GSFR International

International Long-term and Mid-term Global Workers and Staff

2026 Benefits Guide

Find your benefit information at

GSFRInternational.org/GlobalWorker

Welcome To Your International Benefits Guide

Welcome to your Benefits Guide, which provides a broad overview of the benefits available to you and your family. The Benefits Guide includes benefit highlights for each plan and a quick reference page with provider and resource contact information. It is important that you understand your benefits. Additional details are available in the plan documents and *Summary of Benefits and Coverage* (SBC) documents. These are available at ***GSFRInternational.org/GlobalWorker***.

This Benefits Guide will also help with the next step — enrollment! All long-term and mid-term global workers are enrolled in a health plan. All long-term global workers also have the opportunity to accept or decline dental, vision and life coverage. Both long-term and mid-term global workers will have the opportunity to change their benefit elections during the annual open enrollment period each fall for the upcoming calendar year.

We hope this Benefits Guide will continue to be a valuable resource for you and your family. It includes step-by-step tips on locating in-network providers, obtaining the highest level of benefits and managing your out-of-pocket costs.

Benefit Basics

Who is eligible?

- For the health plans, all regular employees who work a minimum of 30 hours per week
- The legal spouse of an eligible employee and their children through the end of the month of the child's 26th birthday
- Eligibility for other benefits may vary — please see plan documents for specific eligibility for each benefit plan

  NOTE: Your employer may request dependent status documentation before beginning coverage.

When Coverage Begins

- New Hire – Coverage begins the day you begin traveling to your work region for your initial term of service
- Open Enrollment – Coverage begins the first day of the following calendar year
- Qualifying Event – IRS regulations only allow for benefit changes during the plan year if you or your eligible dependents have a qualifying event. The date your coverage begins depends on the qualifying event. You must elect coverage within 60 days of the qualifying event. **The member is responsible for notifying the benefits coordinator of a qualifying event.**

What is a qualifying event?

- Marriage, legal separation or divorce
- Birth, adoption or legal custody change of a dependent child
- Death of a dependent
- A change in employment status that affects benefits coverage
- A change in eligibility for you or your dependents
- An involuntary loss of other group coverage

2026 Benefits Overview

for International Long-term Global Workers

Benefit Plan Information	2026 Rates
Health and Pharmacy **Cigna Healthcare® International Health Plans:** • Global Health 1500 (HSA-qualified) • Global Health 3500 **Toll-free calls:** 1-800-441-2668 **International calls:** AT&T® access code + 1-800-441-2668 **Toll-free fax:** 1-800-243-6998 **International fax:** AT&T® access code + 1-800-243-6998 *CignaEnvoy.com* Find your benefit information at *GSFRInternational.org/GlobalWorker*	**The amount each global worker raises from work funds:** **Global Health 1500:** Employee Only - $585.40 / month Employee & Spouse - $1,170.81 / month Employee & Child(ren) - $1,112.27 / month Employee & Family - $1,756.21 / month **Global Health 3500:** Employee Only - $392.67 / month Employee & Spouse - $785.33 / month Employee & Child(ren) - $746.07 / month Employee & Family - $1,178.00 / month **The amount each global worker pays from living allowance: $0**
Health Savings Account (HSA)* **HealthEquity®** **Customer Service:** 1-866-346-5800 *My.HealthEquity.com* To open an HSA, fill out a group application and return it to the benefits coordinator. Your HSA is available once you activate your account. It is a debit account, so you will only be able to use the funds currently in your account. You may pay for expenses with your debit card or reimburse yourself online. ***Available if you choose an HSA-qualified health plan**	**2026 Employer Contributions** 1 Effective 01/01/2026, T-Org's special contributions to Global Worker HSAs will be discontinued. Work fund contributions will remain an option. 2 Plus – from #2 / Work Funds: • Employee Only - up to $100 / month • Employee +1 or More - up to $200 /month **Living Allowance –** any amount you choose as long as the total of all contributions (i.e., employer, work funds and living allowance) does not exceed the total contribution limit. **2026 Total Contribution Limit** • Individual: $4,400 • Family: $8,750 • Age 55+ Catch-up: $1,000 (In addition to individual and family limits)

