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

Massachusetts Institute of Technology

Benefits at a Glance
Policy #08295A
Plan Start Date 1/1/2020

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		
Universal International Free Number (UIFN) **Toll Free Telephone Number:** **Direct Telephone:** **Toll Free Fax Number:** **Direct Fax Number:**	International Access Code + UIFN Toll-free number 800.441.2668.1 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

Global Medical Plan	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eligibility	Refer to eligibility definition in the certificate		
Lifetime Maximum	Unlimited		
Calendar Year Deductible • Per Individual	$0	$0	$250
• Per Family	$0	$0	$500
Coinsurance (The percentage of covered expenses the plan pays)	100%	100%	80%
Out-of-Pocket Maximum • Per Individual	$0	$0	$2,500
• Per Family **Excludes Deductible** Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.	$0	$0	$5,000
Accumulation	Accumulation of Plan Deductible and Out-of-Pocket Maximums: Deductible and Out-of-Pocket Maximums will cross-accumulate between In-Network, Out-of-Network and International. All other plan maximums and service specific maximums (dollar and occurrence) will also cross-accumulate.		

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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% not subject to deductible
• Surgery Performed In the Physician's Office	100%	100%	80% after deductible
• Allergy Treatment	100%	100%	80% not subject to deductible
Preventive Care Routine Preventive Care – all ages Immunizations – all ages	100%	100%	80% not subject to deductible
Travel Immunizations (Immunizations as required for travel)	100%	100%	100% not subject to deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100%	80% not subject to deductible
Inpatient Hospital Facility Services • Facility	100%	100%	80% after deductible
• Physician	100%	100%	80% after deductible
Outpatient Facility Services	100%	100%	80% after deductible
Emergency Care (Refer to certificate for coverage and exclusions)	100%	100%	80% after deductible
Urgent Care Services	100%	100%	80% after deductible
Laboratory and Radiology Services (including pre-admission testing)	100%	100%	80% after deductible
Outpatient Short-Term Rehabilitation Therapy (Calendar Year Maximum: 60-days for all therapies combined) *Includes:* Cardiac and Pulmonary Rehab, Speech, Occupational and Cognitive Therapy **Note**: The Short-Term Rehabilitation Therapy maximum does not apply to the treatment of Autism and/or Mental Health conditions.	100%	100%	80% after deductible
Outpatient Short-Term Rehabilitation Therapy Physical and Physio Therapy	100%	100%	80% after deductible
Chiropractic Care Physician's Office Visit	100%	100%	80% not subject to deductible

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Maternity Care Services • Initial Visit to Confirm Pregnancy	100%	100%	80% not subject to deductible
• All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100%	100%	80% not subject to deductible
• Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100%	100%	80% not subject to deductible
• Delivery – Facility (Inpatient Hospital, Birthing Center)	100%	100%	80% after deductible
Infertility Treatments	Diagnosis of Infertility is covered under general Physician Office Visits. Pre-authorization required only in the U.S. Out-of-Network		
Coverage will be provided for the following services: • Testing and treatment services performed in connection with an underlying medical condition. •Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). •Artificial Insemination, In-vitro, GIFT, ZIFT, etc.	100%	100%	80% after deductible
Diabetic Equipment	100%	100%	80% after deductible
Durable Medical Equipment	100%	100%	80% after deductible
Home Health Care	100%	100%	80% after deductible
Hospice Inpatient Facility Outpatient Services	100% 100%	100% 100%	80% after deductible 80% after deductible
Abortion Includes elective and non-elective procedures Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	100% 100% 100% 100%	100% 100% 100% 100%	80% not subject to deductible 80% after deductible 80% after deductible 80% after deductible
Women's Family Planning Services Office Visits and Counseling Lab and Radiology Tests Note: Includes coverage for contraceptive devices (e.g., Depo-Provera and Intrauterine Devices (IUDs) as ordered or prescribed by a physician. Diaphragms also are covered when services are provided in the physician's office.			

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Surgical Sterilization Procedures for Tubal Ligation (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	 100% 100% 100% 100%	 100% 100% 100% 100%	 80% not subject to deductible 80% not subject to deductible 80% not subject to deductible 80% not subject to deductible
Men's Family Planning Services Office Visits and Counseling Lab and Radiology Tests Surgical Sterilization Procedures for Vasectomy (excludes reversals) Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	 100% 100% 100% 100%	 100% 100% 100% 100%	 80% not subject to deductible 80% after deductible 80% after deductible 80% after deductible
Obesity/Bariatric Surgery Note: Coverage is provided subject to medical necessity and clinical guidelines subject to any limitations shown in the "Exclusions, Expenses Not Covered and General Limitations" section of this certificate. Contact Cigna prior to incurring such costs. Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services Lifetime Maximum: $10,000 - Applies to surgical procedure	 100% 100% 100% 100%	 100% 100% 100% 100%	 80% not subject to deductible 80% after deductible 80% after deductible 80% after deductible
Organ Transplants Includes all medically appropriate, non-experimental transplants Physician's Office Visit Inpatient Facility Physician's Services Lifetime Travel Maximum: $10,000 per transplant	 100% 100% 100% Not Covered U.S. In-Network Coverage Only	 100% 100% 100% No Charge (only available when using LifeSOURCE facility)	 80% not subject to deductible 80% after deductible 80% after deductible No Charge (only available when using LifeSOURCE facility)
Acupuncture	100%	100%	80% not subject to deductible

