The Evangelical Alliance Mission (TEAM)

International Long-term and Mid-term Global Workers

2027 Benefits Guide

Find your benefit information at
GuideStone.org/TEAM

GuideStone®

Welcome To Your International Benefits Guide

Welcome to your Benefits Guide, which provides a broad overview of the benefits available to you and your family. The Benefits Guide includes benefit highlights for each plan and a quick reference page with provider and resource contact information. It is important that you understand your benefits. Additional details are available in the plan documents. These are available at ***GuideStone.org/TEAM***.

This Benefits Guide will also help with the next step — enrollment! All long-term and mid-term global workers are enrolled in a health plan. All long-term global workers also have the opportunity to accept or decline dental, vision and life insurance. Both long-term and mid-term global workers will have the opportunity to change their benefit elections during the annual open enrollment period each fall for the upcoming calendar year.

We hope this Benefits Guide will continue to be a valuable resource for you and your family. It includes step-by-step tips on locating in-network providers, obtaining the highest level of benefits and managing your out-of-pocket costs.

Benefit Basics

Who is eligible?

- For the health plans, all full-time U.S. employees who work a minimum of 30 hours per week
- The legal spouse of an eligible employee and their children through the end of the month of the child's 26th birthday
- Eligibility for other benefits may vary — please see plan documents for specific eligibility for each benefit plan

  NOTE: Your employer may request dependent status documentation before beginning coverage.

When Coverage Begins

- New Hire – Coverage begins the day you begin traveling to your work region for your initial term of service
- Open Enrollment – Coverage begins the first day of the following calendar year
- Qualifying Event – IRS regulations only allow for benefit changes during the plan year if you or your eligible dependents have a qualifying event. The date your coverage begins depends on the qualifying event. You must elect coverage within 60 days of the qualifying event. **The member is responsible for notifying the benefits coordinator of a qualifying event.**

What is a qualifying event?

- Marriage, legal separation or divorce
- Birth, adoption or legal custody change of a dependent child
- Death of a dependent
- A change in employment status that affects benefits coverage
- A change in eligibility for you or your dependents
- An involuntary loss of other group coverage

2027 Benefits Overview

for International Long-term Global Workers

Benefit Plan Information	2027 Rates

Health and Pharmacy

Cigna Healthcare® International Health Plans:

- Global Health 1500 (HSA-qualified)
- Global Health 3500

Toll-free calls: 1-800-441-2668

International calls: AT&T® access code + 1-800-441-2668

Toll-free fax: 1-800-243-6998

International fax: AT&T® access code + 1-800-243-6998

CignaEnvoy.com

You can find detailed benefit information at *GuideStone.org/TEAM*.

The amount each global worker raises from work funds:

Global Health 1500:
Employee Only - $555.26 / month
Employee + Spouse - $1,110.52 / month
Employee + Child(ren) - $1,054.99 / month
Employee + Family - $1,665.77 / month

Global Health 3500:
Employee Only - $555.80 / month
Employee + Spouse - $1,111.59 / month
Employee + Child(ren) - 1,056.01 / month
Employee + Family - $1,667.39 / month

The amount each global worker pays from living allowance: $0

Health Savings Account (HSA)*

HealthEquity®

Customer Service: 1-866-346-5800

My.HealthEquity.com

To open an HSA, fill out a group application and return it to the benefits coordinator.

Your HSA is available once you activate your account. It is a debit account, so you will only be able to use the funds currently in your account. You may pay for qualified medical expenses with your debit card or reimburse yourself online.

***Available if you choose an HSA-qualified health plan**

2027 HSA Contribution Options

From Work Funds:

- Employee Only - up to $100 / month
- Employee +1 or More - up to $200 /month

From Living Allowance – any amount you choose as long as the total of all contributions (i.e., employer, work funds and living allowance) does not exceed the total contribution limit.

2027 Total Contribution Limit

- Individual: $4,500
- Family: $9,000
- Age 55+ Catch-up: $1,000 (In addition to individual and family limits)

Benefit Plan Information	2027 Rates
Dental – Cigna Healthcare International **Toll-free calls:** 1-800-441-2668 *CignaEnvoy.com*	**The amount each global worker pays from living allowance:** **Global Plus:** Employee - $33.95 / month Employee + Spouse - $70.59 / month Employee + Child(ren) - $70.95 / month Employee + Family- $121.14 / month **Global Basic:** Employee Only - $25.16 / month Employee + Spouse - $49.99 / month Employee + Child(ren) - $50.24 / month Employee + Family- $91.87 / month
Vision – VSP® **Vision Service Plan® (VSP)** **Customer Service:** (800) 877-7195 *VSP.com* Register for an account online with your Social Security number (SSN) and other personal data.	**The amount each global worker pays from living allowance:** Employee Only - $8.04 / month Employee + 1 - $11.65 / month Employee + Family - $20.90 / month
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For policy or claim submission questions, contact TEAM's benefits coordinator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage
Optional Life Insurance – Unum	**Voluntary employee-paid coverage:** Options from $25,000 - $200,000 Spouse and child options also available Your monthly rates are based on your age as of January 1 of each year and the amount of coverage selected.

Benefit Plan Information	2027 Rates
403(b) Retirement Savings Plan	**The amount each global worker raises from work funds:** • Single - $160 / month • Couple - $320 / month Minimum contributed from living allowance: • Single - $60 / month • Couple - $120 / month Traditional pre-tax or Roth after-tax options are available. Default is a date-targeted fund based on retirement at age 65.

2027 Benefits Overview

for International Mid-term Global Workers

Benefit Plan Information	2027 Rates
Health and Pharmacy **Cigna Healthcare International Health Plans:** • Global Health 1500 (HSA-qualified) • Global Health 3500 You can find detailed benefit information at *GuideStone.org/TEAM*.	**The amount each global worker raises from work funds:** **Global Health 1500:** Employee Only - $555.26 / month Employee + Spouse - $1,110.52 / month Employee + Child(ren) - $1,054.99 / month Employee + Family - $1,665.77 / month **Global Health 3500:** Employee Only - $555.80 / month Employee + Spouse - $1,111.59 / month Employee + Child(ren) - 1,056.01 / month Employee + Family - $1,667.39 / month **The amount each global worker pays from living allowance: $0**
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For policy or claim submission questions, contact TEAM's benefits coordinator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage

Health Savings Accounts

Opening an Individual Health Savings Account (HSA)

An HSA is a separate account you own that allows you to pay for current and future qualified health care expenses tax-free for you and your IRS-qualified tax dependents.[1] Contributions to a qualified HSA can be made pre-tax, or they are 100% tax deductible on your federal income tax return. Funds may roll over from year to year, collect interest and grow on a tax-deferred basis. If used for eligible health care expenses, the funds are withdrawn tax-free. Money withdrawn prior to age 65 for non-eligible expenses will be taxed and subject to an additional 20% penalty.

Once you are 65 or older, you may withdraw your HSA funds without penalty; however, funds withdrawn for non-eligible expenses will be taxed.

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts for TEAM's health, dental and vision plans. Additionally, you may use your HSA to pay for expenses that the IRS defines as eligible but may not be covered by our TEAM health plans. HSAs are designed to help with many types of medical expenses — some examples include hearing aids and chiropractic services.

HSA Information	
Who is eligible?	An adult who • Is enrolled in an HSA-qualified Health Plan • Has no other first-dollar health coverage • Is not enrolled in Medicare • Cannot be claimed as a dependent on someone else's tax return
What is the maximum I can contribute in 2027?[2]	**Enrolled in individual plan:** $4,500 **Enrolled in family plan:** $9,000 **Age 55+:** $1,000 (in addition to individual and family contribution limits)
How do I open an HSA?[3]	To open an HSA with HealthEquity, TEAM's HSA trustee, fill out a group application and return it to TEAM's benefits coordinator.
How do I use my HSA?	HealthEquity provides debit Visa® cards for direct expense payments, online direct deposit reimbursements and other services. See ***my.HealthEquity.com*** for details.
Where can I get more information?	More details about the features of an HSA, a fee schedule and investment options specific to HealthEquity are located at ***GuideStone.org/TEAM***.

[1]For more information on who qualifies as a tax dependent, as well as how to calculate your maximum contribution if you change your coverage during the year, please see IRS *Publication 969*. [2]These amounts assume enrollment in the individual or family plan for the entire year. If you change your coverage mid-year, your maximum contribution amount will be affected. [3]Mid-Term: If you open an individual HSA directly with HealthEquity, TEAM's HSA trustee, at ***my.HealthEquity.com***, you can have funds automatically transferred from your checking account into your HSA. Many banks offer HSAs.

Frequently Asked Questions

What eligible health care expenses can be paid for with my HSA?

Your HSA may be used to pay for qualified medical expenses that apply toward your deductible and co-insurance amounts. You may also pay for qualified expenses that may not be covered by your health plan or are subject to limitations.

Here are some examples:

- Over-the-counter (OTC) drugs, medicines and feminine hygiene products
- Vision care, including glasses, contact lenses and laser vision correction
- Physical therapy, speech therapy and chiropractic services
- Transportation expenses related to health care
- Hearing aids
- Physician-directed weight-loss programs
- Orthodontic services (braces)

For more information about qualified medical expenses, go to ***IRS.gov*** and search for "Publ 502" to download the IRS publication. Make sure you have the most recent date.

Who keeps track of what I spend on qualified health care expenses?

You do. In the event of an audit, you are responsible for maintaining receipts to document the appropriate use of funds.

Health Plans

GuideStone®

Global Health 1500

Effective January 1, 2027

Cigna has the world's largest and most extensive health care network. For many in-network doctors and hospitals, Cigna uses direct payment, guarantees of payment and other methods to eliminate or reduce costs. However, you may choose your own provider and are not required to use an in-network provider.
For medical care in the U.S., you receive the highest level of benefits by using an in-network provider.

See the reverse side for a glossary of terms used.

Benefits	Outside the U.S.[1]	In-Network U.S.	Out-of-Network U.S.
Deductible • Individual • Family	 $1,750 $3,500	 $1,750 $3,500	 $3,000 $6,000
Plan pays/individual pays (co-insurance) (after deductible)	80% / 20%	80% / 20%	60% / 40%
Maximum Out-of-Pocket (medical and prescription): individual/family (including Deductible, co-pays and co-insurance)[2]	$4,250 / $8,000	$4,250 / $8,000	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	$8,500 / $16,000
Primary care physician visit/specialist visit	80% after deductible	80% after deductible	60% after deductible
Telehealth	N/A	N/A	N/A
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	80% after deductible	80% after deductible	60% after deductible
Outpatient services (CT scans, MRI, diagnostic)	80% after deductible	80% after deductible	60% after deductible
Outpatient surgery	80% after deductible	80% after deductible	60% after deductible
Emergency room	80% after deductible	80% after deductible	80% after deductible[3]
Urgent care	80% after deductible	80% after deductible	60% after deductible
Chiropractic services (20 visits annually)	80% after deductible	80% after deductible	60% after deductible
Mental health and substance abuse: inpatient services	80% after deductible	80% after deductible	60% after deductible
Mental health and substance abuse: office and professional services	80% after deductible	80% after deductible	60% after deductible
Vision exam (one exam every 12 months)	80% after deductible	80% after deductible	80% after deductible
Travel immunizations[4] (for employees and dependents)	100% no deductible	100% no deductible	100% no deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

[1] For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.
[2] All amounts a participant pays for covered expenses, including care outside the U.S. and in-network and out-of-network care in the U.S., accumulate toward your maximum out-of-pocket limit.
[3] If services are provided by an out-of-network U.S. emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the in-network level.
[4] Injectable anti-malarial drugs are covered under the travel immunizations benefit. If the medication is provided in a pill format, it is covered under the prescription drug coverage.

Continued on next page

	Prescription Drug Coverage	Outside the U.S. You Pay	In-Network U.S. You Pay	Out-of-Network U.S. You Pay
Retail (30-Day Supply)	Generic	20%	20%	40%
	Preferred	20%	20%	40%
	Non-preferred	20%	20%	40%
Mail Order (90-Day Supply)	Generic	N/A	20%	N/A
	Preferred	N/A	20%	N/A
	Non-preferred	N/A	20%	N/A

Note: If the cost of the prescription (in-network U.S.) is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month supply of your prescription is available for international assignments.

Glossary of Terms

Co-insurance maximum, out-of-network U.S. — The most you will have to pay in a year in out-of-network U.S. co-insurance for covered benefits after you meet your out-of-network U.S. deductible.

Deductible — Claims for a family member are covered at plan co-insurance only when the family deductible is satisfied. All family members contribute towards the family deductible. The individual deductible is not applicable. Any individual amount only applies to Employee-Only coverage. This is considered a non-embedded deductible.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions via mail.

Maximum out-of-pocket (medical and prescription) — Family members meet only their individual Out of Pocket maximum and then their claims will be covered without additional member cost share; if the family Out of Pocket limit has been met prior to their individual Out of Pocket limit being met, their claims will be paid with no additional member cost share. This is considered an embedded Maximum Out-of-Pocket limit.

Non-preferred drugs — Prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician co-pay — The amount you pay for an office visit to an in-network, primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Telehealth — The use of telephone and/or live video technology in order to provide medical care via the Cigna Wellbeing mobile application.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the *Preventive Care Schedule*, which are covered at 100%, not subject to the deductible. The *Preventive Care Schedule* is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive under these plans. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Global Health 3500

Effective January 1, 2027

Cigna has the world's largest and most extensive health care network. For many in-network doctors and hospitals, Cigna uses direct payment, guarantees of payment and other methods to eliminate or reduce costs. However, you may choose your own provider and are not required to use an in-network provider.
For medical care in the U.S., you receive the highest level of benefits by using an in-network provider.

See the reverse side for a glossary of terms used.

Benefits	Outside the U.S.[1]	In-Network U.S.	Out-of-Network U.S.
Deductible • Individual • Family	 $0 $0	 $3,500 $7,000	 $6,000 $12,000
Plan pays/individual pays (co-insurance) (after deductible)	100% / 0%	80% / 20%	60% / 40%
Maximum out-of-pocket (medical and prescription): individual/family (including deductible, co-pays and co-insurance)[2]	$3,500 / $7,000	$6,350 / $12,700	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	$22,000 / $42,000
Primary care physician visit/specialist visit	100% no deductible	$25 / $45	60% after deductible
Telehealth	100% no deductible	100% no deductible	N/A
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	100% no deductible	80% after deductible	60% after deductible
Outpatient services (CT scans, MRI, diagnostic)	100% no deductible	80% after deductible	60% after deductible
Outpatient surgery	100% no deductible	80% after deductible	60% after deductible
Emergency room	100% no deductible	80% after $100 co-pay[3]	80% after $100 co-pay[3]
Urgent care	100% no deductible	$45	60% after deductible
Chiropractic services (20 visits annually)	100% no deductible	$45	60% after deductible
Mental health and substance abuse: inpatient services	100% no deductible	80% after deductible	60% after deductible
Mental health and substance abuse: office and professional services	100% no deductible	100% no deductible	60% after deductible
Vision exam (one exam every 12 months)	100% no deductible	$25	$25
Travel immunizations[5] (for employees and dependents)	100% no deductible	100% no deductible	100% no deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

[1] For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.
[2] All amounts a participant pays for covered expenses, including care outside the U.S. and in-network and out-of-network care in the U.S., accumulate toward your maximum out-of-pocket limit.
[3] The deductible does not apply under emergency room for in-network U.S. However, if you are admitted to the hospital, the co-pay is waived and the deductible applies.
[4] If services are provided by an out-of-network U.S. emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the in-network level.
[5] Injectable anti-malarial drugs are covered under the travel immunizations benefit. If the medication is provided in a pill format, it is covered under the prescription drug coverage.

Continued on next page

	Prescription Drug Coverage	Outside the U.S. You Pay	In-Network U.S. You Pay	Out-of-Network U.S. You Pay
Retail (30-Day Supply)	Generic	20%	$15	40%
	Preferred	20%	$35	40%
	Non-preferred	20%	$50	40%
Mail Order (90-Day Supply)	Generic	N/A	$45	N/A
	Preferred	N/A	$105	N/A
	Non-preferred	N/A	$150	N/A

Note: If the cost of the prescription (in-network U.S.) is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month supply of your prescription is available for international assignments.

