

For VIPCA Land-Based/Personal/Affiliate Memberships

LAND BASED

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
Land Base Coverage (Individual)	\$480.50	\$545.88	\$737.72	\$1,007.70	\$1,470.97
Land Base & Spouse	\$1,226.52	\$1,395.15	\$1,890.11	\$2,586.72	\$3,781.94
Land Base & Child(ren)	\$1,216.42	\$1,385.05	\$1,880.01	\$2,576.62	\$3,771.84
Land Base & Family	\$2,162.74	\$2,462.79	\$3,343.36	\$4,582.68	\$6,709.10

For VIPCA Land-Based/Personal/Affiliate 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
Land Base Coverage (Individual)	\$352.19	\$399.39	\$537.94	\$732.93	\$1,067.49
Land Base & Spouse	\$895.47	\$1,017.26	\$1,374.71	\$1,877.78	\$2,740.96
Land Base & Child(ren)	\$885.37	\$1,007.16	\$1,364.61	\$1,867.68	\$2,730.86
Land Base & Family	\$1,573.80	\$1,790.47	\$2,426.42	\$3,321.42	\$4,857.07

For VIPCA Land-Based/Personal/Affiliate 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
Land Base Coverage (Individual)	\$321.49	\$364.36	\$490.14	\$667.17	\$970.94
Land Base & Spouse	\$816.26	\$926.84	\$1,251.39	\$1,708.15	\$2,491.86
Land Base & Child(ren)	\$806.16	\$916.74	\$1,241.29	\$1,698.05	\$2,481.76
Land Base & Family	\$1,432.87	\$1,629.62	\$2,206.99	\$3,019.63	\$4,413.93

For VIPCA Land-Based/Personal/Affiliate 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	
Land Base Coverage (Individual)	\$41.95
Land Base & Spouse	\$83.65
Land Base & Child(ren)	\$96.73
Land Base & Family	\$153.70