



Insured and/or administered by:  
**Cigna Health and Life Insurance Company**

## Embassy of Oman Cultural Division

Benefits at a Glance  
 Policy #07573A  
 Plan Start Date September 1, 2020

**This plan provides minimum essential coverage.**

**Please Note: This is a high level summary of your benefits. Please see your certificate booklet for detailed benefits and exclusions.**

Cigna Global Customer Service		
<b>Toll Free Telephone Number:</b>	1.800.441.2668	
<b>Direct Telephone:</b>	1.302.797.3100 (collect calls accepted)	
<b>Toll Free Fax Number:</b>	1.800.243.6998	
<b>Direct Fax Number:</b>	001.302.797.3150	
<b>Secure Website:</b>	<a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a> . Registration is required. (See member kit for registration information.) Secure email available at this site.	
<b>Mail Delivery:</b>	Cigna Global Health Benefits P.O. Box 15050 Wilmington, DE 19850-5050 U.S.A.	Cigna Global Health Benefits 300 Bellevue Parkway Wilmington, DE 19809 U.S.A

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Eligibility</b>	Refer to eligibility definition in the certificate		
<b>Lifetime Maximum</b>	Unlimited		
<b>Calendar Year Deductible</b>			
• Per Individual	\$0	\$0	\$0
• Per Family	\$0	\$0	\$0
<b>Coinsurance</b> (The percentage of covered expenses the plan pays)	100%	100%	80%
<b>Out-of-Pocket Maximum</b>			
• Per Individual	\$1,000	\$1,000	\$5,000
• Per Family	\$2,000	\$2,000	\$10,000
<b>Deductible</b> Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.			
<b>Accumulation:</b> Accumulation of Plan Deductible and Out-of-Pocket Maximums: Deductible and Out-of-Pocket Maximums will cross-accumulate between In-Network, Out-of-Network and International. All other plan maximums and service specific maximums (dollar and occurrence) will also cross-accumulate.			
Certification Requirements – For services rendered inside the United States			
Precertification for inpatient and outpatient services received in the U.S. may be required. <ul style="list-style-type: none"> <li>Providers must call our toll-free number, 1.800.441.2668 to pre-certify services.</li> <li>You or your dependents are responsible for ensuring that Out-of-Network providers pre-certify services.</li> <li>Failure to obtain precertification may affect Out-of-Pocket costs.</li> <li>This is a summary only and further details can be found in the certificate booklet.</li> </ul>			

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Physician's Services</b>			
• Physician's Office Visit	100%	100%	80%
• Surgery Performed In the Physician's Office	100%	100%	80%
• Allergy Treatment	100%	100%	80%
<b>Preventive Care</b>			
Routine Preventive Care – all ages	100%	100%	100%
Immunizations – all ages			
<b>Travel Immunizations</b> (Immunizations as required for travel)	100%	100%	100%
<b>Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings</b>	100%	100%	100%
<b>Inpatient Hospital Facility Services</b>			
• Facility	100%	100%	80%
• Physician	100%	100%	80%
<b>Outpatient Facility Services</b>	100%	100%	80%
<b>Emergency Room</b> (Refer to certificate for coverage and exclusions)	100%	\$250 per visit copay	\$250 per visit copay
<b>Urgent Care Services</b>	100%	100%	100% (except if not a true emergency, then 80%)
<b>Laboratory and Radiology Services (including pre-admission testing)</b>	100%	100%	80%
<b>Outpatient Short-Term Rehabilitation Therapy</b> Calendar Year Maximum: 60-days for all therapies combined  (The limit is not applicable to Mental Health conditions and Substance Use Disorder)  <b>Includes:</b> Cardiac and Pulmonary Rehab, Speech, Occupational and Cognitive Therapy	100%	100%	80%
<b>Outpatient Short-Term Rehabilitation Therapy Physical Therapy</b> Calendar Year Maximum: Unlimited	100%	100%	80%
<b>Chiropractic Care</b> Physician's Office Visit Calendar Year Maximum: Unlimited	100%	100%	80%

