AIARC BENEFITS

Supporting Research Centers with Global Benefits

Let’s Get Started

AIARC
Association of International Agricultural Research Centers

Benefit Topics

Want Detailed Benefit Information?

Visit **aiarcbenefits.org** for plan details and more.

New to AIARC Benefits?

Please visit **Enrolling in AIARC Benefits** on the AIARC Benefits Hub for instructions and forms.

This guide is clickable

For a seamless user experience, view this guide on the Adobe Acrobat desktop app.

Welcome to Your AIARC Benefits!

At AIARC, we are deeply committed to supporting you, your family, and the vital work you do. It is our goal to provide valuable benefits and opportunities that allow you to focus on your mission—achieving sustainable food security and reducing global poverty.

Teamwork, respect, and integrity form the foundation of everything we do. We believe in providing the resources and support you need to thrive in your life-changing work. We are here to ensure you receive the benefits you deserve, so you can continue making a positive impact.

We encourage you to take a close look at the information provided in this guide to learn more about the benefits AIARC offers you and your family.

At AIARC, your success is our success, and we are proud to be your partner in delivering lasting outcomes.

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary of the plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. AIARC reserves the right to modify or terminate any of the benefits described at any time and for any reason. Please note that AIARC is not your employer and nothing contained in this guide should be construed to create an employer-employee relationship. Your Center is your employer.

Roles of the Centers, AIARC and Partners

The IARC Plan Trust (the Trust) was established in Guernsey, Channel Islands for AIARC Member Centers to provide insurance and retirement benefits to their employees. AIARC administers the Trust, which includes financial accounting, recordkeeping, resolving claims issues, managing vendors, legal research, participant communication, and soliciting vendor bids. AIARC's work is overseen by a Board of Directors, made up of representatives from member Centers.

The following service providers were selected by the AIARC Board to provide employee benefits on behalf of the Centers:

- Cigna International, based in Antwerp, Belgium, manages medical, dental, and prescription drug claims for Plan participants.
- International SOS, based in Philadelphia, Pennsylvania, USA, handles emergency medical, security, and travel assistance services.
- Utmost Corporate Solutions based in Guernsey, Channel Islands, underwrites the coverage for life, accidental death and dismemberment, and long-term disability insurance.
- Chubb, based in Warren Township, New Jersey, USA, underwrites the insurance for the employer-sponsored business travel accident insurance benefit.
- Zurich International Life (Zurich), based in Douglas, Isle of Man, provides the International Retirement platform for non-U.S. taxpayers via the IARC Retirement Plan Trustee located in Guernsey, Channel Islands.
- Vanguard, based in Valley Forge, Pennsylvania, USA, provides the IARC 403(b) U.S. Retirement Plan platform for U.S. taxpayers.

Want More Details?

For detailed information on all your benefits, visit the **AIARC Benefits Hub** at **www.aiarcbenefits.org**.

Active Employment Insurance

Who Is Eligible?

You

You are eligible for benefits because you meet the criteria for one of the following Employment Classifications as determined by your Center:

- A full-time employee working your Center's normal work week
- A part-time employee working at least 20 hours per week or 50% of your Center's normal work week and hired to work at the Center for at least one year
- A long-term consultant contracted to work for a Center for at least a year
- A short-term employee or consultant contracted to work for a Center less than a year but more than two months
- A visiting scientist working temporarily at a Center
- A trainee/student in a Center's training/educational program. Coverage is limited to two months or less
- A very short-term employee working at a Center for less than two months

Retirement eligibility and enrollment is distinct from other benefits. For more info, see **page 23** in the guide.

Your Dependents

If you are eligible for the medical plan, you may enroll your eligible dependents to include:

- Your legal spouse or domestic partner
- Your natural, adopted, or stepchildren (including the children of a domestic partner) up to age 26, who have the same permanent residence* as you and receive more than 50% of their financial support from you

**A child attending university away from home is considered to live at the same permanent address as the Center employee or retiree.*

Unsure of Your Employment Classification?

Contact your Center's Human Resources Department with questions.

Note: Benefits vary by Employment Classification. Short-term or very short-term employees, short-term consultants, visiting scientists, and trainees/students are not eligible for dental and vision benefits. Only the Employment Classifications of full-time and part-time employees are eligible for Bridging or Retiree insurance. Other Employment Classifications are not eligible to continue medical insurance after leaving the Center. Please see **page 7** for information on eligibility for Bridging and Retiree insurance.

Duplicate Coverage

- A participant can only be covered once—either as an employee or a dependent.
- A child cannot be covered as a dependent by more than one employee.
- If you are covered by both the IARC Plan and another plan (like a spouse's employer plan), the IARC Plan considers the plan covering the employee as primary, and the other coverage as secondary insurance.
- For dependents covered by both parents, the primary plan is that of the parent whose birthday is earlier in the year.

