



INTERNATIONAL STUDENT INSURANCE



Catawba College
Policy Number: 10516A001
Policy Year: 2025-2026

SEEKING TREATMENT



If you need to seek medical care, please follow these simple instructions:



Telemedicine

Your plan includes free access to Teladoc, virtual telemedicine while inside the USA. If you have a minor or non-urgent medical need, you can use Teladoc to see a doctor or get a prescription from anywhere, at any time using your phone or computer.

Please [visit our website](#) for more details.



Cigna Envoy

Your insurance plan through Cigna includes access to Cigna Envoy - your personalized online health resource to help you get the most from your Cigna Healthcare benefits. Through Cigna Envoy, you can find nearby providers, making telemedicine and telecounseling virtual appointments, submit and track claims, and more.

We **strongly recommend** that you register for your [Cigna Envoy](#) account as soon as you're enrolled. You can register online or through the mobile app.



Emotional Wellness

While in the USA, your insurance plan includes access to the International Member Assistance Program (IMAP), supporting you in your time of need. IMAP is a virtual and telephonic counseling service focused on providing safe, secure, and private means of seeking mental health assistance from licensed counselors.

Please [visit our website](#) for more details. I emergency situation!



Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation.



Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plans network. This will allow direct billing, save you money, and can remove the need for you to pay up front for medical expenses.

Provider Search Tool: [Cigna OPA Network](#)



Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services for immediate treatment.

PLEASE NOTE – only visit the Emergency Room for life-threatening situations.



Prescription Medications

Your plan includes a Prescription Rx Network, so you will just need to show your insurance ID card to the pharmacy and pay any applicable copays or your portion of the coinsurance. You can find in-network pharmacies that accept your plan through the [Cigna provider search tool](#).

CLAIMS

INFORMATION

In-Network Claims

When seeking medical care in-network, the medical provider will submit your claims for processing. You will still need to follow these steps to get your claims processed and paid:

1. Register for your [Cigna Envoy](#) account.
2. You **do not** need to submit a claim for reimbursement because your claim will be sent to your insurance company directly for processing. You are only responsible for paying any deductible, coinsurance, or copay amounts that are part of your plan.
3. Check on the status of your claim periodically through Cigna Envoy.

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or you have paid for any medical expenses out of your own pocket, you will need follow these steps to get your claims processed and paid:

1. Register for your [Cigna Envoy](#) account.
2. Submit a copy of your invoice, receipt of payment, and a completed claims form to Cigna directly.
 - We recommend submitting your claims through Cigna Envoy.
 - If you choose to mail or fax your claim(s), make sure your claim form is filled out completely, and don't forget to sign!
3. Check on the status of your claim periodically through Cigna Envoy.

If you need any help with the [claims process](#), you can contact Cigna directly for assistance.

Secure Messaging through [Cigna Envoy](#)
USA Toll Free: [+1.800.441.2668](#)
Direct: [+1.302.797.3100](#)

STUDENT

ZONE

The Student Zone provides you with a one-stop resource for all your insurance needs and you should visit this to familiarize yourself with your insurance plan. It includes information such as:

- How to seek medical care
- Doctor/hospital search tool
- Claims documents
- Online claims tracking
- Access your policy documents

Visit your student zone:

[Student Zone](#)

ASSISTANCE



Cigna is available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more. You can contact Cigna at:

Secure Messaging through [Cigna Envoy](#)
USA Toll Free: [+1.800.441.2668](#)
Direct: [+1.302.797.3100](#)

BENEFIT

SUMMARY

Benefits	U.S In-Network	U.S Out-of-Network	International
Area of Cover	Worldwide, excluding Home Country		
US Medical Network	Cigna Open Access Plus (OAP)		
Lifetime Maximum	Unlimited		
Annual Maximum	\$1,000,000		
Policy Year Deductible	Per Individual and Per Family: \$150	Per Individual and Per Family: \$2,500	Per Individual and Per Family: \$0
Coinsurance (The percentage of covered expenses the plan pays)	80%	60%	100%
Out-of-Pocket Maximum	Per Individual: \$4,000	Per Individual: \$5,000	Per Individual: \$0
Deductible Calculation	Claims for a family member are covered at plan coinsurance: <ul style="list-style-type: none"> • When that family member satisfies the Individual Deductible -OR- <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • When that family member satisfies the Individual Out-of-Pocket Maximum -OR- <ul style="list-style-type: none"> • 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.

