



## Understanding the Pre-authorization Process

### What is Pre-authorization?

Pre-authorization is a process by which an Insured Person obtains written approval for certain medical procedures or treatments from GBG/TieCare International prior to the commencement of the proposed medical treatment. Your policy also states certain requirements regarding Pre-authorizations.

### Who do I contact for Pre-authorization?

GBG Assist, the customer service division of GBG/TieCare, provides 24/7 assistance on all medical services and emergency medical services, including pre-authorization, GBG Nurse Assist and medical evacuation.

### What are the benefits of Pre-authorization?

The Pre-authorization is an added service to our members and includes the following benefits:

- To ensure members receive the maximum benefit available under the policy.
- To ensure that the services being provided or being requested are medically appropriate for the condition/diagnosis and covered under your policy.
- To ensure GBG/TieCare will be billed directly for services, avoiding the need to pay-and-claim.
- To obtain discounts under our provider network contracts.

### How do I start Pre-authorization?

The Pre-authorization process can be initiated by accessing [www.gbg.com](http://www.gbg.com) and completing the online Pre-authorization form. Initial exam and/or diagnostic reports to support the medical necessity of the request are required – please submit with the Pre-authorization form. Failing to submit supplementary forms could result in the delay of your authorization.

All medical notes must be submitted with the Pre-authorization form. Depending on the complexity of the service being requested, additional information may be required, such as medical notes, information on prior treatment and clarification on the type of service to be provided. Failure to submit

supplementary medical notes/documentation with your pre-authorization request form may result in delays or services not being approved. Penalty co-payment will be applied to your claims, and the provider may decline to direct bill us.

### What if I choose to change the facility for my treatment/surgery?

Pre-authorization process will begin after you notify GBG Assist of your request to change facilities. After receipt of all medical reports, the new pre-authorization process will take an average of 5 business days.

### How long does the Pre-authorization process take?

You should anticipate an average of 5 business days to complete a non-emergency pre-authorization.

### In the event of an emergency, should I contact GBG Assist?

Any life threatening emergency does not require pre-authorization. Contact GBG Assist immediately after stabilization.

### What if I pay-and-claim without Pre-authorization?

As the pre-authorization process reviews your need for services and ensures that you receive the maximum benefit under your policy, you may be exposed to unnecessary out-of-pocket costs and a possible denial of your claim.

### What happens once Pre-authorization has been completed?

GBG Assist will issue an LOG (Letter of Guarantee) or LOA (Letter of Authorization) to the provider. If the member requested the Pre-authorization, they will also be provided with a copy.

### Can I resubmit a request for Pre-authorization that was previously denied?

Yes, a request can be resubmitted if there has been a change in medical necessity.

### Services that require Pre-authorization

- Hospitalization
- Outpatient Surgery requiring general anesthesia
- Skilled or Private Duty Nursing (When 4 or more visits are required)
- Organ, Bone Marrow, Stem Cell Transplants and other similar procedures
- Air Ambulance – Air ambulance/evacuation must be coordinated and pre-authorized by GBG Assist
- Inpatient rehabilitation – Treatment for alcohol or drug abuse
- Any condition, including cancer treatment or any chronic condition, which does not meet the above criteria, but is expected to accumulate over \$10,000 of medical treatment per policy year.

The above list is a sample and may differ from your policy. Please check your policy for Pre-authorization requirements.

### Contacting GBG Assist

Our customer service and Pre-authorization department operates 24/7 and has multi-language assistance available at:

