Insured and/or administered by:

Cigna Health and Life Insurance Company

Chevron Corporation

Benefits at a Glance
Policy # 05721A008. A010-Global Choice Plan (US Payroll Expatriates)
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: **Direct Telephone:** **Toll Free Fax Number:** **Direct Fax Number:**	1.800.441.2668 1.302.797.3100 (collect calls accepted) 1.800.243.6998 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 · Per Family	$300 $900	$300 $900	$300 $900
Coinsurance (The percentage of covered expenses the plan pays)	90%	90%	80%
Out-of-Pocket Maximum (Excludes Deductible) · Per Individual · Per Family	$2,000 $6,000	$2,000 $6,000	$2,000 $6,000

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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; 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.

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	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit	$25 copay, then 100% not subject to deductible	$25 copay, then 100% not subject to deductible	80% after deductible
· Surgery Performed In the Physician's Office	$25 copay, then 100% not subject to deductible	$25 copay, then 100% not subject to deductible	100% not subject to deductible
Preventive Care			
· Routine Preventive Care - Adult	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
· Immunizations - Adult	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
· Routine Preventive Care - Child	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible
· Immunizations - Child	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	90% after deductible	90% after deductible	80% after deductible
· Inpatient Hospital Physician Visits/Consultations	90% after deductible	90% after deductible	80% after deductible
· Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	90% after deductible	90% after deductible	80% after deductible
Outpatient Services			
· Outpatient Facility Services	90% after deductible	90% after deductible	80% after deductible
· Outpatient Professional Services	90% after deductible	90% 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	90% after deductible	90% after deductible	80% after deductible
· Outpatient Facility	90% after deductible	90% after deductible	80% after deductible
· Laboratory Services at an Independent Lab facility	90% after deductible	90% after deductible	80% after deductible
Radiology Services			
· Physician Office Visit	90% after deductible	90% after deductible	80% after deductible
· Outpatient Facility	90% after deductible	90% after deductible	80% after deductible
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans)			
· Physician Office Visit	90% after deductible	90% after deductible	80% after deductible
· Inpatient Facility	90% after deductible	90% after deductible	80% after deductible
· Outpatient Facility	90% after deductible	90% after deductible	80% after deductible
Short-Term Rehabilitation			
· Physician Office Visit	$25 copay, then 100% not subject to deductible	$25 copay, then 100% not subject to deductible	80% after deductible
· Outpatient Hospital Facility	90% after deductible	90% after deductible	80% after deductible
Calendar Year Maximum:	120 Days for all Therapies Combined		
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 *Includes:* 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**
Short-Term Rehabilitation - Physical Therapy / Physiotherapy			
· Physician Office Visit	100% not subject to deductible	100% not subject to deductible	80% after deductible
· Outpatient Hospital Facility	90% after deductible	90% after deductible	80% after deductible
Calendar Year Maximum: Unlimited for all Therapies Combined			
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	100% not subject to deductible	100% not subject to deductible	80% after deductible
· All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100% not subject to deductible	100% not subject to deductible	80% after deductible
· Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	$25 copay, then 100% not subject to deductible	$25 copay, then 100% not subject to deductible	80% after deductible
· Delivery – Facility			
· Inpatient Hospital	90% after deductible	90% after deductible	80% after deductible
· Birthing Center	90% after deductible	90% after deductible	80% after deductible

Global Medical Plan			
	International (Outside of the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Infertility Services	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		
· Physician Office Visit and Counseling	$25 copay, then 100% not subject to deductible	$25 copay, then 100% not subject to deductible	80% after deductible
· Lab and Radiology Tests	90% after deductible	90% after deductible	80% after deductible
· Inpatient Facility	90% after deductible	90% after deductible	80% after deductible
· Outpatient Facility	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 26 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	Not Covered	Not Covered	Not Covered
· Inpatient Facility	Not Covered	Not Covered	Not Covered
· Outpatient Facility	Not Covered	Not Covered	Not Covered
Substance Use Disorder · Physician Office Visit	Not Covered	Not Covered	Not Covered
· Inpatient Facility	Not Covered	Not Covered	Not Covered
· Outpatient Facility	Not Covered	Not Covered	Not Covered

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, 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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