Benefit Plan Information	2026 Rates
Dental – Cigna Healthcare International **Toll-free calls:** 1-800-441-2668 *CignaEnvoy.com*	**The amount each global worker pays from living allowance:** **Global Plus:** Employee - $33.95 / month Employee + Spouse - $70.59 / month Employee + Child(ren) - $70.95 / month Employee + Family- $121.14 / month **Global Basic:** Employee Only - $25.16 / month Employee + Spouse - $49.99 / month Employee + Child(ren) - $50.24 / month Employee + Family- $91.87 / month
Vision – VSP® **Vision Service Plan® (VSP)** **Customer Service:** (800) 877-7195 *VSP.com* Register for an account online with your Social Security number (SSN) and other personal data.	**The amount each global worker pays from living allowance:** Employee Only - $8.04 / month Employee + 1 - $11.65 / month Employee + Family - $20.90 / month
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For claim submission process questions, contact your benefits administrator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage
Optional Life Coverage – Unum	**Voluntary employee-paid coverage:** Options from $25,000 - $200,000 Spouse and child options also available Your monthly rates are based on your age as of January 1 of each year and the amount of coverage selected.

Benefit Plan Information	2026 Rates
403(b) Retirement Savings Plan	**The amount each global worker raises from work funds:** • Single - $160 / month • Couple - $320 / month Minimum contributed from living allowance: • Single - $60 / month • Couple - $120 / month Traditional pre-tax or Roth post-tax options are available. Default is a date-targeted fund based on retirement at age 65.

2026 Benefits Overview

for International Mid-term Global Workers

Benefit Plan Information	2026 Rates
Medical and Pharmacy **Cigna Healthcare International Health Plans:** • Global Health 1500 (HSA-qualified) • Global Health 3500 Find your benefit information at *GSFRInternational.org/GlobalWorker*	**The amount each global worker raises from work funds:** **Global Health 1500:** Employee Only - $585.40 / month Employee & Spouse - $1,170.81 / month Employee & Child(ren) - $1,112.27 / month Employee & Family - $1,756.21 / month **Global Health 3500:** Employee Only - $392.67 / month Employee & Spouse - $785.33 / month Employee & Child(ren) - $746.07 / month Employee & Family - $1,178.00 / month **The amount each global worker pays from living allowance: $0**
Life Coverage & Accidental Death and Dismemberment (AD&D) - Unum® For claim submission process questions, contact your benefits administrator. Questions about claims that have already been submitted to Unum should be directed to Unum Life Claim Service at 1-800-445-0402.	**Employer-paid coverage:** $10,000 term life and $10,000 AD&D coverage

Health Savings Accounts

Opening an Individual Health Savings Account (HSA)

An HSA is a separate account you own that allows you to pay for current and future qualified health care expenses tax-free for you and your IRS-qualified tax dependents.* Contributions to a qualified HSA can be made pre-tax, or they are 100% tax deductible on your federal income tax return. Funds may roll over from year to year, collect interest and grow on a tax-deferred basis. If used for eligible health care expenses, the funds are withdrawn tax-free. Money withdrawn prior to age 65 for non-eligible expenses will be taxed and subject to an additional 20% penalty.

Once you are 65 or older, you may withdraw your HSA funds without penalty; however, funds withdrawn for non-eligible expenses will be taxed.

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts for T-Org's health, dental and vision plans. Additionally, you may use your HSA to pay for expenses that the IRS defines as eligible but may not be covered by our T-Org health plans. HSAs are designed to help with many types of medical expenses — some examples include hearing aids and chiropractic services.

*For more information on who qualifies as a tax dependent, as well as how to calculate your maximum contribution if you change your coverage during the year, please see IRS *Publication 969*.

HSA Information	
Who is eligible?	Any adult who • Is enrolled in an HSA-qualified Health Plan • Has no other first-dollar health coverage • Is not enrolled in Medicare • Cannot be claimed as a dependent on someone else's tax return
What is the maximum I can contribute in 2026?**	**Enrolled in individual plan:** $4,400 **Enrolled in family plan:** $8,750 **Age 55+:** $1,000 (in addition to individual and family contribution limits)
How do I open an HSA?***	To open an HSA with HealthEquity®, T-Org's HSA trustee, fill out a group application and return it to T-Org's benefits coordinator. ***Mid-Term: If you open an individual HSA directly with HealthEquity, T-Org's HSA trustee, at ***my.HealthEquity.com***, you can have funds automatically transferred from your checking account into your HSA. Many banks offer HSAs.
How do I use my HSA?	HealthEquity provides debit Visa® cards for direct expense payments, online direct deposit reimbursements and other services. See ***my.HealthEquity.com*** for details.
Where can I get more information?	More details about the features of an HSA, a fee schedule and investment options specific to HealthEquity are located at ***GSFRInternational.org/GlobalWorker***.

