



A SIMPLE GUIDE
EXPATRIATE HORIZONS

Together, all the way.SM



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**IN PARTNERSHIP WITH
CIGNA**

Why?

Together, all the way.SM





1. CIGNA A GLOBAL HEALTH SERVICE COMPANY

> OUR MISSION

To improve the health, wellbeing and sense of security of the people we serve

> OUR COSTUMER PROMISE

Easy access to affordable quality health care around the world

> OUR COSTUMER VALUE PROPOSITION

- > Delivering service excellence
- > Leading global network
- > Experts in compliance
- > Clinical support and wellbeing engagement

> DELIVERING ON OUR PROMISE

Partnering with clients to reduce their risk, increase employee productivity, and promote engagement and retention through access to affordable quality care and world-class service.

2. A BORDERLESS COMPANY

Cigna Global Health Benefits® Overview Global Footprint

Network



1M+ health care professionals
250,000 outside of U.S.
40 in-house network management staff

Clinicians



100+ in-house doctors/nurses
180+ medical correspondents

Service



9 service centers
2.5M call/e-mail interactions
4M+ claims paid annually

Administration



30 licenses in countries/ jurisdictions around the globe
13 offices worldwide

Statistics represent internal Cigna Global Health Benefits data as of Dec., 2015.

37,000 Cigna employees in 13 countries



Over 86 million customer relationships

Global wellbeing. With a local touch.

- > Around the world.
- > Around the clock.
- > On the ground.
- > Hands-on.



3. GLOBAL HEALTH AND WELLBEING STRATEGY

Global capabilities and services deployed through regional and local operations to serve our customers around the world

> STRATEGIC IMPERATIVES



Personalization



Affordability

> OBJECTIVES

- > Facilitate access to proper diagnosis and treatment and access to the right services
- > Enable globally consistent and locally relevant clinical care regardless of customer location
- > Increase awareness and engagement in health & wellbeing programs
- > Reduce the cost of care to customers and clients
- > Support organizations to improve employee productivity and engagement while reducing absenteeism
- > Establish consistent and efficient internal processes across regions



COMPLIANCE

Considerations

Together, all the way.™



1. MONITORING AND MANAGING COMPLIANCE IMPACTS

A global view and compliance strategy, executed across our broad footprint, informs integrated solutions to manage regulatory complexity and target savings.

CLIENT CONSIDERATIONS



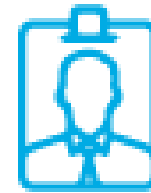
COUNTRY LEVEL

- > Protective measures: currency restrictions, direct billing restrictions, licensing restrictions (e.g. Brazil, Russia, Abu Dhabi, KSA, Switzerland)
- > Fiscal policy: tax incentives for on-shoring plans (tax penalties for offshore plans): Australia, China, India
- > Mandatory local healthcare: USA, Netherlands, Australia, Switzerland etc.



CLIENT LEVEL

- > OFAC & other sanctions
- > Work permits
- > Transparency & audit
- > Corporate responsibility & duty of care
- > Tax implications (onshore vs offshore)



MEMBER LEVEL

- > Visa and work permits
- > Access to care
- > Continuity of care
- > Tax implications



2. INTEGRATED GLOBALLY COMPLIANT SOLUTIONS

Aim: Provide locally compliant solutions, with access to local health care and customer services, while fully integrated within the client's global health care program.

ENABLERS



Continuous monitoring of global compliance landscape



Informed on Reform: Client resources on PPACA legislation and employer/ individual Mandate



Global License base: ability to domicile contracts in keygeographies



Ability to develop insurance relationships in countries with specific compliance restrictions

OUTCOME: IMPROVED TRANSPARENCY ON TOTAL COST OF RISK



INFORMED ON REFORM



US Health Care Reform – Unexpected Global Impact



CIGNA'S HEALTH CARE REFORM TENETS



Strategy

- > Legal and business impact
- > Compliance focused



Consultation

- > Foster client and customer success
- > Deliver best-in-class solutions



Education

- > Training and resources
- > Award-winning website and web meeting series



Advocacy

- > Dedicated team
- > Enterprise view

CIGNA'S ADVOCACY

- > Secured a MEC designation for employer sponsored plans issued outside of the U.S. for employees and dependents meeting specific criteria
- > **Expatriate Health Care Clarification Act**
 - > New law passed by Congress in December 2014
 - > **Exempts US issued expatriate plans** which meet certain requirements from most of PPACA's **benefit mandates and fees and taxes**
 - > **Does not apply** to non-US issued expatriate plans
 - > **Does not exempt** US or non-US issued plans from the **employer** or **individual mandates** if applicable
- > Multinational employers/ certain IGO's with US citizen expatriates and/or non-US nationals in the US (inpats) have potential individual and employer mandate issues to consider



THE FULL PICTURE

Market Reforms

Benefit & Plan requirements
ERISA \PHS
Mental Health Parity
Exchanges
Student Plans
Small Group Def

Fees & Taxes

Insurers
Employers
Individuals
Individual Mandate
Medical Devices

Employer Impacts

Employer Mandate
Penalties
Reporting Requirements
Administrative Requirements

Insurer Administrative Requirements

EFT payments
HPID
SBCs
Claims & Payments
EOB changes
Compliance
Certification

! Impacts vary widely and are dependent upon a number of factors !

HOW PPACA IMPACTS INTERNATIONAL/EXPATRIATE PLANS

Jurisdictional linkages

PPACA Requirements

Plans/Insurers

- > Applies to plans “regulated by a state”
- > Applies to any health insurance issuer licensed in the United States (regardless of citizenship of employees covered)
- > Any “group health plan” as defined in ERISA

Employers

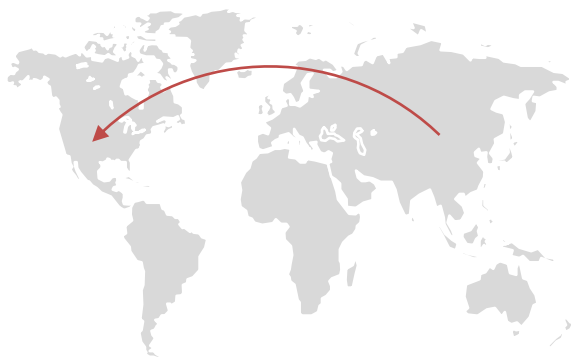
All employers considered ALE’s subject to penalties in 2015 if:

- > Coverage not provided to 95% of full-time employees working in the US and their dependent children to age 26
- > Plan does not provide minimum value and is not affordable
- > Certain employers are exempt from the requirement

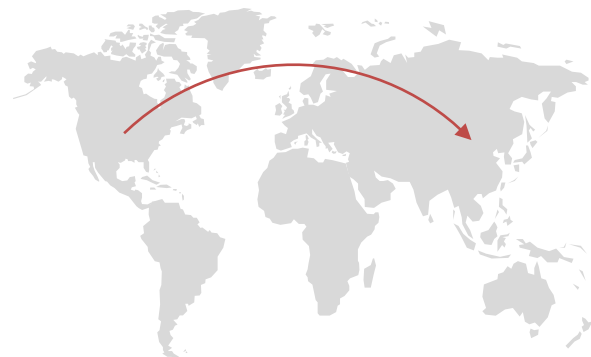
Individuals

- > Applies tax penalties to individuals who do not meet “minimum essential coverage” requirements **regardless of where policy is situated**
- > Applies to **US citizens and legal US residents**
- > Bona fide permanent residents of foreign countries and US territories deemed to meet minimum essential coverage requirements

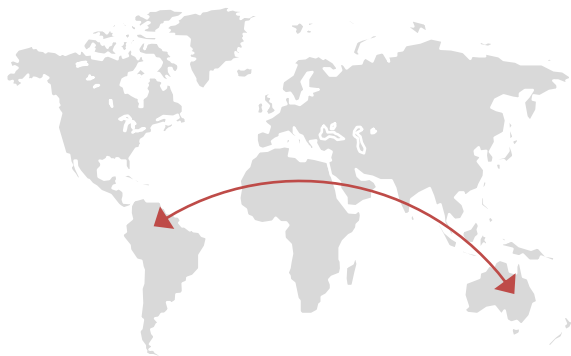
NUMEROUS POTENTIAL SCENARIOS



**US – Inbound & US
locals**



US - Outbound



Multiple Entities

PPACA BASICS – THE MANDATES



Employer Mandate

- > Requires large employers to offer medical coverage that meets new standards to full-time employees in the US and their dependent children up to age 26, or potentially face additional taxes.
- > Small employers, some IGO's and non-US missions are exempt from the employer mandate penalties and reporting requirements



