

Aetna Global Benefits
Summary of Medical Benefits

Plan Features	Care provided OUTSIDE THE U.S.A.		Care provided WITHIN THE U.S.A.	
			Care provided by <u>Preferred Provider</u>	Care provided by <u>Non-Preferred Provider</u>
Deductible Limits - Paid by Member (per calendar year)				
Individual	\$100	\$100	\$300	
Family	\$300	\$300	\$900	
Inpatient Hospital Deductible	\$0	\$0	\$250	
Coinsurance Limits - Paid by Member (per calendar year)*				
Individual	\$500	\$500	\$1,500	
Family	\$1,500	\$1,500	\$4,500	
*Does not include outpatient prescripitor drug expenses				
Lifetime Maximum		\$1,000,000	\$1,000,000	\$1,000,000
Physician Services				
Non-surgical office visits - excluding A/D/MN	90%	100% - \$10 copay	70%	
Other Charges	90%	90%	70%	
Hospital Services				
Inpatient	90%	90%	70%	
Outpatient	90%	90%	70%	
Other Medical Expenses		90%	80%	80%
Alcohol, Drug Abuse, Mental Disorders				
Inpatient - 30 days calendar year max	90%	90%	70%	
Outpatient - \$5,000 per lifetime	80%	80%	80%	
Skilled Nursing Facility				
Inpatient - 120 days calendar year max	90%	90%	70%	
Hospice Care				
Inpatient - 30 days per lifetime	90%	90%	70%	
Outpatient - \$5,000 per lifetime	90%	90%	70%	
Home Health Care				
Outpatient - 120 visits calendar year max	90%	90%	70%	
Wellness				
Routine Physical Exams (includes immunizations); see schedule of details below	90%	100% - \$10 copay	70%	

Schedule of details - Routine Physical Exams

- Children up to age 18: 6 exams in first 12 months of life; 2 exams in 13th - 24th months of life; 1 exam every 12 months thereafter
- Children age 18+ and adults up to age 65: 1 exam every 24 months
- Adults age 65+: 1 exam every 12 months

Plan Features	Care provided OUTSIDE THE U.S.A.		Care provided WITHIN THE U.S.A.	
			Care provided by Preferred Provider	Care provided by Non-Preferred Provider
Routine Gynecological Exams & Pap Smears			1 annual exam and pap smear	
Routine Mammograms (females age 40+)			1 screening per calendar year	
Routine Digital Rectal Exam (DRE) & Prostate Specific Antigen (PSA) Test (males age 40+)			1 test per calendar year	
Routine Hearing Exam			1 exam every 24 months	
Routine Eye Exam			100% benefit with 1 exam every 24 months	
			100% benefit with no deductible up to \$100 maximum every 24 months	
			Eyewear	
Prescription Drugs (includes contraceptives)	80%		100% after copay*	80%
	*Using the U.S. Aetna Pharmacy Management Network - \$10 generic / \$20 brand name			
Maternity Expenses	90%		90%	70%
	Covered as any other medical expense and is provided for an employee and spouse and all female family members. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability. In addition, coverage is provided for diagnosis and treatment of underlying cause(s) of infertility.			
Emergency Assistance Services			100% with no deductible	
	Evacuation, provider referrals, transportation after evacuation, confinement visitation, return of dependent children, emergency medication, vaccine and blood transfers, hospital deposit and emergency cash advance and repatriation.			
Medical Emergency Services			Legal referral assistance, translation services, travel assistance, emergency message transmittal, assistance with travel documents (lost or stolen passports; obtaining visas).	
Non-Medical Emergency Services				