Your global benefits solution

Summary of Benefits

The proposed plan of benefits is underwritten by Aetna Life Insurance Company (Delaware). This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details, including limitations, exclusions and other plan requirements, please refer to the employee booklet (which will be provided near the time the plan becomes effective). A separate policy may be required for membership located in Maryland or Washington.

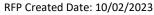
Below you'll find our initial recommendations based on our best understanding of your needs. Once you have a chance to review this proposal, we look forward to discussing what modifications we can make to deliver the right solution for your company.

Access US PPO Medical Summary of Benefits

On-shore Contract Situs Global Assignee Plan

Proposed Policy Year: 01/01/2024 through 12/31/2024

		Eligibility Provision		
Employee	Regular full-time employees p	Regular full-time employees participating in this plan working a minimum of 25 hours per week.		
Dependent	Spouse, domestic partner; o	Spouse, domestic partner; children up to age 26, regardless of student status		
	Ac	ccess US PPO Medical		
		In the U.S.		
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)	
Individual Deductible	\$0 per calendar year	\$1,000 per calendar year	\$2,000 per calendar year	
Family Deductible	\$0 per calendar year	\$3,000 per calendar year	\$6,000 per calendar year	
Prior Plan Credit	Current Calendar Year			
Individual Payment Limit	\$0 per calendar year	\$4,000 per calendar year	\$8,000 per calendar year	
Plan Coinsurance Limit includ	es plan deductible and copayme	ents. Excludes precertification penal	lties.	
Family Payment Limit	\$0 per calendar year	\$8,000 per calendar year	\$16,000 per calendar year	
Plan Coinsurance Limit includ	es plan deductible and copayme	ents. Excludes precertification penal	lties.	
Lifetime Maximum	Unlimited			





	Acces	s US PPO Medical		
	In the U.S.			
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)	
	Но	spital Services		
Inpatient	No Charge	20% after deductible	40% after deductible	
Outpatient	No Charge	20% after deductible	40% after deductible	
Private Room Limit	The institution's semiprivate ra	te.		
Pre-certification Penalty	No Penalty	No Penalty	\$400	
that care. Pre-Certification for	Hospital Admissions, Treatment F excluded amount applied separate	acility Admissions, Convalescent Fo	to avoid a reduction in benefits paid for acility Admissions, Home Health Care at the service center to determine if pre-	
Non-Emergency Use of the Emergency Room	No Charge	Not Covered	Not Covered	
Emergency Room	No Charge	20% deductible waived after \$150 copay	20% deductible waived after \$150 copay	
Non-Urgent Use of Urgent Care Provider	No Charge	Not Covered	Not Covered	
Urgent Care	No Charge	No Charge after \$75 copay	40% after deductible	
Ambulance	No Charge	20% deductible waived	20% deductible waived	
	Phy	ysician Services		
Physician Office Visit	No Charge	No Charge after \$25 copay	40% after deductible	
Telemedicine Consultation with Non-Specialist	No Charge	No Charge deductible waived	40% after deductible	
Specialist Office Visit	No Charge	No Charge after \$45 copay	40% after deductible	
Telemedicine Consultation with Specialist	No Charge	No Charge deductible waived	40% after deductible	
Walk in Clinics	No Charge	No Charge deductible waived	40% after deductible	
		Designated Walk-in Clinics No Charge deductible waived		
retail store; and (b) provide lir	nited medical care and services on		y, drug store, supermarket or other Urgent care centers, emergency rooms considered to be Walk-in Clinics.	
Virtual Care and Virtual	Not Covered	No Charge deductible waived	Not Covered	

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Quote ID: 9476 Option ID: 28837 Proprietary

Primary Care



Mental Health Services

Access US PPO Medical					
			In the U.S.		
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)		
Mental Health Inpatient Coverage Unlimited days per calendar year	No Charge	20% after deductible	40% after deductible		
Mental Health Outpatient Coverage Unlimited visits per calendar year	No Charge	No Charge after \$25 copay	40% after deductible		
	А	lcohol/Drug Abuse Services			
Substance Abuse Inpatient Coverage Unlimited days per calendar year	No Charge	20% after deductible	40% after deductible		
Substance Abuse Outpatient Coverage Unlimited visits per calendar year	No Charge	No Charge after \$25 copay	40% after deductible		

