses/contact lenses from your ophthalmologist in your home country, indicating your ongoing treatment and
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			<p>his/her contact details for cross-checking;</p> <ul style="list-style-type: none"> - A completed copy of the optical cost estimate form; - A copy of the police report. <p>The cost estimate and the Declaration of Honour form can be found on your <i>personal webpages</i>.</p>
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How do I request Prior Approval from Cigna’s Medical Board?

You can submit your request for Prior Approval by providing us with a doctor's prescription stating the diagnosis, the motivation for the treatment and the recommended number of sessions (if applicable) via erasmusplus@cigna.com. Please refer to the section above to check which additional supporting documents might need to be submitted with your request.

If you prefer to reach out to a Medical Adviser directly, you can send your request for Prior Approval to medicalconsultant@cigna.com.

Avoid unpleasant surprises. If you are in doubt whether or not your treatment is covered under the insurance plan or if you need to incur considerable expenses, we advise you to contact us before you start your treatment to confirm that your expenses are eligible for reimbursement under the insurance plan.

Your request for Prior Approval will be processed as soon as possible. The time needed to process your request may depend on the complexity of your treatment.

1.4 What if I need medical care?

1.4.1 If you are complementary insured

1. You are free to visit your preferred health care provider, but we advise you to visit a **health care provider that accepts your EHIC card**. This information can be found [here](#) (select your home/hosting country at the top of the page for detailed information).

Present your EHIC to your health care provider. In some countries, the EHIC card will give you access to **direct payment** between the health care provider and your national health insurer (at the provider's discretion). As your complementary insurer, Cigna can't set up *direct payment*.

If you visit a health care provider that does not accept your EHIC card (e.g. private health care provider), you may be asked to **pay/advance your bill directly to the provider** and claim the expenses afterwards.

If you need urgent or unplanned treatment, your local health authority might be able to help out by faxing or emailing proof of your health insurance cover to avoid that having to pay the expenses upfront.

2. Submit a **claim with your national system in your home country** if your expenses could not be settled directly with your EHIC card.
3. Submit the **claim for reimbursement of the remaining amount** via the Cigna *personal webpages* or the mobile app. Do not forget to fill in the section 'Is the claim covered by another insurance?' by indicating the amount already reimbursed and 'European Health Insurance' as the insurance company.



Please submit a **Settlement Note/Explanation of Benefits (EOB)/Payment Slip** from your primary insurer (national health insurance) as attachment to your claim. Cigna may also ask you to submit a detailed invoice from the provider specifying the separate price for each expense as well as the proof of payment and any prescriptions including the diagnosis.

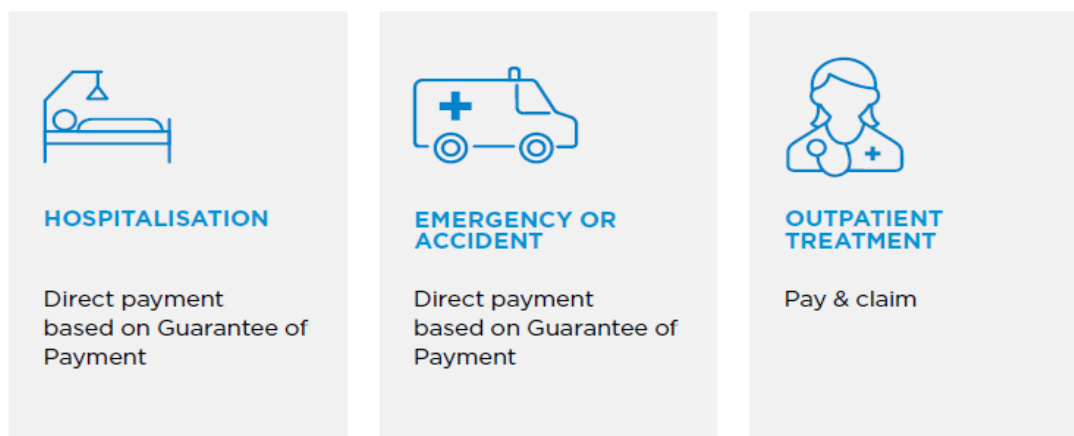


Should a claim need to be reimbursed to the account of a third party (i.e. in the case your sending/supporting/hosting organisation or a family member has advanced your medical bill), please submit a signed letter authorising the transfer as attachment to your claim. This letter should be signed, dated and scanned. You can also find a **'Payment Authorisation Form'** on your *personal webpages*.

4. Cigna shall make a reimbursement as appropriate, on the basis of the **difference between the costs actually incurred and the reimbursement obtained from your national system**.

Upon receipt of written proof that your expenses can't be covered by your national system, Cigna will reimburse your **eligible expenses as from the first Euro**.

1.4.2 If you are primary insured



In case of hospitalisation

Please contact us well in advance before the scheduled date of admission so we can 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.

