



**Group Insurance Plan of Benefits for  
The Navigators (Control 706366)  
administered by Aetna International®  
Effective Date: January 1, 2021  
PPO Medical (International Plan)**

Eligibility Provision			
<b>Employee</b>	Regular full-time Navigator employees participating in the plan as an Active Headquarter employee working a minimum of 30 hours per week or a Field employee working a minimum of 20 hours per week also eligible Retirees* who have elected to continue participating in the plan. *A Retiree must be age 62 with 10 years of continuous coverage under the plan.		
<b>Dependent</b>	The lawful Spouse of the employee or Retiree, excludes same gender marriage partner or a domestic partner of the same or opposite sex; children up to age 26, regardless of student status.		
PPO			
PLAN FEATURES	OUTSIDE THE U.S.		In the U.S.
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Individual Deductible</b>	\$1,500 per calendar year	\$1,500 per calendar year	\$3,000 per calendar year
<b>Family Deductible</b>	Employee + 1: \$3,000 per calendar year Family: \$3,000 per calendar year	Employee + 1: \$3,000 per calendar year Family: \$3,000 per calendar year	Employee + 1: \$6,000 per calendar year Family: \$6,000 per calendar year
<b>Prior Plan Credit</b>	Does not apply		
<b>Individual Payment Limit</b>	\$3,000 per calendar year	\$3,000 per calendar year	\$6,000 per calendar year
<i>(Does not include precertification penalty (Includes Outpatient Prescription Drugs when outside the US))</i>			
<b>Family Payment Limit</b>	Employee +1: \$6,000 per calendar year Family: \$6,000 per calendar year	Employee +1: \$6,000 per calendar year Family: \$6,000 per calendar year	Employee +1: \$12,000 per calendar year Family: \$12,000 per calendar year
<i>(Does not include precertification penalty (Includes Outpatient Prescription Drugs when outside the US))</i>			
<b>Lifetime Maximum</b>	Unlimited		
Member Payment Percentages			
Hospital Services			
<b>Inpatient</b>	20% after deductible	20% after deductible	40% after deductible
<b>Outpatient</b>	20% after deductible	20% after deductible	40% after deductible
<b>Private Room Limit</b>	The institution's semiprivate rate.		
<b>Pre-certification Penalty</b>	No Penalty	No Penalty	\$250
<i>To avoid penalties and/or benefit reductions for non-preferred benefits received in the U.S., contact the service center to determine if precertification is needed for a procedure.</i>			
<b>Non-Emergency Use of the Emergency Room</b>	20% after deductible	No Coverage	No Coverage
<b>Emergency Room</b>	20% after deductible	20% after deductible	20% after deductible
<b>Ambulance</b>	20% after deductible	20% after deductible	20% after deductible
<b>Non-Emergency Use of an Ambulance</b>	20% after deductible	20% after deductible	40% after deductible
<b>Non-Urgent Use of Urgent Care Provider</b>	20% after deductible	20% after deductible	40% after deductible
<b>Urgent Care</b>	20% after deductible	20% after deductible	40% after deductible
Physician Services			
<b>Physician Office Visit</b>	20% after deductible	20% after deductible	40% after deductible
<b>Specialist Office Visit</b>	20% after deductible	20% after deductible	40% after deductible
<b>Allergy Testing and Treatment</b>	20% after deductible	20% after deductible	40% after deductible
<b>Allergy Serum and Allergy Injections</b>	20% after deductible	20% after deductible	40% after deductible

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	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	In the U.S. Non-Preferred Benefits (Out-of-Network)
<b>Mental Health Services</b>			
<b>Mental Health Inpatient Coverage</b>	20% after deductible	20% after deductible	40% after deductible
<i>Unlimited days per calendar year</i>			
<b>Mental Health Outpatient Coverage</b>	20% after deductible	20% after deductible	40% after deductible
<i>Unlimited visits per calendar year</i>			
<b>Alcohol/Drug Abuse Services</b>			
<b>Substance Abuse Inpatient Coverage</b>	20% after deductible	20% after deductible	40% after deductible
<i>Unlimited days per calendar year</i>			
<b>Substance Abuse Outpatient Coverage</b>	20% after deductible	20% after deductible	40% after deductible
<i>Unlimited visits per calendar year</i>			
<b>Prescription Drug Coverage</b>			
<b>Generic Drugs</b> <i>(365 day maximum supply)</i>	10% after deductible	<b>Retail</b> -\$10 copay per 31 supply <b>Mail Order</b> - \$30 copay per 90 day supply <i>Preventative Drugs - \$0 copay</i>	Not Covered
<b>Formulary Brand Name Drugs</b> <i>(365 day maximum supply)</i>	10% after deductible	<b>Retail</b> -30% copay \$45 maximum per 31 day supply <b>Mail Order</b> -30% copay \$135 maximum per 90 day supply	Not Covered
<b>Non Formulary Brand Name Drugs</b> <i>(365 day maximum supply)</i>	10% after deductible	<b>Retail</b> -50% copay \$75 maximum per 31 day supply <b>Mail Order</b> -50% copay \$225 maximum per 90 day supply	Not Covered

