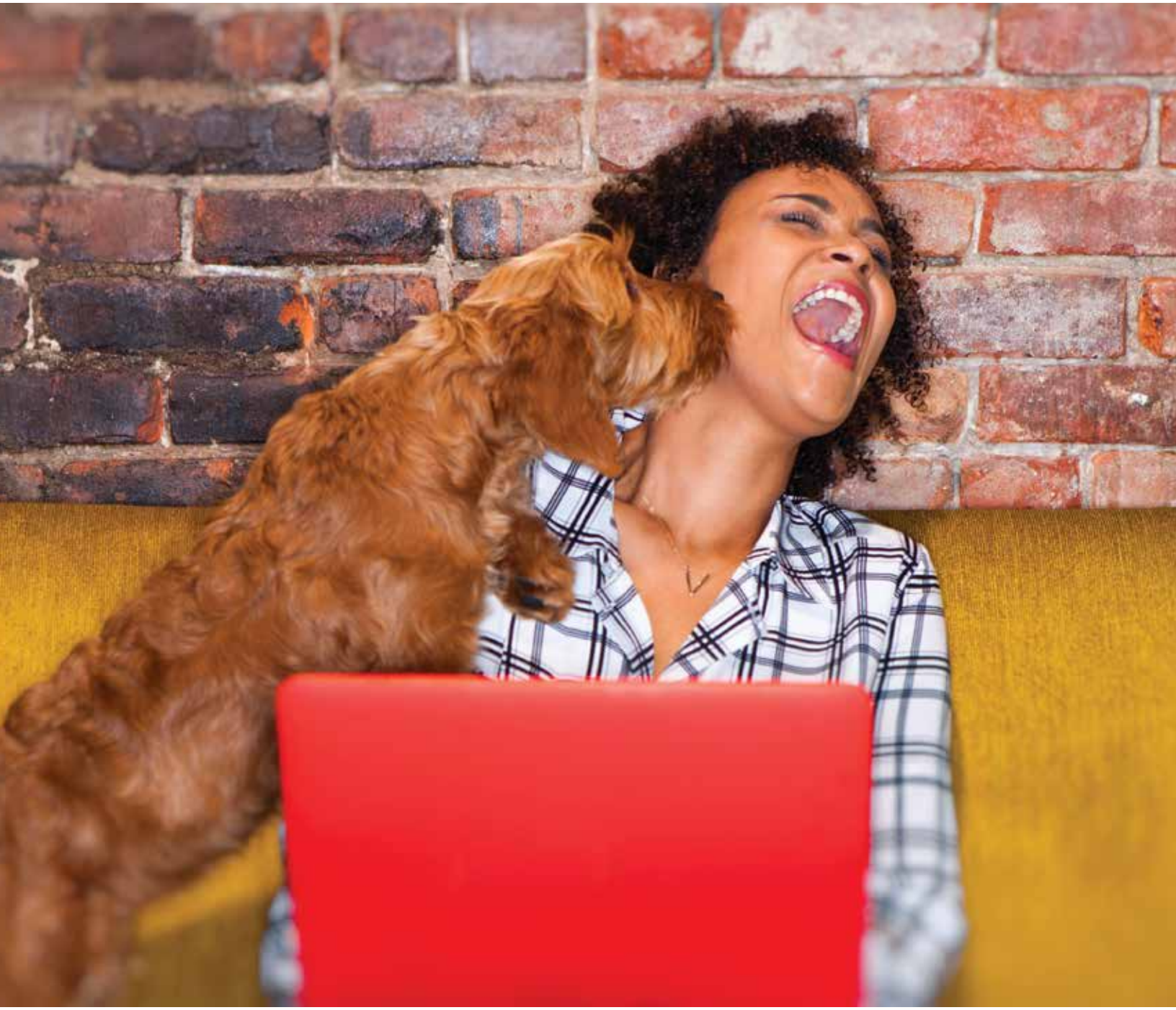
intuit Benefits



FY 2020 Summary of Benefits

This is a snapshot of how the medical, dental and vision plans work. For a complete list of covered services, see the Summary Plan Descriptions (SPDs).

Learn more at intuitbenefits.com.