Domestic Partnership Eligibility

Eligibility for domestic partnerships is defined by each member. Generally, a Center may recognize a domestic partnership if the partners are not closely related, are unmarried, are each other's sole partners, are legally able to marry, have lived together and been jointly responsible for each other's basic living expenses for at least 12 months, and intend to remain together indefinitely.

When Do Benefits Start?

If you are a full-time employee, part-time employee, or long-term consultant, coverage for you and your current dependents starts five days before your official employment start date. For short-term employees, consultants, visiting scientists, trainees, or very short-term employees, coverage starts on your official employment date. Your dependents' coverage will start at the same time as yours.

Effective Date for Eligible Dependents

You have 25 days to enroll a new dependent without penalty if you experience a qualified life event:

- Coverage starts on the marriage date (or when you submit the form), or on the birth, adoption, or placement date for children.
- For domestic partnerships, coverage for your partner and your partner's eligible dependents begins once approved by your Center.
- If you drop a dependent, notify your Center within 25 days.

Note: All enrollment and change forms must be approved by your Center and sent to AIARC within the 25-day notification period. To update your coverage for a qualifying life event, you must provide supporting documentation, such as a birth or marriage certificate, to prove your dependent's eligibility.

When Do Benefits End?

If you are a full-time employee, part-time employee, or long-term consultant, your Plan benefits and those of your eligible dependents will end 25 days after your employment ends with the Center. For other Employment Classifications, coverage ends on the day you terminate employment from the Center.

How to Enroll

Follow these steps to enroll in your benefits.

1. Upon your hire, your Center will provide you with an **AIARC Insurance Plan Enrollment Form**.
2. Use this form to enroll yourself and any eligible dependents in the IARC Medical Insurance Plan.
3. Once you are enrolled, Cigna will send an email notification to your email address listed on the form.
4. Cigna's email notification will include your insurance reference number starting with (217) and instructions on how to activate/register your Cigna Personal Webpage at **www.cignahealthbenefits.com**.

Note: To decline coverage, complete the medical opt-out section of the enrollment form and the Waiver of Insurance Form.

Remember:

If you miss the 25-day deadline for enrollment, coverage will start the next month after approval, with a $4,000 limit on pre-existing conditions for the first year. (No penalty for delaying if you have other coverage.)

Bridging and Retiree Medical Insurance

What Is the Difference? Which Is Right for You?

Plan Details	Bridging Insurance	Retiree Insurance
Eligibility	You must have been enrolled in the Employment Classification of a full-time or part-time employee in the IARC Medical Plan for at least the previous 24 consecutive months before termination.	You must be at least 60 years old* and have been enrolled in the Employment Classification of a full-time or part-time employee in the IARC Medical Plan for at least 120 months, including the last 60 consecutive months before retirement.
	Note: A full-time employee is someone who has worked their Center's standard work week, while a part-time employee is someone who has worked at least 20 hours/week or 50% of their Center's standard work week and has been employed for at least one year.	
	You may choose either **Bridging** or **Retiree Insurance** upon termination of employment. Once you select a coverage option, you are no longer eligible for the other option.	
Duration	Bridging Insurance lasts up to 12 months from the date coverage begins or until you no longer meet eligibility requirements or pay the premium rate.	Retiree Insurance continues indefinitely as long as you meet eligibility requirements and pay the premium rate.
Insurance Begins	Immediately after the 25-day grace period, following your last day of employment. To enroll, you will need to complete an **IARC Insurance Plan Change Form** and a new **Tax Residency Declaration Form**. Your existing Cigna membership number will continue through the bridging or retiree coverage period. **Note:** If you do not submit these forms within 25 days of your last day as an employee, you will lose the chance to participate in bridging or retiree insurance. You will not be able to enroll later.	
Insurance Ends	On the earliest of these dates: the first of the month after your premium is not paid, the date you notify your Center that you are leaving the Plan, the last day of the month in which you pass away, or 12 months after bridging insurance begins. Dependent coverage ends when your coverage ends or when your dependents no longer meet eligibility requirements, whichever comes first.	
Premium Payment	You will pay the premiums for your insurance directly to your Center based on the agreement between you and your Center. For legal reasons, AIARC can only collect premium payments directly from the Centers.	

**If your employment start date was before January 1, 2022, you are eligible for retiree coverage beginning at age 55.*

Key Medical Plan Terms & Definitions

Coinsurance

Coinsurance is the percentage you pay for a covered service after you have met your annual deductible. The Plan will pay the remaining percentage of your expenses. In the U.S., you will pay a lower percentage if you use a Cigna in-network provider.

