

PRODUCT COMPARISON

A complete list of all our benefits for each plan can be found in the Sales Brochure or Customer Guide.

| | SILVER | GOLD | PLATINUM |
|--|--|---|------------------------------|
| International Medical Insurance | | | |
| Overall benefit limit | \$1,000,000 | \$2,000,000 | Unlimited |
| Hospital charges | Paid in full Semi-private room | Paid in full Private room | Paid in full Private room |
| Pathology, radiology and diagnostic tests | Paid in full | Paid in full | Paid in full |
| Advanced Medical Imaging (MRI, CT and PET scans) | \$5,000 | \$10,000 | Paid in full |
| Psychiatric care | \$5,000 | \$10,000 | Paid in full |
| Routine maternity | Not covered | \$7,000 | \$14,000 |
| Cancer Care | Paid in full | Paid in full | Paid in full |
| Deductible options | \$0 / \$375 / \$750 / \$1,500 / \$3,000 / \$7,500 / \$10,000 | | |
| Cost share after deductible | 0% / 10% / 20% / 30% with \$2,000 or \$5,000 out of pocket maximum | | |
| International Outpatient | | | |
| Overall benefit limit | \$10,000 | \$25,000 | Unlimited |
| Consultations with medical practitioners and specialists | \$125 limit per visit Up to 15 visits per year | \$250 limit per visit Up to 30 visits per year | Paid in full |
| Pre-natal and post-natal care | Not covered | \$3,500 | \$7,000 |
| Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging) | 100% up to \$2,500 | 100% up to \$5,000 | Paid in full |
| Drugs and dressings | 100% up to \$500 | 100% up to \$2,000 | Paid in full |
| Deductible options | \$0 / \$150 / \$500 / \$1,000 / \$1,500 | | |
| Cost share after deductible | 0% / 10% / 20% / 30% with \$3,000 out of pocket maximum | | |
| International Medical Evacuation | | | |
| Overall benefit limit | Paid in full | Paid in full | Paid in full |
| Compassionate visit- travel costs | 100% up to \$1,200 | 100% up to \$1,200 | 100% up to \$1,200 |
| International Health & Wellbeing | | | |
| Routine adult physical exams | 100% up to \$225 | 100% up to \$450 | 100% up to \$600 |
| Standard health screenings | 100% up to \$225 | 100% up to \$450 | Paid in full |
| Dietetic consultations - 4 meetings | Not covered | Not covered | Paid in full |
| International Vision & Dental | | | |
| One eye examination | 100% up to \$100 | 100% up to \$200 | Paid in full |
| Overall benefit limit - Dental | \$1,250 | \$2,500 | \$5,500 |
| Routine dental | 80% refund | 90% refund | Paid in full |

Please note: This is a representation of the benefits available. For a full list of benefits, refer to the Sales Brochure or Customer Guide.

Together, all the way.™



Factsheet (02/16)

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