Glossary of Terms

Co-insurance maximum, out-of-network U.S. — The most you will have to pay in a year in out-of-network U.S. co-insurance for covered benefits after you meet your out-of-network U.S. deductible.

Deductible (family) — When family members meet the plan amount determined to be the family deductible, the plan will consider all family members to have met their deductibles. One individual cannot contribute to the family deductible more than the amount determined to be the individual deductible (this is an embedded deductible).

Deductible (individual) — The amount an individual is required to pay before benefits begin for services not covered by co-pays. Once this amount is met, the plan will begin paying claims for that individual at the co-insurance level.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions via mail.

Maximum out-of-pocket (medical and prescription) — Family members meet only their individual Out of Pocket maximum and then their claims will be covered without additional member cost share; if the family Out of Pocket limit has been met prior to their individual Out of Pocket limit being met, their claims will be paid with no additional member cost share. This is considered an embedded Maximum Out-of-Pocket limit.

Non-preferred drugs — Prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician co-pay — The amount you pay for an office visit to an in-network, primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Telehealth — The use of telephone and/or live video technology in order to provide medical care via the Cigna Wellbeing mobile application.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the *Preventive Care Schedule*, which are covered at 100%, not subject to the deductible. The *Preventive Care Schedule* is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive under these plans. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Preventive Health Care

Understanding what's covered.

What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue, but may be at risk for a specific disease based on age, gender and history. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- Age
- Gender
- Personal health history
- Current health

Why do I need preventive care?

Preventive care can help you detect problems at an early stage even before any symptoms are obvious, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

What's not considered preventive care?

Once you have a diagnosis, any additional testing or screening would be considered "diagnostic" and therefore would no longer be considered a "preventive service" and would no longer be covered under the preventive care benefit.

Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your global plan's medical benefits, not your preventive care benefits.

This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many global plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **Cigna Envoy®** for a list of in-network health care providers and facilities.

Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.

For example, preventive exams for cervical cancer would typically apply to (genetic females) who have a cervix and likewise prostate cancer screenings would only be needed by men who have a prostate.

See the following charts for the services and supplies that are considered preventive care under most health plans. For more details, please check your plan materials.

Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your Cigna Healthcare℠ global ID card.

Global Health Benefits

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Preventive wellness exams

Service	Group	Age, Frequency
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	🔵 🟠 🟢	• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises

Preventive routine immunizations covered under preventive care

Service	Service
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (meningitis)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (Hep A)	Poliovirus (IPV)
Hepatitis B (Hep B)	Rotavirus (RV)
Human papillomavirus (HPV)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: cdc.gov/vaccines/schedules/.

Preventive health screenings and interventions

Service	Group	Age, Frequency
Abnormal blood glucose and type 2 diabetes screening/counseling	🔵 🟠	Adults ages 40–70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	🟠	Adult and adolescent women including pregnant and postpartum women
Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia[1]	🔵 🟠	Adults ages 50–59 with risk factors; Pregnant women at risk for preeclampsia
Autism screening	🟢	18, 24 months
Bacteriuria screening	🟠	Pregnant women
Bilirubin screening	🟢	Newborns before discharge from hospital
Breast cancer screening (mammogram)	🟠	Women ages 40 and older, every 1–2 years
Breast cancer-discussion of benefits/risks of preventive medication	🟠	Women at risk
Breast-feeding support/counseling, supplies[2]	🟠	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	🟠	Women ages 21–65, every 3 years Women ages 30–65, every 3 years
Chlamydia screening	🟠	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening[1]	🔵 🟠 🟢	• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years • All adults ages 40-75
Colon cancer screening[1]	🔵 🟠	The following tests will be covered for colorectal cancer screening, ages 45 and older: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years Flexible sigmoidoscopy every ten years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years
Congenital hypothyroidism screening	🟢	Newborns
Critical congenital heart disease screening	🟢	Newborns before discharge from hospital

🔵 = Men 🟠 = Women 🟢 = Children/adolescents

Preventive health screenings and interventions *(cont'd)*

Service	Group	Age, Frequency
Contraception counseling/education (including fertility awareness-based methods); contraceptive products and services[1, 3, 4]	🟠	Women with reproductive capacity
Dental application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	🟢	Children to age 5 years
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient, prescribe oral fluoride[1]	🟢	All infants and children starting at the age of primary tooth eruption
Depression screening/maternal depression screening	🔵 🟠 🟢	Ages 12–21, All adults, including pregnant and postpartum women
Developmental screening	🟢	9, 18, 30 months
Developmental surveillance	🟢	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Fall prevention in older adults (physical therapy)	🔵 🟠	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation[1]	🟠	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	🟠	Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	🟠	Pregnant women
Gonorrhea screening	🟠	Sexually active women age 24 years and younger and older women at risk
Healthy diet and physical activity counseling	🔵 🟠 🟢	Ages 6 and older - to promote improvement in weight status; overweight or obese adults with risk factors for cardiovascular disease
Hearing screening (not complete hearing examination)	🟢	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21
Hemoglobin or hematocrit	🟢	12 months
Hepatitis B screening	🔵 🟠 🟢	Pregnant women; adolescents and adults at risk
Hepatitis C screening	🔵 🟠	Adults ages 18–79
High blood pressure screening (outside clinical setting)[2]	🔵 🟠	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection[1] HIV PrEP related services (HIV screening, kidney function testing, hepatitis B & C screening, pregnancy testing, sexually transmitted infection screening/behavioral counseling, adherence counseling)	🔵 🟠 🟢	Individuals at risk
HIV screening and counseling	🔵 🟠 🟢	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Intimate partner/interpersonal violence screening	🟠	All women (adolescent/adult)
Lead screening	🟢	12, 24 months
Lung cancer screening (low-dose computed tomography)	🔵 🟠	Adults ages 50 to 80 with 20 pack year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification
Metabolic/hemoglobinopathies (according to state law)	🟢	Newborns
Obesity screening/counseling	🔵 🟠 🟢	Ages 6 and older, all adults
Ocular (eye) medication to prevent blindness	🟢	Newborns
Oral health evaluation/assess for dental referral	🟢	6, 9 months. Ages 12 months, 18 months-6 years for children at risk
Osteoporosis screening	🟠	Age 65 or older (or under age 65 for women with fracture risk as determined by a Clinical Risk Assessment Tool). Computed tomographic bone density study requires precertification
PKU screening	🟢	Newborns
Perinatal depression preventive counseling	🟠	Pregnant and postpartum women with risk factors
Preeclampsia screening (blood pressure measurement)	🟠	Pregnant women
Prostate cancer screening (PSA)	🔵	Men ages 45 and older or age 40 with risk factors
Rh incompatibility test	🟠	Pregnant women

🔵 = Men 🟠 = Women 🟢 = Children/adolescents

Preventive health screenings and interventions *(cont'd)*

Service	Group	Age, Frequency
Sexually transmitted infections (STI) counseling	🔵 🟠 🟢	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	🟢	Adolescents ages 11–21
Sickle cell disease screening	🟢	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	🔵 🟠 🟢	Ages 6 months – 24 years
Syphilis screening	🔵 🟠 🟢	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions[1]	🔵 🟠	All adults[1]; pregnant women
Tobacco use prevention (counseling to prevent initiation)	🟢	School-age children and adolescents
Tuberculosis screening	🔵 🟠 🟢	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	🔵	Men ages 65–75 who have ever smoked
Unhealthy alcohol use and substance abuse screening	🔵 🟠 🟢	All adults; adolescents age 11–21
Unhealthy drug use screening	🔵 🟠	All Adults
Urinary incontinence screening	🟠	Women
Vision screening (not complete eye examination)	🟢	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

Note: This list above is not necessarily comprehensive for all persons and all situations.

🔵 = Men 🟠 = Women 🟢 = Children/adolescents

1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over the counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to the Cigna Healthcare "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
2. Subject to the terms of your plan's medical coverage, home blood pressure monitoring supplies, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through the Cigna Healthcare national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain home blood pressure monitoring equipment, breast pump and breast pump supplies, contact the Cigna Healthcare national durable medical equipment vendor.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUDs, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Some plans choose to supplement the preventive care services listed above with a few additional services, such as other common laboratory panel tests. When delivered during a preventive care visit, these services also may be covered at the preventive level.

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

Product availability may vary by location and plan type and is subject to change. Products may not be available in all jurisdictions and are excluded where prohibited by law. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna Life Insurance Company of Canada, Cigna Global Insurance Company Limited, Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates.

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Dental Plan Benefits

GuideStone®

For Group Plans

Cigna Healthcare® International Dental Plans

Offering a dental plan to your employees can make dental care more affordable, help them budget for their families' dental care and allow them to make better health choices.

Effective January 1, 2027

Monthly Rates	Global Dental Plus	Global Dental Basic
Employee	$33.95	$25.16
Employee + Spouse	$70.59	$49.99
Employee + Child(ren)	$70.95	$50.24
Employee + Family	$121.14	$91.87

Dental Plan Comparison Chart	Global Dental Plus	Global Dental Basic
Providers	May use any provider or save with network providers	May use any provider or save with network providers
Deductible (per person per year)	$50	$50
Annual maximum benefit (per person, per year)	$1,500	$1,000
Class I: Preventive care	0% no deductible	0% no deductible
Class II: Basic restorative	20% after deductible	20% after deductible
Class III: Major restorative	50% after deductible	50% after deductible
Class IV: Orthodontia[1] services	50% no deductible	Not covered

[1]Applies only to a dependent child less than 19 years of age. Lifetime maximum is $1,500.

For information on services within each Class I – IV, review the Cigna Global Dental Plan Booklet and Schedules.

These Cigna insurance products are provided by Cigna Health and Life Insurance Company and are offered as part of GSFR International's benefits program.

Healthy mouth. Healthy life.

That's something to smile about

Cigna Healthcare, Global Health Benefits is here to help you

At Cigna Healthcare,® Global Health Benefits, we know you're busy and balancing the demands of a hectic work schedule and active personal life can leave little time for you and your health. So finding time to schedule your twice-yearly preventive care visits at the dentist may be the last thing on your mind. But consider this

- There are over 2 million emergency room visits each year for dental emergencies in the United States (U.S.), costing far more than a routine dental appointment. Preventive care, such as regular checkups and early treatment, can significantly reduce these costly and avoidable ER visits.[1]
- Nearly 42% of adults aged 30 and older have periodontitis, a serious form of gum disease. Regular dental checkups are essential for early detection and treatment, helping prevent progression to severe disease.[2]

Important reasons to make dentist appointment now

You may think dental check-ups are all about getting your teeth cleaned. But your dentist does much more than polish your pearly whites when you visit. Regular dental visits are important because they allow your dentist to:

- Detect cavities (tooth decay) early. Your dentist examines your teeth to find cavities while they're still minor. The earlier you catch them, the less expensive cavities are to treat.
- Catch gum disease early. Many people with periodontal (gum) disease don't even realize they have it.
- Detect early-stage oral cancer. Your dentist can check your mouth for signs of oral cancer. This is especially important if you smoke or use tobacco.
- Check your fillings. Your dentist will examine your fillings to make sure they're secure, and find any that are defective or have decay.
- Catch dry mouth or bad breath. Your dentist can catch and treat oral conditions that cause dry mouth or bad breath.
- Review your oral hygiene. Your dentist and hygienist can help you build and maintain good dental hygiene habits.

Find and choose a dentist or dental specialist

As a covered global customer, you have access to the Cigna Healthcare directory of providers. While you can access care through any licensed provider of your choosing, by selecting a Cigna Healthcare contracted provider, your costs may be lower and the provider may be able to settle your claim directly with Cigna Healthcare.

Two important ways to find a provider:

1. Access the online directory of dental providers through Cigna Envoy. Once on the Cigna Envoy home page, select 'Find a Provider' to begin your search.
2. Call our global service center (24/7/365) by using the number on the back of your Cigna Healthcare global ID card.

Global Health Benefits

cigna healthcare

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Cigna Envoy and the Cigna Envoy app

Cigna Envoy® is your personalized online health resource. The tools and information are developed specifically for globally mobile individuals so you can easily find the information you need. With Cigna Envoy, you can manage your health plan all in one place.

- View your global ID card information
- Sgubmit and track claims with our online claims tool
- Use our provider directory to get help finding an in-network health care provider in your location
- View benefits and exclusions, including coverage details for you and your family members, as well as your claim history

Get real-time access to your health information with the Cigna Envoy App

The Cigna Envoy mobile app is free to Cigna Healthcare global customers. It's available from the App Store® or Google Play.™

Click the app button or scan the QR code to download the app today.[3]

Download on the App Store

GET IT ON Google Play

Benefits helpful information

- You have the freedom to choose any dental provider to use your benefits
- Present your Cigna Healthcare global ID card and ensure the provider calls the Cigna Healthcare Global Service Center at the number on the back of your global ID card
- The provider can direct bill Cigna Healthcare using the Cigna Healthcare Global Payor ID number on the back of your global ID card
- If the provider will not submit claims to Cigna Healthcare, then you will need to pay for the service and submit for reimbursement
- Submitting a claim is fast, easy and can be done on your phone through the Cigna Envoy app[3]

A valuable plan with a wide range of coveraage

No matter whom you choose as your dentist, you'll be glad to know that many plans cover:

- Preventive care (cleaning, X-rays and more)
- Basic care (fillings, restorative work)
- Major services (bridges, crowns and more)
- Orthodontics

All plans contain exclusions and limitations, and you will need to check your plan's specific details to see which benefits are available to you. In addition, coverage for any of these services may require satisfying any waiting period and/or meeting your deductible.

Summary of your dental benefits

- Your benefits have a $1,500 calendar year maximum benefit for Class I, Class II and Class III
- Your Class IV benefits have a $1,500 lifetime maximum benefit, applicable for children
- Your benefits for Class II and Class III have a deductible of $50 individual and $0 family per calendar year
- Make sure to call our Global Service Center number on the back of your Cigna Healthcare global ID card for dental coverage information

Global Dental Plus Plan

		International (Outside of the U.S.)	**United States** (U.S.)
Class I	Preventive Care	0% not subject to deductible	0% not subject to deductible
Class II	Basic Restorative	20% after deductible	20% after deductible
Class III	Major Restorative	50% after deductible	50% after deductible
Class IV	Orthodontia	50% not subject to deductible	N/A not subject to/after deductible

For more information on your plan, log into CignaEnvoy.com.

How we make a difference

Cigna Healthcare is committed to providing superior service to our clients and customers. It doesn't matter where you are or what time zone you are in. You can reach us 24 hours a day, 7 days a week by calling our Global Service Center or via email through CignaEnvoy.com.

800.441.2668 Toll-free phone (U.S. and Canada)

302.797.3100 Direct phone (Collect calls accepted)

Global Health Benefits

1. CDC, Preventing Oral Disease and Conditions in Communities, https://www.cdc.gov/oral-health/prevention/index.html May 15, 2024.
2. CDC, Oral Health, Gum Disease Facts, https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-gum-disease.html May 15, 2024.
3. The downloading and use of the Cigna Envoy Mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.

Web-based tools, such as Cigna Envoy® are available for informational purposes only. These tools are not intended to be a substitute for medical care provided by a physician. The listing of a health care professional or facility in the mobile directories available through the Cigna Envoy mobile app does not guarantee that the services rendered by that professional or facility are covered under your benefits plan. Refer to your plan documents, or call the number listed on your ID card, for information about the services covered under your plan benefits. References to non-partnered organizations or companies, and/or their products, processes or services, do not necessarily constitute an endorsement or warranty thereof.

