

Vanbreda Health Insurance Plan

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COVERAGE

Who May Be Covered

Compulsory participation

- Relocated overseas faculty and administrators must participate in the plan, unless they provide proof of equivalent coverage already in effect at the time of their appointment.

Optional participation

- Egyptian faculty and administrators, and foreign local-hire faculty, professional and managerial staff may enroll in the plan on an optional basis, provided they do so within two years of their appointment.

Coverage of dependants

- Your spouse and unmarried dependants up to age 22 must participate in the plan, unless proof of alternative existing coverage is provided to the university's health insurance office.
- Under a family contract, co-insured children remain covered until the end of the month in which they reach their 22nd birthday, or 25th birthday if they continue their studies on a full-time basis. A certificate confirming full-time student status is required.
- Co-insured incapacitated children unable to support themselves remain covered until they marry or are able to earn a living.
- In the event that a spouse ceases to work with another employee who provided alternative coverage, he or she can be insured on the date this alternative coverage ceases.

When Coverage Starts

Compulsory participation

- On the starting date of your employment, provided an application form is submitted prior to the date of your employment. No waiting period of pre-existing conditions.
- No age limit for renewal of coverage for employees and retirees.

Optional participation

- On the starting date of your employment, provided an application form is submitted prior to the date of your employment. No waiting period of pre-existing conditions.
- Or, on the annual renewal date of the contract (July 1), but not later than two years after the effective date of employment or from the date you become eligible for insurance. A health certificate is required for late enrollment.
- No age limit for renewal of coverage for employees and retirees.

When Coverage Ends

Compulsory participation

- On termination of employment.

Optional participation

- On termination of employment.
- Or, on the renewal date of the contract (July 1). Withdrawal from this plan is irrevocable.

All insured persons' coverage terminates 30 days after employment terminates. However, termination of coverage for dependants, for reasons other than the termination of employment, shall occur immediately.

Changing Your Coverage

Adding a dependant

You may increase your coverage when one of the following has occurred:

- Marriage
- Birth of a child

Removing a dependant

You may decrease your coverage when one of the following has occurred:

- Children are no longer eligible for coverage under your plan
- Divorce
- Death

Coverage changes become effective only after receipt of your written request. A marriage certificate is required if the marital status of a staff member changes from single to married, and a birth certificate is required when adding a new born dependant to your plan.

PREMIUM

In accordance to the staff member's marital status, premiums are paid on the rating basis shown below:

- Married with children
- Married without children
- Single with children
- Single

The university contributes half of the cost of the staff member's premium. The balance is deducted directly from the staff member's monthly compensation amount. All premiums are payable in U.S. dollars, or the equivalent amount in local currency for locally hired staff members, and are due by the first of the month of the quarter. Premium rates are subject to annual review each July.

Sabbatical or Leave of Absence

Who may be covered

Insured persons to whom sabbatical or leave of absence is granted may continue to be covered by the plan provided:

- Such leave has been granted as an approved leave by AUC.
- Premiums continue to be paid through AUC.

AUC does not contribute to premium costs during periods where the insured takes any form of leave without pay.

Your personalized payment guarantee letter for participating Egyptian hospitals in the AUC-Vanbreda/Cigna direct billing plan

- For in-patient treatment or out-patient surgery in Egyptian hospitals participating in the AUC-Vanbreda/Cigna direct billing plan, you will need to present your personalized payment guarantee letter upon admission to the hospital, or your Vanbreda/Cigna ID card if requested by the hospital.

- Out-patient treatment in any Egyptian hospital (participating or not participating in the AUC-Vanbreda direct billing plan) will require settlement of bills before you leave the hospital.

Your Vanbreda/Cigna Identification Card

Identification cards are issued when your application for enrollment is filed.

- Always carry this card with you. It will ensure that you receive immediate assistance in the event of hospitalization.
- This card is valid as long as your membership in the plan continues.

There are two levels of coverage under the AUC-Vanbreda/Cigna Health Insurance Plan. You are required to choose either one of the two options for your health insurance — the world-wide plan or the regional plan. However, relocated employees from high-cost countries (United States, Canada, Switzerland, Israel and Japan) will not be permitted to select regional coverage unless they provide a proof of alternate insurance in their home country.

- The world-wide plan provides coverage throughout the world.
- The regional plan provides coverage throughout the world with the exclusion of the United States, Canada, Switzerland, Israel and Japan where coverage is restricted to only extreme medical emergencies, caused by a covered accident or an acute sickness, while traveling in one of these countries. This coverage is less expensive.