In case of emergency or accident

Sometimes hospital admissions are unexpected and unplanned. Even if you can't contact us before being admitted, we can still help you deal with the paperwork and assist you in setting 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 are 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.

In case of 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 planned inpatient or expensive (>200 EUR) treatment, the procedure is as follows:

1. You can search for **your preferred provider** in our network by consulting the provider search tool on your *personal webpages* or the mobile app. If your preferred provider is not included in the list, contact us so we can make the necessary arrangements.
2. **Contact us** well in advance of your planned treatment or have the provider contact us.

3. Download the **cost estimate form** from your *personal webpages*. Ask the health care provider to fill it in and to return it to us.
4. After we receive the cost estimate form, we'll send a **guarantee of payment** 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.
5. Upon **admission**, show your Cigna *e-membership card* and the *guarantee of payment* to the provider.
6. **We will settle the bill directly with the provider.** After we settle with the provider, you will receive a settlement note.



We can't set up *direct payment* with your health care provider if the expenses incurred are below 200 EUR. Please settle the expenses yourself first and submit a claim for reimbursement via the *personal webpages* or the mobile app afterwards. Upon receipt of your claim, we will process it in accordance with the conditions of the medical plan.



Please make sure to obtain a **detailed invoice** from the provider specifying the separate price for each expense as well as the proof of payment and any prescriptions including the diagnosis.



Should a claim need to be reimbursed to the account of a third party (i.e. in the case your sending/supporting/hosting organisation or a family member has advanced your medical bill), please submit a signed letter authorising the transfer as attachment to your claim. This letter should be signed, dated and scanned. You can also find a **'Payment Authorisation Form'** on your *personal webpages*.

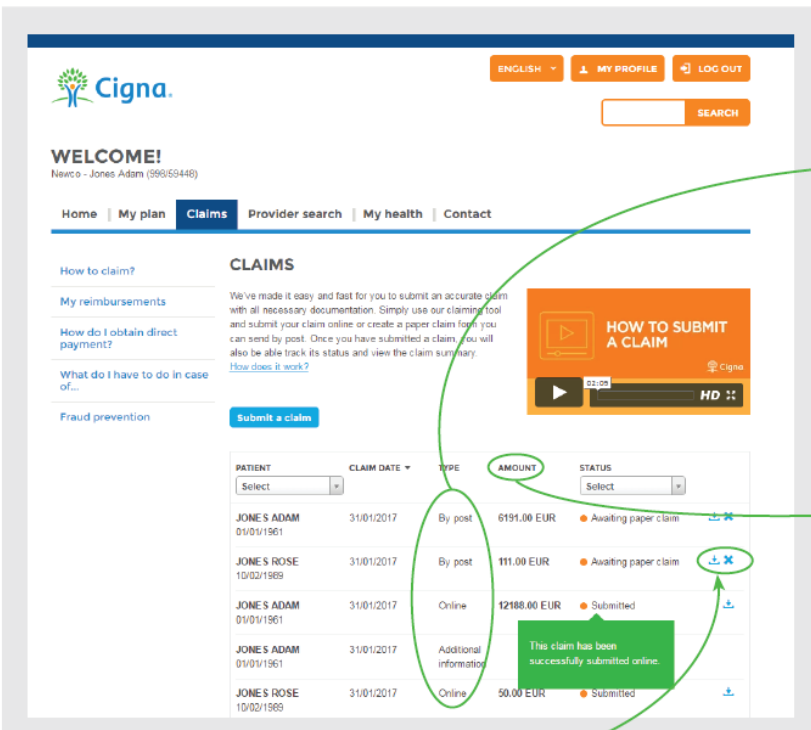
1.4.3 How and when will your claims be processed?

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 quick and hassle-free settlement of all claims.

Here's how we process your claims:

- ✓ After we receive your claim, it will be processed in the currency (EUR) and within the time limits stipulated by your Group Medical Insurance Plan and according to the benefits set out by the Erasmus+ and European Solidarity Corps Programme. On average, it will take **7-10 business days** to process and reimburse your claim.
- ✓ Your claims overview on the Cigna *personal webpages* or the mobile app allows you to view the status of your claim (e.g. in progress) and whether or not actions are required by you to finalise claims processing (e.g. upload missing information).



The claims overview

1. **Claim type** values can be:
 - **By post**: this means you chose to send the invoices related to this claim by post.
 - **Online**: this means you chose to submit the invoices related to this claim online.
 - **Additional information**: this means you uploaded missing documents or information for a claim.
2. The claims overview now also shows the **amount** claimed.

3. On the right, **blue icons** are shown, indicating the **possible actions** related to that claim:
 - **Edit**: allows you to edit and finalise a claim. This is only possible for draft claims.
 - **Download**: allows you to download a claim summary.
 - **Delete**: deletes a claim. This is only possible for postal claims or drafts.
 - **Settlement note**: links to the corresponding settlement note. This is only available for processed claims.
 - **Upload missing information**: allows you to upload missing information. This is only available for processed claims which require you to take action.

