





CIGNA GLOBAL HEALTH ADVANTAGE 10+





How we make a difference

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Cigna Global Health Benefits®



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Summary of Benefits Concord Crossroads, LLC

Effective 10/1/2019

Please Note: This is a high level summary of the quoted benefits.

General Plan Provisions - All Amounts in U.S. Dollars

The following benefit design has been created to meet the needs of globally mobile employees. Our direct pay network, 24/7 customer service via 10 global customer service centers and industry leading global network allows employees to focus on their mission, while we focus on ours – to help the people we serve improve their health, well-being and sense of security.

Proposed Policy Year: 10/1/2019 -10/1/2020 Quote #:Q-00066159

OCONUS Plan - Option 4				
Plan Option 4 - 100/80/60	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network	
U.S. Medical Network		OAP		
Eligibility		US Expats		
Lifetime Maximum		Unlimited		
Calendar Year Deductible Per Individual	\$0	\$2,500	\$5,000	
· Per Family	\$0	\$5,000	\$10,000	
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	60%	
Out-of-Pocket Maximum (Includes Deductible) • Per Individual	\$0	\$6,000	\$12,000	
· Per Family	\$0	\$12,000	\$24,000	
Deductible Accumulation	Claims for a family member are covered at plan coinsurance: • When that family member satisfies the Individual Deductible -OR- • When the Family Deductible is satisfied regardless of whether or not the Individual Deductible is satisfied.			
Out-of-Pocket Accumulation	Claims for a family member are covered at 100% coinsurance: • When that family member satisfies the Individual Out-of-Pocket Maximum -OR- • When the Family Out-of-Pocket Maximum is satisfied regardless of whether or not the Individual Out-of-Pocket Maximum is satisfied.			
Network Accumulation	Plan Deductible, Out-of-Pocket, maximums and service specific maximums (dollar and occurrence) will cross-accumulate across international and domestic networks. Out-of-Pocket will: Include deductible payments; Include copay payments; Include pharmacy copays; Include pharmacy coinsurance payments; Exclude Pre-Admission Certification/Continued Stay Review penalties.			



OCONUS Plan - Option 4			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit (includes Urgent Care)	100% not subject to deductible	80% after deductible	60% after deductible
- Surgery Performed In the Physician's Office	100% not subject to deductible	80% after deductible	60% after deductible
· Allergy Treatment	100% not subject to deductible	80% after deductible	60% after deductible
Adult Routine Preventive Care	100% not subject to deductible Unlimited	100% not subject to deductible Unlimited	100% not subject to deductible Unlimited
Adult Routine Immunizations	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Travel Immunizations (Immunizations as required for travel)	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Child Routine Preventive Care	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Child Routine Immunizations	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Mammograms	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Prostate Specific Antigen (PSA)	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Pap Smear	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Colorectal Cancer Screenings	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Inpatient Hospital Facility Services	100% not subject to deductible	80% after deductible	60% after deductible
Inpatient Hospital Physician Visits/Consultations	100% not subject to deductible	80% after deductible	60% after deductible
Outpatient Facility Services	100% not subject to deductible	80% after deductible	60% after deductible
Emergency Care (Refer to certificate for coverage and exclusions) For Out of Network - if true emergency, then 80% after plan deductible.	100% not subject to deductible	80% after deductible	60% after deductible
Ambulance	100% not subject to deductible	100% after deductible	100% after deductible



OCONUS Plan - Option 4			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Laboratory and Radiology Services (including pre-admission testing and Advanced Radiologic Imaging)	100% not subject to deductible	80% after deductible	60% after deductible
Skilled Nursing Facility - Calendar Year Maximum	100% not subject to deductible 120 Days	80% after deductible 120 Days	60% after deductible 120 Days
Home Health Care - Calendar Year Maximum	100% not subject to deductible 120 Visits	80% after deductible 120 Visits	60% after deductible 120 Visits
Hospice (Inpatient)	100% not subject to deductible	80% after deductible	60% after deductible
Hospice (Outpatient/Home)	100% not subject to deductible	80% after deductible	60% after deductible
Short-Term Rehabilitation Physical Therapy	100% not subject to deductible Days Unlimited	80% after deductible Days Unlimited	60% after deductible Days Unlimited
Short-Term Rehabilitation Physio Therapy	100% not subject to deductible Days Unlimited	80% after deductible Days Unlimited	60% after deductible Days Unlimited
Short-Term Rehabilitation Occupational Therapy	100% not subject to deductible 60 Days Combined Maximum	80% after deductible 60 Days Combined Maximum	60% after deductible 60 Days Combined Maximum
Chiropractic Care - Calendar Year Maximum	100% not subject to deductible Unlimited	80% after deductible Unlimited	60% after deductible Unlimited
Maternity Care Services · Initial Visit to Confirm Pregnancy	100% not subject to deductible	80% after deductible	60% after deductible
· All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100% not subject to deductible	80% after deductible	60% after deductible
Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100% not subject to deductible	80% after deductible	60% after deductible
· Delivery – Facility (Inpatient Hospital, Birthing Center)	100% not subject to deductible	80% after deductible	60% after deductible
Infertility Treatments	Diagnosis of Infertility is covered under general Physician Office Visits.		eral Physician Office
- Gift, Zift, Invitro	100% not subject to deductible	80% after deductible	60% after deductible
- Artificial Insemination	100% not subject to deductible	80% after deductible	60% after deductible



