





VIPCA is proud to offer a comprehensive, creditable health plan to active VIPCA members. This health insurance program is underwritten by CIGNA and managed by the insurance specialists at Risk Strategies - Gowrie Group. With 24/7 medical management services, multilingual claims administrators and highly trained customer service professionals, this health insurance program brings VIPCA members the products they need, backed by the service they deserve.

Qualifying VIPCA Members

CREW MEDICAL PROGRAM

- Captain and/or Crew
- Vessel Owners

LAND MEDICAL PROGRAM

- Vessel Managers
- VIPCA Suppliers
- Businesses that service VIPCA Clients & Members

VIPCA Health Plan Highlights

- Worldwide coverage
- Coverage in United States
- Two plans to choose from
- Up to \$5,000,000 per Policy Year limit
- Monthly Credit Cards or EFTdeductions
- Voluntary dental coverage available

LEARN MORE & CONNECT

VIPCA Health Insurance

Rick Bagnall Health Insurance Specialist Senior Vice President rbagnall@risk-strategies.com 860.391.7161

VIPCA Health Insurance

Barbie Murray - Orne Account Manager bmurray-orne@risk-strategies.com 860.399.3630

VIPCA Yacht Insurance

John Owsianik Yacht & Personal Insurance Specialist Senior Vice President jowsianik@risk-strategies.com

DISCLAIMERS: This is not a legal document or an insurance policy. This summary has been prepared for illustrative purposes only and is not a contract. It is intended to provide a general overview of the policies and plans described and may be different than the insurance policies issued. Only the policy contract can provide the actual description, terms, conditions, coverage, and exclusions. All coverages are NOT available in all locations. Creditable coverage may be granted within a two to three week window of submitting your application. Submitting an application does not guarantee automatic medical coverage. In order to qualify for this program, you have to be an active member of VIPCA.

CIGNA Dental Summary VIPCA Land & Crew Base Dental I	CIGNA Dental Summary VIPCA Land & Crew Base Dental Insurance Program			
\$1,500 Calendar Year Maximum per person				
\$1,500 US IN Network / \$1,500 US Out of Network / \$1,5	00 Out of the US			
Maximum Benefit Per Person	\$1,500 per certificate period			
Deductible per Calendar Year Per Person	\$25 / \$75 per family			
Class I Preventive Care – For diagnostic and preventive services including				
Oral Exam - 2 per person per year	100% not subject to deductible			
Cleanings – 2 per person per year	100% not subject to deductible			
Bitewing X-rays – 2 per person per year	100% not subject to deductible			
Fluoride Applications – 1 per person per year (Up to age 19)	100% not subject to deductible			
Sealants - 1 per person per 3 years	100% not subject to deductible			
Diagnostic X-rays - Unlimited	100% not subject to deductible			
Full Mouth / Panoramic X-rays - 1 per person per 3 years	100% not subject to deductible			
Class II Basic Restorative – For basic restorations				
Endodontics	80% after deductible			
Periodontics	80% after deductible			
Prosthodontics Maintenance	80% after deductible			
Oral Surgery	80% after deductible			
Fillings	80% after deductible			
Root Canal	80% after deductible			
Periodontal Scaling and Root Planning	80% after deductible			
Repair to Bridgework and Dentures	80% after deductible			
Class III Major Restorative – for major restorations				
Dentures	50% after deductible			
Bridgework	50% after deductible			
Crowns	50% after deductible			
	Monthly Rates - VIPCA Land Base	Monthly Rates - VIPCA Crew		
Crew Coverage (Individual)	\$36.83	\$36.35		
Crew Member & Spouse	\$74.80	\$73.86		
Crew Member & Child(ren)	\$78.95	\$77.99		
Crew Member & Family	\$128.55	\$126.96		

CIGNA Medical Summary VIPCA Land & Crew Base Health Insur	rance Program	
\$1,000 Deductible		
\$1,000 US IN Network / \$1,000 US Out of Network / \$1,000 O	ut of the US	
Maximum Benefit Per Person	\$5,000,000 per certificate period	
Deductible per Calendar Year Per Person	\$1,000	
COINSURANCE PERCENTAGES		
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible	
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured	
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured	
Independent US Preferred Provide Network	Provided through CIGNA	
PHYSICIAN OFFICE SERVICES		
Preventive Care	100% not subject to deductible	
Vision Care (one every 24 consecutive months)	Exam: Up to \$100 per 24 months Lenses and/or frames: up to \$150 per 24 months	
HOSPITAL SERVICES		
Inpatient & Outpatient	Subject to deductible and coinsurance	
Emergency Room - Injury / Illness	Subject to deductible and coinsurance	
Maternity Coverage	Subject to deductible and coinsurance	
Pre-natal Care - Delivery of Newborn - Post-Natal Care (Maternity must be covered)	Subject to deductible and coinsurance	
OTHER SERVICES		
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits	
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.	
Repatriation of Mortal Remains	100% coverage	
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days	
Local Ambulance	Subject to deductible and coinsurance	
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined	
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible	
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance	
Monthly Rates – VIPCA Land Base M	Monthly Rates – All Employees in US for great than 90 continuous	