A move from one plan to the other is possible but limited to only one change and only at the annual renewal date of the contract. The move from the regional plan to the world-wide plan is subject to a waiting period of two years and a certificate of good health is required three months before the move would be effective. Afflictions diagnosed before that date are excluded from the extended territorial coverage.

Supporting staff who transfer from the local health insurance plan to positions for which this plan is available have two years in which they may choose to be part of this plan.

World-wide and Regional Plan Highlights

- Maximum coverage: \$2,000,000 per person per year.
- Lifetime maximum: none.
- 100 percent payment for most benefits.
- Covered expenses are paid after the annual deductible has been reached: \$250 per insured person with a maximum of \$750 per family per insurance year.
- Benefit payment is based on usual, customary and reasonable (UCR) charges. Charges in excess of the UCR levels, as determined by Vanbreda/Cigna, must be paid by the insured.
- Provides extension of coverage under COBRA and Retiree plans.
- Within the territorial limits of your chosen plan, you have free choice of medical service providers. You may choose any hospital or any physician.
- Pre-notification of any planned medical operation in the United States is mandatory and has to be given at least 14 days in advance.

How medical expenses are reimbursed

You must first meet the annual deductible of \$250 per person up to \$750 per family per insurance year before you receive any reimbursements under the Group Health Insurance

Contract. The deductible is subtracted from the total covered expenses after the plan's benefit percentages are calculated. Here are examples of how reimbursements are calculated:

Example 1

An insured person under the world-wide plan submits a claim for surgery. The total covered medical expenses amount to \$10,000.

Covered medical expenses	\$10,000
Benefit percentage hospital expenses: 100%	\$10,000
Annual deductible of \$250	-\$ 250
Reimbursement	\$9,750

The same person submits a claim for x-rays (out-patient) for \$500.

Covered medical expenses	\$500
Benefit percentage analysis and imagery: 80%	\$400

Annual deductible of \$250 has already been made	- 0
Reimbursement	\$400

Example 2

An insured person under the regional plan travels to the United States. While there, he or she needs to be admitted to a hospital on an emergency basis. The total covered medical expenses amount to \$20,000.

Covered medical expenses	\$20,000
Benefit percentage hospital expenses outside territorial limits: 80%	\$16,000 Annual deductible of \$250 <u>-\$250</u>
Reimbursement	\$15,750

CLAIM FILING HIGHLIGHTS

- Medical claims must be filed within two years of the date that medical expenses are incurred. However, it is advisable not to hold accumulated claims longer than the year's end.
- It is recommended to use the forms available on Vanbreda/Cigna Web site, www.cignahealthbenefits.com, as they facilitate the processing of claims. These forms can be completed online, scanned and sent through the online claim system or printed and sent as a hard copy to Vanbreda/Cigna, with supporting documentation attached. These forms cannot be saved or returned by e-mail. If you prefer, you can also print the form and fill it out by hand (preferably in BLOCK LETTERS).
 - In case the claim is sent online, participants should scan all the documents and keep the original bills and receipts in case they are required later by the insurance company.
 - Please note that well-documented claims which are received within the reporting time frame will speed up claim settlements.
 - Vanbreda/Cigna can process claims submitted in English, Dutch, French, German, Italian, Portuguese, Spanish, Danish, Greek and Turkish. For claims in other languages, please include an unofficial translation in one of the languages mentioned above.

- We suggest you keep copies of all bills for your records. When you submit a claim, your original bills will not be returned.
- When you present claims for more than one person at the same time, please complete a separate claim form for each person and attach receipts for that person to each form.
- It is very important you review the exclusions in your plan, since there are some illnesses that are not covered.

To file a claim for covered services that you paid yourself

- Complete a reimbursement claim form. These are found under the heading —Forms|| on Vanbreda/Cigna Web site:
www.cignahelathbenefits.com. The form is in PDF format. It can be filled out and printed with Acrobat Reader, version 4.0 or higher.
- Your completed form must be supported by original documents such as original bills that indicate your payments and show a zero balance, are stamped —PAID,|| or are accompanied by an original receipt for your payment (photocopies or faxes are not acceptable by Vanbreda/Cigna).
- In case of hospitalization outside Egypt, if a private room has been used there should be an indication on the hospital bill of the cost of a semi-private room. If the hospital has no semi-private rooms, this should also be mentioned. In that case, the reimbursement will be limited to 80 percent of the cost of a private room.
- In case of hospitalization in Egypt, there should be an indication on the hospital bill of the cost of a private room. If this information is not provided, Vanbreda/Cigna will delay payment of the entire bill.
- Before sending claims and documents to the university's health insurance office, make a clear photocopy of all papers you submit for a claim so that if Vanbreda/Cigna does come back with questions you will be able to answer them.
- Send your claims to the Human Resources office, Benefits Unit (mail code 413) if you are in Cairo, or to AUC's New York Office if you are in the United States. If you submit the claim directly to Vanbreda/Cigna, please provide a copy of all pages to either the health insurance section of AUC's human resources office or the New York Office so we can help you should any breakdown occur in the claim process.