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Summary of your dental benefits

- Your benefits have a $1,000 calendar year maximum benefit for Class I, Class II and Class III
- Your Class IV benefits have a N/A lifetime maximum benefit, applicable for children
- Your benefits for Class II and Class III have a deductible of $50 individual and $0 family per calendar year
- Make sure to call our Global Service Center number on the back of your Cigna Healthcare global ID card for dental coverage information

Global Dental Basic Plan

		International (Outside of the U.S.)	**United States** (U.S.)
Class I	Preventive Care	0% not subject to deductible	0% not subject to deductible
Class II	Basic Restorative	20% after deductible	20% after deductible
Class III	Major Restorative	50% after deductible	50% after deductible
Class IV	Orthodontia	N/A not subject to deductible	N/A not subject to/after deductible

For more information on your plan, log into CignaEnvoy.com.

How we make a difference

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302.797.3100 Direct phone (Collect calls accepted)

Global Health Benefits

1. CDC, Preventing Oral Disease and Conditions in Communities, https://www.cdc.gov/oral-health/prevention/index.html May 15, 2024.
2. CDC, Oral Health, Gum Disease Facts, https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-gum-disease.html May 15, 2024.
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Term Life and Accident Benefits

GuideStone®

The Evangelical Alliance Mission (TEAM) International Term Life and Accident Insurance

Term Life and Accident Insurance – Long-term Global Workers and Staff in Unum® Non-restricted Countries

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Employee & Affiliated Spouse Optional Term Life	
Employee Paid	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
See Monthly Optional Term Life rates below.	
Guaranteed issue is available at initial eligibility for up to $150,000 in coverage. Guaranteed issue is offered only during the initial 31-day eligibility period. Coverage amount of $200,000 requires ***Evidence of Good Health Application.***	
Benefit reduction at age 65	Reduces to 65% of current amount but not to reduce below $20,000 of coverage.

Non-Affiliated Spouse Term Life	
Employee Paid - No Evidence of Good Health is required. Guaranteed issue is offered only during the initial 31-day eligibility period.	
Coverage Amount	**$5,000**
Rate: $0.95 per month	

Non-Affiliated Spouse Optional Term Life	
Employee Paid	
Coverage Amount	**May select up to 50% of the employee's total life coverage. Must be in a $5,000 increment.**
See Monthly Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates

Age	Rate per $1,000
29 & Under	$0.062
30-34	$0.075
35-39	$0.088
40-44	$0.121
45-49	$0.198

50-54	$0.308
55-59	$0.517
60-64	$0.792
65-69	$1.320
70-74	$2.464
75+	$3.795

Child Life	
Employee Paid	
Coverage Amount	**$10,000 per child**
Rate: $0.75 per month per family unit	
Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires Evidence of Good Health Application.	

Employee & Affiliated Spouse Supplemental AD&D	
Employee Paid	
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Rate: $0.025 per $1,000 per month	
Participation in the Employee Term Life Plan is not required.	

Non-Affiliated Spouse Supplemental AD&D
Employee Paid
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Non-Affiliated Spouse will be covered at 50% of the employee's supplemental AD&D coverage.
Rate: $0.025 per $1,000 per month
Participation in the Employee Term Life Plan is not required, but participation in Employee Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

The above amounts of coverage are not available for term life and accident coverage to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Please note: Members traveling in Unum-restricted countries for work or work-related travel would be subject to the maximum payout for Unum-restricted countries. The maximum payout for Unum-restricted countries includes 1) $10,000 of employer-provided Term Life for

an Employee or an Affiliated Spouse and 2) a maximum benefit of $20,000 for Employee and Affiliated Spouse Optional Term Life. Full benefits will be paid out for non-work-related travel.

Term Life and Accident Insurance – Long-term Global Workers and Staff in Unum Restricted Countries

Unum has limited the term life coverage available to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Employee & Affiliated Spouse Optional Term Life	
Employee Paid	
Available Coverage Amounts	**$10,000, $20,000**
See Monthly Optional Term Life rates below.	

Non-Affiliated Spouse Term Life	
Employee Paid	
Coverage Amount	**$5,000**
Rate: $0.95 per month	
No Evidence of Good Health is required. Guaranteed issue is offered only during the initial 31-day eligibility period.	

Non-Affiliated Spouse Optional Term Life	
Employee Paid	
Coverage Amount	**May select up to 50% of the employee's total life coverage. Must be in a $5,000 increment.**
See Monthly Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates	
Age	Rate per $1,000
29 & Under	$0.062
30-34	$0.075

35-39	$0.088
40-44	$0.121
45-49	$0.198
50-54	$0.308
55-59	$0.517
60-64	$0.792
65-69	$1.320
70-74	$2.464
75+	$3.795

Child Life	
Employee-Paid	
Coverage Amount	**$10,000 per child**
Rate: $0.75 per month family unit	
Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires Evidence of Good Health Application.	

Employee & Affiliated Spouse Supplemental AD&D	
Employee Paid	
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Rate: $0.025 per $1,000 per month	
Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans.	

Non-Affiliated Spouse Supplemental AD&D
Employee Paid
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Non-Affiliated Spouse coverage will be 50% of the employee's supplemental AD&D coverage.
Rate: $0.025 per $1,000 per month
Participation in the Employee Term Life Plan is not required, but participation in Employee Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

Term Life and Accident Insurance – Mid-term Global Workers

Employee Life & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Additional Benefits

Life Planning Financial and Legal Resources

Financial, legal and grief support in the event of a death or diagnosis of a terminal illness.

Accelerated Benefits

Allows terminally ill members with a life expectancy of 12 months or less to receive up to 75% of the death benefit ($250,000 maximum) prior to death.

Portability or Conversion of Coverage

Employees and their dependents can continue coverage if employment is terminated, or they otherwise lose eligibility.

Add Children Without Underwriting

No underwriting is required to add a dependent child within 60 days of the child's birth, adoption or placement for adoption.

Additional AD&D Benefits

Accidental Death and Dismemberment (AD&D) plan pays additional death benefits if you die when traveling more than 100 miles from home while properly wearing a seatbelt or when protected by an airbag. The plan also pays an additional education benefit to each of your qualified, college-age dependents if you die.

Vision Benefits - VSP

GuideStone®

Get access to the best in eye care and eyewear with TEAM and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com**. Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.[1] Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.[2] Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

Your VSP Vision Benefits Summary

TEAM and VSP provide you with an affordable eyecare plan.

VSP Vision care for life

VSP Coverage Effective Date: 01/01/2027

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Progressive lenses • Average savings of 20-25% on other lens enhancements	$0	Every calendar year
Contacts (instead of glasses)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to $45	Lined Bifocal Lenses	up to $50	Progressive Lenses	up to $50
Frame	up to $70	Lined Trifocal Lenses	up to $65	Contacts	up to $105
Single Vision Lenses	up to $30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | **vsp.com**

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Additional Cigna Medical Plan Information

GuideStone®

Your Cigna Healthcare Journey

Global Welcome Kit

Global Health Benefits

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Welcome to Cigna Healthcare

Our mission:

Improve the health and vitality of those we serve.

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You are about to begin work or may already be working outside of your home country

Whether it is your first or tenth time, it has the potential to be an amazing experience, professionally and personally. This opportunity can bring changes, questions and uncertainty. When living in a different country, your health care questions are likely to be different than when you're at home, and the answers may be too! With Cigna Healthcare℠ you have valuable health coverage.

Your satisfaction is important, and Cigna Healthcare has developed specialized health benefit services for you and your covered family members.

Before you go, spend time reviewing your health care benefits and services outlined in this kit. You and your covered family members have all the advantages of Global Health Benefits services whenever you need them, wherever you are in the world.

Cigna Healthcare is excited to share in this experience with you. You work hard and deserve a health plan that does too.

Pre-departure: Checklist and tips

Before traveling to work outside of your home country, you'll need some assistance. We've designed an easy-to-follow checklist to make sure you have everything covered before you leave.

Let's start with some basic questions. Information is power. It's in your best interest to be sure all of your important information is updated and ready to travel with you.

1. Are your travel and ID documents up to date?
2. Are your health documents updated, renewed and reauthorized?
3. Have you visited CignaEnvoy.com to access our pre-departure medical assessment questionnaire?

Important documents checklist

Medical

- ☐ Your Global Health Benefits ID card – If you have not received your card before you leave, you can contact the global service center:
  - Toll-free: **1.800.441.2668**
  - Direct calling: **001.302.797.3100** (collect calls accepted)

    ----- or -----
  - You can obtain a copy on CignaEnvoy.com or through the Cigna Envoy App
- ☐ Before you leave, check to see if you qualify for a longer supply of prescription medications you take regularly. You can contact our global service center to see if there are any associated travel restrictions
- ☐ A record of past surgeries, diagnoses and medications (names/dosages)
- ☐ Talk to your doctor about any important medical records or medical history which you may want to document and bring with you
- ☐ List of all allergies – include medicine, foods, seasonal, etc.
- ☐ Vaccination history
- ☐ International certificate of vaccinations for yellow fever (yellow card, if necessary)

Travel

- ☐ Passports
- ☐ Birth certificates
- ☐ Visas and work permits
- ☐ Marriage certificate (if applicable)
- ☐ Home address
- ☐ Emergency and contact information
- ☐ A copy of our global service numbers:
  - Toll-free: **1.800.441.2668** and your global ID number
  - Direct calling: **001.302.797.3100** (collect calls accepted)
- ☐ Review your country guides specific to your assigned country available on Cigna Envoy
- ☐ Download the Cigna Envoy app
- ☐ Pre-departure screenings
- ☐ Research and create a list of physicians located in your assigned country on CignaEnvoy.com
- ☐ Driver's license

Pre-departure: Checklist and tips *(continued)*

Things to ask your doctor before traveling outside of your home country.

Immunizations:

You will need to be sure you're up to date on your immunizations in your home country and the country you'll be working in. Here are some tips:

- Be sure to get your vaccines four to six weeks before you leave. They need time to become effective in your body.
- Ask your primary doctor if you need to schedule an appointment to get booster shots once you are working outside of your home country.
- If traveling to countries where exposure to malaria or other diseases may be common, ask how to best prevent it. Check out our Country Guides on **CignaEnvoy.com** for detailed information about the country where you will be assigned.

Did you know?

Different countries have different vaccination requirements. To find out what other vaccines you'll need, go to the **Centers for Disease Control** website at **www.cdc.gov.**

Medications:

- Before you leave, see if you qualify for a longer supply of the prescription medications you take regularly. You can contact our global service center to see if there are any associated travel restrictions.

Now that you are working outside of your home country, what do you do in case of a medical emergency?

- If a situation arises, and you don't know what to do, contact us using the number on your global ID card. We can help you avoid paying **out-of-pocket expenses** other than your patient responsibility (e.g., **deductibles** or **coinsurance**). If you are having an emergency, contact us from the hospital or doctor's office immediately after your situation is stabilized. We'll work with your provider.
- If hospitalized, our global service center can also provide guidance from a health specialist with detailed knowledge of the country you're in.

We are here for you

Cigna Envoy® website and mobile app

Manage your benefits - Cigna Envoy is your personalized online health resource to help you get the most from your Cigna Healthcare benefits.

It's easy:

1. Download the mobile app OR go to CignaEnvoy.com and within the **'Customers'** section, select **'Register'**.
2. Enter your global ID and click **'Register'**.
3. Enter the identifying information, then click **'Register'**. Receive your registration confirmation to your email. Click the link in the email to continue registration.
4. Click '**Activate Cigna Account**'. Now you can set up your password with the requirements provided on screen.
5. Click **'Confirm Password'**. You'll also be prompted to set up two-factor authentication. Two-factor authentication is used to provide added security for your account.
6. Choose **'Email or SMS & submit'**.
7. Access your account, and read and accept the terms and conditions and any other informational messages.
8. Click **'Continue'**.

Once registered, you can:

- Find nearby in-network doctors and hospitals.
- Submit and track claims.
- Access global telehealth.[1]
- Access all aspects of your health through our Health Risk assessment tool.
- Access the Employer Assistance Program (if part of your employer's plan).
- Participate in online lifestyle management programs such as nutrition, sleep and resilience.
- Update personal information and communication preferences.

Use the same login credentials to access CignaEnvoy.com, and the Cigna Envoy mobile app.

Click on iOS or Android buttons to download[1]

Download on the App Store | GET IT ON Google Play | available at amazon appstore

Cigna Wellbeing® app

Manage your health - Connect to better health with the Cigna Wellbeing app:

- Health assessments in key areas that affect your wellness.
- Wellness tips, recipes, articles and more.
- Wellness Coaching through videos.
- Health management of chronic conditions.
- Employee Assistance Program—real time access directly through the app if part of your employer's plan.

Note: If you have already registered for CignaEnvoy.com or the Cigna Envoy mobile app, simply log in using your current ID and password/PIN.

Click on iOS or Android buttons to download the Cigna Wellbeing app[1]

Download on the App Store | GET IT ON Google Play

Global Telehealth[2] through Cigna Envoy and the Cigna Wellbeing App[1]

- Same day consultations with a doctor by phone (available in multiple languages); with video consultations (available in English or Spanish) coordinated between 3:00 am – 5:30 pm ET from the comfort of your home or office.
- A diagnosis or consultation for non-emergency health issues.
- Prescriptions for common health concerns when appropriate and where available.
- Discussing a medication plan.

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Android and Google Play are trademarks of Google Inc. Amazon and all related logos are trademarks of Amazon.com, Inc. or its affiliates.

Finding and choosing a provider.

As a covered customer, you have access to our directory of over 1.7 million providers[3] worldwide. While you can access care through any licensed provider of your choosing, by selecting a Cigna Healthcare Network Provider, your costs may be lower and the provider may be able to settle your claim directly with us.

Two important ways to find a provider:

1. Access the online directory of thousands of doctors, hospitals, clinics and other providers through **CignaEnvoy.com**. Once on the Cigna Envoy home page, select **'Find a Provider'** to begin your search.
2. Call our global service center (24/7/365) by using the number on the back of your global ID card.

Personalizing the customer journey.

Delivering relevant and timely messages.

To ensure you are staying up to speed on our most up-to-date information, sign up for Cigna Envoy today!

With customers located all around the world, including remote and developing regions, traditional mail is often not the most effective way to communicate. In the digital age where world events are shared almost instantaneously, speed is important and even necessary for regulatory updates. That's why we've developed digital tools and communications that allow us to personalize your customer journey through email.

Communicating by email is important to provide a superior customer experience and we pledge to deliver only timely, relevant and valuable communications at the right frequency to you.

Online Certificate of Coverage

You can access your Certificate of Coverage via the Cigna Envoy® website. All you need to do is follow these simple steps:

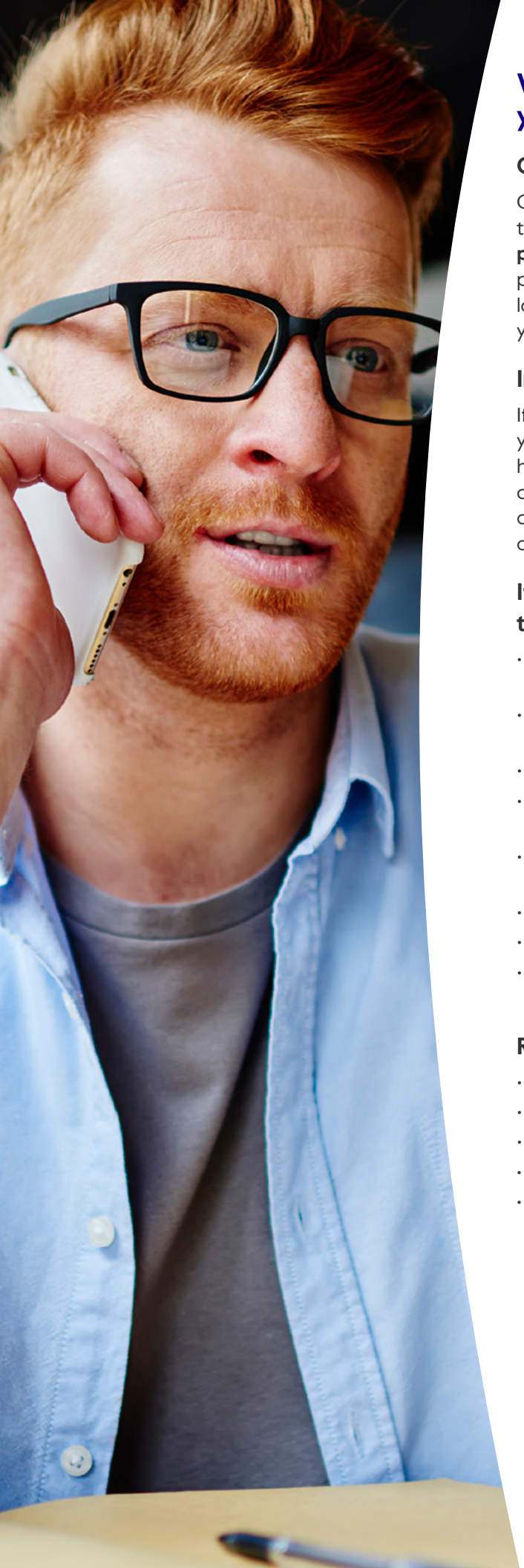
Step 1: Log into CignaEnvoy.com

Step 2: Click on **'Toolkit'**.

