Summary of Benefits For:
Emerson College

Effective 8/1/2026

Please Note: This is a high level summary of the quoted benefits.

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

The following benefit design has been created to meet the needs of your globally mobile members. Our direct pay network, 24/7 customer service via 10 global customer service centers and industry leading global network allows your members to focus on their mission, while we focus on ours – to help the people we serve improve their health, well-being and sense of security.

Policy Year:	8/1/2026 -7/31/2027	**Plan#:**Q-00198561

Global Medical

	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	Expats, TCNs		
Lifetime Maximum	Unlimited		
Policy Year Deductible · Per Individual	$0	$350	$500
· Per Family	$0	$750	$1,500
Coinsurance (The percentage of covered expenses the plan pays)	100%	80%	60%
Out-of-Pocket Maximum (Excludes Deductible) · Per Individual	$0	$4,500	$9,000
· Per Family	$0	$9,000	$18,000
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: Exclude 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.		

Global Medical	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Physician's Services · Physician's Office Visit	100% not subject to deductible	$25 copay, then 100% not subject to deductible	60% after deductible
· Specialty Care Physician's Office Visit	100% not subject to deductible	$50 copay, then 100% not subject to deductible	60% after deductible
· Surgery Performed In the Physician's Office	100% not subject to deductible	$25 copay, then 100% not subject to deductible	60% after deductible
Student Health Center *(if applicable)*	100% not subject to deductible	80% after deductible	60% after deductible
Preventive Care · Routine Preventive Care	100% not subject to deductible	100% not subject to deductible	60% after deductible
· Policy Year Maximum: Unlimited			
· Immunizations	100% not subject to deductible	100% not subject to deductible	60% after deductible
Travel Immunizations (Immunizations as required for travel)	100% not subject to deductible	100% not subject to deductible	60% after deductible
Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings	100% not subject to deductible	100% not subject to deductible	60% after deductible
Inpatient Hospital · Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate)	100% not subject to deductible	80% after deductible	60% after deductible
· Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	100% not subject to deductible	80% after deductible	60% after deductible
Outpatient Services · Outpatient Facility Services	100% not subject to deductible	80% after deductible	60% after deductible
· Outpatient Professional Services	100% not subject to deductible	80% after deductible	60% after deductible
Emergency Room	100% not subject to deductible	$500 per visit copay, then 100% not subject to deductible	$500 per visit copay, then 100% not subject to deductible
Urgent Care Services All Professional Services, X ray/Lab performed	100% not subject to deductible	$200 copay, then 100% not subject to deductible	60% after deductible
Ambulance	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible

Global Medical			
	International (Outside of the U.S.)	**U.S. In-Network**	**U.S. Out-of-Network**
Laboratory Services · Physician Office Visit	100% not subject to deductible	80% after deductible	60% after deductible
· Outpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
· Laboratory Services at an Independent Lab facility	100% not subject to deductible	80% after deductible	60% after deductible
Radiology Services · Physician Office Visit	100% not subject to deductible	80% after deductible	60% after deductible
· Outpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Advanced Radiology (i.e., MRIs, MRAs, CAT Scans, PET Scans)			
· Physician Office Visit	100% not subject to deductible	80% after deductible	60% after deductible
· Inpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
· Outpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Skilled Nursing Facility · Policy Year Maximum	100% not subject to deductible 120 Days	80% after deductible 120 Days	60% after deductible 120 Days
Home Health Care · Policy Year Maximum	100% not subject to deductible 120 Visits	80% after deductible 120 Visits	60% after deductible 120 Visits
Hospice (Inpatient)	100% not subject to deductible	80% after deductible	60% after deductible
Hospice (Outpatient/Home)	100% not subject to deductible	80% after deductible	60% after deductible

Global Medical	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Outpatient Therapy Services			
· Physician Office Visit	100% not subject to deductible	$50 copay, then 100% not subject to deductible	60% after deductible
· Outpatient Hospital Facility	100% not subject to deductible	$50 copay, then 100% not subject to deductible	60% after deductible
Policy Year Maximum:	60 Days for all Therapies Combined		
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.			
Chiropractic Care Policy Year Maximum: Unlimited	100% not subject to deductible	100% not subject to deductible	60% after deductible
Acupuncture · Policy Year Maximum	100% not subject to deductible Unlimited	$50 copay, then 100% not subject to deductible Unlimited	60% after deductible Unlimited
Maternity Care Services			
· Initial Visit to Confirm Pregnancy	100% not subject to deductible	$25 copay, then 100% not subject to deductible	60% after deductible
· All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	100% not subject to deductible	80% after deductible	60% after deductible
· Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist	100% not subject to deductible	$25 copay, then 100% not subject to deductible	60% after deductible
· Delivery – Facility (Inpatient Hospital, Birthing Center)	100% not subject to deductible	80% after deductible	60% after deductible