**US:** +1.866.914.5333

**Worldwide Collect:**  
+1.905.669.4920

**Email:** [gbgassist@gbg.com](mailto:gbgassist@gbg.com)

**Online:** [www.gbg.com](http://www.gbg.com)



## How to Access GBG's Member Services

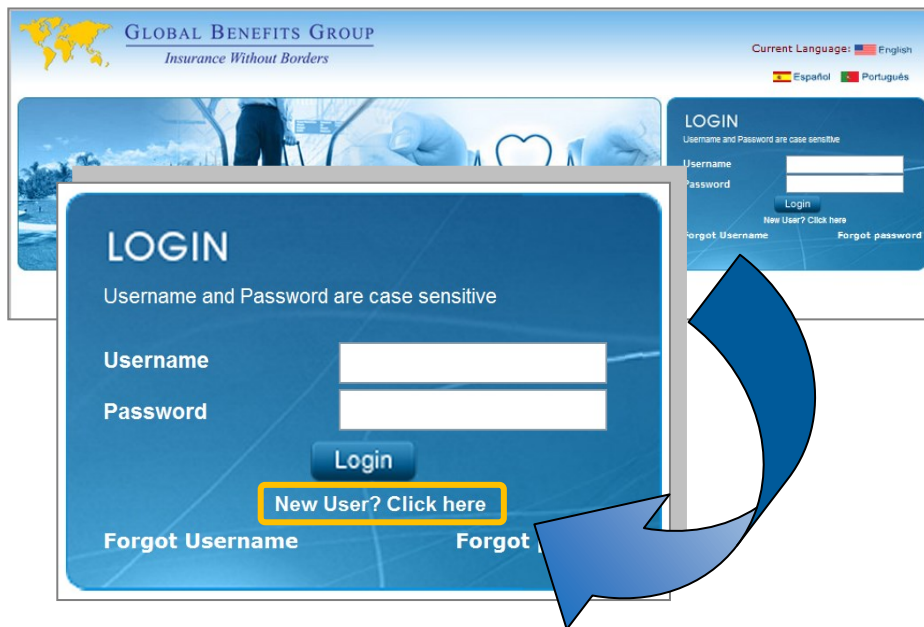
Global Benefits Group (GBG) has updated the Member Services Portal at [www.gbg.com](http://www.gbg.com) to provide increased security, ease of use and optimal self-service capabilities.

**Members with existing logins:** The current login username and password are still valid. Upon login, you will be prompted to fill in additional security information.

**New members; or existing members who have not registered previously:** New members can create their account by registering at [www.gbg.com](http://www.gbg.com). To register, members must be a current GBG / TieCare member and have a valid email address.

### HOW TO REGISTER AS A NEW MEMBER

1. Visit [www.gbg.com](http://www.gbg.com) and click on "New User? Click here."



2. Fill in applicable personal information and select two security questions. Your Member ID is listed on your ID card. Special symbols ("@", ".", etc.) are accepted in usernames.

\* All fields are mandatory.

ID#:

Name:

Date of Birth: Year  Month  Date

Email: john.doe @sample.com

Desired Username:

Password:

Confirm password:

Security Question:

Answer:

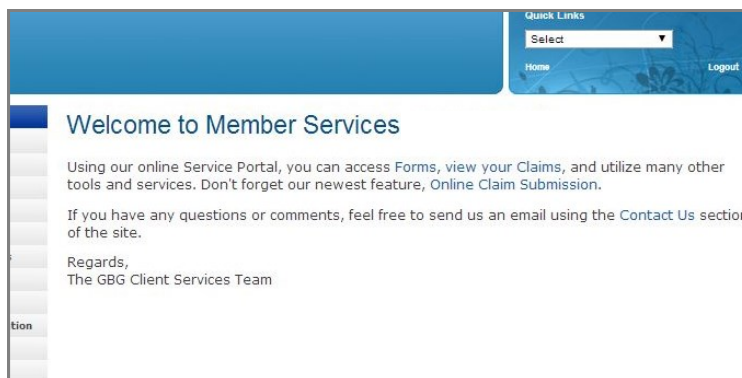
Security Question:

Answer:

Please enter the Security Code shown below in the text box provided:

I cannot see the code, please provide a new one.

3. After successful registration, you will receive an activation email. Once you activate your account via the link in the email, you are all set to sign in and begin experiencing your new Member Services Portal!



Ready to get started?  
Begin your registration at [www.gbg.com](http://www.gbg.com)!



## Understanding your GBG ID Card

### FRONT OF THE ID CARD

Jane Doe, an employee at ABC Company, received the ID Card to the right. As noted on the ID card, she is under the GSP-1234 / Worldwide Policy. NOTE: If you do not have Co-Ins, Preventive, Dental and/or Vision sections listed on your ID card, your plan does not offer these benefits.