Copay

A copay is a fixed dollar amount you pay each time you fill a prescription in the USA, with the amount based on whether it is a generic drug, preferred brand, or non-preferred brand. After you pay the copay, Cigna covers 100% of the remaining drug costs. Your copays do not apply toward the Plan's annual deductible, coinsurance, or out-of-pocket limits.

Deductible

The annual deductible is the amount you must pay before Cigna begins making coinsurance payments. It applies per individual, per calendar year, with a maximum limit for families. The deductible is waived for certain services, including vision, dental, outpatient prescriptions, preventive care, WHO-recommended vaccinations, and hearing aids. You will not need to meet the deductible for using Cigna's Online Telehealth Service or the International Employee Assistance Program (IEAP). Deductible amounts paid for care in the U.S. also count toward the deductible for care received abroad, and vice versa.

Emergency Room Coverage

The Plan covers emergency room expenses in cases of true emergencies. However, if the visit is considered a non-emergency, the Plan will only pay 50%. Non-emergencies are situations where care could have been safely provided in a doctor's office or when the ER was used for convenience.

Hospital Admission Certification

For non-emergency admissions to a hospital, hospice, skilled nursing, or convalescent care facility in the U.S., you must get prior certification from Cigna, or you will be charged an extra $500 per admission. Certification is recommended but not required for admissions outside the U.S. Certification gives you and your provider clarity on what the Plan will cover, avoiding surprises on your bill. Find the Cigna phone numbers for certification in the **Contacts** section.

Hospital Deductible

(Only applies to hospitals in the U.S.)

Cigna's Open Access Plan (OAP) offers many hospital options across the U.S. You can find in-network hospitals through your Cigna Personal Webpage account. If you are admitted to a hospital outside the OAP network, you will need to pay an additional $500 hospital deductible, which does not count toward your annual deductible or out-of-pocket limit.

In-Network Care

Care provided by contracted doctors within Cigna's network of providers. This enables participants to receive care at a reduced rate compared to care received from out-of-network providers. Find Cigna OAP providers through your **Cigna Personal Webpage Account** for outside the U.S. and **Cigna Global Health Benefits Directory** for care in the U.S.

Out-of-Network Care

Care provided by a doctor or at a facility outside of Cigna's network. Your out-of-pocket costs may increase.

Out-of-Pocket Maximum (OOPM)

The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses. Payments for care in the U.S. count toward your OOPM limit abroad, and vice versa. In the U.S., the limit is lower if you use Cigna OAP network providers. Keep in mind, costs for non-covered services do not count toward the OOPM.

Preventive Care

Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Managing Your Medical Benefits with Cigna

Your medical benefits are provided through Cigna, giving you access to a worldwide network of healthcare services. Cigna also offers tools to help you easily manage your coverage, so you can stay informed and make the most of your plan.

Cigna Membership Card

After you enroll, you and your dependents can use a Cigna electronic membership card which includes your ID number, group number, prescription details, and 24/7 contact info for inquiries and claims. Print or download your card from your Cigna Personal Webpage Account or display the digital insurance card from the Cigna Health Benefits App from your phone.

Cigna Personal Webpage

To manage your IARC Medical Plan benefits, activate your **Cigna Personal Webpage Account**.
Using your Webpage account, you can:

- Print membership cards and insurance certificates
- Find Cigna in-network providers outside the U.S.
- Submit, check, and review claims
- View individual and family benefit limits
- Request a Guarantee of Payment (GOP)

Benefits On-the-Go!

Once you've activated your account, you can manage it on your smartphone by downloading the Cigna Health Benefits+ App from the App Store or Google Play.

GET IT ON Google Play

Download on the App Store

Managing Your Claims

Submitting Medical, Vision, Dental, and Prescription Claims

Submit all qualifying claims within 90 days of the service date. Claims submitted more than a year after the service date will not be paid. You can submit claims electronically through your **Cigna Personal Webpage** account or using the **Cigna Health Benefits+ App**. Be sure to scan or take photos of your medical invoices and other documents to attach them to your online claim. For more detailed instructions about the online claims process, please refer to the **Cigna Online Claiming Tool Manual**.

Keep original invoices for at least six months after submitting your claim. Once processed, you will receive an email notification, and you can view settlement details online.

Please refer to the **AIARC Benefits Hub** for more details on what the Plan covers.

