



**For International Students in the U.S.**

# CIGNA ACA GLOBAL HEALTH PLAN

**A Global Individual Health Care Plan which provides Minimum Essential Coverage terms of the U.S. Patient Protection Affordable Care Act (PPACA)**

**Together, all the way.®**

This plan is made available in partnership with





# HELPING TO IMPROVE YOUR HEALTH, WELL-BEING AND PEACE OF MIND



With roots in health care as deep as 225 years, Cigna is a globally recognized and trusted health services company. Today, we have over 160 million customer relationships in over 200 countries and jurisdictions and we look after them with an extensive international workforce of 74,000 people. We use our scale to deliver choice, predictability, affordability and access to quality care for our customers.

At Cigna, we specialize in international health insurance for globally mobile individuals. We are dedicated to helping our customers better manage their overall health and well-being and ensuring our customers have quality care available when they need it, allowing them to focus on what matters most, their recovery.

International Student Organization (ISO) is a preferred partner of Cigna in offering our Global Individual Health Care Plan approved as Minimum Essential Coverage under the U.S. Patient Protection & Affordable Care Act (PPACA) for international students who will attend university studies in the U.S.



**For more information about the approval of our plan under PPACA, please visit:** <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/MEC-Approved-Plans.pdf>

# PLAN OVERVIEW

This is only a summarized representation of the benefits included in the Cigna ACA Approved Global Health plan and does not contain the terms, conditions and exclusions specific to each benefit. You can find the complete list of benefits, by contacting the plan manager.

Cigna ACA Global Health			
INPATIENT AND DAYPATIENT TREATMENT AND CARE			
Annual overall benefit maximum – per beneficiary per period of cover	Paid in full after applicable \$500 deductible and coinsurance payments are fulfilled		
Cost share applicable – per beneficiary per period of cover		U.S. In-network provider coinsurance	U.S. Out of network provider coinsurance
<b>Hospital Charges</b> <ul style="list-style-type: none"> <li>› Nursing and accommodation for inpatient and daypatient treatment, and recovery room</li> <li>› Operating theatre</li> <li>› Intensive care: intensive therapy, coronary care and high dependency unit</li> <li>› Surgeons' and anaesthetists' fees</li> <li>› Inpatient and daypatient specialists' consultation fees</li> <li>› Emergency inpatient dental treatment after a serious accident</li> </ul>	✓ Semi-private room	20% coinsurance	40% coinsurance
<b>Local ambulance and air ambulance services</b>	✓	20% coinsurance	40% coinsurance
<b>Tests, Scans and Therapies</b> On an inpatient, daypatient and outpatient basis: <ul style="list-style-type: none"> <li>› Pathology, radiology and diagnostic tests</li> <li>› Advanced Medical Imaging (MRI, CT and PET scans)</li> <li>› Physiotherapy</li> <li>› Osteopathy and chiropractic treatment (U.S. in-network provider only)</li> <li>› Acupuncture, Homeopathy and Chinese Medicine (U.S. in-network provider only)</li> <li>› Restorative speech therapy</li> </ul>	✓	20% coinsurance	40% coinsurance
<b>Mental Health and Addiction treatment</b> On an inpatient, daypatient or outpatient basis	✓	20% coinsurance	Not applicable U.S. in-network provider only
<b>Rehabilitation, Habilitation and other therapies</b> On an inpatient, daypatient or outpatient basis: <ul style="list-style-type: none"> <li>› Rehabilitation treatment</li> <li>› Habilitative treatment</li> <li>› Respiratory treatment</li> <li>› Home nursing</li> <li>› Hospice and palliative care</li> <li>› Prosthetics, devices and appliances</li> <li>› Rental of durable medical equipment</li> </ul>	✓	20% coinsurance	40% coinsurance
<b>Cancer care</b>	✓	20% coinsurance	Not applicable U.S. in-network provider only
<b>Well-being and Preventative Care Program</b> As determined by the U.S. Preventative Services Task Force (USPSTF)	✓ No deductible payable	No coinsurance payable	No coinsurance payable
OTHER OUTPATIENT/AMBULATORY TREATMENT AND CARE			
<b>Consultations with medical practitioners and specialists</b>	✓	20% coinsurance	40% coinsurance
<b>Surgical Procedures</b>	✓	20% coinsurance	40% coinsurance
<b>Diabetes Services</b>	✓	20% coinsurance	40% coinsurance
<b>Emergency Dental Care as a result of an accident</b>	✓	20% coinsurance	40% coinsurance
<b>Pharmacy Prescription Drugs</b>	✓	20% coinsurance	40% coinsurance
ADDITIONAL BENEFIT			
<b>Medical Evacuation and Repatriation</b>	✓ No deductible payable	No coinsurance payable	No coinsurance payable

