Insured and/or administered by:

Cigna Health and Life Insurance Company

Caterpillar, Inc.

Benefits at a Glance- Expats
Policy # 06897A
Plan Start Date 01/01/2020

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	$500	$500
• Per Family	$0	$1,000	$1,000
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	50% of the Maximum Reimbursable Charge
Out-of-Pocket Maximum • Per Individual	$0	$2,300	$4,600
• 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	$4,600	$9,200
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. All other plan maximums and service specific maximums (dollar and occurrence) will also cross-accumulate.		

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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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%	80% after deductible	50% after deductible
• Surgery Performed In the Physician's Office	100%	80% after deductible	50% after deductible
• Allergy Treatment	100%	80% after deductible	50% after deductible
Preventive Care Routine Preventive Care – all ages Immunizations – all ages	100%	100% Not subject to deductible	50% after deductible
Travel Immunizations (Immunizations as required for travel)	100%	100% Not subject to deductible	50% after deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100% Not subject to deductible	50% after deductible
Inpatient Hospital Facility Services • Facility	100%	80% after deductible	50% after deductible
• Physician	100%	80% after deductible	50% after deductible
Outpatient Facility Services	100%	80% after deductible	50% after deductible
Emergency Care (Refer to certificate for coverage and exclusions)	100%	80% after deductible	80% after deductible (except if not a true emergency, then 50% after deductible)
Urgent Care Services	100%	80% after deductible	80% after deductible(except if not a true emergency, then 50% after deductible)
Laboratory and Radiology Services (including pre-admission testing)	100%	80% after deductible	50% 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%	80% after deductible	50% after deductible
Outpatient Short-Term Rehabilitation Therapy Physical Therapy	100%	80% after deductible	50% after deductible
Chiropractic Care Physician's Office Visit	100%	80% after deductible	75% after deductible
Maternity Care Services • Initial Visit to Confirm Pregnancy	100%	80% after deductible	50% after deductible
• All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100%	80% after deductible	50% after deductible

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Global Medical Plan			
	International (Outside of the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
• Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100%	80% after deductible	50% after deductible
• Delivery – Facility (Inpatient Hospital, Birthing Center)	100%	80% after deductible	50% after deductible
Hearing Benefit • Exam: One every 24 month period	100%	80% after deductible	50% after deductible
Hearing Aid Maximum Up to $1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24	100%	80% after deductible	50% after deductible
Mental Health and Substance Use Disorder • Inpatient Facility	100%	80% after deductible	50% after deductible
• Outpatient Office Visit	100%	80% after deductible	50% after deductible

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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 you pay for up to a consecutive 30-day supply at a non-Network Pharmacy**
Tier 1 – Generic Drugs on the Prescription Drug List	20% not subject to plan deductible	50% after plan Deductible
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	20% not subject to plan deductible	50% after plan Deductible
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	20% not subject to plan deductible	50% after plan Deductible
Prescription Drug Products at Retail Pharmacies	**The amount you pay for up to a consecutive 90-day supply at a Network Pharmacy**	**The amount you pay for up to a consecutive 90-day supply at a non-Network Pharmacy**
Tier 1 – Generic Drugs on the Prescription Drug List	20% not subject to plan deductible	50% after plan Deductible
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	20% not subject to plan deductible	50% after plan Deductible
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	20% not subject to plan deductible	50% after plan Deductible
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 you pay for up to a consecutive 90-day supply at a non-Network Pharmacy**
Tier 1 – Generic Drugs on the Prescription Drug List	20% not subject to plan deductible	In-Network coverage only
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	20% not subject to plan deductible	In-Network coverage only
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	20% not subject to plan deductible	In-Network coverage only

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Global Vision Care			
	International (Outside the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Examinations One Eye Exam every 24 consecutive months	100%	80% not subject to deductible	50% not subject to deductible
Vision Hardware			
Lenses & Frames One pair of glasses or contact lenses per 24 consecutive months	100%	100% not subject to deductible	100% not subject to deductible
Maximum Benefit Every 24 months	$200		

Global Dental Care		
Combined Calendar Year Maximum (for Class I, II, III)		$3,000
Lifetime Maximum (for Class IV)		$1,500
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%
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	80%
Class III	**Major Restorative** For Major Restorations: • Dentures • Bridgework • Crowns	50%
Class IV	**Orthodontia** (for dependent children under age 22)	50%

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Emergency Evacuation	
Toll Free telephone number:	1.800.441.2668
Emergency Evacuation	100% of covered expenses not subject to the deductible for services approved by Cigna.
Family Travel Arrangements	Economy round-trip airfare to the place of hospitalization for one family member for hospitalizations in excess of 7 days
Return of Dependent Children	One-way economy airfare to return dependent children to their country of residence
Repatriation of Mortal Remains	100% coverage

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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