Submit Claims Electronically	
Cigna Personal Webpage	

International Medical Plan

International-Europe and International-Other Categories

Plan Features	Care Received Outside the U.S. & Europe (International-Other)	Care Received Within Europe	Care Received Within the U.S. – Cigna Open Access Plan (OAP)	
			In-Network	Out-of-Network
	You pay:	You pay:	You pay:	You pay:
Annual Deductible* Individual/Family	$0 / $0*	$200 / $400	$400 / $800	$600 / $1,200
Coinsurance	10% after deductible	10% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum (OOPM) Individual/Family	$1,000 / $2,000	$1,000 / $2,000	$3,500 / $7,000	$7,500 / $15,000
Preventive Care Visit	Covered in full	Covered in full	Covered in full	
Global Telehealth/IEAP	Covered in full	Covered in full	Covered in full	
Hospital Deductible	$0	$0	$0	$500/admission
Prescription Drugs: Retail (up to a 30-day supply)				
Tier 1 (Generic)	10%	10%	$0	Pay the full amount first. You may be reimbursed up to 50% of the cost.
Tier 2 (Preferred Brand)			$25	
Tier 3 (Non-Preferred Brand)			$80	

**There is no annual deductible for active employees enrolled in the International-Other Category when receiving care outside the U.S. and Europe.*

This section applies only to active and retired participants enrolled in the International Medical Plan.

Find an In-Network Provider

Visit the following sites to find a provider near you:

- Outside the U.S.: **Cigna Personal Webpage**
- Within the U.S.: **Cigna Global Health Benefits Directory**

Remember, you will pay less when you use providers within Cigna's OAP network.

Remember:

When you receive care in the U.S., you will pay more out-of-pocket before reaching the OOPM. The higher limit means you will have more personal financial responsibility for covered services in the U.S.

U.S. Medical Plan

Plan Features	Care Received within the U.S. – Cigna Open Access Plan (OAP)		Care Received Outside the U.S.
	In-Network	Out-of-Network	
	You pay:	You pay:	You pay:
Annual Deductible Individual/Family	$400 / $800	$600 / $1,200	$200 / $400
Annual Out-of-Pocket Maximum (OOPM) Individual/Family	$3,500 / $7,000	$7,500 / $15,000	$1,000 / $2,000
Coinsurance	10% after deductible	30% after deductible	10% after deductible
Preventive Care Visit	Covered in full		Covered in full
Global Telehealth/IEAP	Covered in full		Covered in full
Hospital Deductible	$0	$500/admission	$0
Prescription Drugs: Retail* (up to a 30-day supply)			
Tier 1 (Generic)	$0	Pay entire cost upfront, may be reimbursed up to 50%	10% after deductible
Tier 2 (Preferred Brand)	$25		
Tier 3 (Non-Preferred Brand)	$80		
Prescription Drugs: Mail Order** (up to a 90-day supply)			
Tier 1 (Generic)	$0	Pay entire cost upfront, may be reimbursed up to 50%	N/A
Tier 2 (Preferred Brand)	$50		
Tier 3 (Non-Preferred Brand)	$160		

**Always present your Cigna membership card at the pharmacy or you may only be reimbursed up to 50% of the cost.*
***Mail Order home delivery through* **Express Scripts**.

Find an In-Network Provider

Visit the following sites to find a provider near you:

- Outside the U.S.:
  Cigna Personal Webpage
- Within the U.S.:
  Cigna Global Health Benefits Directory

Remember, you will pay less when you use providers within Cigna's OAP network.

Lower OOPM Outside the U.S.

When you receive medical care outside the U.S., there is a lower out-of-pocket maximum. Once you reach this amount ($1,000/individual, $2,000/family), the Plan will cover 100% of your eligible expenses for the rest of the year!

Dental Coverage

Did you know good dental care improves your overall health? If you are in the Employment Classifications of full-time employee, part-time employee, or long-term consultant, our dental plan helps you maintain a healthy smile through regular preventive dental care and offers coverage to fix problems early.

Plan Features	Care Received Outside the U.S.	Care Received in the U.S. – Cigna PPO	
		In-Network	Out-of-Network*
Calendar Year Benefit Maximum	$2,000 per individual		
Orthodontia Lifetime Maximum	$2,000 per individual**		
	You pay:	**You pay:**	
Calendar Year Deductible	None		
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	$0	$0	10%
Basic Restorative Services (e.g., fillings, extractions, root canals)	20%	20%	30%
Major Restorative Services (e.g., dentures, crowns, bridges)	40%	40%	50%
Orthodontia (children to age 18)	20%**	20%**	20%**
Treatment of Temporomandibular Joint Disorder	Not covered		
Cosmetic Dentistry	Not covered		

Note: Short-term or very short-term employees, short-term consultants, visiting scientists, and trainees/students are not eligible for dental benefits.
For out-of-network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge.
***You will pay 20% until the orthodontia maximum of $2,000 is reached, then you will be responsible for the full balance in excess of that amount.*

Find a Dental Provider

- You may visit any dentist of your choice, but you will receive the highest coverage when you visit in-network providers.
- If you visit an out-of-network provider, you will not benefit from discounted rates and will pay a greater share of the cost of services.
- Find in-network care:
  - Outside the U.S.: **Cigna Personal Webpage**
  - Within the U.S.: **Cigna Global Health Benefits Dental Directory**

Vision Coverage

Keep your vision clear with regular eye exams, and vision materials. If you are in the Employment Classifications of full-time employee, part-time employee, or long-term consultant, you have access to an extensive network of optometrists.

