

# **Long Term and Mid Term Global Workers**

## ***MEDICAL PLANS***

**Effective January 1, 2024**

# Cigna Global Health Plans

# GLOBAL Health PLANS

## *Cigna Global Health Benefits*



- 24/7/365 customer service
- Superior emergency medical evacuation system
- Expertise in delivering cost-effective, comprehensive and compliant global health plan solutions
- Preassignment assistance with health and pharmacy needs for an easier and healthier transition

# GLOBAL Health PLANS

## *Cigna Global Network*

- Cigna's global international network includes more than 250,000 prescreened doctors, clinics and hospitals.
- The CignaLinks® network partners with local companies in 23 countries, allowing for prompt service and lower costs.
  - Global Health 1500 does not have access to the CignaLinks network.

# GLOBAL Health PLANS

## *Cigna Customer Service*

- Get 24/7/365 customer service by phone/fax/email/web
- Multilingual medical advice
- Doctor or hospital search assistance
- Second opinions offered through the Cleveland Clinic
- Referrals
- Local admission assistance
- International emergency services
- Payment guarantees

# GLOBAL Health PLANS

## *Medical Second Opinions*

- The Cleveland Clinic coordinates second opinions through a secure web environment.
- Physicians from 100 specialties and subspecialties are available to offer second opinions.
- Seven to 10 day turnaround is available for most second opinions.
- To receive a referral, register at [CignaEnvoy.com](https://CignaEnvoy.com) or contact the Cigna Global Customer Service office closest to you.

# GLOBAL Health PLANS

## *Cigna Claims Services*

- Multilingual claim forms are available online.
- Most customer claims are paid in less than 10 days, regardless of language or currency.
- Claim reimbursements are available in nearly 100 currencies.
- Reimbursement options include international direct deposit, electronic funds transfer, wire transfers and checks.

# CIGNA GLOBAL HEALTH BENEFITS

## *Global Health 1500 – HSA Qualified*

Medical Benefits	Outside the United States	In-network United States	Out-of-network United States
Annual deductible – Aggregate deductible (individual/family)	\$1,600/\$3,200	\$1,600/\$3,200	\$3,200/\$6,000
Plan pays (after deductible)	80%	80%	60%
Maximum out-of-pocket (medical and prescription): individual /family (including deductible, co-pays and co-insurance)	\$4,250/\$8,000	\$4,250/\$8,000	\$8,500/\$16,000
Wellness/preventive care	0% no deductible	0% no deductible	Not covered
Primary care visit	20% after deductible	20% after deductible	40% after deductible
Specialist visit	20% after deductible	20% after deductible	40% after deductible

# CIGNA GLOBAL HEALTH BENEFITS

## *Prescription Benefits – Global Health 1500*

		Outside the United States (You pay)	In-network United States (You pay)	Out-of-network United States (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 is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month prescription supply is available.

# AGGREGATE DEDUCTIBLE

## *Global Health 1500*

- If you have individual coverage, you move into the co-insurance benefit level of 80% after you meet the individual deductible.
- If you have family coverage, there is no individual deductible:
  - All family medical costs count toward the family deductible.
  - When the family deductible is met by one or a combination of family members, the entire family moves to the co-insurance benefit level of 80%.
- Deductible and co-insurance accrue to meet the individual and family maximum out-of-pocket limit, as applicable.

# GLOBAL HEALTH 1500

## Maximum Out-of-pocket (MOOP) - Individual

The information below applies to plans with an aggregate deductible:

- Out-of-pocket costs for all eligible, in-network services – including deductible and co-insurance – count toward the individual maximum.
- Once you reach the MOOP limit, the plan covers all eligible, in-network health care expenses for the rest of the calendar year.

Maximum out-of-pocket limits vary by plan.



# GLOBAL HEALTH 1500

## Maximum Out-of-pocket (MOOP) - Family

The information below applies to plans with an aggregate deductible:

- Out-of-pocket costs for all eligible, in-network services apply toward the family deductible and also count toward the family maximum out-of-pocket limit.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the other family members.
- Once the family reaches its maximum out-of-pocket limit, everyone's eligible, in-network expenses will be paid at 100% for the rest of the calendar year.

Maximum out-of-pocket limits vary by plan.



