

CIGNA CONNECT

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Global Health Benefits

 Cigna®

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Hello and welcome to Connect! A quarterly newsletter filled with valuable topics and interviews for you to enjoy. In this issue you will find: real life clinical stories, an article to answer all your questions about the PPACA reform, an opportunity to read and download our global mobility trends survey...and so much more!

All the best,

John Kaye

Sales and Client Management Director, Cigna
Global Health Benefits Europe



A NEW WAY OF HELPING
YOUR EXPATS NAVIGATE THEIR
WAY TO BETTER HEALTH!

ARE YOU INFORMED TO REFORM?

An interview with Elaine McCarthy



ELAINE MCCARTHY

Cigna Global Health Benefits (GHB) Global Product Director.

Top HR and Broker questions, answered!

Do you know how the Patient Protection and Affordable Care Act (PPACA) might apply to your organization or if it applies to the globally mobile employees on your plan? While the U.S. healthcare reform law certainly impacts American companies and U.S. citizens, it also has far reaching impacts for multi-national organizations and their globally mobile employees. It's a safe bet that there are impacts on your organization or your employees but an equally safe bet you might be struggling to determine what those impacts are and more importantly what to do to ensure compliance.

The PPACA is a particularly complex law so it's no surprise that after years since its implementation began, there are still unanswered questions and quite a bit of confusion as to how the law extends its reach outside the United States.

With financial penalties now at stake, it's a good time to review your approach and we're here to help.

Does the PPACA apply to my plan?

This is the number one question I receive from our clients across the globe! Unfortunately, there is no easy answer to the question. If and how it applies to your organization depends on a number of factors such as the location of your offices, your health insurer, where your policy is issued and the citizenship and work location of your globally mobile employees. Since no two organizations are exactly alike, there is no one universal solution to healthcare reform or its application but, rest assured, our client managers can help you navigate the complexities applicable to your situation and work with our PPACA team to craft solutions.

What are the main PPACA compliance issues for multi-nationals?

When we're looking at expatriate plans, the two main concerns are the "employer mandate" and the "individual mandate". Thanks to Cigna's advocacy with the agencies, many of the benefit and tax requirements no longer apply to expatriate plans. The employer and individual mandates still do, however, so the first step is to determine if the organization is subject to the employer mandate and if any of the covered employees/dependents are subject to the individual mandate. Because there are financial penalties tied to each mandate, it's important to understand the impact of the mandates on your organization.

How do I know if the employer mandate applies to my organization?

The employer mandate applies to any organization employing more than 50 full-time workers in the United States. Organizations which employ 50 or more full-time workers in the U.S. must offer health coverage that meets minimum standards to those employees or pay a tax penalty. That seems simple enough but it requires that multi-nationals count all the full-time workers in the U.S. across all the entities within its “control group” for U.S. tax purposes. For a Human Resources Manager in Spain managing only the globally mobile population for a Spanish subsidiary of a U.S. company or a UK headquartered company with a U.S. subsidiary, it can be tough to know how many employees are working in the U.S. for the other entities within the control group.

Most multi-nationals with either a parent or subsidiary in the U.S. are likely going to be considered an Applicable Large Employer (ALE) for purposes of PPACA because generally these are large companies with a considerable presence in the U.S. If you start with the premise that you are an ALE, what you need to then focus on is whether you have any full-time workers in the U.S. on your expatriate plan. In this context, you would need to count any foreign nationals you are sending to work in the U.S. and any U.S. locals covered on your plan. You would not count U.S. citizens on assignment outside the U.S. because their hours worked are outside the U.S. and in most circumstances they are not considered full-time U.S. workers.

Ok, so I am subject to the employer mandate. What do I need to do?

If you don't have any employees who are assigned to work in the U.S., and/or you are not covering any U.S. locals on your expatriate plan, generally you won't have to worry about the employer mandate requirements (though you may have individual mandate concerns addressed below).

If your company does have globally mobile workers located in the U.S., the health plan that is offered to them and their dependents up to age 26 will need to meet what is called a minimum value standard and it must meet an affordability test. The minimum value standard is an actuarial calculation that a reputable insurance carrier can help you determine. The affordability test is related to the amount of premium the employee pays towards the premium. That amount cannot exceed a specific percentage of their household income.

Companies must then complete a set of reporting related to this coverage which is due in January of each year to employees with a copy to the U.S. Internal Revenue Service (IRS) in March.

Companies that do not offer coverage that meets these standards to the full-time U.S. employees can be assessed for tax penalties which can be as high as \$3000 per employee.

