



Your Intuit Benefits

All of Intuit's medical plans include preventive care and comprehensive coverage to protect you in case of serious illness. While all of the plans cover similar services, they differ in paycheck deductions, copays, coinsurance, deductibles, out-of-network coverage and out-of-pocket costs. Use this chart and other tools to understand your options and choose the plan that best fits your needs and your budget.



Save with the Health Savings Account (HSA)

The HSA is available only with the Cigna Choice Fund with Health Savings Account medical plan. Here's how it benefits you:

Free money. Once your account is opened, we'll make a contribution of \$750 for individual coverage and \$1,500 if you cover family members.

It's flexible. Use the money now to pay for eligible medical expenses. Or save it for your future health care needs and let the balance grow.

The money is yours to keep—forever. That's right. You can take your HSA with you if you leave Intuit or when you retire.

There's no "use it or lose it." The HSA has no "use it or lose it" feature like the Health Care Flexible Spending Account, so your account balance rolls over each year.

Triple tax advantages.* Enjoy tax-free contributions, tax-free growth as your balance grows and no tax penalty for withdrawing funds for use on qualified health expenses.

* These advantages apply to federal income tax only. Some states, including California, tax HSA contributions and/or earnings. Consult your tax advisor for details.

This brochure contains highlights of the benefits options available to you through the Total Rewards program. They are not complete descriptions of the benefits. Intuit may terminate, amend or modify any benefits described in this brochure, in whole or in part, at any time, for any reason. The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this brochure and the official plan documents, the official plan documents will govern.

Five tips to get the most value out of your medical plan

1 Know how you pay for services.

Copays. A fixed amount you pay when you receive covered health care services. Amounts vary depending on your plan and the type of provider you use or service you receive.

Coinsurance. Your share of a covered health care service calculated as a percentage of the total allowed amount. For example, you pay 10% or you pay 30%.

Annual deductible. The amount you must pay before the plan starts sharing costs.

Out-of-pocket maximum. The total amount you will pay during the plan year. For Intuit's plans, this amount includes your deductible.

2 Use in-network providers and pharmacies. You pay less when you do.

3 Choose generic drugs whenever you can. On average, generics cost 50% less than brand-name drugs. Cigna and UHC members who choose a brand-name drug when a generic is available will pay the brand copay, plus the cost difference between the brand and generic.

4 Use CVS stores or mail order for refills. When you do, you'll get three months for the price of two! After two fills on maintenance prescriptions, you must use a CVS store or mail-order service and fill a 90-day supply or an additional copay is charged (\$15–\$40). Kaiser members must use Kaiser pharmacies.

5 Take care of yourself. Routine physicals and preventive care are 100% covered by your plan. And if you (and your covered spouse/domestic partner) completed a biometric screening by May 31, met the healthy targets and were nicotine-free, you'll pay up to \$4,940 less for medical coverage.

Want more information?

Go to intuitbenefits.com for plan details, provider contact information and tools to help you choose your health coverage for FY15.

Enroll or ask questions

hewitt.intuit.com
1-866-468-8236

Save even more!

Use the cost comparison tools from your health plan to get the best deal for you and your family.

FY 2015 Medical Plans

Details about the new Cigna Choice Fund HSA medical plan are below. If you are currently enrolled in the Cigna CDHP plan or BCBS HMO Blue plan, see intuitbenefits.com for your plan chart information.

