



Phillips 66
Benefits at a Glance
Policy #06117A
Effective Date January 1, 2019

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
Excludes 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 Out-of-Pocket Maximums: 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% unlimited	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	Network Pharmacy	Non-Network Pharmacy
<p>Certain Preventive Care Medications covered under this plan and required as part of preventive care services (detailed information is available at www.healthcare.gov) are payable at 100% with no Copayment or Deductible, when purchased from a Pharmacy. A written prescription is required.</p> <p>You can look at Cigna's Prescription Drug List to see if your medication is covered, if it requires Prior Authorization or Step Therapy and which tier it falls under to determine what your copay or coinsurance will be. You can view Cigna's drug list on www.Cigna.com/druglist. Select "Performance 3 Tier" from the drug list drop-down menu.</p> <p>Prior Authorizations – Some medications on your drug list require prior authorization. This means you need to get approval from Cigna to have them covered under the pharmacy benefit plan.</p> <p>Step Therapy is required. It encourages you to try the most cost-effective and appropriate medications available first before more expensive medications are approved.</p> <p>Dispense as Written (DAW) – you will pay the copay/coinsurance plus the difference in the cost between the brand name and generic medication unless your doctor requests the brand name medication.</p>		
Prescription Drug Products at Retail Pharmacies	The amount you pay for up to a consecutive 30-day supply at a Network Pharmacy	The amount you pay for up to a consecutive 30-day supply at a non-Network Pharmacy
Tier 1 – Generic Drugs on the Prescription Drug List	\$10	50%
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	\$25	50%
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	\$50	50%
Prescription Drug Products at Retail Pharmacies	The amount you pay for up to a consecutive 90-day supply at a Network Pharmacy	The amount you pay for up to a consecutive 90-day supply at a non-Network Pharmacy
Specialty Prescription Drug Products are limited to up to a consecutive 90-day supply per Prescription Order or Refill.		
Tier 1 – Generic Drugs on the Prescription Drug List	\$30	50%
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	\$75	50%
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	\$150	50%
Prescription Drug Products at Home Delivery Pharmacies	The amount you pay for up to a consecutive 90-day supply at a Network Pharmacy	The amount you pay for up to a consecutive 90-day supply at a non-Network Pharmacy
Specialty Prescription Drug Products are limited to up to a consecutive 90-day supply per Prescription Order or Refill.		
Tier 1 – Generic Drugs on the Prescription Drug List	\$30	In-Network coverage only
Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	\$75	In-Network coverage only
Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	\$150	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)		\$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%
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%
Class III	Major Restorative For Major Restorations: <ul style="list-style-type: none"> • Dentures • Bridgework • Crowns 	50%
Class IV	Orthodontia	50%



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 Cigna
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).