Global Health 500

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	 $500 $1,000	 $500 $1,000	 $1,000 $2,000
Plan pays/individual pays (co-insurance) (after deductible)	80%/20%	80%/20%	50%/50%
Maximum out-of-pocket (medical and prescription): individual/family (including deductible, co-pays and co-insurance)[2]	$5,000/$6,000	$5,000/$6,000	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	$20,000/$20,000
Primary care physician visit/specialist visit	80% after deductible	$25/$45	50% 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)	80% after deductible	80% after deductible	50% after deductible
Outpatient services (CT scans, MRI, diagnostic)	80% after deductible	80% after deductible	50% after deductible
Outpatient surgery	80% after deductible	80% after deductible	50% after deductible
Emergency room	80% after deductible	80% after $100 co-pay[3]	80% after $100 co-pay[3]
Urgent care	80% after deductible	$45	50% after deductible
Chiropractic services (20 visits annually)	80% after deductible	$45	50% after deductible
Mental health and substance abuse: inpatient services	80% after deductible	80% after deductible	50% after deductible
Mental health and substance abuse: office and professional services	80% after deductible	$25	50% after deductible
Vision exam (one exam every 12 months)	80% after 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.

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	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	50%
	Preferred	20%	$35	50%
	Non-preferred	20%	$50	50%
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) — The maximum out-of-pocket limit includes the deductible, co-pays and co-insurance. After the maximum out-of-pocket limit has been satisfied, the health plan covers all eligible health care expenses, including co-pays, for the rest of the plan year.

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.

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