- ✓ If more **documentation or information** is needed to process your claim, your Settlement Note will mention this. To make sure we can reimburse you smoothly, please always include the following documents:
 - A detailed invoice with the patient's name, the diagnosis, description of care, a breakdown of the costs and the doctor's stamp/signature;
 - A proof of payment;
 - (Copy of) referrals/prescriptions, if applicable;
 - Any relevant additional reports or information regarding the treatment.

The more information we have, the quicker we can process your claim.

Hospitalisations, recurring treatments and accidents require additional documentation. You can find a full list of documents to add to your claims on your *personal webpages* in the 'My Claims' section.

- ✓ 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 – also called Explanation of Benefits (EOB) – 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.

2. Your Non-Medical Insurance Plan

In this section, you can find more information on the non-medical cover provided under this insurance plan.

Even though most of your non-medical benefits are insured by Chubb, you may contact **Cigna** with questions about the claiming procedures, your cover, or a specific claim you sent us. Cigna will contact Chubb on your behalf and will get back to you directly with specific answers to your questions.



Avoid unpleasant surprises. We advise you to contact Cigna via benefits@cigna.com or + 32 3 293 11 27 to enquire about your cover before you incur any expenses.

2.1 Your cover

2.1.1 Life Insurance

This insurance plan covers you 24 hours a day against the risk of death occurring during the duration of the cover, whatever the cause.

In particular, this insurance plan covers:

Type of expense	Cover rate
Transport of bodily remains to a place chosen by the family	Real expenses
Funeral costs	Real expenses
Burial costs	Real expenses
Lump-sum payment paid out to a nominated beneficiary or closest survivor	20,000 EUR
Travel costs of family members to the place of the event	Real expenses

2.1.2 Permanent Disability

This insurance plan covers you 24 hours a day against the risk of permanent disability - total or partial - resulting from any event occurring during the period of insurance, even if the event that causes the permanent disability is not linked to the voluntary activities.

Type of expense	Cover rate (lump-sum payment)
Total or partial permanent disability, resulting from any event occurring during the period of insurance	<p>Total disability: 60,000 EUR</p> <p>Partial disability: x% of 60,000 EUR based on the percentage of disability (x) as established by the insurer's Medical Adviser</p>

The benefit in case of permanent disability does not cover the consequences of one of the following cases:

- A voluntary or intentional offence committed by the insured, although the consequences of attempted suicide are covered;
- (Civil) war, riots, brawls, acts of terrorism in which the insured has taken an active part, although cases of legitimate defence and assistance given to a person in danger are covered;
- Nuclear fission.

2.1.3 Third Party Liability

This insurance plan covers the financial consequences of the legal liability of an insured person for bodily injury, property damage, and consequent financial loss to a third party 24 hours a day occurring at any time during the period insured. A maximum of 5,000,000 EUR per event applies, including the sub-limits as stipulated in the table below.

This third party liability insurance also covers the sending/supporting, the hosting and the coordinating organisations of the project, where they may held responsible for the insured person's action.

Type of expense	Cover rate
Personal injury	Real expenses with a ceiling of 5,000,000 EUR
Material damage and consequential financial loss	Real expenses with a ceiling of 500,000 EUR
Damage and costs resulting from fire, explosion and electrical damage for which the insured person is liable as the tenant, occupant or neighbour of a building	Real expenses with a ceiling of 75,000 EUR
Legal assistance	Real expenses with a ceiling of 15,000 EUR
Detention	Real expenses with a ceiling of 5,000 EUR

Legal deposit, bail	Real expenses with a ceiling of 50,000 EUR
----------------------------	--------------------------------------------

Following risks are **excluded from cover**:

- Liability covered by an insurance made compulsory by Law (as laid down by the legislation of the country where the losses occurred). Before using a motor vehicle, make sure you check that its insurance covers your liabilities.
- Hunting, navigation, motor boats, gambling games, reckless dares;
- Damage caused intentionally, due to serious negligence or under influence of alcohol or drugs;
- Material damage caused through fire, explosion and electrical damage, except as indicated above;
- Erroneous financial operations, embezzlement, breach of trust, etc.;
- Fines or contraventions of any kind;
- Participation in wagers or races;
- Participation in acts of collective violence (war, strife, terrorism, strikes, riots etc.);
- A product supplied by you or work done by you;
- Your liability as director or agent of a legal entity;
- Your negligence in managing an insured organisation.

Cover for lawsuits also exclude losses when the insured is acting as the owner, tenant or occupant of premises, except with regard to the premises the insured occupies during his/her mobility.