Plan Features	Benefit	
	Frequency	You Pay
Vision Exam	Every 12 months	$0
Lenses, Frames, or Contacts	Every 12 months	20% up to $500 per year

Note: Short-term or very short-term employees, short-term consultants, visiting scientists, and trainees/students are not eligible for vision benefits.

Find an In-Network Vision Provider

Visit the following sites to find a provider near you!

- Outside the U.S.: **Cigna Personal Webpage**
- Within the U.S.: **Cigna Global Health Benefits Directory**

Hearing Aids

With your Cigna coverage, you pay 20% of the cost of hearing aids—up to $2,500 for each ear, every three years.

Access Health & Wellness Resources Via Mobile Phone

Global Telehealth

Skip the waiting rooms and scheduling hassles. Global telehealth through the Cigna Wellbeing App puts you in control of when and where you access care. You can speak with a licensed physician 24/7/365 via the app. Phone consultations and video visits give you direct access to a licensed medical professional at no cost who may be able to:

- Advise treatment of common medical conditions, such as colds, flu, bronchitis, allergies, rashes, depression, etc.
- Provide specialist referrals
- Prescribe medication

International Employee Assistance Program (IEAP)

Unfortunately, life does not come with a manual. When you need help with work, home, personal, or family issues, the International Employee Assistance Program (IEAP), through Cigna, offers value-added programs and services at no charge.

You and your dependents can access this confidential service to help with many of life's difficulties, including international challenges, illness, grief and loss, stress, depression, financial counseling, family challenges, and much more. These services can help you overcome such challenges while saving you time and money.

The IEAP gives you access to:

- Unlimited phone sessions
- Up to six face-to-face sessions per incident per year
- Critical incident support after a traumatic incident
- Resources for parenting, aging, work, and more
- AWARE one-on-one coaching program
- Computerized Cognitive Behavioral Therapy sessions

Contact the International Employee Assistance Program (IEAP) anytime, day or night, by placing a reverse-charge call to +1-9842226957, or get connected with a provider via the **global freephone list** (refer to the Cigna **IEAP brochure**). You can also access the IEAP through the Cigna Wellbeing app.

Cigna Wellbeing App

Download App from the **App Store** or **Google Play** for convenient access to Global Telehealth and the IEAP.

Use the **benefits hub** to set up and access your Wellbeing App on your phone.

GET IT ON Google Play

Download on the App Store

Choose the Right Place to Go for Care

Knowing where to go for care can save you time, money, and hassle. Our medical plans give you a variety of care options for any medical or mental health concerns you may face. Remember to save the Emergency Room for true emergencies.

International EAP	Global Telehealth	Cigna In-Network Provider
Benefit: ▪ No cost ▪ Speak to a licensed counselor from anywhere **Useful for**: ▪ Balancing personal and work life, family, mental health, stress and cultural adaptation, etc., by talking to a professional counselor	**Benefit:** ▪ No cost ▪ Speak to a doctor from anywhere ▪ Reduced waiting room time **Useful for:** ▪ Treatment of non-emergency medical illnesses ▪ Limiting exposure to contagious diseases ▪ Receiving specialist referrals or prescriptions	**Benefit** ▪ Reasonable price in-network ▪ In-person examination ▪ Familiarity with health history **Useful for:** ▪ Treatment of chronic illnesses ▪ Preventive care ▪ Follow-up visits and referrals

Tips to Avoid Unnecessary Costs

Request a Guarantee of Payment (GOP)

To avoid paying in advance for the full cost of treatments over $400, request a GOP from Cigna. This document confirms whether the treatment is covered and what portion Cigna will pay. You will pay your share of the deductible and coinsurance directly to the provider, and Cigna will cover the rest. (For costs between $200 and $400, Cigna can provide a Verification of Benefits to confirm payment.)

1. Ask your provider to complete the Cost Estimate Form on **Cigna Personal Webpage** and email it to **admissions@cignahealthcare.com** with your Personal Reference Number, at least two weeks before treatment.
2. For out-of-network providers, you may need to pay upfront and seek reimbursement from Cigna afterward.

