The benefits shown in this Plan are available for you solely while on a Business Trip & Business Sojourn authorized by your Employer.

For: World Traveler Plus Business Travel & Business Sojourn Emergency and Urgent Care

### Comprehensive Medical Plan

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>Calendar Year Maximum Benefit per Person</th>
<th>$500,000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>Lifetime Maximum Benefit per person</th>
<th>Unlimited</th>
</tr>
</thead>
</table>

**Coinsurance listed in the Schedule below reflects the Plan Coinsurance. This is the amount Aetna pays. You are responsible for full payment of any non-covered expenses you incur.**

### Physician Services (GR-9N-S-13-25-01)

**Physician Office Visits**

<table>
<thead>
<tr>
<th>(non-surgical)</th>
<th>100% per visit</th>
</tr>
</thead>
</table>

No Calendar Year deductible applies.

### Specialist Services (GR-9N-S-13-25-01)

**Specialist Office Visits**

<table>
<thead>
<tr>
<th>100% per visit</th>
</tr>
</thead>
</table>

No Calendar Year deductible applies.
### PLAN FEATURES

**Physician Services (cont'd) (GR-9N-S-13-25-01)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Office Visit (Surgery)</strong></td>
<td>100% per visit</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
<tr>
<td><strong>Physician Services for Inpatient Facility and Hospital Visits</strong></td>
<td>100% per visit</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
<tr>
<td><strong>Administration of Anesthesia</strong></td>
<td>100% per procedure</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Emergency Medical Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Emergency Facility and Physician</strong></td>
<td>100% per visit</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

*Important Note: Please note that the provider may not accept payment of your cost share (your coinsurance percentage) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the Emergency Room Facility or physician bills you for an amount above your cost share, you are not responsible for paying that amount. Please send Aetna the bill at the address listed on your member ID card and Aetna will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.*

**Urgent Medical Services (GR-9N-S-13-30-01)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Medical Care</strong> (at a non-hospital free standing urgent care facility)</td>
<td>100% per visit</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
<tr>
<td><strong>Urgent Medical Care</strong> (for other than a non-hospital free standing facility)</td>
<td>Refer to Emergency Medical Services and Physician Services above.</td>
</tr>
</tbody>
</table>

**Complex Imaging Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complex Imaging</strong></td>
<td>100% per procedure</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Diagnostic Laboratory Testing**

<table>
<thead>
<tr>
<th>Service</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Laboratory Testing</strong></td>
<td>100% per procedure</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>
## PLAN FEATURES

**Diagnostic X-Rays (except Complex Imaging Services)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic X-Rays</strong></td>
<td>100% per procedure</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Outpatient Surgery**

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>100% per visit/surgical procedure</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Inpatient Facility Expenses** *(GR-9N-S-13-45-01)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Facility Expenses</strong></td>
<td>100% per admission</td>
</tr>
<tr>
<td>Room and Board</td>
<td>No Calendar Year deductible applies.</td>
</tr>
<tr>
<td>(including maternity)</td>
<td></td>
</tr>
<tr>
<td>Other than Room and Board</td>
<td>100% per admission</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Other Covered Health Expenses** *(GR-9N-S-13-80-01)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acupuncture</strong></td>
<td>100% per procedure</td>
</tr>
<tr>
<td><em>in lieu of anesthesia</em></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Ground, Air or Water Ambulance**

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ground, Air or Water Ambulance</strong></td>
<td>100% per trip</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Prescription Drugs**

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>100% per prescription or refill</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>

**Global Emergency Assistance Program** *(GR-9N-S-13-90-01)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Emergency Assistance Program</strong></td>
<td>$250,000 Calendar Year Maximum</td>
</tr>
<tr>
<td><strong>Global Emergency Assistance Program</strong></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>No Calendar Year deductible applies.</td>
</tr>
</tbody>
</table>
Expense Provisions (GR-9N S-09-05 01)

The following provisions apply to your health expense plan.
This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this Schedule of Benefits.

The insurance described in this Schedule of Benefits will be provided under Aetna Life & Casualty (Bermuda) Ltd. Insurance Company's policy form GR-29N.

Keep This Schedule of Benefits With Your Booklet.

Coinsurance Provisions (GR-9N S-09-020 01)

Coinsurance
This is the percentage of your covered expenses that the plan pays and the percentage of covered expenses that you pay. The percentage that the plan pays is referred to as the “Plan Coinsurance”. Your plan will pay a percentage of the covered expenses.

Maximum Benefit Provisions (GR-9N S-09-025 01)

Calendar Year Maximum Benefit
The most the plan will pay for covered expenses incurred by any one covered person in a Calendar Year is called the Calendar Year maximum benefit.

The Calendar Year maximum benefit will not deny benefits for certain covered expenses in any one Calendar Year.

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet and should be kept with your Booklet form GR-9N. Coverage is underwritten by Aetna Life & Casualty (Bermuda) Ltd. Insurance Company.