“Companies that do not offer coverage that meets these standards to the full-time U.S. employees can be assessed for tax penalties which can be as high as \$3000 per employee”



What do I need to consider for the individual mandate?

All U.S. citizens and foreign nationals working in the U.S. must now have what is called Minimum Essential Coverage (MEC) or will face individual tax penalties. These penalties are either a flat dollar amount of a % of income penalty - whichever is greater. Some U.S. expatriates may qualify for a U.S. tax exemption called the Bona Fide Foreign Resident exemption. If they do, they are automatically deemed to have MEC. The problem for employers is that this exemption must be applied for at the individual level when filing a U.S. tax return and most employers will not know who qualifies and who does not.

Those who don't qualify and any foreign nationals working in the U.S. will need to have MEC coverage to avoid these penalties.

The safest solution is for an employer to provide a MEC plan to all their employees who have U.S. citizenship or a U.S. work location so that these employees and their families do not incur the tax penalties.

What is a MEC plan and how do I get one?

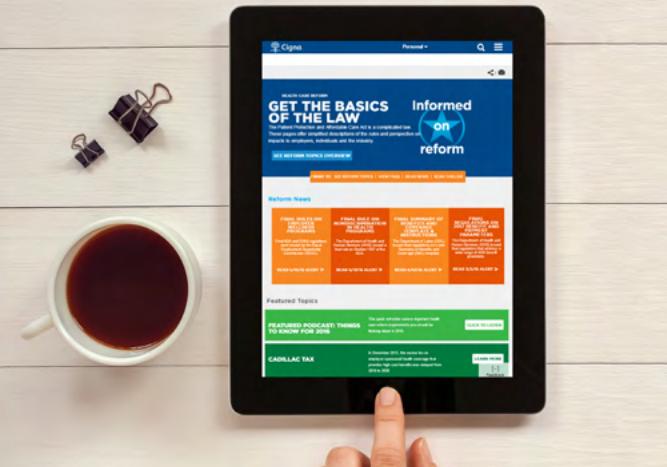
The definition of a MEC plan is different depending upon whether the plan is issued within the U.S. or outside of the U.S. Employer sponsored plans issued in the U.S. are generally considered MEC. However, employer sponsored plans issued outside the U.S. can be MEC for certain individuals provided that the employer provides a notice to the employees that the plan is MEC and most importantly that the MEC reporting required by the U.S. government is completed by the insurer in the case of a fully-insured plan or the employer for a self-insured or ASO plan. If the reporting is not completed, the taxing authority in the U.S. will not have the information required to prevent penalties from being assessed on the employees.

To ensure that the plan you are offering impacted employees is MEC, confirm with your carrier that they will be completing the MEC reporting – also known as the 1095 reporting. Without this reporting, the plan will not be considered MEC and those employees can end up penalized.

I'm still confused – what should I do?

The best advice I can give is to work with a carrier who is well versed in PPACA and understands the nuances as they apply to expatriate plans. Make sure you confirm with your carrier that they are completing the required MEC reporting. If you are subject to the employer mandate, have them help you determine if the plan you are offering U.S. workers meets the minimum value standard. Also, reach out to your U.S counterparts to coordinate any required employer mandate reporting.

I can't stress enough to work with a trusted carrier who can help you navigate the compliance challenges inherent in this ever changing law. I also encourage you to check out Cigna's resources – available through our award winning website: www.informedonreform.com



GET THE BASICS OF THE LAW

The Patient Protection and Affordable Care Act (PPACA) is a complicated law. Check out our website to learn more: www.informedonreform.com

GLOBAL MOBILITY TRENDS

Annual Cigna and NFTC Study*

The study generated 2,704 respondents – a striking 79% increase over the 2013 study – from 156 countries of assignment.

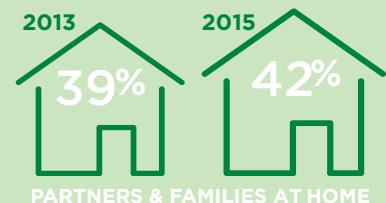


A CAREER CHOICE

Global mobility is becoming a career unto itself. 84% of respondents say they would accept another international assignment with their current employers.

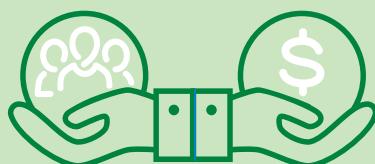
YOU STAY. I'LL GO

The number of expats leaving their partners and families at home increased over the last two years. 17% are single, up 2% from two years ago.



