



Cigna International Option RMIP Plan 1

Effective January 1, 2025	Services rendered in the U.S. (In-Network)	Services rendered in the U.S. (Out-of-Network) Services rendered outside the U. S
General		
A plan year is a calendar year, January 1 through December 31		
Medical deductible (per person)	\$400 per plan year	
Medical deductible (per family)	\$800 per plan year	
Medical out-of-pocket limits (Office visit co-payments and dental services do not accrue toward the out-of-pocket limits)		
Medical out-of-pocket limits per person	\$4,500 per plan year	
Medical out-of-pocket limits per family	\$9,000 per plan year	
Office Visits		
Minute Clinic (Located in CVS Pharmacies)	100% after \$10 co-pay	N/A
Office visits for illness or specialist	100% after \$15 co-pay	80% after deductible unless the visit is for Preventive Care services outlined in the Preventive Care Guide, then 100%
Routine annual physical and defined preventive services*	100%	
Laboratory and X-rays		
All services (unless covered under defined preventive services above)	90% after deductible	80% after deductible
Emergency Room Related		
Emergency room	90% after deductible 80% after deductible if non-emergency use	
Ambulance services	90% after deductible	
Inpatient		
Hospital costs including anesthesia	90% after deductible	90% after deductible
Surgery (physician)		
Hospice		
Outpatient		
Hospital costs including anesthesia	90% after deductible	90% after deductible
Surgery (physician)		
Hospice		
Chemotherapy and Radiation Therapy		
Chemotherapy and radiation therapy: does not include oral or injectable medications purchased through pharmacy benefit	100% no deductible In-office/facility administration only	
Maternity		
Obstetrics: Single fee/delivery charge including office visits	90% after deductible Routine prenatal office visits covered at 100%, no deductible	80% after deductible
Infertility	90% after deductible	
Infertility Lifetime Maximum - \$75,000		
Mental Health and Substance Abuse		
Inpatient hospitalization for mental health or substance abuse	90% after deductible	90% after deductible
Outpatient facility, including day treatment programs		
Office visits	100% after \$15 co-pay	
Nursing and Home Health Care		
Skilled nursing facility (e.g., rehabilitation center) <i>maximum 60 days per condition per plan year</i>	90% after deductible	80% after deductible
Convalescent Care <i>Maximum 60 days per condition per plan year</i>		
Visiting nurse: <i>maximum 120 days per condition per plan year</i>		
Private duty nursing: <i>contact Insurance Administrator for authorization.</i>		



Cigna International Option RMIP Plan 1

Effective January 1, 2025	Services rendered in the U.S. (In-Network)	Services rendered in the U.S. (Out-of-Network) Services rendered outside the U. S
Short-Term Rehabilitation		
Physical, occupational or speech therapy. Restorative after illness or accident. 75 visits of PT, OT or ST per condition per plan year. Visits over 75 are reviewed for medical necessity	100% after \$15 office co-pay	80% after deductible
Physical, occupational or speech therapy For diagnosis of Developmental Delay, a maximum of 75 visits PT, OT, or ST, per year, per child.		
Chiropractor (30 visit limit per plan year)		
Acupuncture (30 visit limit per plan year)		
Durable Medical Equipment		
Durable medical equipment: Rental <i>Purchases only if approved by Insurance Administrator</i>	90% after deductible	80% after deductible
Vision Care		
Routine eye exams, one per plan year, including refraction. <i>No PCP referral required</i>	\$20 co-pay	80% after deductible
Frames, lenses, contacts	Up to \$200 reimbursement per person, every two plan years	
Hearing Aids		
Hearing aids	Maximum reimbursement \$4,000 per person, every five plan years	

*Defined preventive care services will be provided at 100% when an In-Network physician or facility is used (a referral is received for those in Option C). Defined preventive services are determined by gender and age and recommendations may change from time to time. Always check the most recent recommendations with your Insurance Administrator and discuss them with your doctor.

For US Prescription Drug benefits, please refer to the separate pharmacy benefit reference guide available on the [RMIP web page](#). All other purchases of prescription medications are covered under the medical plan and claims should be filed to Cigna.

Note: For International Option participants, the U.S. pharmacy benefit manager will send a record of U.S. network pharmacy purchases to Cigna after the end of the plan year for reconciliation. International Option participants who met their medical out of pocket maximum and who also had U.S. pharmacy out of pocket expenses during the same plan year will receive reimbursement for the out-of-pocket U.S. pharmacy costs from Cigna after reconciliation.



Cigna International Option RMIP Plan 1

Dental Benefit Summary –Retiree - Plan 1

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, III, VIII expenses	\$2,000		\$2,000	
Calendar Year Deductible Individual Family	\$250 \$500		\$250 \$500	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations - 2 per calendar year Prophylaxis: routine cleanings – 4 per calendar year including Periodontal Maintenance X-rays: routine – Bitewings; No frequency limit X-rays: non-routine - Full mouth; No frequency limit; Panorex; No Frequency limit Fluoride Application – 2 per calendar year Sealants: per tooth – 2 per calendar year Space Maintainers: non-orthodontic – Limited to non-orthodontic treatment	100% No Deductible	No Charge No Deductible	80% No Deductible	20% No Deductible
Class II: Basic Restorative Restorative: fillings Root Canal Therapy/Endodontics: minor and major Emergency Care to Relieve Pain depending on the service Oral Surgery; simple extractions Splinting	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Prosthesis Over Implant – 2 per 10 years/120 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. Crowns: prefabricated stainless steel / resin - 2 per 10 years/120 months Crowns: permanent cast and porcelain – 2 per 10 years/120 months Bridges and Dentures – 2 per 10 years/120 months Transepithelial Cytologic/Brush Biopsies Relines, Rebases and Adjustments – Covered if more than 6 months after installation Cone Beam Scan/X-ray Repairs to Dentures, Bridges, Crowns and Inlays – Reviewed if more than once Onlay/Porcelain Ceramic – 2 every 10 years/120 months Anesthesia – Includes Nitrous Oxide	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,000 Study Models or Diagnostic Casts – Payable only when in conjunction with orthodontic workup	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible



Cigna International Option RMIP Plan 1

Cigna Dental PPO				
Class VI: Periodontal Gingivectomy Gingivoplasty Osseous Surgery Guided Tissue Regeneration – no limits on number of teeth eligible Full Mouth Debridement Root planing and Scaling – Various limitations No Annual or Lifetime Maximums Apply	90% After Deductible	10% After Deductible	80% After Deductible	20% After Deductible
Class VII: Oral Surgery Surgical Extractions of Impacted Teeth Alveoplasty Vestibuloplasty No Annual or Lifetime Maximums Apply	90% After Deductible	10% After Deductible	80% After Deductible	20% After Deductible
Class IX: Surgical Implants No Annual or Lifetime Maximums Apply Coverage when 4 or more teeth are missing from the arch	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

Benefit Plan Provisions:	
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider amounts in the geographic area. The dentist may balance bill up to their usual fees.
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Late Entrant Limitation Provision	Does Not Apply
Pretreatment Review	Does Not Apply
Oral Health Integration Program*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Claims must be filed by December 31st of the year following the date the claim was incurred.



Cigna International Option RMIP Plan 1

Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses
- Diagnostic: Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations;
- Prosthodontic: initial placement of a complete or partial denture per plan guidelines;
- Procedures, appliances of restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replace of an appliance per benefit guidelines;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Allowable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.