Cigna StudyWell®

Summary of Benefits for:
GARRISON FOREST SCHOOL

Policy Number: **10772A**

After entering the client name and policy number, click the Cigna logo to finalize the document. This will render the fillable fields uneditable, so be sure to save the final PDF under a different file name.

Global Health Benefits

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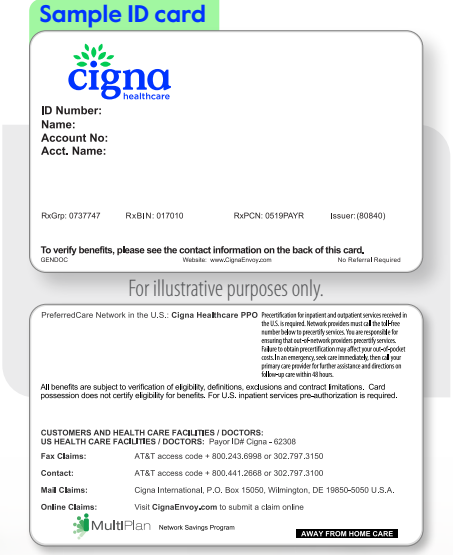
An A+ international student benefits experience goes beyond the numbers.

Studying away from home brings its own set of challenges for students of all ages. That's why Cigna Healthcare,® Global Health Benefits provides quality international student benefits that go beyond deductibles and coinsurance. You'll find an at-a-glance overview of those details on the following pages. But first, take a look at the added benefits and resources available below. They're specifically designed with international students in mind.

Convenient care access, tools and resources

- Large national network of providers – ranked #1 carrier for network in U.S.[1] – helps ensure care is nearby
- 24/7 telehealth[2] access allows students to connect with doctors anytime, from anywhere
- Cigna Envoy®, our customized online health resource, makes it easy to access ID cards; find nearby doctors and hospitals; submit claims; sign up for Electronic Funds Transfer (EFT) to deposit and claim reimbursements and more – all from [3] or via the **Cigna Envoy app**[4]

Sample ID card



Dedicated guidance and support

- International Member Assistance Program (IMAP) offers personalized guidance, referrals to local resources, and short-term counseling for anything from personal issues to physical and mental health concerns
- Guided Health Advisor helps identify and navigate student health needs prior to arrival on campus
- Cigna StudyWell 24/7 student support team available in 170 languages[5]

Robust mental health support

- Providers that understand students and their needs
- 100% follow-up on appointments
- In-person or virtual appointment options with increased availability for mental health needs

Insured and/or administered by:

Cigna Global Insurance Company Limited

GARRISON FOREST SCHOOL

Benefits at a Glance
Global Plan for all covered Members
Policy # 10772A
Plan Start Date August 1, 2026

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		
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 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
Area of Cover	Worldwide		
U.S. Medical Network	OAP		
Eligibility	Refer to eligibility definition in the certificate		
Lifetime Maximum	Unlimited		
Annual Maximum	$1,000,000		
Policy Year Deductible · Per Individual · Per Family	$0 $0	$0 $0	$0 $0
Coinsurance (The percentage of covered expenses the plan pays)	100%	100%	80%
Out-of-Pocket Maximum · Per Individual · Per Family	$0 $0	$0 $0	$0 $0

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: 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.

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit	100%	100%	80%
· Surgery Performed In the Physician's Office	100%	100%	80%
Student Health Center *(if applicable)*	Not Covered	100%	100%
Preventive Care			
· Routine Preventive Care	100%	100%	80%
· Policy Year Maximum: $250			
· Immunizations	100%	100%	80%
Travel Immunizations (Immunizations as required for travel)	100%	80%	80%
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100%	80%
Inpatient Hospital			
· Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate)	100%	100%	80%
· Inpatient Hospital Physician Visits/Consultations	100%	100%	80%
· Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100%	100%	80%
Outpatient Services			
· Outpatient Facility Services	100%	100%	80%
· Outpatient Professional Services	100%	100%	80%
Emergency Room	100%	100%	100%
Urgent Care Services	100%	100%	80%
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%	80%
· Outpatient Facility	100%	100%	80%
· Laboratory Services at an Independent Lab facility	100%	100%	80%
Radiology Services			
· Physician Office Visit	100%	100%	80%
· Outpatient Facility	100%	100%	80%
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans)			
· Physician Office Visit	100%	100%	80%
· Inpatient Facility	100%	100%	80%
· Outpatient Facility	100%	100%	80%
Outpatient Therapy Services			
· Physician Office Visit	100%	100%	80%
· Outpatient Hospital Facility	100%	100%	80%
Policy Year Maximum:	60 Days for all Therapies Combined		
The limit is not applicable to Mental Health and Substance Use Disorder conditions. *Includes:* 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
Chiropractic Care Policy Year Maximum: Visits	100%	100%	80%
Maternity Care Services			
· Initial Visit to Confirm Pregnancy	Not Covered	Not Covered	Not Covered
· All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	Not Covered	Not Covered	Not Covered
· 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	Not Covered	Not Covered	Not Covered
· Birthing Center	100%	100%	80%

