

## Plan Facts

Aetna Global Benefits	
Web site	<a href="http://aetnaglobalbenefits.com">aetnaglobalbenefits.com</a>
Member services	1-800-231-7729; refer to applicable country code to access this number; if you cannot access the number, call collect at 1-813-775-0100
Find a network provider	
Binding arbitration	No

## Cost

Aetna Global Benefits	
<b>Health Reimbursement Arrangement</b>	
Eligible expenses for reimbursement	Not applicable
<b>General Medical Expenses</b>	
Deductible: Individual/Family	<p><b>In Network</b> \$100 Individual; \$200 Family</p> <p><b>Out of Network</b> \$200 Individual; \$400 Family</p> <p><b>Out of Area</b> \$200 Individual; \$400 Family; Overseas; \$100 Individual; \$200 Family</p>
Primary doctor office visit	<p><b>In Network</b> \$10 copay; limited to non-surgical only</p> <p><b>Out of Network</b> 70% covered after deductible is met; limited to non-surgical only</p> <p><b>Out of Area</b> 80% covered after deductible is met; limited to non-surgical only; Overseas; 100% covered after deductible is met; limited to non-surgical only</p>
Specialist office visit	<p><b>In Network</b> \$10 copay; limited to non-surgical only</p> <p><b>Out of Network</b> 70% covered after deductible is met; limited to non-surgical only</p> <p><b>Out of Area</b> 80% covered after deductible is met; limited to non-surgical only; Overseas; 100% covered after deductible is met; limited to non-surgical only</p>
Out-of-pocket maximum: Individual/Family	<p><b>In Network</b> \$500 Individual; \$1,000 Family; excludes deductible</p> <p><b>Out of Network</b> \$1,000 Individual; \$2,000 Family; excludes deductible</p> <p><b>Out of Area</b></p>

Lifetime coverage limit	<p>\$1,000 Individual; \$2,000 Family; excludes deductible; Overseas; \$500 Individual; \$1,000 Family; excludes deductible</p> <p><b>In Network</b> Limit does not apply</p> <p><b>Out of Network</b> Limit does not apply</p> <p><b>Out of Area</b> Limit does not apply; Overseas; Limit does not apply</p>
<b>Inpatient Hospital Care</b>	
Hospital copay	<p><b>In Network</b> 90% covered; after deductible is met</p> <p><b>Out of Network</b> 70% covered; after deductible is met</p> <p><b>Out of Area</b> 80% covered; after deductible is met; Overseas; 100% covered after deductible is met</p>
Hospital semi-private room	<p><b>In Network</b> 90% covered after plan deductible</p> <p><b>Out of Network</b> 70% covered after plan deductible</p> <p><b>Out of Area</b> 80% covered after plan deductible; Overseas; 100% covered after deductible is met</p>
Inpatient lab and X-ray	<p><b>In Network</b> 90% covered; after deductible is met</p> <p><b>Out of Network</b> 70% covered; after deductible is met</p> <p><b>Out of Area</b> 80% covered; after deductible is met; Overseas; 100% covered after deductible is met</p>
Inpatient physician and surgeon services	<p><b>In Network</b> 90% covered; after deductible is met</p> <p><b>Out of Network</b> 70% covered; after deductible is met</p> <p><b>Out of Area</b> 80% covered; after deductible is met; Overseas; 100% covered after deductible is met</p>
<b>Outpatient Care</b>	
Outpatient surgery	<p><b>In Network</b> 90% covered after deductible is met</p> <p><b>Out of Network</b> 70% covered after deductible is met</p> <p><b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met</p>
Outpatient laboratory services	<p><b>In Network</b></p>