- You can send your claim online via your personalized web access where you will need to fill out the claim form online, scan all the bills and receipts then click send.

Following is a checklist of the required documents to support your claim for reimbursement:

Doctor's prescription and bills must be itemized to include:

- Doctor's name
- Your diagnosis
- The date of the service
- A description of the service and charges
- Receipt from the doctor covering his consultation fee
 - For prescription drugs, make sure to obtain a receipt from the pharmacist. Cash register receipts are not acceptable.
 - Medicines that do not require a prescription are not covered.
 - In the case of prescription drugs provided through the AUC Clinic, the clinic will bill Vanbreda/Cigna directly.

The pharmacist's receipt must be itemized to include:

- Patient's name
- Date of purchase
- Purchase price for each drug
- Quantity
- Name of drug
- Name of the pharmacy

Prescription renewals are valid for a period of six months.

How to fill out the claim form

- Write your name in the same way as printed on your Vanbreda ID card on all claims.
- Clearly mention your Vanbreda/Cigna insurance number on each claim form.
- Submit a separate claim form for each patient.
- In case the expenses are covered by another insurance plan, this should be indicated, as well as the amount reimbursed by the other insurance company or social security institution.
- Use one line per medical treatment.
- Give a detailed description of the nature of the expenses incurred. For example, general practitioners' and specialists' fees, costs for prescription drugs, x-rays, care given by physiotherapist, etc.
- Indicate the currency in which the expenses have been incurred.
- In case of hospitalization, please indicate the date of hospitalization, the diagnosis, and the treatment received or surgical intervention undergone.
- Mode of Payment - The words on the lower section of the claim form do not refer to whether you paid the doctor in cash or by check. Mode of payment refers to how you would like to be reimbursed by Vanbreda/Cigna.

There are two options:

- You can either receive your payment by transfer into your bank account, or
- You can receive your reimbursement by check.

It is preferable to select the first option, because it will reduce paperwork and speed up your receiving refunds by two to three weeks. To use this service, you will need to complete the information on the enclosed form and return it to the health insurance section at the university's human resources office (mail code 413).

However, if you select the second option, you need to know that your check will be issued from a U.S. bank which can either be deposited in an Egyptian bank or cashed from US bank in USA.

This is important, because if you receive a check payable at an Egyptian bank and you want to deposit it in a U.S. bank, the U.S. bank will put your check for —collection|| from the Egyptian bank, and both the U.S. bank and the Egyptian bank will deduct their collection fees from the face value of your check.

- Sign and date the claim form and send the completed form together with the supporting documentation to the health insurance section at the university's human resources office (mail code 413).

Every week reimbursement claims are mailed to Vanbreda/Cigna via a courier pouch.

DIRECT BILLING HIGHLIGHTS

- In order to make direct billing possible, Vanbreda/Cigna must be informed before hospitalization takes place.
- For pre-scheduled surgery, hospitalization or day-surgery in the United States, pre-notification is mandatory and must be given at least 14 days beforehand. If this pre-notification is not given to Vanbreda/Cigna, the normal reimbursement calculated will be reduced by 25 percent.
- In case of hospitalization as a result of an emergency, you must inform Vanbreda/Cigna before leaving the hospital.
- Direct settlement of bills does not exempt the insured person from paying to the hospital any amount not reimbursed by the Group Health Insurance Contract.
- For admission to hospitals in Egypt participating in the AUC-Vanbreda /Cigna direct billing plan, you must present your personalized guarantee letter or your Vanbreda identification card if requested by the hospital.
- If you are hospitalized in an Egyptian hospital that does not participate in the AUC-Vanbreda/Cigna direct billing plan, you must pay the hospital bill and then claim reimbursement from Vanbreda/Cigna.