		In t	he U.S.
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
	Pres	cription Drug Coverage	
Generic Drugs (365 day maximum supply) Includes contraceptives	No Charge	\$15 copay per month supply (includes Mail Order Drugs)	40% after deductible
Formulary Brand Name Drugs (365 day maximum supply) Includes contraceptives	No Charge	\$40 copay per month supply (includes Mail Order Drugs)	40% after deductible
Non-preferred or Non- formulary Generic and Brand Name Drugs (365 day maximum supply) Includes contraceptives	No Charge	\$60 copay per month supply (includes Mail Order Drugs)	40% after deductible
Specialty Drugs (30 day maximum supply)	No Charge	No Charge After \$150 copay	Not Covered
		Preventive Benefits	
Routine Children Physical Exams	No Charge	No Charge deductible waived	40% after deductible

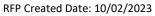
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months thereafter to age 22 (includes immunizations)



	А	ccess US PPO Medical		
		In t	In the U.S.	
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)	
Routine Adult Physical Exams	No Charge	No Charge deductible waived	40% after deductible	
Adults age 22+ & -65: 1 exam eve months	ery 12 months up to age 65	5, 1 exam every 12 months age 65 and older	Adults age 65+: 1 exam/12	
Routine Gynecological Exams	No Charge	No Charge deductible waived	40% after deductible	
Includes 1 exam and pap smear p	er calendar year			
Routine Mammograms	No Charge	No Charge deductible waived	40% after deductible	
Prostate Specific Antigen (PSA)	No Charge	No Charge deductible waived	40% after deductible	
Routine Digital Rectal Exam (DRE)	No Charge	No Charge deductible waived	40% after deductible	
Colorectal Cancer Screening	No Charge	No Charge deductible waived	40% after deductible	
Recommended: For all members of	age 45 and older.			
Routine Hearing Exam	No Charge	No Charge deductible waived	40% after deductible	
Includes one routine exam every 2	24 months			
Hearing Aids	No Charge	20% after deductible	40% after deductible	
1 hearing aid per ear to \$1,000 m	aximum per ear every 3 ye	ars for child to age 24		

Access US PPO Medical				
		In th	In the U.S.	
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)	
	Vision	Care		
Routine Eye Exam	No Charge	No Charge deductible waived	40% after deductible	
(Covered under medical) Includes o	ne routine exam every 12 months			
Vision Care Supplies	No Charge up to \$150 maximum	No Charge up to \$150 maximum	No Charge up to \$150 maximum	
Schedule maximums apply every 12	? months			
	Other Se	rvices		
Skilled Nursing Facility 120 days per calendar year	No Charge	20% after deductible	40% after deductible	
Hospice Care Facility Inpatient 30 day lifetime maximum	No Charge	20% after deductible	40% after deductible	
Hospice Care Facility Outpatient Unlimited lifetime maximum	No Charge	20% after deductible	40% after deductible	





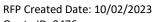
	Access US PF	PO Medical	
		In the U.S.	
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Home Health Care 1.20 visits per calendar year ncludes Private Duty Nursing	No Charge	20% after deductible	40% after deductible
Acupuncture Unlimited visits per calendar year	No Charge	No Charge after \$25 copay	40% after deductible
Spinal Disorder Treatment Unlimited visits per calendar year	No Charge	No Charge after \$10 copay	25% after deductible
Short Term Rehabilitation	No Charge	No Charge after \$10 copay	25% after deductible
Includes Occupational and Physical	Therapies; Unlimited visits combine	ed per calendar year	
Speech Therapy	No Charge	No Charge after \$45 copay	40% after deductible
60 visits per calendar year			
Diagnostic Outpatient X-ray	No Charge	20% after deductible	40% after deductible
Diagnostic Outpatient Lab	No Charge	20% after deductible	40% after deductible
Base Infertility Services	No Charge	20% after deductible	40% after deductible
Base plan coverage includes covera	ge limited to the testing and treatn	nent of underlying condition	
Comprehensive Infertility Services	No Charge	20% after deductible	40% after deductible
Comprehensive plan coverage inclu	des coverage for 6 cycles of Artificio	al Insemination and Ovulation Ind	uction
ART Infertility Services	No Charge	20% after deductible	40% after deductible
6 cycles per lifetime for Advanced R	Reproductive Technology (ART) cove	erage with cryopreservation, stora	ae and unlimited embrvo t

Access US PPO Medical				
		In the U.S.		
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)	
		Other Services		
Prosthetic Devices	No Charge	20% after deductible	40% after deductible	
Complex Imaging	No Charge	20% after deductible	40% after deductible	
Durable Medical Equipment Unlimited per calendar year maximum	No Charge	20% after deductible	40% after deductible	
Allergy Testing	No Charge	No Charge after \$45 copay	40% after deductible	
Allergy Serum & Injections	No Charge	20% after deductible	40% after deductible	
Transplants Unlimited per lifetime	No Charge	20% after deductible	40% after deductible	
Diabetics Supplies	No Charge	20% after deductible	40% after deductible	