**These amounts assume enrollment in the individual or family plan for the entire year. If you change your coverage mid-year, your maximum contribution amount will be affected.

Frequently Asked Questions

What eligible health care expenses can be paid for with my HSA?

Your HSA may be used to pay for covered expenses that apply toward your deductible and co-insurance amounts. You may also pay for expenses that may not be covered by your health plan or are subject to limitations.

Here are some examples:

- Over-the-counter (OTC) drugs, medicines and feminine hygiene products
- Vision care, including glasses, contact lenses and laser vision correction
- Physical therapy, speech therapy and chiropractic services
- Transportation expenses related to health care
- Hearing aids
- Physician-directed weight-loss programs
- Orthodontic services (braces)

For more information about qualified medical expenses, go to ***IRS.gov*** and search for "Publ 502" to download the IRS publication. Make sure you have the most recent date.

Who keeps track of what I spend on qualified health care expenses?

You do. In the event of an audit, you are responsible for maintaining receipts to document the appropriate use of funds.

Medical Plans

Global Health 1500

Effective January 1, 2026

Cigna has the world's largest and most extensive health care network. For many in-network doctors and hospitals, Cigna uses direct payment, guarantees of payment and other methods to eliminate or reduce costs. However, you may choose your own provider and are not required to use an in-network provider.
For medical care in the U.S., you receive the highest level of benefits by using an in-network provider.

See the reverse side for a glossary of terms used.

Benefits	Outside the U.S.[1]	In-Network U.S.	Out-of-Network U.S.
Deductible • Individual • Family	 $1,700 $3,400	 $1,700 $3,400	 $3,000 $6,000
Plan pays/individual pays (co-insurance) (after deductible)	80% / 20%	80% / 20%	60% / 40%
Maximum Out-of-Pocket (medical and prescription): individual/family (including Deductible, co-pays and co-insurance)[2]	$4,250 / $8,000	$4,250 / $8,000	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	$8,500 / $16,000
Primary care physician visit/specialist visit	80% after deductible	80% after deductible	60% after deductible
Telehealth	N/A	N/A	N/A
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	80% after deductible	80% after deductible	60% after deductible
Outpatient services (CT scans, MRI, diagnostic)	80% after deductible	80% after deductible	60% after deductible
Outpatient surgery	80% after deductible	80% after deductible	60% after deductible
Emergency room	80% after deductible	80% after deductible	80% after deductible[3]
Urgent care	80% after deductible	80% after deductible	60% after deductible
Chiropractic services (20 visits annually)	80% after deductible	80% after deductible	60% after deductible
Mental health and substance abuse: inpatient services	80% after deductible	80% after deductible	60% after deductible
Mental health and substance abuse: office and professional services	80% after deductible	80% after deductible	60% after deductible
Vision exam (one exam every 12 months)	80% after deductible	80% after deductible	80% after deductible
Travel immunizations[4] (for employees and dependents)	100% no deductible	100% no deductible	100% no deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

[1] For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.
[2] All amounts a participant pays for covered expenses, including care outside the U.S. and in-network and out-of-network care in the U.S., accumulate toward your maximum out-of-pocket limit.
[3] If services are provided by an out-of-network U.S. emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the in-network level.
[4] Injectable anti-malarial drugs are covered under the travel immunizations benefit. If the medication is provided in a pill format, it is covered under the prescription drug coverage.

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	Prescription Drug Coverage	Outside the U.S. You Pay	In-Network U.S. You Pay	Out-of-Network U.S. You Pay
Retail (30-Day Supply)	Generic	20%	20%	40%
	Preferred	20%	20%	40%
	Non-preferred	20%	20%	40%
Mail Order (90-Day Supply)	Generic	N/A	20%	N/A
	Preferred	N/A	20%	N/A
	Non-preferred	N/A	20%	N/A

Note: If the cost of the prescription (in-network U.S.) is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month supply of your prescription is available for international assignments.

