



	S	ilver Care Plan		
		International	In-Network U.S.	Out of Network U.S.
Lifetime Maximum		Unlimited	Unlimited	Unlimited
Coinsurance (paid by Cigna)		100%	80%	60%
Deductible	Individual	\$0	\$300	\$600
	Family	\$0	\$600	\$1,800
Out of Pocket Limit	Individual	\$1,000	\$1,300	\$3,600
	Family	\$2,000	\$2,600	\$10,800
		International	In-Network U.S.	Out of Network U.S.
Preventive Care & Screenings		There is no cale	ndar year maximum for all Preventiv	e Care & Screenings
Periodic Health Exams; Well - Woman Exams Pap Smear Well Child Care <i>(including developmental screenings)</i> Mammogram Routine Immunizations / Injections		100%	100% not subject to the deductible	100% not subject to the deductible
Other Screenings Colorectal Cancer (for persons age 50 or older, or for deemed at high risk of colon cancer) Prostate Specific-Antigen (PSA) Lead Poisoning Test	any person	100%	100% not subject to the deductible	100% not subject to the deductible
Travel Immunizations For employee and dependent immunizations required	for travel	100%	100% not subject to the deductible	100% not subject to the deductible
Physician Services Office Visits Surgery Performed in the Physician's Office Second Opinion Consultants Allergy Treatment / Injections / Serum		100%	80% after the plan deductible	60% after the plan deductible
Emergency Care Hospital Emergency Room Urgent Care Facility		100%	80% after the plan deductible	80% after the plan deductible (except if not a true emergency then 60% after plan deductible)
Ambulance		100%	100% after the plan deductible	100% after the plan deductible
Inpatient Hospital Services		100%	80% after the plan deductible	60% after the plan deductible
Inpatient Hospital Services Semi-Private Room and Board Private Room Special Care Units (ICU / CCU)			Limited to the semi-private room ra Limited to the semi-private room ra Limited to the ICU/CCU daily room	ate
Outpatient Hospital Services				000/ -#- !!
Operating Room, Recovery Room, Procedures Room, Room, and Observation Room	, Treatment	100%	80% after the plan deductible	60% after the plan deductible
Mental Health and Substance Use Disorder Inpatient Facility Outpatient - Office Visits Outpatient - All Other Services		100%	80% after the plan deductible	60% after the plan deductible

	Silver Care Plan		
	International	In-Network U.S.	Out of Network U.S.
Autism	Coverage for screening, diagnosis, and treatment of autism spectrum disorder and medications as prescribed by licensed providers.		
Maternity Care			
nitial Visit to Confirm Pregnancy	100%	80% after the plan deductible	60% after the plan deductible
Pre-and Post-Natal, Exams, and Delivery			
Family Planning - Women's Services			
Annual well-woman visits Gestational diabetes screening HPV DNA testing for women 30 years and older Sexually-transmitted infection counseling including HIV screening and counseling Domestic violence screening and counseling	100%	100% not subject to the deductible	100% not subject to the deductible
Breast Feeding Equipment and Supplies	Limited to one rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies and counseling.		
Family Planning - Men's Services	100%	80% not subject to the deductible	60% not subject to the deductible
Chiropractic Care Office Visit	100%	80% after the plan deductible	60% after the plan deductible
Temporomandibular Joint Disorder (TMJ)			60% after the plan
Benefit Lifetime maximum: \$1,000	100%	80% after the plan deductible	deductible
Outpatient Short-Term Rehabilitative Therapy	100%	80% after the plan deductible	60% after the plan deductible
Includes: Cardiac, Physical, Speech, Occupational, Pulmonary, and Cognitive Therapies. The maximum does not apply to the treatment of autism and/or Mental Health conditions. The limit is not applicable to Physical Therapy for the treatment of back pain.	60 day calendar year maximum for all therapies combined.		es combined.
Home Health Care			
Calendar Year Maximum: 120 days (includes outpatient private nursing when approved as medically necessary.) The limit is not applicable to Mental Health and Substance Use Disorder conditions.	100%	80% after the plan deductible	60% after the plan deductible
Hospice	100%	80% after the plan deductible	60% after the plan deductible
npatient Outpatient	100%	80% after the plan deductible	60% after the plan deductible
Hearing Exams: Routine	100%	80% after the plan deductible	60% after the plan
One exam per 24 month period			deductible
Hearing Aids For Dependents to Age 24	1000/	900/ offer the plan deductible	60% after the plan
Maximum Benefit: \$1,000 per hearing aid unit as necessary for each ear, every three years.	100%	80% after the plan deductible	deductible
Vision	International	U.S.	
One exam per 24 month period	80%	80% not subject to deductible	
Hardware	80%	80% not subject	to deductible
	One pair of frames	pair of frames or lenses per 24 month period - Maximum benefits \$250	