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	Not Covered	Not Covered	Not Covered
· Lab and Radiology Tests	Not Covered	Not Covered	Not Covered
· Inpatient Facility	Not Covered	Not Covered	Not Covered
· Outpatient Facility	Not Covered	Not Covered	Not Covered
Hearing Exam	Not Covered	Not Covered	Not Covered
Hearing Device / Aids			
Dental Care Limited to changes made for a continuous course of dental treatment started within six months of an injury to teeth			
· Physician Office Visit	100%	100%	80%
· Inpatient Facility	100%	100%	80%
· Outpatient Facility	100%	100%	80%
Policy Year Maximum		$1,000	
Mental Health · Physician Office Visit	100%	100%	80%
· Outpatient Facility	100%	100%	80%
Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Substance Use Disorder)		Unlimited	
· Inpatient Facility	100%	100%	80%
Maximum: (combined with Substance Use Disorder)		Unlimited	
Substance Use Disorder · Physician Office Visit	100%	100%	80%
· Outpatient Facility	100%	100%	80%
Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Mental Health)		Unlimited	
· Inpatient Facility	100%	100%	80%
Maximum: (combined with Mental Health)		Unlimited	

Prescription Drug Benefits		
International (Outside of the U.S.)		
Purchased outside the United States	No Charge, not subject to plan deductible	
Purchased Inside the United States Only		
Benefit Highlights	**Network Pharmacy (U.S. In-Network)**	**Non-Network Pharmacy (U.S. Out-of-Network)**
Prescription Drug Products at Retail Pharmacies	**The amount you pay for up to a consecutive 30-day supply**	
Tier 1 - Generic Drugs on the Prescription Drug List	No Charge	You pay 20% not subject to plan deductible
Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List	No charge	You pay 20% not subject to plan deductible
Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List	No charge	You pay 20% not subject to plan deductible
Prescription Drug Products at Home Delivery Pharmacies	**The amount you pay for up to a consecutive 90-day supply**	
Tier 1 - Generic Drugs on the Prescription Drug List	No Charge	In-Network coverage only
Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List	No charge	In-Network coverage only
Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List	No charge	In-Network coverage only

Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only	
Prescription Drug List	Advantage 3-Tier
Dispense As Written	If you or your doctor 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
Utilization Management	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
Prior Authorization	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.
Quantity Limits	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 and select "Legacy 3-Tier"	

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

International Member Assistance Program (IMAP)	
International MAP Assist	Our program offers no cost 24/7 confidential support for you and your family's emotional and mental well-being. Services include telephonic triage for emergent and urgent referrals, crises intervention, and referrals for community resources such as childcare, eldercare, legal, and financial. Your counseling benefit includes up to 6 sessions per issue with a licensed behavioral professional. Sessions are available in-person, via video or telephone based on need, location, and your preference. Complete program details and country-specific contact information can be found on Cigna Envoy (cignaenvoy.com).

Global Telehealth	
Teladoc Health International	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 (cignaenvoy.com).

Global Dental Plan		
Calendar Year Maximum Combined for: Class I Class II Class III		$1,000
Lifetime Class IV Maximum		$1,000
Class I	**Preventive Care** For diagnostic and preventative services including: • Oral Exam -2 Per Person Per Year • Cleanings -2 Per Person Per Year • Bitewing X-rays -2 Per Person Per Year • Fluoride Applications -1 Per Person Per Year (Up to age 19) • Sealants -1 Treatment per Posterior Tooth per 3 Years • Diagnostic X-rays –Unlimited • Full Mouth / Panoramic X-rays -1 Per Person Per 3 Years	100%
Class II	**Basic Restorative** For Basic Restorations: • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planing • Repair to Bridgework and Dentures	100%
Class III	**Major Restorative** For Major Restorations: • Dentures • Bridgework • Crowns	100%
Class IV	**Orthodontia** Children under 19 Years	50%

Global Accidental Death & Dismemberment	
Member Benefit	A flat benefit amount of $10,000
Reduction of Benefits	To 65% at age 65 and 50% at age 70; Terminate at Retirement
Scope of Coverage	24 Hour Coverage

Have questions? Get answers 24/7/365.

Our global customer service team is available any day, anytime and any time zone to provide the support you need, whenever you need it.

Contact us at your convenience

Toll-free telephone number	**+1.800.441.2668**
Toll-free TDD telephone number (for the hearing impaired)	**+1.800.558.3604**
Direct phone (collect calls accepted)	**+1.302.746.3059**
Toll-free facsimile number	**+1.800.243.6998**
Direct facsimile number (inside the U.S.)	**+1.302.797.3150**
Secure Mailbox	**CignaEnvoy.com**

Global Health Benefits

cigna healthcare

1. Credit Suisse 2023 Managed Care: Annual Health Benefits Survey.
2. Cigna Healthcare global telehealth products are administered by Teladoc, an independent third party service provider. All Teladoc doctors are licensed in the countries where they practice medicine and are fully qualified and trained to provide this service. Telehealth services may not be available in all jurisdictions. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered and prescriptions are not guaranteed to be written. Providers are solely responsible for any treatment provided and are not affiliated with Cigna Healthcare. Not all providers have video chat capabilities and video chat may not be available in all areas. Telehealth providers are separate from your health plan's provider network.
3. Web-based tools, such as Cigna Envoy are available for informational purposes only. These tools are not intended to be a substitute for proper 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 specific medical plan. Check your official 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.
4. The downloading and use of the Cigna Envoy app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc. 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.
5. Data from GHB Service Operations team as of February 2025. This data includes Language Line services. Subject to change.

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