Glossary of Terms

Co-insurance maximum, out-of-network U.S. — The most you will have to pay in a year in out-of-network U.S. co-insurance for covered benefits after you meet your out-of-network U.S. deductible.

Deductible — Claims for a family member are covered at plan co-insurance only when the family deductible is satisfied. All family members contribute towards the family deductible. The individual deductible is not applicable. Any individual amount only applies to Employee-Only coverage. This is considered a non-embedded deductible.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions via mail.

Maximum out-of-pocket (medical and prescription) — Family members meet only their individual Out of Pocket maximum and then their claims will be covered without additional member cost share; if the family Out of Pocket limit has been met prior to their individual Out of Pocket limit being met, their claims will be paid with no additional member cost share. This is considered an embedded Maximum Out-of-Pocket limit.

Non-preferred drugs — Prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician co-pay — The amount you pay for an office visit to an in-network, primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Telehealth — The use of telephone and/or live video technology in order to provide medical care via the Cigna Wellbeing mobile application.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the *Preventive Care Schedule*, which are covered at 100%, not subject to the deductible. The *Preventive Care Schedule* is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive under these plans. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Global Health 3500

Effective January 1, 2026

Cigna has the world's largest and most extensive health care network. For many in-network doctors and hospitals, Cigna uses direct payment, guarantees of payment and other methods to eliminate or reduce costs. However, you may choose your own provider and are not required to use an in-network provider.
For medical care in the U.S., you receive the highest level of benefits by using an in-network provider.

See the reverse side for a glossary of terms used.

Benefits	Outside the U.S.[1]	In-Network U.S.	Out-of-Network U.S.
Deductible • Individual • Family	 $0 $0	 $3,500 $7,000	 $6,000 $12,000
Plan pays/individual pays (co-insurance) (after deductible)	100% / 0%	80% / 20%	60% / 40%
Maximum out-of-pocket (medical and prescription): individual/family (including deductible, co-pays and co-insurance)[2]	$3,500 / $7,000	$6,350 / $12,700	N/A
Annual co-insurance maximum for an individual/family (after deductible)	N/A	N/A	$22,000 / $42,000
Primary care physician visit/specialist visit	100% no deductible	$25 / $45	60% after deductible
Telehealth	100% no deductible	100% no deductible	N/A
Wellness and preventive care	100% no deductible	100% no deductible	Not covered
Hospital inpatient (including maternity)	100% no deductible	80% after deductible	60% after deductible
Outpatient services (CT scans, MRI, diagnostic)	100% no deductible	80% after deductible	60% after deductible
Outpatient surgery	100% no deductible	80% after deductible	60% after deductible
Emergency room	100% no deductible	80% after $100 co-pay[3]	80% after $100 co-pay[3]
Urgent care	100% no deductible	$45	60% after deductible
Chiropractic services (20 visits annually)	100% no deductible	$45	60% after deductible
Mental health and substance abuse: inpatient services	100% no deductible	80% after deductible	60% after deductible
Mental health and substance abuse: office and professional services	100% no deductible	100% no deductible	60% after deductible
Vision exam (one exam every 12 months)	100% no deductible	$25	$25
Travel immunizations[5] (for employees and dependents)	100% no deductible	100% no deductible	100% no deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited

[1] For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.
[2] All amounts a participant pays for covered expenses, including care outside the U.S. and in-network and out-of-network care in the U.S., accumulate toward your maximum out-of-pocket limit.
[3] The deductible does not apply under emergency room for in-network U.S. However, if you are admitted to the hospital, the co-pay is waived and the deductible applies.
[4] If services are provided by an out-of-network U.S. emergency facility for a true emergency, as determined by the claims administrator, benefits will be paid at the in-network level.
[5] Injectable anti-malarial drugs are covered under the travel immunizations benefit. If the medication is provided in a pill format, it is covered under the prescription drug coverage.