KEY DRIVERS OF GLOBAL MOBILITY PROGRAMS

Expats understand that their employers must balance cost versus demand for globally mobile talent. 63% of respondents said reducing costs was a program driver for their employer's globally mobile benefits.



DIGITAL RESOURCES

57% of expats say their preferred digital communication resource is their employer's intranet.



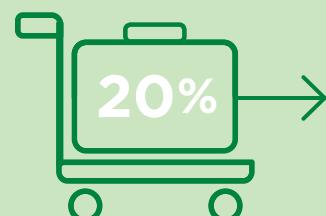
More than half (56%) say their employers offer online resources, while 44% either don't or don't know.

RETHINK REPATRIATION

Most employers indicate they have a formal repatriation program, but only 54% of expats indicate their company has one.

Job security, culture shock and finances are key concerns once an assignment is complete.

Only 20% of companies track their returning expatriates.



expats
say

“Repatriation
just as tough as
expatriation.”

“Going home
is like returning
to a new
country.”

TAKING CARE

79% of expat households access medical care while on assignment – more respondents are turning to local providers for routine medical care.



*In 2015, the National Foreign Trade Council (NFTC) and Cigna Global Health Benefits (CGHB) sponsored an independent research study to review how expatriates **experience**, **perceive** and **value** elements of their assignment terms and programs.

CIGNA ENVOY

One website. A total solution for you and your employees

What would you rather do – pick up the phone or send an email? More than likely, you'll choose the latter. These days, we just want to type, click, and send. So we've created a website that lets you and your employees do just that.

It's simple, it's fast, and it has everything you and your employees need. It's **CignaEnvoy.com**.



YOUR NEEDS HELPED CREATE OUR WEBSITE

What do HR and benefits professionals need in a website? Well, before building [CignaEnvoy.com](#), we did our research and that inspired us to design features that allows you to:

- › Add, edit, or delete an employee's coverage.
- › See what features each employee has in their health plan.
- › View plan details anytime.
- › Download your invoices the way you need them – as a PDF or in a spreadsheet.



SHARE AND SHARE ALIKE – FEATURES FOR YOU AND YOUR EMPLOYEES

When an employee calls you from abroad you know they need answers fast. With the simultaneous features you will both be able to:

- › Send an email to our global service center, available 24 hours a day, seven days a week.
- › View and print ID cards.
- › Find a healthcare professional or facility anywhere in the world.
- › Download forms.
- › Use our country guides – which provide everything from medical to cultural information for more than 150 countries.

- › Use Cigna Envoy's health and wellness tools, which make it easy to:
 - Speak with a Cigna clinical specialist.
 - Research almost any health condition – from allergies to zinc overdoses.
 - Get instant translations of common medical terms and everyday language.



THE ULTIMATE ONLINE EXPERIENCE. CREATED ESPECIALLY FOR THE GLOBALLY MOBILE

Your employees working in another country have diverse needs and we've done our best to meet all of them. They can:

- › Quickly and easily submit claims online.
- › Sign up for direct deposit for claims reimbursement.
- › View claim status.
- › View and print their Explanation of Benefits, and opt-out of receiving them in the mail.
- › Get country-specific information – everything from immunization requirements to electronic adapter needs.
- › Take advantage of a unique feature that allows them to get a remote second opinion from the eCleveland Clinic – one of America's most respected referral institutions.



LET'S BREAK IT DOWN

CignaEnvoy.com makes your life easier and the life of any employee who goes on assignment and it's only available from Cigna Global Health Benefits.

NEW MARKETS IN DEVELOPMENT

A focus on Africa



GILLES NYSENS

Cigna Business Development Manager Africa

1. Describe your role within Cigna.

I am the business development manager for Africa. Following my role of client manager, I am now responsible for growing our corporate business in Africa. Cigna has a significant presence in Africa: we cover more than 250.000 plan members on the continent; predominantly members of our IGO (International Governmental Organization) and NGO (Non-Governmental Govermental Organization) books of business. My role is to grow our corporate business by leveraging the unique service proposition we created for our Africa-based IGO and NGO clients over the past 55 years.

2. Tell us about the emerging market in Africa. What is growth in GDP?

The African continent's economy is very volatile. The current commodity price crunch has devastating effects on the economy of oil-dependent countries such as Nigeria and Angola. Nevertheless, I'm hopeful for the future: average GDP growth over the last 10 years has been above 5% and when we look at the next 5 years, East Africa and Mozambique have a growth forecast between 5-8%. These numbers are significantly higher than the global economy GDP growth.