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Global Medical Plan			
	International (Outside of the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Hearing Benefit • Exam: One every 12 month period	100%	100%	80% not subject to deductible
Hearing Aid Maximum Up to $2,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24	100%	100%	80% after deductible
Mental Health and Substance Use Disorder • Inpatient Facility	100%	100%	80% after deductible
• Outpatient Office Visit	100%	100%	80% after deductible
Nutritional Evaluation Calendar Year Maximum: 3 visits per person however, the 3 visit limit will not apply to treatment of diabetes and/or to Mental Health and Substance Use Disorder conditions Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services	 100% 100% 100% 100%	 100% 100% 100% 100%	 80% not subject to deductible 80% after deductible 80% after deductible 80% after deductible

PRESCRIPTION DRUG BENEFITS		
	International (Outside of the U.S.)	
Purchased outside the United States	100%	
Purchased Inside the United States Only		
Benefit Highlights	**Network Pharmacy**	**Non-Network Pharmacy**
Certain Preventive Care Medications covered under this plan are payable at 100% with no Copayment or Deductible, when purchased from a Pharmacy. A written prescription is required. (detailed information is available at www.healthcare.gov)		
You can look at Cigna's Prescription Drug List to see if your medication is covered, if it requires Prior Authorization or Step Therapy and which tier it falls under to determine what your copay or coinsurance will be. You can view Cigna's drug list on www.Cigna.com/druglist. Select "Performance 3 Tier" from the drug list drop-down menu.		
Dispense as Written (DAW) – you will pay the copay/coinsurance plus the difference in the cost between the brand name and generic medication unless your doctor requests the brand name medication.		
Prescription Drug Products at Retail Pharmacies	**The amount you pay for up to a consecutive 30-day supply at a Network Pharmacy**	**The amount Cigna pays for up to a consecutive 30-day supply at a non-Network**
Tier 1 – Generic Drugs on the Prescription Drug List	$10 copay, then 100%	80%
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	$25 copay, then 100%	80%

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Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	30% copay to $150 maximum	80%
Prescription Drug Products at Home Delivery Pharmacies	**The amount you pay for up to a consecutive 90-day supply at a Network Pharmacy**	**The amount Cigna pays for up to a consecutive 90-day supply at a non-Network**
Tier 1 – Generic Drugs on the Prescription Drug List	$30 copay, then 100%	In-Network coverage only
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	$75 copay, then 100%	In-Network coverage only
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	30% to $450 maximum	In-Network coverage only

Global Vision Care			
	International (Outside the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Examinations One Eye Exam – Calendar Year	100%	100%	100% Not subject to Deductible
Vision Hardware			
Maximum Benefit Every Calendar Year	$250	$250	$250

Global Dental Care		
Calendar Year Maximum (for Class I, II, III)		$1,750
Lifetime Maximum (for Class IV)		$1,750
Calendar Year Deductible		$50 Individual / $100 Family
Lifetime Class IV Deductible		$0
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 per tooth, per 3 years • Full Mouth X-rays – 1 per person, per 3 years • Panoramic X-rays - 1 per person, per 3 years	100% not subject to deductible
Class II	**Basic Restorative** For Basic Restorations: • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planning	80% subject to deductible

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	• Repair to Bridgework and Dentures	
Class III	**Major Restorative** For Major Restorations: • Dentures • Bridgework • Crowns	50% subject to deductible
Class IV	**Orthodontia** (for dependent children under age 19)	50%
Class V	**Implants**	50% subject to deductible

International Employee Assistance Program (IEAP)	
Toll Free:	**1.888.851.7032 or 1.877.857.2952**
Reverse Charge Number:	**+44 208 987 6230**
Level 2 **International EAP Assist**	Direct dial 24/7 immediate access to confidential services for behavioral issues. Services include telephonic triage for emergent and urgent referrals, crises intervention and referrals to community resources. Referrals for 6 face-to-face sessions with licensed behavioral professionals (currently available in 160 countries).

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