

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.

Summary of Benefits

On-shore Contract Situs

Global Assignee Plan

Proposed Policy Year: 01/01/2026 through 12/31/2026

PPO Dental			
PLAN FEATURES	In the U.S.		
	Outside the U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$50 per calendar year	\$50 per calendar year	\$50 per calendar year
Family Deductible	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year
Type A Expense <i>(Diagnostic & Preventive)</i>	No Charge	No Charge	No Charge
Type B Expense <i>(Basic Restorative)</i>	20% after deductible	20% after deductible	20% after deductible
Type C Expense <i>(Major Restorative)</i>	50% after deductible	50% after deductible	50% after deductible
Calendar Year Maximum	\$1,000	\$1,000	\$1,000
Orthodontic Treatment <i>Adult and Child</i>	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000

Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C

Dental Plan Caveats
<p>Type A <i>Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.</i></p>
<p>Type B <i>Includes Fillings, Simple Extractions and Oral Surgery.</i></p>
<p>Type C <i>Includes Crown Lengthening, Crown Buildup, Inlays/onlays, Bridgework, Osseous surgery, Soft tissue grafts, Partial and full bony impactions, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Molar root canal therapy, Prosthetic repairs, and Occlusal Guards (for bruxism only).</i></p>