2.1.4 Travel Assistance

Type of expense	Cover rate	Good to know
Visit by close family members² in case of <i>hospitalisation</i> of an insured person	100 EUR per day	Accommodation costs per person per day for maximum 10 days
Earlier return in case of <i>emergency hospitalisation</i> (lasting more than 5 days) or death of a close family member	Real expenses	Provision of a return ticket (economy class) for the insured person in case of death or sudden illness and hospitalisation lasting more than 5 days of a close member of your family. Return ticket (economy class) from hosting country to country of customary residence of origin.
Sending urgent messages	Real expenses	

² First or second degree family member

Telecommunication costs	250 EUR	
Loss or theft of documents or travel ticket	Real expenses with a maximum of 2,500 EUR	The insurance covers the loss and theft of travel ticket and identity documents (identity card, passport, etc.) outside the country of origin.
Loss or theft of luggage on the way to/back from host country		Loss or theft of luggage is only covered on the way to/back from host country.
Deprivation of liberty	Real expenses with a ceiling as stipulated in this table	<ul style="list-style-type: none"> - The insurer compensates each complete period of 24 hours that an insured person is forcibly detained while on mobility as a consequence of hijacking, abduction or unlawful imprisonment at a rate of 400 EUR per day, up to a maximum of 20,000 EUR. - The insurer also pays for advice in case of abduction during a mobility – other than ransom money – in order to secure the release of the member, up to a maximum of 125,000 EUR.
Political unrest	Real expenses with a ceiling of 50,000 EUR	The insurer will pay the costs of an evacuation.

3. Easy access to health care

In this section, you can find more information on the online information and services available to you.



Your e-membership card

The key to quick, seamless and stress-free support



Your personal webpages

Online information at your fingertips



Cigna in your pocket

Cigna Health Benefits App

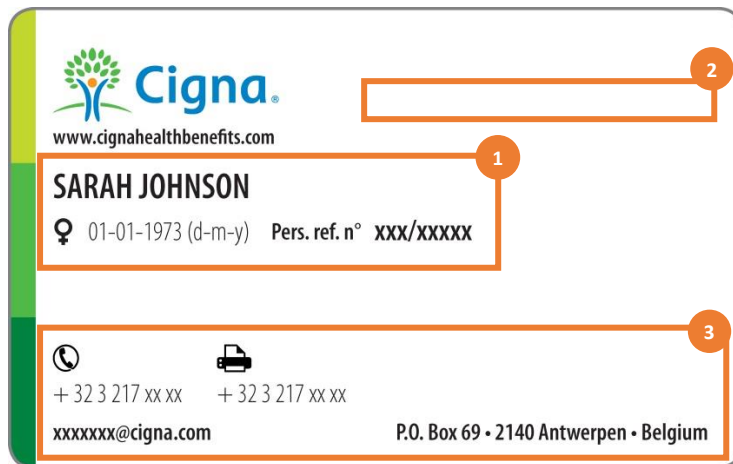


Worldwide access

To health care providers and medical advice and support services

3.1 Your e-membership card

Download your *e-membership card* from your *personal webpages* or the online app and keep it close to hand as it's the key to contacting Cigna. We can easily identify you by your **personal reference number** mentioned on the e-card. This number gives you access to our online information and services.

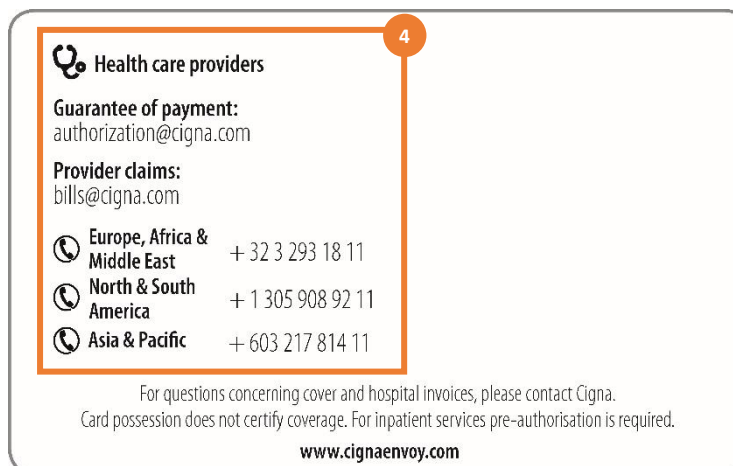


1 Personal data

- Full name
- Date of birth
- Cigna reference number (424/xxxxx)

2 Your card will have the notice 'Complementary to EHIC' if you are complementary insured

3 Dedicated contact details to get in touch with Cigna



4 Contact details for health care providers

If you are complementary insured, **you should always present your EHIC card to your health care provider**. Your EHIC card is the key to accessing medically necessary, state-provided health care during a temporary stay in any of the 28 EU countries, Iceland, Liechtenstein, Norway and Switzerland, under the same conditions and at the same cost (free in some countries) as people insured in that country. In some countries, the EHIC card will give you access to *direct payment* between the health care provider and your national health insurer (at the provider's discretion).

If you are primary insured, the Cigna ID card is the key to accessing health care. Present your Cigna card to your health care provider in case you are hospitalised so the hospital can contact Cigna to set up a *direct payment* arrangement.

You can find more information on your **category of cover** (complementary or primary) in section 1.2 on pages 5-7.



