

# Table of Covered Medical Services

## National Plan

Lifetime Maximum	Unlimited
	The Plan Will Pay
<b>Doctor's Office Visits or Home Visits</b>	
For Illness	80%
<b>Routine Preventive Care</b>	100%
<ul style="list-style-type: none"> <li>For all ages - Includes coverage for standard annual physicals and services, such as urinalysis, EKG, standard blood panels, and other standard laboratory tests as part of the preventive care benefit as defined by Cigna Global.</li> <li>For all ages - Immunizations (including the cost of biologicals that are immunizations or medications for the purpose of travel.</li> <li>For adults - Includes routine annual mammogram, PAP smear, and PSA tests.</li> <li>Routine preventive care does not include "executive type" annual physical exams, "Life Line" screenings, or genetic testing packages.</li> </ul>	
<b>Surgery</b>	100%
<b>Second Opinion for Surgery (includes Lab &amp; X-ray)</b>	100%
<b>Pre-admission Testing (up to 7 days prior to surgery)</b>	100%
<b>Inpatient Hospital Facility Services</b>	
Semi-private (SP) room	100% of negotiated rate
Private room	100% of SP negotiated rate
Intensive Care Unit (ICU)	100%

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Doctor's Visits/Consultations	80%
Professional Services	100%
<b>Outpatient Surgery</b>	
Facility services	80%
Professional services	80%
<b>Mental Health and Substance Abuse</b>	
Inpatient	100%
Physician charges	80%
Outpatient	80%
<b>Emergency Care</b>	
Includes ambulance services when medically Necessary	100%
First Aid for injuries-for service received within 72 hours after the accident	100%
In a doctor's office or other outpatient facility	100%
Hospital Emergency Room Visit	100%
<b>Urgent Care</b>	
Outpatient Facilities	100%

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<b>Lab &amp; X-Ray Services</b>	
Inpatient at a hospital	100%
Outpatient at a hospital	80%
At a lab and x-ray facility (If any of these services are related to an annual physical exam, they are covered at 100%.)	80%
At a doctor's office	80%
<b>Outpatient Short-Term Rehabilitation</b>	
Medical necessity review required after 30 visits per calendar year	50%
<b>Acupuncture</b>	50%
<b>Kidney Dialysis</b>	80%
<b>Home Health Aides / Skilled Home Health Care Nursing Services / Skilled Home Private Duty Nursing Care / Outpatient Private Duty Nursing</b>	
Up to 40 visits per calendar year	50%
Covered for up to 40 days per calendar year total for any combination of the listed services, if deemed medically necessary under a provider's written Home Health Care Plan or Physician's Care Plan which includes clinical notes/progress notes. Assessment for continuation of any of the above services also requires submission of the foregoing documentation. Any continuation of services beyond 40 visits per calendar year must be reviewed for medical necessity supported by clinical information from the provider.	
<b>Hospice</b>	
Hospice, semi-private room (SP)	100% of negotiated rate
Hospice, private room	100% of SP negotiated rate

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<b>Organ Transplants (Includes all medically appropriate non-experimental transplants)</b>	
Inpatient facility	100%
Semi-private (SP) room	100%, limited to SP negotiated rate
Private room	100%, limited to SP negotiated rate
Intensive care unit (ICU)	100%, limited to SP negotiated rate
Physician (surgical) services	100%
Inpatient visits/consultations	80%
<b>Durable Medical Equipment</b>	80%
<b>External Prosthetic Appliances</b>	80%
<b>Maternity</b>	
Initial visit to determine pregnancy	80%
Delivery (includes all subsequent prenatal and postnatal visits)	100%
Hospital (includes birthing centers)	100%

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<b>Abortion (Includes elective or non-elective procedures for any eligible family member)</b>	
Office visits	50%
Inpatient facility	50%
Outpatient facility	50%
Physician's (surgical) services	50%
<b>Family Planning</b>	
Office visits (including tests and counseling)	80%
Surgical sterilization procedures (for vasectomy / tubal ligation, including reversals of the same)	50%
<b>Infertility Treatment when Medically Necessary*</b> Lifetime maximum of \$50,000 - Split \$30,000 Medical Services, \$20,000 Prescription Drugs	
Office visits (including tests and counseling)	80%
Surgical procedures for infertility (including AI, IVF, GIFT, ZIFT, etc.) when determined to be medically necessary in accordance with Cigna Global's established criteria	100%

\*Plan members must contact Cigna Global to ensure understanding of and criteria for medical necessity before obtaining these services.

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<b>Hearing Aid Benefit</b>	
Hearing evaluation or test, and any hearing aid(s) prescribed, including their repair.	80%, up to a maximum of US\$5,000 every five years
<b>Vision</b>	
First pair of glasses following a cataract surgery	80%
<b>Applied Behavioral Therapy (ABA)</b>	
When medically necessary: \$40,000 annual limit per child for dependent children under 19 years of age. Plan members should contact the administrator to ensure understanding and criteria of medical necessity before obtaining these services.	
	50%



## National Plan



To learn more about your Health Benefits for the National Plan visit the IDB Group Medical Benefits Web App following this link.