

**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>
<b>Deductible Limits - Paid by Member (per calendar year)</b>				
	Individual	\$100	\$100	\$300
	Family	\$300	\$300	\$900
	Inpatient Hospital Deductible	\$0	\$0	\$250
<b>Coinsurance Limits - Paid by Member (per calendar year)*</b>				
	Individual	\$500	\$500	\$1,500
	Family	\$1,500	\$1,500	\$4,500
	*Does not include outpatient prescripitor drug expenses			
<b>Lifetime Maximum</b>		\$1,000,000	\$1,000,000	\$1,000,000
<b>Physician Services</b>				
	Non-surgical office visits - excluding A/D/MN	90%	100% - \$10 copay	70%
	Other Charges	90%	90%	70%
<b>Hospital Services</b>				
	Inpatient	90%	90%	70%
	Outpatient	90%	90%	70%
<b>Other Medical Expenses</b>		90%	80%	80%
<b>Alcohol, Drug Abuse, Mental Disorders</b>				
	Inpatient - 30 days calendar year max	90%	90%	70%
	Outpatient - \$5,000 per lifetime	80%	80%	80%
<b>Skilled Nursing Facility</b>				
	Inpatient - 120 days calendar year max	90%	90%	70%
<b>Hospice Care</b>				
	Inpatient - 30 days per lifetime	90%	90%	70%
	Outpatient - \$5,000 per lifetime	90%	90%	70%
<b>Home Health Care</b>				
	Outpatient - 120 visits calendar year max	90%	90%	70%
<b>Wellness</b>				
	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.	WITHIN THE U.S.A.		
		<table border="1"> <tr> <td>Care provided by <u>Preferred Provider</u></td> <td>Care provided by <u>Non-Preferred Provider</u></td> </tr> </table>	Care provided by <u>Preferred Provider</u>	Care provided by <u>Non-Preferred Provider</u>
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<b>Routine Gynecological Exams &amp; Pap Smears</b>	1 annual exam and pap smear			
<b>Routine Mammograms (females age 40+)</b>	1 screening per calendar year			
<b>Routine Digital Rectal Exam (DRE) &amp; Prostate Specific Antigen (PSA) Test (males age 40+)</b>	1 test per calendar year			
<b>Routine Hearing Exam</b>	1 exam every 24 months			
<b>Routine Eye Exam</b>	100% benefit with 1 exam every 24 months			
Eyewear	100% benefit with no deductible up to \$100 maximum every 24 months			
<b>Prescription Drugs (includes contraceptives)</b>	80%	100% after copay* 80%		
	*Using the U.S. Aetna Pharmacy Management Network - \$10 generic / \$20 brand name			
<b>Maternity Expenses</b>	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.			
<b>Emergency Assistance Services</b>	100% with no deductible			
<b>Medical Emergency Services</b>	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.			
<b>Non-Medical Emergency Services</b>	Legal referral assistance, translation services, travel assistance, emergency message transmittal, assistance with travel documents (lost or stolen passports; obtaining visas).			