Continued on next page

	Prescription Drug Coverage	Outside the U.S. You Pay	In-Network U.S. You Pay	Out-of-Network U.S. You Pay
Retail (30-Day Supply)	Generic	20%	$15	40%
	Preferred	20%	$35	40%
	Non-preferred	20%	$50	40%
Mail Order (90-Day Supply)	Generic	N/A	$45	N/A
	Preferred	N/A	$105	N/A
	Non-preferred	N/A	$150	N/A

Note: If the cost of the prescription (in-network U.S.) is less than the co-pay, the participant will pay the full cost of the prescription. A 12-month supply of your prescription is available for international assignments.

Glossary of Terms

Co-insurance maximum, out-of-network U.S. — The most you will have to pay in a year in out-of-network U.S. co-insurance for covered benefits after you meet your out-of-network U.S. deductible.

Deductible (family) — When family members meet the plan amount determined to be the family deductible, the plan will consider all family members to have met their deductibles. One individual cannot contribute to the family deductible more than the amount determined to be the individual deductible (this is an embedded deductible).

Deductible (individual) — The amount an individual is required to pay before benefits begin for services not covered by co-pays. Once this amount is met, the plan will begin paying claims for that individual at the co-insurance level.

Mail order — Mail order is a service that allows you to refill recurring prescriptions (90-day supply) through an online pharmacy. You receive your prescriptions via mail.

Maximum out-of-pocket (medical and prescription) — Family members meet only their individual Out of Pocket maximum and then their claims will be covered without additional member cost share; if the family Out of Pocket limit has been met prior to their individual Out of Pocket limit being met, their claims will be paid with no additional member cost share. This is considered an embedded Maximum Out-of-Pocket limit.

Non-preferred drugs — Prescribed medications that are not on the plan's formulary.

Preferred drugs — Also known as formulary drugs, this is a list of commonly prescribed, brand-name medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Primary care physician co-pay — The amount you pay for an office visit to an in-network, primary care physician such as a pediatrician, general practitioner, family practitioner, internist or gynecologist.

Retail pharmacy benefits — This refers to filling your prescriptions at a participating network pharmacy. This approach is best for short-term prescriptions (up to 30-day). You could save money on co-pays by filling recurring prescriptions via mail order (see above).

Specialist — Any physician not considered a primary care physician.

Telehealth — The use of telephone and/or live video technology in order to provide medical care via the Cigna Wellbeing mobile application.

Urgent care — Treatment at an urgent care facility for the onset of symptoms that require prompt medical attention.

Vision exam — Covers one annual eye exam per covered family member, which may include an eye health examination, dilation and/or refraction. Coverage does not include glasses or contact lenses (unless there has been a cataract extraction), eye surgery or retinal telescreening. See the *Preventive Care Schedule* for additional vision screening coverage for children when performed by a pediatrician or primary care physician as part of an annual well-child visit.

Wellness and preventive care — Refers to the services listed on the *Preventive Care Schedule*, which are covered at 100%, not subject to the deductible. The *Preventive Care Schedule* is based on services required under the Affordable Care Act of 2010 (ACA), as amended.

This information only highlights the depth of coverage and benefits you can receive under these plans. There are limitations and exclusions that apply. This is a general overview of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.

Preventive Health Care

Understanding what's covered.

What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue, but may be at risk for a specific disease based on age, gender and history. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- Age
- Gender
- Personal health history
- Current health

Why do I need preventive care?

Preventive care can help you detect problems at an early stage even before any symptoms are obvious, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

What's not considered preventive care?

Once you have a diagnosis, any additional testing or screening would be considered "diagnostic" and therefore would no longer be considered a "preventive service" and would no longer be covered under the preventive care benefit.

Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your global plan's medical benefits, not your preventive care benefits.

This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many global plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **Cigna Envoy®** for a list of in-network health care providers and facilities.

Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.

For example, preventive exams for cervical cancer would typically apply to (genetic females) who have a cervix and likewise prostate cancer screenings would only be needed by men who have a prostate.

See the following charts for the services and supplies that are considered preventive care under most health plans. For more details, please check your plan materials.

Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your Cigna Healthcare℠ global ID card.

Global Health Benefits

All sources and disclosures are at the end of this document.

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

Preventive wellness exams

Service	Group	Age, Frequency
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	● ● ●	• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises

Preventive routine immunizations covered under preventive care

Service	Service
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (meningitis)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (Hep A)	Poliovirus (IPV)
Hepatitis B (Hep B)	Rotavirus (RV)
Human papillomavirus (HPV)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: **cdc.gov/vaccines/schedules/**.

