



Cigna Global Plan Type -	Cigna Global Silver Plan	Cigna Global Gold Plan	Cigna Global Platinum Plan
Annual Overall Plan Limit	\$1,000,000	\$2,000,000	Unlimited
Area of Coverage	Worldwide or Worldwide excluding USA	Worldwide or Worldwide excluding USA	Worldwide or Worldwide excluding USA
Inpatient (Core) Coverage			
Deductible Options	\$0/\$375/\$750/\$1,500/\$3,000/\$7,500/\$10,000	\$0/\$375/\$750/\$1,500/\$3,000/\$7,500/\$10,000	\$0/\$375/\$750/\$1,500/\$3,000/\$7,500/\$10,000
Cost Share/OOP Max Options	0% after deductible 10% after deductible, up to \$2,000 10% after deductible, up to \$5,000 20% after deductible, up to \$2,000 20% after deductible, up to \$5,000 30% after deductible, up to \$2,000 30% after deductible, up to \$5,000	0% after deductible 10% after deductible, up to \$2,000 10% after deductible, up to \$5,000 20% after deductible, up to \$2,000 20% after deductible, up to \$5,000 30% after deductible, up to \$2,000 30% after deductible, up to \$5,000	0% after deductible 10% after deductible, up to \$2,000 10% after deductible, up to \$5,000 20% after deductible, up to \$2,000 20% after deductible, up to \$5,000 30% after deductible, up to \$2,000 30% after deductible, up to \$5,000
Hospital Charges for:			
Operating Theater	Paid In Full	Paid In Full	Paid In Full
Intensive Care	Paid In Full	Paid In Full	Paid In Full
Recovery Room	Paid In Full, Semi-Private Room	Paid In Full, Private Room	Paid In Full, Private Room
Surgeon & Anesthesia Fees	Paid In Full	Paid In Full	Paid In Full
Specialist Consultation Fees	Paid In Full	Paid In Full	Paid In Full
Accommodations for Guardian	\$1,000	\$1,000	Paid In Full
Ambulance and Air Ambulance	Paid In Full	Paid In Full	Paid In Full
Drugs & Dressings	Paid In Full	Paid In Full	Paid In Full
Pathology, radiology, and diagnostic testing (excluding Advanced Medical Imaging)	Paid In Full	Paid In Full	Paid In Full
Advanced Medical Imaging (MRI, CT, PET Scans)	\$5,000	\$10,000	Paid In Full
Organ, Bone Marrow, or Stem Cell Transplantation Services	\$5,000	\$10,000	Paid In Full
Kidney Dialysis	Paid In Full	Paid In Full	Paid In Full
Cancer Care	Paid In Full	Paid In Full	Paid In Full
Physiotherapy and Complimentary Therapies	\$2,500	\$5,000	Paid In Full
Home Nursing	\$2,500 (maximum of 30 days)	\$5,000 (maximum of 30 days)	Paid In Full
Rehabilitation	\$2,500 (maximum of 30 days)	\$5,000 (maximum of 30 days)	Paid In Full
Hospice and Palliative Care	\$2,500	\$5,000	Paid In Full
Internal Prosthetic Devices	Paid In Full	Paid In Full	Paid In Full
External Prosthetic Devices	\$3,100 per prosthetic device	\$3,100 per prosthetic device	\$3,100 per prosthetic device
Emergency Inpatient Dental Treatment	Paid In Full	Paid In Full	Paid In Full
Mental Health, Disorder & Addiction Treatment	\$5,000	\$10,000	Paid In Full
Inpatient Cash Benefit (paid to beneficiary when they have not been charged for room, board, and treatment costs)	\$100/night for up to 30 nights	\$100/night for up to 30 nights	\$200/night for up to 30 nights
Maternity Care:			
Routine Maternity Care	Not Covered	\$7,000 after a 12 months waiting period	\$14,000 after a 12 months waiting period
Complications from Maternity	Not Covered	\$14,000 after a 12 month waiting period	\$28,000 after a 12 month waiting period
Homebirths	Not Covered	\$500 after a 12 month waiting period	\$1,100 after a 12 month waiting period
Newborn Care (first 90 days after birth)	\$25,000 after a 12 months waiting period	\$75,000 after a 12 months waiting period	\$156,000 after a 12 months waiting period
Congenital Conditions	\$5,000	\$20,000	\$39,000
Outpatient Coverage			
Annual Outpatient Limit	\$10,000	\$25,000	Paid In Full
Deductible Options	\$0/\$150/\$500/\$1,000/\$1,500	\$0/\$150/\$500/\$1,000/\$1,500	\$0/\$150/\$500/\$1,000/\$1,500
Cost Share/OOP Max Options	0% after deductible 10% after deductible, up to \$3,000 20% after deductible, up to \$3,000 30% after deductible, up to \$3,000	0% after deductible 10% after deductible, up to \$3,000 20% after deductible, up to \$3,000 30% after deductible, up to \$3,000	0% after deductible 10% after deductible, up to \$3,000 20% after deductible, up to \$3,000 30% after deductible, up to \$3,000
Outpatient Services:			
Consultation with Doctors and Specialists	\$125 per visit, up to 15 visits per year	\$250 per visit, up to 30 visits per year	Paid In Full
Pre-natal & Post-natal Care	Not Covered	\$3,500 after a 12 month waiting period	\$7,000 after a 12 month waiting period
Pathology, radiology, and diagnostic testing (excluding Advanced Medical Imaging)	\$2,500	\$5,000	Paid In Full
Physiotherapy	\$2,500	\$5,000	Paid In Full
Osteopathy & Chiropractic Treatment	Paid In Full up to 15 visits	Paid In Full up to 15 visits	Paid In Full up to 30 visits
Acupuncture, Homeopathy, and Chinese Medicine	Paid In Full	Paid In Full	Paid In Full
Restorative Speech Therapy	\$2,500	\$5,000	Paid In Full
Drugs & Dressings	\$500	\$2,000	Paid In Full
Rental of Durable Medical Equipment	Paid In Full	Paid In Full	Paid In Full
Adult Vaccinations	\$250	Paid In Full	Paid In Full
Dental Accidents	\$1,000	Paid In Full	Paid In Full
Well Child Tests (max 13 visits up to age 6)	Paid In Full	Paid In Full	Paid In Full
Child Immunizations (children 17 and younger)	Paid In Full	Paid In Full	Paid In Full
Annual Routine Tests (children 15 and younger)	Paid In Full	Paid In Full	Paid In Full
Medical Evacuation			
Annual Benefit Limit	Paid In Full	Paid In Full	Paid In Full
Medical Evacuation	Paid In Full	Paid In Full	Paid In Full
Medical Repatriation	Paid In Full	Paid In Full	Paid In Full
Repatriation of Mortal Remains	Paid In Full	Paid In Full	Paid In Full
Travel Costs for an Accompanying Person	Paid In Full	Paid In Full	Paid In Full
Compassionate Visits - Travel Costs	\$1,200 (5 trips max per lifetime)	\$1,200 (5 trips max per lifetime)	\$1,200 (5 trips max per lifetime)
Compassionate Visits - Living Allowance	\$155 per day (10 days max per visit)	\$155 per day (10 days max per visit)	\$155 per day (10 days max per visit)
Health & Wellbeing			
Routine Adult Physical Examinations	\$225	\$450	Paid In Full
Pap Smear	\$225	\$450	Paid In Full
Prostate Cancer Screening	\$225 for Males age 50+	\$450 for Males age 50+	Paid In Full for Males age 50+
Mammograms for Breast Cancer Screenings	\$225 for Females age 35+	\$450 for Females age 35+	Paid In Full for Females age 35+
Bowel Cancer Screenings	\$225 for customer age 55+	\$450 for customers age 55+	Paid In Full
Bone Density Screenings	\$225	\$450	Paid In Full
Dietetic Consultations	Not covered	Not Covered	Up to 4 Consultations, Paid In Full
Life Management Assistance Programs	Paid In Full	Paid In Full	Paid In Full
Online Health Education, Assessments, and Web-based Coaching Programs	Paid In Full	Paid In Full	Paid In Full