## PPO – PREFERRED PROVIDER ORGANIZATION

Plan participants insured under this plan may choose to be treated within or outside of the **Cigna PPO** network.

CIGNA PPO  
PO Box 188061  
Chattanooga, TN 37422-8061  
[www.cigna.com](http://www.cigna.com)

You can confirm a provider is participating in the **Cigna PPO** network by calling: **877.657.5039**.

Pre-Certification is required for the following services: All Inpatient Hospitalization, High Risk Maternity, Routine Maternity (if Inpatient stay exceeds federal requirements), Long Term Acute Care, Skilled Nursing Facility, Rehabilitation, Detox, Inpatient Mental Health and Substance Abuse (in a hospital or residential

setting), Chiropractic, Physical Therapy, Occupational Therapy, Musculoskeletal and Pain Management, Certain Outpatient Surgical procedures, Cochlear Implants, Diagnostic radiology, Durable medical equipment, Erectile dysfunction, Gastric bypass, Home Health Care, Home infusion therapy, Injectable medications, Oral pharynx procedures, Orthotics and prosthetics, Potential experimental/investigational/unproven procedures, Sleep Management, Speech Therapy, Spinal procedures and Therapeutic radiology.

All pre-certifications for the **Cigna PPO** network must be performed by medical providers contacting the Wellfleet Customer Service team.

For Pre-Certification call: **877.657.5039**

## DEFINITIONS

**Eligible Expenses** means the usual, reasonable and customary charges for services or supplies which are incurred by the plan participant for the medically necessary treatment of an injury provided that they are incurred while this coverage is in force.

**Plan Participant** means a person and dependent eligible for coverage as identified in the enrollment/application who is a non-United States citizen traveling outside of their home country and has his or her true fixed or permanent home and principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a plan participant under the policy.

**Dependent** means a plan participant's: Spouse; and each unmarried child under age 26.

The foregoing age limitations will not apply to a plan participant's unmarried child who is dependent on the plan participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the company immediately upon enrollment or within 31 days of the child reaching the age limitation.

Thereafter, proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

**Spouse** means lawful spouse (if not legally separated or divorced) or domestic partner or civil union partner.

**Child** means the plan participant's natural child, adopted child (or child placed in the plan participant's home for purposes of adoption), foster child, stepchild,

or other child for whom the plan participant has legal guardianship (proof will be required). A child must reside with the plan participant in a parent-child relationship. NOTE: In the event the plan participant shares physical custody of the child with another parent, the requirement that the child reside with the plan participant will be waived.

**Pre-certification** is the process of a medical provider determining in advance whether a procedure, treatment or service is medically necessary. All pre-certifications must be performed for the **Cigna PPO** network by contacting the Wellfleet Customer Service team.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an accident after the effective date of a plan participant's coverage under the plan document, while this coverage is in force as to the person whose injury is the basis of the claim. All injuries to the same plan participant sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one injury.

**Emergency** means a sickness or injury for which the plan participant seeks immediate medical treatment at the nearest available facility. The condition must be one that manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause: 1) their life or health to be in serious jeopardy (or, with respect to a plan participant that is a pregnant woman, serious jeopardy to the health of the woman or her unborn child); 2) their bodily functions to be seriously impaired; or 3) a body organ or part would be seriously damaged.