3. What are the complexities of servicing the African continent?

From a macro-economic level we face a number of complications. Even though the continent is much more politically stable than 10 years ago, flares of political instability have a tremendous impact on countries' economies. Unfortunately, the risk of pandemic outbreaks remains high and due to the slowdown of the Chinese economy, Foreign District Investments have decreased in the last year.

From a healthcare perspective we face two critical challenges. The first one is access to care. This is underdeveloped when compared to other continents and by far the main concern in the healthcare landscape. In the largest part of Africa, more complex treatment can typically only be received in the capitals due to the lack of equipment and educated staff as well as an underdeveloped road network. The second challenge is the health insurance regulatory environment. Regulation can be either very specific in some countries or not clearly defined in others.

4. Do these complexities mean it's the end for expatriation in Africa?

We have observed a tendency towards localisation of employment in Africa. The cost of expatriation rises (e.g. Luanda is one of the most expensive expatriate cities in the world) and more restrictive employment laws for protectionism purposes are created. In addition, we notice an increasing number of educated and experienced local staff being hired in multinational environments. However, for many highly specialised functions we continue to see expatriates being sent on assignment to Africa.

5. What are the current trends in legislation in Africa?

Main trend is that the legal and regulatory framework governing the insurance sector is ever more expanding. More and more African countries issue legislation in view of organizing and supervising the insurance market more effectively. South Africa and Kenya are the front runners in developing insurance regulations based on the Anglo-Saxon model and are very influential in their wider regions. As Cigna, we appreciate that insurance industry is more regulated and recognized.

6. What is access to healthcare really like in Africa and what solutions can Cigna provide?

We have an extended direct medical provider network in Africa due to our large membership footprint and longstanding history in the continent. We have our network both in large capitals and in remote regions. Additionally, we keep investing in establishing a local presence in Africa. We strongly believe that local presence is critical to adequately serve our members in Africa.

7. How does Cigna deal with the changing and complex environment in Africa?

We have the advantage of our large presence and historical experience and have taken one step further by partnering with Hollard, an experienced insurance specialist in Africa. Their extensive local knowledge and large network of local staff and a license base in multiple countries in sub-Saharan Africa makes them the perfect partner for us. Together we created a product that is locally compliant, covers local management staff in multiple countries and provides a Cigna service delivery. We are convinced this partnership prepares us to deal with the complexities we might face on the African continent. Together with Hollard, we can deliver a unique value proposition which is unprecedented in Africa.

8. How do you see the future of Africa?

I regularly travel through Africa and what continues to amaze me is that even in tougher times, hope always remains. African people really believe that the future of Africa is bright and that better times lie ahead. Even though complexities remain and even though I have at times been sceptical, my past experiences made me a firm believer. I have high hopes for the African continent and strongly believe in the African dream of growth and an improved standard of living throughout the continent.



TAKING WELLNESS TO THE WORKPLACE

DID YOU KNOW...

Organizations that actively promote health and well-being are two and a half times more likely to be a best in class performer? That their employees are 8 times more likely to be engaged? And perhaps most importantly, that these organizations are 4 times less likely to lose talent within the year?* Paul Debrabandere and Dr José Quesada are here to present the tools that will get your wellness strategy going and how you can measure the impact of your investments in health and well-being.



PAUL DEBRABANDERE

Deputy Director at Cigna IGO (International Governmental Organizations) Health Benefits and member of Cigna's Wellness Council

1. Why is it important for employers to have a solid health and well-being strategy in place for their employees?

Paul: This is a very pertinent question. Often and especially in the past, the 'why' to invest in health and well-being was approached purely from a financial angle. I do not believe in this short term thinking model. It is indeed financially rewarding for an organization to invest in health and well-being tools, as it significantly increases performance, engagement and productivity. But there's more to it than the financial side.

Within Cigna, we have identified **four major benefits** for the employer: **productivity**, **engagement**, affordable **quality care** and being the **employer of choice**. The last one is even more important than the financial benefits, in my opinion. There is a growing interdependency between work, life and health. And it is increasingly seen as the employer's responsibility to empower and equip their staff with everything they need to perform, both in their private and working environment.

2. How does Cigna tailor its health and well-being initiatives?

Paul: Cigna has developed a suite of health services to support our clients in creating a culture of health. And throughout the years, we have introduced many health initiatives, within Cigna and together with our clients. **Experience taught us that a tool cannot be 'standard'**. Health initiatives need to be tailored or localised so they make sense for both the organization and the individual. Our advice is to think globally but adapt locally. A health initiative has to be multilingual, but maybe even more importantly, multicultural taking into account background, duty station, eating and sleeping habits etc.