Preventive health screenings and interventions

Service	Group	Age, Frequency
Abnormal blood glucose and type 2 diabetes screening/counseling	● ●	Adults ages 40–70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	●	Adult and adolescent women including pregnant and postpartum women
Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia[1]	● ●	Adults ages 50–59 with risk factors; Pregnant women at risk for preeclampsia
Autism screening	●	18, 24 months
Bacteriuria screening	●	Pregnant women
Bilirubin screening	●	Newborns before discharge from hospital
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1–2 years
Breast cancer-discussion of benefits/risks of preventive medication	●	Women at risk
Breast-feeding support/counseling, supplies[2]	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	●	Women ages 21–65, every 3 years Women ages 30–65, every 3 years
Chlamydia screening	●	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening[1]	● ● ●	• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years • All adults ages 40-75
Colon cancer screening[1]	● ●	The following tests will be covered for colorectal cancer screening, ages 45 and older: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years Flexible sigmoidoscopy every ten years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years
Congenital hypothyroidism screening	●	Newborns
Critical congenital heart disease screening	●	Newborns before discharge from hospital

● = Men ● = Women ● = Children/adolescents

Preventive health screenings and interventions *(cont'd)*

Service	Group	Age, Frequency
Contraception counseling/education (including fertility awareness-based methods); contraceptive products and services[1,3,4]	●	Women with reproductive capacity
Dental application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	●	Children to age 5 years
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient, prescribe oral fluoride[1]	●	All infants and children starting at the age of primary tooth eruption
Depression screening/maternal depression screening	● ● ●	Ages 12–21, All adults, including pregnant and postpartum women
Developmental screening	●	9, 18, 30 months
Developmental surveillance	●	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Fall prevention in older adults (physical therapy)	● ●	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation[1]	●	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	●	Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	●	Pregnant women
Gonorrhea screening	●	Sexually active women age 24 years and younger and older women at risk
Healthy diet and physical activity counseling	● ● ●	Ages 6 and older - to promote improvement in weight status; overweight or obese adults with risk factors for cardiovascular disease
Hearing screening (not complete hearing examination)	●	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21
Hemoglobin or hematocrit	●	12 months
Hepatitis B screening	● ● ●	Pregnant women; adolescents and adults at risk
Hepatitis C screening	● ●	Adults ages 18–79
High blood pressure screening (outside clinical setting)[2]	● ●	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection[1] HIV PrEP related services (HIV screening, kidney function testing, hepatitis B & C screening, pregnancy testing, sexually transmitted infection screening/behavioral counseling, adherence counseling)	● ● ●	Individuals at risk
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Intimate partner/interpersonal violence screening	●	All women (adolescent/adult)
Lead screening	●	12, 24 months
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 50 to 80 with 20 pack year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Ocular (eye) medication to prevent blindness	●	Newborns
Oral health evaluation/assess for dental referral	●	6, 9 months. Ages 12 months, 18 months-6 years for children at risk
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by a Clinical Risk Assessment Tool). Computed tomographic bone density study requires precertification
PKU screening	●	Newborns
Perinatal depression preventive counseling	●	Pregnant and postpartum women with risk factors
Preeclampsia screening (blood pressure measurement)	●	Pregnant women
Prostate cancer screening (PSA)	●	Men ages 45 and older or age 40 with risk factors
Rh incompatibility test	●	Pregnant women

● = Men ● = Women ● = Children/adolescents

Preventive health screenings and interventions *(cont'd)*

Service	Group	Age, Frequency
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	●	Adolescents ages 11–21
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 6 months – 24 years
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions[1]	● ●	All adults[1]; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculosis screening	● ● ●	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Unhealthy alcohol use and substance abuse screening	● ● ●	All adults; adolescents age 11–21
Unhealthy drug use screening	● ●	All Adults
Urinary incontinence screening	●	Women
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

Note: This list above is not necessarily comprehensive for all persons and all situations.

