

# NAVIGATOR

A MEDIGUIDE INTERNATIONAL SERVICE



Closest to the Cure



## Our Medical Second Opinion Program. [Why and how does it work?](#)

When one of our Members is facing a serious illness, the feeling is nothing short of overwhelming.

So, our Member and his/her doctor want to be certain they're looking at every available option when they're making critical decisions about their health of our customer whom we call our Member.

Our Medical Second Opinion (MSO) program is a unique service available through MediGuide International, a global leader in Medical Second Opinion services.

Members who have been diagnosed with any medical condition - can have their diagnoses and perhaps even more importantly, their treatment plans evaluated by researchers that are at the cutting edge of the science across the globe, at no cost to our Members.

Giving our Members access to an independent review from a World Leading Medical Center (WLMC) - at no cost to them -, is the right thing to do and a good first step.

This program provides them with comprehensive information and advice to help them make decisions about their health. And since time is of the essence, MSO's are typically provided by the WLMC in writing within ten business days - complete with biographies on the advising doctors and the WLMC.

Navigator will use the Medical Second Opinion for admittance in the selected World Leading Medical Center or a selected network Hospital.

With a serious illness at hand, peace-of-mind may often be one of the best medicines.





## Questions & Answers

### **When should a Member consider seeking a Medical Second Opinion?**

The universal and compelling need for a Second Opinion can be best arrived at through an open discussion between the primary care physician, our Member and their family members.

### **Will MediGuide select the World Leading Medical Center?**

MediGuide will, based on the condition of the Member, select three highly specialized Medical Centers. Based on the information that our medical team will provide; our Member can choose the WLMC that he/she believes is the best choice.

### **If our Member chooses to receive a Second Opinion, is there any cost?**

No. There are absolutely no out-of-pocket costs for requesting or receiving a Second Opinion. Our Member only needs to make a single phone call. MediGuide does everything else, including collecting the Member medical records and test results, including pathology slides, when appropriate.

### **Will our Member be seen by a doctor at the medical center they select?**

No, their medical files will be collected and forwarded to the selected Medical Center by MediGuide. Within ten business days our Member and his/her physician will receive an independent, written review of both the original diagnosis and, very importantly, the proposed treatment plan.

### **Who will collect their medical records and will they remain private?**

MediGuide will work with our Member's physicians to collect relevant medical records and transmit them to the selected Medical Center.

Be assured that we are following the guidelines governing disclosure of personal medical information.







# Navigator

MediGuide's network of internationally recognized providers will provide regional specific medical assistance

Once the Regional Provider is identified to the Member, the Regional Provider will assist the member with:

- | Advice on recommended facilities to the member based on the member's Medical Second Opinion and arrange admission.
- | Provide the Member with a cost estimate for the treatment package.
- | Settlement of claims from medical providers in and out of network.
- | Case Management
- | Pharmacy review of prescribed drugs if relevant





## How does our Member get to the selected Medical Center, and who will pay for it?

If our Member makes the life-changing decision to pursue the medical treatment for his/her (life threatening) situation in a foreign country, we will be of assistance to assure that the additional challenges of such a trip are taken care of. Given the serious condition of our Member, the expenses of a round trip for both the Member and a companion, expenses are borne by the Member.

However, our Member only needs to call our local Hotline to get the journey organized. Our local representative will book the trip and help with possible Visa requirements.

In order to make the journey as smooth as possible, the Member and their companion will be picked up at the airport and driven to the hotel or hospital.





What if our Member doesn't speak the language of the country they travel to for treatment?

## TRANSLATION SERVICES

Because Navigator organizes a treatment for our Members in a foreign country exclusively, chances are that the Member is confronted with a medical team that doesn't speak his/her native language. Navigator has organized a telephone translation service manned by medically trained staff, to make sure that our Member can have simultaneous translation when needed.

The Member can make use of the translation service at no additional cost. This service is included in the membership fee charged by MediGuide.

**This translation service is available 365 days per year, and 24 hours per day.**

MediGuide International LLC offers -through a specialized provider- a network of more than 10,000 independently contracted global linguists that offers a full suite of translation, localization and interpretation solutions in over 200 languages.

