

EMPLOYEE BENEFIT PLANS RENEWAL BOOKLET

REVIEW YOUR PLAN OPTIONS

2024 Cigna International

Cigna International products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources' benefits program.



CIGNA INTERNATIONAL MEDICAL PLANS

GuideStone's international health plans give your employees the quality of care they deserve through Cigna's fully vetted, global directory of network providers.

Effective January 1, 2024

Medical Benefits		Global Health 500		
		Outside U.S. ¹	In-Network U.S.	Out-of-Network U.S.
Annual deductibles: individual/family		\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000
Plan pays/individual pays (co-insurance) (after deductible)		80%/20%	80%/20%	50%/50%
Annual co-insurance maximums: individual/family (after deductible)		N/A	N/A	\$21,000/\$22,000
Maximum out-of-pocket (medical and Rx): individual/family ²		\$5,000/\$6,000	\$5,000/\$6,000	N/A
Primary care/specialist visit		20% after deductible	\$25/\$45 co-pay	50% after deductible
Wellness visit (per Preventive Schedule) (no deductible or co-pay)		0%	0%	Not covered
Hospital inpatient (including maternity) and outpatient surgery facility (after deductible)		20%	20%	50%
Outpatient services (CT scan, MRI, diagnostic) (after deductible)		20%	20%	50%
Outpatient surgery (after deductible)		20%	20%	50%
Emergency room services		20% after deductible	20% after \$100 co-pay ³	20% after \$100 co-pay ^{3,6}
Telehealth		\$0	\$0	N/A
Urgent care		20% after deductible	\$45 co-pay	50% after deductible
Chiropractic services (20 visits annually)		20% after deductible	\$45 co-pay	50% after deductible
Mental health/substance abuse • Inpatient/intensive outpatient services • Office and professional services		20% after deductible 20% after deductible	20% after deductible \$25 co-pay	50% after deductible 50% after deductible
Eye exam (one per calendar year)		20% after deductible	\$25 co-pay	\$25 co-pay
Travel immunizations ⁴ (for employees and dependents)		0% (No deductible)	0% (No deductible)	100% (No deductible)
Prescription Drug Benefits⁵ (You Pay)				
Retail 30-Day Supply	Generic drug	20%	\$15 co-pay	50%
	Preferred drug	20%	\$35 co-pay	50%
	Non-preferred drug	20%	\$50 co-pay	50%
Prescription Drug Benefits⁵ (You Pay)				
Mail Order 90-Day Supply	Generic drug	N/A	\$45 co-pay	N/A
	Preferred drug	N/A	\$105 co-pay	N/A
	Non-preferred drug	N/A	\$150 co-pay	N/A

¹For care outside the U.S., you may be required to pay the provider and then submit a claim for reimbursement.

²All 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.

³The 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.

⁴Injectable 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 benefit.

⁵If 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.

⁶If 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.

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Effective January 1, 2024

Medical Benefits		Global Health 1000		
		Outside U.S. ¹	In-Network U.S.	Out-of-Network U.S.
Annual deductibles: individual/family		\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
Plan pays/individual pays (co-insurance) (after deductible)		100%/0%	80%/20%	50%/50%
Annual co-insurance maximums: individual/family (after deductible)		N/A	N/A	\$22,000/\$24,000
Maximum out-of-pocket (medical and Rx): individual/family ²		\$6,350/\$8,000	\$6,350/\$8,000	N/A
Primary care/specialist visit		0% after deductible	\$25/\$45 co-pay	50% after deductible
Wellness visit (per Preventive Schedule) (no deductible or co-pay)		0%	0%	Not covered
Hospital inpatient (including maternity) and outpatient surgery facility (after deductible)		0%	20%	50%
Outpatient services (CT scan, MRI, diagnostic) (after deductible)		0%	20%	50%
Outpatient surgery (after deductible)		0%	20%	50%
Emergency room services		0% after deductible	20% after \$100 co-pay ³	20% after \$100 co-pay ^{3,6}
Telehealth		\$0	\$0	N/A
Urgent care		0% after deductible	\$45 co-pay	50% after deductible
Chiropractic services (20 visits annually)		0% after deductible	\$45 co-pay	50% after deductible
Mental health/substance abuse • Inpatient/intensive outpatient services • Office and professional services		0% after deductible 0% after deductible	20% after deductible \$25 co-pay	50% after deductible 50% after deductible
Eye exam (one per calendar year)		0% after deductible	\$25 co-pay	\$25 co-pay
Travel immunizations ⁴ (for employees and dependents)		0% (No deductible)	0% (No deductible)	0% (No deductible)
Prescription Drug Benefits ⁵ (You Pay)				
Retail 30-Day Supply	Generic drug	20%	\$15 co-pay	50%
	Preferred drug	20%	\$35 co-pay	50%
	Non-preferred drug	20%	\$50 co-pay	50%
Prescription Drug Benefits ⁵ (You Pay)				
Mail Order 90-Day Supply	Generic drug	N/A	\$45 co-pay	N/A
	Preferred drug	N/A	\$105 co-pay	N/A
	Non-preferred drug	N/A	\$150 co-pay	N/A