If the data on your *e-membership card* are incorrect, please let us know. We want to keep your file up-to-date.

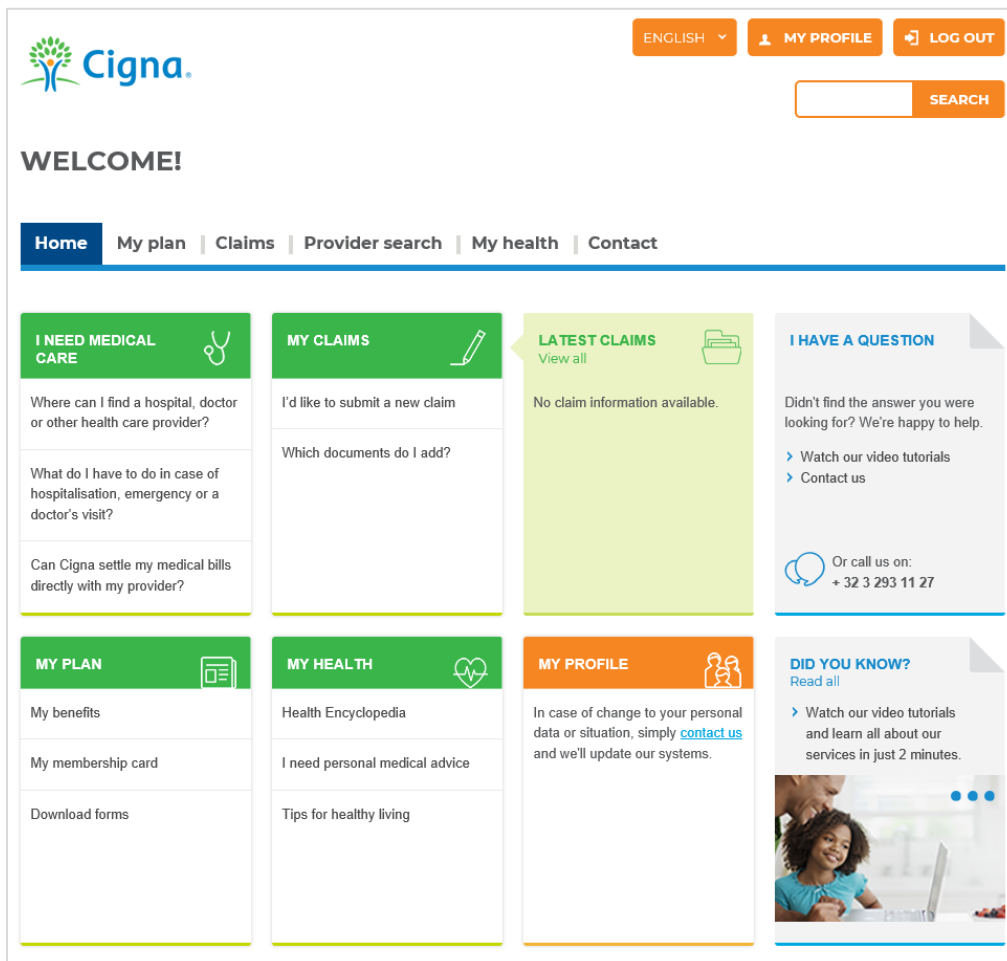


Your *e-membership card* is not a proof of cover. If you need **proof of insurance** before the start of your cover period (e.g. visa requirement), please contact clientservice2@cigna.com. Our Customer Services team will then create an individual insurance certificate.

If you need an **insurance certificate** during your cover period, you can download an immediate proof of cover in your required language from your *personal webpages* (under 'My Plan'). More information on how to access your *personal webpages* can be found below.

3.2 Your *personal webpages*

Access all information regarding your insurance plan anytime, anywhere.



The screenshot shows the Cigna member portal interface. At the top right, there are buttons for 'ENGLISH', 'MY PROFILE', and 'LOG OUT', along with a search bar. The main navigation bar includes 'Home', 'My plan', 'Claims', 'Provider search', 'My health', and 'Contact'. The content area is divided into several sections:

- I NEED MEDICAL CARE:** Includes questions like 'Where can I find a hospital, doctor or other health care provider?' and 'What do I have to do in case of hospitalisation, emergency or a doctor's visit?'.
- MY CLAIMS:** Includes 'I'd like to submit a new claim' and 'Which documents do I add?'.
- LATEST CLAIMS:** Shows 'No claim information available.' with a 'View all' link.
- I HAVE A QUESTION:** Includes a message 'Didn't find the answer you were looking for? We're happy to help.' with links to 'Watch our video tutorials' and 'Contact us', and a phone number '+ 32 3 293 11 27'.
- MY PLAN:** Includes 'My benefits', 'My membership card', and 'Download forms'.
- MY HEALTH:** Includes 'Health Encyclopedia', 'I need personal medical advice', and 'Tips for healthy living'.
- MY PROFILE:** Includes the text 'In case of change to your personal data or situation, simply [contact us](#) and we'll update our systems.'
- DID YOU KNOW?:** Includes 'Read all' and 'Watch our video tutorials and learn all about our services in just 2 minutes.' with a small image of a family.