Plan Details	New! Cigna Choice Fund HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
	Pre-enrollment: mycignaplans.com Username: Intuit Password: cigna 1-800-244-6224 Group number: 3331771	Pre-enrollment: mycignaplans.com Username: Intuit Password: cigna 1-800-244-6224 Group number: 3331771	Pre-enrollment: intuit.welcometouhc.com/home (Site available on June 1, 2014) 1-800-996-4159 Group number: 711734	Pre-enrollment: kcp.org/newmember 1-800-464-4000 Group number: 34125
Biweekly Paycheck Deduction (rates for full-time employees; does not include spousal surcharge or any health credits) See all FY2015 rates at intuitbenefits.com	\$108 Employee \$264 Employee + Spouse/DP \$149 Employee + Children \$284 Employee + Family	\$109 Employee \$268 Employee + Spouse/DP \$152 Employee + Children \$289 Employee + Family	\$110 Employee \$277 Employee + Spouse/DP \$158 Employee + Children \$301 Employee + Family	\$107 Employee \$264 Employee + Spouse/DP \$156 Employee + Children \$285 Employee + Family
Health Credits (what you could save on medical plan paycheck deductions)	Reduce your annual medical plan paycheck deductions by up to \$4,940 when you and your covered spouse/domestic partner are nicotine-free, get a biometric screening and meet the healthy targets.			
Spousal Surcharge	You pay a \$100 spouse/domestic partner surcharge if you choose to cover your working spouse or domestic partner when he or she is eligible for coverage elsewhere.			
Deductible	In- and Out-of-Network: \$1,250 Individual \$2,500 Family Deductibles follow the plan year (Aug. 1–Jul. 31)	No deductible	No deductible	No deductible
Intuit's HSA Contribution (if applicable)	\$750 Individual \$1,500 Family (two or more members) Use your HSA now to help meet your deductible! Or save it for future expenses to let the balance grow.	N/A	N/A	N/A
Coinsurance	<i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	Plan pays 100%	Plan pays 100%	Plan pays 100%
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family (two or more people) This amount includes deductibles, coinsurance and pharmacy	\$2,000 Individual \$6,000 Family (two or more people) This amount includes your copays but does not include non-compliance penalties	\$2,000 Individual \$6,000 Family (two or more people) This amount includes your copays	\$1,500 Individual \$3,000 Family (two or more people) This amount includes your copays
Physician Services				
Doctor's Office Visit	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> 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
Well-Baby/Well-Child Care (includes immunizations)	<i>In-Network:</i> Plan pays 100% <i>Out-of-Network:</i> Plan pays 70% UCR*** after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Preventive Exams (such as routine physicals, immunizations and annual ob-gyn exams)	Guidelines apply; call Cigna for details <i>In-Network:</i> Plan pays 100% <i>Out-of-Network:</i> Plan pays 70% UCR*** after deductible	Guidelines apply; call Cigna for details Plan pays 100%	Guidelines apply; call UHC for details Plan pays 100%	Guidelines apply; call Kaiser for details Plan pays 100%
Mammogram	<i>In-Network:</i> Plan pays 100% <i>Out-of-Network:</i> Plan pays 70% UCR*** after deductible Limited to one per year for women starting at age 40	Plan pays 100%	Plan pays 100%	Plan pays 100%
Hospitalization, Emergency Room & Urgent Care				
Semiprivate Room & Board	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*** Prior authorization is required	You pay \$200 hospital copay Prior authorization is required	You pay \$150 hospital copay	You pay \$100 hospital copay Services must be authorized by a plan physician
Emergency Room	After Deductible: <i>In-Network and Out-of-Network:</i> Plan pays 90%	You pay \$250 copay (waived if admitted)	You pay \$250 copay (waived if admitted); non-emergencies are not covered through the emergency room	<i>Emergency:</i> You pay \$100 copay (waived if admitted) <i>Non-Emergency:</i> You pay \$100 copay per visit; not covered unless approved by plan physician
Urgent Care	After Deductible: <i>In-Network and Out-of-Network:</i> Plan pays 90%	You pay \$40 copay	You pay \$40 copay	You pay \$20 copay
Ambulance	After Deductible: Plan pays 90% for emergencies in- and out-of-network	Plan pays 100%; services not covered for non-emergencies	Plan pays 100%; services not covered for non-emergencies	You pay \$50 per trip; services not covered for non-emergencies
Surgery				
Inpatient Surgery	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	You pay \$200 facility copay per admission	Plan pays 100% after you pay \$150 hospital copay	Plan pays 100% after you pay \$100 hospital copay
Outpatient Surgery	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	You pay \$100 facility copay per visit	You pay \$30 copay per procedure	You pay \$20 copay per procedure
Mental Health & Substance Abuse Therapy				
Inpatient Care	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	You pay \$200 copay per admission	Plan pays 100% after you pay \$150 copay	You pay \$100 copay per admission