Summary of dental benefits

	Aetna PPO Dental Plan		Aetna Dental Maintenance Organization (DMO) Plan
Biweekly Paycheck Deduction for Full-Time Employees	$6 employee $20 employee + spouse/DP $15 employee + children $23 employee + family		$2 employee $6 employee + spouse/DP $5 employee + children $7 employee + family
Plan Features	In-Network	Out-of-Network*	In-Network only
Provider Network	Use any Aetna PPO network dentist, specialist or orthodontist who has agreed to charge Aetna's negotiated rates for services		You must see an Aetna DMO dentist. When you enroll, you will select and use a primary care dentist (PCD)
Plan-Year Deductible (August 1–July 31)	$25 individual $50 family	$50 individual $150 family	None
Plan-Year Maximum	$2,500	$2,000	None
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Care	After deductible, plan pays 90%	After deductible, plan pays 80%	Plan pays 100%
Major Care	After deductible, plan pays 60%	After deductible, plan pays 50%	Plan pays 60%
Orthodontia	Plan pays 60%, up to $3,000 lifetime maximum	Plan pays 50%, up to $1,500 lifetime maximum	Plan pays 50%, up to 24-month lifetime maximum for treatment and maintenance

** Out-of-network services are covered at usual, customary and reasonable (UCR) rates.*

Summary of vision benefits

	VSP Provider	Non-VSP Provider
Biweekly Paycheck Deduction for Full-Time Employees	$5 employee $14 employee + spouse/DP $11 employee + children $17 employee + family	
Plan Features	Benefits are available on a rolling 12-month schedule, so you'll be eligible for a benefit 12 months after you last received it.	
Exam	$10 copay If you have type 1 or type 2 diabetes: $20 copay per visit for routine and follow-up diabetic eye care services from a VSP doctor	$50 reimbursement
Frame	$10 copay, up to a $180 limit on frames	$70 reimbursement
Glass Lenses	Included with frame, some limits may apply*	$50 single, $75 bifocal, $100 trifocal, reimbursement
Contact Lenses	$60 copay for contact exam, up to $300 allowance for materials*	$105 reimbursement
Computer Glasses (for employees only)	$10 copay, every 12 months, up to a $180 limit on frames	N/A

