



Global Health Advantage
2-9
Summary of Benefits
for

Silver Plan	
Lifetime Maximum	Unlimited
Coinsurance (paid by Cigna)	80% of the Maximum Reimbursable Charge
Deductible	
Individual	\$200
Family	\$600
Out of Pocket Limit	
Individual	\$1,000 (excludes deductible)
Family	3000 (excludes deductible)
Preventive Care & Screenings	
Periodic Health Exams; Well - Woman Exams* Pap Smear Well Child Care (including developmental screenings) Mammogram Routine Immunizations / Injections	All preventive care is covered at 100% and is not subject to the deductible. There is no calendar year maximum.
Other Screenings	
Colorectal Cancer	Covered at 100% coinsurance and not subject to the deductible for persons age
Prostate Specific-Antigen (PSA)	Covered at 100% coinsurance
Lead Poising Test (for children under age 6)	Covered at 100% coinsurance
Travel Immunizations	Covered at 100% coinsurance and not subject to the deductible for employee and dependent immunizations required for travel.
Physician Services	
Office Visits	80%, after plan deductible
Surgery Performed in the Physician's Office	80%, after plan deductible
Second Opinion Consultants	80%, after plan deductible
Allergy Treatment / Injections / Serum	80%, after plan deductible
Emergency Care	
Hospital Emergency Room	80%, after plan deductible
Urgent Care Facility	80%, after plan deductible
Ambulance	80%, after plan deductible
Inpatient Hospital Services	80%, after plan deductible
Semi-Private Room and Board	Limited to the semi-private room rate
Private Room	Limited to the semi-private room rate
Special Care Units (ICU / CCU)	Limited to the ICU / CCU daily room rate
Outpatient Hospital Services	
Operating Room, Recovery Room, Procedures Room, Treatment Room, Treatment Room, and Observation Room	80%, after plan deductible
Mental Health & Substance Abuse	
Inpatient	80%, after plan deductible

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Outpatient (includes individual, group, and intensive outpatient)	80%, after plan deductible	
Autism	Coverage for screening, diagnosis, and treatment of autism spectrum disorder and medications as prescribed by licensed providers.	
Maternity Care		
Initial Visit to Confirm Pregnancy	80%, after plan deductible	
Pre-and Post-Natal, Exams, and Delivery	80%, after plan deductible	
Family Planning - Women's Services*	100%	
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	80%, after plan deductible	
Chiropractic Care		
Office Visit	80%, after plan deductible	
Calendar Year Maximum: 20 days		
Temporomandibular Joint Disorder (TMJ)		
Benefit Lifetime maximum: \$1,000	80%, after plan deductible	
Outpatient Short-Term Rehabilitative Therapy (Cardiac, Physical, Speech, Occupational, Pulmonary, and Cognitive)	As any other treatment for a combined 60-day calendar year maximum for all therapies combined.	
Home Health Care		
Calendar Year Maximum: 120 days (includes outpatient private nursing when approved as medically necessary)	80%, after plan deductible	
Hospice		
Inpatient	80%, after plan deductible	
Outpatient	80%, after plan deductible	
Hearing Exams: Routine	80%, after plan deductible	
One exam per 24 month period		
Hearing Aids For Dependents to Age 24	80%, after plan deductible	
Maximum Benefit: \$1,000 per hearing aid unit for necessary for each year, every three years		
Vision		
Exam per 24 month period	Not covered	
Hardware	Not covered	
Prescription Drugs (outside the U.S.)	80% after plan deductible	
Cigna Pharmacy Management (inside U.S. only)	Participating Pharmacy	Non Participating Pharmacy
Generic	10% coinsurance	30% coinsurance
Brand Name	30% coinsurance	30% coinsurance

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Mail Order Drugs (inside U.S. only)	Participating Pharmacy	Non Participating Pharmacy
Generic	10% coinsurance	In-network coverage only
Brand Name	30% coinsurance	

