

# 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: 02/01/2023 through 12/31/2023

Eligibility Provision			
<b>Employee</b>	Regular full-time employees participating in this plan working a minimum of 25 hours per week.		
<b>Dependent</b>	Spouse, domestic partner; children up to age 26, regardless of student status		
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PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Individual Deductible</b>	\$0 per calendar year	\$750 per calendar year	\$1,500 per calendar year
<b>Family Deductible</b>	\$0 per calendar year	\$2,250 per calendar year	\$4,500 per calendar year
<b>Prior Plan Credit</b>	Previous Calendar Year		
<b>Individual Payment Limit</b>	\$0 per calendar year	\$3,500 per calendar year	\$7,500 per calendar year
<i>Plan Coinsurance Limit includes plan deductible and copayments. Excludes precertification penalties.</i>			
<b>Family Payment Limit</b>	\$0 per calendar year	\$7,000 per calendar year	\$15,000 per calendar year
<i>Plan Coinsurance Limit includes plan deductible and copayments. Excludes precertification penalties.</i>			
<b>Lifetime Maximum</b>	Unlimited		

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In the U.S.

PLAN FEATURES	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Hospital Services</b>			
<b>Inpatient</b>	No Charge	20% after deductible	40% after deductible
<b>Outpatient</b>	No Charge	20% after deductible	40% after deductible
<b>Private Room Limit</b>	The institution's semiprivate rate.		
<b>Pre-certification Penalty</b>	No Penalty	No Penalty	\$400
<p><i>Pre-Certification for certain types of Non-Preferred care received inside the U.S. must be obtained to avoid a reduction in benefits paid for that care. Pre-Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care is required - excluded amount applied separately to each type of expense. Contact the service center to determine if pre-certification is needed for a procedure.</i></p>			
<b>Emergency Room</b>	No Charge	20% deductible waived after \$150 copay	20% deductible waived after \$150 copay
<b>Urgent Care</b>	No Charge	No Charge deductible waived after \$75 copay	40% after deductible
<b>Ambulance</b>	No Charge	20% after deductible	40% after deductible
<b>Physician Services</b>			
<b>Physician Office Visit</b>	No Charge	No Charge deductible waived after \$25 copay	40% after deductible
<b>Telemedicine Consultation with Non-Specialist</b>	No Charge	No Charge deductible waived	40% after deductible
<b>Specialist Office Visit</b>	No Charge	No Charge deductible waived after \$45 copay	40% after deductible
<b>Telemedicine Consultation with Specialist</b>	No Charge	No Charge deductible waived	40% after deductible
<b>Walk in Clinics</b>	No Charge	No Charge deductible waived	40% after deductible
<p><i>Walk-in Clinics are free-standing health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be Walk-in Clinics.</i></p>			
<b>Mental Health Services</b>			
<b>Mental Health Inpatient Coverage</b>	No Charge	20% after deductible	40% after deductible
<i>Unlimited days per calendar year</i>			
<b>Mental Health Outpatient Coverage</b>	No Charge	No Charge deductible waived after \$25 copay	40% after deductible
<i>Unlimited visits per calendar year</i>			
<b>Alcohol/Drug Abuse Services</b>			

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PLAN FEATURES	Outside the U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Substance Abuse Inpatient Coverage</b> <i>Unlimited days per calendar year</i>	No Charge	20% after deductible	40% after deductible
<b>Substance Abuse Outpatient Coverage</b> <i>Unlimited visits per calendar year</i>	No Charge	No Charge deductible waived after \$25 copay	40% after deductible

Access US PPO Medical			
PLAN FEATURES	Outside the U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Prescription Drug Coverage</b>			
<b>Generic Drugs</b> <i>(365 day maximum supply)</i> <i>Includes contraceptives</i>	No Charge	\$15 copay per month supply (includes Mail Order Drugs)	40% after deductible
<b>Formulary Brand Name Drugs</b> <i>(365 day maximum supply)</i> <i>Includes contraceptives</i>	No Charge	\$40 copay per month supply (includes Mail Order Drugs)	40% after deductible
<b>Non-preferred and Non-Formulary Generic and Brand Name Drugs</b> <i>(365 day maximum supply)</i> <i>Includes contraceptives</i>	No Charge	\$60 copay per month supply (includes Mail Order Drugs)	40% after deductible
<b>Specialty Drugs</b> <i>(30 day maximum supply)</i>	No Charge	No Charge After \$150 copay	Not Covered
<b>Preventive Benefits</b>			
<b>Routine Children Physical Exams</b> <i>7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22 (includes immunizations)</i>	No Charge	No Charge deductible waived	40% after deductible
<b>Routine Adult Physical Exams</b> <i>Adults age 22+ &amp; -65: 1 Exam Every 12 Months Up To Age 65, 1 Exam Every 12 Months Age 65 And Older Adults age 65+: 1 exam/12 months</i>	No Charge	No Charge deductible waived	40% after deductible
<b>Routine Gynecological Exams</b> <i>Includes 1 exam and pap smear per calendar year</i>	No Charge	No Charge deductible waived	40% after deductible
<b>Routine Mammograms</b>	No Charge	No Charge deductible waived	40% after deductible
<b>Prostate Specific Antigen (PSA)</b>	No Charge	No Charge deductible waived	40% after deductible
<b>Routine Digital Rectal Exam (DRE)</b>	No Charge	No Charge deductible waived	40% after deductible