Step 3: Select **'Documents'**, then click on **'Certificate of Insurance'**.

Your Certificate of Coverage[4] will auto-generate based on your reported work location and will include your coverage details and any dependents covered under your plan, when applicable.

If you have any questions, please contact our Global Service Center by calling the number on your global ID card.



When to file a claim and when you don't need to

Outside the United States (U.S.)

Outside the U.S., you may need to file a claim unless you visit a provider that has a **direct pay arrangement** or has obtained a **guarantee of payment** from Cigna Healthcare. To find out if a provider has a direct pay arrangement, visit **CignaEnvoy.com**. Once you locate a provider look for a note that says, "direct settlement may be available." If so, all you need to do is present your global ID card.

In the U.S.

If you receive care from one of our **in-network** providers within the U.S., you do not need to submit a claim for reimbursement because we have **direct pay arrangements** with these doctors/hospitals. You are only responsible for paying any **deductible, coinsurance** or **copay** amounts that are part of your plan. If you choose to seek care from an **out-of-network** provider, you may need to file a claim.

If you need to submit a claim for reimbursement, follow these tips to speed up the process.

- We recommend submitting your claims through **CignaEnvoy.com**, or the Cigna Envoy App. It's the fastest way to get your claims to us.
- If you choose to mail or fax your claim(s) make sure your claim form is filled out completely, and don't forget to sign!
- Fill out a separate form for each doctor or hospital visit.
- Be sure to add a diagnosis, type of treatment or explain your treatment.
- Provide a detailed list of fees for each service rendered along with the date it was performed.
- Make and keep handy copies of your bills, receipts and claim forms.
- Clearly state how you would like to be reimbursed.
- If you can't submit your claim online, remember that even a fax is faster than regular mail.

Reimbursement options.

- Direct Payment to a bank in the United States (U.S.) or Canada.
- Electronic Funds Transfers (EFT).
- Checks to you in a variety of currencies (over 135 currencies).[5]
- Wire transfers to bank accounts around the world.
- Our **ePayment *Plus*®** feature is an integrated and accurate process that includes automatic email notification of payments directly into a bank account identified by you. You can quickly and easily self-enroll in ePayment *Plus* on Cigna Envoy. ePayment *Plus* complements the existing array of electronic payment options, such as wire transfers[6] and EFT, available in the U.S. After you enroll in ePayment *Plus*, charges often applied by your bank for wire transfers or other deposits are removed or minimized. To sign up, go to **CignaEnvoy.com**.

In an emergency, we're here for you

Should something life-threatening happen, visit the nearest hospital and contact our global service center immediately. Our service center professionals will help you get the emergency assistance you need. From ground transportation and translators to finding a specialist and facilities, we're here to help.

Guarantee of Payment

When visiting an out-of-network provider outside the United States (U.S.), a Guarantee of Payment (GOP) assures payment directly to the provider for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan. If your provider requests payment up front, ask them to contact us to verify benefits and confirm payment of services on your behalf. You or your provider can request a GOP at any time by calling the number on your global ID card.

Information required for a GOP

- Hospital or facility performing the services.
- Country where services will be rendered.
- Facility fax number, phone number and email address.
- Requesting physician's name, phone number and email address.
- Name of recipient who will receive the GOP.
- Patient name.
- Patient's global ID number.
- Diagnosis.
- Procedure to be performed.
- Date(s) of service.
- Cost Estimate (If a cost estimate is not received, a Verification of Benefits (VOB) may be issued instead of a GOP, which means no GOP is issued and only benefit coverage is confirmed).
- Statement summarizing service to be covered on the GOP.

Services that help support your needs and your life

You have special needs when working outside of your home country. We offer to help you take care of issues that go far beyond health. For example, our concierge and travel assistance services provide:

- Information on how to recover or replace lost documents like passports and credit cards.
- Coordination of emergency travel arrangements for family members who escort another family member to the hospital.
- Personal emergency telephone translation services.
- Help finding the right doctor or hospital closest to your location.
- Help finding or replacing prescription medication.
- Coordination of emergency travel arrangements for children under the age of 18 who are left unattended if a family member becomes sick.
- Help obtaining necessary documents for medical claims.
- If covered under your employer's plan, emergency medical evacuation can be arranged.

To inquire about these services, please call our 24/7 global service number on your global ID card.

You can use the Decision Support Program which provides:

- Support for serious medical issues to make informed decisions about diagnosis and treatment options available to you.
- An expert opinion on diagnosis and treatment already suggested; it is not for establishing medical necessity.

The program is voluntary; you must give consent for your medical records to be shared with the third party service provider and the process to be activated.

Feeling good?

Health and Well-being Assessment.

We support you like the unique individual you are, and want to help you live a healthy and productive life. So even if you're in perfect health, taking our Health and Well-being Assessment can provide information to help you stay that way.

It's a simple online questionnaire that only takes 15 minutes to complete. The assessment is available in more than 20 languages and cultural adaptations, to help our customers around the world. You will answer questions that are relevant to your current situation and where you're doing great – and where there's room for improvement. It covers everything from sleep and health problems to stress levels and job satisfaction. It's thorough, yet easy to do.

Once you complete it, you will receive a personalized report on your health and get information on how to help you feel, and live even better. Your personal results are confidential and are not shared with your employer.

Helping you feel and live even better.

Do it online. At any time.

To take your personal Health and Well-being Assessment:

1. Go to **CignaEnvoy.com**.
2. Click on 'Toolkit'.
3. Select "Health and Well-being".
4. Click the "Assess my Health" link.
5. Register and complete the assessment.

When you are finished, the customized report will help you find out what you're doing right, discover areas of improvement and offer suggestions for current issues.

It's fast, personalized and can help you feel – and live – your best every day. Take a few minutes to complete the Health and Well-being Assessment now.

Make it a habit.

Want to track your progress? Then come back and take it again in a few weeks or a few months. Whatever works best for you.

Frequently asked questions

Q: Do I need a Global Health Benefits ID card?

A: Yes. Your Global Health Benefits ID card is recognized by many providers around the world. By using your global ID card, it helps make sure we can directly reimburse the doctor or hospital where you received care.

When you receive your global ID card, please verify your information is correct and call us immediately if a change is required. Present your global ID card whenever you receive services from a provider.

Q: Is my global ID card a credit or payment guarantee card?

A: No. Your global ID card is purely a means of identifying you and your plan coverage. It has no payment capabilities. You should contact us for payment guarantees or questions.

Q: Do I need to select a primary care physician (PCP)?

A: You are not required to select a PCP. However, it is recommended that you establish a relationship with a personal doctor, such as a family practitioner or an internist, in advance of requiring care. A personal doctor will care for you and your covered family members, including routine physical exams, sick visits and follow-up care. They can also provide information and guidance when selecting specialists. They will become a valuable resource and can be a personal health coach for you and your covered family members.

Q: How can I locate a doctor?

A: With a network of over 1.7 million providers[3] worldwide, it's easy to locate a doctor or hospital. To locate an international provider in our network, go to CignaEnvoy.com and click on the **'Find a Provider'** tab or call us using the number on your global ID card for assistance.

Q: How do I get my prescriptions filled while I am away?

A: If you receive a prescription from a local doctor while working outside of your home country, you can have it filled locally. If you have any questions, please contact us using the number on your global ID card. Our global service team will help you identify available options. Please be aware medications can only be filled locally in the country where the prescription is written. For example, if you have a medication prescribed by a doctor in China, it cannot be filled in the U.S. Likewise, a prescription written in the U.S. cannot be filled in a pharmacy outside of the U.S. We also encourage you, when possible, to plan visits with your medical doctor in your home country for any new prescriptions, as well as having those prescriptions filled before you leave. If you have any questions or concerns about travel restrictions, you can call us at the phone number on your global ID card.

Q: What if my doctor is not in the Cigna Healthcare international network?

A: You can see any licensed doctor in your assigned country. If needed, contact us to begin the Guarantee of Payment process and to reach out to your doctor directly to initiate the payment.

Q: What is an Explanation of Benefits (EOB) and how can I check on my claim status?

A: Your EOB is a summary of how your claims were processed and what you may owe, not a bill. Your provider or the facility may bill you directly for the remainder of what you owe. To view your claims status, follow these steps:

1. Log in to CignaEnvoy.com.
2. Select **'Claims'** to view a list of submitted claims.

Q: What if I have a medical emergency?

A: Should something serious happen, visit the nearest hospital and contact the global service center as soon as you are able or ask the medical facility to contact us on your behalf. The professionals at our global service center will help you get the **emergency assistance** you need. From ground transportation and translators to finding a specialist and facilities, we're here to help.

Q: How do I obtain and submit a claim form?

A: You can get a claim form and/or submit a claim online through CignaEnvoy.com. Additionally, you can submit your claim form via the Cigna Envoy App or by contacting us by telephone, fax or email.

Q: What services are provided through Global Telehealth?[2]

A: Global Telehealth provides access to clinical guidance from doctors—by phone or video—through Cigna Envoy or the Cigna Wellbeing app.[1] A diagnosis may be provided during the consultation if enough medical information is available. If additional tests, such as lab work or radiology, are required to confirm the diagnosis then you will receive additional instructions from the doctor.

Understand plan and health care terms

Deductible amounts: A deductible is the portion of your covered medical expenses you are responsible for paying until you reach a certain amount. Depending on your health plan, you may have a deductible and/or copays. If your plan includes copays, you pay the copay flat fee at the time of service. Depending on how your plan works, what you pay in copays may count toward meeting your deductible. Then your plan will begin to pay for a portion of covered health care costs.

> **For example:** Let's say your plan deductible is $1,000. That means for most covered services, you will pay 100% of your in-network medical claims until the amount you pay reaches $1,000. After that, you pay a coinsurance amount and/or a copay and Cigna Healthcare shares in the cost.

Copayment (copay): A fixed amount you pay at each visit. The amount can vary by the type of service such as a primary care doctor, a specialist or an emergency room visit. Not all plans use copays to share in the cost of covered expenses. Some plans may use both copays and a deductible/coinsurance, depending on the type of covered service.

> **For example:** If your plan has a $30 copay for primary care physician visits and a $50 copay for specialist visits, you will pay those flat amounts each time you visit an office. Additionally, for some services, you may have both a copay and coinsurance.

Coinsurance: The percentage of the medical cost a covered person pays of the allowed amount for covered health services after the deductible has been met. Coinsurance is a way of saying that you and your insurance carrier each pay a share of eligible costs that add up to 100%.

> **For example:** If your coinsurance is 20%, you pay 20% of the cost of your covered medical bills. Your health insurance plan will pay the other 80%. If you meet your annual deductible in June, and need an MRI in July, it is covered by coinsurance. If the covered charges for an MRI are $2,000 and your coinsurance is 20 percent, you need to pay $400 ($2,000 x 20%). Your insurance company or health plan pays the other $1,600. The higher your coinsurance percentage, the higher your share of the cost.

Out-of-network: Your health plan provides coverage for services from doctors and facilities that are not in your plan's network. But if you receive covered out-of-network care, your share of the costs (i.e., deductibles, copays or coinsurance) may be higher than if you receive those services in-network.

In-network: Doctors or other providers who participate in the Cigna Healthcare network, which may keep your costs lower and eliminate your paperwork.

Out-of-pocket maximum: The most you could pay for covered medical expenses in a year. This amount may include money you spend on deductibles, copays, and coinsurance. Once you reach your annual out-of-pocket maximum, your health plan will pay your covered medical and prescription costs for the rest of the year.

> **For example:** You have a plan with a $3,000 annual deductible and 20% coinsurance with a $6,350 out-of-pocket maximum. You haven't had any medical expenses all year, but then you need surgery and a few days in the hospital. That hospital bill might be $150,000. You will pay the first $3,000 of your hospital bill as your deductible. Then, your coinsurance kicks in. The health plan pays 80% of your covered medical expenses. You'll be responsible for payment of 20% of those expenses until the remaining $3,350 of your annual $6,350 out-of-pocket maximum is met. Then, the plan covers 100% of your remaining eligible medical expenses for that calendar year.

Direct pay arrangements: Direct payment to your provider, which helps reduce the amount you need to pay for covered services at the time of treatment.

Guarantees of payment (GOP): Outside the U.S., assures payment directly to a doctor or hospital for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan. Have your provider call us to arrange a GOP by using the number on your global ID card.

Customer claim scenario: Direct Pay

***Meet Johan**, Johan is a Canadian citizen, expatriate working in London.*

While in London, Johan catches a stomach bug and needs medical attention. He visits Cigna Envoy to search for a provider.

Johan visits a provider that has a direct billing arrangement. Johan presents his global ID card upon check-in.

Johan sees the doctor and is treated. He makes a follow-up appointment. The doctor bills us directly for the services.

Johan goes to the pharmacist to fill the prescription given to him by the doctor.

Note: If the pharmacy doesn't participate in the Cigna Healthcare network, they may require you to pay out-of-pocket.

Johan starts to feel better and goes to work the next day.

These are examples for illustrative purposes only. Not actual customer experiences.

Customer claim scenario: Guarantee of Payment

***Meet Kalisha,** Kalisha is a German citizen working in France.*

Kalisha has a backache and needs to see a specialist. She calls us to find an orthopedic specialist.

Upon arriving at the doctor's office, Kalisha presents her global ID card. The doctor doesn't recognize Cigna Healthcare and requires payment before treatment.

Kalisha explains to the doctor that he needs to call the phone number located on her global ID card for a guarantee of payment (GOP). Now, Kalisha doesn't have to pay out-of-pocket other than her patient responsibility (i.e., deductible or coinsurance) and can receive treatment.

The doctor calls the 24/7 global service center, receives a GOP and Kalisha receives treatment, along with a physical therapy prescription.

Kalisha goes back to Cigna Envoy to locate a physical therapist and calls to schedule her appointment.

Note: Payment options and procedures may vary depending on the provider and your plan design.

These are examples for illustrative purposes only. Not actual customer experiences.

Important contact information – available 24/7

Contacting Cigna Healthcare

Cigna Healthcare representatives in our global service center provide 24/7 multilingual information, professional support, and help connect you with doctors around the globe.

Cigna Envoy website or app	CignaEnvoy.com
Telephone number	**+1.800.441.2668** (Toll-free) | **+1.302.797.3100** (Direct, collect calls accepted)
Toll-free TDD[7] telephone number for the hearing impaired	**+1.800.558.3604**
Japanese customer support	**+1.800.986.9572** (Toll-free) | **+1.302.797.5235** (Direct, collect calls accepted)
Fax number	**+1.800.243.6998** (Toll-free) | **+1.302.797.3150** (Direct)
Mail delivery	Cigna Healthcare, PO Box 15050, Wilmington, DE 19850-5050, U.S.A.
Courier delivery	Cigna Healthcare, 300 Bellevue Parkway, Wilmington, DE 19809, U.S.A.