3. How could these be promoted within the employee population?

Paul: Building a sustainable culture of health is a combined effort: from HR, senior management, Cigna, staff associations and the employees. Changing behaviour also doesn't happen

*Dornan, Alistair et al. The well-being Imperative: Creating More Effective Organizations. DAVOS, Switzerland: World Economic Forum in partnership with Right Management (A Manpower Company), 2010. Web. 21st May 2015.

overnight. It goes by small steps and it is a continuous process. And when doing this, consistency is important, like always using the same catchy name for your programme and initiating a regular programme re-launch and enhancements to keep it fresh and appealing. We shouldn't look at all programmes as stand alone. We need to look at them in a holistic way, as they are all complementary. Eating is linked to stress, stress is linked to sleep and sleep to eating. Approaching health is also multidisciplinary. We need to look at health from all angles: whether it concerns occupational return to work policies, international EAPs, prevention, fun, yoga or training. Many people and departments are involved, and need to be consulted in the planning phase.

4. How does Cigna help its clients create a culture of health?

Paul: As I said, creating a culture of health is a continuous process. Organizations that believe that a one-off or one year investment is sufficient will be disappointed. It is very important to learn and adapt to the many changes in the organization's environment. The first step is knowing your organization and knowing your people. We help our clients to **build their health and well-being roadmap**.

Cigna's workplace well-being evaluation provides our clients with insights and recommendations on their organizations. The evaluation consists of an interview conducted by our wellness experts with key stakeholders in the organization,

such as the medical division, HR, staff associations and administration. The deliverables are tangible and allow our clients to define the next steps.

Our **health assessment tools** provide our clients with insights into the health status of their staff. The assessment evaluates people on the four pillars of health as we call them: nutrition, physical activity, sleep and stress. Once insights are gathered, a roadmap can be built, implemented and fine-tuned. We advise clients to go for a year-on-year follow up and improvement.

5. How is the impact measured?

Paul: One of the steps in the building of a roadmap is to determine which metrics will be used over the years to quantify the impact of the health interventions. For this, I would revert back to the four benefits for employers. For each benefit, the wellness team will define the adequate metrics: productivity, engagement, affordability of care and employer of choice. Again, it's important to note that this is a combined effort. Some of the metrics will come from Cigna, like claims reports and health assessment results, while other metrics like the Bradford factor to measure absence, need to come from the organization itself.

Our Account Managers are health advocates themselves and are ready to start up the conversation around our services.

At Cigna, we also promoted health and well-being this summer with the global Cigna Fitness Challenge. All employees could join their country's team and compete against other countries by registering their daily active minutes. Belgium finished in third place, after Canada and Turkey (picture).



THE ZIKA VIRUS

What you need to know

**1**

WHAT IS ZIKA VIRUS INFECTION AND HOW IS IT SPREAD?

According to the World Health Organization (WHO), Zika virus is transmitted to people through the bite of an infected mosquito from the Aedes genus, mainly Aedes aegypti in tropical regions. This is the same mosquito that transmits dengue, chikungunya and yellow fever.

The virus can also be spread through sexual transmission and blood transfusions.

2

WHAT ARE THE SYMPTOMS?

- › About one in five people infected with Zika will get sick.
- › Zika virus usually causes mild illness; with symptoms appearing a few days after a person is bitten by an infected mosquito.
- › Most people with Zika virus disease will get a slight fever and rash. Others may also get conjunctivitis, muscle and joint pain, and feel tired. The symptoms usually last two to seven days.

3

CAN IT BE TRANSMITTED FROM MOTHER TO CHILD?

There have been reports of a serious birth defect of the brain called [microcephaly](#) (a condition in which a baby's head is smaller than expected when compared with babies of the same sex and age) and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant. Knowledge of the link between Zika and these outcomes is evolving, but until more is known, CDC recommends special precautions for the following groups.

› **Women who are pregnant (in any trimester)**

- › The Zika Virus can be spread by a man to his partner during sex. It may be possible for a man to carry Zika and give it to his partner(s), even when he does not have symptoms, or know that he is infected. Because of the link between Zika and birth defects, take steps to prevent infection during your pregnancy.
- › Consider postponing travel to any area where Zika virus transmission is ongoing.
- › If you must travel to one of these areas, talk to your doctor first and strictly follow [steps to prevent mosquito bites](#) during your trip.