	Monthly Rates - VIPCA Land Base	Monthly Rates - VIPCA Crew	Monthly Rates – All Employees in US for great than 90 continuous days
Crew Coverage (Individual)	\$585.49	\$464.98	\$683.68
Crew Member & Spouse	\$1,655.24	\$1,186.47	\$1,750.71
Crew Member & Child(ren)	\$1,449.33	\$1,176.37	\$1,740.61
Crew Member & Family	\$2,749.46	\$2,091.51	\$3,095.36

CIGNA Medical Summary VIPCA Land & Crew Base Health Insur	ance Program	
\$3,500 deductible – per Individual		
\$3,500 US IN Network / \$3,500 US Out of Network / \$3,500 O	ut of the US	
Maximum Benefit Per Person	\$5,000,000 per certificate period	
Deductible per Calendar Year Per Person	\$3,500	
COINSURANCE PERCENTAGES		
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible	
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 OOP for insured	
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured	
Independent US Preferred Provide Network	Provided through CIGNA	
PHYSICIAN OFFICE SERVICES		
Preventive Care	100% not subject to deductible	
Vision Care (one every 24 consecutive months)	Exam: Up to \$100 per 24 months Lenses and/or frames: up to \$150 per 24 months	
HOSPITAL SERVICES		
Inpatient & Outpatient	Subject to deductible and coinsurance	
Emergency Room - Injury / Illness	Subject to deductible and coinsurance	
Maternity Coverage	Subject to deductible and coinsurance	
Pre-natal Care - Delivery of Newborn - Post-Natal Care (Maternity must be covered)	Subject to deductible and coinsurance	
OTHER SERVICES		
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits	
Emergency Medical Evacuation	100% of covered expenses not subject to the deductible for approved services. Includes coverage for US Expats. TCN's.	
Repatriation of Mortal Remains	100% coverage	
Family Travel Arrangements	Round trip Airfare at Economy Rates to the place of hospitalization for 1 Family Member for hospitalizations in excess of 7 Days	
Local Ambulance	Subject to deductible and coinsurance	
Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational and cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined	
Prescription Drugs	Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible	
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance	
Monthly Rates – VIPCA Land Base M	Monthly Rates – All Employees in US for great than 90 continuous	

	Monthly Rates – VIPCA Land Base	Monthly Rates - VIPCA Crew	Monthly Rates – All Employees in US for great than 90 continuous days
Crew Coverage (Individual)	\$430.23	\$340.88	\$502.14
Crew Member & Spouse	\$1,207.94	\$866.57	\$1,282.38
Crew Member & Child(ren)	\$1,053.79	\$856.47	\$1,272.28
Crew Member & Family	\$1,997.82	\$1,522.37	\$2,262.11

CIGNA Medical Summary VIPCA Land & Crew Base Health In:	surance Program	
\$5,000 Deductible		
\$5,000 US IN Network / \$5,000 US Out of Network / \$5,000	Out of the US	
Maximum Benefit Per Person	\$5,000,000 per certificate period	
Deductible per Calendar Year Per Person	\$5,000	
COINSURANCE PERCENTAGES		
Medical Expenses Incurred Outside US & Canada	Plan pays 100% of eligible charges after deductible	
Medical Expenses Incurred in US Accessing PPO	80% / 20% \$2,000 00P for insured	
Medical Expenses Incurred in US Outside PPO and Canada	60% / 40% \$4,000 OOP for insured	
Independent US Preferred Provide Network	Provided through CIGNA	
PHYSICIAN OFFICE SERVICES		
Preventative Care	100% not subject to deductible	
Vision Care (one every 24 consecutive months)	Exam: Up to \$100 per 24 months Lenses and/or frames: up to \$150 per 24 months	
HOSPITAL SERVICES		
Inpatient & Outpatient	Subject to deductible and coinsurance	
Emergency Room - Injury / Illness	Subject to deductible and coinsurance	
Maternity Coverage	Subject to deductible and coinsurance	
Pre-natal Care - Delivery of Newborn - Post-Natal Care (Maternity must be covered)	Subject to deductible and coinsurance	
OTHER SERVICES		
Chiropractic Care	Subject to deductible and coinsurance / Maximum 20 Visits	
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Short Term Rehabilitation includes Cardiac and Pulmonary Rehab, Speech, Occupational a cognitive Therapy, Physical Therapy, Physiotherapy	Subject to deductible and coinsurance / Maximum 60 days for all Therapies Combined	
Generic / 20% not subject to deductible Preferred Brand Name / 20% not subject to deductible Non-Preferred Brand Name / 20% not subject to deductible		
Mental Health and Substance Use Disorder Inpatient Facility / Outpatient Office Visit	Subject to deductible and coinsurance	
Monthly Rates - VIPCA Land Base	Monthly Rates – All Employees in US for great than 90 continuous	

	Monthly Rates – VIPCA Land Base	Monthly Rates - VIPCA Crew	Monthly Rates – All Employees in US for great than 90 continuous days
Crew Coverage (Individual)	\$368.76	\$311.31	\$437.03
Crew Member & Spouse	\$1,037.59	\$790.01	\$1,114.42
Crew Member & Child(ren)	\$907.55	\$779.91	\$1,104.32
Crew Member & Family	\$1,720.06	\$1,386.14	\$1,963.27