



Insured and/or administered by:  
**Cigna Health and Life Insurance Company**

## American Foreign Service Protective Association

Benefits at a Glance

Policy #00040A999

Plan Start 1/1/2024-12/31/2024

**NOTE: It is very important to contact AFSPA directly at 202-833-4910 for any questions regarding the benefits below. If AFSPA is unable to answer your question, we will refer you to Cigna for further assistance.** This information is a general description of benefits and is not a contract. Refer to your certificate booklet for complete details of coverage and exclusions. If there is any difference between this summary and the certificate, the information in the certificate will apply. Please note that your plan does not cover expenses for services which are not medically necessary.

Cigna Global Customer Service		
<b>Toll Free Telephone Number: Direct Telephone:</b>	1.800.441.2668	
<b>Toll Free Fax Number: Direct Fax Number:</b>	1.302.797.3100 (collect calls accepted) 1.800.243.6998 001.302.797.3150	
<b>Secure Website:</b>	<a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a> . Registration is required. (See member kit for registration information.) Secure email available at this site.	
<b>Mail Delivery:</b>	Cigna Global Health Benefits P.O. Box 15050 Wilmington, DE 19850-5050 U.S.A.	Cigna Global Health Benefits 300 Bellevue Parkway Wilmington, DE 19809 U.S.A

Global Dental Care (Outside the US)		
<b>Calendar Year Maximum</b> (Combined for Class I, II, III,)	\$3,000	
<b>Lifetime Maximum</b> (for Class IV and V)	\$2,500	
<b>Calendar Year Deductible</b>	\$100 Individual / \$300 Family	
<b>Class I</b>	<b>Preventive Care</b> For diagnostic and preventative services including: <ul style="list-style-type: none"> <li>Oral Exam - 2 per person, per year</li> <li>Cleanings - 2 per person, per year</li> <li>Bitewing X-rays - 2 per person, per year</li> <li>Fluoride Applications - 1 per person, per year (Up to age 19)</li> <li>Sealants - 1 per tooth, per 3 years</li> <li>Full Mouth X-rays – 1 per person, per 3 years</li> <li>Panoramic X-rays - 1 per person, per 3 years</li> </ul>	100% not subject to deductible

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<b>Class II</b>	<b>Basic Restorative</b> For Basic Restorations: <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics Maintenance</li> <li>• Oral Surgery</li> <li>• Fillings</li> <li>• Root Canal</li> <li>• Periodontal Scaling and Root Planing</li> <li>• Repair to Bridgework and Dentures</li> </ul>	80% subject to deductible
<b>Class III</b>	<b>Major Restorative</b> For Major Restorations: <ul style="list-style-type: none"> <li>• Dentures</li> <li>• Bridgework</li> <li>• Crowns</li> </ul>	50% subject to deductible
<b>Class IV</b>	<b>Orthodontia</b> Children and Adults	50% after lifetime deductible
<b>Class V</b>	<b>Implants</b>	50% after lifetime deductible

<b>Global Dental Care (Inside the US and US Territories)</b>		
<b>Calendar Year Maximum</b> (Combined for Class I, II, III,)	\$1,000	
<b>Lifetime Maximum</b> (for Class IV and V)	\$2,500	
<b>Calendar Year Deductible</b>	\$100 Individual / \$300 Family	
<b>Class I</b>	<b>Preventive Care</b> For diagnostic and preventative services including: <ul style="list-style-type: none"> <li>• Oral Exam - 2 per person, per year</li> <li>• Cleanings - 2 per person, per year</li> <li>• Bitewing X-rays - 2 per person, per year</li> <li>• Fluoride Applications - 1 per person, per year (Up to age 19)</li> <li>• Sealants - 1 per tooth, per 3 years</li> <li>• Full Mouth X-rays – 1 per person, per 3 years</li> <li>• Panoramic X-rays - 1 per person, per 3 years</li> </ul>	60% not subject to deductible

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<b>Class II</b>	<b>Basic Restorative</b> For Basic Restorations: <ul style="list-style-type: none"><li>• Endodontics</li><li>• Periodontics</li><li>• Prosthodontics Maintenance</li><li>• Oral Surgery</li><li>• Fillings</li><li>• Root Canal</li><li>• Periodontal Scaling and Root Planing</li><li>• Repair to Bridgework and Dentures</li></ul>	40% subject to deductible
<b>Class III</b> (12 month waiting period for new members)	<b>Major Restorative</b> For Major Restorations: <ul style="list-style-type: none"><li>• Dentures</li><li>• Bridgework</li><li>• Crowns</li></ul>	20% subject to deductible
<b>Class IV</b> (12 month waiting period for new members)	<b>Orthodontia</b> Children and Adults	25% after deductible, subject to \$2,500 Lifetime Max
<b>Class V</b> (12 month waiting period for new members)	<b>Implants</b>	50% subject to \$2,500 Lifetime Max

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