Outpatient Care	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	<i>Mental Health:</i> You pay \$30 copay for office visits <i>Substance Abuse Therapy:</i> You pay \$30 copay for office visits	Plan pays 100% after you pay \$30 copay	<i>Mental Health:</i> You pay \$20 copay, individual; \$10 copay, group; unlimited for parity diagnosis <i>Substance Abuse:</i> You pay \$20 per visit for outpatient individual therapy visits; \$5 per visit for outpatient group therapy visits
Family Planning & Infertility				
Tubal Ligation or Vasectomy (excludes reversals)	After Deductible: <i>In-Network:</i> Plan pays 100% <i>Out-of-Network:</i> Plan pays 70% UCR***	Plan pays 100%	You pay \$30 copay per outpatient surgery; \$150 copay per admission for inpatient surgery	You pay \$20 copay per visit for outpatient services; \$100 copay per visit for inpatient services
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 After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*** Limited to \$10,000 lifetime maximum for medical and \$7,500 for prescriptions (through CVS Caremark)	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility. Excludes artificial insemination, in vitro, GIFT and ZIFT You pay \$20 copay PCP; \$30 CCN* or \$40 non-CCN* specialist per visit to a physician's office; you pay \$200 admission copay for inpatient services; you pay \$100 copay per visit for outpatient services	You pay \$15 copay PCP; \$30 specialist; limited to diagnosis and treatment of underlying condition only Lifetime maximum equals six treatments for artificial insemination. Check with your plan administrator for more details on covered services	You pay \$20 copay per visit for outpatient services; \$100 copay per visit for inpatient services. Limitations apply. Check with your plan administrator for more details on covered services
X-Ray & Lab				
Non-Hospital X-Ray & Lab Services	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	Plan pays 100%; copays apply if services rendered in a physician's office	Plan pays 100%	Plan pays 100%
Prescription Drugs (through CVS Caremark) www.caremark.com 1-888-797-8890				
Annual Out-of-Pocket Maximum	Not applicable, but prescription amounts count toward plan out-of-pocket maximum	\$5,000/individual; \$10,000/family	No out-of-pocket maximum	No out-of-pocket maximum
Generic	<i>Retail:</i> You pay \$5 for 30-day supply** <i>Mail order:</i> You pay \$10 for 90-day supply	<i>Retail/CVS (30-day supply):</i> You pay \$5** <i>Mail order (90-day supply):</i> You pay \$10	<i>Retail:</i> You pay \$5 for 30-day supply** <i>Mail order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$10 at Kaiser pharmacy for up to 30-day supply <i>Mail order:</i> You pay \$20 for 100-day supply
Preferred Brand Name	<i>Retail:</i> You pay 10% (\$15 minimum) for 30-day supply** <i>Mail order:</i> You pay 10% (\$30 minimum) for 90-day supply	<i>Retail/CVS (30-day supply):</i> You pay 30% (\$30 minimum)** <i>Mail order (90-day supply):</i> You pay 30% (\$60 minimum)	<i>Retail:</i> You pay \$30 for 30-day supply** <i>Mail order:</i> You pay \$60 for 90-day supply	<i>Retail:</i> You pay \$20 at Kaiser pharmacy for up to 30-day supply <i>Mail order:</i> You pay \$40 for 100-day supply
Nonpreferred Brand Name	<i>Retail:</i> You pay 10% (\$30 minimum) for 30-day supply** <i>Mail order:</i> You pay 10% (\$60 minimum) for 90-day supply	<i>Retail/CVS (30-day supply):</i> You pay 50% (\$50 minimum)** <i>Mail order (90-day supply):</i> You pay 50% (\$100 minimum)	<i>Retail:</i> You pay \$60 for 30-day supply** <i>Mail order:</i> You pay \$120 for 90-day supply	<i>Retail:</i> You pay \$20 at Kaiser pharmacy for up to 30-day supply <i>Mail order:</i> You pay \$40 for 100-day supply
Other Services				
Physical, Speech & Occupational Therapy	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	Up to 60 days per year You pay \$20 copay PCP; \$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 plan physician
Applied Behavioral Analysis (ABA) Therapy	After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	Not covered	Not covered	You pay \$20 copay per visit; requires authorization by plan physician
Acupuncture	Up to 30 days per year, combined in-network and out-of-network After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	Up to 20 days per year You pay \$20 copay PCP; \$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; limitations apply—check with plan administrator
Chiropractic Care	Up to 30 days per year, combined in-network and out-of-network After Deductible: <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR***	Up to 20 days per year You pay \$20 copay PCP; \$30 CCN* or \$40 non-CCN* specialist 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	Up to 5 days per year with a registered and licensed dietician or nutritionist, covered in-network and out-of-network	Up to 5 days per year with a registered and licensed dietician or nutritionist. You pay \$20 copay PCP; \$30 CCN* or \$40 non-CCN* specialist per visit (in- and out-of-network)	Up to 5 visits per year with a registered and licensed dietician or nutritionist. You pay \$30 copay per visit (covered in- and out-of-network)	Not covered

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

** 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 and \$40 for nonpreferred brand).

*** 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.