**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws of the State in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. However, it shall not include a plan participant, a plan participant's spouse, son, daughter, father, mother, brother, sister or other relative (even if they are a qualified practitioner of medicine).

**Sickness** means sickness or disease contracted and causing loss commencing while the coverage is in force as to the plan participant whose sickness is the basis of claim. Any complication or any condition arising out of a sickness for which the plan participant is being treated or has received treatment will be considered as part of the original sickness.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable.

The most common charge means the lesser of:

- › The actual amount charged by the provider
- › The negotiated rate
- › The charge which would have been made by the medical service provider for a comparable service or supply made by other providers in the same three digit zip code in which the service, treatment, procedure, drugs or supplies are provided (or a greater area if necessary to obtain a representative cross section of charge for a like treatment, service, procedure, device drug or supply), as reasonable determined by us for the same service or supply.

**Preferred Allowance** means the amount a network provider will accept as payment in full for Eligible Expenses.

## EXCLUSIONS, EXPENSES NOT COVERED AND GENERAL LIMITATIONS

### Exclusions and Expenses Not Covered:

**Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:**

1. Care for health conditions that are required by state or local law to be treated in a public facility
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
4. For or in connection with an Injury or Sickness which is due to war, declared or undeclared, riot, civil commotion or police action which occurs in the Member's country of citizenship.
5. Covered Services to the extent that payment is prohibited by applicable law including but not limited to sanctions rules imposed by the United Nations, the European Commission, the United States, and Canada.
6. Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or

Coinsurance amount(s) you are required to pay for a Covered Service (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.

7. Charges arising out of or relating to any violation of a health care-related provincial, state or federal law or which themselves are a violation of a health care-related state or federal law.
8. Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.

- 9.** For or in connection with experimental, investigational or unproven services.

Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:

- › Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed
- › Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed
- › The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the “Clinical Trials” sections of this plan
- › The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the “Clinical Trials” sections of this plan.

In determining whether drug or Biologic therapies are experimental, investigational and unproven, the utilization review Physician may review, without limitation, U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature.

- 10.** Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- 11.** The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- 12.** Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.

- 13.** Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- 14.** Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- 15.** Infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
- 16.** Reversal of male or female voluntary sterilization procedures.
- 17.** Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- 18.** Any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
- 19.** Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- 20.** Non-medical counseling and/or ancillary services, including but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- 21.** Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- 22.** Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the “Home Health Services” or “Breast Reconstruction and Breast Prostheses” sections of this plan.

23. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
24. Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
25. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, and wigs.
26. Hearing aids.
27. Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
28. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery).
29. Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
30. All noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
31. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
32. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
33. Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
34. Dental implants for any condition.
35. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
36. Blood administration for the purpose of general improvement in physical condition.
37. Cosmetics, dietary supplements and health and beauty aids.
38. All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
39. Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
40. Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
41. For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.

## EMERGENCY MEDICAL AND TRAVEL ASSISTANCE

Wellfleet Student provides access to a comprehensive program that will arrange emergency medical and travel assistance services, repatriation services and other travel assistance services when you are traveling. For general inquiries regarding the travel access assistance services coverage, please call Wellfleet Student at **877.657.5030, TTY 771.**

**If you are traveling and need assistance in North America, call the Assistance Center toll-free at: 877.657.5039 or if you are in a foreign country, call collect at: 715.295.9311.** When you call, please provide your name, school name, the group number shown on your ID card, and a description of your situation. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Assistance Center.

## PERIOD OF COVERAGE

Coverage during the policy period will begin at 12:01 a.m. on the latest of either the start date requested on the enrollment form or the date the participant enters the United States, provided that the enrollment form and premium are received by the underwriting company or its designated representative.

Coverage will terminate at 11:59 p.m. on the earliest of either the last date for which premium has been paid, or on the date you are no longer eligible or return to your home country/country of permanent residence. Coverage for your dependent spouse and/or your dependent children will terminate when your coverage terminates.

