

2021 Cigna International Medical Plan Options



Effective January 1, 2021

Do well. Do right.®

	Global Health 500			Global Health 1000			Global Health 2000			Global Health 2000 Plus		
	Outside U.S. ¹	In-network U.S.	Out-of-network U.S.	Outside U.S. ¹	In-network U.S.	Out-of-network U.S.	Outside U.S. ¹	In-network U.S.	Out-of-network U.S.	Outside U.S. ¹	In-network U.S.	Out-of-network U.S.
Annual deductibles: individual/family	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000
Plan pays (after deductible)	80%	80%	50%	100%	80%	50%	80%	80%	50%	100%	80%	50%
Annual co-insurance maximums: individual/family (after deductible)	NA	NA	\$21,000/\$22,000	NA	NA	\$22,000/\$24,000	NA	NA	\$24,000/\$28,000	NA	NA	\$24,000/\$28,000
Maximum out-of-pocket (medical & Rx) individual/family ²	\$5,000/\$6,000	\$5,000/\$6,000	NA	\$6,350/\$8,000	\$6,350/\$8,000	NA	\$6,350/\$10,000	\$6,350/\$10,000	NA	\$6,350/\$10,000	\$6,350/\$10,000	NA
Primary care visit/specialist visit	80% after deductible	\$25/\$45 co-pay	50% after deductible	100% after deductible	\$25/\$45 co-pay	50% after deductible	80% after deductible	\$25/\$45 co-pay	50% after deductible	100% after deductible	\$25/\$45 co-pay	50% after deductible
Wellness visit (per <u>Preventive Care Schedule</u>) (no deductible)	100%	100%	Not covered	100%	100%	Not covered	100%	100%	Not covered	100%	100%	Not covered
Travel immunizations for employees & dependents ⁵ (no deductible)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency room	80% after deductible	80% after \$100 co-pay ³	50% after deductible ⁴	100% after deductible	80% after \$100 co-pay ³	50% after deductible ⁴	80% after deductible	80% after \$100 co-pay ³	50% after deductible ⁴	100% after deductible	80% after \$100 co-pay ³	50% after deductible ⁴
Generic prescriptions ⁶ (retail/mail order)	20%/NA	\$15/\$45 co-pay	50%/NA	20%/NA	\$15/\$45 co-pay	50%/NA	20%/NA	\$15/\$45 co-pay	50%/NA	20%/NA	\$15/\$45 co-pay	50%/NA
Preferred prescriptions ⁶ (retail/mail order)	20%/NA	\$35/\$105 co-pay	50%/NA	20%/NA	\$35/\$105 co-pay	50%/NA	20%/NA	\$35/\$105 co-pay	50%/NA	20%/NA	\$35/\$105 co-pay	50%/NA
Non-preferred prescriptions ⁶ (retail/mail order)	20%/NA	\$50/\$150 co-pay	50%/NA	20%/NA	\$50/\$150 co-pay	50%/NA	20%/NA	\$50/\$150 co-pay	50%/NA	20%/NA	\$50/\$150 co-pay	50%/NA

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.

⁶ Prescriptions filled at retail are 30-day supply; those filled through mail order are 90-day supply. Mail-order delivery not available abroad. If the cost of the prescription is less than the co-pay, the participant will pay the full cost of the prescription. Amounts above reflect what you pay. 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.