OCONUS Plan - Option 4			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Hearing Benefit 1 Exam Every 24 Months Unlimited	100% not subject to deductible	80% after deductible	60% after deductible
Hearing Device / Aids Limited to Dependent Children Under 24 Years 1 Per Ear Every 36 Months up to \$1,000	100% not subject to deductible	80% after deductible	60% after deductible
Mental Health and Substance Use Disorder Inpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
- Outpatient Office Visit	100% not subject to deductible	80% after deductible	60% after deductible
TMJ Maximums			
· Lifetime Maximum	\$1,000 Lifetime Maximum		
· Lifetime Appliance Maximum	TMJ Appliances covered as a combined maximum.		
TMJ Office Visit	100% not subject to deductible	80% after deductible	60% after deductible
TMJ Surgery	100% not subject to deductible	80% after deductible	60% after deductible



Prescription Drug Benefits			
International (Outside of the U.S.)			
Purchased outside the United States	1	00%	
Purchase	ed Inside the United States Only		
Benefit Highlights	Participating Pharmacy (U.S. In-Network)	Non-Participating Pharmacy (U.S. Out-of-Network)	
Retail Drugs Pharmacy Retail & Home Delivery	30 da	30 day supply	
Generic	\$5 copay, then 100%		
Preferred Brand Name	\$30 copay, then 100%		
Non-Preferred Brand Name	\$90 copay, then 100%		
Specialty Retail Drugs Pharmacy Retail & Home Delivery	30 day supply		
Generic	\$5 copay, then 100%	U.S. In-Network coverage only	
Preferred Brand Name	\$30 copay, then 100%	U.S. In-Network coverage only	
Non-Preferred Brand Name	\$90 copay, then 100%	U.S. In-Network coverage only	
Pharmacy Plan Features			
Dispense As Written	Included		
Formulary	Performance		
Global Step Therapy (U.S.Only)	Opt In		
Medications can be provided up to a 12-month supply in accordance with the instructions specified by a U.S. physician.			

Global Evacuation	
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats
Family Travel Arrangements	Roundtrip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days
Return of Dependent Children	Oneway Airfare at Economy Rates to return dependent children to country of residence
Repatriation of Mortal Remains	100% not subject to the deductible



Vision Plan - Included with Medical			
Included with Medical	International (Outside the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eligibility		US Expats	
Examinations One every 24 months	100% not subject to deductible	80% not subject to deductible	60% not subject to deductible
Vision Hardware One every 24 months	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Exam Maximum Benefit	Unlimited		
Hardware Maximum Benefit	\$250		



OCONUS Dental - Option 3 - No Ortho		
Eligibility		US Expats
Calendar Year Maximu Applies to: Class I Clas		\$1,000
Calendar Year Deduction Applies to: Class II Class		\$50 Individual / \$150 Family
Class I	Preventive Care For diagnostic and preventative services including: Oral Exam -2 Per Person Per Year Cleanings -2 Per Person Per Year Bitewing X-rays -2 Per Person Per Year Fluoride Applications -1 Per Person Per Year (Up to age 19) Sealants -1 Per Person Per 3 Years Diagnostic X-rays –Unlimited Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years	100% not subject to deductible
Class II	Basic Restorative For Basic Restorations: • Endodontics • Periodontics Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal Periodontal Scaling and Root Planing Repair to Bridgework and Dentures	80% after deductible
Class III	Major Restorative For Major Restorations: • Dentures • Bridgework • Crowns	50% after deductible
Class IV	Orthodontia Benefit Not Covered	Not Covered
Class V	Implants	Not Covered

Global Wellness	
Global Wellness Benefit	Basic Bundle (HA/TRA/Library/Engagement Kit)



Global Life	
Eligibility	US Expats
Employee Benefit	A flat benefit amount of \$100,000
Guaranteed Issue Amount	A flat benefit amount of \$100,000
Reduction of Benefits	To 65% at age 65 and 50% at age 70; Terminate at Retirement

Global Accidental Death & Dismemberment	
Eligibility	US Expats
Employee Benefit	A flat benefit amount of \$100,000
Reduction of Benefits To 65% at age 65 and 50% at age 70; Terminate at Retirement	
Scope of Coverage	24 Hour Coverage