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	Ac	cess US PPO Medical	
		In the U.S.	
PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Payment for Non-Preferred Providers*	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare
Autism		any other expense. Member cost sha of service where it is rendered.	ring is based on the type of service





Additional services and programs included in your quote



Employee Assistance Program (EAP)

Our EAP helps members balance the demands of work, life and personal issues. Whether it's finding balance between work and life, dealing with the loss of a loved one, managing anxiety or depression, or parenting advice, EAP offers free, confidential support delivered by qualified counselors. Includes up to 5 counseling sessions per issue per year per enrolled member.



24-Hour Nurse Line**

Provides 24-hour telephone, email and chat access to experienced registered nurses to help members make informed health care decisions on a variety of health topics.



Teladoc®**

Gives members access to a national network of certified physicians right at their fingertips, through phone and online-video consultations.



CVS Health Virtual Care™ and CVS Health Virtual Primary Care™

In addition to their traditional network of providers, these two telehealth solutions give members access to virtual primary care, mental health services and 24/7 on-demand care – through one convenient digital platform. Members can easily schedule a virtual appointment from anywhere in the U.S., providing a convenient path to quality virtual care with shorter wait times and affordable pricing.



International Care Management program

Led by our clinical care management team, our program supports everything from clinical precertification and pre-trip planning, to acute and chronic care management, and much more. With ongoing assistance from a clinician, we offer personalized, culturally relevant support no matter where members are in the world.



Well-being Assessment**

This personalized, online health and wellness program includes a suite of online health coaching programs in addition to a health assessment. The program encourages participants to identify and reduce health risks and improve and maintain healthy lifestyles, with a focus on prevention and long-term success.



Pharmacy shipping

We make sure members can fill their prescriptions quickly, safely and easily with our pharmacy shipping solutions. We help coordinate medication management for members preparing for assignments or travel, as well as offering a 90-day supply of maintenance medicine delivered directly to the member's home.



Member offers (discount program)

Our member offers gives members choice and flexibility in their day-to-day life. They get a variety of discounts on products and services that keep them healthy, fit and help them save money. In addition to offers on personal wellness products and services, we also offer deals on everyday needs such as travel, tickets, car rentals, electronics and more.



Enhanced Maternity program

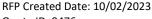
Provides a holistic, end-to-end family building solution for U.S.-based members. It starts with family-planning and fertility support and uses predictive analytics, educational resources and guided genetic counseling to address at-risk members.



Transform Oncology**

This high-touch program offers a comprehensive, member-focused support and an elevated standard of oncology care to members with cancer. They get a personal navigator, guided genetic testing, precision medicine and site-of-care support to help them achieve their best health while controlling costs.

^{**} Available to members in the U.S. only





^{*}Services and resources may vary depending on member location.

Medical Plan Caveats

This plan includes coverage for women's preventive and other preventive health benefits to the extent required under the Affordable care act beginning with plan years starting on or after August 1, 2012. For plan years effective on or after January 1, 2017, this plan also includes coverage for benefits in accordance with the nondiscrimination provisions under Section 1557 of the Affordable Care Act.

Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage, deductibles and copays may be used to satisfy the payment limit. Precertification penalty are excluded from the payment limit.

There is cross-application between calendar year deductible, out of pocket maximum and lifetime maximum across overseas, in-network and out-of-network level of benefits.

Coverage maximums up to a certain number of days/visits per calendar year are reached by combining the Preferred and Non-Preferred benefits up to the limit for either one plan or the other, but not both. (Example, if the Preferred benefit is for 120 days and the Non-Preferred benefit is for 120 days, the maximum benefit is 120 days, not 240 days).

In-Network - deductible and coinsurance may apply to pap smears, DRE tests and PSA tests if billed by an independent laboratory provider.

Maternity expenses are covered as any other medical expense. Coverage is provided for an employee and eligible dependents. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability.

For contracted hospitals, the non-contracted Radiologist, Anesthesiologist and Pathologist (RAPS) are paid at the preferred level and will be subject to reasonable and customary charges. Note that this payment method may apply to other providers.

Benefit maximums per Calendar year are calculated between 01/01/2023 and 12/31/2023.

Copayments and coinsurance for chiropractic visits are capped at 25% of the amount due to the chiropractor.

*Payment for Non-Preferred Providers

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.

Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site. This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

RFP Created Date: 10/02/2023



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This is only a brief summary of the PPO Medical benefits available. Some restrictions may apply.

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