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Effective January 1, 2024

Medical Benefits		Global Health 2000		
		Outside U.S. ¹	In-Network U.S.	Out-of-Network U.S.
Annual deductibles: individual/family		\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000
Plan pays/individual pays (co-insurance) (after deductible)		80%/20%	80%/20%	50%/50%
Annual co-insurance maximums: individual/family (after deductible)		N/A	N/A	\$24,000/\$28,000
Maximum out-of-pocket (medical and Rx): individual/family ²		\$6,350/\$10,000	\$6,350/\$10,000	N/A
Primary care/specialist visit		20% after deductible	\$25/\$45 co-pay	50% after deductible
Wellness visit (per Preventive Schedule) (no deductible or co-pay)		20%	0%	Not covered
Hospital inpatient (including maternity) and outpatient surgery facility (after deductible)		20%	20%	50%
Outpatient services (CT scan, MRI, diagnostic) (after deductible)		20%	20%	50%
Outpatient surgery (after deductible)		20%	20%	50%
Emergency room services		20% after deductible	20% after \$100 co-pay ³	20% after \$100 co-pay ^{3,6}
Telehealth		\$0	\$0	N/A
Urgent care		20% after deductible	\$45 co-pay	50% after deductible
Chiropractic services (20 visits annually)		20% after deductible	\$45 co-pay	50% after deductible
Mental health/substance abuse • Inpatient/intensive outpatient services • Office and professional services		20% after deductible 20% after deductible	20% after deductible \$25 co-pay	50% after deductible 50% after deductible
Eye exam (one per calendar year)		20% after deductible	\$25 co-pay	\$25 co-pay
Travel immunizations ⁴ (for employees and dependents)		20% (No deductible)	0% (No deductible)	0% (No deductible)
Prescription Drug Benefits ⁵ (You Pay)				
Retail 30-Day Supply	Generic drug	20%	\$15 co-pay	50%
	Preferred drug	20%	\$35 co-pay	50%
	Non-preferred drug	20%	\$50 co-pay	50%
Prescription Drug Benefits ⁵ (You Pay)				
Mail Order 90-Day Supply	Generic drug	N/A	\$45 co-pay	N/A
	Preferred drug	N/A	\$105 co-pay	N/A
	Non-preferred drug	N/A	\$150 co-pay	N/A

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CIGNA INTERNATIONAL MEDICAL PLANS

GuideStone's international health plans give your employees the quality of care they deserve through Cigna's fully vetted, global directory of network providers.

Effective January 1, 2024

Medical Benefits		Global Health 2000 Plus		
		Outside U.S. ¹	In-Network U.S.	Out-of-Network U.S.
Annual deductibles: individual/family		\$0/\$0	\$2,000/\$4,000	\$4,000/\$8,000
Plan pays/individual pays (co-insurance) (after deductible)		100%/0%	80%/20%	50%/50%
Annual co-insurance maximums: individual/family (after deductible)		N/A	N/A	\$24,000/\$28,000
Maximum out-of-pocket (medical and Rx): individual/family ²		\$6,350/\$10,000	\$6,350/\$10,000	N/A
Primary care/specialist visit		0% after deductible	\$25/\$45 co-pay	50% after deductible
Wellness visit (per Preventive Schedule) (no deductible or co-pay)		0%	0%	Not covered
Hospital inpatient (including maternity) and outpatient surgery facility (after deductible)		0%	20%	50%
Outpatient services (CT scan, MRI, diagnostic) (after deductible)		0%	20%	50%
Outpatient surgery (after deductible)		0%	20%	50%
Emergency room services		0% after deductible	20% after \$100 co-pay ³	20% after \$100 co-pay ^{3,6}
Telehealth		\$0	\$0	N/A
Urgent care		0% after deductible	\$45 co-pay	50% after deductible
Chiropractic services (20 visits annually)		0% after deductible	\$45 co-pay	50% after deductible
Mental health/substance abuse • Inpatient/intensive outpatient services • Office and professional services		0% after deductible 0% after deductible	20% after deductible \$25 co-pay	50% after deductible 50% after deductible
Eye exam (one per calendar year)		0% after deductible	\$25 co-pay	\$25 co-pay
Travel immunizations ⁴ (for employees and dependents)		0% (No deductible)	0% (No deductible)	0% (No deductible)
Prescription Drug Benefits ⁵ (You Pay)				
Retail 30-Day Supply	Generic drug	20%	\$15 co-pay	50%
	Preferred drug	20%	\$35 co-pay	50%
	Non-preferred drug	20%	\$50 co-pay	50%
Prescription Drug Benefits ⁵ (You Pay)				
Mail Order 90-Day Supply	Generic drug	N/A	\$45 co-pay	N/A
	Preferred drug	N/A	\$105 co-pay	N/A
	Non-preferred drug	N/A	\$150 co-pay	N/A

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GuideStone's international health plans give your employees the quality of care they deserve through Cigna's fully vetted, global directory of network providers.