# CIGNA GLOBAL HEALTH BENEFITS

## *Global Health 3500*

Medical Benefits	Outside the United States	In-network United States	Out-of-network United States
Annual deductible (Embedded deductible) (individual/family)	\$0/\$0	\$3,500/\$7,000	\$6,000/\$12,000
Plan pays (after deductible)	100%	80%	60%
Maximum out-of-pocket (medical and prescription): individual /family (including deductible, co-pays and co-insurance)	\$3,500/\$7,000	\$6,350/\$12,700	\$22,000/\$42,000
Wellness/preventive care	0% no deductible	0% no deductible	Not covered
Primary care visit	0% after deductible	\$25 co-pay	40% after deductible
Specialist visit	0% after deductible	\$45 co-pay	40% after deductible

# CIGNA GLOBAL HEALTH BENEFITS

## *Prescription Benefits – Global Health 3500*

		Outside the United States (You pay)	In-network United States (You pay)	Out-of-network United States (You pay)
Retail (30-day supply)	Generic	20%	\$15 co-pay	40%
	Preferred	20%	\$35 co-pay	40%
	Non-preferred	20%	\$50 co-pay	40%
Mail Order (90-day supply)	Generic	N/A	\$45 co-pay	N/A
	Preferred	N/A	\$105 co-pay	N/A
	Non-preferred	N/A	\$150 co-pay	N/A

Note: If the cost of the prescription is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month prescription supply is available.

# EMBEDDED DEDUCTIBLE

## *Global Health 3500*

- When one person in a family reaches the individual deductible level, that person moves to the co-insurance benefit level.
- Other family members' expenses accrue to meet the remaining family deductible before they move to the co-insurance benefit level.
- Deductible, co-insurance and co-payments accrue to meet the individual and family maximum out-of-pocket limit.

# GLOBAL HEALTH 3500

## Maximum Out-of-pocket (MOOP) - Individual

The information below applies to plans with an embedded deductible:

- Out-of-pocket costs for all eligible services inside and outside the United States — including deductible, co-pay and co-insurance — count toward the individual maximum.
- Once you reach the maximum out-of-pocket limit, your health plan covers all eligible health care expenses for the rest of the year!

Maximum out-of-pocket limits vary by plan.



# GLOBAL HEALTH 3500

## Maximum Out-of-pocket (MOOP) – Family

**The information below applies to plans with an embedded deductible:**

- Out-of-pocket costs for all eligible services inside and outside the United States – including medical and prescription co-pays, annual deductible and co-insurance – count toward the family maximum out-of-pocket limit.
- Once one family member reaches the individual maximum out-of-pocket limit, all of their eligible services received in or outside the United States will be paid at 100% for the rest of the year.
- The remaining amount of the family maximum out-of-pocket limit can be accumulated by one or all of the family members.
- Once the family reaches the family maximum out-of-pocket limit, all their eligible expenses will be paid at 100% for the rest of the year.

Maximum out-of-pocket limits vary by plan.



# GLOBAL HEALTH PLANS

- For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.
- 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.
- 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.
- 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.

# WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

A Health Savings Account (HSA) is an individually owned savings account individuals can use to pay for health care-related expenses.

- Funds in an HSA roll over from year to year and can be saved for future medical or Medicare expenses. There is no “use it or lose it” rule.
- An HSA has a triple tax advantage:
  - Employee contributions to HSAs are tax-deductible.
  - Disbursements for eligible medical expenses are non-taxable.
  - HSA investment earnings are tax-free.

It's your money — and it moves with you if you change employers.

# HSA ELIGIBILITY

## **Eligibility**

- A person enrolled in an HSA-qualified High Deductible Health Plan is eligible for an HSA.

## **Ineligible**

- A person covered by any non-HSA-qualified High Deductible Health Plan, including a spouse's health insurance that is not an HSA-qualified High Deductible Health Plan.
- Anyone who is covered by their own or their spouse's Health Flexible Spending Account (FSA) (except for a limited-purpose health-FSA), or a Health Reimbursement Arrangement (HRA).
- Individuals enrolled in any Part of Medicare or Tricare.
- Those who received veteran's health benefits in the past 90 days.
- Anyone who was claimed as a dependent on another person's tax return.

# HOW DO I USE MY HSA DOLLARS?

- HSA disbursements can be used tax-free for qualified medical expenses:
  - Section 213(d) items that are reimbursable.
  - Over-the-counter drugs that are eligible for reimbursement only with a prescription.
- HSA disbursements can be used for your medical expenses and your dependents' medical expenses even if they are not covered under your plan.

