

For VIPCA Crew Memberships

CREW

CIGNA Medical Summary VIPCA Health Insurance Program \$1,000 deductible – per Individual \$1,000 US IN Network / \$1,000 US Out of Network / \$1,000 Out of the US					
Maximum Benefit Per Person	\$5,000,000 per certificate period				
Deductible per Calendar Year Per Person	\$1,000				
COINSURANCE PERCENTAGES					
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible				
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured				
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured				
Independent US Preferred Provide Network	Provided through CIGNA				
PHYSICIAN OFFICE SERVICES					
Preventive Care	100% not subject to deductible				
HOSPITAL SERVICES					
Inpatient & Outpatient	Subject to deductible and coinsurance				
Emergency Room - Injury / Illness	Subject to deductible and coinsurance				
Maternity Coverage	Subject to deductible and coinsurance				
Pre-natal Care - Delivery of Newborn - Post-Natal Care (maternity must be covered)	Subject to deductible and coinsurance				
OTHER SERVICES					
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits				
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.				
Repatriation of Mortal Remains	100% coverage				
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days				
Local Ambulance	Subject to deductible and coinsurance				
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined				
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible				
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance				
Monthly Rates					
	Under Ages 30	Age 30-39	Ages 40-49	Ages 50-59	Ages 60 and Above
Crew Coverage (Individual)	\$408.66	\$463.87	\$625.86	\$853.85	\$1,245.06
Crew Member & Spouse	\$1,041.16	\$1,183.56	\$1,601.53	\$2,189.78	\$3,199.07
Crew Member & Child(ren)	\$1,031.06	\$1,173.46	\$1,591.43	\$2,179.68	\$3,188.97
Crew Member & Family	\$1,832.98	\$2,086.36	\$2,829.94	\$3,876.48	\$5,672.13

For VIPCA Crew Memberships

CIGNA Medical Summary VIPCA Health Insurance Program					
\$3,500 deductible – per Individual					
\$3,500 US IN Network / \$3,500 US Out of Network / \$3,500 Out of the US					
Maximum Benefit Per Person	\$5,000,000 per certificate period				
Deductible per Calendar Year Per Person	\$3,500				
COINSURANCE PERCENTAGES					
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible				
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured				
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured				
Independent US Preferred Provide Network	Provided through CIGNA				
PHYSICIAN OFFICE SERVICES					
Preventive Care	100% not subject to deductible				
HOSPITAL SERVICES					
Inpatient & Outpatient	Subject to deductible and coinsurance				
Emergency Room - Injury / Illness	Subject to deductible and coinsurance				
Maternity Coverage	Subject to deductible and coinsurance				
Pre-natal Care - Delivery of Newborn - Post-Natal Care (maternity must be covered)	Subject to deductible and coinsurance				
OTHER SERVICES					
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits				
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.				
Repatriation of Mortal Remains	100% coverage				
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days				
Local Ambulance	Subject to deductible and coinsurance				
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined				
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible				
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance				
Monthly Rates					
	Under Ages 30	Age 30-39	Ages 40-49	Ages 50-59	Ages 60 and Above
Crew Coverage (Individual)	\$300.30	\$340.16	\$457.16	\$621.82	\$904.34
Crew Member & Spouse	\$761.61	\$864.46	\$1,166.30	\$1,591.12	\$2,320.02
Crew Member & Child(ren)	\$751.51	\$854.36	\$1,156.20	\$1,581.02	\$2,309.92
Crew Member & Family	\$1,335.65	\$1,518.62	\$2,055.65	\$2,811.42	\$4,108.19

For VIPCA Crew Memberships

CIGNA Medical Summary VIPCA Health Insurance Program					
\$5,000 Deductible					
\$5,000 US IN Network / \$5,000 US Out of Network / \$5,000 Out of the US					
Maximum Benefit Per Person	\$5,000,000 per certificate period				
Deductible per Calendar Year	\$5,000				
COINSURANCE PERCENTAGES					
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible				
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured				
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured				
Independent US Preferred Provide Network	Provided through CIGNA				
PHYSICIAN OFFICE SERVICES					
Wellness Benefit	Up to \$1,000 per calendar year, adult or child				
HOSPITAL SERVICES					
Inpatient & Outpatient	Subject to deductible and coinsurance				
Emergency Room - Injury / Illness	Subject to deductible and coinsurance				
Maternity Coverage	Subject to deductible and coinsurance				
Pre-natal Care - Delivery of Newborn - Post-Natal Care (maternity must be covered)	Subject to deductible and coinsurance				
OTHER SERVICES					
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits				
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved				
Repatriation of Mortal Remains	100% coverage				
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days				
Local Ambulance	Subject to deductible and coinsurance				
Short Term Rehabilitation					
includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined				
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible				
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance				
Monthly Rates					
	Under Ages 30	Age 30-39	Ages 40-49	Ages 50-59	Ages 60 and Above
Crew Coverage (Individual)	\$274.38	\$310.59	\$416.80	\$566.29	\$822.81
Crew Member & Spouse	\$694.72	\$788.10	\$1,062.16	\$1,447.88	\$2,109.67
Crew Member & Child(ren)	\$684.62	\$778.00	\$1,052.06	\$1,437.78	\$2,099.57
Crew Member & Family	\$1,216.64	\$1,382.79	\$1,870.35	\$2,556.58	\$3,733.99

For VIPCA Crew Memberships

CIGNA | Dental Summary | VIPCA Land Base Dental Insurance Program

\$1,500 Calendar Year Maximum per person

\$1,500 US IN Network / \$1,500 US Out of Network / \$1,500 Out of the US

Maximum Benefit Per Person	\$1,500 per certificate period
Deductible per Calendar Year Per Person	\$25
Class I	
Preventive Care – For diagnostic and preventive services including	
Oral Exam – 2 per person per year	100% not subject to deductible
Cleanings – 2 per person per year	100% not subject to deductible
Bitewing X-rays – 2 per person per year	100% not subject to deductible
Fluoride Applications – 1 per person per year (Up to age 19)	100% not subject to deductible
Sealants – 1 per person per 3 years	100% not subject to deductible
Diagnostic X-rays - Unlimited	100% not subject to deductible
Full Mouth / Panoramic X-rays – 1 per person per 3 years	100% not subject to deductible
Class II	
Basic Restorative – For basic restorations	
Endodontics	80% after deductible
Periodontics	80% after deductible
Prosthodontics Maintenance	80% after deductible
Oral Surgery	80% after deductible
Fillings	80% after deductible
Root Canal	80% after deductible
Periodontal Scaling and Root Planing	80% after deductible
Repair to Bridgework and Dentures	80% after deductible
Class III	
Major Restorative – for major restorations	
Dentures	50% after deductible
Bridgework	50% after deductible
Crowns	50% after deductible
Monthly Rates	
Crew Coverage (Individual)	\$41.95
Crew Member & Spouse	\$83.65
Crew Member & Child(ren)	\$96.73
Crew Member & Family	\$153.70