Keep Cigna in the Loop

If you or a dependent needs non-emergency care in a U.S. hospital, hospice, skilled nursing facility, or convalescent care facility, be sure to get certification from Cigna beforehand. Without this, you will be charged an extra $500 per admission. While certification for hospital admissions outside the U.S. is recommended, it is not required. This process clarifies what costs the Plan will cover so you are not surprised by your bill.

Use In-Network Providers

To reduce out-of-pocket costs for care, use Cigna's in-network providers. You can find these providers by logging into your Cigna Personal Webpage account. For U.S. care, choose Cigna's Open Access Plus (OAP) providers for medical care and Preferred Provider Organization (PPO) for dental care to minimize expenses.

Take Advantage of Free Preventive Care

Be sure to use the Plan's free preventive care services, which can help you stay healthy and avoid future costs. Regular check-ups, vaccinations, and screenings are covered at no extra cost to you.

Try (Convenient & Free) Telehealth and IEAP First

Cigna's telehealth services offer a convenient way to access care for non-emergency health issues. You can consult with a healthcare provider from home, at no cost to you. Download the **Cigna Wellbeing App** to get started.

Emergency Medical, Security, and Travel Assistance Services

International SOS provides medical, security, and travel assistance for those traveling or living abroad. With access to 26 Assistance Centers worldwide, members can receive 24/7 support from medical and security experts, helping to stay informed and safe. Please note that not all International SOS services are free of charge and that for emergency evacuation services, definitions and guidelines must be met for insurance reimbursement. For more details, refer to the **AIARC Benefits Hub**.

Who Is Eligible?

You and your eligible dependents who are enrolled in the IARC Insurance Plan* are eligible for International SOS Assistance Services. Please note that certain services, such as security evacuations, may not be available to citizens located in their home countries.

**Bridging and Retiree IARC Plan participants are not eligible for International SOS Assistance Services.*

What Is the Definition of Emergency Medical Evacuation?

For insurance reimbursement, the definition of an emergency medical evacuation is a situation which arises suddenly or unexpectedly, and if left unattended for less than 48 hours, could result in loss of life or deterioration of the individual's permanent medical condition and the individual must be transported to the nearest hospital where appropriate medical care and treatment can be provided. The Medical Evacuation or Repatriation must be ordered by an International SOS Medical Physician.

How to Contact International SOS

In an emergency, call the 24-hour Assistance Center at **+1-215-942-8226** (collect) or contact the nearest International SOS Assistance Center, listed on your International SOS Membership Card or the **Intl. SOS Assistance App**.

When calling the International SOS Assistance Center, the following information will need to be provided:

1. Name of person calling
2. Name of employer (the name of the Center that holds the employment contract)
3. Name of the injured party (employee or dependent)
4. Location, and
5. Description of the situation.

For non-urgent cases such as health or security questions, employees can contact the Assistance Center by email at **americas@internationalsos.com**.

Download the International SOS App

GET IT ON Google Play

Download on the App Store

Business Travel Accident (BTA)

BTA insurance offers financial benefits in the event of an employee's accidental death during employer-sponsored overnight business travel.

Eligibility

Full-time and part-time employees, as well as short-term and long-term consultants, are eligible for coverage if they are enrolled in the Insurance Plan prior to the date of travel. Coverage begins when the participant departs for a preapproved business trip with an overnight stay, and it ends upon return home or to the workplace, whichever occurs first. For details on BTA, please refer to **AIARC Benefits Hub**.

Benefit Amounts

Employee Classification	Payout Amount
Full-time and part-time employees	3x annual salary, up to $1.2 million
Short-term employees and consultants	$50,000 or $100,000
Maximum payout per incident	$15 million (In case of multiple deaths, payouts are proportionally adjusted.)

Life Insurance

Life Insurance coverage provides financial security to your beneficiary if you pass away. Eligibility for Life Insurance is determined by your Employment Classification. If you do not know the benefits that you are eligible for, contact your Center's Human Resource department.

Eligibility

If you are in an eligible Employment Classification, you will receive the Life Insurance benefit. For full-time, part-time employees, or long-term consultants, life coverage starts five days before your official employment date and ends 25 days after you terminate employment from the Center. For short-term employees or consultants, life coverage begins on your first day of work and ends on the day you terminate employment from the Center.