# HSA CONTRIBUTION RULES

2024 maximum contributions amounts\*:

- Individual: \$4,150
- Family: \$8,300

55+ annual catch-up contributions\*\*:

- Individual: \$1,000
- Family: \$1,000

**\*Maximum HSA contributions:** If you are an eligible individual for the entire year, and do not change your type of coverage, you can contribute the full amount based on your type of coverage. However, if you were not an eligible individual for the entire year, or changed your coverage during the year, you should refer to IRS Publication 969 to determine your contribution limit.

\*\*\$1,000 each year through age 65 or until you enroll in Medicare.

# EMPLOYER HSA 2024 CONTRIBUTION

## Employer Contributions:

### 1. For those who had coverage in 2023 and remain covered in 2024:

- Employee only – \$100 per month
- Employee +1 or more – \$150 per month

### 2. Global Workers – from #2 Work Funds:

- Employee only – up to \$100 month
- Employee +1 or more – up to \$200 month

Individual living allowance/salary contributions: any amount you choose as long as the total of all contributions (i.e. employer, work funds and living allowance/salary) does not exceed the total contribution limit.

# GLOBAL HEALTH PLANS

## *Wellness Benefits per Cigna Global Health Preventive Care Schedule*

- *Cigna Global Health Preventive Care Schedule* is based on recommendations from the Centers for Disease Control and Prevention and the American Cancer Society along with the requirements of the Affordable Care Act. It includes:
  - 100% coverage for scheduled services
  - Well-child visits and immunizations
  - Expanded immunizations for at-risk patients
- Preventive services are available in-network only if they are accessed in the United States. Participants may use any provider if they are accessing preventive services outside the United States.

# GLOBAL HEALTH PLANS

## *Travel Immunizations*

- Travel immunizations are covered at 100% with no deductible.
- Malaria drugs are covered in the following ways:
  - Injectable anti-malaria drugs are covered under the travel immunizations benefit.
  - Malaria medication provided in a pill format is covered under the prescription drug benefit.

# GLOBAL HEALTH PLANS

## *Stateside Hospitalizations*

- All stateside hospitalizations must be pre-certified by calling Cigna Global Health Benefits.
  - In-network, pre-certified hospital admissions are covered at co-insurance level after you have met your deductible.
  - Failure to pre-certify will result in a \$300 penalty and a 50% reduction in co-insurance paid by the plan.
- In the case of emergency hospital admission, notify Cigna Global within 48 hours of admission to qualify for full benefits.

# GLOBAL HEALTH PLANS

## *Overseas Hospitalizations*

- Call Cigna Global Health Benefits for any scheduled procedures. Cigna can assist with medical oversight and prepayments.
- No pre-certification is required.
- There is no penalty for using non-Cigna preferred providers.

# GLOBAL HEALTH PLANS

## *Cigna Pharmacy Management – Stateside*

- You'll continue to have just one ID card for both your pharmacy and medical benefits.
- Cigna's Prescription Drug List is an extensive listing of generic and brand-name prescription medications. Your pharmacy plan covers the cost of medications on the drug list – all you have to pay is your plan's co-pays or co-insurance.
- Your drug list splits medications into three categories or cost tiers: generic medications, preferred brand medications and non-preferred brand medications.
- In most cases, when you take your prescription for a brand-name medication to the pharmacy, your prescription will be filled with the generic alternative.
- If you ask for the brand-name medication instead of the generic alternative, unless your doctor requests the brand-name medication, you will pay a higher amount. You will be responsible for paying your co-pay or co-insurance plus the difference in cost between the brand-name medication and the generic.
- The new Cigna Pharmacy Management program also includes some medications that require prior authorizations and some medications that require step therapy.
- If you have questions, call the phone number on your ID card or visit *CignaEnvoy.com*.

# GLOBAL HEALTH PLANS

## *Maintenance Medications*

- Annual supply refills are available at retail or by mail order in the United States.
- Mail-order prescriptions are only available through in-network U.S. providers.
- Information about mail-order prescriptions is available on [CignaEnvoy.com](https://www.signaenvoy.com).

# GLOBAL HEALTH PLANS

## *Medical Evacuation and Repatriation\**

Type	Benefit
Emergency evacuation	Expenses for services by International SOS (ISOS) are covered at 100%.
Family travel arrangements	If you are hospitalized for more than seven days, round-trip, economy airfare will be provided for one family member to join you.
Return of dependents	One-way, economy airfare will be provided to return a dependent child(ren) to their country of residence if he/she is left unattended.
Return of traveling companion	In the event of hospitalization or evacuation and traveling companion's air ticket is no longer usable, a one-way, economy airfare will be provided to the original point of departure.
Repatriation of mortal remains	Expenses are covered at 100%.