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	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	In the U.S. Non-Preferred Benefits (Out-of-Network)
<b>Wellness Benefits</b>			
<b>Routine Children Physical Exams</b>	No charge	No charge	Not Covered
<i>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)</i>			
<b>Routine Adult Physical Exams</b>	No charge	No charge	Not Covered
<i>Adults age 22+ &amp; -65: 1 exam/12 months Adults age 65+: 1 exam/12 months includes immunizations</i>			
<b>Routine Gynecological Exams</b>	No charge	No charge	Not Covered
<i>Includes 1 exam and pap smear per calendar year</i>			
<b>Mammograms</b> <i>(Unlimited visits per calendar year)</i>	No charge	No charge	Not Covered
<b>Prostate Specific Antigen (PSA)</b> <i>(Unlimited tests per calendar year)</i>	No charge	No charge	Not Covered
<b>Digital Rectal Exam (DRE)</b> <i>(Unlimited exams per calendar year)</i>	No charge	No charge	Not Covered
<b>Cancer Screening</b>	No charge	No charge	Not Covered
<i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 10 years</i>			
<b>Routine Hearing Exam</b>	No charge	No charge	Not Covered
<i>Includes one routine exam every 24 months.</i>			
<b>Hearing Aids</b>	Not Covered	Not Covered	Not Covered
<b>Vision Care</b>			
<b>Routine Eye Exam</b>	No charge	No charge	Not Covered
<i>(Covered under medical) Includes one routine exam every 24 months</i>			

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PLAN FEATURES <i>Other Services</i>	PPO		
	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	In the U.S. Non-Preferred Benefits (Out-of-Network)
<b>Skilled Nursing Facility</b> <i>(120 Days per calendar year)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Hospice Care Facility Inpatient</b> <i>(Unlimited lifetime maximum)</i>	No Charge after deductible	No Charge after deductible	No Charge after deductible
<b>Hospice Care Facility Outpatient</b> <i>(Unlimited lifetime maximum)</i>	No Charge after deductible	No Charge after deductible	No Charge after deductible
<b>Home Health Care</b> <i>(120 visits per calendar year)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Private Duty Nursing</b> <i>(70 visits per calendar year)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Durable Medical Equipment</b> <i>(Unlimited calendar year maximum)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Spinal Disorder Treatment</b> <i>Unlimited visits per calendar year)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Short-Term Rehabilitation</b> <i>(Includes coverage for Occupational, Physical and Speech Therapies; 60 Visits combined maximum visits per calendar year)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Diagnostic Outpatient X-ray</b>	20% after deductible	20% after deductible	40% after deductible
<b>Diagnostic Outpatient Lab</b>	20% after deductible	20% after deductible	40% after deductible
<b>Base Infertility Services</b> <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Aetna's Institutes of Quality (IOQ) Bariatric Surgery</b>	Not Covered	20% after deductible	Not Covered
<b>TMJ</b> <i>(\$1,000 lifetime maximum)</i>	20% after deductible	20% after deductible	40% after deductible
<b>Autism</b>	Autism covered same as any other expense. <i>Member cost sharing is based on the type of service performed and the place of service where it is rendered</i>		

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Services and Programs Included in Your Plan

	<p><b>Employee Assistance Program (EAP)</b> Our EAP helps members balance the demands of work, life and personal issues. Whether it's finding balance between work and life, dealing with the loss of a loved one, managing anxiety or depression, or parenting advice, EAP offers free, confidential support delivered by qualified counselors. Includes up to 5 counseling sessions per issue per year per enrolled member.</p>
	<p><b>Emergency Assistance Services</b> We make sure members have the support they need during a medical emergency with necessary resources and personalized care. If a medical evacuation is needed, our in-house team focuses on getting members proper care in the most efficient way.</p>
	<p><b>International Care Management Program</b> Led by our clinical Care and Response Excellence (CARE) team, our program supports everything from clinical precertification and pre-trip planning, to acute and chronic care management, and much more. With one-on-one assistance from a clinician, we offer personalized, culturally relevant support no matter where members are in the world.</p>
	<p><b>International Maternity Management Program</b> Offers resources and personalized tools throughout pregnancy, delivery and post-partum care, delivered by our dedicated CARE team. Focused case management for tobacco cessation, pre-term labor, and other pregnancy risk factors.</p>
	<p><b>Well-being Assessment**</b> This personalized, online health and wellness program includes a suite of online health coaching programs in addition to a health assessment. The program encourages participants to identify and reduce health risks and improve and maintain healthy lifestyles, with a focus on prevention and long-term success.</p>
	<p><b>Pharmacy Shipping</b> We make sure members can fill their prescriptions quickly, safely and easily with our pharmacy shipping solutions. We help coordinate medication management for members preparing for assignments or travel, as well as offering a 90-day supply of maintenance medicine delivered directly to the member's home.</p>
	<p><b>Teladoc***</b> Gives members access to a national network of certified physicians right at their fingertips, through phone and online-video consultations.</p>
	<p><b>24-Hour Nurse Line**</b> Provides 24-hour telephone, email and chat access to experienced registered clinicians to help members make informed health care decisions on a variety of health topics.</p>
	<p><b>Member Offers (discount program)</b> Our Member offers gives members choice and flexibility in their day-to-day life. They get a variety of discounts on products and services that keep them healthy, fit and help them save money. In addition to offers on personal wellness products and services, we also offer deals on everyday needs such as travel, tickets, car rentals, electronics and more.</p>
<p><i>*Services and resources may vary depending on member location. ** Available to members in the U.S. only</i></p>	

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**Medical Plan Caveats**

*This plan includes coverage under the extent required in accordance with the Federal Mental Health Parity and Addiction Equity Act (MHPAEA) beginning with plan years starting on or after January 1, 2018.*

*This plan includes coverage for women's preventive health benefits to the extent required under U.S. federal law effective beginning with plan years starting on or after August 1, 2012.*

*Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage, deductible and copayments may be used to satisfy the payment limit. Precertification penalty is 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).*

*Maternity expenses are covered as any other medical expense. Coverage 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.*

*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.*

*Copayments and coinsurance for chiropractic visits are capped at 25% of the amount due to the chiropractor*

*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.*

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## For Plans Compliant with United States Federal Affordable Care Act (ACA) legislation

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:  
Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY: 711

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços lingüísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.