Access US PPO Medical			
PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Colorectal Cancer Screening</b>	No Charge	No Charge deductible waived	40% after deductible
<i>Recommended: For all members age 45 and older.</i>			
<b>Routine Hearing Exam</b>	No Charge	No Charge deductible waived	40% after deductible
<i>Includes one routine exam every 24 months</i>			
<b>Hearing Aids</b>	No Charge	20% after deductible	40% after deductible
<i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24</i>			

Access US PPO Medical			
PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Vision Care</b>			
<b>Routine Eye Exam</b>	No Charge	No Charge deductible waived	40% after deductible
<i>(Covered under medical) Includes one routine exam every 12 months</i>			
<b>Vision Care Supplies</b>	No Charge up to \$150 maximum	No Charge up to \$150 maximum	No Charge up to \$150 maximum
<i>Schedule maximums apply every 12 months</i>			
<b>Other Services</b>			
<b>Skilled Nursing Facility</b> <i>120 days per calendar year</i>	No Charge	20% after deductible	40% after deductible
<b>Hospice Care Facility Inpatient</b> <i>30 day lifetime maximum</i>	No Charge	20% after deductible	40% after deductible
<b>Hospice Care Facility Outpatient</b> <i>Unlimited lifetime maximum</i>	No Charge	20% after deductible	40% after deductible
<b>Home Health Care</b> <i>120 visits per calendar year</i>	No Charge	20% after deductible	40% after deductible
<b>Acupuncture</b> <i>Unlimited visits per calendar year</i>	No Charge	No Charge deductible waived after \$25 copay	40% after deductible
<b>Spinal Disorder Treatment</b> <i>Unlimited visits per calendar year</i>	No Charge	No Charge deductible waived after \$10 copay	25% after deductible
<b>Short Term Rehabilitation</b>	No Charge	No Charge deductible waived after \$10 copay	25% after deductible
<i>Includes Occupational and Physical Therapies; Unlimited visits combined per calendar year</i>			
<b>Speech Therapy</b>	No Charge	No Charge deductible waived after \$45 copay	40% after deductible

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PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<i>60 visits per calendar year</i>			
<b>Diagnostic Outpatient X-ray</b>	No Charge	20% after deductible	40% after deductible
<b>Diagnostic Outpatient Lab</b>	No Charge	20% after deductible	40% after deductible
<b>Base Infertility Services</b>	No Charge	20% after deductible	40% after deductible
<i>Base plan coverage includes coverage limited to the testing and treatment of underlying condition</i>			
<b>Comprehensive Infertility Services</b>	No Charge	20% after deductible	40% after deductible
<i>Comprehensive plan coverage includes coverage for 6 cycles of Artificial Insemination and Ovulation Induction</i>			
<b>ART Infertility Services</b>	No Charge	20% after deductible	40% after deductible
<i>6 cycles per lifetime for Advanced Reproductive Technology (ART) coverage with cryopreservation, storage and unlimited embryo transfers.</i>			

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PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Other Services</b>			
<b>Prosthetic Devices</b>	No Charge	20% after deductible	40% after deductible
<b>Complex Imaging</b>	No Charge	20% after deductible	40% after deductible
<b>Durable Medical Equipment</b> <i>Unlimited per calendar year maximum</i>	No Charge	20% after deductible	40% after deductible
<b>Allergy Testing</b>	No Charge	No Charge deductible waived after \$45 copay	40% after deductible
<b>Allergy Serum &amp; Injections</b>	No Charge	20% after deductible	40% after deductible
<b>Transplants</b> <i>Unlimited per lifetime</i>	No Charge	20% after deductible	40% after deductible
<b>Diabetics Supplies</b>	No Charge	20% after deductible	40% after deductible
<b>Payment for Non-Preferred Providers*</b>	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare
<b>Autism</b>	<i>Autism covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered.</i>		

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 clinicians 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.



**International Care Management program**

Led by our clinical Care Team, our program supports everything from clinical precertification and pre-trip planning, to acute and chronic care management, and much more. With one-on-one 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.

*\*Services and resources may vary depending on member location.*

*\*\* Available to members in the U.S. only*

## 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 no cross-application between calendar year and per confinement deductibles. If a member is hospitalized, he or she must meet both per confinement and calendar year deductibles (as applicable) before the plan pays any 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.*

### *\* 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](http://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.*