

Global Health Benefits



Benefits at a Glance

Summary of Benefits for:

Policy Number:

Cigna StudyWell®



All sources and disclosures are at the end of this document.
980153 c 06/26 © 2026 Cigna Healthcare. Some content provided under license.

Offered by Cigna Health and Life Insurance Company or its affiliates.

An A+ international student benefits experience goes beyond the numbers.

Studying away from home brings its own set of challenges for students of all ages. That's why Cigna Healthcare®, Global Health Benefits provides quality international student benefits that go beyond deductibles and coinsurance. You'll find an at-a-glance overview of those details on the following pages. But first, take a look at the added benefits and resources available below. They're specifically designed with international students in mind.

Convenient care access, tools and resources

- Large national network of providers – ranked #1 carrier for network in United States (U.S.)¹ – helps ensure care is nearby
- 24/7 telehealth² access allows students to connect with doctors anytime, from anywhere
- Cigna Envoy[®], our customized online health resource, makes it easy to access ID cards; find nearby doctors and hospitals; submit claims; sign up for Electronic Funds Transfer (EFT) to deposit and claim reimbursements and more – all from the Cigna Envoy App³

Sample ID card

The image shows a sample Cigna Healthcare ID card and its back side. The front side features the Cigna Healthcare logo, ID Number, Name, Account No., Acct. Name, RxGrp: 0737747, RxBIN: 017010, RxCN: 0519PAYR, Issuer: (80840), and a note to verify benefits on the back. The back side contains a disclaimer, a list of preferred care network facilities, contact information for fax, contact, mail, and online claims, and a MultiPlan Network Savings Program logo.

Front Side:

Sample ID card

cigna healthcare

ID Number:
Name:
Account No:
Acct. Name:

RxGrp: 0737747 RxBIN: 017010 RxCN: 0519PAYR Issuer: (80840)

To verify benefits, please see the contact information on the back of this card.
QEN00C Website: www.CignaEnvoy.com No Referral Required

For illustrative purposes only.

Back Side:

Preferred Care Network in the U.S.: Cigna Healthcare PPO. Identification for inpatient and outpatient services received in the U.S. is required. Network providers must all be active members of the network. To ensure proper service, you are responsible for ensuring that out-of-network providers properly submit claims to the network. Network identification does not guarantee coverage. In an emergency, seek care immediately, then call your primary care provider for further assistance and direction on follow-up care within 48 hours.

All benefits are subject to verification of eligibility, definitions, exclusions and contract limitations. Card possession does not certify eligibility for benefits. For U.S. inpatient services preauthorization is required.

CUSTOMERS AND HEALTH CARE FACILITIES / DOCTORS:
US HEALTH CARE FACILITIES / DOCTORS: Payor ID# Cigna - 02308

Fax Claims: AT&T access code + 800.243.6908 or 302.797.3150

Contact: AT&T access code + 800.441.2668 or 302.797.3100

Mail Claims: Cigna International, P.O. Box 15050, Wilmington, DE 19850-5050 U.S.A.

Online Claims: Visit CignaEnvoy.com to submit a claim online

MultiPlan Network Savings Program **AWAY FROM HOME CARE**

Dedicated guidance and support

- International Member Assistance Program (IMAP) offers personalized guidance, referrals to local resources, and short-term counseling for anything from personal issues to physical and mental health concerns
- Guided Health Advisor helps identify and navigate student health needs prior to arrival on campus
- Clinical case management support for care transitions, complex conditions and hospital needs to ensure the right care at the right time and place
- Cigna StudyWell[®] 24/7 student support team available in 189 languages⁴

Robust mental health support

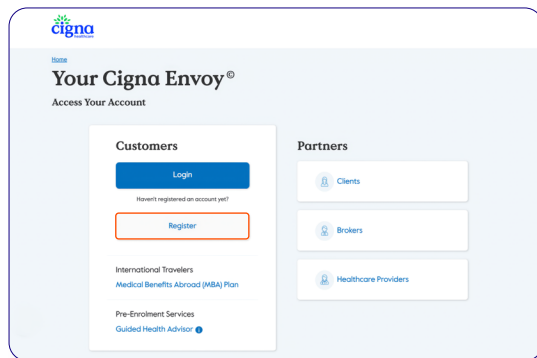
- Providers that understand students and their needs
- 100% follow-up on appointments
- In-person or virtual appointment options with increased availability for mental health needs
- Additional access via the Headspace Care app, offering on-demand, 24/7 mental health coaching via text



Cigna Envoy: How to connect.