	<u> </u>	ilver Care Plan		
Prescription Drugs		International	Cigna Pharr	nacy Management
-rescription Drugs		(Outside the U.S.)	Participating	Non Participating
Retail (each 30 day supply)	Generic		\$5 copay	
	Brand Name Non-Preferred Brand	100%	\$30 copay \$120 copay	
Mail Order (each 90 day supply)	*Generic		\$15 copay	In-Network Coverage Only
······ -· -·· (····)	*Brand Name	n/a	\$90 copay	
	*Non-Preferred Brand		\$360 copay	
Dispense as Written (DAW)/Member Pay	/ Difference	n/a	generic equivalent, the cus plus the cost difference be drug. However, if the pre "Dispense as Written – DA	rand name drug when there is a stomer pays the generic copay, when the brand and generic scribing physician indicates, AW" on the prescription, the d the brand copay applies.
Patient Assurance Program		n/a	waives the deductible, if a amount you owe for certai chronic conditions include Any amount you pay for th toward meeting your out-o Any discount provided by	tient Assurance Program, which pplicable, and reduces the n medications used to treat d in the program. Additionally: ese medications only count f-pocket maximum, if applicable a pharmaceutical manufacturer count toward meeting your out- plicable.
Utilization Management		n/a		sed on getting the most clinically tive medication to the patient.
International Employee Assistance Pro	ogram			
Crisis Assistance Plus™ (CAP) a worl Crisis Assistance Plus	Includes crisis consulti responses/evacuations advice and coordinate impact employees whi	ng at no dollar limit per s incurring in a year are d in-country crisis assist le traveling (terrorism, p. s, disappearances of pe	andemic, political threats, natu	ear. It provides time sensitive impact or have the potential to
Global Wellness Programs				
Pre-Departure Medical Assessment	offers comprehensive and online expert seco be accessed prior to o	case management, care and opinions for employer r during assignment thro	coordination, impatient mana	
Health Assessment and Targeted Risk Assessment	really well in and which portal, Cigna Envoy, e	n need attention. After co	ompletion of the online assess ir own highly personalize repor	ch areas of health they are doing ment via Cigna's secure online rt that provides practical tips and
	Assessment (TRA) for include sleep, stress, r	each identified risk facto nutrition, and physical ac	n Assessment, an invitation to or is immediately sent online. ⁻ ttivity. TRAs provide an in-dep nable recommendations	
	assessment results. These materials are tra have access to an eng	he articles are evidence anslated and culturally a lagement kit that allows th and wellbeing. Aften	nese assessments, provides a based, and recipes are writter dapted in 38 localizations. Ad for a four week campaign, enc wards there will be ongoing co	n by a qualified nutritionist. Iditionally, employees will now
	The Health Assessme	nt, Targeted Assessmer	its and "My Library" are all mol	bile friendly.
Cigna Wellbeing App™	Telehealth services are doctors around the wo or video consultation fi	e included. Your employ rld – by phone or video - rom the Cigna Wellbeing may be limitations rega	g App™. Appointments are of	

	Silver Care Medical Rates		
J.S. Expat Rates		Int'l Lives	Silver Care
	Employee Only	0	\$360
	Employee + 1	0	\$867
	Employee Only Employee + 1 Employee + 2	0	\$1,229
	TOTAL MONTH	0	\$0
	TOTAL ANNUAL		\$0
npats / Stateside Rates (Inside U.S.)		Stateside Lives	Silver Care
	Employee Only	4	\$395
	Employee Only Strip Employee + 1 Employee + 2	0	\$954
	S Employee + 2	0	\$1,352
	TOTAL MONTH	4	\$1,580
	TOTAL ANNUAL		\$18,960
on-U.S. Expats / KLN Rates		TCN / KLN Lives	Silver Care
_	Employee Only	0	\$288
	Employee Only Employee + 1 Employee + 2	0	\$694
	Employee + 2	0	\$984
	TOTAL MONTH	0	\$0
	TOTAL ANNUAL		\$0

	Emergency Medical Evacuation / Repatriation
Emergency Evacuation	100% coverage not subject to the deductible for services approved by Cigna and/or its designee.
Family Travel Arrangements	Economy round-trip airfare to the place of hospitalization for one family member for hospitalizations in excess of seven (7) days.
Return of Dependent Children	One-way economy airfare to return dependent children to their country of residence.
Repatriation of Mortal Remains	100% coverage not subject to the deductible.

Evacuation Rates			
Tiering	Lives	Rates	
Employee Only	4	\$8.15	
Employee + 1	0	\$16.30	
Employee + 2	0	\$20.25	
TOTAL MONTH	4	\$32.60	
TOTAL ANNUAL		\$391.20	

How we make a difference

24/7/365 Customer Service

Cigna is committed to providing superior service to our customers. It doesn't matter where you are working or what time zone you are in. Our clients and customers can reach us 24 hours, 7 days a week by calling our global Service Center or online through Cigna Envoy®.

Contact Us

Phone

> 1.800.441.2668 Toll-free Phone (U.S. & Canada)

> 1.800.558.3604 Toll-free TDD telephone number for the hearing impaired

> 001.302.797.3100 Direct Phone (Collect Calls Accepted)

Fax

> 1.800.243.6998 Toll-free Facsimile

> 001.302.797.3150 Direct Fax (inside the U.S.)

Website

> www.CignaEnvoy.com

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