Individual Mandate

- > Requires most individuals to maintain some level of health insurance (or group plan coverage) that meets the requirements of “minimum essential coverage” (MEC) or the individual could potentially face additional taxes
- > Even when employers or IGO's are exempt from the employer mandate penalties, individuals are still required to maintain MEC

PPACA BASICS – INDIVIDUAL MANDATE FOR EXPATS

**I
N D
I V I
D U A L
M A N D A
T E E F P T
O Z L P E D P**



**Employer
Focus**

Applies to **US citizens and legal US residents (inpats)** unless they meet an existing exemption:

- > Bona fide non-US resident
- > Certain diplomatic visas (A & G)
- > Certain student visas
- > Hardship exemptions

Penalties assessed and calculated by month

Can go 3 months with no coverage = no penalty

INDIVIDUAL MANDATE:

Penalty for not maintaining “Minimum Essential Coverage”



- > Family of Four
- > \$200,000 income
- > \$29,000 assumed tax-filing threshold*

2014

Greater of
\$285 (\$95 per adult and
\$47.50 per child)

or

\$1,710 (1% of income over
tax-filing threshold)



2015

Greater of
\$975 (\$325 per adult and
\$162.50 per child)

or

\$3,420 (2% of income over
tax-filing threshold)



2016

Greater of
\$2,085 (\$695 per adult and
\$347.50 per child)

or

\$4,275 (2.5% of income over
tax-filing threshold)



* Estimate based on \$27,100 threshold in 2012; Source: Internal Revenue Service, Revenue Procedure 2011-52, downloaded January 10, 2012 from <http://www.irs.gov/pub/irs-drop/rp-11-52.pdf>

UNIQUE ISSUES REGARDING US-OUTBOUND

Individual Mandate



- > Bona fide non-US residents deemed to meet MEC requirements – but not all expatriates will meet the definition – and tax filers must apply for status and have IRS approval
- > Expatriate coverage underwritten by a US insurer constitutes MEC and will satisfy the individual mandate
- > Group sponsored Expatriate coverage underwritten by a non-US insurer and “regulated by a non-US government” will constitute MEC and satisfy the individual mandate if:
 - > Notice is provided to enrollees who are US citizens/nationals stating that the coverage is MEC
 - > Federal MEC reporting requirements are satisfied by the insurer or employer
 - > No MEC reporting = penalty

UNIQUE ISSUES REGARDING US-INBOUND

Individual Mandate



- > The inpatient generally will be subject to the individual mandate upon becoming a resident alien of the US unless exempt (A & G visas) regardless of payroll location and will need to have MEC
- > Inpatients can trigger employer mandate penalties for employer
- > MEC reporting will be required for inpatients

PPACA BASICS – THE EMPLOYER MANDATE

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E F P T O Z
L P E D P E C**



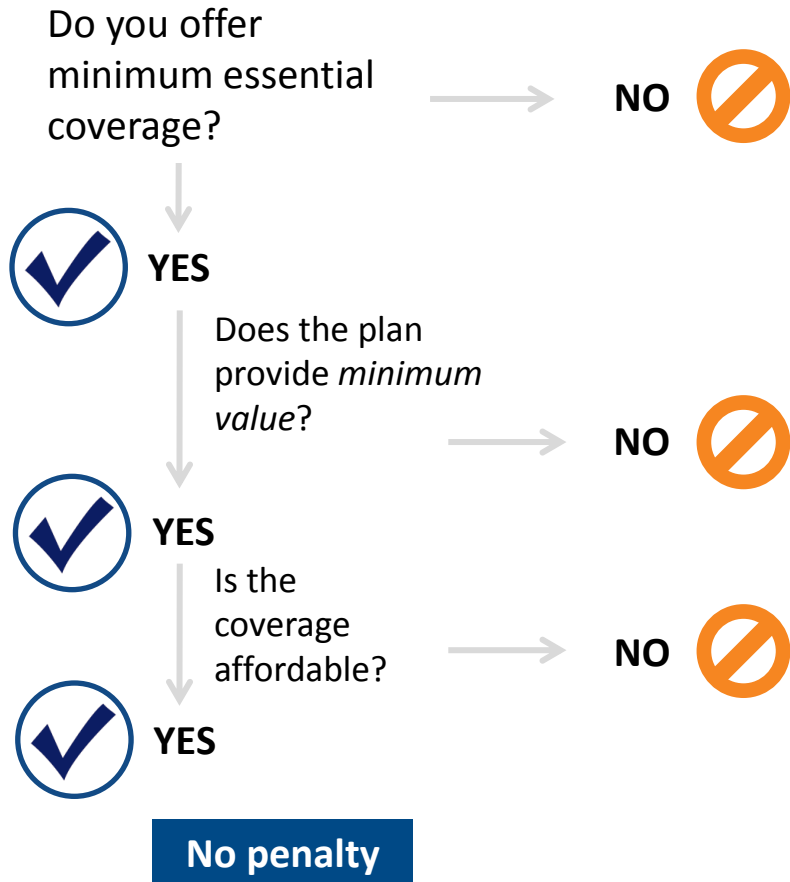
**Employer
Focus**

Any employer or non-exempt IGO considered an ALE – Applicable Large Employer

Employer's control group has 50 or more full time employees in the US

Employers with less than 50 or no full-time employees working in the US = not subject to the employer mandate

EMPLOYER MANDATE BASICS - PENALTIES



“A-Penalty” (4980H(a))

\$2,160 per FTE (minus first 30*)

Only applies if one full-time employee receives federal premium assistance for Marketplace coverage.

“B-Penalty” (4980H(b))

Lesser of \$3,240 per FTE receiving tax credit or \$2,160 per FTE (minus first 30*)

EMPLOYER MANDATE BASICS

Minimum Value

- To avoid employer mandate penalties, full time workers in the U.S. must have the option to enroll in a plan that meets a specific actuarial calculation.
- A plan provides “minimum value” if it pays at least 60% of the cost of covered services (considering deductibles, copays and coinsurance). The U.S. Department of Health & Human Services has developed a minimum value calculator that can be used to determine if a plan provides minimum value.
- Plans that exclude outpatient and other services cannot be considered to meet minimum value
- A knowledgeable and reputable insurance carrier should be able to assist clients in determining if their plan meets the minimum value calculation

EMPLOYER MANDATE BASICS



Affordability

Coverage is considered “affordable” if employee contributions for employee-only coverage do not exceed 9.66%, the 2016 indexed threshold, of an employee’s household income. Based on IRS safe harbors, coverage is affordable if the cost of self-only coverage is less than the indexed threshold of the following:

- > Employee’s W-2 wages (reduced for any salary reductions under a 401(k) plan or cafeteria plan)
- > Employee’s monthly wages (hourly rate x 130 hours per month)
- > Federal Poverty Level for a single individual

UNIQUE ISSUES REGARDING US-OUTBOUND

Employer Mandate



- > Generally, employees located outside the US would not be counted and reported
- > Must continue to be treated as a full-time employee if:
- > Expect to be transferred outside the US for less than 12 months, and/or
- > Has US sourced income after the transfer
- > If neither of the above, then the expatriate can be treated as having had a termination of employment and employer will need to complete employer reporting and make valid offer of cover

UNIQUE ISSUES REGARDING US-INBOUND

Employer Mandate



- > If the employer is a non-US company, that appears to be irrelevant
- > Focus on whether the company has 50+ full-time employees or equivalent employees working in the US
 - > **To determine the number of US-based employees relative to the employer mandate requirements:**
 - > IRC section 414 controlled group rules generally apply
 - > Focus on **hours of service that are performed in the US**
 - > **To determine who are full-time employees that must be offered qualifying coverage:**
 - > Consider those with full-time hours worked in the U.S.
 - > Coverage must meet Minimum Value and affordability tests and cover dependents to age 26 or those employees identified to avoid employer penalties