** The plan includes either frames, lenses or contact lenses once every 12 months.*

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
Biweekly Paycheck Deduction				
Full-Time Employees without Biometric Screening and Tobacco-Free Credits *(Does not include spousal surcharge)*				North / South
Employee	$94.50	$95.00	$96.00	$95.50 / $92.00
Employee + spouse/DP	$239.50	$243.00	$253.00	$255.50 / $234.00
Employee + children	$138.50	$141.00	$147.00	$159.00 / $141.00
Employee + family	$261.00	$265.50	$278.00	$282.50 / $255.00
Full-Time Employees with Biometric Screening and Tobacco-Free Credits *(Does not include spousal surcharge)*				North / South
Employee	$14.50	$15.00	$16.00	$15.50 / $12.00
Employee + spouse/DP	$79.50	$83.00	$93.00	$95.50 / $74.00
Employee + children	$58.50	$61.00	$67.00	$79.00 / $61.00
Employee + family	$101.00	$105.50	$118.00	$122.50 / $95.00
Spousal Surcharge	You pay a $100 spouse/domestic partner surcharge per paycheck if you choose to cover your working spouse or domestic partner when he or she is eligible for coverage elsewhere.			
Plan Features				
Provider Network	Cigna Open Access Plus network; use any in-network or out-of-network provider	Use any provider in the Open Access Plus network, but pay less when you use Cigna Care Network (CCN) specialists; out-of-network services not covered unless specified	UnitedHealthcare Choice network and Harvard Pilgrim network; out-of-network services not covered unless specified	Kaiser Permanente doctors and facilities only; out-of-network services not covered unless specified
Plan-Year Deductible (August 1–July 31)	*In-Network:* $1,350 individual $2,700 family *Out-of-Network:* $2,500 individual $5,000 family Includes prescription drugs	No deductible	No deductible	No deductible
Intuit's HSA Contribution *(if applicable)*	**Salary less than $80,000** $1,000 individual $2,000 family **Salary $80,000 or more** $750 individual $1,500 family	N/A	N/A	N/A
Coinsurance	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Plan pays 100%	Plan pays 100%	Plan pays 100%
Plan-Year Out-of-Pocket Maximum *("Family" refers to two or more people)*	*In-Network:* $2,600 individual $5,200 family *Out-of-Network:* $5,000 individual $10,000 family Includes deductibles, coinsurance and prescription drugs	$2,000 individual $6,000 family Includes your medical copays, but does not include non-compliance penalties	$2,000 individual $6,000 family Includes your medical copays	$1,500 individual $3,000 family Includes your medical and pharmacy copays
Physician Services				
Preventive Exams *(such as routine physicals, immunizations, annual ob-gyn exams and one mammogram per year for women starting at age 40)*	*In-Network:* Plan pays 100% *Out-of-Network:* Plan pays 70% UCR* after deductible; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call UHC for details	Plan pays 100%; guidelines apply; call Kaiser for details
Well-Baby/Well-Child Care *(includes immunizations)*	*In-Network:* Plan pays 100% *Out-of-Network:* Plan pays 70% UCR* after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Telemedicine	*Teladoc board-certified doctors are available by phone or secure video 24/7 to diagnose and prescribe medicine for conditions such as allergies, asthma, bronchitis, cold and flu, and pink eye.*			
	You pay the full cost for visits until you meet the deductible; after deductible, plan pays 90%	No cost to you	No cost to you	No cost to you through Kaiser doctors
Doctor's Office Visit	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	You pay $20 copay PCP; $30 CCN** or $40 non-CCN** specialist	You pay $15 copay PCP; $30 specialist	You pay $20 copay PCP or specialist
Non-Hospital X-ray & Lab Services	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
Urgent Care & Emergency Room				
Urgent Care	***After Deductible:*** *In- and Out-of-Network:* Plan pays 90%	You pay $40 copay	You pay $40 copay	You pay $20 copay
Emergency Room	***After Deductible:*** *In- and Out-of-Network:* Plan pays 90%; only covered for true emergencies	You pay $250 copay (waived if admitted); only covered for true emergencies	You pay $250 copay (waived if admitted); only covered for true emergencies	You pay $100 copay (waived if admitted)
Ambulance	***After Deductible:*** *In- and Out-of-Network:* Plan pays 90%; only covered for true emergencies	Plan pays 100%; only covered for true emergencies	Plan pays 100%; only covered for true emergencies	You pay $50 per trip
Surgery				
Inpatient Surgery	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Plan pays 100% after you pay $200 facility copay per admission	Plan pays 100% after you pay $150 hospital copay per admission	Plan pays 100% after you pay $100 hospital copay per admission
Outpatient Surgery	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Plan pays 100% after you pay $100 facility copay per visit	Plan pays 100% after you pay $30 hospital copay per visit	You pay $20 copay per procedure
Mental Health & Substance Abuse Therapy				
Telemedicine	*Teladoc licensed therapists and psychiatrists are available by phone or secure video 24/7 to provide counseling services related to stress, anxiety, depression, addiction and abuse. Available to employees and covered family members aged 13 and older.*			
	You pay the full cost for visits until you meet the deductible; after deductible, plan pays 90% based on the type of provider	You pay $20 copay	You pay $15 copay	No cost to you through Kaiser doctors
Inpatient Care	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Plan pays 100% after you pay $200 copay per admission	Plan pays 100% after you pay $150 copay per admission	You pay $100 copay per admission
Outpatient Care	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Plan pays 100% after you pay $30 copay for office visits	Plan pays 100% after you pay $15 copay	*Mental Health:* You pay $20 copay, individual; $10 copay, group *Substance Abuse:* You pay $20 copay, individual; $5 copay, group
Other Services				
Elective Egg Freezing *Cryopreservation, storage and thawing*	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70%; limited to infertility $10,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	Not covered	Not covered	Not covered
Infertility	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT	
	After Deductible: *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR;* limited to $10,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	You pay $30 CCN** or $40 non-CCN** specialist per visit; limited to $10,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	You pay $30 specialist copay; limited to $10,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	You pay $20 copay per visit for outpatient services; $100 copay per admission for inpatient services; limitations apply; check with Kaiser for more details on covered services
Physical, Speech & Occupational Therapy	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Up to 60 visits per year;*** you pay $30 CCN** or $40 non-CCN** specialist per visit	Up to 30 visits per year; you pay $30 copay per visit	You pay $20 copay per visit; physical therapy and speech therapy require authorization by your doctor
Applied Behavioral Analysis (ABA) Therapy	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	*In-Network:* You pay $30 copay per visit	*In-Network:* You pay $15 copay per visit	You pay $20 copay per visit; requires authorization by your doctor

