

Intuit, Inc.
Policy # 00407C

GLOBAL HEALTH ADVANTAGE 2-20 – SUMMARY OF BENEFITS Platinum Preferred

INTERNATIONAL MEDICAL PLAN			
Lifetime Maximum Benefit	\$2,000,000		
	U.S. In-Network	U.S. Out-of-Network	International
Deductible	\$0		
Coinsurance	100%	80%	100%
Out-of-Pocket Maximum	\$500 / \$1,500	\$1,000 / \$3,000	\$500 / \$1,500
Room & Board	Hospital's average semi-private charge per day of confinement		
Pregnancy Expense	Treated the same as any other condition for employee and eligible dependents		
Prescription Drugs	\$10 Generic \$20 Brand	80%	80%
Mental Illness and Substance Abuse			
Serious Mental Illness and Substance Abuse	As any other treatment. No limits		
In-Hospital Treatment	As any other treatment to a 30 day calendar year maximum. No lifetime maximum		
Out-Patient Treatment	50% Coinsurance to a maximum of 30 visits per calendar year. No lifetime maximum		
Skilled Nursing	As any other treatment to a maximum of 120 days per calendar year (includes Rehabilitation and Sub-Acute Facilities)		
Hospice Care Services	As any other treatment		
Home Health Care	As any other treatment to a maximum of 120 days per calendar year		
Chiropractic Services	As any other treatment up to a 20 visits per calendar year maximum		
Temporomandibular Joint Disorder (TMJ)	As any other treatment up to a \$1,000 lifetime maximum		
Routine Nursery	As any other treatment including room and board, physician charges and circumcision for males prior to discharge		

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. CIEB recommends that you examine your policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law. © Copyright 2009 (CIGNA Corporation)

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INTERNATIONAL MEDICAL PLAN - <i>continued</i>	
<i>Papanicolaou Screening Test</i>	As any other treatment, one test per calendar year for all eligible females
<i>Prostate Cancer Screening</i>	As any other treatment, one test per calendar year for all eligible males
<i>Mammograms</i>	As any other treatment, per the following schedule: One baseline exam for asymptomatic women ages 35 – 39, one exam every two years for asymptomatic women ages 40 – 49, one exam annually for women age 50 and over and whenever prescribed
<i>Lead Poisoning Screening</i>	As any other treatment, for children at or around 12 months old
<i>Hearing Exams</i>	As any other treatment for one exam every 24 months
<i>Preventive Care</i>	As any other treatment, per the following schedule: Birth through age 2: \$500 per calendar year Age 3 through age 17: \$350 per calendar year Age 18 and over: \$350 per calendar year
<i>Vision Examination</i>	As any other treatment for one exam every 24 months. Eyewear 100% subject to a \$250 maximum every 24 months
<i>Outpatient Short-Term Rehabilitative Therapy</i> <i>Cardiac Rehabilitation</i> <i>Physical Therapy</i> <i>Speech Therapy</i> <i>Occupational Therapy</i> <i>Pulmonary Rehabilitation</i> <i>Cognitive Therapy</i>	As any other treatment for a combined 60-day calendar year maximum.

INTERNATIONAL EMPLOYEE ASSISTANCE PROGRAM (IEAP)	
<i>International Telephonic Assist</i>	Up to three calls to resolve a behavioral issue. Includes a consultation with an experienced international behavioral health professional for information and/or guidance related to: <ul style="list-style-type: none"> - Assistance with problem identification and problem-solving skills. - Questions about behavioral health-related topics - Approaches and/or resources to address behavioral health concerns - Referrals to appropriate community resources

(Counseling services are provided by CIGNA Behavioral Health, the leading provider of EAP in the US, and by ICAS, the leading provider of EAP internationally.)

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INTERNATIONAL DENTAL PLAN – OPTION II	
Class I, II, III Calendar Year Maximum	\$1,500
Deductible (waived for Class I & IV)	\$50 Individual / \$150 Family Aggregate

Class I	Preventive Services <i>Diagnostic – General Preventive</i>	100%
Class II	Basic Services <i>Restorative (Basic) Endodontics Periodontics Prosthodontics – Removable (Maintenance) Prosthodontics – Fixed Bridge (Maintenance) Oral Surgery</i>	80%
Class III	Major Services <i>Restorative (Major) Prosthodontics – Removable (Installation) Prosthodontics – Fixed Bridge (Installation)</i>	50%
Class IV	Orthodontia (Child Only to Age 19) Lifetime Maximum	50% \$1,500

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