Cigna StudyWell®

Summary of Benefits for:

San Francisco Bay University

Policy Number: 10194A

Global Health Benefits

All sources and disclosures are at the end of this document.
980153 06/24 © 2024 Cigna Healthcare. Some content provided under license.

cigna healthcare

Offered by Cigna Health and Life Insurance Company or its affiliates.

Insured and/or administered by:

Cigna Global Insurance Company Limited

San Francisco Bay University

Benefits at a Glance
Global Plan for all covered Students
Policy # 10194A
Plan Start Date September 1, 2024

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 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	$500,000		
Policy Year Deductible · Per Individual	$0	$0	$750
· Per Family	$0	$0	$1,500
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	60%
Out-of-Pocket Maximum (Includes Deductible) · Per Individual	$0	$5,250	$5,250
· Per Family	$0	$10,500	$10,500

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

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.

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit	100%	$20 copay, then 100%	60% after deductible
· Surgery Performed In the Physician's Office	100%	$20 copay, then 100%	60% after deductible
Student Health Center *(if applicable)*	Not Covered	Not Covered	Not Covered
Preventive Care			
· Routine Preventive Care	100%	100%	60% after deductible
· Policy Year Maximum: $250			
· Immunizations	100%	100%	60% after deductible
Travel Immunizations (Immunizations as required for travel)	Not Covered	Not Covered	Not Covered
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100%	60% after deductible
Inpatient Hospital			
· Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate)	100%	$250 copay, then 100%	60% after deductible
· Inpatient Hospital Physician Visits/Consultations	100%	80%	60% after deductible
· Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100%	80%	60% after deductible
Outpatient Services			
· Outpatient Facility Services	100%	80%	60% after deductible
· Outpatient Professional Services	100%	80%	60% after deductible
Emergency Room	100%	$200 per visit copay, then 100%	$200 per visit copay, then 100%
Urgent Care Services	100%	$50 copay, then 100%	60% after deductible
Ambulance	100%	100%	100% after deductible

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

Global Medical Plan			
	International (Outside of the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Laboratory Services			
· Physician Office Visit	100%	80%	60% after deductible
· Outpatient Facility	100%	80%	60% after deductible
· Laboratory Services at an Independent Lab facility	100%	80%	60% after deductible
Radiology Services			
· Physician Office Visit	100%	80%	60% after deductible
· Outpatient Facility	100%	80%	60% after deductible
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans)			
· Physician Office Visit	100%	100%	60% after deductible
· Inpatient Facility	100%	$250 copay, then 100%	60% after deductible
· Outpatient Facility	100%	80%	60% after deductible
Outpatient Therapy Services			
· Physician Office Visit	100%	$20 copay, then 100%	60% after deductible
· Outpatient Hospital Facility	100%	$20 copay, then 100%	60% after deductible
Policy Year Maximum:	30 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.			

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

Global Medical Plan			
	International (Outside of the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Chiropractic Care Policy Year Maximum: 20 Days	100%	80%	60% after deductible
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%	$20 copay, then 100%	60% after deductible
· Delivery – Facility			
· Inpatient Hospital	Not Covered	Not Covered	Not Covered
· Birthing Center	Not Covered	Not Covered	Not Covered

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

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:		
· 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	Not Covered	Not Covered	Not Covered
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%	$20 copay, then 100%	60% after deductible
· Inpatient Facility	100%	$250 copay, then 100%	60% after deductible
· Outpatient Facility	100%	80%	60% after deductible
Policy Year Maximum		$1,000	
Mental Health · Physician Office Visit	100%	$20 copay, then 100%	60% after deductible
· Inpatient Facility	100%	$250 copay	60% after deductible
Maximum: (combined with Substance Use Disorder)		Unlimited	
· Outpatient Facility	100%	80%	60% after deductible
Maximum: (combined with Substance Use Disorder)		Unlimited	
Substance Use Disorder · Physician Office Visit	100%	$20 copay, then 100%	60% after deductible
· Inpatient Facility	100%	$250 copay, then 100%	60% after deductible
Maximum: (combined with Mental Health)		Unlimited	
· Outpatient Facility	100%	80%	60% after deductible
Maximum: (combined with Mental Health)		Unlimited	

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

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 after you pay the $30 copay	You pay 40% after plan deductible
Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List	No charge after you pay the $60 copay	You pay 40% after plan deductible
Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after you pay the $100 copay	You pay 40% after 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 after you pay the $90 copay	In-Network coverage only
Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List	No charge after you pay the $180 copay	In-Network coverage only
Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after you pay the $300 copay	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 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. However, if your doctor has determined a generic drug is not an acceptable alternative for you, you will only be responsible for payment of the appropriate 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	
Step Therapy	Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, please refer to your prescription drug list.	
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"		

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

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 7 Days
Return of Dependent Children	One-way Airfare at Economy Rates to return dependent children to country of residence
Repatriation of Mortal Remains	100% coverage

Global Telehealth	
Teladoc Health International	Available 24/7 via the Cigna Wellbeing App and Envoy Home Page (cignaenvoy.com),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

Global Accidental Death & Dismemberment	
Member Benefit	A flat benefit amount of $15,000
Reduction of Benefits	To 65% at age 65 and 50% at age 70; Terminate at Retirement
Scope of Coverage	24 Hour Coverage

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

We're here for you, anytime you need us, 24/7/365 customer service

Cigna Healthcare℠, Global Health Benefits delivers world-class customer service and support to our clients and their globally mobile employees – at every stage of a global assignment. It does not matter where our clients or customers are working or what time zone – our global service center is open 24 hours a day, seven days a week. You can also contact Cigna Healthcare through the secure mailbox in **Cigna Envoy®**.*

Contact us options

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**
Website	**CignaEnvoy.com**

Global Health Benefits

cigna healthcare

* Web-based tools, such as Cigna Envoy® are available for informational purposes only. These tools are not intended to be a substitute for 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 benefits plan. Refer to your 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.

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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Life Insurance Company of Canada. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates.

980153 06/24 © 2024 Cigna Healthcare. Some content provided under license. All rights reserved.