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: 01/01/2027 through 12/31/2027

Eligibility Provision			
Employee	Regular full-time employees working a minimum of 25 hours per week.		
Dependent	Spouse, domestic partner; children up to age 26, regardless of student status		
Access 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	$2,000 per calendar year	$6,000 per calendar year
Family Deductible	$0 per calendar year	$4,000 per calendar year	$12,000 per calendar year
This is a Tif style deductible. You and your covered dependents pay for covered services each year before the plan begins to pay. After the amount paid for covered services reaches this family deductible, this plan starts to pay for covered services for the rest of the year. The family deductible applies to a person enrolled with one or more dependents.			
Prior Plan Credit	Current Calendar Year		
Individual Payment Limit	$0 per calendar year	$6,550 per calendar year	$19,650 per calendar year
Plan Coinsurance Limit includes calendar deductible and copayments. Excludes precertification penalties.			
Family Payment Limit	$0 per calendar year	$8,700 per calendar year	$39,300 per calendar year
Plan Coinsurance Limit includes calendar deductible and copayments. Excludes precertification penalties.			
Lifetime Maximum	Unlimited		

Access US PPO Medical			
		In the U.S.	
PLAN FEATURES	**Outside the U.S.**	**Preferred Benefits (In-Network)**	**Non-Preferred Benefits (Out-of-Network)**
Hospital Services			
Inpatient	No Charge	20% after deductible	50% after deductible
Outpatient	No Charge	20% after deductible	50% after deductible
Private Room Limit	The institution's semiprivate rate.		
Pre-certification Penalty	No Penalty	No Penalty	$400
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.			
Non-Emergency Use of the Emergency Room	No Charge	Not Covered	Not Covered
Emergency Room	No Charge	20% after deductible	20% after deductible
Non-Urgent Use of Urgent Care Provider	No Charge	Not Covered	Not Covered
Urgent Care	No Charge	20% after deductible	50% after deductible
Ambulance	No Charge	20% after deductible	20% after deductible
Physician Services			
Physician Office Visit	No Charge	20% after deductible	50% after deductible
Telemedicine Consultation with Non-Specialist	No Charge	No Charge after deductible	50% after deductible
Specialist Office Visit	No Charge	20% after deductible	50% after deductible
Telemedicine Consultation with Specialist	No Charge	No Charge after deductible	50% after deductible
Walk in Clinics	No Charge	No Charge after deductible	50% after deductible
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.			
CVSH Virtual Care (Including Mental Health for Ages 13+) and CVSH Virtual Primary Care	Not Covered	No Charge after deductible	Not Covered
Mental Health Services			

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		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	50% after deductible
Mental Health Outpatient Coverage *Unlimited visits per calendar year*	No Charge	20% after deductible	50% after deductible
Alcohol/Drug Abuse Services			
Substance Abuse Inpatient Coverage *Unlimited days per calendar year*	No Charge	20% after deductible	50% after deductible
Substance Abuse Outpatient Coverage *Unlimited visits per calendar year*	No Charge	20% after deductible	50% after deductible

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PLAN FEATURES	**Outside the U.S.**	**Preferred Benefits (In-Network)**	**Non-Preferred Benefits (Out-of-Network)**
Prescription Drug Coverage			
Generic Drugs *(365 day maximum supply) Includes contraceptives*	No Charge	$20 copay per month supply after deductible (includes Mail Order Drugs)	50% after deductible
Formulary Brand Name Drugs *(365 day maximum supply) Includes contraceptives*	No Charge	$70 copay per month supply after deductible (includes Mail Order Drugs)	50% after deductible
Non-preferred or Non-formulary Generic and Brand Name Drugs *(365 day maximum supply) Includes contraceptives*	No Charge	30% copay per month supply after deductible (includes Mail Order Drugs)	50% after deductible
Specialty Drugs *(30 day maximum supply)*	No Charge	No Charge after deductible and $150 copay	Not Covered
Preventive Benefits			
Routine Children Physical Exams	No Charge	No Charge deductible waived	50% after deductible
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)			

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		In the U.S.	
PLAN FEATURES	**Outside the U.S.**	**Preferred Benefits (In-Network)**	**Non-Preferred Benefits (Out-of-Network)**
Routine Adult Physical Exams *Adults age 22+, 1 exam every 12 months*	No Charge	No Charge deductible waived	50% after deductible
Routine Gynecological Exams *Includes 1 exam and pap smear per calendar year*	No Charge	No Charge deductible waived	50% after deductible
Routine Breast Cancer Screenings	No Charge	No Charge deductible waived	50% after deductible
Prostate Specific Antigen (PSA)	No Charge	No Charge deductible waived	No Charge after deductible
Routine Digital Rectal Exam (DRE)	No Charge	No Charge deductible waived	No Charge after deductible
Colorectal Cancer Screening *Recommended: For all members age 45 and older.*	No Charge	No Charge deductible waived	50% after deductible
Routine Hearing Exam *Includes one routine exam every 24 months*	No Charge	No Charge deductible waived	50% after deductible
Hearing Aids *1 hearing aid per ear to $1,000 maximum per ear every 3 years for child to age 24*	No Charge	20% after deductible	50% after deductible