Cigna Envoy is your personalized online health resource. The tools and information are developed specifically for students so you can easily find the information you need. Register for Cigna Envoy as soon as you receive your Cigna Healthcare global ID card or subscriber ID. If you don't have a global ID card, please call us toll-free at **+1.800.441.2668** or direct at **+1.302.746.3059** (collect calls accepted). With your global ID card handy, enter the site (CignaEnvoy.com) and follow these simple steps to get started.

Registering is easy



- 1 Download the mobile app OR go to CignaEnvoy.com and, within the 'Customers' section, select 'Register'.



Easier to access. Easier to use.

The Cigna Envoy mobile app is free to Cigna Healthcare, Global Health Benefits customers. The Envoy app can be downloaded⁵ for free from the App Store® or Google Play™ online stores.



Click on the iOS or Android app button or scan the QR code to download **TODAY!**



- 2 Enter your Cigna Healthcare ID number, your first name, your last name, and date of birth as it appears on your ID card and click 'Continue'.
- 3 Receive your registration confirmation to your email. Click the link in the email to continue registration.
- 4 Now you can set up your password with the requirements provided on screen.

- 5 Upon first log in, you'll be prompted to set up multi-factor authentication. Multi-factor authentication is used to provide added security for your account.
- 6 You can choose to set up multi-factor authentication via email, text/SMS message, Google Authenticator, Okta Verify, or Voice Call Authentication. Text/SMS messaging rates may apply.
- 7 Access your account, and read and accept the terms and conditions and any other informational messages.

Finding care in the U.S.

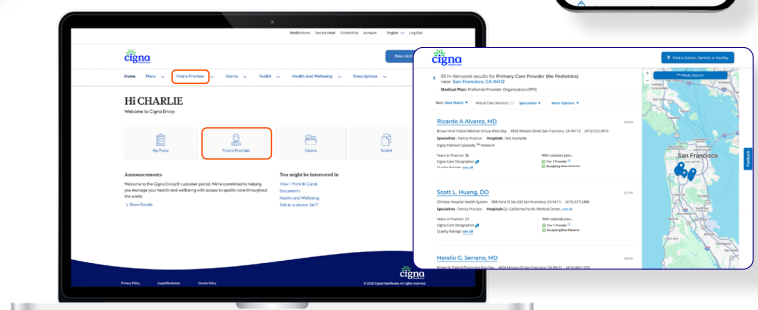
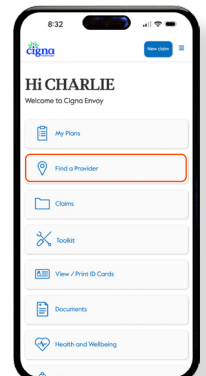
Student health centers are a convenient health care option for basic health services. Consult your school's resources for more specific information about the care available to you, location(s) and hours. If you choose to receive care from your student health center (if one is available), coinsurance, copayments and/or deductibles may be waived.

If you need care outside of what is available from your institution, you also have access to our health care network within the U.S.

The Cigna Healthcare Open Access Plus (OAP) Network includes physicians and hospitals located in the U.S. Find an in-network doctor or medical facility by visiting CignaEnvoy.com or calling our global service center toll-free at **+1.800.441.2668**. You can search by provider name or care type. You may be responsible for any deductibles or coinsurance under your plan.

Finding a provider

- 1 Visit CignaEnvoy.com.
- 2 Once logged in select the 'Find a Provider' tab or the 'Find a Provider' button.
- 3 Enter your location to find a provider nearby.
- 4 From there you can search to find a provider by – location, provider type, specialty and provider name.



Online claim submission.

Simplified claims process

All registered users of the Cigna Envoy website can submit claims online through easy-to-follow prompts. Members can view current and historical claim submissions, including any attachments.