Calling from outside the U.S.: When dialing an international number, it's important to use the International Access Code. Go to CignaEnvoy.com and select **Contact Us** for a list of country codes and helpful calling instructions.

Global Health Benefits

1. The downloading and use of the Cigna Envoy App or the Cigna Wellbeing App are subject to the terms and conditions of the app and the online store from which they are downloaded. Standard mobile phone carrier and data usage charges apply.
2. Subject to eligibility. Telehealth services may not be available in all areas and video chat may not be available with all providers or through your specific mobile device. Telehealth services are separate form your health plan's provider network. Telehealth services are provided by third party companies/entities and not by Cigna. Providers are solely responsible for any treatment provided to their patients.
3. Data from GHB Network analysis for full year 2023. Subject to change.
4. Online Certificates of Coverage will not generate for customers with no reported nationality and/or work location; or for customers with a reported nationality and/or work location in Iran, Syria, Ukraine, Cuba, North Sudan, or North Korea. Certificates of Coverage for customers with a reported work location in Russia, Germany, Turkey, Czech Republic, Switzerland and Australia will not be available online. However, they can be requested by contacting the Global Service Center at the number on the back of your Cigna Healthcare ID card.
5. Data from GHB Business Intelligence analysis for full year 2022. Subject to change.
6. Cigna Healthcare cannot guarantee that your bank will not apply a wire transfer fee. Please check with your financial institution's disclosures and policies.
7. Telecommunications Device for the Deaf. | For other convenient ways to contact our customer service center, please log in to **CignaEnvoy.com**.

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Emergency medical evacuation services

Providing assistance when you need it most.

Global Health Benefits

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An important global benefit we hope you never have to use.

You know you can count on Cigna Healthcare℠ for global health care coverage and helpful wellness programs. However, you may not know that should a serious medical emergency arise, and services are not available locally, Cigna Healthcare may arrange for you to be evacuated to an appropriate location for you to receive care.

Global benefits for you and your loved ones.

An emergency medical evacuation is something you may not want to think about. But, it may give you peace of mind knowing that if you need them, our services include:

- Emergency evacuation and transportation to the nearest center of medical excellence when there is an immediate threat to life or limb
- Helping immediate family members coordinate travel
- Transportation back to your home country if your condition has stabilized, but you are unable to return to work
- Assisting with the coordination of travel for unaccompanied children in the event of an emergency
- Return of mortal remains

For a full list of covered evacuation services, talk with your employer or refer to your global benefits plan. Remember, all insurance policies have exclusions and limitations. Complete terms are set forth in the applicable policy.

We're experienced at providing global health care services.

For more than 50 years, we've been handling medical benefits for people on assignment away from their home country. So when it comes to situations like these, we know how important it is to have the right resources in place. These include:

- Access to providers and health care professionals specially trained for in-flight health care
- Evacuation management
- State-of-the-art mobile emergency equipment
- Air ambulances
- 24/7 access to private and commercial aircraft

Reach out to local emergency services first.

In the event of an emergency, call for local medical help first. Then, once you are stable, call the Cigna Healthcare global service center to tell us about the emergency situation or if you are diagnosed with a serious condition. You can reverse the charges if you need to.

To contact the global service center, just call the number on the back of your Cigna Healthcare global ID card. Our multilingual staff is prepared to help you 24/7.

How the emergency evacuation process works.

1. A specially trained emergency assistance representative works with a local health care professional to assess your condition and determine if you need to be evacuated.
2. If a medical evacuation is recommended, the treating health care professional works with an emergency assistance provider to quickly assess your situation. They will devise a plan to handle your care, determine if you are fit for travel and discuss which health care facilities could provide care for you.
3. The trained specialists at the emergency assistance center plan the best way to transport you and keep you stable – identifying the right staff, medical equipment and more.
4. If an evacuation is deemed necessary, plans will be finalized and the evacuation will begin.
5. Your local health care professional and the Cigna Healthcare global clinical team monitor your progress during transport.
6. Once you arrive at the "destination" facility, your local health care professional continues to monitor the situation and shares the information with the Cigna Healthcare global medical team.

Frequently asked questions.

Will my family be notified and updated?

Yes, normally, a single person is identified as the representative of the family to receive communications regarding the emergency evacuation. If transportation is urgently required, your provider may discuss the options with you and your family.

Will travel costs for anyone else be covered if I get evacuated?

If you are hospitalized for more than seven days, transportation of one family member may be covered to allow a family member to assist as needed and provide bedside support. For family members who aren't covered, Cigna Healthcare can help coordinate travel plans.

What happens if I don't have an evacuation benefit?

If you or your employer did not select the Cigna Healthcare global evacuation benefit, we can refer you to an emergency assistance and evacuation company. Just call the Cigna Healthcare global service center. Of course, costs will have to be paid by you or your employer.

Will Cigna Healthcare help me evacuate if a natural disaster strikes?

Cigna Healthcare evacuation services are limited to health situations where there is an immediate threat to life or limb. Ask your employer if you are covered separately for issues such as natural disaster or threats to your security. If natural disaster strikes, you can call the Cigna Healthcare global service center and they can refer you to emergency assistance and evacuation companies in your region; costs have to be paid by you or your employer.

Repatriation of Mortal Remains

The costs associated with the transportation of mortal remains from the place of death to the Home Country will be covered. In addition, assistance will be provided by Cigna Healthcare, or its designee, for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

Are there terms and conditions including exclusions I should be aware of?

NOTE: Always refer to your policy forms for a complete list of covered expenses and exclusions.

Following a covered emergency evacuation approved by Cigna Healthcare, we may cover one of the following:

- If it is deemed Medically Necessary and appropriate by the Cigna Healthcare global medical director, you or your dependent will be transferred to your permanent residence via a one-way economy airfare; or
- You or your Dependent will be transferred back to your original work location or the location from which you were evacuated via a one-way economy airfare

Emergency Family Travel Arrangements and Confinement Visitation

If Cigna Healthcare determines that you or your Dependent is expected to require hospitalization in excess of 7 days at the location to which you will be evacuated, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by you. If a Dependent child is evacuated, one economy round-trip airfare will be provided to a parent or legal guardian regardless of the number of days that the Dependent child is hospitalized. Only those expenses approved by Cigna Healthcare and/or its designee prior to occurrence will be eligible for coverage and reimbursement under the terms of your plan.

Return of Dependent Children

If dependent child(ren) are left unattended by virtue of the evacuee's absence following a covered evacuation, a one-way economy airfare will be provided to their place of residence or that of an individual chosen by you.

To contact the global service center, just call the number on the back of your Cigna Healthcare global ID card. Our multilingual staff is prepared to help you 24/7.

Exclusions

Some situations and services may not be covered under the Emergency Evacuation benefit and are specifically listed as exclusions below:

- Services rendered without the authorization or intervention of Cigna Healthcare, or its designee
- Non-emergency routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or harm to you
- A condition which would allow for treatment at a future date convenient to you and which does not require emergency medical evacuation or repatriation
- Medical care or services scheduled for a member or a provider's convenience which are not considered an emergency
- Expenses incurred if the original or ancillary purpose of your trip is to obtain medical treatment
- Services provided for which no charge is normally made
- Expenses incurred while serving in the armed forces of another country
- Transportation for your vehicle and/or other personal belongings involving intercontinental and/or marine transportation
- Service provided other than those indicated in this certificate
- Housing/lodging or accommodations, meals or travel related expenses
- Hotel and accommodations for covered Dependents post discharge or while awaiting fitness to fly approval
- Expenses incurred in the U.S. are excluded
- Injury or Sickness caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action
- Death caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action
- For claim payments that are illegal under applicable law

Questions? We're here for you, anytime you need us.

Our global service center is open 24 hours a day, seven days a week. To reach us, dial **800.441.2668** or **001.302.797.3100**, and you can always reverse the charges. You can also fax us directly at **800.243.6998** or toll-free at **001.302.797.3150**.

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Advanced preparation for your health services

Precertification for inpatient and outpatient services in the U.S.

Through precertification in the U.S., Cigna Healthcare℠ can help you lower costs, avoid unnecessary procedures and support you as you recover after a procedure.

What is precertification?

Precertification is the process of determining in advance whether a procedure, treatment or service is medically necessary and whether it will be covered under your health care plan. It also helps ensure you get the right care in the most appropriate setting – potentially saving you from costly and unnecessary services.

Who is responsible for getting the precertification?

- **Direct contracted (in-network):** Your doctor is responsible
- **Non-contracted (out-of-network):** You're responsible if you choose to see an out-of-network doctor and your plan covers non-contracted (out-of-network) services. To get precertification, call the toll-free number on your Cigna Healthcare Global ID card. You'll need the name of the doctor or facility, the procedure or procedure code and the date of service when you call. Remember, when you go out-of-network, your out-of-pocket costs may be higher and your claim could be denied if not medically necessary

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What services need to be precertified?

Your doctor will help you decide which procedures require a hospital stay and which can be handled on an outpatient basis. Inpatient services include procedures, treatments and services that you receive in a hospital or related facility that require you to stay overnight. Outpatient services don't require an overnight stay. Here are some examples of services requiring precertification:

This list does not include all services requiring precertification.

INPATIENT SERVICES

- All inpatient admissions and non-obstetric observation stays such as:
  - Acute hospitals
  - Skilled nursing facilities
  - Rehabilitation facilities
  - Long-term acute care facilities
  - Hospice care
  - Transfers between inpatient facilities
- Experimental and investigational procedures
- Cosmetic procedures
- Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (Cesarean section)

OUTPATIENT SERVICES

- Certain outpatient surgical procedures
- High-tech radiology (MRI, CAT scans, PET scans)
- Injectable drugs (other than self-injectable)
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home health care/home infusion therapy
- Dialysis (to direct to a participating facility)
- External prosthetic appliances
- Speech therapy
- Cosmetic or reconstructive procedures
- Infertility treatment
- Diagnostic cardiology
- Radiation therapy
- Sleep management
- Musculoskeletal services
- Physical and occupational therapy
- Chiropractic services

What if I have questions about my coverage?

Visit CignaEnvoy® or call the toll-free number on your Global ID card

Using the Cigna Healthcare network saves time and money

To find a participating doctor, use the health care directory on CignaEnvoy.com.

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Cigna Envoy mobile app

Global convenience for your mobile world.

You're mobile. So are we. The Cigna Envoy® mobile app lets you manage your health benefits and submit claims from just about anywhere. It's easy. It's convenient. And it's at your fingertips.

Information anytime, just about anywhere.

At Cigna Healthcare,℠ we know it's important to stay connected. We're there for you – anytime, just about anywhere – with the Cigna Envoy mobile app.

We make it easy.

- Locate nearby in-network healthcare provider and get directions delivered via Google Maps™ mapping service.
- Submit claims by taking a photo with your Android or Apple mobile device and sending it through the app.
- Manage and track the status of pending claims.
- View Cigna ID card information.
- Contact us with the tap of a finger.

Easier to access. Easier to use.

The Cigna Envoy mobile app is free to Cigna Global Health Benefits customers. The Envoy app can be downloadedl from the App Store,® Google Play™ or the Amazon Appstore online stores.

Click on iOS, Android or Amazon buttons or scan QR codes to download TODAY!

Download on the App Store | GET IT ON Google Play | available at amazon appstore

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1. The downloading and use of the Cigna Envoy app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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Cigna Pharmacy Management

Cigna Healthcare, Global Health Benefits

Whether you are going on assignment, already in your new location, coming home to visit or have family members back home, you can take advantage of the Cigna Pharmacy Management® program. We make it easy and convenient to fill your prescriptions before you leave and while you are on assignment. Below are some commonly asked questions regarding your prescription medications. If you have additional questions, feel free to call our service center at the phone number on your Cigna Healthcare Global ID card. Our service team is available to help you 24 hours a day, seven days a week.

Frequently Asked Questions

Receiving prescription medication outside the United States (U.S.)

Why do I need to think about my prescription medication before I leave on assignment?

You may find that certain countries have specific laws around you bringing medications into the country. These laws may include limits, exclusions of some medications and even restrictions on forms of medications, such as powders or liquids, which may not be allowed to enter the country. In your country of assignment, you may also find that certain medications are not available locally, dosages may differ and the level of safety and oversight of medications can vary. Simply put, you may not be able to receive the medication you need. If you have any questions or concerns about travel restrictions or the availability of a prescription medication, you can call us at the phone number on your Cigna Healthcare Global ID card.

Are there steps I can take to receive assistance before I leave for assignment?

Yes, there are different steps to take depending on whether or not you have received a Cigna Healthcare Global ID card.

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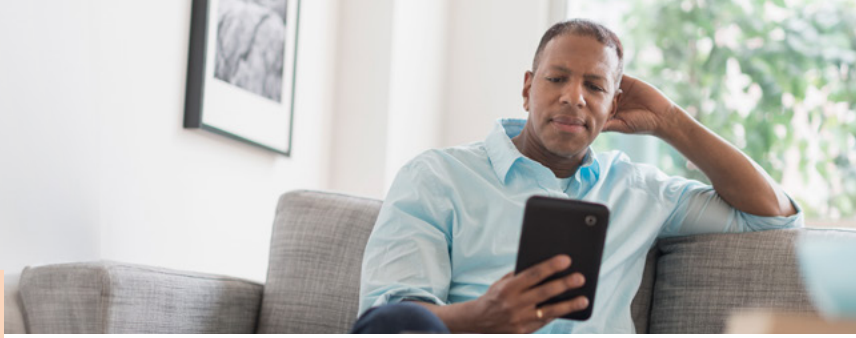

Have you received your Cigna Healthcare Global ID card?

If you have not received a Cigna Healthcare Global ID card please follow these instructions.

1. Your employer can provide you with the login credentials
2. You can also contact the Cigna Healthcare global service center for assistance

If you have received a Cigna Healthcare Global ID card please follow these instructions.

1. Visit CignaEnvoy.com
2. If you have not registered for Cigna Envoy®, you will need to do so now using your Cigna Healthcare Global ID number. Select '**Register**'
3. If you have already registered, use your global ID number and password to log in. Select '**Login**' from the menu.
4. Logging in will bring you to the homepage.
5. Click on the '**Go to Health and Wellbeing Assessment**' located under '**Health & Well-Being**' at the bottom of the page.

Is it possible to receive 12 months of prescriptions before I leave?

When possible, you may be able to take advantage of 12-month prescriptions before leaving the U.S., through Express Scripts Home Delivery Pharmacy. Please be aware that due to state and federal laws, some controlled medications cannot be filled for more than one month at a time or may have other distribution limits. To learn if your prescriptions can be filled for 12 months and if there are any associated travel restrictions, please call our service center at the phone number on your Cigna Healthcare Global ID card.

What do I do if I need a prescription filled when I am abroad?

If you receive a prescription from a local doctor while on assignment, you may be able to fill it locally. If you have any questions, please contact our service center at the phone number on your Cigna Healthcare Global ID card. Our customer service team will help you identify available options. Please be aware that medications prescribed in foreign countries can only be filled in the country where the prescription is written. For example, if you have a medication that was prescribed by a doctor in China, it cannot legally be filled in the U.S. Likewise, a prescription written in the U.S. cannot be filled in a pharmacy outside of the U.S. We also encourage you, when possible, to plan visits with your provider in the U.S. for any new prescriptions. Please fill prescriptions during your time in the U.S., but if you have any questions or concerns about travel restrictions, you can call us at the phone number on your Cigna Healthcare Global ID card.

Receiving medication when in the U.S.

Filling your prescription with Express Scripts Home Delivery Pharmacy

How can I receive my medication when I am in the U.S.?

Express Scripts Home Delivery Pharmacy is a convenient and easy way for you to receive your medication when in the U.S. This service offers a number of advantages, including a three-month supply of medication at one time, as well as having it delivered directly to your home at no additional cost.

What are the benefits of Express Scripts Home Delivery Pharmacy?

Express Scripts Home Delivery Pharmacy is a convenient alternative to filling your prescriptions at the pharmacy. Not only does it save you time by skipping the lines in the store, but it may also save you money.