\*The evacuation must be deemed medically necessary as determined by ISOS, Cigna and the attending physician. You will be evacuated to the closest, appropriate medical facility.

# Tools and Resources

# TOOLS AND RESOURCES

## *Preassignment Assistance*

- Go to [CignaEnvoy.com](https://CignaEnvoy.com).
- Select the “Pre-Departure Questionnaire/Tool” link.
- Review the online country guides to learn about health care practices in your country.
- Sign in or Register by providing an email address and follow directions to create an account. Then provide your travel details and health and prescription information. If you are not registered follow the instructions found on the [Pre-assignment Assistance handout](#).
- Receive a report about your conditions and discuss the report with a personal health care advisor.

# TOOLS AND RESOURCES

## *Transition of Care*

- If anyone in your family is receiving treatment for these conditions, please contact Cigna's Customer Service to coordinate transition of care:
  - Second or third trimester of pregnancy
  - High-risk pregnancy
  - Newly diagnosed or relapsed cancer
  - Trauma from a recent injury
  - Candidate for transplant
  - Serious conditions, such as a heart attack or stroke
  - Unstable chronic conditions
  - Existing or scheduled hospitalizations
- Find Cigna's contact information for your country in your enrollment materials.

# TOOLS AND RESOURCES

## *Finding a Medical Provider – CignaEnvoy.com*

- To find a medical provider:
  - Go to [CignaEnvoy.com](https://CignaEnvoy.com).
  - Log in by entering your Cigna ID and password or register if you are new to the site.
  - Select “Find provider.”
  - Select either “Outside the USA” or “Inside the USA.”
  - For international providers, select “Global Network.”
  - For U.S. providers, “Open Access Plus” will automatically be populated.

# TOOLS AND RESOURCES

## *Cigna Wellbeing App*

- With the Cigna Wellbeing App, you have access to:
  - Health Assessments
  - Wellness Library
  - Health Management
  - Measure Progress
  - Confidential Assistance

Products and services are subject to availability and may not be available in all jurisdictions. Telehealth services are provided by an independent third party and not by Cigna. All providers are solely responsible for any treatment provided to their patients. Video chat may not be available with all providers or in all areas. See your plan documents for costs and coverage details, including the specific programs that may be available to you. The downloading and use of the Cigna Wellbeing 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.

# TOOLS AND RESOURCES

## *Secure Member Website – CignaEnvoy.com*

- Once you receive your ID card, register on Cigna’s secure member website to access services.
- To register:
  - Select the “Register” button.
  - Enter the required information:
    - Last and first name as it appears on your ID card
    - Identification number as it appears on your ID card
    - Date of birth
    - Account number as it appears on your ID card
      - Global Health 3500 – 05180A002
      - Global Health 1500 – 05180B001

# TOOLS AND RESOURCES

## *Save With Your Medical Plan*

- Save money and time when you:
  - Choose in-network providers while in the United States.
  - Use a Cigna network provider outside the United States when possible.
  - Take advantage of your plan's preventive care benefits (which are covered at 100%).
  - Choose generic prescriptions when appropriate.
  - Order mail-order prescriptions when available.
  - Double-check your *Explanation of Benefits* (EOB) to confirm correct claim payment.

# TOOLS AND RESOURCES

## *Cigna Contacts*

- **Toll-free phone:**  
1-800-441-2668
- **International calls:**  
AT&T access code + 800-441-2668
- **Telephone:**  
(302) 797-3100 (collect calls are accepted)
- **Toll-free fax:**  
1-800-243-6998 (U.S. and Canada)
- **International fax:**  
AT&T access code + 800-243-6998
- **Direct fax:**  
(302) 797-3150

# CIGNA INTERNATIONAL

## *ID Cards*

- Watch the mail for your ID cards: one for medical/dental or two if you are in a *CignaLinks* country.
  - Global Health 1500 does not have access to the *CignaLinks* network.
- If you need to access services after the effective date of your coverage, but before you receive your ID cards, refer to the “Important Reminders” page of your enrollment packet.

# INTERNATIONAL COVERAGE

- This information only highlights the depth of coverage and benefits. you can receive when you protect yourself with GSFR. Limitations and exclusions apply. This material is a general summary of the plans. The official plan documents and contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan. In the event of a conflict with the description in this material, the terms of the official plan documents and contracts will control its operation.
- GSFR reserves the right to change or cancel these programs at any time. This material does not imply an employment contract or guarantee of benefits. Medical underwriting could be required.