Through your *personal webpages* you can:

- Download your *e-membership card*,
- Download an insurance certificate,
- Submit a claim through the online claiming tool,
- Review and check the status of your claims,
- Find answers to frequently asked questions, and
- View our contact details.

How to access your *personal webpages*?

Step 1: Go to <https://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* will not be active until the start date of your cover.



You should treat the log-in details to your *personal webpages* **confidentially**. In order to prevent fraud, you should never share your log-in details.

3.3 Cigna in your pocket

With the **Cigna Health Benefits mobile app** you have quick and easy access to Cigna's services; wherever you are, anytime and anywhere, right from your smartphone.

Through the Cigna Health Benefits app you have access to the following features:

- Location-based provider search (see also section 3.4 on pages 28-29);
- Submit claims for reimbursement of medical expenses through **photoclaiming** (no need to scan your invoice or supporting documents);
- Review and check the status of your claims;
- View our contact details.



You can download the app for free from the Apple App StoreSM for iOS and from Google PlayTM for Android.

3.4 Worldwide access

In this section, you can find out **how to find a health care provider near you**.

3.4.1 If you're complementary insured

If you're a complementary insured plan member, we advise you to **visit a health care provider who will accept your EHIC card**. You can find a list of these providers [here](#) (select your home/hosting country at the top of the page for detailed information). In some countries, the EHIC card will give you access to **direct payment** between the health care provider and your national health insurer (at the provider's discretion).

If you decide to visit a provider outside of the EHIC network instead (e.g. a private health care provider), or you incur expenses not covered by EHIC in your host country, you should **advance the expenses and submit a claim for refund** with your national system in your home country. If the national system covers only part or none of the costs incurred (as indicated on a Settlement Note/Explanation of Benefits (EOB)/Payment Slip of the national health insurance provider), Cigna will ensure 100% reimbursement of the eligible expenses.

3.4.2 If you're primary insured

If you're a primary insured plan member, you can use the **Provider Search** on your *personal webpages* or the mobile app to look up a provider that is in Cigna's *worldwide network*. 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.

WHERE

AUSTRIA x

WIEN x

[Or enter your location](#)

WHAT

Hospital - Clinic x

Choose a speciality

WHO


Type a (part of a) provider name

Show 32 results

RESULTS (32) 🖨️ ✉️ ⬇️

NAME ^	LOCATION ^	1 ^	2 ^	3 ^
Allgemeines Krankenhaus Wien Universität	WIEN	✓		✓
Confraternitaet Privatklinik Josefstadt	WIEN	✓		
Donauspital - SMZ-Sozialmediz. Zentr.Ost	WIEN	✓		✓
Evangelisches Krankenhaus Wien	WIEN	✓		
Franziskus Spital Landstraße	WIEN	✓		
Franziskus Spital Margareten	WIEN	✓		✓
Goldenes Kreuz Privatklinik	WIEN	✓		
Hanusch Krankenhaus	WIEN	✓		
Herz Jesu Krankenhaus	WIEN	✓		✓
Ignaz-Semmelweis Frauenklinik	WIEN	✓		✓
Krankenanstalt Rudolfstiftung	WIEN	✓		✓
Krankenanstalt Sanatorium Hera	WIEN	✓		✓
Krankenhaus Der Barmherzigen Brueder	WIEN	✓	✓	✓
Krankenhaus Der Barmherzigen Schwestern	WIEN	✓		✓
Krankenhaus Floridsdorf	WIEN	✓		✓
Krankenhaus Goettlicher Heiland	WIEN	✓		✓
Krankenhaus Hietzing	WIEN	✓		✓

1 = Direct payment to the provider for inpatient care (including outpatient surgery).
 2 = Direct payment to the provider of outpatient care. Click on the provider name to verify as from which amount direct payment for outpatient care is possible.
 3 = Price agreement (e.g. preferential rates, discounts on specific services, prompt payment discounts, etc.). Please note this does not necessarily imply that the full amount of the invoice (s) will be accepted.



Should your expenses exceed **200 EUR**, Cigna will try to arrange **direct payment** with your health care provider. In this case, please have the health care provider contact us for a *Guarantee of payment* so you don't have to advance your expenses.

If you want to visit an **out-of-network provider** or can't find your preferred provider in our list, **contact us** and we'll try to make the necessary arrangements.

4. Contact Details

Wherever you are, help is not far away. Call us or send us an email and we'll do our best to answer your question as soon as possible. Please note that the average turn-around time to answer an email is **4 business days** depending on the complexity of your question.

In case your question is **urgent**, we advise you to **call us**: + 32 3 293 11 27. You can also call us and ask to be called back by Cigna. We are available 24/7, every day of the year.

You can find our contact details below, as well as on your Cigna *personal webpages* or on your *e-membership card*.