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
Other Services Cont.				
Music & Equine Therapy	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	You pay $30 copay CCN** or $40 per visit	You pay $15 copay per visit	Not covered
Acupuncture	Up to 30 visits per year, combined in-network and out-of-network ***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Up to 20 visits per year; you pay $40 copay per visit	Up to 30 in-network visits per year; you pay $30 copay per visit (covered in-network only)	You pay $20 copay per visit; limitations apply—check with plan administrator
Chiropractic Care	Up to 30 visits per year, combined in-network and out-of-network ***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Up to 20 visits per year; you pay $40 copay per visit	Up to 30 visits per year; you pay $30 copay per visit	Up to 20 visits per year; you pay $15 copay per visit
Nutritionists *(If you have a chronic condition, all plans pay 100% for unlimited visits with a registered and licensed dietitian or nutritionist.)*	Up to 5 visits per year with a registered and licensed dietitian or nutritionist covered in-network and out-of-network ***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% UCR*	Up to 5 visits per year with a registered and licensed dietitian or nutritionist You pay $40 copay per visit (covered in- and out-of-network)	Up to 5 visits per year with a registered and licensed dietitian or nutritionist You pay $30 copay per visit (covered in- and out-of-network)	Not covered
Prescription Drugs				
Provider	CVS Caremark: **caremark.com** 1-888-797-8890			Kaiser Pharmacy or Mail Order Only
Annual Out-of-Pocket Maximum	Prescription amounts count toward medical plan out-of-pocket maximum	$4,100 individual $6,200 family	$4,100 individual $6,200 family	Prescription copays count toward medical plan out-of-pocket maximum
Generic	***After Deductible:*** *Retail:* You pay $5 or less for 30-day supply**** *Mail Order:* You pay $10 for 90-day supply	*Retail:* You pay $5 or less for 30-day supply**** *Mail Order:* You pay $10 for 90-day supply	*Retail:* You pay $5 or less for 30-day supply**** *Mail Order:* You pay $10 for 90-day supply	*Retail:* You pay $10 at Kaiser pharmacy for up to 30-day supply *Mail Order:* You pay $20 for 100-day supply
Preferred Brand Name	***After Deductible:*** *Retail:* You pay 10% ($15 minimum) for 30-day supply**** *Mail Order:* You pay 10% ($30 minimum) for 90-day supply	*Retail:* You pay 30% ($30 minimum/$90 maximum) for 30-day supply**** *Mail Order:* You pay 30% ($60 minimum/$180 maximum) for 90-day supply	*Retail:* You pay $30 for 30-day supply**** *Mail Order:* You pay $60 for 90-day supply	*Retail:* You pay $20 at Kaiser pharmacy for up to 30-day supply *Mail Order:* You pay $40 for 100-day supply
Nonpreferred Brand Name	***After Deductible:*** *Retail:* You pay 10% ($30 minimum) for 30-day supply**** *Mail Order:* You pay 10% ($60 minimum) for 90-day supply	*Retail:* You pay 50% ($50 minimum/$150 maximum) for 30-day supply**** *Mail Order:* You pay 50% ($100 minimum/$300 maximum) for 90-day supply	*Retail:* You pay $60 for 30-day supply**** *Mail Order:* You pay $120 for 90-day supply	*Retail:* You pay $20 at Kaiser pharmacy for up to 30-day supply *Mail Order:* You pay $40 for 100-day supply

* A fee is considered to be usual, customary and reasonable (UCR) if it falls within the parameters of the average or commonly charged fee for the particular service within a specific community.

** You pay less when you use Cigna Care Network (CCN) specialists. Contact Cigna for details about CCN specialists.

*** Visit limit will not apply to treatment of mental health and substance use disorder conditions.

**** After two retail fills of maintenance medications, you must go through mail order or use a CVS pharmacy and fill a 90-day supply. Otherwise, a penalty copay is charged ($15 for generic, $20 for preferred brand name and $40 for nonpreferred brand name). Specialty medications must be filled through a CVS Specialty Pharmacy and have a 30-day limit.

If there is a discrepancy with any information herein provided, the provisions of the appropriate Summary Plan Document (SPD) will prevail.

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