



Salesforce Expatriate Benefit Plan

Benefits at a Glance
Policy #02174C
Effective January 1, 2018

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)	International Access Code + UIFN Toll-free number 800.441.2668.1	
Toll Free Telephone Number:	1.800.441.2668	
Direct Telephone:	1.302.797.3100 (collect calls accepted)	
Toll Free Fax Number:	1.800.243.6998	
Direct Fax Number:	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	
Eligibility	Refer to eligibility definition in the certificate
Lifetime Maximum	Unlimited
Calendar Year Deductible	
• Per Individual	\$0
• Per Family	\$0
Coinsurance (The percentage of covered expenses the plan pays)	100% of covered expenses
Out-of-Pocket Maximum	
• Per Individual	\$0
• Per Family	\$0

Certification Requirements – For services rendered inside the United States	
Precertification for inpatient and outpatient services received in the U.S. is required. <ul style="list-style-type: none"> Providers must call our toll-free number, 1.800.441.2668 to pre-certify services. The customer is 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 insurance 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. 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 2017 (Cigna Corporation) Publication Date November 27, 2017 TLR



Global Medical Plan	
Physician's Services	100% of covered expenses
• Physician's Office Visit	
• Surgery performed In the Physician's Office	100% of covered expenses
• Allergy Treatment	100% of covered expenses
Preventive Care	100% of covered expenses
Routine Preventive Care – all ages	
Immunizations – all ages	
Travel Immunizations (Immunizations as required for travel)	100% of covered expenses
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% of covered expenses
Inpatient Hospital Facility Services	100% of covered expenses
• Facility	
• Physician	100% of covered expenses
Outpatient Facility Services	100% of covered expenses
Emergency Care (Refer to certificate for coverage and exclusions)	100% of covered expenses
Urgent Care Services	100% of covered expenses
Laboratory and Radiology Services (including pre-admission testing)	100% of covered expenses
Outpatient Short-Term Rehabilitation Therapy (60-day maximum per calendar year for all therapies combined) Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab and Cognitive Therapy. Note: Short-Term Rehabilitation Therapy maximum does not apply to the treatment of Autism.	100% of covered expenses
Chiropractic Care Physician's Office Visit Calendar Year Maximum:	100% of covered expenses (20-day maximum per calendar year, excludes U.S. In-Network visits)
Maternity Care Services	100% of covered expenses
• Initial Visit to Confirm Pregnancy	
• All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100% of covered expenses
• Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100% of covered expenses
• Delivery – Facility (Inpatient Hospital, Birthing Center)	100% of covered expenses
Hearing Benefit	100% of covered expenses
• Exam: One every 24 month period	
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% of covered expenses
Mental Health and Substance Use Disorder	100% of covered expenses
• Inpatient Facility	
• Outpatient office visit	100% of covered expenses

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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 each 24 month period	100% of covered expenses		
Vision Hardware			
Lenses & Frames One pair of glasses or contact lenses per 24 month period; \$250 maximum	100% of covered expenses		

Global Dental Care		
Calendar Year Maximum (for Class I, II, III)		\$1,500
Lifetime Maximum (for Class IV)		\$1,500
Calendar Year Deductible		\$25 Individual / \$75 Family
Lifetime Class IV Deductible		\$50
Class I	Preventive Care For diagnostic and preventative services including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planing • Repair to Bridgework and Dentures 	80% after deductible
Class III	Major Restorative For Major Restorations: <ul style="list-style-type: none"> • Dentures • Bridgework • Crowns 	50% after deductible
Class IV	Orthodontia (for dependent children under age 19) Subject to a \$1,500 lifetime maximum	50% after lifetime deductible

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International Employee Assistance Program (IEAP)	
Toll free:	1.888.851.7032 or 1.877.857.2952
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 5 face-to-face sessions with licensed behavioral professionals (currently available in 160 countries).

Prescription Drug Benefits		
	International (Outside of the U.S.)	
Purchased outside the United States	100%	
Purchased Inside the United States Only		
Benefit Highlights	Participating Pharmacy (U.S. In-Network)	Non-Participating Pharmacy (U.S. Out-of-Network)
Retail Drugs	The amount you pay for each 30 day supply	The amount you pay for each 30 day supply
Medications as part of preventative care services are covered at 100% with no copayment.		
Generic* drugs on the Prescription Drug List	No charge	No charge
Brand Name* drugs designated as preferred on the Prescription Drug List with no Generic Equivalent	No charge	No charge
*Designated as per generally-accepted industry sources and adopted by the Insurance Company		
Home Delivery Prescription Drugs	The amount you pay for each 90 day supply	The amount you pay for each 90 day supply
Medications as part of preventative care services are covered at 100% with no copayment.		
Generic* drugs on the Prescription Drug List	No charge	U.S. In-Network coverage only
Brand Name* drugs designated as preferred on the Prescription Drug List with no Generic Equivalent	No charge	U.S. In-Network coverage only
*Designated as per generally-accepted industry sources and adopted by the Insurance Company		

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