

PRE-AUTHORISATIONS **GUIDE**



VUMI®

What is Pre-authorisation?

Pre-authorisation is the process of obtaining confirmation from VUMI Global (the “Company”) that a specific treatment or procedure is covered under your policy. For services requiring Pre-authorisation, you will receive a formal written response detailing coverage and benefits. This ensures a smoother experience and greater clarity for our members.

Why is it important to Pre-authorise?



- Confirms the services are covered by the plan



- Enhances experience by knowing the benefits before services are rendered



- Minimises financial exposure to members



- Helps prevent provider over-billing



- Provides greater transparency for our members



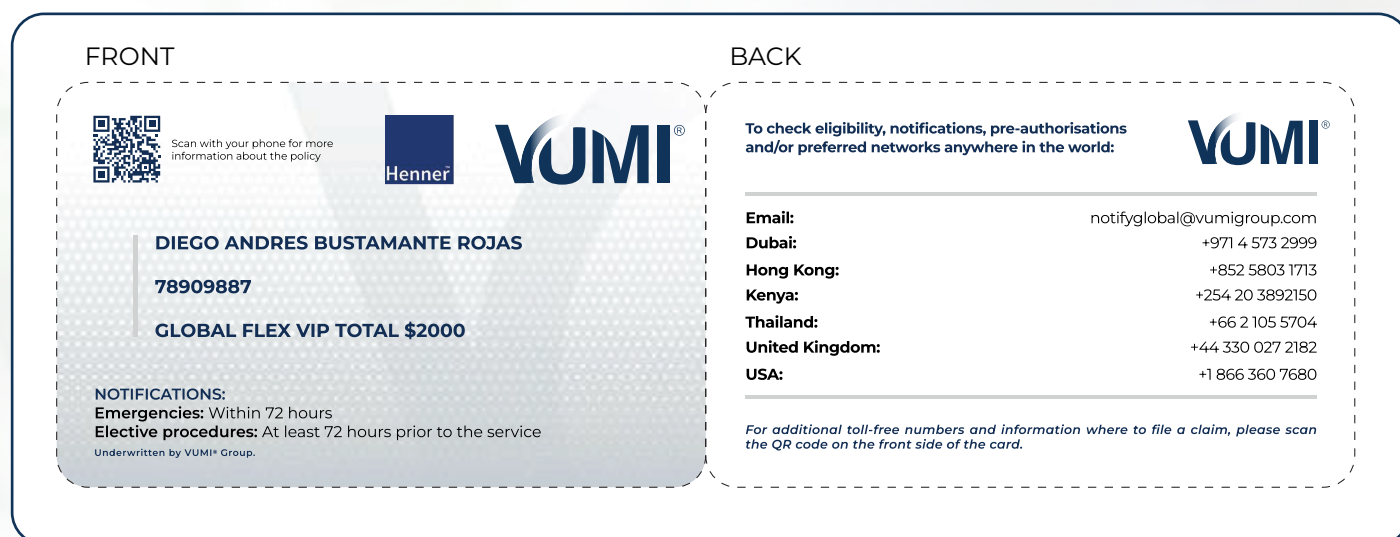
- Simplifies planning by knowing the coverage and benefits available in advance

Obtaining Pre-authorisation for the required health services is essential to ensure that policy coverage is fairly applied as well as safeguarding member wellbeing. This is why the Conditions of Coverage include a comprehensive list of those services that require Pre-authorisation and what information is necessary for the Company to provide a timely, thorough response.

Understanding your VUMI-Henner co-branded card

VUMI® 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.

As a valued VUMI member, you will receive a co-branded VUMI-Henner e-card, which you can download from the MyVUMI® portal (www.myvumiportal.com) or the MyVUMI® app, available on the Apple® App Store® and Google Play™.



More About Henner Group

The Henner Group is a renowned independent French company known for designing innovative health and life insurance solutions. With a strong international presence, it provides coverage to approximately 2.2 million beneficiaries worldwide. As a VUMI® member, you have access to Henner's extensive medical network through a special agreement, connecting you to 1.8 million healthcare providers across 185 countries. Henner's dedicated professionals are trained to understand the specific features of our Global Flex VIP Plans and are available 24/7 to offer high-quality support to our members.

What is IMA?

VUMI® has partnered with Inter Mutuelles Assistance (IMA) to provide emergency evacuation and repatriation assistance when necessary medical treatment is not readily available.

For over 40 years, IMA has been internationally recognised for its excellence in medical assistance, including air evacuations and repatriations. In 2021 alone, they managed 1,491 medical evacuations, facilitated 10,444 patient transportations, and handled 38,394 medical assistance cases.

There are no separate contact numbers for Henner or IMA. Our customer service team is available 24/7 through any of the six international numbers listed on the back of your co-branded card and is ready to assist with your inquiries and requests.

What's the process for Pre-authorisation?



PRE-AUTHORISATION PROCESS: STEP-BY-STEP

STEP 1: DETERMINE IF THE TYPE OF SERVICE REQUIRES PRE-AUTHORISATION

MANDATORY PRE-AUTHORISATION:

For the following services, it is MANDATORY to request 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 Pre-authorisation must be made on behalf of the member;
- 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;
- O. Extended care / inpatient rehabilitation;
- P. Dialysis;
- Q. Psychiatric treatment;
- R. Terminal illness / Palliative Care; and
- S. Gene Therapies.

ELECTIVE SERVICES

Pre-authorisation requests for elective services must be sent to the Company at least three (3) business days prior to the date of the service.

MEDICAL EMERGENCIES

Medically justified emergencies must be requested within forty-eight (48) hours of the admission or procedure. To determine the medical justification, it is essential that a notification be made as soon as possible.

STEP 2: PREPARE THE REQUIRED INFORMATION

The Pre-authorisation request must be submitted along with the following documentation:

- Policy number and full name of the member who will receive the medical services
- Provider Name (i.e., hospital, facility, physician, therapist)
- Location where the treatment will be performed (city and country)
- Service date(s)
- Medical records signed and sealed by the treating physician/order according to the procedure or treatment, including:
 - Medical and surgical history (with start dates)
 - Disease history/current diagnosis (with start dates)
 - Planned treatment/services
 - Estimated costs



STEP 3: REQUEST PRE-AUTHORISATION

HOW TO APPLY FOR A PRE-AUTHORISATION

To request a Pre-authorisation, the member can send an email to notifyglobal@vumigroup.com/ customerserviceglobal@vumigroup.com

This is the only acceptable method to request Mandatory Pre-Authorisation.
The request must be accompanied by the required documentation outlined in Step 2.

STEP 4 AND 5: COMPANY EVALUATION AND RESPONSE WITH DECISION

For all services requiring Pre-authorisation, a written response from the Company is required. Cases submitted with complete documentation will be processed within three (3) business days. If further medical review is needed, you will be notified in writing, and an additional two business days may be required, for a total review time of up to five (5) business days.

PRE-AUTHORISATION DURING MEDICAL EMERGENCY

All medical emergencies will be prioritised and handled immediately following emergency notification.

In order to ensure patient care, an initial Guarantee of Payment (GOP) may be issued. The final GOP will be issued once the required supporting documentation is received and medical assessment is done. An initial Guarantee of Payment issued during medical emergencies does not guarantee that service/ treatment will be covered. The assessment and eligibility of the service/ treatment will be done whilst the member is getting treatment.

We believe that pre-authorisation is an investment in the health and well-being of our members. Our team of experienced professionals is available to clarify any questions and assist in this process.



VUMI® GROUP

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