Can I use Express Scripts Home Delivery Pharmacy if I already have a prescription with another pharmacy?

Yes, if you already have a prescription with another pharmacy in the U.S., you can transfer it to Express Scripts Home Delivery Pharmacy.

How long will it take to fill a new prescription?

For new orders, please allow five to seven business days after Express Scripts Home Delivery Pharmacy receives your request. Refills ship within two business days of receiving your request. You can have your prescriptions shipped to any address in the United States, Puerto Rico and U.S. Virgin Islands – home, work or any other alternative, including a P.O. box. Standard shipping of prescription medications is free of charge.

How can I place an order with Express Scripts Home Delivery Pharmacy?

Placing an order with Express Scripts Home Delivery Pharmacy is easy and convenient. If you have a mailing address in the U.S. or an APO address, you can request that Express Scripts Home Delivery Pharmacy contact the U.S.-based physician for a copy of the prescription.

To place an order yourself, please download an order form by logging in to CignaEnvoy.com. Select '**Mail Order Pharmacy**' under the '**Find Health Care**' tab. You can mail your prescription and order form to:

EXPRESS SCRIPTS PHARMACY
PO BOX 66302
ST LOUIS, MO 63166-6301

Filling your prescription with a traditional pharmacy

Can I fill my prescriptions at any pharmacy in the U.S.?

Yes, if you can fill your prescription (written by a U.S. physician) at any U.S. pharmacy. However, you may pay more for your medication when filling your prescription at an out-of-network pharmacy. In the U.S., you have access to more than 50,000 in-network pharmacies*.

What are the benefits of visiting an in-network pharmacy?

Customers enjoy substantial discounts on both covered brand and generic medications when filled at in-network pharmacies. When you visit one of these pharmacies, you will only be responsible to pay your copay, coinsurance, and/or deductible, if applicable, and Cigna Healthcare will also pay the pharmacy directly for our portion of a covered purchase, which eliminates the need to file a claim.

Will I need to pay for my prescription medication when I visit an in-network pharmacy?

When you visit one of these pharmacies, we will also pay the pharmacy directly for our portion of a covered purchase, which eliminates the need to file a claim. You are only responsible for paying the remaining balance (deductible, copay and/or coinsurance) based on your specific plan benefits.

Should I transfer my prescriptions to an in-network pharmacy if my current pharmacy is not part of the Cigna Healthcare pharmacy network?

Yes, you are encouraged to transfer your prescriptions to an in-network pharmacy. This allows us to pay the pharmacy directly for covered purchases and helps you keep your out-of-pocket costs as low as possible.

To transfer your prescriptions to an in-network pharmacy, please contact the pharmacy directly.

* Cigna national book of business analysis conducted Q2 2020. Subject to change.

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Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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Prepare for care

Guided Health Advisor

Ways this program can help you and your family

Have an easier transition

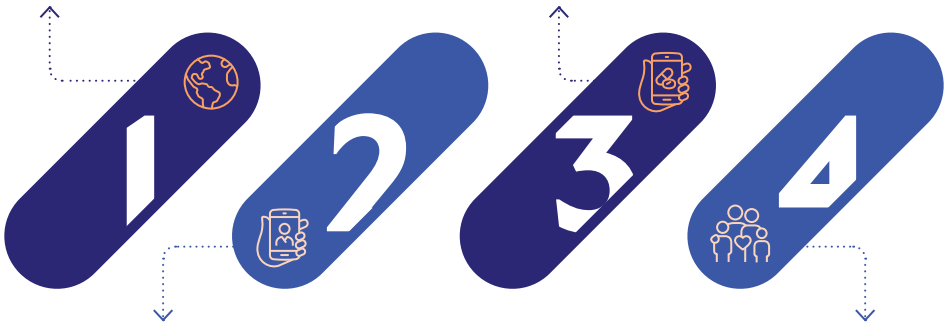
Before, during and after your assignment abroad, you and your family can receive the support needed to stay healthy and address any medical conditions along the way.

Our Guided Health Advisor[1] program is designed to help you prepare for care whenever and wherever to avoid medical emergencies and ensure a successful assignment.

Plan for any medical needs

- Will my prescription and over-the-counter medications be readily available, and what is the name in that country?
- Do you or a family member have any medical conditions?
- How do I find care, even on the weekends and what can I expect?

Answers to these questions could impact your health while on assignment. Guided Health Advisor can provide you with valuable information to help build a plan and protect the health of you and your family while abroad.



Be prepared

Health care is not the same in every country – it can vary greatly across the globe. You can learn more about your existing or new location by using the country guides. A nurse can help you plan ahead and give you information about accessing health care, whether medications are available in your assignment country or if alternatives may be necessary, as well as how to find a doctor.

No two people are alike. That is why it is vital that you receive information specific to your condition. Our qualified Cigna Healthcare nurses can give you personalized feedback and advice based on your specific needs and health history.

We help your family too

Whether your family is coming with you or staying back home, they can also be included in the program and even speak with a nurse regarding any medical or medication concerns.

It only takes 10 minutes!

If you are identified as having a medical condition, a Cigna Healthcare nurse may reach out to you to offer confidential assistance on how best to be prepared before or during your international assignment and answer any medical questions you may have.[1]

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How to access the questionnaire if you haven't yet received your Cigna Healthcare global ID card.

1. Visit public.cignaenvoy.com, scroll down and click on '**Guided Health Advisor**'. Log in with your client global ID number and password below.

   Client Global ID:[2] GUID05810

   Password:[2] 05810GUID

2. After you read the messages in Message Center, click '**continue**', then click on '**Guided Health Advisor**'.

3. When prompted, please enter your own personal and confidential login and password.

4. Please check the '**yes**' consent box at the end of the questionnaire so that you may receive outreach from a Cigna Healthcare nurse should you be identified as needing assistance.

5. You will find information related to **local health care, required and recommended immunizations, crime rate, weather, currency, finding providers who bill Cigna Healthcare directly and accept guarantees of payment and more**.

How to access the questionnaire if you've already received your Cigna Healthcare global ID card.

1. Visit customer.cignaenvoy.com and enter your credentials. If you have not yet registered for Cigna Envoy, select '**Register now**' and follow the prompts.

2. Select '**Toolkit**' from the top menu, followed by '**Health and Well-being**', and then '**What to Know When Traveling and Relocating**'.

3. Guided Health Advisor will be your first option. You can register or log in to complete the online questionnaire (you may already have login credentials if you've taken the questionnaire).

4. Please check the '**yes**' consent box at the end of the questionnaire so that you may receive information or outreach from a Cigna Healthcare clinician or nurse.

Case study

Julia[4], on assignment in the UAE

After completing our Guided Health Advisor program, Julia was identified with a medical condition and would require assistance obtaining her medication in the UAE. A Cigna Healthcare nurse contacted her to help her create a plan for obtaining her medication while on assignment.

The nurse assisted by:

- Researching the availability of Julia's medication in the UAE
- Identifying doctors in the UAE for consultation
- Liaising between the doctor in her home country and the doctor in the UAE to facilitate medical records
- Coordinating with our medical team in the UAE for alternative options

The medication and the medical specialist needed were not available in the UAE. The nurse communicated with Julia's doctor in her home country to arrange for telehealth sessions[5], the first of which would be soon after her arrival at her destination to support her during transition. They also helped by providing information on medication shipment and customs.

Thanks to the support of Guided Health Advisor, Julia was able to continue seeing her doctor and receive her medication, avoiding any issues. Her nurse also helped with planning her next doctor's visit and medication refill upon her return.

1. Please note that Guided Health Advisor is not linked to your insurance coverage and we are therefore unable to confirm what specific benefits may or may not be covered under your policy. Once you have your Cigna Healthcare global ID number you will be able to verify specific benefit coverage by simply contacting Cigna Healthcare at the number located on your Cigna Healthcare global Identification card. 2. Please note: The client global ID above only provides access to the Cigna Envoy site. You must create a unique username and password to complete the Guided Health Advisor program. Reach out to your HR or Benefits Team if you need your company's Client global ID and Password so you can take the questionnaire. 3. Personal data is treated confidentially and securely. We do not share personal data with third parties or employers and we will not send you unsolicited marketing. For additional information regarding data privacy policies and fair processing notices, please consult CignaEnvoy.com or your employer's privacy office. 4. This example is for illustrative purposes only. It is not an actual Cigna Healthcare customer experience. 5. Telehealth services are provided by an independent third party company/entity and not by Cigna Healthcare. Providers are solely responsible their treatment and services. This service does not replace the advice of their personal doctor. Not all providers have video chat capabilities and services may not be available in all areas

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Cigna*Links*

Quick reference guide

What is Cigna*Links*?

The Cigna*Links*® program integrates global health care coverage with local administrative services and provider networks to deliver:

- ✓ Convenient access to quality care
- ✓ Reduced out-of-pocket expenses
- ✓ Local claims processing
- ✓ Simplified administration
- ✓ Local regulation compliance for certain regions

How does the Cigna*Links* program work?

Cigna*Links* partners receive eligibility data for all eligible customers in their country or region.[1] Participation in a Cigna*Links* program is based on the elected medical coverage, work location and/or citizenship of the employee. It is possible for an employee to be eligible for more than one Cigna*Links* program. For example, someone with a work location of Hong Kong and a citizenship of Brazil would be eligible for both the Cigna*Links* Hong Kong and Cigna*Links* Brazil programs. For this reason, it is very important for Cigna Healthcare℠ to have accurate work location and citizenship data for all employees, as well as dependents on assignment at all times. If an employee's work location changes, Cigna Healthcare should be notified immediately.

When seeking health care services in one of the Cigna*Links* countries, customers simply present their Cigna*Links* ID card (which may be a separate or co-branded card) to the participating health care provider or facility at the time of service. Customers should use their Cigna Healthcare global ID card anywhere outside the specified Cigna*Links* region.

Where are separate ID cards issued?

Customers who are eligible for a Cigna*Links* program will receive a Cigna Healthcare global ID card and potentially one or more additional ID cards, depending on their citizenship and/or work location. Refer to the table below to review details per country or region.

Global Health Benefits

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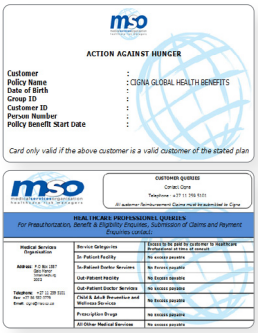
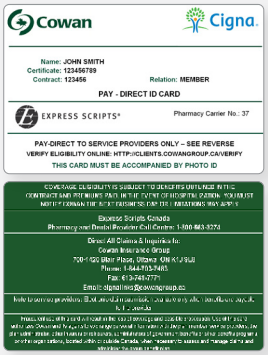
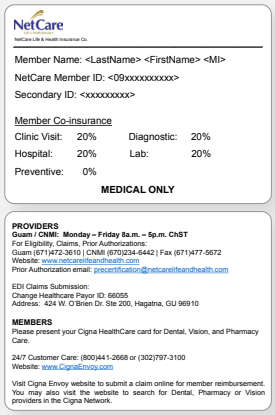
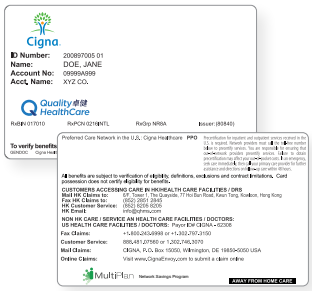
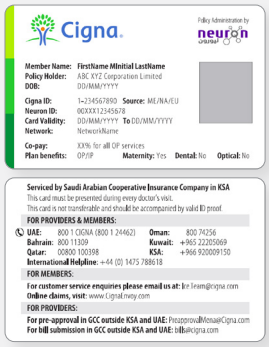
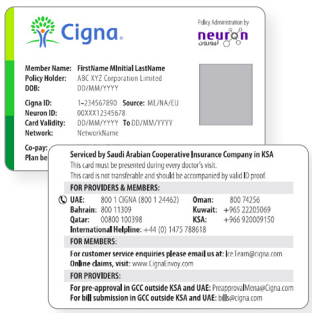
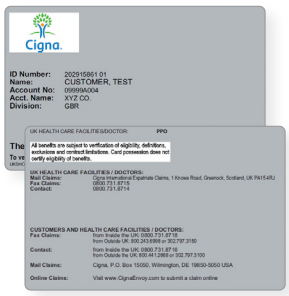
CIGNA*LINKS* PROGRAM COUNTRY SPECIFIC DETAILS			
Country or region	**Network partner**	**Separate ID card?**	**Key details**
Africa (Nigeria, South Africa)	Medical Services Organization (MSO) 	Yes	• MSO ID cards are issued for the employee and all dependents. • Cigna Healthcare ID number is printed on the card. • Customers should contact Cigna Healthcare, Global Health Benefits with any questions. • For vision and dental, and other ancillary services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Healthcare, Global Health Benefits.
Australia	GU Health	Yes	• Only employees and their spouses receive GU ID cards. Dependent names are listed on main (employee/spouse) cards. • Customers can call GU at the number on the back of the card. • A specific GU ID number is assigned. • ID cards can be swiped like a credit card at specific facilities, but not all health care providers have this technology. If a GU card is reissued, the previous card becomes invalid. • For vision and dental services,[2] customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Healthcare, Global Health Benefits.
Brazil	Gama Saúde	Yes	• ID cards are issued for the employee and all dependents. A Gama Saúde-specific ID number is displayed on the back of the card. The Cigna Healthcare ID number is not displayed. • ID cards are printed in Portuguese and the local Gama Saúde phone number is only for health care professionals. • Customers should contact Cigna Healthcare, Global Health Benefits with any questions. • For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Healthcare, Global Health Benefits.
Canada	Cowan Insurance Group 	Yes	• ID cards are issued for the employee and all dependents. • Cowan will help employees determine if they are eligible for a specific provincial health care system in Canada. If eligible, a separate provincial ID card will be issued. • A dedicated phone number for Cigna Healthcare customers is displayed on the back of the ID card. • An activation sticker is placed on each Cowan ID card. • Employees need to contact Cowan to provide the necessary information to initiate electronic claim submission details for dental, vision and paramedical claims, as well as to confirm eligibility in Canada's provincial health care system.