TWO SETS OF IRS REPORTING

EMPLOYER MANDATE VS. INDIVIDUAL MANDATE

Employer Mandate

IRS code 6056 –
Large employer
reporting

- > Verifies whether an applicable large employer offered minimum value & affordable minimum essential coverage (MEC)* in a given calendar year
- > Large employers must offer minimum value and affordable MEC to full-time employees and dependents, or be subject to a penalty

Individual Mandate

IRS code 6055 –
Minimum essential
coverage

- > Verifies whether or not an individual had MEC during particular months in a given calendar year
- > Individuals must have minimum essential coverage that does not lapse more than three consecutive months, or be subject to a penalty

WHO FILES WHICH IRS FORMS D.W. 16



**Large Employer Reporting
(Employer Mandate)**



**Minimum Essential Coverage (MEC)
(Individual Mandate)**

IRS Sections

Code 6056

Code 6055

Employer completes and submits:

- > Form 1094-C (cover sheet)
- > Form 1095-C (only parts I & II)
 - > To Employee by Jan 31
 - > To IRS by March 31

Insurer completes and submits:

- > Form 1094-B(cover sheet)
 - > Form 1095-B
 - > To Employee by Jan 31
 - > To IRS by March 31
-

Fully Insured

Employer completes and submits combined Large Employer and MEC reporting:

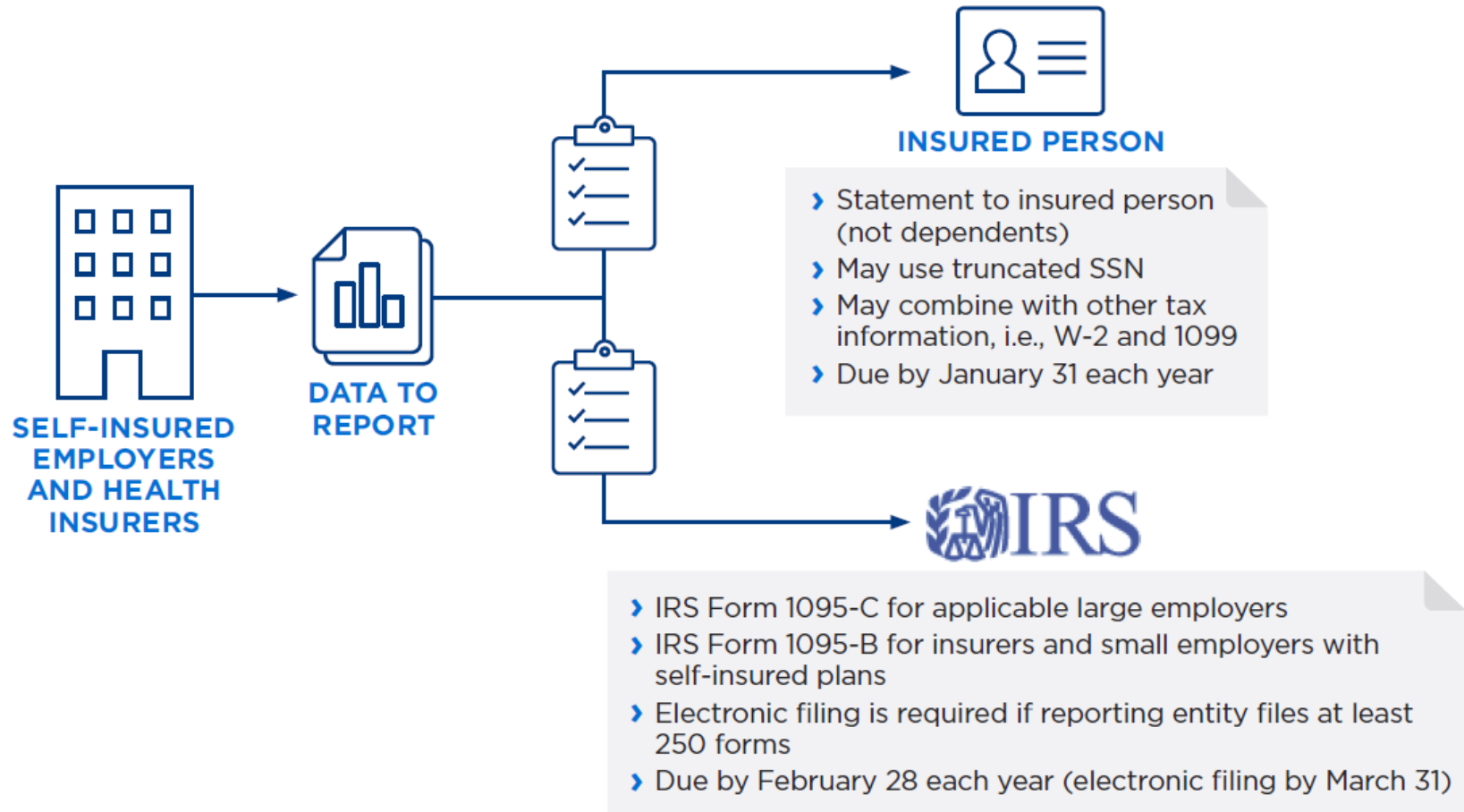
- > Form 1094-C (transmittal/cover sheet to the IRS)
- > Form 1095-C (entire form)
 - > To Employee by Jan 31
 - > To IRS by March 31

Self-Insured

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MEC REPORTING HOW IT WORKS



2

IMPORTANT NOTES ON MEC TAX REPORTING

- > MEC Reporting must be completed using all enrollees **social security or tax identification numbers**. IRS forms without this data will be rejected by the IRS system.
 - > Issuers must make three documented attempts to collect SSNs/TINs from all enrollees (employees and dependents) or face financial penalties
- > The electronic filing system for reporting to the IRS is known as the ACA Information Return (AIR) system. Employers, insurers and third-party fulfillment or filing software developers are required to complete the following steps prior to being able to electronically submit any reporting forms:
 - > Register with the IRS's e-services website, including submission of personal information about the person registering for the Submitting Entity
 - > Obtain an **AIR Transmitter Control Code (TCC)**, a unique identifier authorizing each Submitting Entity to submit the Reporting Forms, and
 - > Pass a series of technical/system tests to ensure that Reporting Forms will be properly submitted when due.
- > Issuers of the MEC reporting must keep copies of information returns filed with the IRS or maintain the ability to reconstruct the data for at least 3 years, from the due date of the returns.

IMPORTANT NOTES ON MEC TAX REPORTING – PENALTIES



Penalties for not filing or for filing incorrect information/reports to either the individual or IRS are:

- > The penalty for failure to file an information return generally is \$250 for each return for which such failure occurs. The total penalty imposed for all failures during a calendar year can't exceed \$3,000,000.
- > The penalty for failure to provide a correct payee statement is \$250 for each statement for which the failure occurs, with the total penalty for a calendar year not to exceed \$3,000,000.
- >
- > Special rules apply that increase the per-statement and total penalties if there is intentional disregard of the requirement to furnish a payee statement.

