



# Cigna StudyWell®

Summary of Benefits for:

Policy Number:

Global Health Benefits

All sources and disclosures are at the end of this document.  
980153 06/24 © 2024 Cigna Healthcare. Some content provided under license.



Offered by Cigna Health and Life Insurance Company or its affiliates.



Insured and/or administered by:  
Cigna Global Insurance Company Limited

## Everett Community College

Benefits at a Glance  
Global Plan for all covered Members  
Policy # 10664A

### This plan provides minimum essential coverage.

NOTE: This information is a general description of benefits and is not a contract. Refer to your certificate booklet for complete details of coverage and exclusions. If there is any difference between this summary and the certificate, the information in the certificate will apply. Please note that your plan does not cover expenses for services which are not medically necessary.

Cigna Healthcare, Global Health Benefits 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 Healthcare P.O. Box 15050 Wilmington DE 19850-5050 U.S.A.	Cigna Healthcare 300 Bellevue Parkway Wilmington DE 19809 U.S.A.

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

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Area of Cover</b>	Worldwide		
<b>U.S. Medical Network</b>	OAP		
<b>Eligibility</b>	Refer to eligibility definition in the certificate		
<b>Lifetime Maximum</b>	\$500,000		
<b>Annual Maximum</b>	\$500,000		
<b>Policy Year Deductible</b> · Per Individual	\$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	\$5,000	\$5,000	\$5,000



## Global Medical Plan

### Deductible Calculation

Claims for a member are covered at plan coinsurance:  
When that member satisfies the Individual Deductible

### Out-of-Pocket Calculation

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.

### Network Accumulation

Plan Deductible, Out-of-Pocket, maximums and service specific maximums (dollar and occurrence) will cross-accumulate across international and domestic networks.

## Certification Requirements - For services rendered inside the United States

Precertification for inpatient and outpatient services received in the U.S. may be required.

- Providers must call our toll-free number, 1.800.441.2668 to pre-certify services.
- You or your dependents are responsible for ensuring that Out-of-Network providers pre-certify services.
- Failure to obtain precertification may affect Out-of-Pocket costs.
- This is a summary only and further details can be found in the certificate booklet.



	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Physician's Services</b> • Physician's Office Visit  • Specialty Care Physician's Office Visit  • Surgery Performed In the Physician's Office	100%	\$20 copay, then 100%	80%
<b>Student Health Center</b> <i>(if applicable)</i>	Not Covered	Not Covered	Not Covered
<b>Preventive Care</b> • Routine Preventive Care • Policy Year Maximum: \$2,000 • Immunizations	100%	100%	80%
<b>Travel Immunizations</b> (Immunizations as required for travel)	100%	100%	80%
<b>Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings</b>	100%	100%	80%
<b>Inpatient Hospital</b> • Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate) • Inpatient Hospital Physician Visits/Consultations • Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100%	\$100 copay, then 100%	80%
<b>Outpatient Services</b> • Outpatient Facility Services • Outpatient Professional Services	100%	100%	80%
<b>Emergency Room</b>	100%	\$100 per visit copay, then 100%	\$100 per visit copay, then 100%
<b>Urgent Care Services</b>	100%	\$20 copay, then 100%	80%
<b>Ambulance</b>	100%	100%	100%



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Laboratory Services</b> • Physician Office Visit • Outpatient Facility • Laboratory Services at an Independent Lab facility	100% 100% 100%	100% 100% 100%	80% 80% 80%
<b>Radiology Services</b> • Physician Office Visit • Outpatient Facility	100% 100%	100% 100%	80% 80%
<b>Advanced Radiology</b> (i.e., MRIs, MRAs, CAT Scans, PET Scans) • Physician Office Visit • Inpatient Facility • Outpatient Facility	100% 100% 100%	100% \$100 copay, then 100% 100%	80% 80% 80%
<b>Outpatient Therapy Services</b> • Physician Office Visit • Outpatient Hospital Facility Policy Year Maximum:	100% 100%	\$20 copay, then 100% \$20 copay, then 100%	80% 80%
20 Days for all Therapies Combined			
The limit is not applicable to Mental Health and Substance Use Disorder conditions. <i>Includes:</i> Cardiac and Pulmonary Rehab, Speech, Occupational, Cognitive, and Physical Therapy / Physiotherapy.			



