

MEMBER GUIDE: DIRECT BILLING, CLAIMS & PRE-AUTHORISATION



VUMI®

1. How can I contact VUMI®?

• Via Phone

Call one of the six international numbers on the back of your co-branded membership card to speak to one of our customer service teams. They are ready to discuss benefit enquiries, claims eligibility, pre-authorisation, network access, and claims status updates.

Dubai: +971 4 573 2999

Hong Kong: +852 5803 1713

United Kingdom: +44 330 027 2182

United States: +1 866 360 7680

Kenya: +254 20 3892150

Thailand: +66 2 105 5704

• Via email

Contact us with your claims-related enquiries at notifyglobal@vumigroup.com

• Via the MyVUMI™ member portal

You can also send a callback request to discuss any claims-related questions via the MyVUMI™ portal. Typically, you will receive a call back within 3 hours.

2. Will I be charged an international rate for calling one of the international customer service telephone numbers?

No, the local call rate from your provider will apply.

3. How do I submit a reimbursement claim?

Submit your reimbursement claims and supporting documentation via the following means:

- MyVUMI™ member portal
- Email at notifyglobal@vumigroup.com

Your appointed broker of record may be able to submit your reimbursement claim on your behalf via the VUMI® Agent Portal. Check with them to see whether they offer this service.

4. What documents are required for a reimbursement claim?

We require a completed claim form, invoices from the healthcare facility, proof of payment, prescription details, invoices, and any supporting medical records or reports that will help us assess the claim.

To process your reimbursement request, please also provide us with your bank account details.

5. How can I find healthcare facilities and clinics in the VUMI® network?

The most up-to-date network list is on the MyVUMI™ portal under the Provider Search tool button. From here, you can search for providers based on location (country and/or city), specialty, and instructions for each provider, as well as types of agreements we have with each healthcare facility via our relationship with the Henner Group.

6. What is the Henner Group?

VUMI® Group has partnered with the Henner Group to provide network access, claims adjudication, and claims payment to our members covered under the Global Flex VIP plans for treatment outside of the Americas.

The Henner Group has a global medical network of 1,800,000 healthcare professionals in 185 countries, providing VUMI® Global with customised service to support our members whilst ensuring that health care costs are kept under control.

The Henner Group professionals are trained to understand the specific features of our Global Flex VIP Plans and are available 24/7 to provide quality support to all our policyholders.

7. What is IMA?

VUMI® Group has partnered with Inter Mutuelles Assistance (IMA) to provide evacuation and repatriation assistance to our members in an emergency situation where treatment is not readily available when you need it.

IMA was founded in 1981, providing assistance in all emergency situations, offering a caring, high-quality service.

The IMA Assistance Centre operates 24/7, ready to provide all necessary medical assistance, including arranging medical evacuation/repatriation by air ambulance or commercial flight.

8. Is there a different telephone number for the Henner Group or Inter Mutuelles Assistance (IMA)?

No, you would still call one of the six international numbers on the back of your co-branded membership card, and you will be assisted by one of our customer service teams.

9. Using the Provider Search tool, I noticed that under some of the provider names, the message “Please contact your Client Services Team for direct billing arrangement” appears. What does this mean?

In some countries, our partner, the Henner Group, works with local networks in-country, also referred to as Third Party Administrators or TPAs. These provide access to an ever greater number of network partners where our insured members can receive treatment. If you are advised to contact the Client Services Team, you will need to call one of the six numbers on the back of your co-branded membership card. We will co-ordinate direct billing with the partner in-country, and in some locations, co-ordinate time and date for your scheduled appointment with the provider. Please note: if you visit the healthcare facility without contacting us ahead of treatment, your request for direct billing may not be accepted.

10. What do I do when booking an appointment/arriving at an admissions department of a direct billing provider?

When booking an appointment with, or upon arrival at, a healthcare provider or facility, you should advise the front desk/admissions department that you are accessing the Henner network.

When you arrive for your scheduled appointment, please present a copy of your co-branded VUMI®/Henner membership card at the front desk/admissions department.

11. What do I do if the provider does not recognise the membership card?

Call us immediately on one of the four numbers on the back of your co-branded membership card, and one of our customer service teams will work to resolve the issue with the provider immediately.

12. What if my provider is not within the network?

As a client of VUMI®, you have the choice of where you can receive treatment within your geographical scope of coverage. For in-patient and day-patient claims, we will make best endeavours to place a guarantee of payment with a provider outside of our network, i.e., with whom we do not have an agreement in place. For out-patient claims, you will need to pay and claim and submit a reimbursement claim to VUMI®.

13. Will I be penalised for going to a provider outside of my network?

No, we will cover all medically necessary expenses as per your policy terms and conditions. However, we will only cover charges that are reasonable and customary for a given treatment in that country.

You may experience a shortfall between the invoice from the healthcare facility and what we may pay if we consider the charges to be excessive and unreasonable.