Admission to hospitals in the United States or anywhere outside Egypt

Although Vanbreda/Cigna is well known internationally, it is less of a household name than Blue Cross/Blue Shield. It therefore may happen that a stateside hospital refuses to give treatment until a certification of benefits is provided by Vanbreda/Cigna. Vanbreda /Cigna will, upon request, issue a letter to the hospital certifying your coverage. If you are planning on having a medical operation performed in the United States and need to have a guarantee letter issued by Vanbreda/Cigna to the hospital, you may either contact Vanbreda/Cigna directly or ask the hospital or your doctor to contact Vanbreda/Cigna on your behalf and inform them of the diagnosis and medical procedure to be performed (as well as the estimated period of hospitalization). **This prenotification is mandatory and must be given at least 14 days before the scheduled hospitalization.** If you are in the United States, you may ask the hospital to call AUC's New

York Office at 212.730.8800 or Vanbreda/Cigna directly on the U.S. toll-free line 1.800.721.2103.

Pre-certification does not guarantee that all charges are covered under the plan. All charges submitted to Vanbreda for payment are subject to all other terms and conditions of the plan regardless of the authorization forwarded by Vanbreda/Cigna. Therefore, for services not covered by the plan, you must give the hospital an address where they can bill you for these charges or else pay them when you check out.

Admission to participating Egyptian hospitals in the AUC-Vanbreda/Cigna direct billing plan (in-patient treatment, i.e., overnight stay or longer in a hospital; or out-patient surgery, i.e., surgery performed on an in-and-out, same-day basis) The direct payment system operates with hospitals in Egypt participating in the AUC-Vanbreda direct billing plan (see list of participating Egyptian hospitals). These hospitals have agreed to accept your personalized guarantee letter or your Vanbreda/Cigna identification card and deal directly with Vanbreda. To use this service, follow these steps:

- Present your personalized guarantee letter.
- Present your Vanbreda/Cigna insurance identification card if requested by the hospital.
- If the above-mentioned procedures fail to work, payment will be required for temporary guarantee. Payment can be made in cash or by Visa or Mastercard.

These hospitals will file your claim for you and will be paid directly by Vanbreda/Cigna for the total amount of the bill. In due course, the university will be billed by Vanbreda for the difference between the amount covered by the plan and actual amount of the bill. You will be advised of the net amount and will be expected to reimburse this amount to the university.

Participating Hospitals in the AUC-Vanbreda/Cigna Direct Billing Plan

Address	Telephone
Al Salam International Hospital Corniche El Nil	2524.0250 (20 lines) 2524.0077 (emergency) Maadi
Nile Badrawi Hospital Corniche El Nil Maadi	2524.0022/0349 2524.0517/0376 2524.0212 (emergency and ambulance)
Al Salam Hospital 3 Syria Street Mohandiseen	3303.0502 (22 lines) 3303.4780/1 (emergency and ambulance)
Shaalan Surgicenter 10 Abdel Hamid Lotfi Street	237605180 Mohandiseen
Misr International Hospital 12 El Saraya Street Dokki	237608269 (emergency and ambulance)
Dar Al Fouad Hospital 26th of July Street, Touristic Zone, 6th of October City, Giza Contact Person: Dr. Taghreed Yehia	3835.6030/6040/6050 2577.7300 (emergency) 3835.6030/6040 ext. 4042//4393/4398
The Behman Hospital	2 555.7551 (9 lines)

32 El Marsad Street 2 555.7894/6902-3
Helwan 010 398.4849
(emergency)

Al Shorouk Hospital 2304.4901
5 Bahr Al Ghazal Street 2345.9941 (emergency)
(from Ahmed Orabi Street) Mohandiseen

El Hayat 22907027
Medical Center
6 Menis Street
Korba, Heliopolis

American Hopsital 22720023
15 Khaled Ibn
El Waleed Sheraton
Heliopolis

CONTINUED HEALTH COVERAGE

- Available to insured persons and their dependants who lose coverage due to termination of employment.
- Dependant reaching maximum age.
- Provides for no break in coverage.
- Requires extension of coverage within 60 days of termination of coverage or within 60 days of the date notified of the right to continue coverage.
- The length of COBRA coverage depends on the event which qualified the insured person to choose this coverage.
- Requires the insured person to pay full premium cost.

Qualifying events and period of continuation

Following is a list of events that may cause you or your dependants to lose coverage and the corresponding length of time that coverage may be extended.