- 1 In Envoy, select 'Claims' > 'Submit a new claim' within the navigation bar.
- 2 Add requested information for contact details, who the claim should be paid to and the type of service received. Your data is automatically pre-populated (name, date of birth, banking details, etc.), speeding up the submission process.
- 3 Upload all relevant documents (invoices, prescriptions, medical reports)
- 4 Confirm payment details. Reimbursement options include direct payment to a U.S. or Canadian bank, EFT or wire transfers to bank accounts around the world.
- 5 Review and submit.

Have questions? Get answers 24/7/365.

Our global customer service team is available any day, anytime and any time zone to provide the support you need, whenever you need it.

Contact us at your convenience

Toll-free telephone number	+1.800.441.2668
Toll-free TDD telephone number (for the hearing impaired)	+1.800.558.3604
Direct phone (collect calls accepted)	+1.302.746.3059
Toll-free facsimile number	+1.800.243.6998
Direct facsimile number (inside the U.S.)	+1.302.797.3150
Secure Mailbox	CignaEnvoy.com

The screenshot displays the Cigna Envoy website interface for submitting a claim. At the top, the navigation bar includes 'Home', 'Plans', 'Find a Provider', 'Claims' (highlighted), 'Toolkit', 'Health and Wellbeing', and 'Prescriptions'. A 'New claim' button is in the top right. Below the navigation bar, the user is greeted with 'Hi CHARLIE' and 'Welcome to Cigna Envoy'. A 'Submit a new claim' button is prominently displayed. The main content area is divided into sections: 'My Plans', 'Find a Provider', 'Claims', and 'Toolkit'. A 'Please upload all documents' section prompts the user to upload files, listing required documents like invoices, medical reports, and prescriptions. A 'Please review and submit' section shows claim details for 'CHARLIE CHAMP' and a 'Submit' button.

1. UBS 2024 Managed Care: Annual Health Benefits Survey.
2. Cigna Healthcare global telehealth products are administered by Teladoc, an independent third party service provider. All Teladoc doctors are licensed in the countries where they practice medicine and are fully qualified and trained to provide this service. Telehealth services may not be available in all jurisdictions. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered and prescriptions are not guaranteed to be written. Providers are solely responsible for any treatment provided and are not affiliated with Cigna Healthcare. Not all providers have video chat capabilities and video chat may not be available in all areas. Telehealth providers are separate from your health plan's provider network.
3. Web-based tools, such as Cigna Envoy are available for informational purposes only. These tools are not intended to be a substitute for proper medical care provided by a physician. The listing of a health care professional or facility in the mobile directories available through the Cigna Envoy mobile app does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan documents, or call the number listed on your ID card, for information about the services covered under your plan benefits. References to non-partnered organizations or companies, and/or their products, processes or services, do not necessarily constitute an endorsement or warranty thereof.
4. Data from GHB Service Operations team as of February 2025. This data includes Language Line services. Subject to change.
5. The downloading and use of the Cigna Envoy app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc. Product availability may vary by location and plan type and is subject to change. Products may not be available in all jurisdictions and are excluded where prohibited by law. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Product availability may vary by location and plan type and is subject to change. Products may not be available in all jurisdictions and are excluded where prohibited by law. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative. References to a third party or its products do not constitute an endorsement or warranty thereof.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Life Insurance Company of Canada. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates.

980153 c 06/26 © 2026 Cigna Healthcare. Some content provided under license. All rights reserved.





Insured and/or administered by:
Cigna Global Insurance Company Limited

Northwest University
Benefits at a Glance
Global Plan for all covered Students
Policy # 10617A
Plan Start Date August 1, 2026

This plan provides minimum essential coverage.

NOTE: This information is a general description of benefits and is not a contract. Refer to your certificate booklet for complete details of coverage and exclusions. If there is any difference between this summary and the certificate, the information in the certificate will apply. Please note that your plan does not cover expenses for services which are not medically necessary.

Cigna Healthcare, Global Health Benefits Customer Service		
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 Healthcare P.O. Box 15050 Wilmington DE 19850-5050 U.S.A.	Cigna Healthcare 300 Bellevue Parkway Wilmington DE 19809 U.S.A.