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		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	50% after deductible
(Covered under medical) Includes one routine exam every 12 months			
Vision Care Supplies	No Charge up to $250 maximum	No Charge up to $250 maximum	No Charge up to $250 maximum
Schedule maximums apply every 12 months			
Other Services			
Skilled Nursing Facility *120 days per calendar year*	No Charge	20% after deductible	50% after deductible
Hospice Care Facility Inpatient *30 Days lifetime maximum*	No Charge	20% after deductible	50% after deductible
Hospice Care Facility Outpatient *Unlimited lifetime maximum*	No Charge	20% after deductible	50% after deductible

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		In the U.S.	
PLAN FEATURES	**Outside the U.S.**	**Preferred Benefits (In-Network)**	**Non-Preferred Benefits (Out-of-Network)**
Home Health Care *120 visits per calendar year* *Includes Private Duty Nursing*	No Charge	20% after deductible	50% after deductible
Acupuncture *Unlimited visits per calendar year*	No Charge	20% after deductible	50% after deductible
Spinal Disorder Treatment *Unlimited visits per calendar year*	No Charge	20% after deductible	25% after deductible
Short Term Rehabilitation *Includes Occupational and Physical Therapies; Unlimited visits combined per calendar year*	No Charge	20% after deductible	25% after deductible
Speech Therapy *60 visits per calendar year*	No Charge	20% after deductible	50% after deductible
Diagnostic Outpatient X-ray	No Charge	20% after deductible	50% after deductible
Diagnostic Outpatient Lab	No Charge	20% after deductible	50% after deductible
Base Infertility Services *Includes coverage for the testing and treatment of the underlying condition and Artificial Insemination.*	No Charge	20% after deductible	50% after deductible
ART Infertility Services *6 cycles per lifetime for Advanced Reproductive Technology (ART) coverage with cryopreservation, storage, 6 cycles of ovulation induction and unlimited embryo transfers.*	No Charge	20% after deductible	50% after deductible

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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	50% after deductible
Complex Imaging	No Charge	20% after deductible	50% after deductible
Durable Medical Equipment *Unlimited per calendar year maximum*	No Charge	20% after deductible	50% after deductible
Allergy Testing	No Charge	20% after deductible	50% after deductible
Allergy Serum & Injections	No Charge	20% after deductible	50% after deductible
Transplants *Unlimited per lifetime*	No Charge	20% after deductible	50% after deductible
Diabetics Supplies	No Charge	20% after deductible	50% after deductible
Payment for Non-Preferred Providers*	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare

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		In the U.S.	
PLAN FEATURES	**Outside the U.S.**	**Preferred Benefits (In-Network)**	**Non-Preferred Benefits (Out-of-Network)**
Autism	*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.*		

Member programs and services included in your quote

Resources and details may vary depending on member location.

CVS Flex Benefits

With CVS Flex Benefits, plan subscribers get $35 every three months to spend on common over-the-counter products like pain relievers, first aid supplies, allergy relief, digestive health, and feminine care items.

Aetna Smart Compare Intelligent Matching*

Using Artificial Intelligence to analyze 100+ provider and member data points, our provider search is able to identify high-quality, high-performing and cost-effective U.S. doctors with the highest likelihood to meet a member's preferences and specific health needs.

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

Our telehealth solutions give members in the U.S. access to virtual primary care, 24/7 on-demand care, and mental health services for ages 13 and up, all through one convenient digital platform. It's shorter wait times and affordable pricing.

Global maternity program with Maven

From conception to postpartum and newborn care support, our clinical care management team of nurses direct members to the best resources, including Maven's digital health platform. It's worldwide access to unlimited, 24/7 virtual support from quality providers across 35+ specialties, who speak 35+ languages. Within the U.S., members also have access to the Aetna Enhanced Maternity Program®* which includes family-planning and fertility support using predictive analytics, educational resources and guided genetic counseling to address at-risk members.

Transform Oncology*

High-touch, member-focused support delivers an elevated standard of cancer care. Members diagnosed with cancer can benefit from a personal navigator, guided genetic testing, precision medicine and site-of-care support, while controlling costs.

Teladoc®*

Access to anytime, on-demand, virtual care through a national network of certified physicians by phone and online-video consultations.

All Aetna International plans also include these valuable member resources:

- 24-hour Nurse Line*
- Discounts on health, wellness and fitness services- including Class Pass
- Employee Assistance Program (EAP) for personalized physical and mental health support and 5 therapy sessions annually, per member, per condition
- International Care Management with pre- and post-assignment consultation at no additional cost
- Prescription management and world-wide shipping

**Available only in the United States.*

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 01/01/2027 and 12/31/2027.

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.

This plan of benefits is underwritten by Aetna Life Insurance Company (Delaware).
This is only a brief summary of the PPO Medical 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).