



Insured and/or administered by:

Cigna Health and Life Insurance Company

Chevron Corporation

Benefits at a Glance

05721A008, A010-Global Choice Plan (US Payroll Expatriates)
Policy # 05721A008, A010-Global Choice Plan (US Payroll Expatriates)
Plan Start Date January 1, 2025

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 Global Customer Service		
Toll Free Telephone Number:	1.800.441.2668	
Direct Telephone:	1.302.797.3100 (collect calls accepted)	
Toll Free Fax Number:	1.800.243.6998	
Direct Fax Number:	001.302.797.3150	
Secure Website:	www.CignaEnvoy.com . Registration is Required (See member kit for registration information.) Secure email available at this site.	
Mail Delivery:	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.

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
Area of Cover	Worldwide		
U.S. Medical Network	OAP		
Eligibility	Refer to eligibility definition in the certificate		
Lifetime Maximum	Unlimited		
Annual Maximum	Unlimited		
Calendar Year Deductible · Per Individual	\$300	\$300	\$300
· Per Family	\$900	\$900	\$900
Coinsurance (The percentage of covered expenses the plan pays)	90%	90%	80%
Out-of-Pocket Maximum (Excludes Deductible) · Per Individual	\$2,000	\$2,000	\$2,000
· Per Family	\$6,000	\$6,000	\$6,000



Global Medical Plan

Deductible Calculation

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 Calculation

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.

Out-of-Pocket will: Exclude deductible payments; Exclude 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
Physician's Services · Physician's Office Visit · Surgery Performed In the Physician's Office	\$25 copay, then 100% not subject to deductible \$25 copay, then 100% not subject to deductible	\$25 copay, then 100% not subject to deductible \$25 copay, then 100% not subject to deductible	80% after deductible 100% not subject to deductible
Preventive Care · Routine Preventive Care - Adult · Immunizations - Adult · Routine Preventive Care - Child · Immunizations - Child	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 100% not subject to deductible 100% not subject to deductible 100% not subject to deductible	100% not subject to deductible 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	80% after deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
Inpatient Hospital · Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate) · Inpatient Hospital Physician Visits/Consultations · Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	90% after deductible 90% after deductible 90% after deductible	90% after deductible 90% after deductible 90% after deductible	80% after deductible 80% after deductible 80% after deductible
Outpatient Services · Outpatient Facility Services · Outpatient Professional Services	90% after deductible 90% after deductible	90% after deductible 90% after deductible	80% after deductible 80% after deductible
Emergency Room	90% after deductible	90% after deductible	90% after deductible
Urgent Care Services	\$25 copay, then 100% not subject to deductible	\$25 copay, then 100% not subject to deductible	80% after deductible
Ambulance	100% after deductible	100% after deductible	100% after deductible



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Laboratory Services · Physician Office Visit · Outpatient Facility · Laboratory Services at an Independent Lab facility	90% after deductible 90% after deductible 90% after deductible	90% after deductible 90% after deductible 90% after deductible	80% after deductible 80% after deductible 80% after deductible
Radiology Services · Physician Office Visit · Outpatient Facility	90% after deductible 90% after deductible	90% after deductible 90% after deductible	80% after deductible 80% after deductible
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans) · Physician Office Visit · Inpatient Facility · Outpatient Facility	90% after deductible 90% after deductible 90% after deductible	90% after deductible 90% after deductible 90% after deductible	80% after deductible 80% after deductible 80% after deductible
Outpatient Therapy Services · Physician Office Visit · Outpatient Hospital Facility Calendar Year Maximum:	\$25 copay, then 100% not subject to deductible 90% after deductible	\$25 copay, then 100% not subject to deductible 90% after deductible	80% after deductible 80% after deductible
The limit is not applicable to Mental Health and Substance Use Disorder conditions. Note: The Outpatient Therapy Services maximum does not apply to the treatment of Autism <i>Includes:</i> Cardiac and Pulmonary Rehab, Speech, Occupational and Cognitive Therapy			



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Outpatient Therapy Services - Physical Therapy / Physiotherapy · Physician Office Visit · Outpatient Hospital Facility Calendar Year Maximum: Unlimited for all Therapies Combined	100% not subject to deductible 90% after deductible	100% not subject to deductible 90% after deductible	80% after deductible 80% after deductible
Chiropractic Care Calendar Year Maximum: Unlimited	100% not subject to deductible	100% not subject to deductible	80% after deductible
Maternity Care Services · Initial Visit to Confirm Pregnancy · All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) · Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist · Delivery – Facility · Inpatient Hospital · Birthing Center	100% not subject to deductible 100% not subject to deductible \$25 copay, then 100% not subject to deductible 90% after deductible 90% after deductible	100% not subject to deductible 100% not subject to deductible \$25 copay, then 100% not subject to deductible 90% after deductible 90% after deductible	80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Infertility, Fertility and Conception Services · Physician Office Visit and Counseling · Lab and Radiology Tests · Inpatient Facility · Outpatient Facility	Coverage will be provided for the following services: · GIFT, ZIFT, etc. · In-vitro · Artificial Insemination		
	\$25 copay, then 100% not subject to deductible	\$25 copay, then 100% not subject to deductible	80% after deductible
	90% after deductible	90% after deductible	80% after deductible
	90% after deductible	90% after deductible	80% after deductible
	90% after deductible	90% after deductible	80% after deductible
Hearing Exam · Diamond Benefit: Specified Visit 1 per 365 Elapsed Days	100% not subject to deductible	100% not subject to deductible	80% after deductible
Hearing Device / Aids · Limited to Dependent Children Under 24 Years · 1 Per Ear Every 2 Calendar Years up to \$2,500	90% after deductible	90% after deductible	90% after deductible
Mental Health · Physician Office Visit · Inpatient Facility Maximum: (combined with Substance Use Disorder) · Outpatient Facility Maximum: (combined with Substance Use Disorder)	100% not subject to deductible	90% not subject to deductible to a maximum of \$25	80% after deductible
	90% after deductible	90% after deductible	80% after deductible
	90% after deductible	Unlimited	80% after deductible
Substance Use Disorder · Physician Office Visit · Inpatient Facility Maximum: (combined with Mental Health) · Outpatient Facility Maximum: (combined with Mental Health)	100% not subject to deductible	90% not subject to deductible to a maximum of \$25	80% after deductible
	90% after deductible	90% after deductible	80% after deductible
	90% after deductible	Unlimited	80% after deductible
	90% after deductible	90% after deductible	80% after deductible
Important Note on Mental Health & Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to the sections titled "Mental Health" and "Substance Use Disorder".			

Prescription Drug Benefits	
International (Outside of the U.S.)	
Purchased outside the United States	You pay 10% not subject to plan deductible

Global Telehealth

Teladoc Health International	Available 24/7 via the Cigna Wellbeing App and Envoy Home Page (cignaenvoy.com), Global Telehealth gives you access to licensed doctors around the world. • Video or phone consultations with licensed doctors when medically necessary • Prescriptions for common health concerns when medically necessary and permitted • Treating medical conditions like fever, rash, pain and more • Assistance with preparations for an upcoming consultation • Discussing medication plan and potential side effects • Diagnosing non-emergency health issues ranging from acute conditions to complex chronic conditions
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