General Plan Provisions - All Amounts in U.S. Dollars

Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Area of Cover	Worldwide		
U.S. Medical Network	OAP		
Eligibility	Refer to eligibility definition in the certificate		
Lifetime Maximum	Unlimited		
Annual Maximum	\$500,000		
Policy Year Deductible · Per Individual	\$0	\$0	\$0
Coinsurance (The percentage of covered expenses the plan pays)	100%	100%	80%
Out-of-Pocket Maximum · Per Individual	\$2,500	\$2,500	\$5,000



Global Medical Plan

Deductible Calculation

Claims for a family member are covered at plan coinsurance:

- When that family member satisfies the Individual Deductible
- OR-
- When the Family Deductible is satisfied regardless of whether or not the Individual Deductible is satisfied.

Out-of-Pocket Calculation

Claims for a family member are covered at 100% coinsurance:

- When that family member satisfies the Individual Out-of-Pocket Maximum
- OR-
- When the Family Out-of-Pocket Maximum is satisfied regardless of whether or not the Individual Out-of-Pocket Maximum is satisfied.

Out-of-Pocket will: Include deductible payments; Include copay payments; Include pharmacy copays; Include pharmacy coinsurance payments; Exclude Pre-Admission Certification/Continued Stay Review penalties.

Network Accumulation

Plan Deductible, Out-of-Pocket, maximums and service specific maximums (dollar and occurrence) will cross-accumulate across international and domestic networks.

Certification Requirements - For services rendered inside the United States

Precertification for inpatient and outpatient services received in the U.S. may be required.

- 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 · Surgery Performed In the Physician's Office	100%	\$15 copay, then 100%	80%
Student Health Center <i>(if applicable)</i>	Not Covered	Not Covered	Not Covered
Preventive Care · Routine Preventive Care · Policy Year Maximum: · Immunizations	Not Covered	Not Covered	Not Covered
Travel Immunizations (Immunizations as required for travel)	100%	100%	80%
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	Not Covered	Not Covered	Not Covered
Inpatient Hospital · Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate) · Inpatient Hospital Physician Visits/Consultations · Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100%	\$40 copay, then 100%	100%
Outpatient Services · Outpatient Facility Services · Outpatient Professional Services	100%	\$40 copay, then 100%	80%
Emergency Room	100%	\$350 per visit copay, then 100%	\$350 per visit copay, then 100%
Urgent Care Services	100%	\$30 copay, then 100%	80%
Ambulance	100%	100%	80%



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Laboratory Services · Physician Office Visit · Outpatient Facility · Laboratory Services at an Independent Lab facility	100% 100% 100%	100% 100% 100%	80% 80% 80%
Radiology Services · Physician Office Visit · Outpatient Facility	100% 100%	100% 100%	80% 80%
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans) · Physician Office Visit · Inpatient Facility · Outpatient Facility	100% 100% 100%	100% \$40 copay, then 100% 100%	80% 100% 80%
Outpatient Therapy Services · Physician Office Visit · Outpatient Hospital Facility Policy Year Maximum:	100% 100%	\$40 copay, then 100% \$40 copay, then 100%	80% 80%
30 Days for all Therapies Combined			
The limit is not applicable to Mental Health and Substance Use Disorder conditions. <i>Includes:</i> Cardiac and Pulmonary Rehab, Speech, Occupational, Cognitive, and Physical Therapy / Physiotherapy.			



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Chiropractic Care Policy Year Maximum:	Not Covered	Not Covered	Not Covered
Maternity Care Services - Initial Visit to Confirm Pregnancy - All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) - Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist - Delivery – Facility - Inpatient Hospital - Birthing Center	Not Covered Not Covered 100% Not Covered Not Covered	Not Covered Not Covered \$15 copay, then 100% Not Covered Not Covered	Not Covered Not Covered 80% Not Covered Not Covered