	90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Outpatient X-ray	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Emergency room (not followed by admission)	<b>In Network</b> 90% covered; emergency; 50% covered after deductible is met for non-emergency  <b>Out of Network</b> 70% covered; emergency; 50% covered after deductible is met for non-emergency  <b>Out of Area</b> 80% covered; emergency; 50% covered after deductible is met for non-emergency; Overseas; 100% covered
Urgent care clinic visit	<b>In Network</b> \$10 copay <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
<b>Prescription Drug Expenses</b>	
Prescription drug vendor	Same as medical plan
Prescription drug Web site	Same as medical plan
Prescription drug member services	Same as medical plan
Annual prescription deductible	<b>In Network</b> Not applicable <b>Out of Network</b> Not applicable <b>Out of Area</b> Not applicable; Overseas; Not applicable
Retail generic	<b>In Network</b> \$5 copay; 31 day supply <b>Out of Network</b> 70% covered after deductible is met; 31 day supply <b>Out of Area</b>

80% covered after deductible is met; 31 day supply; Overseas; 100% covered after deductible is met; 31 day supply

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Retail formulary brand

**In Network**

\$15 copay; 31 day supply; formulary does not apply

**Out of Network**

70% covered after deductible is met; 31 day supply; formulary does not apply

**Out of Area**

80% covered after deductible is met; 31 day supply; formulary does not apply; Overseas; 100% covered after deductible is met; 31 day supply; formulary does not apply

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Retail nonformulary brand

**In Network**

Not covered; AGB has no formulary

**Out of Network**

Not covered; AGB has no formulary

**Out of Area**

Not covered; AGB has no formulary; Overseas; Not covered; AGB has no formulary

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Mail order generic

One retail copay for each month's supply; up to a 12-month supply depending on prescription and physician's recommendation; Out-of-Network, Out-of-Area and Overseas not covered

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Mail order formulary brand

One retail copay for each month supply; ltd to 12-month supply depending on prescription and physician's recommendation; formulary does not apply; Out-of-Network, Out-of-Area and Overseas not covered

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Mail order nonformulary brand

In Network, Out of Network, Out of Area and Overseas not covered; AGB has no formulary

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Oral contraceptives

**In Network**

Retail and mail order available; applicable prescription drug copay applies

**Out of Network**

Retail available only; applicable prescription drug coinsurance and medical deductible apply

**Out of Area**

Retail available only; applicable prescription drug coinsurance and medical deductible apply; Overseas; retail available only; applicable drug coinsurance and medical deductible apply

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## Coverage

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**Aetna Global Benefits**

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**Adult Preventive Care**

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Physical exam

**In Network**

\$10 copay; age schedules apply

**Out of Network**

70% covered after deductible is met; age schedules apply

**Out of Area**

80% covered after deductible is met; age schedules apply; Overseas; 100% covered after deductible is met; age schedules apply

Well-woman exam (includes pap)

**In Network**

\$10 copay; age schedules apply

**Out of Network**

70% covered after deductible is met; age schedules apply

**Out of Area**

80% covered after deductible is met; age schedules apply; Overseas; 100% covered after deductible is met; age schedules apply

Mammogram

**In Network**

100% covered; routine mammogram; no age or frequency limit

**Out of Network**

70% covered; routine mammogram; no age or frequency limit

**Out of Area**

100% covered; routine mammogram; no age or frequency limit; Overseas; 100% covered; routine mammogram; no age or frequency limit

Cancer screenings

**In Network**

90% covered after deductible is met

**Out of Network**

70% covered after deductible is met

**Out of Area**

80% covered after deductible is met; Overseas; 100% covered after deductible is met

Cardiovascular screenings

**In Network**

90% covered after deductible is met

**Out of Network**

70% covered after deductible is met

**Out of Area**

80% covered after deductible is met; Overseas; 100% covered after deductible is met

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**Family Planning**

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Fertility drugs

**In Network**

Applicable prescription drug copay applies

**Out of Network**

Applicable prescription drug coinsurance and medical deductible apply

**Out of Area**

Applicable prescription drug coinsurance and medical deductible apply; Overseas; applicable prescription drug coinsurance and medical deductible apply

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Fertility services

**In Network**

Covered; check with Plan for details

**Out of Network**

Covered; check with Plan for details

**Out of Area**

Covered; check with Plan for details; Overseas; Covered; check with Plan for details