### Jane's GBG ID Number: ID # 123456-123456789-00

Jane's GBG ID number is a unique member number that correlates just to her. So, no matter how many Jane Does work for ABC Company, only this Jane Doe has a GBG ID number of 123456-123456789-00.

Jane can use her GBG ID number to:

- Register on [www.GBG.com](http://www.GBG.com) to access the Member Services Portal, where she can access forms, file and view claims, find direct-bill providers, and more.
- Get discounts in the U.S. on eye exams, eyewear and contacts through VSP. Your VSP number is in the location of the four digit sequence as marked in red on the sample ID card to the right. In this case, Jane and her family's VSP number is 6789. (Worldwide Policies only. See the Vision Benefit Global Gram for more information)

### BACK OF THE ID CARD

#### Who is GBG Assist?

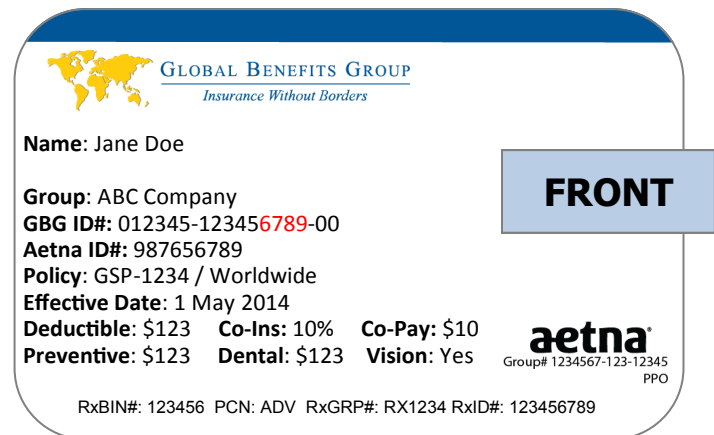
GBG Assist is your contact for 24 Hour Customer Service, Emergency Medical Assistance, and Health Insurance-related inquiries, such as Pre-authorization.

#### Who is World Medical Network (WMN) and Aetna®?

WMN is a direct-bill network for providers outside of North America. Aetna® is a direct-bill network for providers within the U.S.

#### Who is Europ Assistance/CMN?

Europ Assistance/CMN is a pioneer in providing assistance to members no matter their location—which is why Europ Assistance/CMN is GBG Assist's partner in providing 24/7 support to GBG health insurance members.



**GLOBAL BENEFITS GROUP**  
*Insurance Without Borders*

**Name:** Jane Doe

**Group:** ABC Company  
**GBG ID#:** 012345-123456789-00  
**Aetna ID#:** 987656789  
**Policy:** GSP-1234 / Worldwide  
**Effective Date:** 1 May 2014  
**Deductible:** \$123    **Co-Ins:** 10%    **Co-Pay:** \$10  
**Preventive:** \$123    **Dental:** \$123    **Vision:** Yes

**aetna**  
Group# 1234567-123-12345  
PPO

RxBIN#: 123456 PCN: ADV RxGRP#: RX1234 RxDID#: 123456789

**FRONT**



**Emergency Medical Assistance/Pre-authorization/Benefit Verification**  
24 Hour Customer Service  
U.S./Canada Toll-free: 1.866.914.5333  
Worldwide Collect: 1.905.669.4920  
Email: [GBGAssist@gbg.com](mailto:GBGAssist@gbg.com)

**Claims Submission**  
Online: [www.gbg.com](http://www.gbg.com)

**Mail to ICS:**  
27422 Portola Parkway, Suite 110  
Foothill Ranch, CA 92610 USA

**Mail to Aetna:** (U.S. Aetna Providers only)  
P.O. Box 30259    **Payor ID#** 60054  
Tampa, FL 33630 USA    **Provider Services:** 1.800.414.0596

**ICCS** INTERNATIONAL CLAIMS SERVICES  
**aetna**  
**europ assistance** CMN  
**WORLD MEDICAL NETWORK**  
**CVS CAREMARK**

**BACK**

### Who is International Claims Services (ICS)?

ICS provides claims processing and reimbursements to all GBG insurance members. To submit a claim, submit the online form at [www.gbg.com](http://www.gbg.com) or mail the form in.