IRS DRAFT FORMS & INSTRUCTIONS – 1095 B – INDIVIDUAL STATEMENT FILE A SINGLE 1094-B WITH EACH SET OF FORMS 1095-B

Basic Employee tax information – similar to a Form 1099

Part I

Part II

Employer information sponsoring coverage

Part III

Insurer's information

Part IV

Employee and covered dependent information

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		560115 OMB No. 1545-2252 2015										
▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b .																
Part I Responsible Individual																
1 Name of responsible individual		2 Social security number (SSN)		3 Date of birth (if SSN is not available)												
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code										
8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ <input type="checkbox"/>																
9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable																
Part II Employer Sponsored Coverage (see instructions)																
10 Employer name				11 Employer identification number (EIN)												
12 Street address (including room or suite no.)		13 City or town		14 State or province		15 Country and ZIP or foreign postal code										
Part III Issuer or Other Coverage Provider (see instructions)																
16 Name				17 Employer identification number (EIN)		18 Contact telephone number										
19 Street address (including room or suite no.)		20 City or town		21 State or province		22 Country and ZIP or foreign postal code										
Part IV Covered Individuals (Enter the information for each covered individual(s).)																
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.								Cat. No. 60704B				Form 1095-B (2015)				

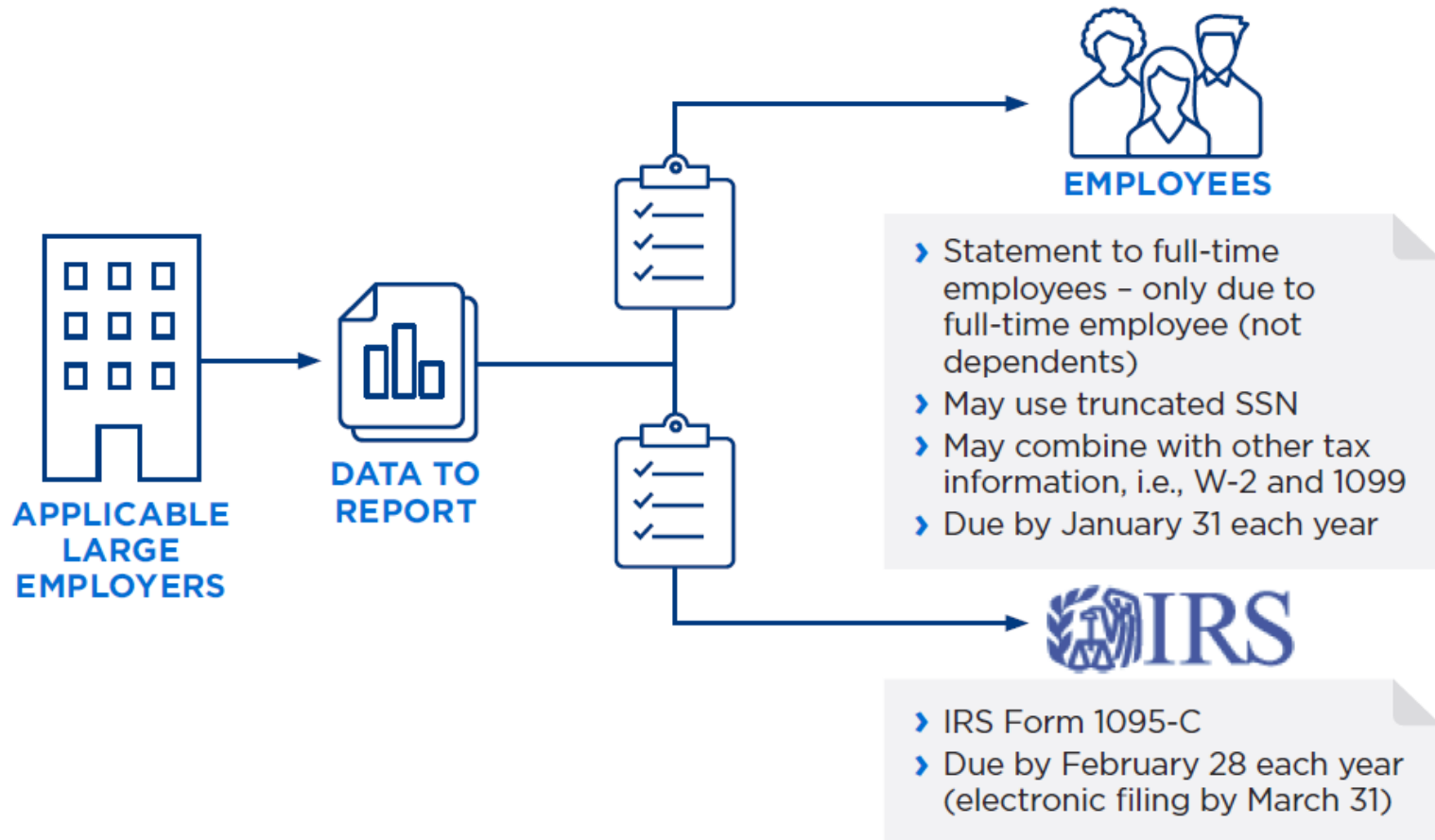
EMPLOYER MANDATE REPORTING

WHAT MUST BE REPORTED

What must be reported	Information Reported Through Indicator Codes
Employer contact and tax information, including contact person and phone number	Whether coverage provides minimum value and employee had opportunity to enroll his or her spouse
Year for which information is reported	Total number of employees, by calendar month
Certification that full-time employees and dependents offered opportunity to enroll in MEC, by calendar month	Whether an employee's effective date of coverage was affected by a permissible waiting period, by calendar month
For each full-time employee, months for which MEC was available	Whether there were no employees or otherwise credited hours of service during any particular month, by calendar month
Each full-time employee's share of lowest cost monthly premium for self-only coverage of minimum value standards, by calendar month	If employer is of an aggregated group, and the name and EIN of each employer member of that aggregated group
Number of full-time employees for each month during the calendar year	
Name, address, and SSN of each full-time employee and the months of coverage, if any	

LARGE EMPLOYER REPORTING

HOW IT WORKS



1095-C FORM – DETAIL ON EACH FULL-TIME EMPLOYEE

Broken down, Parts I & II

Part I

Basic Employee tax information – similar to a Form 1099

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage						<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 2015			
Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)				
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number				
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code			
Part II Employee Offer and Coverage						Plan Start Month (Enter 2-digit number):							
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part II

Confirms whether the employee was offered affordable coverage that meets minimum value requirements

Together, all the way.SM



UNIQUE ISSUES REGARDING US-OUTBOUND

Tax Reporting



> Employer Reporting

Depends on whether the employee is expected to be out of the US for 12 months

> MEC Reporting

- US insurer coverage will constitute MEC; insurers will be responsible for reporting on insured coverage
- Non-US insurer coverage will generally constitute MEC if conditions are met & requisite notice provided.
If so, then MEC reporting is required
 - > Fully insured – insurer reports
 - > Self- insured – Employer reports
 - > Client /insurer will need to identify US citizens and will need SSN/TINs to complete reporting

UNIQUE ISSUES REGARDING US-INBOUND Tax Reporting



> MEC Reporting

- US insurer coverage will constitute MEC; insurers will be responsible for reporting on insured coverage and employers for self insured coverage
- Non-US insurer coverage will generally constitute MEC if requisite notice provided. If so, then MEC reporting is required

> Employer Mandate Reporting

- Reporting required if employer has 50 or more full-time (or equivalent) employees in the US and if in-patriate is a full-time employee

2016 CHECKLIST



- > Determine if employer is subject to the employer mandate
- > If so, ensure coverage offered to inpatients meets the minimum value and affordability tests and that coverage includes dependents to age 26 – work with carrier to determine actuarial calculation
- > In 2016 employers subject to the employer mandate must provide coverage to 95% of US full time employees or face penalties
- > ASO & Fully Insured: Prepare for employer reporting requirements if applicable – contact US counterparts for filing
- > Focus on MEC and prepare for 2016 reporting
 - > If self-insured, prepare for MEC reporting
 - > If fully insured, work with insurer to collect SSN/TIN information for MEC reporting
 - > Ask your carrier to produce evidence they prepared required reporting in 2015 to be sure it can be completed for the 2016 reporting period

INFORMED ON REFORM



Cigna Resources

Cigna Resources:

- > Referral service to Groom Law Group for a Cigna paid consultation on health care reform issues/questions
- > Dedicated team of in-house legal and compliance professionals
- > Eligibility reports to assist employers with their employer mandate reporting responsibilities
- > Award winning information site – www.informedonreform.com

The screenshot shows the 'informed on reform' website. The main content area features an article titled 'Confused by Health Care Reform?' with a sub-headline 'Health care reform changes will touch everyone, but how they affect YOU depends on your unique circumstances. Tell us a little about yourself, and we'll help you understand what the changes may mean to you.' Below the article is a link: 'Get Started With Health Care Reform For YOU'. To the right is a 'Reform News' sidebar with a 'BREAKING NEWS' banner and several news items: 'Health Insurance Marketplace Applications Published', 'HRA and FSA Guidance Issued', 'Information Reporting Proposed Rules Issued', and 'IRS Issues Final Rule on the Individual Mandate'. At the bottom of the sidebar is a 'More News' link. At the bottom of the main content area is a 'Did you know?' section with a magnifying glass icon and text: 'Exceptions to the 2014 Individual Mandate include those not lawfully present in the U.S., taxpayers with incomes under 100% of the poverty level, who qualify for Medicaid, or anyone who cannot afford coverage (premiums would be more than 9.5% of income).'