Global Medical Plan			
	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Infertility, Fertility and Conception Services · Physician Office Visit and Counseling · Lab and Radiology Tests · Inpatient Facility · Outpatient Facility	Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered
Hearing Exam	Not Covered	Not Covered	Not Covered
Hearing Device / Aids Dental Care Limited to changes made for a continuous course of dental treatment started within six months of an injury to teeth · Physician Office Visit · Inpatient Facility · Outpatient Facility Policy Year Maximum	Not Covered 100% 100% 100%	Not Covered \$40 copay, then 100% \$40 copay, then 100% \$40 copay, then 100% \$500	Not Covered 80% 100% 80%
Mental Health · Physician Office Visit · Outpatient Facility Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Substance Use Disorder) · Inpatient Facility Maximum: (combined with Substance Use Disorder)	100% 100% 100%	\$15 copay, then 100% 100% 30 Visits \$40 copay 30 Days	80% 80% 100%
Substance Use Disorder · Physician Office Visit · Outpatient Facility Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Mental Health) · Inpatient Facility Maximum: (combined with Mental Health)	100% 100% 100%	\$15 copay, then 100% 100% 30 Visits \$40 copay, then 100% 30 Days	80% 80% 100%



Prescription Drug Benefits		
International (Outside of the U.S.)		
Purchased outside the United States	No Charge, not subject to plan deductible \$5,000 Maximum	
Purchased Inside the United States Only		
Benefit Highlights	Network Pharmacy (U.S. In-Network)	Non-Network Pharmacy (U.S. Out-of-Network)
Prescription Drug Products at Retail Pharmacies	The amount you pay for up to a consecutive 30-day supply	
Tier 1 - Generic Drugs on the Prescription Drug List	No charge after you pay the \$5 copay	You pay 20% not subject to plan deductible \$5,000 Maximum
Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List	No charge after you pay the \$15 copay	You pay 20% not subject to plan deductible \$5,000 Maximum
Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after you pay the \$50 copay	You pay 20% not subject to plan deductible \$5,000 Maximum
Prescription Drug Products at Home Delivery Pharmacies	The amount you pay for up to a consecutive 90-day supply	
Tier 1 - Generic Drugs on the Prescription Drug List	No charge after you pay the \$15 copay	In-Network coverage only
Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List	No charge after you pay the \$45 copay	In-Network coverage only
Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after you pay the \$150 copay	In-Network coverage only



Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only	
Prescription Drug List	Advantage 3-Tier
Dispense As Written	If you request to fill a brand name drug that has a generic equivalent available, you will be financially responsible for the difference in cost between the brand name and the generic drug, plus any required brand name drug copayment and/or coinsurance, if applicable. However, if your doctor has determined a generic drug is not an acceptable alternative for you, you will only be responsible for payment of the appropriate brand name drug copayment and/or coinsurance, if applicable
Utilization Management	Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for your medical condition
Step Therapy	Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, please refer to your prescription drug list.
Prior Authorization	Coverage for certain drugs require your Physician to obtain prior authorization from Cigna. To identify whether a particular drug requires prior authorization, please refer to your prescription drug list.
Quantity Limits	Includes maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
To see if your medication is covered, you can view Cigna's Prescription Drug List by going to www.Cigna.com/druglist and select "Advantage 3-Tier"	

Global Evacuation Plan - \$250,000 limit	
Toll Free telephone number	1.800.441.2668
Emergency Medical Evacuation	100% of covered expenses for approved services.
Family Travel Arrangements	Roundtrip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days
Return of Dependent Children	One-way Airfare at Economy Rates to return dependent children to country of residence
Repatriation of Mortal Remains	100% coverage

Global Telehealth	
Teladoc Health International	Global telehealth gives you no cost 24/7 access to licensed doctors for non-emergency health issues. Common outreaches include fever, rash, pain, non-emergency pediatric care, and more. Referrals to specialists and prescriptions available when medically necessary and locally permitted. Telephone or video consultations can be arranged through Cigna Envoy (cignaenvoy.com).



Global Accidental Death & Dismemberment

Member Benefit	A flat benefit amount of \$10,000
Reduction of Benefits	To 65% at age 65 and 50% at age 70; Terminate at Retirement
Scope of Coverage	24 Hour Coverage

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna Life Insurance Company of Canada, Cigna Global Insurance Company Limited, Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law.