### Who is CVS Caremark?

CVS Caremark provides direct-bill prescription medicine within the U.S., at any CVS Caremark pharmacy network. Please note that many retailers are part of the CVS Caremark network, including Walmart, local pharmacies, and more. Note: CVS Caremark is available for Worldwide coverage policies only.

### What about my region?

Regional specifics occur depending on the plan and regional providers. Please review your policy for region-specific information. Your card might have additional logos that pertain only to your region.





## FAQs: Getting the most from your benefits

### Whom do I contact if I have questions about my policy, benefits or claim status?

Contact the Customer Service team at [customerservice@gbg.com](mailto:customerservice@gbg.com) for general inquiries, including questions about your policy, benefits or claim status.

### How do I know if my services require Pre-authorization?

Your policy has requirements regarding certain services and obtaining Pre-authorization. Obtaining prior authorization ensures that you are receiving appropriate treatment and that billing arrangements with your provider/facility have been confirmed.

By contacting GBG Assist, you can expedite service and possibly avoid additional payment or penalties. Contact information for GBG Assist is listed below.

### How can I submit my claims for services to receive reimbursement?

First, look for direct-bill providers in your area, to avoid the need to pay and claim. GBG's online provider directory is available at: [gbg.com/ProviderSearch](http://gbg.com/ProviderSearch)

In the event that a direct-bill provider is unavailable and you end up paying for services, the fastest and simplest way to submit your claim is filing online, at [www.gbg.com](http://www.gbg.com). Log in to the Member Services Portal to submit your claim, and you will receive a confirmation email once it has been successfully submitted.

### I submitted my claim form and received a response that asked me to complete a questionnaire for additional information. Why is this questionnaire necessary?

Every claim is unique and during the claim adjudication process it may be determined that additional information is required to process the claim. Complete and submit the online Questionnaire, or download the Questionnaire and email it to [customerservice@gbg.com](mailto:customerservice@gbg.com).

**Note:** Completing the questionnaire thoroughly and returning in a timely manner will avoid delay during processing of your claim.

### I want to view my processed and past claims history. How do I access my Explanation of Benefits (EOB)?

You can access your claims history online at [www.gbg.com](http://www.gbg.com). Log in to the Member Services Portal to access your claims history. In addition to reviewing your claims history, you will be able to download your EOB to your computer.

**Note:** Only processed, denied or pended for additional information claims can be viewed online. You can check on the status of claims that have been recently submitted and not yet processed by emailing [customerservice@gbg.com](mailto:customerservice@gbg.com).

### What if I do not agree with the outcome of a claim or other benefits issues?

First, review your claim outcome and policy to ensure your claim should have been covered. If you still do not agree with the processing decision on a claim or benefit, you have the opportunity to formally appeal this decision through a Appeals Form and have it reviewed by the Appeals Department.

Complete and submit the online Appeals Form at [www.gbg.com](http://www.gbg.com), or download the Appeals Form and submit to [customerservice@gbg.com](mailto:customerservice@gbg.com).

### In the event that I submit a claim, what are my payment options available for reimbursement?

#### EFT (electronic funds transfer):

Direct deposit into a bank in the U.S. On all U.S. bank deposits, the account must match the Primary Insured, as ICS uses the name of the Primary Issued when issuing benefits.

**Wire Transfer:** For non-U.S. accounts. GBG does not charge a sending fee for this option, but some banks will charge the member a receiving fee. Members should check their local bank for details.

**Check:** Simple to deposit into U.S. and non-U.S. accounts. This can be noted by selecting the preferred address in the Payment Type section of the claim form.



#### GBG Assist

For Pre-authorization, emergencies:  
U.S. toll-free: +1.866.914.5333  
Worldwide collect: +1.905.669.4920  
Email: [gbgassist@gbg.com](mailto:gbgassist@gbg.com)



#### International Claims Services (ICS)

Claims Submission: [eclaims@gbg.com](mailto:eclaims@gbg.com)  
Claims Inquiries: [customerservice@gbg.com](mailto:customerservice@gbg.com)  
Online: [www.gbg.com](http://www.gbg.com)  
Fax: +1.949.916.7943  
Mail: 27422 Portola Parkway, Suite 110  
Foothill Ranch, CA 92610 USA