A man in a dark suit is walking from left to right across a polished, reflective floor. He is carrying a black rolling suitcase. In the background, a large window offers a panoramic view of a city skyline, likely Hong Kong, with numerous skyscrapers and a body of water. The sky is clear and blue.

LES EXPATRIÉS AU MOYEN-ORIENT

Un guide pratique.

DÉFIS ET OBLIGATIONS AU MOYEN-ORIENT

Employeurs:

Obligation d'affiliation de vos employés à une assurance locale auprès d'un assureur agréé et opérant au Moyen-Orient

- Environnement juridique dynamique.
- Évolution rapide des exigences administratives.
- Garanties locales obligatoires.
- Variations par pays/émirat.
- Procédures de facturation locale.
- La couverture impacte l'émission du Visa de travail.
- Pénalités pour des clients et assureurs non-conformes.

DÉFIS ET OBLIGATIONS AU MOYEN-ORIENT

Salariés:

Obligation d'affiliation à une assurance locale :

- > Visa de travail.
- > Accès aux soins.

Régulateurs spécifiques par pays

- > Council of Cooperative Health Insurance (CCHI) – Arabie Saoudite
- > Dubai Health Authority (DHA) – Dubaï
- > Health Authority of Abu Dhabi (HAAD) – Abou Dabi

DÉFIS ET OBLIGATIONS AU MOYEN-ORIENT

Assureurs:

Obligation d'avoir des licences et une gestion locale

- > Coopération Cigna Saico.

Régulateurs spécifiques par pays

- > Council of Cooperative Health Insurance (CCHI) – Arabie Saoudite
- > Dubai Health Authority (DHA) – Dubaï
- > Health Authority of Abu Dhabi (HAAD) – Abou Dabi



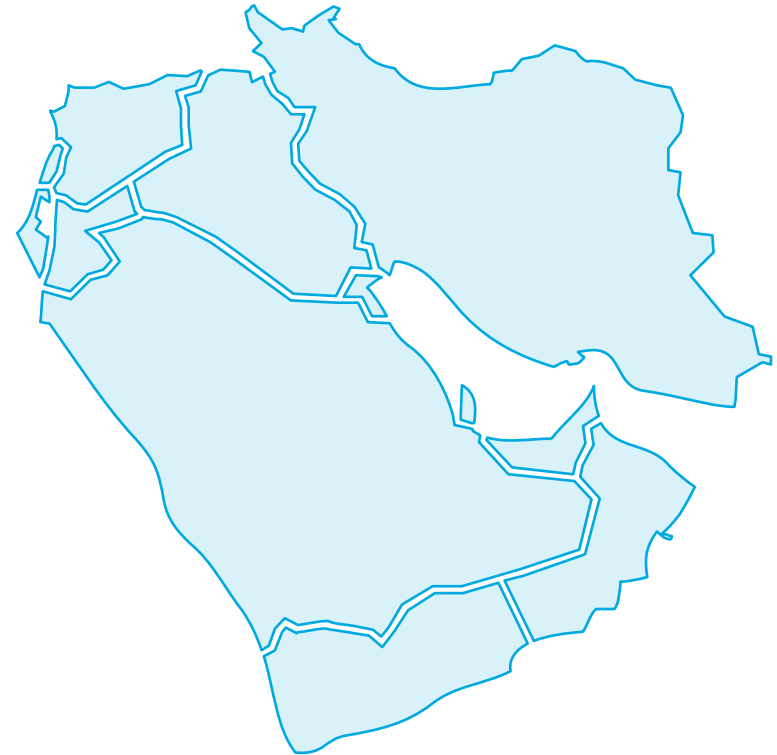
LA JOINT-VENTURE (COENTREPRISE)

Cigna Saico



SAICO est un assureur local réputé avec des opérations dans les pays listés ci-dessous :

- > Arabie saoudite.
- > Bahreïn.
- > Koweït.
- > Émirats arabes unis.
- > Émirat du Qatar.
- > Sultanat d'Oman.



Plus de 50 personnes employés par Cigna au Moyen-Orient pour soutenir et aider nos clients dans cette région, comportant une équipe commerciale, des gestionnaires, des actuaires et une équipe médicale.

LA JOINT-VENTURE (COENTREPRISE)

Cigna Saico



Cigna

Cigna Links Middle East

welcome

First-class care made simple.

As you start your new assignment, you've got a lot to take care of. But one thing you won't have to worry about is health care. That's because you're covered by Saudi Arabia's Insurance Company (SAICO).

This coverage is an addition to your Cigna global health care. Travel & SMI, your flexible layover, hassle-free health coverage in the United Arab Emirates, Bahrain, Qatar, Kuwait, and Oman.

If you stay in-network, your medical expenses are covered at 100 percent. Which means no bills. And no claims to file. An enhanced health coverage covered with your new job, and we'll be there.

Then, we make it even easier.

When you need health care in the United Arab Emirates, Bahrain, Qatar, Kuwait, and Oman, simply take your SAICO card to any doctor or hospital in the SAICO network. Your SAICO card can also be used to receive health care across the Gulf Cooperation Countries (GCC).

If you need health care outside the GCC, use your Cigna ID card. Payment can be handled in two ways. You can call Cigna to get a general assignment before a appointment. Or you can simply pay up front and file a claim for reimbursement using a Cigna claim form.

Other way, you'll get the care that's best for you. No matter where life takes you.

SAICO

سايكو

SAICO Card

SAICO Card

Need to find a doctor? We'll help.

If you need assistance finding the right doctor or hospital, go to CignaWoy.com. From there:

- Log in with your ID number and password.
- Click the "Find a Provider" tab.
- Click "Overseas USA".
- Follow the directions on the screen.

Or if you prefer, simply call our Service Center at 202.641.2648 or 800.300.7177. We'll also reverse the charges.

Global Health Benefits

En 2012, la coopération existante depuis plus de 15 ans entre Cigna et Saico a été renforcée par une Joint Venture nous permettant ainsi d'offrir :

- Des solutions globales conformes.
- Des solutions régionales conformes.
- Des solutions locales conformes.

Un accès au tiers payant pour plus de 2.200 hôpitaux, cliniques, pharmacies et dentistes à travers le GCC.

Un système d'accord préalable est intégré dans les outils de gestion : Waseel, un outil saoudien.

CIGNA SAICO

Quels sont les avantages de cette structure?

Présence locale et conformité

- > Solutions conformes approuvées localement.
- > Compréhension des médecins locaux, les hôpitaux et les réglementations.
- > Visa de travail et Visa de séjour.

Accès aux soins

- > Accès local aux prestataires de soins.
- > Réseau local avec tarifs préférentiels.
- > Tiers payant.

Solutions intégrées

- > Solution globale intégrée.
- > Échange direct des affiliations.
- > Consolidation des remboursements pour reporting global.
- > Co-branding (pour les prestataires locaux) ou des cartes uniques pour la région.
- > Réseau de prestataires locaux intégré dans nos outils de recherche Cigna Envoy.
- > Facturation globale (sauf restrictions légales, p.ex. Abou Dabi).
- > Gestion locale des remboursements.

