



**Michigan State University
Policy # 03664B**

SUMMARY OF BENEFITS AT A GLANCE

CIGNA International Expatriate Benefits is offering **Medical, Dental, IEAP and Medical Evacuation / Repatriation** benefits to the employees of Michigan State University. This comprehensive international healthcare program allows employees and their families to access quality healthcare anywhere in the world. The following pages will provide a general overview of the plan designs for employees on international assignments.

INTERNATIONAL MEDICAL PLAN	
Eligibility	All active, full-time Expatriate Employees of the Employer regularly working a minimum of 20 hours per week.
Deductible: Individual Family Maximum	\$0 \$0
Plan Coinsurance	100% of covered expenses
Out of Pocket Limit: Individual Family Maximum	\$0 \$0
Lifetime Maximum	Unlimited (\$5,000,000 infusion therapy maximum)
Physician Office Visit Services - General / Specialist	Plan Coinsurance
Outpatient Laboratory and X-ray Services (including preadmission testing)	Plan Coinsurance
Inpatient Hospital Services Room and Board	The most common semi-private room rate covered at Plan Coinsurance(private outside the US if there is no intermediate level between ward and private)
Inpatient Hospital Services	Plan Coinsurance
Outpatient Hospital/Surgical Services	Plan Coinsurance
Hospital Emergency Room	Plan Coinsurance
Prescription Drugs	Plan Coinsurance (Internationally or Out of Network in the United States)
CIGNA Pharmacy Management	A managed pharmacy benefit plan for prescription drugs purchased in the United States at participating retail pharmacies.
Pre-existing Condition Limitation	None, except for Late Entrants.
Late Entrant Provision	For U.S. Based Companies – A 3/18 pre-existing provision will apply only to late entrants for medical coverage. This applies to any condition treated within 3 months prior to effective date. Coverage for the pre-existing condition is limited to \$2500 within 18 months of being continuously insured.

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. CIEB recommends that you examine your policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law. © Copyright 2009 (CIGNA Corporation)

Michigan State University
Policy # 03664B

SUMMARY OF BENEFITS AT A GLANCE

WELLNESS SERVICES

Well Child Care up to age 18 (Child Preventive Care Services)	100% Coinsurance up to \$500 per calendar year through age 2 and \$350 per calendar year up through age 17. The following services are included: health history, physical examination, development assessments, anticipatory guidance, appropriate immunizations, and laboratory tests.
Adult Preventive Care	100% Coinsurance for charges made for or in connection with the overall health and well being for members 18 years old and over up to a calendar year maximum of \$350.
Travel Immunizations	Plan Coinsurance For Employee and Dependent immunizations required for travel are included.
Papanicolaou Screening	Plan Coinsurance up to one test per calendar year for all eligible females
Prostate Cancer Screening	Plan Coinsurance up to one test per calendar year for all eligible males
Mammograms	Plan Coinsurance per the following schedule: <ul style="list-style-type: none"> • Ages 35 – 39: one baseline exam • Ages 40 – 49: one exam every one or two years for asymptomatic women, but no sooner than two years after a woman’s baseline. • Age 50 & Over: one exam annually • Any Age: Whenever prescribed by a physician
Lead Poisoning Screening	Plan Coinsurance for children at or around 12 months old and children under age 6 who are considered to be at high risk
Immunizations	Plan Coinsurance for children from birth through age 18 for immunization against diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, and hepatitis A.
Colorectal Cancer Screening	Plan Coinsurance for persons age 50 and older or for any person deemed at high risk of colon cancer because of family history, ethnic or lifestyle background.
Vision Care	Plan Coinsurance for exams once every 24 months. 100% for eyewear, up to \$100 every 24 months. (Variable benefit if not standard plan). The first pair of lenses or glasses following cataract surgery is paid as any other benefit and not subject to the 12 month maximum.
Dental Care	Plan Coinsurance limited to charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth.
Hearing Care	Plan Coinsurance for exams only, once every 24 months.

MENTAL ILLNESS

<i>Mental Illness Expenses do not count toward an insured’s out of pocket maximum.</i>	
Serious Mental Illness and Alcohol/Substance Abuse	
Inpatient	Plan coinsurance
Outpatient	Plan coinsurance
A serious mental illness is defined as: schizophrenia; bipolar disorder; obsessive-compulsive disorder; major depressive disorder; panic disorder; anorexia nervosa; bulimia nervosa; schizoaffective disorder; and delusional disorder.	
Mental Illness	
Inpatient	Plan Coinsurance up to a calendar year maximum of 30 days
Outpatient	50% coinsurance up to a calendar year maximum of 30 visits

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. CIEB recommends that you examine your policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law. © Copyright 2009 (CIGNA Corporation)