Benefits	U.S In-Network	U.S Out-of-Network	International
Physician's Services · Physician's Office Visit · Surgery Performed In the Physician's Office	80% after deductible	60% after deductible	100%
Student Health Center · Physician's Office Visit · Surgery Performed In the Physician's Office	100% not subject to deductible	100% not subject to deductible	Not covered
Preventive Care · Routine Preventive Care · Immunizations · Policy Year Maximum: \$250	100% not subject to deductible	60% after deductible	100%
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)	80% after deductible	60% after deductible	100%
Outpatient Services · Outpatient Facility Services · Outpatient Professional Services	80% after deductible	60% after deductible	100%
Emergency Room	80% after deductible	60% after deductible	100%
Urgent Care Services	80% after deductible	60% after deductible	100%
Ambulance · Policy Year Maximum: \$1,000	80% after deductible	60% after deductible	100%
Laboratory Services · Physician Office Visit · Outpatient Facility · Laboratory Services at an independent Lab facility	80% after deductible	60% after deductible	100%
Radiology Services · Physician Office Visit · Outpatient Facility	80% after deductible	60% after deductible	100%
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans) · Physician Office Visit · Inpatient Facility · Outpatient Facility	80% after deductible	60% after deductible	100%
Outpatient Therapy Services · Physician Office Visit · Outpatient Hospital Facility · Policy Year Maximum: 30 Days for all Therapies Combined	80% after deductible	60% after deductible	100%
	The limit is not applicable to Mental Health and Substance Use Disorder conditions. Includes: Cardiac and Pulmonary Rehab, Speech, Occupational, Cognitive, and Physical Therapy / Physiotherapy		
Mental Health - Inpatient Facility Maximum \$10,000 (combined with Substance Use Disorder)	80% after deductible	60% after deductible	100%

Benefits	U.S In-Network	U.S Out-of-Network	International
Mental Health - Outpatient Facility <ul style="list-style-type: none">Physician Office VisitMaximum 10 Visits (applies to Physician Office Visit and Outpatient Facility, and is combined with Substance Use Disorder)	80% after deductible	60% after deductible	100%
Maternity Care Services <ul style="list-style-type: none">Policy Year Maximum: \$20,000Initial Visit to Confirm PregnancyAll 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 SpecialistDelivery – Facility<ul style="list-style-type: none">Inpatient HospitalBirth Center	80% after deductible	60% after deductible	100%
Dental Care <p>Limited to changes made for a continuous corse of dental treatment started within six months of an injury to teeth</p> <ul style="list-style-type: none">Policy Year Maximum: \$1,000Physician office visitInpatient facilityOutpatient facility	80% after deductible	60% after deductible	100%
Prescription Drug Benefits			
International (Outside the U.S.)			
Purchased outside the United States	No Charge, not subject to plan deductible		
Purchased Inside the United States Only			
Prescription Drug Products at Retail Pharmacies	Benefit highlights	Network Pharmacy (U.S. In-Network)	Non-Network Pharmacy (U.S. Out-of-Network)
	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 \$10 copay	You pay 40% after plan deductible
	Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	No charge after you pay the \$20 copay	You pay 40% after plan deductible
	Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after you pay the \$30 copay	You pay 40% after plan deductible

	Benefit highlights	Network Pharmacy (U.S. In-Network)	Non-Network Pharmacy (U.S. Out-of-Network)
Prescription Drug Products at Home Delivery 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 \$30 copay	In-Network coverage only
	Tier 2 - Brand Drugs designated as preferred on the Prescription Drug List	No charge after you pay the \$60 copay	In-Network coverage only
	Tier 3 - Brand Drugs designated as non-preferred on the Prescription Drug List	No charge after you pay the \$90 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. 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, 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 "Legacy 3-Tier"

Global Evacuation - \$150,000 Combined Maximum

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**

Available 24/7 via the Cigna Wellbeing App and Cigna Envoy Home Page (cignaenvoy.com), Global Telehealth gives you access to licensed doctors around the world.

- Video or phone consultations with licensed doctors when medically necessary
- Prescriptions for common health concerns when medically necessary and permitted
- Treating medical conditions like fever, rash, pain and more
- Assistance with preparations for an upcoming consultation
- Discussing medication plan and potential side effects
- Diagnosing non-emergency health issues ranging from acute conditions to complex chronic conditions

POLICY

EXCLUSIONS

Exclusions, Expenses Not Covered and General Limitations:

Medical and Dental Exclusions, Expenses Not Covered, and General Limitations

Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

1. care for health conditions that are required by state or local law to be treated in a public facility.
2. care required by state or federal law to be supplied by a public school system or school district.
3. care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
4. for or in connection with an Injury or Sickness which is due to war, declared or undeclared, riot, civil commotion or police action which occurs in the Member's country of citizenship.
5. covered Services to the extent that payment is prohibited by applicable law including but not limited to sanctions rules imposed by the United Nations, the European Commission, the United States, and Canada.
6. charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Service (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
7. charges arising out of or relating to any violation of a healthcare-related provincial, state or federal law or which themselves are a violation of a healthcare-related state or federal law.
8. assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
9. for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:
10. not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
11. not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;
12. the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
13. the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.
14. not considered under the Centers for Medicare and Medicaid's National Coverage Determination List. In determining whether any such technologies, supplies, treatments, drug or Biologic therapies or devices are experimental, investigational and/or unproven, the utilization review Physician may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitation and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines.
15. cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
16. The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; 54 www.cignaenvoy.com Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
17. dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
18. medical and surgical services, initial and repeat, intended for the treatment or control of obesity including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
19. unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
20. court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
21. infertility services including infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
22. reversal of male or female voluntary sterilization procedures.
23. transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
24. any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
25. medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
26. non-medical counseling and/or ancillary services, including but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
27. therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the