ACCÈS AUX SOINS :

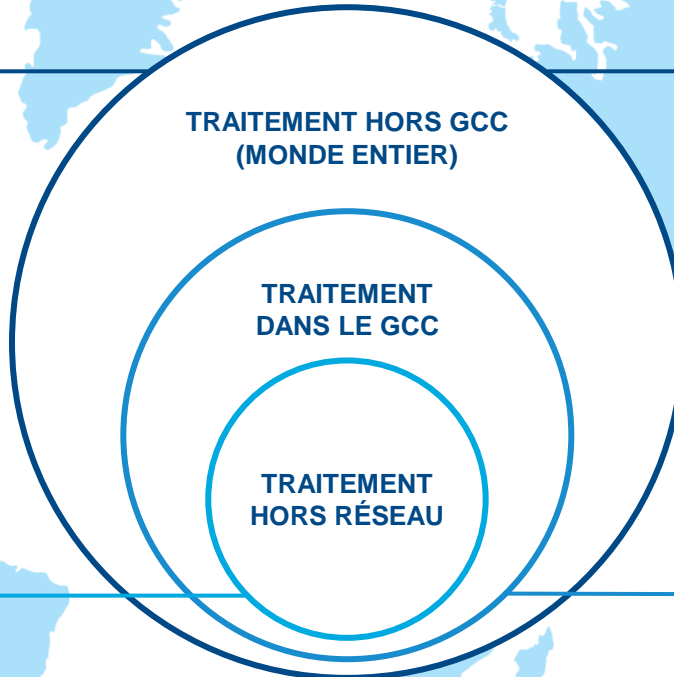
Exemple de gestion globale des soins



UN POINT DE CONTACT GLOBAL



TRAITEMENT HORS RÉSEAU



POUR DES TRAITEMENTS PARTOUT DANS LE MONDE



TRAITEMENT DANS LE RÉSEAU GCC



CIGNA SAICO

Pourquoi est-ce si important d'être en conformité. Quels sont les risques?

Si vous et/ou vos employés ne fournissent pas les documents nécessaires dans les délais imposés, cela peut avoir des conséquences importantes.

- > Pénalité financièrement (employeur + employé).
- > Visa de travail.
- > L'accès aux soins.

Cigna et Saico vous guident à travers toute l'administration nécessaire.

Renseignez-vous par rapport aux régulateurs:

- > Council of Cooperative Health Insurance (CCHI) – Arabie Saoudite
- > Dubai Health Authority (DHA) – Dubai
- > Health Authority of Abu Dhabi (HAAD) – Abou Dhabi

CIGNA SAICO

Zoom sur 3 juridictions



DESTINATION: DUBAI

Guide Pratique



DESTINATION: DUBAÏ

Résumé des informations requises (employeur)

- ✓ Approche en 3 phases (+1.000/ 100-1.000 /-100).
- ✓ Dubai Information Form.
- ✓ Copy of Dubai Trade License (nécessaire à chaque renouvellement).
- ✓ Know Your Customer (KYC) / Customer Identity Form.
- ✓ Establishment ID Type & Card Code.
- ✓ Contrat signé.



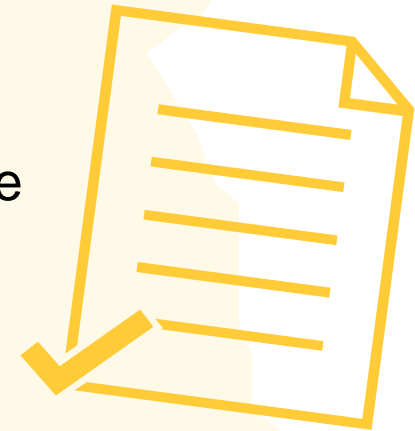
DESTINATION: DUBAÏ

Résumé des informations requises (employé)

- ✓ Member Data Collection Form
 - ✓ Emirates ID
 - ✓ Passport Number
 - ✓ UID Number
 - ✓ Employee Salary Band & Salary Type
 - ✓ Residency Location Code / Work location Code
 - ✓ Mobile Phone Number

Document Links:

[Member Data Collection Form](#)



DESTINATION: ABOU DABI

Guide Pratique



DESTINATION: ABOU DABI

Résumé des informations requises (employeur)



- ✓ Facturation locale obligatoire.
- ✓ Gestion locale obligatoire.
- ✓ Policy Issuance Form.
- ✓ Copy of Abu Dhabi Trade License (nécessaire à chaque renouvellement).
- ✓ MOL List (nécessaire à chaque renouvellement).
- ✓ Certificate of Coverage (nécessaire à chaque renouvellement).
- ✓ Certificate of Continuity.
- ✓ Know Your Customer (KYC) / Customer Identity Form.



DESTINATION: ABOU DABI

Résumé des informations requises (employé)

- ✓ Gestion locale obligatoire
- ✓ Member Data Collection Form
 - ✓ Emirates ID
 - ✓ Passport Number
 - ✓ Mobile Number
 - ✓ Email Address
 - ✓ City/Location
- ✓ Copy of Passport (nécessaire à chaque renouvellement)
- ✓ Proof of Continuous Coverage (transmettre un des éléments suivants):
 - *New Residents* – **Stamped Work/Employment/Entry Permit**
 - *New Hires from another Abu Dhabi company* – **Certificate of Continuity from the previous insurer.**
 - *Newborns born in Abu Dhabi* – **Copy of Birth Certificate.**
 - *Transfers from a visit visa to a residence visa* – **Change of Status Document, Certificate of Continuity, and Copy of Residence Visa.**
- ✓ Termination Documentation (cancellation of employee or dependent coverage with employer)

DESTINATION: ARABIE SAOUDITE

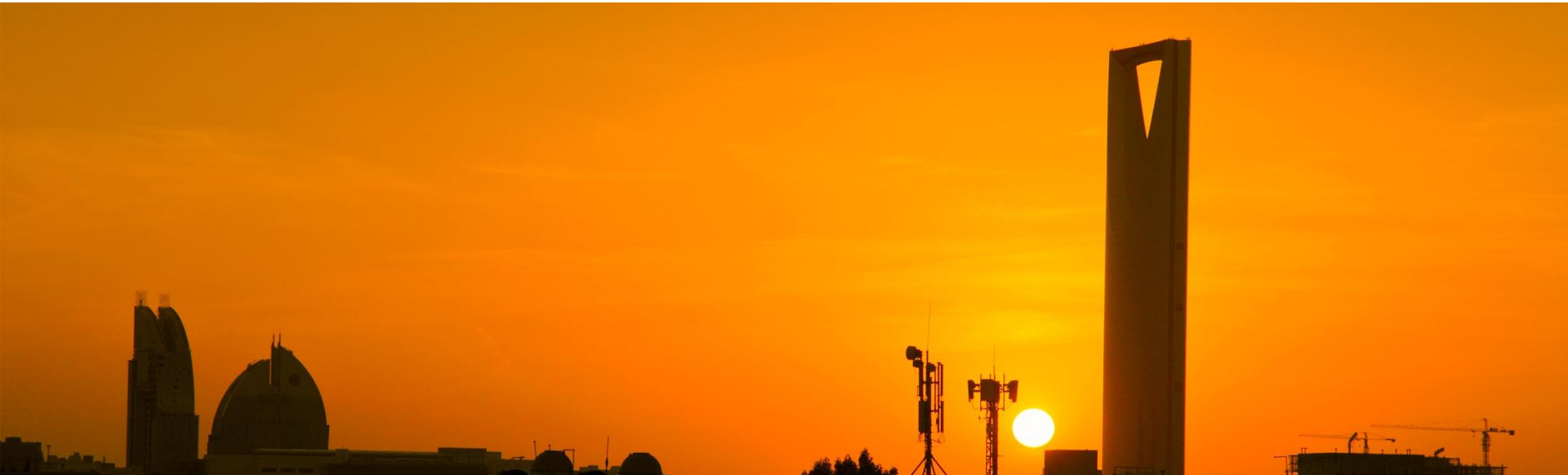
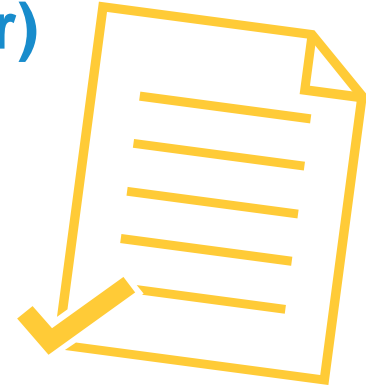
Guide Pratique



DESTINATION: ARABIE SAOUDITE

Résumé des informations requises (employeur)

- ✓ Gestion locale obligatoire.
- ✓ Policy Issuance Form.
- ✓ Copy of KSA Commercial Registration (nécessaire à chaque renouvellement).
- ✓ Sponsor Letter (si d'application).
- ✓ Contrat signé.