Cigna is monitoring the developments of the outbreak and we are prepared to help customers, if needed



Remember that our customer service is open 24/7/365 to help customers with questions about their health benefits and other issues that may relate to their benefits



For more specific information about the Zika virus, please visit the Centers for Disease Control and Prevention website at www.cdc.gov or the World Health Organization at www.who.int

Women who are trying to become pregnant

- › The Zika virus can be spread by a man through sexual transmission before, during or after pregnancy.
- › Women diagnosed with Zika should wait at least eight weeks after symptoms onset to attempt pregnancy. Men diagnosed with Zika should wait at least six months after symptom onset to attempt pregnancy. Women without symptoms and men with possible exposure to Zika should wait at least eight weeks after exposure before attempting pregnancy.
- › Women and their partners who are thinking about pregnancy should talk with their healthcare professional about:
 - Their plans for having children, the potential risk of getting Zika during pregnancy, and their partner's potential exposure to Zika. To learn more visit: www.cdc.gov/zika/pregnancy/thinkingabout-pregnancy.html

4

HOW IS THE DISEASE DIAGNOSED?

For most people diagnosed with Zika virus disease, diagnosis is based on their symptoms and recent history (e.g., mosquito bites, or travel to an area where Zika virus is known to be present). A laboratory can confirm the diagnosis by blood tests.

5

WHAT IS THE TREATMENT?

There is no vaccine or specific medicine to treat Zika virus infections. Treat the symptoms.

- › Get plenty of rest
- › Drink fluids to prevent dehydration
- › Take medicine such as acetaminophen to reduce fever and pain
- › Do not take aspirin or other non-steroidal anti-inflammatory drugs
- › If you are taking medicine for another medical condition, talk to your healthcare professional before taking additional medication

6

WHERE HAVE ZIKA VIRUS CASES BEEN RECENTLY CONFIRMED?

By the end of January 2016, confirmed cases have been identified in the following countries.

Latin America and Caribbean islands

Aruba, Barbados, Bolivia, Bonaire, Brazil, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, U.S. Virgin Islands and Venezuela

Oceania and Pacific Islands

American Samoa, Marshall Islands, New Caledonia, Samoa, Tonga

Africa

Cape Verde

7

HOW DO I PROTECT MYSELF?

According to the WHO, the best protection from Zika virus is preventing mosquito bites. Women who are pregnant or planning to become pregnant and their sexual partners should take extra care to protect themselves from the bites of the mosquito that transmits Zika. This can be done by:

- › Wearing clothes (preferably light-coloured) that cover as much of the body as possible.
- › Using insect repellent: repellents may be applied to exposed skin or to clothing, and should contain DEET (diethyltoluamide) or IR 3535 or Icaridin which are the most common biologically active ingredients in insect repellents. Repellents must be used in strict accordance with the label instructions. They are safe for use by pregnant women. (Check your country regulations on types of repellents to use).
- › Using physical barriers such as mesh screens or treated netting materials on doors and windows.
- › Sleeping under mosquito nets, especially when resting during the day, when Aedes mosquitoes are most active.
- › Identifying and eliminating potential mosquito breeding sites, by emptying, cleaning or covering containers that can hold even small amounts of water, such as buckets, flower pots and tyres.

If you are a pregnant woman, or planning to get pregnant and have a male partner who lives in or has traveled to an area with Zika, you should talk to your healthcare provider about his travel history. You should refer to CDC recommendations and use protective measures, including abstinence, to prevent sexual transmission.

8

WHEN SHOULD SOMEONE SEEK MEDICAL CARE?

- › See your healthcare professional if you develop the symptoms described before and have visited the areas where Zika is found.
- › See your healthcare professional if you are pregnant and develop a fever, rash, joint pain, or red eyes within two weeks after traveling to a country where Zika virus cases have been reported.

The material provided here as well as additional information on the Zika virus can be found on the following websites using the links below.

[Centers for Disease Control and Prevention \(CDC\)](#)
[World Health Organization \(WHO\)](#)