**Michigan State University
Policy # 03664B**

SUMMARY OF BENEFITS AT A GLANCE

MATERNITY AND FAMILY PLANNING SERVICES

Family Planning Physician Office Visit	Plan Coinsurance
Vasectomy	Plan Coinsurance (reversal not covered)
Tubal Ligation	Plan Coinsurance (reversal not covered)
Abortion (Elective or Spontaneous)	Plan Coinsurance
Maternity Services	Plan Coinsurance
Newborn Care	Plan Coinsurance
Birthing Centers	Plan Coinsurance
Nurse Midwife	Plan Coinsurance
Infertility	Plan Coinsurance for diagnostic services only (services to by-pass excluded)

OBESITY/BARIATRIC SURGERY

Coverage is provided subject to medical necessity and clinical guidelines. Members must contact CIGNA International prior to incurring such costs.	
Physician's Office Visit	Plan Coinsurance
Inpatient Facility	Plan Coinsurance
Outpatient Facility	Plan Coinsurance
Physician's Services	Plan Coinsurance
Lifetime Maximum (applies to surgical procedure)	\$10,000

Michigan State University
Policy # 03664B

SUMMARY OF BENEFITS AT A GLANCE

OTHER COVERED MEDICAL SERVICES

Skilled Nursing Facility	Plan Coinsurance up to a maximum of 120 days per calendar year
Home Health Care	Plan Coinsurance up to a maximum of 120 days per calendar year
Hospice	Plan Coinsurance
Outpatient Short Term Rehabilitative Therapy (Cardiac, Physical, Physio, Pulmonary, Cognitive, Occupational, and Speech)	Plan Coinsurance up to a combined maximum of 60 days per calendar year.
Infusion Therapy	Plan Coinsurance. Limited to the lifetime maximum up to \$5,000,000
Dialysis Treatment	Plan Coinsurance
Chiropractic Treatment	Plan Coinsurance to a maximum of 20 days per calendar year.
Allergy Testing / Treatment	Plan Coinsurance
Contraceptives	Plan Coinsurance for FDA approved prescription contraceptive drug/devices and for outpatient contraceptive services including consultations, exams, procedures and medical services related to the use of contraceptives.
Diabetes Equipment and Supplies	Plan Coinsurance for the following equipment and supplies, if recommended in writing or prescribed by a Physician: insulin pumps; blood glucose meters and strips; urine testing strips; insulin; syringes; lancets; alcohol swabs; and pharmacological agents for controlling blood sugar.
TMJ services	Plan Coinsurance to a maximum of \$1,000 per Lifetime

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. CIEB recommends that you examine your policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law. © Copyright 2009 (CIGNA Corporation)

Michigan State University
Policy # 03664B

SUMMARY OF BENEFITS AT A GLANCE

INTERNATIONAL DENTAL PLAN	
Eligibility	All active, full-time Expatriate Employees of the Employer regularly working a minimum of 20 hours per week.
Classes I, II, III Combined Calendar Year Maximum	\$1,500 per person
Calendar Year Deductible <i>(waived for Class I)</i> <i>Individual</i> <i>Family Maximum</i>	\$50 \$150
Class I – Preventive Care	100% Coinsurance not subject to the deductible for Diagnostic and Preventive services including oral examination, diagnostic x-rays and periodontal maintenance.
Class II – Basic Restorative	80% Coinsurance subject to the deductible for Basic Restorations, Endodontics, Periodontics, Prosthodontic Maintenance and Oral Surgery including Fillings, Root Canal, Periodontal Scaling and Root Planing and repair to Bridgework and Dentures.
Class III – Major Restorative	50% Coinsurance subject to the deductible for Major Restorations, Dentures and bridgework including Crowns.
Class IV – Orthodontia	50% Coinsurance subject to a \$50 lifetime deductible subject to \$1,500 lifetime maximum. <i>(Limited to dependent children under age 19)</i>
Class V - Implants	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. CIEB recommends that you examine your policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law. © Copyright 2009 (CIGNA Corporation)

Michigan State University
Policy # 03664B

SUMMARY OF BENEFITS AT A GLANCE

EMERGENCY MEDICAL EVACUATION/REPATRIATION	
<i>Emergency Evacuation</i>	100% coverage for services approved by International SOS
<i>Family Travel Arrangements</i>	Economy round-trip airfare to the place of hospitalization for one family member for hospitalizations in excess of 7 days
<i>Return of Dependent Children</i>	One-way Economy airfare to return dependent children to their country of residence
<i>Repatriation of Mortal Remains</i>	100% coverage
<i>Return of Traveling Companion</i>	In the event of hospitalization or evacuation, and a traveling companion's air ticket is no longer usable, one-way economy airfare will be provided to the original point of departure.

(For services incurred outside the US and home country)

INTERNATIONAL EMPLOYEE ASSISTANCE PROGRAM (IEAP)	
Level 2 International EAP Assist	Telephonic counseling: To resolve a behavioral issue, which include consultation with a behavioral health professional for information and/or guidance. Plus up to three face-to-face visits with a selected independent behavioral health professional (currently available in 36 countries).

(Counseling services are provided by CIGNA Behavioral Health, the leading provider of EAP in the US, and by ICAS, the leading provider of EAP internationally.)