CIGNA*LINKS* PROGRAM COUNTRY SPECIFIC DETAILS			
Country or region	**Network partner**	**Separate ID card?**	**Key details**
Guam (Guam and the Commonwealth of North Mariana Islands)	NetCare Life & Health Insurance  NetCare NetCare Life & Health Insurance Co. Member Name: <LastName> <FirstName> <MI> NetCare Member ID: <09xxxxxxxxxx> Secondary ID: <xxxxxxxxx> Member Co-insurance Clinic Visit: 20% Diagnostic: 20% Hospital: 20% Lab: 20% Preventive: 0% MEDICAL ONLY PROVIDERS Guam / CNMI: Monday – Friday 8a.m. – 5p.m. ChST For Eligibility, Claims, Prior Authorizations: Guam (671)472-3610 | CNMI (670)234-6442 | Fax (671)477-5672 Website: www.netcarelifeandhealth.com Prior Authorization email: precertification@netcarelifeandhealth.com EDI Claims Submission: Change Healthcare Payor ID: 66055 Address: 424 W. O'Brien Dr. Ste 200, Hagatna, GU 96910 MEMBERS Please present your Cigna HealthCare card for Dental, Vision, and Pharmacy Care. 24/7 Customer Care: (800)441-2668 or (302)797-3100 Website: www.CignaEnvoy.com Visit Cigna Envoy website to submit a claim online for member reimbursement. You may also visit the website to search for Dental, Pharmacy or Vision providers in the Cigna Network.	Yes	• ID cards are issued for the employee and all dependents. • A local NetCare phone number is displayed on the back of the ID card for use by health care providers only. Customers should call the Cigna Healthcare number, which is also displayed on the back of the ID card. • For dental, vision, and pharmacy services customers should present their Cigna Healthcare ID card.
Hong Kong	Quality Healthcare Medical Services LTD (QHMS)  Cigna. ID Number: 200807005 01 Name: DOE, JANE Account No: 0999A899 Acct. Name: XYZ CO. Quality HealthCare Preferred Care Network in the U.S.; Cigna Healthcare PPO MultiPlan Network Savings Program AWAY FROM YOUR CARE	No	• Employees and all dependents receive a Cigna Healthcare, Global Health Benefits ID card, which includes the QHMS logo on it. • Local QHMS and Cigna Healthcare phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. • A digital version of the card is available on CignaEnvoy.com. • For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement to Cigna Healthcare, Global Health Benefits.
Middle East (United Arab Emirates [UAE])	CIME³/Neuron  Cigna. Policy Administration by neuron Member Name: FirstName MInitial LastName Policy Holder: ABC XYZ Corporation Limited DOB: DD/MM/YYYY Cigna ID: 1-234567890 Source: ME/NA/EU Neuron ID: 0GXXX12345678 Card Validity: DD/MM/YYYY To DD/MM/YYYY Network: NetworkName Co-pay: 30% for all OP services Plan benefits: OP/IP Maternity: Yes Dental: No Optical: No Serviced by Saudi Arabian Cooperative Insurance Company in KSA This card must be presented during every doctor's visit. This card is not transferable and should be accompanied by valid ID proof. FOR PROVIDERS & MEMBERS: UAE: 800 1 CIGNA (800 1 24462) Oman: 800 74256 Bahrain: 800 11309 Kuwait: +965 22205069 Qatar: 00800 100398 KSA: +966 920009150 International Helpline: +44 (0) 1475 788618 FOR MEMBERS: For customer service enquiries please email us at: ikw.team@cigna.com Online claims, visit: www.CignaEnvoy.com FOR PROVIDERS: For pre-approval in GCC outside KSA and UAE: PreapprovalMenaai@Cigna.com For bill submission in GCC outside KSA and UAE: bills@cigna.com	Yes	• ID cards are issued for employee and all dependents. • ID cards expire on the last day of the policy/plan year and Neuron will reissue cards as long as employer and employee (and dependents) compliance information is current and on file. • The ID card displays a Neuron-specific ID number and the Cigna Healthcare ID number. • Local phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. • For vision and dental services, customers will typically be required to pay up front at the time of service and submit a claim for reimbursement to Cigna Healthcare, Global Health Benefits. • In the UAE, the Neuron network should be utilized. If traveling to Bahrain, Kuwait, Oman or Qatar, the Cigna Healthcare direct network should be utilized. Customers can view all networks on CignaEnvoy.com or the app.
Middle East (Bahrain, Kuwait, Oman and Qatar)	Cigna/Neuron  Cigna. Policy Administration by neuron Member Name: FirstName MInitial LastName Policy Holder: ABC XYZ Corporation Limited DOB: DD/MM/YYYY Cigna ID: 1-234567890 Source: ME/NA/EU Neuron ID: 0GXXX12345678 Card Validity: DD/MM/YYYY To DD/MM/YYYY Network: NetworkName Serviced by Saudi Arabian Cooperative Insurance Company in KSA This card must be presented during every doctor's visit. This card is not transferable and should be accompanied by valid ID proof. FOR PROVIDERS & MEMBERS: UAE: 800 1 CIGNA (800 1 24462) Oman: 800 74256 Bahrain: 800 11309 Kuwait: +965 22205069 Qatar: 00800 100398 KSA: +966 920009150 International Helpline: +44 (0) 1475 788618 FOR MEMBERS: For customer service enquiries please email us at: ikw.team@cigna.com Online claims, visit: www.CignaEnvoy.com FOR PROVIDERS: For pre-approval in GCC outside KSA and UAE: PreapprovalMenaai@Cigna.com For bill submission in GCC outside KSA and UAE: bills@cigna.com	Yes	• ID cards are issued for employee and all dependents. • ID cards expire on the last day of the policy/plan year and Neuron will reissue cards. • The ID card displays a Neuron-specific ID number and the Cigna Healthcare ID number. • Local phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. • In Bahrain, Kuwait, Oman and Qatar, the Cigna Healthcare direct network is utilized. If traveling to the UAE, customers should access the Neuron network. Customers can view all networks on CignaEnvoy.com.

CIGNA*LINKS* PROGRAM COUNTRY SPECIFIC DETAILS			
Country or region	**Network partner**	**Separate ID card?**	**Key details**
Middle East (Kingdom of Saudi Arabia [KSA])	Saudi Arabian Cooperative Insurance Company 	Yes	• ID cards are issued for employer sponsored employees and dependents. • ID cards expire on the last day of the policy/plan year and the Saudi Arabian Cooperative Insurance Company will reissue cards, as long as they have current information on file. • The ID card displays a specific Saudi Arabian Cooperative Insurance Company ID number and the Cigna Healthcare ID number. • Local Saudi Arabian Cooperative Insurance Company phone numbers and email address are displayed on the back of the ID card and can be used by customers and health care providers. • Customers may be eligible for vision and dental benefits in the KSA. Customers will typically be required to pay up front at the time of service and submit a claim to the Saudi Arabian Cooperative Insurance Company for reimbursement. • In the KSA, the Saudi Arabian Cooperative Insurance Company network should be utilized. When traveling to the UAE, customers should access the Neuron network. When traveling to Bahrain, Kuwait, Oman or Qatar, the Cigna Healthcare direct network should be utilized. Customers can view all networks on CignaEnvoy.com.
South East Asia (Indonesia, Malaysia, Singapore)	Parkway Health 	No	• Employees and all dependents receive a Cigna Healthcare ID card which includes the Parkway logo. • A local Parkway phone number is displayed on the back of the ID card for use by health care providers only. Customers should call the Cigna Healthcare number, which is also displayed on the back of the ID card. • A digital version of the card is available on CignaEnvoy.com. • For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Healthcare, Global Health Benefits.
Spain	Cigna Spain 	Yes	• ID cards are issued for employees and all dependents. • A local Spain phone number is displayed on the back of the ID card and is for health care provider use only. • The phone number displayed for customers is routed to Cigna Healthcare's customer service. • For vision and dental services, customers will be required to pay up front at the time of service and submit a claim for reimbursement by Cigna Healthcare, Global Health Benefits.
United Kingdom	Cigna UK  	No	• Employees and all dependents receive a Cigna Healthcare, Global Health Benefits ID card, which is gray rather than white, which assists with network access in the UK. • Cigna Healthcare phone numbers are displayed on the back of the ID card and can be used by customers and health care providers. • A digital version of the card is available on CignaEnvoy.com. • For medical, vision and dental services with health care providers who do not participate in direct billing with Cigna Healthcare customers will be required to pay up front at the time of service and submit a claim for reimbursement with Cigna Healthcare, Global Health Benefits.

Why doesn't Cigna Healthcare offer a Cigna*Links* program everywhere?

Over the past 50 years of serving globally mobile individuals, Cigna Healthcare, Global Health Benefits has developed a robust network of health care providers outside the United States. In most countries, Cigna Healthcare global ID cards are recognized and accepted by many health care providers and facilities, and they are willing to bill Cigna Healthcare directly for services.

Cigna*Links* programs are often established where we have large concentrations of customers. These strategic alliances provide access to established local networks which promote quality, cost-effective care while simplifying administration for both clients and customers.

Customers can search for both Cigna Healthcare direct network and Cigna*Links* network health care providers around the world by clicking the '**Find a Provider**' tab at CignaEnvoy.com. We always encourage customers to call Cigna Healthcare, Global Health Benefits if they have any questions.

We're here for you. Anytime you need us.

Our global service center is open 24 hours a day, seven days a week. To reach us, dial **800.441.2668** or **+1.302.797.3100**, and you can always reverse the charges. You can also fax us directly at **+1.302.797.3150** or toll-free at **1.800.243.6998**.

What information do employees receive when they are enrolled in each Cigna*Links* program?

When an employee is enrolled in a Cigna*Links* program, they receive the following materials (please click on each country or region to learn more).

- Cigna*Links* Africa – MSO | Customer kit
- Cigna*Links* Australia – Grand United (E) | Customer kit (for employees with full Australia Medicare eligibility)
- Cigna*Links* Australia – Grand United (A & CI) | Customer kit (for all other employees)
- Cigna*Links* Brazil – Gama Saúde | Customer kit
- Cigna*Links* Canada – Cowan Insurance Group | Customer kit
- Cigna*Links* Guam – NetCare | Customer kit
- Cigna*Links* Hong Kong – QHMS
  A Cigna*Links* welcome email is sent with a link to the customer kit (if employee email address is on file).
- Cigna*Links* Middle East
  - Bahrain, Kuwait, Oman, Qatar, UAE
  - KSA
- Cigna*Links* South East Asia – Parkway Health
  A Cigna*Links* welcome email is sent with a link to the customer kit (if employee email address is on file).
- Cigna*Links* Spain – Cigna Healthcare | Customer kit
- Cigna*Links* United Kingdom – Cigna Healthcare
  A Cigna*Links* welcome email is sent with a link to the customer kit (if employee email address is on file).

Global Health Benefits

1. The client (employer) must participate in the Cigna*Links* program in order for customers to be eligible.
2. Australian citizens categorized as "E" should submit their claims directly to GU Health.
3. Customers may be eligible for vision and dental benefits in Abu Dhabi, Dubai and the Kingdom of Saudi Arabia, depending upon their plan design. Customers will typically be required to pay up front at the time of service and submit a claim to SAICO for reimbursement.

Product availability may vary by location and plan type and is subject to change. Products may not be available in all jurisdictions and are excluded where prohibited by law. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative. References to a third party or its products do not constitute an endorsement or warranty thereof.

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Global Health Benefits

Online claim submission

CignaEnvoy.com

Simplified claims process

All registered users of the Cigna Envoy® website can submit claims online through easy-to-follow prompts. Your data is automatically pre-populated (name, date of birth, banking details, etc.), speeding up the submission process. Files up to 6MB can be attached and you have the ability to view current and historical claim submissions, including any attachments.

How to file an online claim.

1. Visit CignaEnvoy.com.
2. Within the '**Customers**' section, select '**Login**'.
3. Select the '**Submit a new claim**' button at the top of the screen.
4. You will need to provide the following information for each claim you submit.
   - ✔ Personal data
   - ✔ Claim details
   - ✔ Proof of payment if you are submitting for reimbursement
5. Select '**Submit**'.

Registering for Cigna Envoy:

If you are not registered for Cigna Envoy, please follow these instructions.

1. Download the mobile app OR go to CignaEnvoy.com and within the '**Customers**' section, select '**Register**'.
2. Enter your Cigna ID and click '**Register**'.
3. Enter the identifying information, including account number, then click '**Register**'. Receive your registration confirmation to your email. Click the link in the email to continue registration.
4. Click '**Activate Cigna Account**'. Now you can set up your password with the requirements provided on screen.
5. Click '**Confirm password**'. You'll also be prompted to set up two-factor authentication or you may skip this step. Two-factor authentication is used to provide added security for your account.
6. Choose '**Email or SMS & submit**' or '**Skip authentication**'.
7. Access your account, and read and accept the terms and conditions and any other informational messages.
8. Click '**Continue**'.

Easier to access. Easier to use.

The Cigna Envoy mobile app is free to Cigna Global Health Benefits customers. The Envoy app can be downloadedl from the App Store,® Google Play™ or the Amazon Appstore online stores.

Click on iOS, Android or Amazon buttons or scan QR codes to download TODAY!

Download on the App Store | GET IT ON Google Play | available at amazon appstore

1. The downloading and use of the Cigna Envoy app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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Web-based tools, such as Cigna Envoy® are available for informational purposes only. These tools are not intended to be a substitute for medical care provided by a physician. The listing of a health care professional or facility in the mobile directories available through the Cigna Envoy mobile app does not guarantee that the services rendered by that professional or facility are covered under your benefits plan. Refer to your plan documents, or call the number listed on your ID card, for information about the services covered under your plan benefits. References to non-partnered organizations or companies, and/or their products, processes or services, do not necessarily constitute an endorsement or warranty thereof.

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Guarantee of payment

Cigna Healthcare

A Guarantee of Payment (GOP) assures payment directly to a health care provider outside the United States (U.S.) for covered authorized medical services. This helps prevent you from having to pay upfront for services that would normally be covered under your plan.

What does a GOP include?

Scheduled service, date of service to be performed, level of benefits, cost of service, deductible, coinsurance and more.

What are the types of GOP requests?

GOP requests are categorized and reviewed by the urgency of the request.

- **Emergency:** requests for life-saving service/procedure (for example: heart attack, stroke, severe injuries, etc.)
- **Urgent:** requests for unplanned critical service/procedure (for example: broken bones, less severe injuries, etc.)
- **Non-urgent:** requests for planned service/procedure or a service/procedure that is unplanned but not critical (for example: back surgery, knee surgery, etc.)
- **It is best to submit a GOP request** as soon as possible regardless of the type of request.

Who is responsible for requesting a GOP?

- If a health care provider requests payment up front, always ask them to contact Cigna Healthcare per the normal process that they use to verify benefits and confirm payment by Cigna Healthcare for urgent/emergency services on your behalf.
- If you are requesting a GOP for urgent/emergency service, call the toll-free number on the back of your Cigna Healthcare global ID card. Cigna Healthcare will verify benefits and confirm payment.
- If you are requesting a GOP for a service/procedure planned in the future through consultation with your health care provider, they should contact Cigna Healthcare per the normal process that they use to verify global benefits and confirm payment by Cigna Healthcare for any services on your behalf.

Why is a GOP important?

- Using a GOP increases access to care around the world.
- Reduces out-of-pocket expenses at those health care providers who do not, per normal practice, directly bill Cigna Healthcare℠ (Please note: you are responsible for any applicable coinsurance, deductible or copays per your plan).
- Enables the hospital to bill us directly.
- Allows the Cigna Healthcare Medical Review Team to consult on the services being rendered before care is delivered, providing you the best care possible.

Global Health Benefits

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What information is needed for a GOP?

- Hospital/Facility performing the services
- Country where services will be rendered
- Facility fax number, phone number and email address
- Requesting provider name, phone number and email address
- Recipient (who will receive the GOP)
- Patient name
- Patient Cigna Healthcare global ID number
- Diagnosis
- Procedure to be performed
- Dates of service
- Cost estimate (If a cost estimate is not received, a Verification of Benefits (VOB) may be issued instead of a GOP, which means no GOP is issued and only benefit coverage is confirmed)
- Statement on GOP summarizing service to be covered: '**please issue a GOP for xxxx reason**'
- Please include in subject heading of email communication: '**Level of Urgency – XXcompany nameXX – GOP request – (customer name ID number)**' and mark as '**High Importance**'

Customers may request a GOP at any time. Coverage will depend on the Cigna Healthcare global clinical department reviewing the services for medical necessity, and your global benefits and eligibility at the time of treatment. Once all the required information is received (see above for details), we ask that you allow at least **one business day** for confirmation, unless emergent or urgent service(s) is required for your GOP letter to be completed. Our global medical team will review the request and issue the GOP as soon as possible.

We are always happy to assist you or your provider. Let us know if there is anything else you need. Our Global Service Center is available 24/7 toll-free at **1.800.441.2668**, direct at **+1.302.797.3100** (collect calls accepted) or at **CignaEnvoy.com**.

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Understanding your global explanation of benefits

Making it easy for you to get quality global health care is only part of our mission.

We also make it easy for you to understand the costs. Our Explanation of Benefits uses simple language and only includes the information you need to know. Take a look at the sample below.

The Summary page gives an overview of how your global benefits are working for you – quickly see how much was submitted, how much has been paid and what may be your responsibility.

Your Explanation of Benefits is a summary of how your claims were processed and what you may owe, not a bill. Your health care provider or the facility may bill you directly for the remainder of what you owe.

If your claim was billed in local currency, total local currency amount will be listed here.

The amount that you may owe is stated in the Patient Responsibility field.