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Chiropractic Care</b> Policy Year Maximum: 10 Days	100%	100%	80%
<b>Acupuncture</b> Policy Year Maximum: 10 Visits	100%	\$20 copay, then 100%	80%
<b>Maternity Care Services</b>			
· Initial Visit to Confirm Pregnancy	100%	\$20 copay, then 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%	\$20 copay, then 100%	80%
· Delivery – Facility			
· Inpatient Hospital	100%	\$100 copay, then 100%	80%
· Birthing Center	100%	\$100 copay, then 100%	80%

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Infertility, Fertility and Conception Services</b> <ul style="list-style-type: none"> <li>Physician Office Visit and Counseling</li> <li>Lab and Radiology Tests</li> <li>Inpatient Facility</li> <li>Outpatient Facility</li> </ul>	Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered
<b>Hearing Exam</b>	Not Covered	Not Covered	Not Covered
<b>Hearing Device / Aids</b> <ul style="list-style-type: none"> <li>Limited to Dependent Children Under 24 Years</li> <li>1 Per Ear Every 36 Months up to \$1,000</li> </ul>	100%	100%	80%
<b>Dental Care</b> Limited to changes made for a continuous course of dental treatment started within six months of an injury to teeth <ul style="list-style-type: none"> <li>Physician Office Visit</li> <li>Inpatient Facility</li> <li>Outpatient Facility</li> </ul> Policy Year Maximum: \$500	100% 100% 100%	\$20 copay, then 100% \$100 copay, then 100% 100%	80% 80% 80%
<b>Mental Health</b> <ul style="list-style-type: none"> <li>Physician Office Visit</li> <li>Outpatient Facility</li> </ul> Maximum: 30 Visits (applies to Physician Office Visit and Outpatient Facility, as is combined with Substance Use Disorder) <ul style="list-style-type: none"> <li>Inpatient Facility</li> </ul> Maximum: 30 Days (combined with Substance Use Disorder)	100% 100% 100%	\$20 copay, then 100% 100% \$100 copay, then 100%	80% 80% 80%
<b>Substance Use Disorder</b> <ul style="list-style-type: none"> <li>Physician Office Visit</li> <li>Outpatient Facility</li> </ul> Maximum: 30 Visits (applies to Physician Office Visit and Outpatient Facility, as is combined with Mental Health) <ul style="list-style-type: none"> <li>Inpatient Facility</li> </ul> Maximum: 30 Days (combined with Mental Health)	100% 100% 100%	\$20 copay, then 100% 100% \$100 copay, then 100%	80% 80% 80%





## Prescription Drug Benefits

### International (Outside of the U.S.)

<b>Purchased outside the United States</b>	No Charge, not subject to plan deductible
--	---

### Purchased Inside the United States Only

<b>Benefit Highlights</b>	<b>Network Pharmacy (U.S. In-Network)</b>	<b>Non-Network Pharmacy (U.S. Out-of-Network)</b>
<b>Prescription Drug Products at Retail Pharmacies</b>	<b>The amount you pay for up to a consecutive 30-day supply</b>	
<b>Tier 1 - Generic Drugs on the Prescription Drug List</b>	No charge after you pay the \$10 copay	You pay 20% not subject to plan deductible
<b>Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List</b>	No charge after you pay the \$25 copay	You pay 20% not subject to plan deductible
<b>Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List</b>	No charge after you pay the \$50 copay	You pay 20% not subject to plan deductible
<b>Prescription Drug Products at Home Delivery Pharmacies</b>	<b>The amount you pay for up to a consecutive 90-day supply</b>	
<b>Tier 1 - Generic Drugs on the Prescription Drug List</b>	No charge after you pay the \$30 copay	In-Network coverage only
<b>Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List</b>	No charge after you pay the \$75 copay	In-Network coverage only
<b>Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List</b>	No charge after you pay the \$150 copay	In-Network coverage only

### Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only

<b>Prescription Drug List</b>	Advantage 3-Tier
<b>Dispense As Written</b>	If you request to fill a brand name drug that has a generic equivalent available, you will be financially responsible for the difference in cost between the brand name and the generic drug, plus any required brand name drug copayment and/or coinsurance, if applicable. However, if your doctor has determined a generic drug is not an acceptable alternative for you, you will only be responsible for payment of the appropriate brand name drug copayment and/or coinsurance, if applicable
<b>Utilization Management</b>	Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for your medical condition
<b>Step Therapy</b>	Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, please refer to your prescription drug list.
<b>Prior Authorization</b>	Coverage for certain drugs require your Physician to obtain prior authorization from Cigna. To identify whether a particular drug requires prior authorization, please refer to your prescription drug list.
<b>Quantity Limits</b>	Includes maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits

To see if your medication is covered, you can view Cigna's Prescription Drug List by going to [www.Cigna.com/druglist](http://www.Cigna.com/druglist) and select "Advantage 3-Tier"





### Global Evacuation Plan & Repatriation Plan - \$100,000

<b>Toll Free telephone number</b>	1.800.441.2668
<b>Emergency Medical Evacuation</b>	100% of covered expenses for approved services.
<b>Family Travel Arrangements</b>	Roundtrip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days
<b>Return of Dependent Children</b>	One-way Airfare at Economy Rates to return dependent children to country of residence
<b>Repatriation of Mortal Remains</b>	100% coverage

### Global Telehealth

<b>Teladoc Health International</b>	Global telehealth gives you no cost 24/7 access to licensed doctors for non-emergency health issues. Common outreaches include fever, rash, pain, non-emergency pediatric care, and more. Referrals to specialists and prescriptions available when medically necessary and locally permitted. Telephone or video consultations can be arranged through Cigna Envoy ( <a href="http://cignaenvoy.com">cignaenvoy.com</a> ).
-------------------------------------	---

### Global Vision Plan

	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
<b>Examinations</b> One every 12 consecutive months	100%	100%	
<b>Lenses and Frames or Contacts</b> One every 12 consecutive months	100%	100%	
<b>Exam Maximum Benefit</b>	Unlimited		
<b>Hardware Maximum Benefit</b>	\$100		



## Global Dental Plan

Policy Year Maximum		\$500
Combined for: Class I Class II		
<b>Class I</b>	<b>Preventive Care</b> For diagnostic and preventative services including: <ul style="list-style-type: none"> <li>• Oral Exam -2 Per Person Per Year</li> <li>• Cleanings -2 Per Person Per Year</li> <li>• Bitewing X-rays -2 Per Person Per Year</li> <li>• Fluoride Applications -1 Per Person Per Year (Up to age 19)</li> <li>• Sealants -1 Treatment per Posterior Tooth per 3 Years</li> <li>• Diagnostic X-rays –Unlimited</li> <li>• Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years</li> </ul>	100%
<b>Class II</b>	<b>Basic Restorative</b> For Basic Restorations: <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics Maintenance</li> <li>• Oral Surgery</li> <li>• Fillings</li> <li>• Root Canal</li> <li>• Periodontal Scaling and Root Planing</li> <li>• Repair to Bridgework and Dentures</li> </ul>	100%

## Global Accidental Death & Dismemberment

<b>Member Benefit</b>	A flat benefit amount of \$10,000
<b>Reduction of Benefits</b>	To 65% at age 65 and 50% at age 70; Terminate at Retirement
<b>Scope of Coverage</b>	24 Hour Coverage

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna Life Insurance Company of Canada, Cigna Global Insurance Company Limited, Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law.



## We're here for you, anytime you need us, 24/7/365 customer service

Cigna Healthcare<sup>SM</sup>, Global Health Benefits delivers world-class customer service and support to our clients and their globally mobile employees – at every stage of a global assignment. It does not matter where our clients or customers are working or what time zone – our global service center is open 24 hours a day, seven days a week.

You can also contact Cigna Healthcare through the secure mailbox in [Cigna Envoy](#)<sup>®</sup>.\*

### Contact us options

Toll-free telephone number .....	<b>+1.800.441.2668</b>
Toll-free TDD telephone number (for the hearing impaired) .....	<b>+1.800.558.3604</b>
Direct phone (collect calls accepted) .....	<b>+1.302.746.3059</b>
Toll-free facsimile number .....	<b>+1.800.243.6998</b>
Direct facsimile number (inside the U.S.) .....	<b>+1.302.797.3150</b>
Website .....	<b><a href="#">CignaEnvoy.com</a></b>

## Global Health Benefits



\*Web-based tools, such as Cigna Envoy<sup>®</sup> are available for informational purposes only. These tools are not intended to be a substitute for medical care provided by a physician. The listing of a health care professional or facility in the mobile directories available through the Cigna Envoy mobile app does not guarantee that the services rendered by that professional or facility are covered under your benefits plan. Refer to your plan documents, or call the number listed on your ID card, for information about the services covered under your plan benefits. References to non-partnered organizations or companies, and/or their products, processes or services, do not necessarily constitute an endorsement or warranty thereof.

Product availability may vary by location and plan type and is subject to change. Products may not be available in all jurisdictions and are excluded where prohibited by law. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Life Insurance Company of Canada. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates.

980153 06/24 © 2024 Cigna Healthcare. Some content provided under license. All rights reserved.