Vision & Dental			
Eye Examination	\$100	\$200	Paid In Full
Eye Hardware: Glasses, Contact Lenses, Frames	\$155	\$155	\$310
Annual Dental Benefit Limit	\$1,250	\$2,500	\$5,500
Preventive Dental Treatment	Paid in Full After 3 Month Waiting Period	Paid in Full After 3 Month Waiting Period	Paid in Full After 3 Month Waiting Period
Routine Dental Treatment	80% Refund After 3 Month Waiting Period	90% Refund After 3 Month Waiting Period	Paid in Full After 3 Month Waiting Period
Major Restorative Dental Treatment	70% Refund After 12 Month Waiting Period, Covered at 50% prior to 12 months	80% Refund After 12 Month Waiting Period, Covered at 50% prior to 12 months	Paid In Full After 12 Month Waiting Period, Covered at 50% prior to 12 months
Orthodontic Treatment	40% Refund after 24 Month Waiting Period	50% Refund after 24 Month Waiting Period	50% Refund after 24 Month Waiting Period

Notes:

- *Benefits function the same whether Inside or Outside the US. For Out-of-Network US claims, customers will be responsible for an extra 20% of the billed service amount.
- *The \$400 Health & Wellbeing limit for the Close Care plan is an aggregate limit for Pap Smears, Prostate, Mammograms, Bowel, and Bone Density Screenings.
- *Coverage in the customer's country of nationality is limited to 180 cumulative days per policy period (12 months).
- *All amounts shown above indicate the dollar limit Cigna will pay, per person, per policy period (12 months).
- *Deductibles and Out of Pocket Maximums are calculated per person. Out of Pocket Maximums do not include Deductibles.
- *All applicants are required to answer 5 medical underwriting questions prior to approval.