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Artificial insemination

**In Network**

Covered; limited to six attempts per lifetime; check with Plan for details

**Out of Network**

Covered; limited to six attempts per lifetime; check with Plan for details

**Out of Area**

Covered; ltd to six attempts per lifetime; check with Plan for details; Overseas; Covered; ltd to six attempts per lifetime; check with Plan for details

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In vitro fertilization

**In Network**

Covered; limited to \$25,000 per lifetime; check with Plan for details

**Out of Network**

Covered; limited to \$25,000 per lifetime; check with Plan for details

**Out of Area**

Covered; ltd to \$25,000 per lifetime; check with Plan for details; Overseas; Covered; ltd to \$25,000 per lifetime; check with Plan for details

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Male vasectomy

**In Network**

90% covered after deductible is met

**Out of Network**

70% covered after deductible is met

**Out of Area**

80% covered after deductible is met; Overseas; 100% covered after deductible is met

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**Maternity Care**

Office visit: Pre/postnatal

**In Network**

\$10 copay; limited to non-surgical only

**Out of Network**

70% covered after deductible is met

**Out of Area**

In-hospital delivery services	80% covered after deductible is met; Overseas; 100% covered after deductible is met <b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Newborn nursery services	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Prenatal care management	No
<b>Well-Baby/Well-Child Preventive Care</b>	
Well-child exams	<b>In Network</b> \$10 copay; age schedules apply <b>Out of Network</b> 70% covered after deductible is met; age schedules apply <b>Out of Area</b> 80% covered after deductible is met; age schedules apply; Overseas; 100% covered after deductible is met; age schedules apply
Immunizations (child)	<b>In Network</b> \$10 copay; age schedules apply <b>Out of Network</b> 70% covered after deductible is met; age schedules apply <b>Out of Area</b> 80% covered after deductible is met; age schedules apply; Overseas; 100% covered after deductible is met; age schedules apply
<b>Mental Health Care</b>	
Mental Health: Combined with substance abuse	<b>In Network</b> No <b>Out of Network</b> No <b>Out of Area</b> No; Overseas; No
Mental Health: Outpatient coverage	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b>

	80% covered after deductible is met; Overseas; 100% covered after deductible is met
Mental Health: Inpatient coverage	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
<b>Substance Abuse Care</b>	
Detox: Outpatient coverage	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Detox: Inpatient coverage	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Rehab: Outpatient coverage	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
Rehab: Inpatient coverage	<b>In Network</b> 90% covered after deductible is met <b>Out of Network</b> 70% covered after deductible is met <b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met
<b>Dental Care</b>	
Dental implants	<b>In Network</b> Not covered <b>Out of Network</b> Not covered <b>Out of Area</b> Not covered; Overseas; Not covered
Accidental injury to teeth	<b>In Network</b> 90% covered after deductible is met

	<p><b>Out of Network</b> 70% covered after deductible is met</p> <p><b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met</p>
Surgical removal of tumors, cysts, and impacted teeth	<p><b>In Network</b> 90% covered after deductible is met</p> <p><b>Out of Network</b> 70% covered after deductible is met</p> <p><b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met</p>
<b>Vision Care</b>	
Routine vision exams	<p><b>In Network</b> Not covered</p> <p><b>Out of Network</b> Not covered</p> <p><b>Out of Area</b> Not covered; Overseas; Not covered</p>
Regular lenses and frames	<p><b>In Network</b> Not covered</p> <p><b>Out of Network</b> Not covered</p> <p><b>Out of Area</b> Not covered; Overseas; Not covered</p>
Contact lenses	<p><b>In Network</b> Not covered</p> <p><b>Out of Network</b> Not covered</p> <p><b>Out of Area</b> Not covered; Overseas; Not covered</p>
<b>Other Services</b>	
Ambulance services	<p>90% covered after deductible is met; in and out-of-network and out-of-area combined; Overseas; 100% covered after deductible is met</p>
Allergy tests and treatments	<p><b>In Network</b> 90% covered after deductible is met</p> <p><b>Out of Network</b> 70% covered after deductible is met</p> <p><b>Out of Area</b> 80% covered after deductible is met; Overseas; 100% covered after deductible is met</p>
Durable medical equipment	<p><b>In Network</b> 90% covered after deductible is met</p> <p><b>Out of Network</b> 70% covered after deductible is met</p> <p><b>Out of Area</b></p>