If coverage ends due to	Coverage may be continued for
Termination of employment	18 months
Dependant is no longer eligible	36 months Death;
spouse no longer eligible	36 months
Divorce; spouse no longer eligible	36 months

Premiums

Premiums for continued health coverage, must be paid quarterly to AUC by those choosing to continue coverage.

It is important to note that late premium payments cause significant delays in or suspension of claim settlement RETIRE PLAN HIGHLIGHTS

- Available to retirees who have reached the age of 60 and had a minimum of 10 years continuous employment with AUC.
- Full premiums are paid by the retirees.
- Premiums must be paid in advance through AUC.

- In case of death of the insured retiree, the coverage of his or her widow(er) can be continued provided that the premium for coverage is paid.
- Retirees may withdraw from the plan at the annual renewal date of the contract (July 1). Withdrawal from this plan is irrevocable.

Who may be covered

- Insured persons who have reached the age of 60 and have had a minimum of 10 years continuous employment with AUC.

When coverage starts

- The date the insured person's retirement begins.
- The retiring person must inform Vanbreda/Cigna through the university as to whether he or she has opted to extend coverage.
- This decision is irrevocable.
- No application filed after the date of retirement will be admitted.

When coverage ends

- The date through which the premium for coverage is paid.

Please make sure that any changes in family status are reported prior to the date of your upcoming premium payment to allow timely adjustments

MEDICAL SERVICES NOT COVERED UNDER THE PLAN

Excluded Risks

The following types of care do not qualify for reimbursement by Vanbreda/Cigna. Please note, however, that this is not an exhaustive list. If you have any doubts about whether a specific treatment is reimbursable, we advise you to contact Vanbreda/Cigna in advance.

- Transportation, except for professional ambulance service from the place where you are injured by an accident or stricken by disease to the first hospital where treatment can be given.
- Periodic, preventive health examinations, except for well baby care and the specific wellness benefits mentioned in the summary of benefits covered by the plan.
- Rejuvenation cure, spa cures and cosmetic treatment. Cosmetic surgery is only covered when necessary as a result of an accident.

- Hearing aids, eyeglasses, lenses and frames, as well as any visits and examinations related to the prescription of eyeglasses, lenses or hearing aids.
- Dental treatment or treatment of the gums, unless necessitated as the direct result of a covered accident.
- Workmen's compensation cases.
- Accidents while piloting an aircraft.
- The consequences of sicknesses or accidents resulting from voluntary and intentional action on the part of the insured person, e.g. attempted suicide, voluntary mutilation.
- The consequences of insurrections or riots, if by taking part the insured person has broken the applicable laws, and the consequences of brawls, except in the case of self-defense.
- The results of wounds or injuries resulting from motor-vehicle racing and dangerous competitions in which betting is allowed; normal sports competitions are covered.
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiations produced by the artificial acceleration of nuclear particles.
- If you are mobilized or volunteer for military service, the insurance is then suspended.

To avoid doubt, it may be mentioned that the following are covered:

- Private-duty nursing when medically necessary.
- Pre-existing conditions for new employees, i.e. no waiting period.
- Routine eye exams.

HEALIX MEDICAL EVACUATION AND REPATRIATION OF MORTAL REMAINS

Extent of Coverage

This coverage is valid when the local medical facilities are insufficient and there is a lack of medically qualified personnel. Evacuation will take place provided that transport is possible in accordance with the health status of the patient.

Every repatriation is conducted under medical supervision where considered necessary by HEALIX. For people who are under 18 years of age, the costs relating to one accompanying person, designated by the family of the injured or ill member, will be paid.

The costs involved in evacuation, such as transport, attendant medical care on board the aircraft or any other suitable means of transport, including payment of the fees.

The choice of the means of transport shall be left to the doctor or a doctor designated by HEALIX. The doctor will bear in mind the nature of the patient's sickness or injury, the patient's general condition, the distance to be traveled and any other relevant factors.

In case of death by whatever cause, mortal remains are repatriated to the country of principal residence.

Exclusions

- Minor sickness or slight injuries which can be treated by local doctors or which do not prevent the insured person from continuing his or her travels or work.
- Injuries or sickness sustained while mountaineering or rock climbing necessitating the use of ropes or guides, potholing or racing of any kind.
- Insured persons taking part in war and kindred risks.
- When moving from a ship, oil rig platform or similar offshore location to an onshore location.

- In no event do the services guaranteed by HEALIX entitle the member to reimbursement if they were not claimed for and through HEALIX.