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Maternity Care Services</b>			
• Initial Visit to Confirm Pregnancy	100%	100%	80%
• All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100%	100%	80%
• Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100%	100%	80%
• Delivery – Facility (Inpatient Hospital, Birthing Center)	100%	100%	80%
<b>Hearing Benefit</b>			
• Exam: One every 24 month period	100%	100%	80%
<b>Hearing Aid Maximum</b>			
Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24	100%	100%	80%
<b>Mental Health and Substance Use Disorder</b>			
• Inpatient Facility	100%	100%	80%
• Outpatient Office Visit	100%	100%	80%

PRESCRIPTION DRUG BENEFITS		
	International (Outside of the U.S.)	
Purchased outside the United States	100%	
Purchased Inside the United States Only		
Benefit Highlights	Network Pharmacy	Non-Network Pharmacy
Certain Preventive Care Medications covered under this plan are payable at 100% with no Copayment or Deductible, when purchased from a Pharmacy. A written prescription is required. (detailed information is available at <a href="http://www.healthcare.gov">www.healthcare.gov</a> )		
You can look at Cigna’s Prescription Drug List to see if your medication is covered, if it requires Prior Authorization or Step Therapy and which tier it falls under to determine what your copay or coinsurance will be. You can view Cigna’s drug list on <a href="http://www.Cigna.com/druglist">www.Cigna.com/druglist</a> . Select “Performance 3 Tier” from the drug list drop-down menu.		
Dispense as Written (DAW) – you will pay the copay/coinsurance plus the difference in the cost between the brand name and generic medication unless your doctor requests the brand name medication.		
Prescription Drug Products at Retail Pharmacies	The amount you pay for each 30 day supply	
Tier 1 – Generic Drugs on the Prescription Drug List	No charge after \$0 copay	20%
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	No charge after \$10 copay	20%
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after \$10 copay	20%
Prescription Drug Products at Retail Pharmacies	The amount you pay for each 90 day supply	
Tier 1 – Generic Drugs on the Prescription Drug List	No charge after \$0 copay	20%
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	No charge after \$30 copay	20%
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after \$30 copay	20%
Prescription Drug Products at Home Delivery Pharmacies	The amount you pay for each 90 day supply	
Tier 1 – Generic Drugs on the Prescription Drug List	No charge after \$0 copay	In-Network coverage only
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	No charge after \$30 copay	In-Network coverage only
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after \$30 copay	In-Network coverage only

Global Vision Care			
	International (Outside the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Examinations</b> One Eye Exam every 12 consecutive months	100%	100%	80%
<b>Vision Hardware</b>			
<b>Lenses &amp; Frames</b> One pair of glasses or contact lenses per 12 consecutive months (Including Tints and Coating)	100%	100%	100%
<b>Maximum Benefit</b> Every 12 months	\$200		

Emergency Evacuation	
<b>Toll Free telephone number:</b>	1.800.441.2668
<b>Emergency Evacuation</b>	100% of covered expenses not subject to the deductible for services approved by Cigna.
<b>Family Travel Arrangements</b>	Economy round-trip airfare to the place of hospitalization for one family member for hospitalizations in excess of 7 days
<b>Return of Dependent Children</b>	One-way economy airfare to return dependent children to their country of residence
<b>Repatriation of Mortal Remains</b>	100% coverage

Group Term Life Insurance	
Classification	Amount of Insurance
<b>Employee Benefit</b>	Flat Amount \$10,000

Group Accidental Death & Dismemberment (AD&D) Insurance	
Classification	Principal Amount
<b>Employee Benefit</b>	Flat Amount \$10,000

Age Based Reductions	
If you are age 65 or older, your Life Insurance and AD&D Benefits are payable as follows:	
<b>Age 65 to 69</b>	65% of Life Insurance and AD&D Benefits
<b>Age 70 and over</b>	50% of Life Insurance and AD&D Benefits

If the Life Insurance Amount for which an employee is eligible exceeds the guaranteed issue amount, evidence of insurability for the excess insurance must be provided to the Insurance Company. Please refer to your certificate booklet to see if evidence of insurability applies.