14. What treatments require pre-authorisation?

- A.** U.S. elective treatment
- B.** All Hospital admissions;
- C.** All Hospital or Outpatient surgeries;
- D.** Complementary therapies after ten (10) sessions;
- E.** Any major procedure, such as MRIs, CT scans, PET scans, gastroscopies, colonoscopies, biopsies, etc.;
- F.** Physical and rehabilitative therapy, home health care or Private Nurse or Therapist;
- G.** Reconstructive surgery;
- H.** Refractive eye surgery;
- I.** Emergency transportation by Air Ambulance;
- J.** Durable Medical Equipment or any special medical device;
- K.** Repatriation or cremation of mortal remains, whereby a Preauthorisation must be made on behalf of the Insured;
- L.** Any medical service or purchase of specialised drugs, such as those related to the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS);
- M.** Organ and tissue transplants; bone marrow, stem cell Transplants, and any other similar procedure;
- N.** Oncologic treatment; and
- O.** Extended care / inpatient rehabilitation;
- P.** Dialysis
- Q.** Psychiatric treatment;
- R.** Terminal illness / Palliative Care; and
- S.** Gene Therapies.

15. What happens if I do not seek pre-authorisation for the treatments listed above?

If the healthcare facility is within our network and you do not seek pre-authorisation, you will not be granted direct billing and will have to pay and claim for the treatment and submit a reimbursement claim.

16. How do I submit a pre-authorisation request?

Submit pre-authorisation requests via email at notifyglobal@vumigroup.com, or via telephone.

If the request for pre-authorisation is not a medical emergency, you will receive pre-authorisation within 72 hours.

For emergency requests, we will endeavour to pre-authorise immediately.

A medical emergency is defined as a life-threatening condition and/or an immediate threat of loss of life or limbs.

17. Do I need to obtain pre-authorisation and a GP/specialist referral letter for physiotherapy, where the number of sessions prescribed is under 10?

You do not require pre-authorisation for physiotherapy where the number of sessions prescribed is less than 10; however, a referral letter will be required, as physiotherapy must be prescribed by a GP/SP. Should you require 10 sessions or more, you will need to obtain pre-authorisation by submitting a Pre-authorisation form duly filled by the physiotherapist and authorised by your treating doctor. Please refer to our Complementary Therapy Benefit Guide for further details on the practical aspects of accessing and using complementary therapies.

18. What happens if I need treatment in the United States of America?

All claims in the U.S. require pre-authorisation and you need to contact us on the following number:

United States: +1 866 360 7680

If your policy is subject to restrictions of coverage(Worldwide excluding USA), you will only be covered for accident and emergency treatment. Refer to your Global Flex VIP policy wording for the extent of your coverage.

19. In which currency will my claims reimbursement be issued?

We will endeavour to reimburse you in the currency of your bank account.

20. From which bank account will I receive the claims reimbursement funds?

Once your eligible claim has been adjudicated, our partner, the Henner Group, will initiate the payment to your bank account. Please check with your bank regarding inward payments received from the Henner GMC.

21. How long will it take to be reimbursed for my claims invoice?

Assuming we have all necessary information to adjudicate your claim, and the claim is eligible, we will process, adjudicate, issue the Explanation of Benefits (EOB), and raise the international bank transfer within seven (7) working days in majority of the time; in any event, such release should not take longer than ten (10) working days.

Once the international bank transfer has been raised, the money will be in your bank account within a further seven (7) to ten (10) working days. This is due to the length of time it takes for international transfers to be processed from a remitting to a receiving bank, and sometimes due to an intermediary bank being involved.

The inward payment to your bank account will be from the Henner GMC and not VUMI® Group, so please check with your bank to confirm receipt.

22. How long before I receive a response to my email requests?

For non-emergency requests, we will endeavour to respond to your email within three (3) working days.

23. Can I view a status update of my claim?

The claim status will reflect on MyVUMI™ member portal, once it is processed on the system along with the Explanation of Benefits (EOB).

24. Which treatments are not available on a direct billing basis?

Benefits such as routine and complex dental, wellness, non-emergency evacuation, and complementary therapy are not available on a direct billing basis. These services must be paid for upfront, with reimbursement claims submitted through the methods outlined above.

25. What is covered under complementary therapy benefit?

Complementary therapy covers physiotherapy and alternative medicine therapies such as Traditional Chinese Medicine, Ayurveda, Acupuncture and Chiropractic sessions. The cover applies to consultation and therapies only when medically indicated and prescribed by GP/Specialist (in case of physiotherapy) and medical practitioners (in case of alternative medicine).

26. I had 8 physiotherapy sessions during my last policy year. Can I now have 10 more sessions without pre-authorisation?

Physiotherapy and alternative therapy sessions are counted per medical condition, and the waiver of pre-authorisation applies only to the first 10 sessions. Since you already completed 8 sessions last year, you may receive 2 additional sessions without pre-authorisation in the current year. Any sessions beyond that will require pre-authorisation before treatment.

27. How do I obtain pre-approval for acupuncture sessions?

If your treatment requires more than 10 sessions, you will need to submit a medical prescription or a progress report from your treating practitioner to obtain pre-authorisation.

28. How soon should I submit reimbursement claims?

We recommend submitting reimbursement claims as soon as all required information is available.

The maximum time limit for submission is 180 days from the date of service. If the claims department requests additional documents during the review process, these must be submitted within 90 days of the request.

29. What information/ documents are required for pre-authorisation?

To obtain pre-authorisation, you must submit a notification including the member's name and policy number, the name and location of the facility, and the date of service. This should be accompanied by medical reports detailing the diagnosis, the recommended procedure or treatment, and any relevant test results to justify the treatment, as well as cost estimates. If the facility submits the notification on your behalf, it will provide all the required information and documents directly.

VUMI® GROUP

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