



Cigna International Option RMIP Plan 2

Effective January 1, 2019	Services rendered in the U.S. (In-Network)	Services rendered in the U.S. (Out-of-Network) Services rendered outside the U.S.
General		
A plan year is a calendar year, January 1 through December 31		
Medical deductible (per person)	\$ 600 per plan year	
Medical deductible (per family)	\$1,200 per plan year	
Medical out-of-pocket limits (Office visit co-payments and dental services do not accrue toward the out-of-pocket limits)		
Medical out-of-pocket limits per person	\$5,250 per plan year	
Medical out-of-pocket limits per family	\$10,500 per plan year	
Office Visits		
Office visits for illness or specialist	100% after \$20 co-pay	80% after deductible unless the visit is for Preventive Care services outlined in the Preventive Care Guide, then 100%
Routine annual physical and defined preventive services*	100%	
Laboratory and X-rays		
All services (unless covered under defined preventive services above)	80% after deductible	
Emergency Room Related		
Emergency room	80% after deductible	
Ambulance services	80% after deductible	
Inpatient		
Hospital costs including anesthesia	80% after deductible	
Surgery (physician)		
Hospice		
Outpatient		
Hospital costs including anesthesia	80% after deductible	
Surgery (physician)		
Hospice		
Chemotherapy and Radiation Therapy		
Chemotherapy and radiation therapy: does not include oral or injectable medications purchased through pharmacy benefit	100% In-office/facility administration only	
Maternity		
Obstetrics: Single fee/delivery charge including office visits	80% after deductible Routine prenatal office visits covered at 100%, no deductible	80% after deductible
Obstetrics: Routine prenatal office visits billed separately from single fee	100%	
Infertility	80% after deductible	
Infertility lifetime limits: contact Insurance Administrator for details		
Mental Health and Substance Abuse		
Inpatient hospitalization for mental health or substance abuse	80% after deductible	
Outpatient facility, including day treatment programs		
Office visits		
Nursing and Home Health Care		
Skilled nursing facility (e.g., rehabilitation center) <i>maximum 60 days per condition per plan year</i>	80% after deductible	



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Convalescent Care <i>Maximum 60 days per condition per plan year</i>		
Visiting nurse: <i>maximum 120 days per condition per plan year</i>		
Private duty nursing: <i>contact Insurance Administrator for authorization</i>		
Short-Term Rehabilitation		
Physical, occupational or speech therapy. Restorative after illness or accident. 75 visits of PT, OT or ST per condition per plan year. Visits over 75 are reviewed for medical necessity	100% after \$20 office co-pay	80% after deductible
Physical, occupational or speech therapy For diagnosis of Developmental Delay, a maximum of 75 visits PT, OT, or ST, per year, per child.		
Chiropractor (30 visit limit per plan year)		
Acupuncture (30 visit limit per plan year)		
Durable Medical Equipment		
Durable medical equipment: Rental <i>Purchases only if approved by Insurance Administrator</i>	80% after deductible	
Vision Care		
Routine eye exams, one per plan year, including refraction. <i>No PCP referral required</i>	\$20 co-pay	80% after deductible
Frames, lenses, contacts	Up to \$200 reimbursement per person, every two plan years	
Hearing Aids		
Hearing aids	Maximum reimbursement \$4,000 per person, every five plan years	

*Defined preventive care services will be provided at 100% when an In Network Physician or facility is used. Defined preventive services are determined by gender and age and recommendations may change from time-to-time. Always check with the Insurance Administrator for the most recent recommendations provided separately from this general overview and discuss them with your doctor.

For U.S. prescription drug coverage, please refer to the separate Pharmacy Benefit grid.

Note: For International Option participants, the U.S. pharmacy benefit manager will send a record of U.S. network pharmacy purchases to Cigna after the end of the plan year for reconciliation. International Option participants who met their medical out of pocket maximum and who also had U.S. pharmacy out of pocket expenses during the same plan year will receive reimbursement for the out of pocket U.S. pharmacy costs from Cigna after reconciliation.



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Dental	US Network - Total Cigna DPPO	All other
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Cigna Dental Benefit Summary – Retiree - Plan 2

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Network	Cigna Dental PPO			
	Total Cigna DPPO		Out-of-Network	
Calendar Year Maximum (Class I, II & III expenses)	\$2,000		\$2,000	
Annual Deductible Individual Family	\$250 \$500		\$250 \$500	
Reimbursement Levels	Based on Reduced Contracted Fees		80th percentile of Reasonable & Customary Allowances	
Benefits	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Preventive & Diagnostic Oral Exams Routine - 2 per calendar year Routine Cleanings - 2 per calendar year Routine X-rays - Bitewings: 2 per calendar year Non-Routine X-Rays - Full mouth: 1 every 36 consecutive months; Panorex: 1 every 36 consecutive months Fluoride Application - 1 per calendar year under age 19 Sealants - Limited to posterior tooth. 1 treatment per tooth every three years up to age 14 Space Maintainers - Limited to non-orthodontic treatment	100% No Deductible	No Charge No Deductible	80% No Deductible	20% No Deductible
Class II: Basic Restorative Fillings Root Canal Therapy / Endodontics Emergency Care to Relieve Pain Root Planing and Scaling - Various limitations depending on the service Splinting Oral Surgery - Simple Extractions Anesthesia	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Crowns - Replacement every 5 years Dentures - Replacement every 5 years Bridges - Replacement every 5 years Inlays / Onlays - Replacement every 5 years Prosthesis Over Implant - 1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non- precious metals. Repairs to Dentures, Bridges, Crowns and Inlays - Reviewed if more than once Stainless Steel/Resin Crowns	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible



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<p>Class IV: Orthodontia</p> <p>Lifetime Maximum</p> <p>Study Models or Diagnostic Casts - Payable only when in conjunction with orthodontic workup</p>	<p style="text-align: center;">50% After Deductible</p> <p style="text-align: center;">\$1,000</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p> <p style="text-align: center;">\$1,000</p>	<p style="text-align: center;">50% After Deductible</p>
<p>Class VI: Periodontal</p> <p>Gingivectomy Gingivoplasty Alveoplasty Vestibuloplasty Osseous Surgery</p> <p>Separate \$250 Calendar Year Deductible to cross accumulate between classes VI, VII, IX</p> <p>No Annual or Lifetime Maximums apply</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>
<p>Class VII: Oral Surgery</p> <p>Surgical Extractions of Impacted Teeth</p> <p>Separate \$250 Calendar Year Deductible to cross accumulate between classes VI, VII, IX</p> <p>No Annual or Lifetime Maximums apply</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>
<p>Class IX: Surgical Implants</p> <p>Separate \$250 Calendar Year Deductible to cross accumulate between classes VI, VII, IX</p> <p>No Annual or Lifetime Maximums apply</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>	<p style="text-align: center;">50% After Deductible</p>