● = Men ● = Women ● = Children/adolescents

1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over the counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to the Cigna Healthcare "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
2. Subject to the terms of your plan's medical coverage, home blood pressure monitoring supplies, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through the Cigna Healthcare national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain home blood pressure monitoring equipment, breast pump and breast pump supplies, contact the Cigna Healthcare national durable medical equipment vendor.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUDs, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Some plans choose to supplement the preventive care services listed above with a few additional services, such as other common laboratory panel tests. When delivered during a preventive care visit, these services also may be covered at the preventive level.

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

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.

Dental Plan Benefits

For Group Plans

Cigna Healthcare International Dental Plans

Offering a dental plan to your employees can make dental care more affordable, help them budget for their families' dental care and allow them to make better health choices.

Effective January 1, 2026

Monthly Rates	Global Dental Plus	Global Dental Basic
Employee	$33.95	$25.16
Employee + Spouse	$70.59	$49.99
Employee + Child(ren)	$70.95	$50.24
Employee + Family	$121.14	$91.87

Dental Plan Comparison Chart	Global Dental Plus	Global Dental Basic
Providers	May use any provider or save with network providers	May use any provider or save with network providers
Deductible (per person, per year)	$50	$50
Annual maximum benefit (per person, per year)	$1,500	$1,000
Class I: Preventive care • Routine oral examinations - two per calendar year • Routine dental cleanings - two per calendar year • Bitewing X-rays - one per calendar year • Fluoride treatments for children through age 18 - one per calendar year • Sealants - one per three calendar years through age 14	0% no deductible	0% no deductible
Class II: Basic restorative • Full mouth X-ray - one per five calendar years • Panoramic X-ray - one per five calendar years • Fillings • Oral surgery • Anesthetics • Major/minor periodontics • Root canal/therapy • Relines, rebases and adjustments • Repairs - bridges, crown and inlays • Repairs - dentures	20% after deductible	20% after deductible
Class III: Major restorative • Dentures • Crowns • Bridges	50% after deductible	50% after deductible
Class IV: Orthodontia[1] services	50% no deductible	Not covered

[1] Applies only to a dependent child less than 19 years of age. Lifetime maximum is $1,500.

These Cigna insurance products are provided by Cigna Health and Life Insurance Company and are offered as part of GSFR's benefits program.

Term Life and Accident Benefits

International Term Life and Accident Plans

Term Life and Accident Plans – Long-term Global Workers and Staff in Unum® Non-restricted Countries

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Employee & Affiliated Spouse Optional Term Life	
Employee Paid	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
See Monthly Optional Term Life rates below.	
Guaranteed issue is available at initial eligibility for up to $150,000 in coverage. Guaranteed issue is offered only during the initial 31-day eligibility period. Coverage amount of $200,000 requires ***Evidence of Good Health Application***.	
Benefit reduction at age 65	Reduces to 65% of current amount but not to reduce below $20,000 of coverage.

Non-Affiliated Spouse Term Life	
Employee Paid - No Evidence of Good Health is required. Guaranteed issue is offered only during the initial 31-day eligibility period.	
Coverage Amount	**$5,000**
Rate: $0.95 per month	

Non-Affiliated Spouse Optional Term Life	
Employee Paid	
Coverage Amount	**May select up to 50% of the employee's total life coverage. Must be in a $5,000 increment.**
See Monthly Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates	
Age	Rate per $1,000
29 & Under	$0.056
30-34	$0.068
35-39	$0.08
40-44	$0.11
45-49	$0.18
50-54	$0.28
55-59	$0.47
60-64	$0.72
65-69	$1.20
70-74	$2.24
75+	$3.45

Child Life	
Employee Paid	
Coverage Amount	**$10,000 per child**
Rate: $0.75 per month per family unit	
Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires ***Evidence of Good Health Application***.	

Employee & Affiliated Spouse Supplemental AD&D	
Employee Paid	
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Rate: $0.025 per $1,000 per month	
Participation in the Employee Term Life Plan is not required.	

Non-Affiliated Spouse Supplemental AD&D
Employee Paid
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Non-Affiliated Spouse will be covered at 50% of the employee's supplemental AD&D coverage.
Rate: $0.025 per $1,000 per month
Participation in the Employee Term Life Plan is not required, but participation in Employee Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

The above amounts of coverage are not available for term life and accident coverage to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Please note: Members traveling in Unum-restricted countries for work or work-related travel would be subject to the maximum payout for Unum-restricted countries. The maximum payout for Unum-restricted countries includes 1) $10,000 of employer-provided Term Life for an Employee or an Affiliated Spouse and 2) a maximum benefit of $20,000 for Employee and Affiliated Spouse Optional Term Life. Full benefits will be paid out for non-work-related travel.

