



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

Chevron Corporation

Benefits at a Glance

Policy # 05721A009, A011-Global Choice Plan (Expatriates in the US)

Plan Start Date January 1, 2022

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		
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	\$0	\$0	\$0
· Per Family	\$0	\$0	\$0
Coinsurance (The percentage of covered expenses the plan pays)	100%	100%	70%
Out-of-Pocket Maximum			
· Per Individual	Unlimited	Unlimited	\$2,000
· Per Family	Unlimited	Unlimited	\$6,000



Global Medical Plan	
Deductible Calculation	Claims for a family member are covered at plan coinsurance: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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; Exclude 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	100%	100%	70%
Preventive Care · Routine Preventive Care - Adult · Immunizations - Adult · Routine Preventive Care - Child · Immunizations - Child	100%	100%	100%
Travel Immunizations (Immunizations as required for travel)	100%	100%	70%
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100%	100%
Inpatient Hospital · Inpatient Hospital - Facility Services · Inpatient Hospital Physician Visits/Consultations · Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100%	100%	70%
Outpatient Services · Outpatient Facility Services · Outpatient Professional Services	100%	100%	70%
Emergency Room	100%	100%	100%
Urgent Care Services	100%	100%	70%
Ambulance	100%	100%	100%



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Laboratory Services			
· Physician Office Visit	100%	100%	70%
· Outpatient Facility	100%	100%	70%
· Laboratory Services at an Independent Lab facility	100%	100%	70%
Radiology Services			
· Physician Office Visit	100%	100%	70%
· Outpatient Facility	100%	100%	70%
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans)			
· Physician Office Visit	100%	100%	70%
· Inpatient Facility	100%	100%	70%
· Outpatient Facility	100%	100%	70%
Short-Term Rehabilitation			
· Physician Office Visit	100%	100%	70%
· Outpatient Hospital Facility	100%	100%	70%
Calendar Year Maximum:	120 Days for all Therapies Combined		
<p>The limit is not applicable to Mental Health and Substance Use Disorder conditions. Note: The Short-Term Rehabilitation Therapy maximum does not apply to the treatment of Autism <i>Includes:</i> Cardiac and Pulmonary Rehab, Speech, Occupational and Cognitive Therapy</p>			



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Short-Term Rehabilitation - Physical Therapy / Physiotherapy · Physician Office Visit · Outpatient Hospital Facility Calendar Year Maximum: Unlimited for all Therapies Combined	100%	100%	70%
Chiropractic Care Calendar Year Maximum: Unlimited	100%	100%	70%
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%	100%	70%



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Infertility Services · Physician Office Visit and Counseling · Lab and Radiology Tests · Inpatient Facility · Outpatient Facility	Diagnosis of Infertility is covered under general Physician Office Visits. Coverage will be provided for the following services: · GIFT, ZIFT, etc. · In-vitro · Artificial Insemination		
	100%	100%	70%
	100%	100%	70%
	100%	100%	70%
	100%	100%	70%
Hearing Exam · 1 Exam Every 12 Months	100%	100%	70%
Hearing Device / Aids · Limited to Dependent Children Under 26 Years · 1 Per Ear Every 2 Calendar Years up to \$2,500	100%	100%	100%
Mental Health · Physician Office Visit · Inpatient Facility · Outpatient Facility	Not Covered	Not Covered	Not Covered
	Not Covered	Not Covered	Not Covered
	Not Covered	Not Covered	Not Covered
Substance Use Disorder · Physician Office Visit · Inpatient Facility · Outpatient Facility	Not Covered	Not Covered	Not Covered
	Not Covered	Not Covered	Not Covered
	Not Covered	Not Covered	Not Covered

Prescription Drug Benefits	
International (Outside of the U.S.)	
Purchased outside the United States	No Charge



Global Telehealth

Teladoc Health International	Available 24/7 via the Cigna Wellbeing App, Global Telehealth gives you access to licensed doctors around the world. <ul style="list-style-type: none">• 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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