Global Medical			
	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	Not Covered		
· Lab and Radiology Tests	Not Covered		
· Inpatient Facility	Not Covered		
· Outpatient Facility	Not Covered		
Hearing Exam · 1 Exam Every 24 Months	100% not subject to deductible	80% after deductible	60% after deductible
Hearing Device / Aids	Not Covered	Not Covered	Not Covered
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	100% not subject to deductible	$50 copay, then 100% not subject to deductible	60% after deductible
· Inpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
· Outpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Policy Year Maximum			
TMJ Maximums			
· Lifetime Maximum	$1,000 Lifetime Maximum		
· Lifetime Appliance Maximum	TMJ Appliances covered as a combined maximum.		
TMJ Office Visit	100% not subject to deductible	$50 copay, then 100% not subject to deductible	60% after deductible
TMJ Surgery	100% not subject to deductible	80% after deductible	60% after deductible

Global Medical	International (Outside of the U.S.)	U.S. In-Network	U.S. Out-of-Network
Mental Health · Physician Office Visit	100% not subject to deductible	$25 copay, then 100% not subject to deductible	60% after deductible
· Outpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Substance Use Disorder)	Unlimited		
· Inpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Maximum: (combined with Substance Use Disorder)	Unlimited		
Substance Use Disorder · Physician Office Visit	100% not subject to deductible	$25 copay, then 100% not subject to deductible	60% after deductible
· Outpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Maximum: (applies to Physician Office Visit and Outpatient Facility, and is combined with Mental Health)	Unlimited		
· Inpatient Facility	100% not subject to deductible	80% after deductible	60% after deductible
Maximum: (combined with Mental Health)	Unlimited		

Prescription Drug Benefits		
International (Outside of the U.S.)		
Purchased outside the United States	No Charge, not subject to plan deductible	
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**	
Generic	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Prescription Drug Products at Home Delivery Pharmacies	**The amount you pay for up to a consecutive 90-day supply**	
Generic	Member pays 20% not subject to plan deductible	In-Network coverage only
Preferred Brand Name	Member pays 20% not subject to plan deductible	In-Network coverage only
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	In-Network coverage only
Specialty Drug at Retail and Home Delivery Pharmacies	**The amount you pay for up to a consecutive 30-day supply**	
Generic	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible
Non-Preferred Brand Name	Member pays 20% not subject to plan deductible	Member pays 40% after plan deductible

Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only	
Prescription Drug List	Legacy 3-Tier
Dispense As Written	If the Member requests to fill a brand name drug that has a generic equivalent available, the Member 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 the Member's doctor has determined a generic drug is not an acceptable alternative, the Member 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. This includes Step Therapy, Prior Authorization, and Quantity Limits.
Step Therapy	Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, the Member should refer to their prescription drug list.
Prior Authorization	Coverage for certain drugs require the Member's Physician to obtain prior authorization from Cigna. To identify whether a particular drug requires prior authorization, the Member should refer to their prescription drug list.
Quantity Limits	Includes maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
Patient Assurance Program	Your plan includes the Patient Assurance Program, which waives the deductible, if applicable, and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally: •Any amount you pay for these medications only count toward meeting your out-of-pocket maximum, if applicable. •Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum, if applicable.
Medications can be provided up to a 12-month supply in accordance with the instructions specified by a U.S. physician.	

International Employee Assistance Program (IEAP)	
International EAP Assist & Work/Life	Our program offers no cost 24/7 confidential support for you and your family's emotional and mental well-being. Services include telephonic triage for emergent and urgent referrals, crises intervention, and referrals for community resources such as childcare, eldercare, legal, and financial. Your counseling benefit includes up to 6 sessions per issue with a licensed behavioral professional. Sessions are available in-person, via video or telephone based on need, location, and your preference. Complete program details and country-specific contact information can be found on Cigna Envoy (cignaenvoy.com).

Global Wellness	
Global Wellness Benefit	Health and Wellbeing Assessment, Targeted Risk Assessments (Sleep, Stress, Nutrition, Activity), Health Article Library