When you contact us by phone, please make sure you have the following details ready: your full name, date of birth and Cigna personal reference number.



When you contact us by email, please make sure that the **subject line** of your message mentions your **Cigna personal reference number** to ensure a timely response. A representative will deal with your query or provide you with a status update within 4 business days.



If you provide your supporting/hosting organisation with Cigna's contact details and your Cigna personal reference number, they will be able to contact us on your behalf in case of an emergency.

4.1 Evacuation Assistance

In case of an emergency requiring a medical evacuation, use the following contact details. When calling the Evacuation Assistance (VHD), please make sure to **mention policy number BEBBY01626**.

Phone + 31 10 289 41 93 (available 24/7)

4.2 Affiliations

Use the contact details below for questions about affiliations, insurance certificates and to communicate changes of personal data.

Phone + 32 3 393 10 94
Fax + 32 3 235 01 24
Email clientservice2@cigna.com
Postal address Cigna - P.O. Box 69 - 2140 Antwerpen - BELGIUM

4.3 My claims, cover and procedures

Use these contact details for questions about the claiming and *direct payment* procedures, your cover, or a specific claim you sent us.

4.3.1 Medical Claims Centre

Use the contact details for questions about your cover, Prior Approvals, a specific medical claim you sent or about the claiming and *direct payment* procedures.

Phone + 32 3 293 11 27
Fax + 32 3 663 28 57
Email erasmusplus@cigna.com
Postal address Cigna - P.O. Box 69 - 2140 Antwerpen – BELGIUM

4.3.2 Non-Medical Claims Centre

Use the contact details to send a claim or any question related to the Life, Disability, Third Party Liability and Travel Assistance insurance.

Phone + 32 3 293 11 27
Fax + 32 3 235 01 24
Email benefits@cigna.com
Postal address Cigna - P.O. Box 69 - 2140 Antwerpen – BELGIUM

5. FAQ

5.1 What to do when your project or individual mobility is cancelled for any reason?

In case your mobility is cancelled, please request your sending/supporting organisation to contact us as soon as possible by sending an email with the actual date of your return to home country to clientservice2@cigna.com.

5.2 How can I get an insurance certificate for a visa application?

If you need proof of insurance before the start of your cover period (e.g. visa requirement), please contact clientservice2@cigna.com. Our Customer Services team will then create an individual insurance certificate.

If you need an insurance certificate during your cover period, you can download immediate proof of cover in your required language from your *personal webpages* (under 'My Plan'). More information on how to access your *personal webpages* can be found in section 3.2 on pages 26-27.

5.3 When am I covered?

Your cover is active 24/7 from the day you leave home to the host country, until the end of the second month after the termination of the mobility. This includes any travel from and to the hosting country and any in-country travel linked to the mobility.

5.4 Where am I covered?

You enjoy worldwide cover during both private and project-related activities. However, a distinction is made between the cover in your home and hosting country and other countries worldwide:

- **Home and hosting country:** you're covered for all medical treatment based on the plan specifications, be it planned or unplanned (i.e. emergency treatment).
- **Other countries:** you're covered for unplanned (i.e. emergency treatment) only.

Please find below examples of planned and unplanned treatment:

Example unplanned treatment: a participant with Turkey as home country and France as hosting country is on vacation in Spain and breaks his leg during a walk. In this case, all medical treatment in Spain is covered given that it concerns an unplanned/emergency treatment.

Example excluded planned treatment: the same participant is diagnosed with cancer while residing in France. He opts to be treated in the United States and travels there to receive treatment. The medical treatment is not covered, since it concerns a planned treatment outside of the home/hosting country.

5.5 Where do I find more information on Cigna's health care provider network?

You're free to visit your healthcare provider of choice. If you visit one of the providers within Cigna's *network* of more than 10,000 hospitals, doctors and specialists worldwide, you might be able to benefit from *direct payment* agreements and discounts negotiated by Cigna.

You can search for an *in-network provider* by country/city or by speciality through the Provider Search tool on your *personal webpages*. This provider search tool is also available on the Cigna Health Benefits app, which is available to download for free from the Apple App Store or Google Play for Android.



Complementary insured members are advised to search for a health care provider that accepts their EHIC card to possibly benefit from *direct payment*. You can consult a list of health care providers who accept the EHIC [here](#) (select your home/hosting country at the top of the page for detailed information).

5.6 What should I do in case of a medical emergency requiring evacuation?

In case appropriate medical care can't be administered at the location of illness/accident, you can be evacuated to another location or to your home country. In case of a medical emergency requiring evacuation assistance, please call our evacuation assistance provider VHD via +31 10 289 41 93 (mention policy no. BEBBY01626).

6. Your checklist before you leave for your mobility

✓ Are you eligible for a European Health Insurance Card (EHIC)?