Term Life and Accident Plans – Long-term Global Workers and Staff in Unum Restricted Countries

Unum has limited the term life coverage available to members working in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

Employee & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Employee & Affiliated Spouse Optional Term Life	
Employee Paid	
Available Coverage Amounts	**$10,000, $20,000**
See Monthly Optional Term Life rates below.	

Non-Affiliated Spouse Term Life	
Employee Paid	
Coverage Amount	**$5,000**
Rate: $0.95 per month	
No Evidence of Good Health is required. Guaranteed issue is offered only during the initial 31-day eligibility period.	

Non-Affiliated Spouse Optional Term Life	
Employee Paid	
Coverage Amount	**May select up to 50% of the employee's total life coverage. Must be in a $5,000 increment.**
See Monthly Optional Term Life rates below.	
Evidence of Good Health Application is required.	

Monthly Optional Term Life Rates	
Age	Rate per $1,000
29 & Under	$0.056
30-34	$0.068
35-39	$0.08
40-44	$0.11
45-49	$0.18
50-54	$0.28
55-59	$0.47
60-64	$0.72
65-69	$1.20
70-74	$2.24
75+	$3.45

Child Life	
Employee-Paid	
Coverage Amount	**$10,000 per child**
Rate: $0.75 per month family unit	
Guaranteed issue is available at initial eligibility; coverage continues to age 26. Application after initial eligibility requires *Evidence of Good Health Application*.	

Employee & Affiliated Spouse Supplemental AD&D	
Employee Paid	
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident	
Available Coverage Amounts	**$25,000, $50,000, $75,000, $100,000, $150,000, $200,000**
Rate: $0.025 per $1,000 per month	
Participation in the Employee Term Life Plan is not required. Evidence of Good Health is not required for accident plans.	

Non-Affiliated Spouse Supplemental AD&D
Employee Paid
Pays you or your beneficiary if you die or suffer a specified loss (eyesight, speech, hearing, hand or foot) in an accident
Non-Affiliated Spouse coverage will be 50% of the employee's supplemental AD&D coverage.
Rate: $0.025 per $1,000 per month
Participation in the Employee Term Life Plan is not required, but participation in Employee Supplemental AD&D is required. Evidence of Good Health is not required for accident plans.

Term Life and Accident Plans – Mid-term Global Workers and Staff

Employee Life & Affiliated Spouse Term Life and AD&D	
Employer Paid	
Term Life Coverage Amount	**$10,000**
AD&D Coverage Amount	**$10,000**

Additional Benefits

Life Planning Financial & Legal Resources
Financial, legal and grief support in the event of a death or diagnosis of a terminal illness.

Accelerated Benefits
Allows terminally ill members with a life expectancy of 12 months or less to receive up to 75% of the death benefit ($250,000 maximum) prior to death.

Portability or Conversion of Coverage
Employees and their dependents can continue coverage if employment is terminated, or they otherwise lose eligibility.

Add Children Without Underwriting
No underwriting is required to add a dependent child within 60 days of the child's birth, adoption or placement for adoption.

Additional AD&D Benefits
AD&D plan pays additional death benefits if you die when traveling more than 100 miles from home while properly wearing a seatbelt or when protected by an airbag. The plan also pays an additional education benefit to each of your qualified, college-age dependents if you die.

Vision Benefits - VSP

Get access to the best in eye care and eyewear with TEAM and VSP® Vision Care.

VSP® Vision care for life

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com**. Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.[1] Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.[2] Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

Your VSP Vision Benefits Summary

TEAM and VSP provide you with an affordable eyecare plan.

VSP Vision care for life

VSP Coverage Effective Date: 01/01/2024

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Progressive lenses • Average savings of 20-25% on other lens enhancements	$0	Every calendar year
Contacts (instead of glasses)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Progressive Lenses ..... up to $50
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Contacts ..... up to $105
Single Vision Lenses ..... up to $30		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | **vsp.com**

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

Additional Cigna Medical Plan Information

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