



Phillips 66
Benefits at a Glance
Policy #06117A
Effective Date January 1, 2018

This plan provides minimum essential coverage.

Please Note: This is a high level summary of your benefits. Please see your certificate booklet for detailed benefits and exclusions.

Cigna Global Customer Service		
Universal International Free Number (UIFN)	International Access Code + UIFN Toll-free number 800.441.2668.1	
Toll Free Telephone Number:	1.800.441.2668	
Direct Telephone:	1.302.797.3100 (collect calls accepted)	
Toll Free Fax Number:	1.800.243.6998	
Direct Fax Number:	001.302.797.3150	
Secure Website:	www.CignaEnvoy.com . Registration is required. (See member kit for registration information.) Secure email available at this site.	
Mail Delivery:	Cigna Global Health Benefits P.O. Box 15050 Wilmington, DE 19850-5050 U.S.A.	Cigna Global Health Benefits 300 Bellevue Parkway Wilmington, DE 19809 U.S.A

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Eligibility	Refer to eligibility definition in the certificate		
Lifetime Maximum	Unlimited		
Calendar Year Deductible			
• Per Individual	\$0	\$0	\$0
• Per Family	\$0	\$0	\$0
Coinsurance (The percentage of covered expenses the plan pays)	80%	80%	50%
Out-of-Pocket Maximum			
• Per Individual	\$1,500	\$1,500	\$5,000
• Per Family	\$3,000	\$3,000	\$10,000
Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.			
Accumulation	Accumulation of Plan Deductible and Out-of-Pocket Maximums: Deductible and Out-of-Pocket Maximums will cross-accumulate between In-Network, Out-of-Network and International. All other plan maximums and service specific maximums (dollar and occurrence) will also cross-accumulate.		

Certification Requirements – For services rendered inside the United States
<p>Precertification for inpatient and outpatient services received in the U.S. may be required.</p> <ul style="list-style-type: none"> Providers must call our toll-free number, 1.800.441.2668 to pre-certify services. You or your dependents are responsible for ensuring that Out-of-Network providers pre-certify services. Failure to obtain precertification may affect Out-of-Pocket costs. This is a summary only and further details can be found in the certificate booklet.



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services			
• Physician's Office Visit	100%	100%	50%
• Surgery Performed In the Physician's Office	80%	80%	50%
• Allergy Treatment	100%	100%	50%
Preventive Care			
Routine Preventive Care – all ages Immunizations – all ages	100%	100%	50%
Travel Immunizations (Immunizations as required for travel)	100%	100%	50%
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100%	100%	50%
Inpatient Hospital Facility Services			
• Facility	80%	80%	50%
• Physician	80%	80%	50%
Outpatient Facility Services	80%	80%	50%
Emergency Care (Refer to certificate for coverage and exclusions)	80%	80%	80% (except if not true emergency, then 50%)
Urgent Care Services	100%	100%	100% (except if not true emergency, then 50%)
Laboratory and Radiology Services (including pre-admission testing)	80%	80%	50%
Outpatient Short-Term Rehabilitation Therapy (Calendar Year Maximum: 60-days for all therapies combined) <i>Includes:</i> Cardiac and Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy Note: The Short-Term Rehabilitation Therapy maximum does not apply to the treatment of Autism and/or Mental Health conditions.	80%	80%	50%
Chiropractic Care			
Physician's Office Visit Calendar Year Maximum:	80% 20 days	80%	50% 20 days
Maternity Care Services			
• Initial Visit to Confirm Pregnancy	100%	100%	50%
• All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	80%	80%	50%
• Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100%	100%	50%
• Delivery – Facility (Inpatient Hospital, Birthing Center)	80%	80%	50%



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Hearing Benefit • Exam: One every 24 month period	100%	100%	50%
Hearing Aid Maximum Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24	100%	100%	50%
Mental Health and Substance Use Disorder • Inpatient Facility	80%	80%	50%
• Outpatient Office Visit	100%	100%	50%

Prescription Drug Benefits		
	International (Outside of the U.S.)	
Purchased outside the United States	100%	
Purchased Inside the United States Only		
Benefit Highlights	Participating Pharmacy (U.S. In-Network)	Non-Participating Pharmacy (U.S. Out-of-Network)
Retail Drugs	The amount you pay for each 30 day supply	The amount you pay for each 30 day supply
Generic	\$10	50%
Preferred Brand Name	\$25	50%
Non-Preferred Brand Name	\$50	50%
Home Delivery Prescription Drugs	The amount you pay for each 90 day supply	The amount you pay for each 90 day supply
Generic	\$30	U.S. In-Network coverage only
Preferred Brand Name	\$75	U.S. In-Network coverage only
Non-Preferred Brand Name	\$150	U.S. In-Network coverage only



Global Vision Care			
	International (Outside the U.S.)	U.S. In-Network	U.S. Out-of-Network
Examinations One Eye Exam every 12 consecutive months	100%	100%	50%
Vision Hardware			
Lenses & Frames One pair of glasses or contact lenses per 24 consecutive months	100%	100%	100%
Maximum Benefit Every 24 months	\$250		

Global Dental Care		
Calendar Year Maximum (for Class I, II, III, V)		\$1,500
Lifetime Maximum (for Class IV)		\$1,500
Class I	Preventive Care For diagnostic and preventative services including: <ul style="list-style-type: none"> • Oral Exam - 2 per person, per year • Cleanings - 2 per person, per year • Bitewing X-rays - 2 per person, per year • Fluoride Applications - 1 per person, per year (Up to age 19) • Sealants - 1 per tooth, per 3 years • Full Mouth X-rays – 1 per person, per 3 years • Panoramic X-rays - 1 per person, per 3 years 	100% not subject to deductible
Class II	Basic Restorative For Basic Restorations: <ul style="list-style-type: none"> • Endodontics • Periodontics • Prosthodontics Maintenance • Oral Surgery • Fillings • Root Canal • Periodontal Scaling and Root Planning • Repair to Bridgework and Dentures 	80% subject to deductible
Class III	Major Restorative For Major Restorations: <ul style="list-style-type: none"> • Dentures • Bridgework • Crowns 	50% subject to deductible
Class IV	Orthodontia	50% after lifetime deductible

Emergency Evacuation



Toll Free telephone number:	1.800.441.2668
Emergency Evacuation	100% of covered expenses not subject to the deductible for services approved by International SOS
Family Travel Arrangements	Economy round-trip airfare to the place of hospitalization for one family member for hospitalizations in excess of 7 days
Return of Dependent Children	One-way economy airfare to return dependent children to their country of residence
Repatriation of Mortal Remains	100% coverage

International Employee Assistance Program (IEAP)	
Toll free:	1.888.851.7032 or 1.877.857.2952
Level 2 International EAP Assist	Direct dial 24/7 immediate access to confidential services for behavioral issues. Services include telephonic triage for emergent and urgent referrals, crises intervention and referrals to community resources. Referrals for 5 face-to-face sessions with licensed behavioral professionals (currently available in 160 countries).