THE MEDICAL CORNER

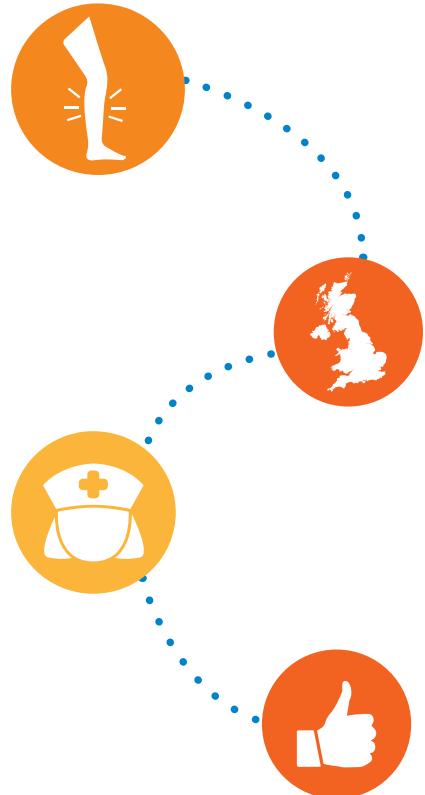
True stories from *The Medical Corner*

IMPROVING THE QUALITY OF LIFE FOR A PATIENT SUFFERING FROM PAIN AND DECREASED MOBILITY DUE TO SWOLLEN LEG SYNDROME

A female patient in her mid-50s with bilateral leg lymphedema (swollen legs syndrome) originally treated in Asia, reached out to Cigna Case Management for further surgery treatment after her condition became severe. The patient experienced constant feeling of heaviness and tightness in her legs, and a reduction in mobility. She also had severe discomfort in her legs when she had to sit for a prolonged period. In addition, the patient was wholly dependent on compression garments that she would wear for 23 hours per day in order to keep the swelling in check.

The patient returned to the United Kingdom and was seen at a top medical university practice. It was felt that she was an appropriate candidate for the surgery given the functional impact the condition was having on her quality of life. The Medical Director at Cigna spoke with the surgeon involved and it was agreed that the surgery would be approved for this customer.

The surgery took place as a day case procedure and the patient returned home later that afternoon.



PATIENT REFERENCE

“Just checking in to say it’s all done and I’m back at home, resting. I’m so grateful to you for your support and ask that you pass on my deepest thanks to the Cigna Medical Director for his compassion and understanding. I am already feeling the positive effects of the work done and I’m optimistic for a great final result. Again, my heartfelt thanks!”

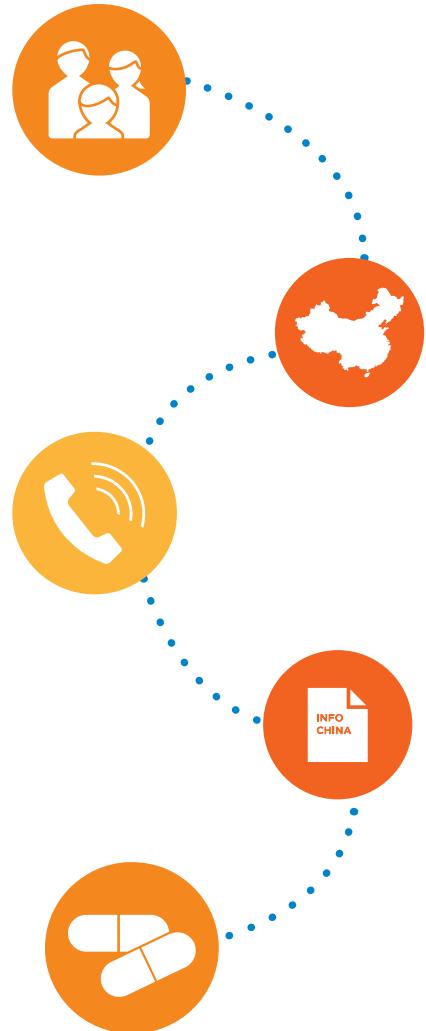
PROVIDING EXCEPTIONAL PRE-ASSIGNMENT ASSISTANCE TO A FAMILY RELOCATING FAR AWAY FROM HOME.

A family relocating on assignment from the US to China contacted the Cigna Case Management team to get information around their upcoming insurance coverage while abroad, shipping prescriptions of medications to China and information on suggested immunizations prior to their move. The Cigna Case Manager:

- › Provided all the required information about what would be available to them as Cigna members and what they could do while waiting for their insurance plan to be activated.
- › Provided information concerning the recommended immunizations for China.
- › Researched at length and on the member's behalf which of their prescribed medications would be available to them in China, which ones would not, and which ones they could possibly have shipped over from the States.
- › She made recommendations on how they could receive medications that were not able to be shipped into China.

Once the family arrived in China she followed up with them to check how they were settling in and if they had any insurance needs. She organized the shipment of the medication from the US into China and even followed the FedEx shipment and gave updates to the member.

The prescribed medications arrived on time and exactly as prescribed by their doctor and are enough to get them through a full year without worrying.



PATIENT REFERENCE

Cigna's Case Manager "was literally a wealth of information and assistance. She not only helped me to navigate my way through what I might encounter once I arrived in China, but also helped me with the details of my benefits under Cigna. I cannot speak more highly of the dedication and direction that she has given. In a time when we are trying to learn a new and very different medical system in a foreign country, she has been an excellent nurse case manager not to mention a warm, confident guide and healthcare advocate".