Effective January 1, 2024

Medical Benefits		Global Health 3500			
		Outside U.S. ¹	In-Network U.S.	Out-of-Network U.S.	
Annual deductibles: 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%	
Annual co-insurance maximums: individual/family (after deductible)		N/A	N/A	\$22,000/\$42,000	
Maximum out-of-pocket (medical and Rx): individual/family ²		\$3,500/\$7,000	\$6,350/\$12,700	N/A	
Primary care/specialist visit		0%	\$25/\$45 co-pay	40% after deductible	
Wellness visit (per Preventive Schedule) (no deductible or co-pay)		0%	0%	Not covered	
Hospital inpatient (including maternity) and outpatient surgery facility (after deductible)		0%	20%	40%	
Outpatient services (CT scan, MRI, diagnostic) (after deductible)		0%	20%	40%	
Outpatient surgery (after deductible)		0%	20%	40%	
Emergency room services		0%	20% after \$100 co-pay ³	20% after \$100 co-pay ^{3,6}	
Telehealth		\$0	\$0	N/A	
Urgent care		0%	\$45 co-pay	40% after deductible	
Chiropractic services (20 visits annually)		0%	20% after deductible	40% after deductible	
Mental health/substance abuse		0%	20% after deductible	40% after deductible	
• Inpatient/intensive outpatient services		0%	\$25 co-pay	40% after deductible	
• Office and professional services		0%		40% after deductible	
Eye exam (one per calendar year)		0%	\$25 co-pay	\$25 co-pay	
Travel immunizations ⁴ (for employees and dependents)		0%	0% (No deductible)	0% (No deductible)	
Prescription Drug Benefits ⁵ (You Pay)					
Retail	30-Day Supply	Generic drug	20%	\$15 co-pay	60%
		Preferred drug	20%	\$35 co-pay	60%
		Non-preferred drug	20%	\$50 co-pay	60%
Prescription Drug Benefits ⁵ (You Pay)					
Mail Order	90-Day Supply	Generic drug	N/A	\$45 co-pay	N/A
		Preferred drug	N/A	\$105 co-pay	N/A
		Non-preferred drug	N/A	\$150 co-pay	N/A

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CIGNA INTERNATIONAL DENTAL PLANS

GuideStone’s international health plans give your employees the quality of care they deserve through Cigna’s fully vetted, global directory of network providers.

Like their U.S. counterparts, these international dental plans include full coverage for preventive care to help employees stay healthy while on the field. When they return to the U.S., they can easily visit a dentist within Cigna’s U.S. network.

Effective January 1, 2024

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
Deductible (per person per year)	\$50	\$50
Annual maximum benefit	\$1,500	\$1,000
Class I: Preventive Care	0% no deductible	0% no deductible
Basic restorative care	20% after deductible	20% after deductible
Major restorative care	50% after deductible	50% after deductible
Orthodontia ¹	50% no deductible	Not covered
Waiting periods	None	None

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

Cigna International products are administered by Cigna Health and Life Insurance Company through GuideStone Financial Resources’ benefits program.

Life and Accident Plans

Term life plans are available to international employees, excluding those who work in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Democratic Republic of the Congo, East Timor (Timor-Leste), Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen.

See the [2024 Employee Benefit Plans Renewal Booklet](#) for additional details.

Long-Term Disability Plans

Long-term disability plans are available to international employees, excluding those who work in the following countries: Afghanistan, Algeria, Central African Republic, Chad, Democratic Republic of the Congo, East Timor (Timor-Leste), Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan or Yemen. See the [2024 Employee Benefit Plans Renewal Booklet](#) for additional details.

Note: Short-term disability plans are available only within the United States.

Additional Information

You can find the [International Group Plans Enrollment Form](#) and [International Employee Annual Change Request](#) in the [GuideStone Employer Access® Program](#). Once logged in, select “Document Center” and then find the “Group Plans Insurance Renewal Documents.”



5005 LBJ Freeway, Ste. 2200 | Dallas, TX 75244-6152
GuideStone.org • **1-844-INS-GUIDE**