DESTINATION: ARABIE SAOUDITE

Résumé des informations requises (employé)

- ✓ Gestion locale obligatoire
- ✓ Member Data Collection Form
 - ✓ Unique Identification Number
 - ✓ Sponsor ID Number
 - ✓ Citizenship
 - ✓ Occupation
 - ✓ Mobile Phone Number
 - ✓ Email Address
 - ✓ City/Location in KSA
- ✓ Exit documentation (annulation de la couverture de l'assuré ou de l'ayant droit auprès de l'employeur)



EVOLUTIONS ATTENDUES

- > Modifications aux systèmes existants
 - > Application plus stricte des lois
 - > Mesures de protectionnisme
- > Autres pays du GCC suivront l'exemple
 - > Qatar?
 - > Bahreïn?
 - > Koweït?
 - > Oman?

SUISSE

Défis et obligations en Suisse

- > Employeur.
- > Salariés.
- > Assureurs.

Solution Cigna



DÉFIS ET OBLIGATIONS EN SUISSE

Employeurs:

Obligation d'affiliation de vos employés à une assurance accident obligatoire.

Affiliation facultative à une assurance complémentaire maladie collective internationale, mais restriction dans le choix de l'assureur:

> l'assureur doit avoir une licence en Suisse.

DÉFIS ET OBLIGATIONS EN SUISSE

Salariés:

- > Obligation d'affiliation à une assurance de base LAMAL
- > Choix de la franchise
- > Primes Lamal en fonction du canton

Assureurs:

- > Obligation d'avoir une licence en Suisse (BASE+ COMPL)
 - > Bureau en Suisse
 - > Gestion en Suisse
 - > Réserves financières

Régulateur:

- FINMA: Swiss Financial Market Supervisory Authority

LA SOLUTION CIGNA:

Licence locale + partenariat avec Sympany

Sympany:

- > Assureur LAMAL + Complémentaire Suisse
- > Bureaux à Bâle

Avantages:

- > Un des seuls assureurs internationaux ayant une licence en Suisse.
- > Solutions intégrées avec Sympany.
 - > Un seul point de contact pour le client et pour les employés.
 - > Solution conforme approuvée par la FINMA.



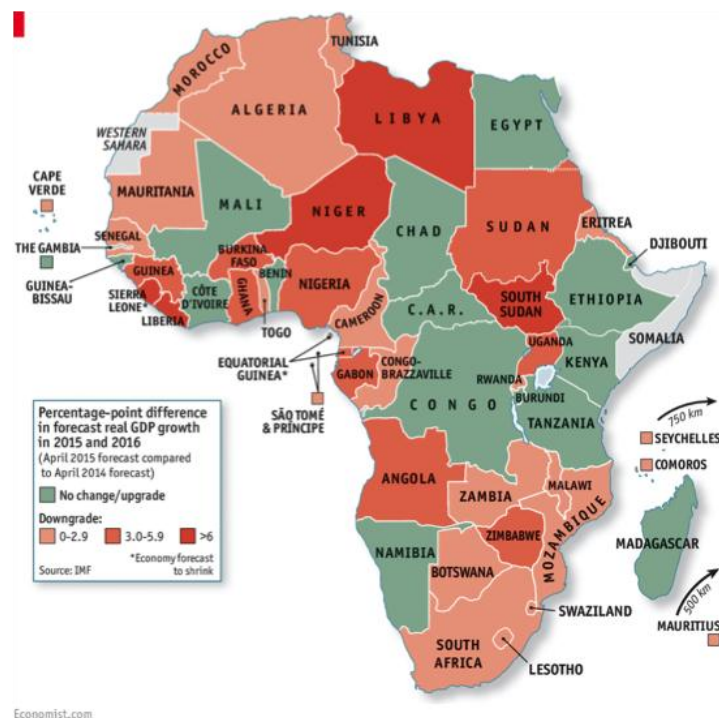
L'AFRIQUE

Tendances et solutions

Together, all the way.

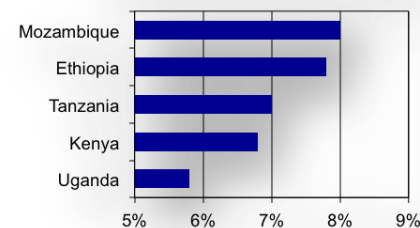
AFRIQUE – CROISSANCE EN PIB

- La fin du super-cycle des matières premières
- Le risque de pandémie est toujours élevé
- La chine investit moins en Afrique à cause du ralentissement de l'économie Chinoise
- Il y a toujours des régions avec une croissance en PIB nettement plus élevée que la moyenne mondiale
- Une croissance structurelle de 5% depuis une décennie, des fondamentaux macroéconomiques en amélioration et une stabilité politique nettement plus élevée



Economist.com

Avg. GDP Growth Rates 2016-2020



COMPLEXITÉS DU CONTINENT

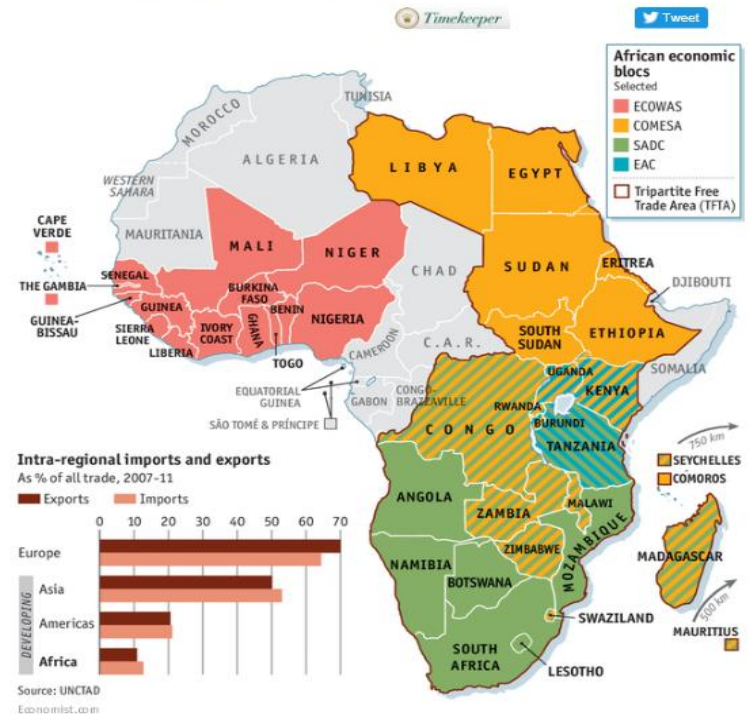
- UN CONTINENT, PLUSIEURS ZONES
- AFRICANISATION
- LÉGISLATION NON-DÉVELOPPÉE
- ACCÈS AUX SOINS



L'AFRIQUE COMPTE DE NOMBREUSES ZONES

- L'Afrique peut être segmentée en plusieurs zones avec des dénominateurs communs tels que la langue, la religion, la culture, la zone géographique etc...
- Création de blocs économiques pour promouvoir la coopération et l'intégration entre pays dont l'objectif est de créer une union économique.
- La zone tripartite de libre-échange est en cours de création sur une grande partie de l'Afrique de l'est et centrale, de l'Égypte jusqu'en Afrique du Sud.

Africa's internal trade deals look good on paper. A pity that they are rarely followed
Feb 27th 2016 | SHARM EL-SHEIKH | From the print edition



Grace aux zones de libre échange plus de compagnies régionales se créent.

AFRICANISATION

UN EXPATRIÉ COÛTE CHER, TRÈS CHER...

DES POLITIQUES D'EMPLOI RESTRICTIVES

DES CADRES LOCAUX DE BON NIVEAU

DES EXPATRIÉS DÉCONNECTÉS DE LA VIE LOCALE?