The ability of our partner to take custom information relevant to each call means that they can record vital extra information on each call record. Commonly in insurance this could be a claim number that their systems can capture and present in the management information, enabling you to tie up who called, where they called from, why they called, what the call was with reference to.

This is on top of the standard call data of start time, end time, language required, and interpreter used.

Inbound calls can be met with IVR instantly or by an agent within, at most, 15 seconds of inbound activation.

The finding of an available interpreter is typically 20-30 seconds for established clients (Our partner connects over 95% of customer calls to an Interpreter within an

average of 60 seconds monthly, and 85% of calls connected within an average of 15-30 seconds monthly).

In case a pair of languages needs to be matched that does not include English, the calls will be scheduled and/or time slots for the calls will be booked.

Consistent with our clients' requirements, all staff are required to sign strict confidentiality and non-disclosure agreements.

The Linguists must also affirm that they have read and agreed to comply with industry recognized Codes of Ethics and Professional Responsibility, which includes the International Medical Interpreters Association (IMIA) Code of Ethics, established in 1987 and revised in 2006, and those of the National Association of Judicial Interpreters and Translators (NAJIT) and the American Translators Association (ATA).

These processes ensure that protected information that is disclosed during the performance of an interpretation is held in the strictest confidence.



# What if the treatment fails, and our Member dies in a foreign country?

## REPATRIATION OF MORTAL REMAINS

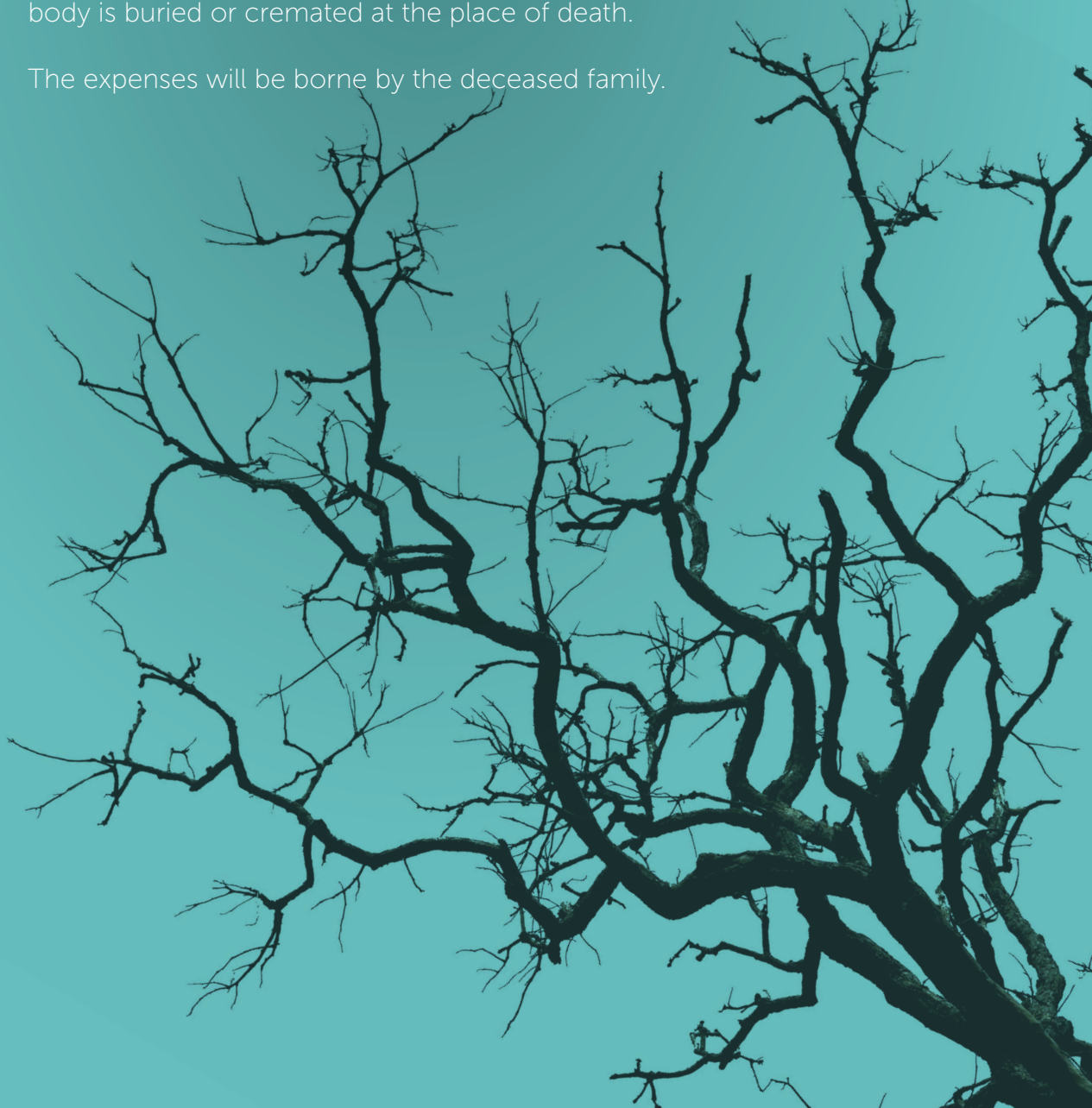
We will make sure our Members are getting 'Closest to the Cure'. However, no one can promise a cure and sometimes we will face the fact that there is no cure.