- If you are eligible, have you applied and received your EHIC? Do not forget to take it with you.
- If you are not eligible, please contact clientservice2@cigna.com with the request to change your category from complementary to primary. You may need to reach to your national health insurer to obtain a written communication stating why you are not eligible and submit it with Cigna.
- If you are not sure about your entitlements to EHIC or in case of doubts, you may contact your sending/supporting organisation to assist you in this process.
- Did you know that each EU country has at least one National Contact Point who can inform you on whether or not you are entitled to reimbursement for a specific treatment under EHIC and whether or not a ceiling may apply? It could be useful to enquire about this before you incur any expenses.

You can also find more information on this topic in section 1.2 on pages 5-7.

✓ Your medical history

Pre-existing medical conditions are not excluded from cover under this insurance plan.

However, we do advise you to contact us before you leave on your mobility so that we can make the necessary arrangements. This way, Cigna's Medical Board can give the necessary advice regarding the cover of your permanent/ongoing medical treatment or medication and you don't have to worry about it during your mobility.

You may also bring along a soft copy of the important medical documents (such as a referral, prescription or a medical report) regarding your condition for which you may need ad hoc medical treatment or medicines abroad. These documents can be requested for review by Cigna's Medical Board in light of a Prior Approval procedure if need be.

Examples of pre-existing conditions: ongoing orthodontic treatment, diabetes, rheumatism, etc.

If you wear glasses and you break or lose them or they get stolen during your mobility, you'll be asked to include a prescription from your ophthalmologist in your home country with your claim.

You can find more information on your medical cover in section 1.3 on pages 8-14.

7. Best practices to keep in mind

- Don't leave your home country without a **valid EHIC card** if you're eligible for one. If you have questions about your personal insurance status, reach out to your sending/supporting Organisation or your national health insurance / national system at the enrolment stage.
- Check your e-membership card to review what **type of cover (primary/complementary)** is granted to you under your Cigna insurance plan. If you're complementary insured, your e-card will mention this in the top right corner of the card. You can also find the information on your category of cover in your Cigna Welcome Email. If you're not eligible for a free of charge EHIC card, you can request to change your category from complementary to primary by following the instructions as explained in section 1.2 on page 7.
- If you're complementary insured, we advise you to visit a **health care provider that accepts your EHIC card**. You can find a list of these providers [here](#) (select your home/hosting country at the top of the page for detailed information). Your EHIC card gives you access to free or subsidised medical care offered in your host country. In some countries, the EHIC card will give you access to *direct payment* between the health care provider and your national health insurer (at the provider's discretion).
- If you're complementary insured, claim your medical expenses with your **primary insurance or national system first**.
- **Before incurring high medical expenses**, check if they're covered under your insurance plan and whether they are subject to Prior Approval (see section 1.3 on pages 8-14). Should you still have questions or doubts after consulting the available information in this Guide, you can contact us for confirmation on your cover via erasmusplus@cigna.com.
- Get a **second opinion** whenever a surgery or other expensive treatment is prescribed.
- **Know what's covered under your insurance plan and who to contact**, so you're well-informed in case of emergency.
- If you interrupt your mobility prematurely or there's a **change in the start or end date** of your mobility, please ask your sending organisation to contact Cigna via clientservice2@cigna.com as soon as possible.
- When you contact Cigna by email, please make sure that the subject line of your message mentions your **Cigna personal reference number** (424/xxxxx) to ensure a timely response. A representative will deal with your query or provide you with a status update **within 4 business days**.
- On average, it will take **7-10 business days** to process your claim.

8. Terms used in this brochure

What?	Short description
Day surgery	Surgery performed on an in-and-out, same-day basis without an overnight stay.
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.
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. If you are complementary insured, you should always present the EHIC card when receiving medical care.
Generic drug	A drug that contains the same ingredients and provides the same therapeutic benefits as an equivalent, higher-cost brand-name drug. Generic drugs become available when brand-name drug patents expire.
Guarantee of Payment	A letter of guarantee issued by us indicating the plan member's eligibility, cover and reimbursement rate per type of cost.
Health care provider network	We 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 direct payment and preferential tariff agreements with all providers in our network. If you're complementary insured, you're advised to check whether your health care provider accepts EHIC first.
Inpatient care or hospitalisation	Treatment given on an inpatient basis, where the date of admission differs from the date of discharge.
Online settlements	This secure online service shows an overview of all settlement information, including reimbursement and payment details.
Out-of-pocket expenses	Out-of-pocket expenses are the portion of the bill that is not covered by your medical plan.
Outpatient treatment	Treatment given on an outpatient basis, where the date of admission is the same as the date of discharge.
Personal webpages	We created personal webpages for you which you can access anywhere in the world and at any time via https://www.cignahealthbenefits.com/ . On these personal webpages you can find all information regarding your cover and also access our online services.
Reasonable & Customary (R&C)	Reasonable and Customary refers to the prevailing pattern of charges for professional and other health services in the country where the service is provided. Fees for treatments, procedures or services which may be considered to be excessive compared to prevailing fee levels will be reimbursed up to the reasonable and customary level.

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