* In accordance with the Patient Protection and Affordable Act (PPACA), coverage for women's preventative services is expanding in 2013 to include the below services with no cost sharing (deductible or coinsurance) when received in-network:

- Lactation counseling services and supplies;
- Gestational diabetes screenings;
- Counseling and testing for sexually transmitted infections; and
- Domestic violence screening

International Employee Assistance Program (IEAP) - Services are provided by Workplace Options (WPO)

Telephonic Counseling - Available 24 hours, 7 days a week, 365 days a year. Unlimited telephonic support provides information, resources, and counseling on any work, life, personal, or family issue that matters to you. Convenient online counseling via E-counseling and SMS texting is also available to help you receive the support you need.

Pre-Assignment Program

A unique clinical program that offers comprehensive case management, case coordination, inpatient management, evacuation assistance, and online expert second opinions for customers and dependents either in the U.S. or abroad. The tool can be accessed prior to or during assignment through Cigna's secure website, Cigna Envoy. Customers that utilize the Pre-Assignment Assistance Program are more likely to have a successful assignment.

Global Wellness

The global Health Assessment is a short, online assessment that is essential to Cigna's wellness solutions and the first step to identifying personal health risks. Customers who complete the Health Assessment will immediately receive a personalized health risk profile report. Cigna's Health Assessment is medically validated by the World Health Organization.

Direct Access to Obstetricians and Gynecologists

Customers do not need prior authorization from the plan, or from any other person - including a primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional in Cigna's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.CignaEnvoy.com or contact customer service at the phone number listed on the back of your ID card.

Selection of a Primary Care Provider

Cigna's plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

Dental Plans	
	Option I
Calendar Year Maximum	\$1,000
Deductible <i>(waived for Class I)</i>	
Individual	\$50
Family	\$150
Class I - Preventive Care	100% Diagnostic - General Preventative
Class II - Basic Restorative	80% Restorative (Basic) Endodontics Periodontics Prosthodontics - Removable (Maintenance) Prosthodontics - Fixed Bridge (Maintenance) Oral Surgery
Class III - Major Restorative	50% Restorative (Major) Prosthodontics - Removable (Maintenance) Prosthodontics - Fixed Bridge (Maintenance)
Class IV - Orthodontia <i>(Child Only to Age 19)</i>	Benefit Not Covered
Class V - Implants	Benefit Not Covered

Life and AD&D Options

Classification	Option 3
Each Eligible Employee	Two (2) times your annual Basic Earnings (rounded to the next higher \$1,000) up to a Maximum Amount of \$200,000
Schedule of Benefits	
For Loss of:	
Life	100%
One hand by severance at or above the wrist	50%
One foot by severance at or above the ankle	50%
Entire and irrecoverable loss of sight in one eye	50%
More than one of the above in any one accident	100%

Long Term Disability	
Elimination Period	90 days
Gross Disability Benefit	The lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or the Maximum Disability Benefit.
Maximum Disability Benefit	\$5,000 per month
Minimum Disability Benefit	\$50 per month
Survivor Benefits	3 months
Duration	Reducing Benefit Duration (RBD)
Age at Disability	
62 or under	Your 65th birthday or the date the 42nd Monthly Benefit is payable, if later.
63	The date the 36th Monthly Benefit is payable
64	The date the 30th Monthly Benefit is payable
65	The date the 24th Monthly Benefit is payable
66	The date the 21st Monthly Benefit is payable
67	The date the 21st Monthly Benefit is payable
68	The date the 15th Monthly Benefit is payable
69 and over	The date the 12th Monthly Benefit is payable
Definition of Disability	24 month Regular Occupation
Partial Disability	Included
Recurrent Disability	6 months
Offsets	US Social Security, CPP-QPP, Local Country Social Programs & other standard offsets.
Limited Benefit Period	24 months
Maternity Coverage	Included
Pre-existing Exclusion	12/06/24
Waiver of Premium	Included
Cost of Living Adjustment	Cost of Living freeze