THE FACTS AND FIGURES:

Ovarian and prostate cancer

Ovarian cancer and prostate cancer are among the most frequently diagnosed cancers across the globe. This newsletter edition will look at the prevalence of the diseases, risk factors, and signs and symptoms.

OVARIAN CANCER



OVERVIEW AND PREVALENCE

The 5-year prevalence of women globally living with ovarian cancer is 22.6 per 100,000.¹ Ovarian cancer is the seventh most common cancer in women worldwide, with the highest incidence of the disease in Europe and Northern America.¹ In the US, the American Cancer Society estimates about 22,280 women will receive a new diagnosis of ovarian cancer this year alone.² In 2012, the rate of ovarian cancer was more than two times higher in Central and Eastern Europe compared with Eastern Asia.¹



RISKS AND CAUSES

Around 90% of ovarian cancer cases are epithelial ovarian cancer. This means the cancer has formed on the surface layer covering the ovary. The causes of epithelial ovarian cancer are still relatively unknown, but there are some factors which can increase a woman's risk.

A family history of cancer is one of the most important risk factors. About 5 – 15% of ovarian cancer cases are caused by an inherited faulty gene called BRCA1 and BRCA2.³ The risk of developing ovarian cancer gets higher with age- most ovarian cancer cases are in women who have past their menopause. Other possible risk factors include being overweight or tall, having endometriosis, infertility or undergoing Hormone Replacement Therapy (HRT).⁴

Risk of ovarian cancer may be lowered by taking the contraceptive pill, having children and breast feeding.³



SIGNS AND SYMPTOMS

Signs can include pain in lower abdomen, or sides, or feeling bloated or full. However in the early stages, most women don't report any symptoms at all. Unfortunately, this means the disease is generally at an advanced stage when diagnosed.¹

If the cancer grows out of the ovary, it can cause symptoms from the tumour growing anywhere in the area between the pelvis. This can cause abdominal pain, back pain, needing to pass urine more often than usual, constipation, pain during sex or a swollen abdomen.⁴

Women presenting any signs or symptoms should discuss them with their healthcare professional. This will help find the cause, and be treated if needed.

If you have a strong family history of ovarian or breast cancer, you may want to speak with your doctor or a genetic counsellor about having a blood test to look for BRCA1 and BRCA2 gene changes.

PROSTATE CANCER



OVERVIEW AND PREVALENCE

Prostate cancer is the fifth most common cause of death among men, and the second most common cancer worldwide.⁵ Two thirds of prostate cancer cases are diagnosed in more developed regions in the world.⁶

The American Cancer Society estimates about 180,890 new cases of prostate cancer will be diagnosed in 2016 across the United States.⁷



RISKS AND CAUSES

About 1 man in 7 will be diagnosed with prostate cancer during his lifetime.

Research has found several lifestyle and biological factors that might affect a man's risk of getting prostate cancer. These include:⁸

- › **Age:** The average age of man at prostate cancer diagnosis is 66. Most cases (6 cases in 10) are diagnosed over the age of 65, and prostate cancer in men under the age of 40 is rare.⁷
- › **Ethnicity:** While the reasons for ethnic differences in prostate cancer diagnosis is not clear, men of African-American ethnicity are more than twice as likely to die of prostate cancer than white men. Prostate cancer also occurs less in Asian-American and Hispanic ethnicities.
- › **Family history:** Having a father or a brother with prostate cancer more than doubles a man's risk of developing the disease.
- › **Genes:** In a small number of cases, some types of inherited gene changes can raise prostate cancer risk.
- › **Diet:** Research has linked diets that are high in red meat, or high-fat dairy products have a slightly higher impact on prostate cancer.



SIGNS AND SYMPTOMS

Early prostate cancer usually shows no symptoms, and can often go unnoticed. More advanced stages of prostate cancer can present symptoms such as problems urinating or needing to urinate more, blood in the urine or semen and erectile dysfunction.

These symptoms can often be caused by other, less serious conditions. However it is still important that any men who notice these symptoms tell their healthcare professional.

Sources:

1. [Ovarian Cancer Statistics](#). World Cancer Research Fund. Visited 18 August 2016.
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7. [Prostate Cancer](#). American Cancer Society. Visited 18 August 2016
8. [Prostate cancer risk factors](#). American Cancer Society. Visited 18 August 2016.

THANK YOU

for reading Global Health Benefits Europe Connect

We welcome the opinion of our readers, so please feel free to **get in touch** to share your comments and thoughts on the magazine.



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