The administrative processes that accompany the repatriation of a deceased are not to be underestimated. In addition to that, the cost of the transportation is very high.

In case of death of our Member, this additional benefit will remove an enormous burden from the family.

In the event of death of our Member, Navigator will organize the returning of his/her mortal remains to the Country of Residence or the funeral if the body is buried or cremated at the place of death.

The expenses will be borne by the deceased family.





## Cost Containment ...

The international health insurance industry is facing new challenges in the United States from the consequences of The Affordable Care Act. International Travelers are finding that more and more costs are being transferred to the international traveler and expatriates with little regard to cost containment, that is why we have added this service to our Navigator program.

**What:** The process of controlling the overall expenses required to provide optimal medical care within pre-planned budgetary constraints. The cost containment process is an important management function that helps keep costs down to only necessary and intended expenses to satisfy financial targets, without compromising the wellbeing of the patient.

**How:** The service provided by a healthcare management company to our clients, which includes an overall management of the treatment cycle of the patient, including (but not limited to):

- | A disease management offering, whereby managing certain diseases, the payor can reduce his/her overall exposure to unnecessary costs
- | A pre-authorization process, whereby unnecessary treatments are limited, and costs for treatments are managed from prior to the patient starts treatment.
- | A case management process, whereby the cost containment company is actively involved with all the service providers during the treatment cycle, to ensure that only necessary treatment is applied, and there is no over servicing.
- | A full medical cost auditing process, whereby the cost containment company scrutinizes all the bills received from the service providers, ensuring that all costs charged are in accordance to the agreed charges between the service provider and the cost containment company. Part of this process is to ensure that all costs charged are for actual services provided. (see repricing).
- | A pharmacy cost management process, whereby the cost containment company works with the payers to establish certain protocols on the dispensing of medications, i.e. whether generic medications can be used, thereby reducing costs without compromising the patient's health.





## ... And Re-Pricing

**What:** Repricing is the recalculation of billed medical charges based on the rates and rules HMOs, PPOs or POSs have negotiated through their provider agreement.

## Repricing Programs

Repricing programs provide a way for insurance companies or individuals to discount standard fee-for-service medical claims submitted by doctors and healthcare providers. The type of health plan network a doctor or group of doctors participates in determines the type of repricing program used. Because of the different pricing strategies used within different managed care plans - such as HMOs, PPOs and POSs - discounts can vary depending on the product or service rendered, the market or region involved and the type of provider offering services. Repricing programs use non-standard procedures or codes to process medical billing claims.

## Costing Example

### PANCREATIC CANCER

- | Gross hospital bill: \$178,616
- | Re-pricing discount (savings): 55% or \$98,238,80

### COST FOR MEMBER

- | Initially: \$2,000 (as an example)
- | At dismissal: \$22,559.70 (25% of the savings - \$2,000)
- | Net hospital bill:  $\$178,616 - \$98,238.80 = \$80,377.20$
- | Total cost to member: \$104,936.90
- | **Net savings: \$73,679.10**



- | MediGuide's regional provider will work on a 'no cure no pay' basis
- | When signing up with the MediGuide regional provider the member pays a fee in advance
- | In total the member will pay 25% of the savings obtained minus the fee paid in advance

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