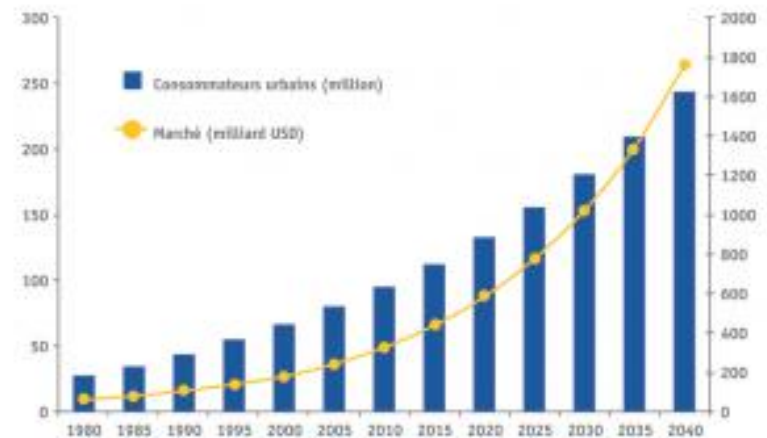
AFRICANISATION: ALORS, EST-CE LA FIN DES EXPATRIÉS?

- › Leur présence dans le futur est indéniable néanmoins dans des fonctions plus spécialisées
- › Moins d'expatriés plus de contrats locaux

PREVISIONS

Plus de cadres Africains et croissance de la classe moyenne en Afrique

L'EXPLOSION DE LA CLASSE MOYENNE

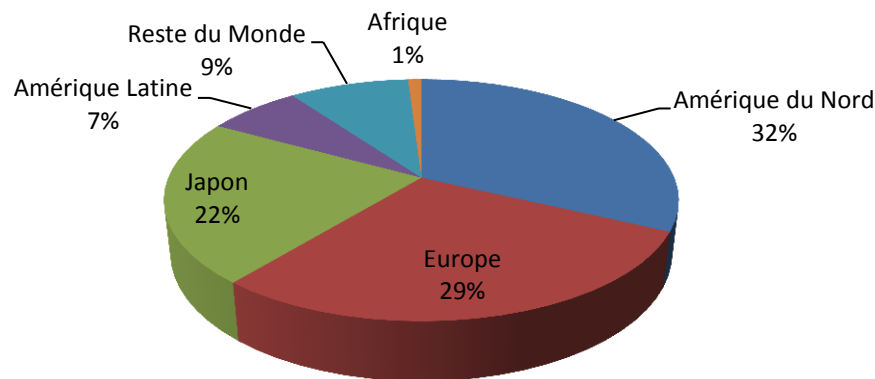


- › Pour la première fois, les meilleures perspectives de retour sur investissement se situent dans les secteurs offrant des biens et des services aux consommateurs africains.
- › Une population urbaine qui va passer de 100 millions dans les années 1980 à 800 millions en 2040.
- › En Afrique, la classe moyenne devrait représenter plus de 250 millions de personnes en 2040 et un marché estimé à USD 2'000 milliards.

ACCÈS AUX SOINS

- › Sous-développement général, tant du point de vue des équipements que de la transmission d'information relative à la santé
- › Le système de santé reste très limité comme le prouve l'état des matériels médicaux, le sous équipement et le fonctionnement des équipements de laboratoires.
- › Les principaux hôpitaux sont situés dans les capitales.
- › L'inflation médicale est très élevée dans certain pays africains.

REPARTITION DES VENTES DE MÉDICAMENTS



ACCÈS AUX SOINS: SOLUTIONS?

- › L'innovation se reflète via les téléphones portables : lancé en 2009, le programme *RapidSms* compte depuis 2012, 45 000 agents chargés de santé maternelle (jeunes mères), et des volontaires, qui servent de lien entre les femmes enceintes isolées et les centres de santé.
- › Au Cameroun, il n'y a **que 50 cardiologues pour 20 millions d'habitants**. D'où l'idée du jeune ingénieur de 28 ans, Arthur Zang, de créer une tablette pour mesurer et transmettre les données cardiaques : son *Cardiopad* peut être utilisé par un infirmier ou un généraliste, qui envoie les informations à un cardiologue pour établir un diagnostic.
- › Le Rwanda va accueillir la première base au monde de drones. A compter de juillet, ces drones devraient commencer à livrer des médicaments et du sang dans les zones les plus reculées du pays.



UNE TENDANCE VERS PLUS DE LÉGISLATION

- › Couvrir des locaux avec une License d'outre-mer devient plus difficile.
- › Le code Cima.
- › La libéralisation du marché d'assurance au DRC.
- › L'Afrique du Sud et le Kenya prennent le devant dans leurs régions à l'échelle locale.



LÉGISLATION : TENDANCE ACTUELLE

COUVERTURE
INTERNATIONALE
OUTRE-MER

COUVERTURE
RÉGIONALE
INCLUANT LES
CADRES LOCAUX

COUVERTURE
LOCALE



TRENDS A DÉCOUVRIR: RÉSUMÉ

RÉGIONALISATION	Zones de libre-échange Compagnies locales
AFRICANISATION	La fin de l'expatriation? Croissance de la classe moyenne
ACCÈS AUX SOINS	Reste un grand problème Solution: technologie?
LÉGISLATION	Plus de législation pour locaux Assurer des expatriés toujours possible





CIGNA AFRIQUE

Assurances santé internationales pour
des sociétés en Afrique

Together, all the way.





MARCHÉ-CIBLE

MISSION

- › Multinationales implantées sur le continent africain qui recherchent une solution globale pour leurs expatriés internationaux, régionaux et leurs cadres locaux.

EN DÉTAIL

- › Cigna Afrique est un produit conçu spécialement pour les employés des sociétés multinationales implantées en Afrique, qu'il s'agisse d'employés mobiles à l'international, d'expatriés régionaux ou d'employés nationaux occupant des fonctions clés.
- › Possibilité d'affilier les cadres locaux.

NOTRE PRÉSENCE EN AFRIQUE

- › Plus de 250.000 vies couvertes en Afrique
- › 96 millions USD de remboursements de soins médicaux avec en top 3 des pays africains: Afrique du Sud, Nigeria et Kenya (=14% du montant total des remboursements dans le monde).
- › Règlement direct de 91% des admissions en Afrique
- › 5% à 20% des coûts économisés grâce à nos accords tarifaires
- › Réseau de 72 correspondants médicaux à travers le continent
- › Bureau à Nairobi



ASSURÉS EN AFRIQUE	VIES
Cigna Global Health Benefits	Plus de 40.000
Cigna IGO & NGO Health Benefits (organisations intergouvernementales et ONG)	Plus de 210.000
TOTAL	Plus de 250.000

OFFRE DE SERVICE DE CIGNA POUR LES SOCIÉTÉS PRIVEES IMPLANTEES EN AFRIQUE



55 ans d'expérience



Infrastructure bien établie

Équipes de traitement des demandes de remboursement, Conseil médical et Unité de lutte contre la fraude, tous, spécialement chargés des assurés en poste en Afrique



Large réseau de professionnels de santé + **Règlement direct**



Gestionnaires de cas médicaux et correspondants médicaux **locaux**



Bureau à **Nairobi**

PRODUIT CIGNA AFRIQUE



5 NIVEAUX DE COUVERTURE

- 1 CORECARE
- 2 STANDARDCARE
- 3 ESSENTIALCARE
- 4 EXECUTIVECARE
- 5 ELITECARE

PRODUIT CIGNA AFRIQUE

Zones de couverture



5 ZONES DE COUVERTURE

RÉGION

1

Afrique*

RÉGION

2

Afrique (y compris l'Inde, le Pakistan, le Sri Lanka et le Bangladesh, le Liban)*

RÉGION

3

Europe (y compris l'Afrique)

RÉGION

4

Mondiale, à l'exclusion des Etats-Unis

RÉGION

5

Mondiale

*Pour les options CoreCare et StandardCare, le choix se limite aux zones de couverture 1 et 2.

PRODUIT CIGNA AFRIQUE

Assurance complémentaire



ASSURANCE COMPLÉMENTAIRE

- › SOINS DENTAIRES ET OPTIQUES
- › EVACUATION SANITAIRE ET RAPATRIEMENT



We listen. We respond.

Contact Us

Information on the PPACA Reform

Elaine McCarthy, Cigna

Tel: +1 302 797 3819

Email: Elaine.McCarthy@Cigna.com

Mandatory contract: Switzerland & Middle East

Nicolas Redant, Cigna

Tel: +32 3217 6427

Email: nicolas.rendant@Cigna.com

New market in development: Africa

Gilles Nyssens, Cigna

Tel: +32 217 6709

Email: Gilles.Nyssens@cigna.com

Together, all the way.™