80% covered after deductible is met;  
Overseas; 100% covered after deductible  
is met

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**Hearing Care**

Hearing evaluations

**In Network**

Not covered

**Out of Network**

Not covered

**Out of Area**

Not covered; Overseas; Not covered

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Hearing aids

**In Network**

Not covered

**Out of Network**

Not covered

**Out of Area**

Not covered; Overseas; Not covered

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**Medical Therapy**

Acupuncture

**In Network**

\$10 copay; limited to 20 visits per  
calendar year; acupuncture not covered

**Out of Network**

70% covered after deductible is met;  
limited to 20 visits per calendar year;  
acupuncture not covered

**Out of Area**

80% covered after deductible is met; ltd to  
20 visits per cal year; acupuncture not  
covered; Overseas; 100% covered after  
ded is met; ltd to 20 visits per cal year;  
acupuncture not covered

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Chiropractic

**In Network**

\$10 copay; limited to non-surgical only;  
must be medically necessary

**Out of Network**

70% covered after deductible is met; must  
be medically necessary

**Out of Area**

80% covered after deductible is met; must  
be medically necessary; Overseas; 100%  
covered after deductible is met; must be  
medically necessary

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Outpatient physical therapy

**In Network**

90% covered after deductible is met; must  
be medically necessary

**Out of Network**

70% covered after deductible is met; must  
be medically necessary

**Out of Area**

80% covered after deductible is met; must be medically necessary; Overseas; 100% covered after deductible is met; must be medically necessary

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Outpatient speech therapy

**In Network**

90% covered after deductible is met; must be medically necessary

**Out of Network**

70% covered after deductible is met; must be medically necessary

**Out of Area**

80% covered after deductible is met; must be medically necessary; Overseas; 100% covered after deductible is met; must be medically necessary

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Outpatient occupational therapy

**In Network**

90% covered after deductible is met; must be medically necessary

**Out of Network**

70% covered after deductible is met; must be medically necessary

**Out of Area**

80% covered after deductible is met; must be medically necessary; Overseas; 100% covered after deductible is met; must be medically necessary

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**Care at Alternate Sites**

Noncustodial home health care

**In Network**

90% covered after deductible is met; limitations apply; check with Plan for details

**Out of Network**

70% covered after deductible is met; limitations apply; check with Plan for details

**Out of Area**

80% covered after deductible is met; limitations apply; check with Plan for details; Overseas; 100% covered after deductible is met; limitations apply; check with Plan for details

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Prescribed care in noncustodial skilled nursing facility

**In Network**

90% covered after deductible is met; limitations apply; check with Plan for details

**Out of Network**

70% covered after deductible is met; limitations apply; check with Plan for details

**Out of Area**

	80% covered after deductible is met; limitations apply; check with Plan for details; Overseas; 100% covered after deductible is met; limitations apply; check with Plan for details
Hospice care	<p><b>In Network</b> 90% covered after deductible is met; limitations apply; check with Plan for details</p> <p><b>Out of Network</b> 70% covered after deductible is met; limitations apply; check with Plan for details</p> <p><b>Out of Area</b> 80% covered after deductible is met; limitations apply; check with Plan for details; Overseas; 100% covered after deductible is met; limitations apply; check with Plan for details</p>

## Access

	Aetna Global Benefits
Out-of-area dependent coverage	Yes
Out-of-area participant coverage	Yes

## Ease of Use

	Aetna Global Benefits
Need to file claims	<p><b>In Network</b> No</p> <p><b>Out of Network</b> Yes</p> <p><b>Out of Area</b> Yes; Overseas; Yes; except for inpatient care set up by the member with AGB direct pay</p>
Number of PCP changes allowed/year	Not Applicable
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	Yes

## Care Management: Education and Assistance

	Aetna Global Benefits
Asthma care management	No
Cancer care management	No
Diabetes care management	No
Heart disease care management	No
Hypertension care management	No
Smoking cessation program	No
Weight control program	No