ANY COMPANY
890 ROAD ST
ANYWHERE

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JOHN PUBLIC
123 STREET RD
ANYWHERE

Questions About Your Claims?
For questions about this document, please visit Cigna's secure website, Cigna Envoy, at www.CignaEnvoy.com, or call the International Service Center at the number below:

Phone 1.800.569.3554 or 302.797.3337
Fax 302.797.3481

Customer ID # 123456789
Account Name / Account #
ANY COMPANY / 000000000

THIS IS NOT A BILL
Your health care professional may bill you directly for any amount that you owe.

Explanation of Benefits
Summary of claim(s) processed on September 29, 2023

U.S. Dollars		
Total	$400.00	The total amount billed for all services submitted. For international claims, this amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
Cigna Discount	$50.00	The total Cigna-negotiated savings for the services submitted.
Cigna Paid	$350.00	The total amount that Cigna paid for the services submitted.
Amount Not Covered	$0.00	The portion of the services that are not covered by the plan or the amount not paid based on plan percentages.
Patient Responsibility	$0.00	The amount the patient is responsible for paying after discounts that Cigna has negotiated and what your plan has paid. Refer to the glossary page for more information regarding patient responsibility.

Global Health Benefits

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If you're unsure of the meaning of a word or phrase, you can look it up in the Glossary.

Glossary

Amount Billed: The amount charged by the health care provider or facility (phys
your covered dependents.

Amount Not Covered: The portion of your bill that is not covered by your plan
remark codes section on the following pages for more information.

Claim submission tips are included at the bottom of page two, clarifying what you need to include for the quickest processing time.

Claim submissions tips

Please submit a separate claim form for each patient and year in which services were rendered.
for each claim:

1. Account name and Account #
2. Customer ID #
3. Patient name

PAGE 3

The Claim Detail page follows the Glossary page.

The total amount you may owe is listed in the Patient Responsibility column.

You may owe this amount to the health care provider or facility that provided your services, which is listed above the details of your visit.

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Explanation of Benefits

THIS IS NOT A BILL

Claim Detail

DATE PROCESSED: 09/29/23 **CUSTOMER NAME:** JOHN PUBLIC **CUSTOMER ID #:** 000000000 00

SERVICES PROVIDED BY: DR HOSPITAL **PATIENT ACCOUNT#:**

Service Dates	Type of Service	Claim Number	Local Currency Total	Exchange Rate	USD Total	Cigna Discount	Amount not Covered	Copay	Deductible[1]	Coinsurance[2]	Cigna Paid	Patient Resp.[3]	Remark Codes
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	25.00	0.00	0.00	0.00	0.00	75.00	0.00	BANEW
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	25.00	0.00	0.00	0.00	0.00	75.00	0.00	BANEW
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	
Totals for TEST Z MEMBER:			0.0000000		$400.00	$50.00	$0.00	$0.00	$0.00	$0.00	$350.00	$0.00	

1 - The deductible is the amount you need to pay each year before your plan starts paying benefits.
2 - After the deductible is met, the cost of covered expenses shared by you and your health plan. The percentage of covered expenses that should be owed is called coinsurance.
3 - The portion of the billed amount that is the patient's responsibility in USD, including any amounts already paid.

Remark Codes
BANEW-To obtain additional details about this claim, please contact the Customer Service Center.

Other important information:

Make this paper disappear! Cigna now offers you the ability to opt out of receiving your Explanation of Benefits in the mail.
It's quick, easy, and you can help save the environment. Visit Cigna Envoy at www.CignaEnvoy.com to find out how.

Remark Codes are notes that explain processing methods.

Payment amount and method are stated in the Other important information section.

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The Important Information about Your Appeal Rights page details how you can file an appeal for a denied claim, how to receive additional information, and other resources that may be able to help you if applicable.

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at the International Service Center r
hours a day, 7 days a week, if you need assistance understanding this notice or our decision to c

What if I don't agree with this decision? You have a right to appeal any decision not to prov
or service (in whole or in part).

We are always happy to assist you; let us know if there is anything else you need. Our Global Service Center is available 24/7 toll-free at 1.800.441.2668 or direct at 1.302.797.3100 (collect calls accepted).

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Product availability may vary by location and plan type and is subject to change. Products may not be available in all jurisdictions and are excluded where prohibited by law. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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Global Health Benefits

Claim Form

Insured and/or Administered by:
Cigna Health and Life Insurance Company
Mailing Address: P.O. Box 15050 | Wilmington, DE 19850, USA
Phone: 1.800.441.2668 (Toll-free)
001.302.797.3100 (Collect calls accepted)
Fax: 1.800.243.6998 (Toll-free)
001.302.797.3150
Website: www.CignaEnvoy.com For faster service, submit your claims online via our website.

Please submit this completed claim form with itemized bills and receipts as soon as possible to the address, fax number, or website above. Tape small receipts on 8.5 x 11 inch or ISO A4 paper. Do not staple receipts to the claim form. Complete a separate claim form for each patient. **In order for your claim to be considered for reimbursement, you must complete and sign this claim form.**

Required information: Missing or incomplete information on this form will delay payment.

SECTION A: Customer Information

CUSTOMER NAME (Last Name, First Name, Middle Initial)		
CUSTOMER DATE OF BIRTH (DD/MM/YY)	ID NUMBER ☐☐☐☐☐☐☐☐☐-☐☐	
PRIMARY MAILING ADDRESS (Where check/correspondence should be sent)		
CITY/STATE	COUNTRY/POSTAL CODE	EMAIL ADDRESS
HOME PHONE NUMBER	WORK PHONE NUMBER	FACSIMILE NUMBER
EMPLOYER		

SECTION B: Patient Information

PATIENT NAME (If multiple, use separate claim forms for each)	
PATIENT DATE OF BIRTH (DD/MM/YY)	COUNTRY WHERE SERVICES WERE RENDERED
DIAGNOSIS / REASON FOR TREATMENT / SYMPTOMS	

NOTE: Please include a prescription from your general practitioner (GP) or medical specialist for prescribed drugs.

SECTION C: Health Care Professional Information

Complete this section if the bill does not include complete health care professional contact information

NAME	ADDRESS	PHONE NUMBER	DATE OF SERVICE	AMOUNT

SECTION D: Payment Information

Incomplete or incorrect information may result in a check payment made in US dollars and mailed to your primary mailing address

☐ PAY CUSTOMER ☐ PAY HEALTH CARE PROFESSIONAL

Please be advised that if the health care professional is a provider in the US and holds a contract with Cigna, payment will be made to the health care professional at the contracted rate even if this section indicates otherwise. If you have already paid for services, you should seek reimbursement directly from the health care professional.

If payment is being made to **CUSTOMER** – complete payment details below.		
PAYMENT TYPE	**CLAIM PAYMENT OPTIONS** ⅄	
	☐ US DOLLAR ☐ OTHER CURRENCY (PLEASE SPECIFY) _____ **Note:** Some currencies may not be available for reimbursement. Cigna reserves the right to default the payment currency to US dollars in order to facilitate payment. ☐ CHECK	FOR OTHER AVAILABLE PAYMENT OPTIONS SEE PAGE 3 MORE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE www.CignaEnvoy.com
	☐ ELECTRONIC PAYMENT	Payments issued in US dollars or international currency via wire transfer to an international bank may be assessed fees by your bank for receipt of the wire transfer. **FILL OUT THE BANK DETAILS SECTION**
BANK DETAILS (THIS SECTION FOR ELECTRONIC PAYMENTS ONLY)	BANK ACCOUNT BENEFICIARY NAME	ACCOUNT NUMBER (INTERNATIONAL BANK ACCOUNT NUMBER – IBAN)
	BANK ACCOUNT TYPE	
	BANK NAME	BANK ADDRESS
	BANK ROUTING NUMBER ABA / Routing / SWIFT / BIC / BSB / Sort codes	BANK CITY/STATE
	ACCOUNT CURRENCY	BANK COUNTRY/POSTAL CODE

Verify all account information, bank routing number requirements, and currency requirements for your banking country to ensure the successful transmission of your payment. **Incurred currency or US dollar check may be issued as a default payment. Cigna reserves the right to make electronic payments in the method and format deemed to be the most cost effective and expedient way to reach the payee.**

SECTION E: Injury / Occupational Claim Information

Complete this section only if you are filing the claim because of an accident or occupational (work-related) injury or illness.

INJURY OR ILLNESS OCCURRED WHILE ON THE JOB?	☐ YES	☐ NO
DESCRIPTION OF HOW INJURY OR ILLNESS OCCURRED		
DATE OF INJURY OR BEGINNING OF ILLNESS (DD/MM/YY)		
ARE YOU OR YOUR DEPENDENT(S) FILING A CLAIM OR LAWSUIT AGAINST A THIRD PARTY INCLUDING AN INSURANCE COMPANY IN ORDER TO RECOVER THE COST OF EXPENSES INCURRED AS A RESULT OF THIS INJURY OR ILLNESS? ⅄	☐ YES	☐ NO
IF YES, PLEASE PROVIDE NAME OF THIRD PARTY ⅄		

SECTION F: Other Coverage

Complete this section if other coverage is in effect

IS THE PATIENT COVERED UNDER ANOTHER HEALTH INSURANCE PLAN? ⅄ ☐ YES ☐ NO	
IF YES, PROVIDE NAME OF HEALTH INSURANCE COMPANY:	
EFFECTIVE DATE OF COVERAGE (DD/MM/YY):	POLICY NUMBER:
IS THE PATIENT COVERED UNDER MEDICARE? ⅄ ☐ YES ☐ NO	

IF YOU ANSWERED YES TO EITHER QUESTION ABOVE AND THE OTHER INSURANCE COMPANY IS PRIMARY, PLEASE SEND US THIS FORM AND (1) A COPY OF THE EXPLANATION OF BENEFITS (EOB) AND (2) THE ITEMIZED BILL(S) FOR THIS CLAIM.

SECTION G: Certification and Payment Authorization

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

CERTIFICATION: By signing this form, I certify that this claim form does not contain any false or misleading information. I understand that Cigna and/or its subsidiaries may investigate my claims by collecting additional relevant personal information from me and from third parties, if necessary.

PAYMENT AUTHORIZATION: I authorize payment as indicated in Section D of this claim form.
NOTE: The information provided on this form may be disclosed to other persons or entities, including my Plan Sponsor, for the purpose of processing this claim and performing health plan administration and for such purposes as stated on the privacy notices, available upon request or at http://www.cigna.com/privacyinformation/privacy-notices-and-forms/.

I authorize the release of any medical information necessary to process this claim and for the purposes stated in the privacy notices. I certify that the information supplied is true and correct. I authorize payment as indicated in Section B of this claim form.

PATIENT SIGNATURE / PARENT OR LEGAL GUARDIAN IF PATIENT IS A MINOR _____ **DATE (DD/MM/YY):** _____

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IMPORTANT CUSTOMER INFORMATION

Itemized bills must include:

Primary customer name	Type of Service	Health care professional name/credentials
Date of Service (DD/MM/YY)	Charge for the service	Health care professional address
Patient name	Diagnosis code/reason for service	

Payment Information:

Electronic Funds Transfer (EFT) – Referred to in the US as ACH (Automated Clearing House)
EFT is only available for electronic payments made in US dollars to US bank accounts. An EFT authorization form must be completed prior to claim submission. The form can be found on our website at: www.CignaEnvoy.com, under My Account. Banking details will be updated within 10 business days after receiving the EFT authorization form. Within 24 hours of banking details being updated, Cigna Healthcare can begin making electronic payments to the account. Claim payments made in the interim of receiving the authorization will be made by check in US dollars.

ePayment Plus℠ (Int'l ACH)
International ACH payments are only available for electronic payments in the *United Kingdom, Canada, Hong Kong, Singapore, Australia, Denmark, Sweden or New Zealand* in the local currency of that country. Enrollment must be completed prior to claim submission. To enroll, please access the ePayment *Plus* online enrollment section found on our website at: www.CignaEnvoy.com, under My Account. Once enrolled, your claim reimbursements will be deposited electronically into the bank account you specify. To cancel electronic deposits to your account you must terminate your ePayment *Plus* account information through this website. Lifting fees and additional bank charges may apply, please contact your bank for details.

Wire Payments
Wire payments are only available for payments made to banks outside of the United States. For payment to banks located in the United States, you must use the EFT (ACH) option. Enrollment must be completed prior to claim submission. To enroll, please access the wire transfer online enrollment section found on our website at: www.CignaEnvoy.com, under My Account. To cancel electronic deposits to your account, you must terminate your banking information through our website at: www.CignaEnvoy.com. Your bank may charge a fee for incoming wire payments, please contact your bank for details.

Default Payment Process

- If an electronic payment is rejected due to incorrect bank account information, a local currency or US dollar check may be issued until you correct your electronic payment information through our website at: www.CignaEnvoy.com.
- If your electronic bank information is incomplete or incorrect, your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in the form. You will receive reimbursement through the method of choice, once the correct bank information is received.
- All currencies are not available for some countries. If a currency or payment method is not available, the default payment is a US dollar check.
- If payment currency is in Euros and being remitted to one of the following countries, it may be sent as a SEPA payment: *Aland Island, France, Italy, Norway, Austria, French Guiana, Latvia, Poland, Belgium, Germany, Liechtenstein, Portugal, Bulgaria, Gibraltar, Lithuania, Reunion, Cyprus, Guadeloupe, Luxembourg, Romania, Czech Republic, Greece, Malta, Slovakia, Denmark, Hungary, Martinique, Spain, Estonia, Iceland, Monaco, Switzerland, Finland, Ireland, Netherlands* or *United Kingdom*.
- Cigna Healthcare reserves the right to make electronic payments in the method and format deemed to be most cost effective and expedient to reach the payee.

Electronic Fund Transfer (EFT) Enrollment Form

Mailing Address: P.O. Box 15050
Wilmington, DE 19850, USA

Fax: 1.800.243.6998 (outside the USA)
001.302.797.3150 (inside the USA)

Please Read, Important Information:
To enroll for EFT, please complete the following information and submit this form along with a *voided check* to Cigna Global Health Benefits.

Cigna ID Number: *(Not required for new members)*	Employee Name (First, Last):		
Employer:	Check One: ☐ Enrollment for EFT ☐ Change to Existing Account		
Daytime Telephone Number: *(In the event there are questions about the information provided, please include country and city codes)*			
Email Address: *(Will be used to send deposit notification)*			
U.S. Bank Information – This information is required along with a voided check			
U.S. Bank Name:			
U.S. Bank Address: *Street*	*City:*	*State:*	*Postal / ZIP Code:*
Name on U.S. Bank Account:			
Account Type: (Check One) ☐ Checking ☐ Saving	Account Number:	Bank Routing Code: *(9-Digit code located on the bottom left corner of check)*	

Deposit Authorization:
I hereby authorize Cigna Global Health Benefits to deposit my claim reimbursements in U.S. Dollars into the financial institution named above and I hereby authorize that institution to credit these deposits to my account. This authorization is to remain in effect until I notify Cigna Global Health Benefits in writing of a cancellation or change, allowing reasonable time to implement such cancellation or change. I understand that it is my responsibility to verify that the funds are in my account correctly or to notify Cigna Global Health Benefits immediately of any discrepancies. I hereby agree to hold Cigna Global Health Benefits harmless from any error or omissions they may make in depositing or failing to deposit any claim reimbursements to the designated account.

Employee Signature: _____ **Date:**_____

If name on bank account is different than the insured, then the owner of the bank account must also sign giving Cigna Global Health Benefits the authority to deposit funds into their bank account.

Account Owner Signature: _____ **Date:**_____

All claim payments will be electronically transferred to your bank account unless otherwise specified by you on the claim form or unless benefits have been assigned to the Provider of service(s).
When a benefit payment is transferred to your bank account you will receive an e-mail notifying you of the deposit at the e-mail address you have provided above. Cigna Global Health Benefits cannot guarantee the confidentiality of this information when exchanged over the Internet. If you would prefer not to receive electronic reimbursement notification, do not provide your e-mail address. In either case, an Explanation of Benefits (EOB), explaining the reimbursement in detail will be mailed to you. You may also view your reimbursement information on-line at http://www.cignaenvoy.com

FRAUD NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

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