acute medical problem and when significant therapeutic improvement is not expected.

28. consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
29. private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
30. personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
31. artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
32. hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as covered under this plan as shown in the Covered Expenses section. A hearing aid is any device that amplifies sound.
33. aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
34. eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post-cataract surgery).
35. routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
36. all non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
37. routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
38. membership costs or fees associated with health clubs, weight loss programs.
39. genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
40. dental implants for any condition.
41. fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
42. blood administration for the purpose of general improvement in physical condition.
43. cosmetics, dietary supplements and health and beauty aids.
44. medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
45. medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
46. for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.

General Limitations No payment will be made for expenses incurred for you or any one of your Dependents:

1. for charges made for any service that is not covered by the terms of this policy or for coverage declined, or otherwise not elected by you, at enrollment.
2. for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if

such charges are directly related to a military-service-connected Injury or Sickness.

3. to the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
4. to the extent that payment is unlawful where the person resides when the expenses are incurred.
5. for charges which would not have been made if the person had no insurance.
6. to the extent that they are more than Maximum Reimbursable Charges.
7. to the extent of the exclusions imposed by any certification requirement shown in this plan.
8. for expenses for services, supplies, care, treatment, drugs, or surgery that are not Medically Necessary.
9. for charges made by any Physician or Other Health Professional who is a member of your family or your dependents family.

Mental Health Exclusions

The following are specifically excluded from Mental Health and Substance Use Disorder Services:

1. treatment of disorders which have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain.
2. developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders.
3. counseling for activities of an educational nature.
4. counseling for borderline intellectual functioning. [?] counseling for occupational problems.
5. counseling related to consciousness raising.
6. vocational or religious counseling.
7. I.Q. testing.
8. custodial care, including but not limited to geriatric day care.
9. psychological testing on children requested by or for a school system.
10. occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline.

Prescription Medication Exclusions

No payment will be made for the following expenses:

1. drugs available over the counter that do not require a prescription by federal or state law;
2. any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
3. a drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
4. injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
5. Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopeia Drug Information, The American Medical Association Drug Evaluations; or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal;
6. prescription vitamins (other than prenatal vitamins), dietary supplements unless state or federal law requires coverage of such drugs; 50 www.cignaenvoy.com
7. prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies;
8. implantable contraceptive products;
9. diet pills or appetite suppressants (anorectics);
10. anabolic steroids;
11. prescription smoking cessation products, unless such products are described in provincial or federal law as preventive care;

12. biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications;
13. medications used for travel prophylaxis unless specifically identified on the Prescription Drug List.
14. medications used for cosmetic or anti-aging purposes, including, without limitation, medications used to reduce wrinkles, medications used to promote hair growth and fade cream products.
15. replacement of Prescription Drugs and Related Supplies due to loss or theft;
16. drugs used to enhance athletic performance;
17. drugs which are to be taken by or administered to you while you are a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
18. prescriptions more than one year from the original date of issue;
19. any drugs that are experimental or investigational as described under the Medical "Exclusions" section of your certificate.

General Limitations/ Exclusions for Evacuation Benefits

No payment will be made for charges for:

1. services rendered without the authorization or intervention of Cigna or its designee;
2. non-emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or harm to you;
3. a condition which would allow for treatment at a future date convenient to you and which does not require emergency evacuation or repatriation;
4. medical care or services scheduled for member or provider's convenience which are not considered an Emergency;
5. expenses incurred if the original or ancillary purpose of your trip is to obtain medical treatment;
6. Expenses incurred in the U.S. are excluded, with the exception of:
 - Repatriation following a Medical Evacuation;
 - Primary Repatriation to the Permanent Residence after a Serious Medical Event; or
 - Repatriation of Mortal Remains.
7. services provided for which no charge is normally made;
8. expenses incurred while serving in the armed forces of another country;
9. transportation for your vehicle and/or other personal belongings involving intercontinental and/or marine transportation;
10. service provided other than those indicated in this certificate; [or]
11. injury or sickness caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action;
12. death caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action; or
13. claim payments that are illegal under applicable law.

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. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. 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.