### Extension of Accident and Sickness Insurance Benefits:

If the Medical Benefits under this plan cease for you or your Dependent due to cancellation of the policy (except if policy is canceled for nonpayment of premiums, and you or your Dependent is Confined in a Hospital on that date, Medical Benefits will be paid for Covered Expenses incurred in connection with that

Hospital Confinement. However, no benefits will be paid after the earliest of:

- › The date you exceed the Maximum Benefit, if any, shown in the Schedule;
- › The date you are covered for medical benefits under another group plan;
- › The date you or your Dependent is no longer Hospital Confined; or
- › 10 days from the date the policy is canceled.

The terms of this Medical Benefits Extension will not apply to a child born as a result of a pregnancy which exists when your Medical Benefits cease or your Dependent's Medical Benefits cease.

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

## CLAIM PROCEDURE

In the event of sickness or injury, you should report to the student health service, if available, or the nearest physician or hospital. Persons insured under this plan may choose to be treated within or outside the **Cigna PPO** network. Reimbursement rates will vary according to the source of care as described under the summary schedule of benefits and medical expense benefits.

Please mail the completed claim form and accompanying documentation to the claims administrator, **Wellfleet, P.O. Box 15369, Springfield MA, 01115**. The completed claim form, all itemized bills, statements and receipts must be sent to the claims

administrator no more than 90 days after a covered loss under the policy occurs or ends, or as soon after that as is reasonably possible.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at **877.657.5039** between 8:30 a.m. and 7:00 p.m. EST, Monday through Thursday and between 8:30 a.m. and 5:00 p.m. EST, Friday or email at [ISOclaims@wellfleet-iso.com](mailto:ISOclaims@wellfleet-iso.com). Online claims status via the internet is available 24 hours a day at [www.wellfleet-iso.com](http://www.wellfleet-iso.com).

## REFUND OF PREMIUM

### Refund of Premium is not allowed, unless:

1. Your school, within 31 days of the plan's start date, does not accept the ISO policy benefits as meeting the school's minimum requirements for such insurance and denies your waiver request in that regard. You must submit written proof to us that your school has denied your waiver request; or
2. You withdraw from school within 31 days of the plan's start date and you provide us with a copy of the school's written acknowledgment of your withdrawal.

Any premium refund request must be in writing. Premium refund requests will not be considered if a claim has been filed for any coverage or benefits under the policy. All refunds are subject to approval by the Plan Manager. A \$50 processing fee is applied to any approved refund.



## PLAN MANAGER AND UNDERWRITER

This brochure provides you with a summary of the benefits of the Global Individual Health Care Plan approved as Minimum Essential Coverage under the U.S. Patient Protection & Affordable Care Act (PPACA). The Plan Manager is ISO, and the underwriter is Cigna Global Insurance Company Limited, which AM Best has assigned a Financial Strength Rating of A (Excellent) and a Long-Term Issuer Credit Rating of "a".

Please keep this brochure as a summary of the insurance plan as specified in the policy that is on file with ISO. The policy contains a complete description of all of the terms and conditions summarized in this brochure, including: benefits, limitations, and exclusions. In the event of a discrepancy, the policy will prevail. You may request a full copy of the policy by emailing ISO.

The Cigna ACA Global Health plan for International students is offered in partnership with the International Student Organization (ISO).

This product is only available to purchase via the ISO website ([www.isoa.org](http://www.isoa.org)).



### ENROLL TODAY

- › Visit us at: [www.isoa.org](http://www.isoa.org)
- › Email us at: [customercare@isoa.org](mailto:customercare@isoa.org)
- › Call us at: **+1.800.244.1180**

Together, all the way.®



Important note: This document serves only as a reference, does not form part of a legal contract, and should not be viewed as advice or a recommendation. Information herein is intended for informational purposes only and contains only a partial and general description of benefits. Full details of the benefits can be obtained by contacting the plan manager. Coverage and benefits are available except where prohibited by applicable law. Nothing in this document constitutes legal, tax, financial planning, health or medical advice.

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