Employment Classification	Life Insurance Amount
Full or part-time employee	3x or 5x your annual base salary, rounded to next $1,000
Short-term employee/consultant or long-term consultant	$50,000 or $100,000
Maximum Free Cover Limit: $1.5 million*	

**If your Life benefit exceeds the maximum Free Cover Limit, you will need to complete the Personal History Questionnaire (PHQ) and send to Utmost Corporate Solutions' Underwriters.*

Your benefit coverage decreases as you age, according to the following chart:

Age	Percentage of Benefit to Be Paid
Under 70	100%
70 to 74	75%
75 to 79	50%
80	0%

Naming a Beneficiary

It is really important to name a beneficiary for your Life and AD&D policy in the event of your death to ensure that the financial benefit is paid to individuals based on your current wishes. Remember to complete the **Beneficiary Designation Form** for IARC Insurance Plan.

What Is PHQ?

A Personal History Questionnaire (PHQ) is the process of providing health information to the underwriter to qualify for coverage amounts above the free cover limit.

You will be required to submit a health questionnaire (in some cases, a physical exam may be required) to be eligible for coverage above the free cover limit. Your questionnaire will be reviewed by the underwriter, and you will be notified of the underwriter's decision directly. For details on the underwriting process, please refer to the **IARC Death & Disability Benefit Plan Explanatory Booklet**.

Accidental Death & Dismemberment (AD&D)

The AD&D benefit provides coverage if death or dismemberment happens within 180 days of an accident. The accidental death payment is in addition to the life benefit. Your benefit decreases with age, at the same rate as the Life Insurance, see **page 20**.

Eligibility

For full-time employees, part-time employees, or long-term consultants, AD&D coverage starts five days before your employment date and ends 25 days after you terminate employment from the Center. For short-term employees, consultants, visiting scientists, trainees, or students, coverage starts on your first day of work and ends on the day you terminate employment from the Center.

AD&D coverage is also provided for eligible dependents of all Employment Classifications.

Employment Classification	Accidental Death Insurance Amount
Full or part-time employee	3x or 5x your annual base salary, rounded to next $1,000
Short-term or very short-term employee **Long-term or short-term consultant**	$50,000 or $100,000
Spouse/Partner	50% of employee's benefit
Child	5% of employee's benefit

Dismemberment Eligibility & Payout

In the event you suffer an injury or disabling loss (dismemberment) due to an accident, you would receive a lump sum accidental dismemberment benefit determined as a percentage of the full accidental death benefit.

Please refer to the **IARC Death & Disability Benefit Plan Explanatory Booklet** for a wide range of medical injuries and losses covered by the Plan for disabling events.

Long-Term Disability (LTD)

LTD pays you 70% of your monthly salary if you cannot work for an extended period due to a disabling illness or injury. If your LTD benefit does not exceed the $300,000 annual base salary limit, you are immediately covered for full benefits under the Plan, otherwise you will need to complete a Personal History Questionnaire (PHQ) and send it to Utmost Corporate Solutions' Underwriters. For details on the underwriting process, please refer to the **IARC Death & Disability Benefit Plan Explanatory Booklet**.

If your Center participates in the LTD retirement option and you participate in the IARC Retirement Plan, you will receive a retirement contribution of 100% in addition to the LTD payment based on your salary, during your disability.

Eligibility

Only the Employment Classifications of full-time or part-time employees under the age of 65 are eligible for this benefit. LTD coverage is effective beginning on the date of employment at your Center and ends on the day of your death, or when you terminate employment from your Center or at age 65.

Retirement Plan Eligibility

Being ready for retirement is an important part of financial wellness. The key to success is to start saving now. AIARC offers International and U.S. Retirement Plans. Employees are allowed to make voluntary contributions in addition to the employer's contributions.

Plan Features	International Retirement	U.S. Retirement
Which Plan am I eligible for?	You must be a non-U.S. taxpayer.	You must be a U.S. taxpayer. **Note:** A U.S. Taxpayer is a U.S. Citizen or lawful Permanent Resident Alien living outside or in the U.S.
	Eligible Employment Classifications include: full-time employee, part-time employee working at least 20 hours per week for a year, long-term consultant, and short-term employee or consultant contracted for more than two months.	
Who is my retirement plan provider?	**Zurich International** is the plan provider for the international retirement plan.	**Vanguard** is the plan provider for the U.S. 403(b) retirement plan.
How can I enroll?	You must complete the **International Retirement Plan Enrollment Form — Zurich** and **Tax Residency Declaration Form**.	You must complete the **U.S. Retirement Plan Enrollment Form — Vanguard** and **Tax Residency Declaration Form**.
	Note: Contributions to your retirement account will not begin until AIARC receives your enrollment form and Tax Residency Declaration form.	