Limitations

HEALIX is not liable for failure to provide services or for delays caused by a reason whatsoever beyond its control, including but not limited to strikes, flight conditions or where rendering of services is prohibited by laws or regulatory agencies or for any misadventure to the insured person during the time of repatriation.

An insured person cannot derive any rights from this coverage if HEALIX has not been notified of an accident or acute sickness within 30 days of occurrence. In the event of evacuation or repatriation, any unused portion of an insured person's return travel ticket shall be surrendered to HEALIX or its representative.

Procedures

Who should you contact?

24 hrs medical help line

+44(0)2036672774

Email: AUC@healix.com

Or contact AUC directly for assistance.

Emergency Contacts

AUC Clinic Emergency Line (during working hours) DT 2797.5000 / NC 2615.4000
AUC Clinic Emergency Line (after working hours) 01280001039
Ambulance (off-campus) 123

AUC Physicians

Name	AUC	Home/Mobile	Clinic Hours
Dr. Mohamed Amin Saad Gerneral Practitioner&E.N. T. Specialist	2615.3909	01221005947	8:30 am – 4:30 pm
Dr. Suzan Michel General Practitioner	2615.3953	01005067270	AUC 9:00 am – 2:00pm Sunday/Tuesday/Thursday
			Zamalek 5:00 – 7:00 Saturday/Monday/Wednesday
Dr.Bassem Gamil	2615.3932		8:30 am – 4:30 pm

AUC Clinic Personnel

Ms.Lilian Akonia Nurse	2615.3894	370.5061	8:00am- 5:00pm
Ms.Fahima Amal Farouk Nurse	2757.4929	01001002702	8:00am- 5:00pm
Rania El Bahkeery Finance & Admin Officer	2615.3911		

Vanbreda International
Toll-free from 2140 Antwerpen
1.800.721.2103
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Fax: 32.3.663.2857
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American University in Cairo
Telephone : 2794.2964,
2797.5999
Fax :20.2.2795.7565 113
Kasr El Aini Street
Cairo, Egypt

AUC Clinic
Telephone: 2797.6127/6128/6747
Fax : 20.2.2794.6592 5
Youssef El Guindi
Cairo, Egypt

American University in Cairo
Telephone: 1.212.730.880
Fax: 1.212.730.1600
420 Fifth Avenue, Third Floor
New York, NY 10018-2729

If you have any questions or would like more information pertaining to your health insurance plan, you may call the health insurance section within the university' human resources office
l_elbaz@aucegypt.edu
Telephone: 26152419
Fax: 20.2.27957565

VANBREDA /CIGNA INTERNATIONAL WEB SITE FOR AUC

Vanbreda/Cigna Web site is www.cignahealthbenefits.com. This site consists of two major sections. The first section provides general information on Vanbreda/Cigna International. The second section is AUC specific and is restricted to AUC staff and their insured dependants.

1. The general section introduces the company, shows career opportunities and offers contact modes. Navigation is possible by using the tab system. The title of the document viewed on the right-hand side of the screen is highlighted in the margin on the left-hand side of the screen. At any point in this site you can return to the homepage by clicking the company logo at the top of the screen or the home link at the bottom of the screen.
2. The personalized section offers information on:
 - The risks covered under your medical plan.
 - The direct billing system.
 - Submission and processing of claims.
 - The contact persons at AUC and Vanbreda/Cigna
 - A search engine that you can use to look for various types of medical providers around the world using the Vanbreda/Cigna provider database.
 - Claim forms in PDF format which can be read, filled out online and printed using Acrobat Reader and then mailed to Vanbreda/Cigna with supporting documentation attached. Please note that the forms cannot be saved or returned by e-mail. If you prefer, you can also print the form and fill it out by hand (preferably in BLOCK LETTERS).

How to activate Vanbreda/Cigna International's electronic settlement details service

How to register

- Go to our Web site, www.cignahealthbenefits.com, and log on via member's access (Vanbreda number on ID card and your date of birth).
 - Go to the heading Forms.
 - Click on the link Request Form - Settlement details online.
 - Fill out the form and click Send.
 - The message, —Your request has been received,|| will appear.
-
- Within two days, you will receive an e-mail containing a password.

How it works

Once registered, a password will be forwarded to the e-mail address you have entered on the request form. For security reasons, you are asked to alter the password the first time you log on to the site.

Vanbreda/Cigna International will automatically send you an e-mail each time new settlement data are available online. This e-mail contains a link to the log-on screen of the Vanbreda Web site. To access the settlement data, you must enter your Vanbreda/Cigna International insurance number (see on your ID card) and your password.

