

BAE Systems Inc. Hospital Care Frequently Asked Questions

1. What is Hospital Care insurance?

Cigna Healthcare Hospital Care insurance helps provide the coverage and additional financial protection you and your family may need for expenses associated with a covered hospital* event. Cigna Healthcare Hospital Care insurance pays a fixed cash benefit directly to you (or whoever you designate) and the money can be used however you want. There are no copays, deductibles, coinsurance, or network requirements. Coverage continues after the first covered hospitalization event and provides additional financial protection for future covered hospital stays.

2. Can I cover my spouse, domestic partner, or dependents?

Yes. If you purchase coverage, you can also buy coverage for your spouse (domestic partner/civil union partner) and/or your eligible dependent children, up to age 26.

3. How often am I eligible for the Hospital admission benefit?

The Hospital Care admission benefit is unlimited.

4. Are there limitations on how to use the money received?

No. There are no restrictions on what you do with money you receive. Benefits are paid directly to you and can be used however you see fit. For example, it can help you pay for expenses such as rehabilitation, transportation, childcare, rent or groceries. What you do with the money is up to you.

5. Is my Hospital Care policy compatible with a Health Savings Account (HSA)?

Yes. Hospital Care policies are compatible with any Flexible Spending Plan (FSA) or Health Savings Account (HSA). The money in a FSA or HSA can only be spent on out-of-pocket medical expenses. Any benefits you receive from the Hospital Care Plan do not coordinate with and are not reduced by your HSA money or health insurance benefits and you can use your Hospital Care Plan benefits in any way you want or need.

6. Do I need to have medical insurance in order to purchase this plan?

No. You do not need to be enrolled in major medical insurance to purchase this plan.

7. Can I enroll in this plan after the enrollment period has ended?

No. You can only enroll during your annual open enrollment period unless you have a qualifying life event or are a new hire within your eligibility period.

8. Will I be covered if I'm outside of the United States when I'm injured?

Yes. Benefits under this plan are not limited to Covered hospitalizations within the United States. Eligibility and Standard exclusions still apply and are listed out in your benefit summary or policy. When submitting a claim, we do require that the medical records be provided by the claimant and be sent in English.

9. What happens to my coverage if I leave BAE Systems Inc. ?

Your plan is portable. If you leave BAE Systems Inc. , you will be able to continue your coverage on your own. Once Cigna Healthcare receives a termination indicator, Cigna Healthcare will send a letter to your home with the option of continuing coverage on a direct bill basis. Benefits and rates will remain the same as the inforce master policy.

10. How do I file a claim?

Claims should be reported as soon as possible. Claims can be reported by one of the following methods.

- Online: Visit **SuppHealthClaims.com**
- Phone: Call **800.754.3207** to speak to one of our dedicated customer service representatives
- Download a claim form from **SuppHealthClaims.com** and submit via:
 - Fax: Send completed documents to **866.304.3001**
 - Email: Send scanned, completed documents to **SuppHealthClaims@Cigna.com**
 - Mail: Send completed documents to:

Supplemental Health Solutions
P.O. Box 188028
Chattanooga, TN 37422



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II. When should I file a claim?

You should report a claim to Cigna Healthcare as soon as possible. Typically, claims should be reported within 31 days, however, claims must be reported no later than 15 months from the date of covered event.

12. What information will I need to file my claim?

Please have the following information handy:

- Personal information: name, date of birth, social security number and email address
- Accident information: date of accident, Doctor's names and hospital information (name, address and phone number of each doctor or hospital you're using for this accident)

13. What happens after I file my claim?

Within 10 business days of receiving your claim submission, a designated claim advocate will review the information received to determine its eligibility. If he/she has any questions or if additional information is needed, he/she will contact the person who submitted the claim, the beneficiary or the provider to obtain the additional information required. Note: Cigna Healthcare will make three attempts to obtain medical documentation. If a response is not received by the third attempt, the claim will be closed and reopened if information is received at a future date.

14. How am I notified of the decision and/or paid?

If the claim is approved, you will receive your check, along with an explanation of benefits (EOB) or an approval letter advising you of the decision. If the claim is denied, you'll receive an EOB or a letter explaining why the claim was denied, along with instructions on how to appeal the denial. Benefits are paid directly to you* for a covered critical illness, accidental injury or hospitalization.**

15. How do I contact Customer Service if I have any additional questions?

For questions, or to check on the status of your claim, call 800.754.3207 from 8:00 am to 8:00 pm (EST).



* Benefits may be paid directly to anyone the covered employee designates, such as a hospital, upon assignment.

**The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care. Please refer to your plan documents as the actual definition of "Hospital" may vary by policy.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, contact your Cigna Healthcare representative.

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