Zurich Online Account (ZIO) App

Download the app:

GET IT ON Google Play | Download on the App Store

Vanguard Retirement App

Download the app:

GET IT ON Google Play | Download on the App Store

Retirement Plan Benefits

Plan Features	International Retirement	U.S. Retirement
How much does my employer contribute?	Your Center will contribute a set percentage of your earnings each month based on your Center's sponsorship agreement with the Plan Administrator. Employer (Center) contributions will be payable from the date you join the Plan until you leave employment. **Note:** The majority of Centers make a 15% employer contribution. A few Centers have an age based formula. Please contact the Human Resources department at your Center about its contribution formula. All contributions are 100% vested.	
Can I make voluntary contributions?	You can contribute up to 100% of your monthly net pay by completing the IARC **International Retirement Plan Voluntary Contribution Form**.	You can contribute from your monthly pay by completing the **Voluntary Contribution 403(b) Form**. **Note:** There are limits on contributions for voluntary and total (employer + voluntary) contributions. Please refer to the Internal Revenue Service website for the current year limits.
Why is it important to nominate beneficiaries?	To ensure that the money in your retirement account goes to the individuals who you want to receive it in the event of your death, make sure that you nominate beneficiaries for your retirement account.	
Where can I find information about my Plan?	To learn about rules of the Plan, investments options, or setting up and managing your account, refer to the following: ▪ IARC Retirement Plan Participant **Guide** ▪ IARC Retirement Plan Investment **Guide** ▪ Target Retirement Fund **Brochure**	To learn about fund details, investment tools, etc., log into your personal **Vanguard** account.

Helpful Tips on Saving for Retirement

- Start saving as soon as possible to grow your retirement account.
- Begin with small contributions, if necessary, and increase contributions over time.
- Develop a habit of setting aside money for retirement.
- Understand that investment returns may fluctuate.

Medical Plan Contacts

Coverage		Contact
Cigna Contact Centers		+32-3-217-6947 (Antwerp, Belgium) +1-866-253–3003 (Miami, U.S.) +254-203-617-314 (Kenya local office) +0800221352 (Kenya Toll Free Number)
Cigna Healthcare Medical, Dental, Vision		**aiarc@cignahealthcare.com** (for all inquiries) **admissions@cignahealthcare.com** (request for GOP) *Note: When emailing, please list your Cigna Number in the subject line.* Fax: +32-3-663-2857 (Belgium)
Cigna Electronic Membership Card		**www.cignahealthbenefits.com** Cigna Health Benefits+ App download - **App Store** or **Google Play**
Cigna Claims		
In-Network Provider Search		**www.cignahealthbenefits.com** (outside the U.S.) **Cigna Health Care Provider Directory** (within the U.S.)
Pharmacy	**U.S. Retail**	RXGRP: NRBA, RX Issuer: 80840, Rx Bin: 017010, RX PCN 0216INTL (required for 30-day supply)
	Home Delivery Express Scripts	**www.express-scripts.com** +1-800-835-3784 (within the U.S.)
Global Telehealth Services		Cigna Wellbeing App download - **App Store** or **Google Play**
International Employee Assistance Program (IEAP)		Phone: +1-9842226957 (Use this phone number for reverse charge calling or call Cigna directly to call you back) SMS Texting: +1-9849206875 Cigna Wellbeing App download - **App Store** or **Google Play**

For quick access to contacts and key information, download the **AIARC Benefits Contacts app**.

AIARC Benefits Hub

AIARC Benefits Hub

Travel Assistance, Death & Disability, & Retirement Plan Contacts

Coverage	Contact	
Travel Assistance (International SOS)	24-hour Assistance Center at +1-215-942-8226 (collect) International SOS App download - **App Store** or **Google Play** Non-urgent case inquiries: **americas@internationalsos.com**	
Life, Accidental Death & Dismemberment, Long Term Disability, and Business Travel Accident	AIARC **www.aiarc.org/Contact-Us** Ph: +1-703-548-4540 8:30 a.m. to 5:30 p.m. (0830 to 1730) U.S. Eastern Time, Monday – Friday Fax: +1-703-548-5960	
International Retirement (Zurich)	ZIO Technical Queries Zurich Corporate HelpPoint Team **corporate.pensions@zurich.com** **online.zurichinternationalsolutions.com** +44 (0)1624 691013 or (00 971 436 34400 if dialing from the Middle East) Monday to Friday 08:00 and 17:00 (UK time)	General Queries AIARC - **www.aiarc.org/Contact-Us** Ph: +1-703-548-4540 8:30 a.m. to 5:30 p.m. (0830 to 1730) U.S. Eastern Time, Monday – Friday Fax: +1-703-548-5960
U.S. Retirement (Vanguard)	**ownyourfuture.vanguard.com** **Within U.S.:** +1-800-523-1188 | **Overseas:** +1-610-669-1000 Monday through Friday from 8:30 a.m. to 9 p.m., U.S. Eastern time	

For quick access to contacts and key information, download the **AIARC Benefits Contacts app**.

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