Group Insurance Plan of Benefits for Brookhaven Science Associates LLC (Control 499953) administered by Aetna International Effective Date: January 1, 2026

Eligibility Provision			
Employee	Regular full-time employees participating in this calendar working a minimum of 20 hours per week.		
Dependent	Spouse, same or opposite sex domestic partner; children up to age 26, regardless of student status		
PPO Medical			
		In the U.S.	
CALENDAR FEATURES	**OUTSIDE THE U.S.**	**Preferred Benefits (In-Network)**	**Non-Preferred Benefits (Out-of-Network)**
Individual Deductible	None	None	$1,000 per calendar year
Family Deductible	None	None	$3,000 per calendar year
Prior Calendar Credit	Prior calendar credit accrued within the last calendar year from previous carrier applies to the current year.		
Individual Payment Limit	None	$3,500 per calendar year	$3,500 per calendar year
(Does not include precertification penalty. Includes Outpatient Prescription Drugs when outside the US)			
Family Payment Limit	None	$7,000 per calendar year	$7,000 per calendar year
(Does not include precertification penalty. Includes Outpatient Prescription Drugs when outside the US)			
Lifetime Maximum	Unlimited		
Inpatient Per Confinement Deductible	None	None	None
Member Payment Percentages			
Hospital Services			
Inpatient	No charge	No charge	30% after deductible
Outpatient	No charge	No charge	30% after deductible
Private Room Limit	The institution's semiprivate rate. Should a facility have only one type of room, which is a private room, we are able to code the standard rates within the system		
Pre-certification Penalty	No Penalty	No Penalty	$400
Pre-Certification for certain types of Non-Preferred care received inside the U.S. must be obtained to avoid a reduction in benefits paid for that care. Pre-Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care and Hospice Care is required - excluded amount applied separately to each type of expense. Contact the service center to determine if pre-certification is needed for a procedure.			
Emergency Room	No charge	No charge after $100 copay	No charge after $100 deductible
Urgent Care	No charge	No charge after $50 copay	30% after deductible
Ambulance	No charge	No charge after $100 copay	No charge after $100 deductible
Physician Services			
Physician Office Visit	No charge	No charge after $20 copay	30% after deductible
Telemedicine Consultation with Non-Specialist	No charge	No charge after $20 copay	30% after deductible
Specialist Office Visit	No charge	No charge after $35 copay	30% after deductible
Telemedicine Consultation with Specialist	No charge	No charge after $35 copay	30% after deductible

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		In the U.S.	
CALENDAR FEATURES	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Walk in Clinics	No charge	No charge after $20 copay	30% after deductible
Walk-in Clinics are free-standing health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be Walk-in Clinics.			
CVSH Virtual Care (Including Mental Health for Ages 13+) and CVSH Virtual Primary Care	Not Covered	No charge	Not Covered
Mental Health Services*			
Mental Health Inpatient Coverage	No charge	No charge	30% after deductible
Unlimited days per calendar year			
Mental Health Outpatient Coverage	No charge	No charge after $35 copay	30% after deductible
Unlimited visits per calendar year			
Alcohol/Drug Abuse Services*			
Substance Abuse Inpatient Coverage	No charge	No charge	30% after deductible
Unlimited days per calendar year			
Substance Abuse Outpatient Coverage	No charge	No charge after $35 copay	30% after deductible
Unlimited visits per calendar year			
Prescription Drug Coverage			
Individual Deductible	None	$100 per calendar year	$100 per calendar year
Family Deductible	None	$300 per calendar year	$300 per calendar year
Individual Payment Limit	None	$1,500 per calendar year	$1,500 per calendar year
Family Payment Limit	None	$3,000 per calendar year	$3,000 per calendar year
Generic Drugs *(365 day maximum supply)*	No charge	Formulary: $10 copay per month supply Non-Formulary: $50 copay per month supply (includes Mail Order Drugs)	30% after deductible
Brand Name Drugs *(365 day maximum supply)*	No charge	$20 copay per month supply (includes Mail Order Drugs)	30% after deductible
Non Formulary Brand Name Drugs *(365 day maximum supply)*	No charge	$50 copay per month supply (includes Mail Order Drugs)	30% after deductible

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CALENDAR FEATURES	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Wellness Benefits			
Routine Children Physical Exams	No charge	No charge	30% after deductible
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)			
Routine Adult Physical Exams	No charge up to $1,500 calendar year maximum (includes immunizations, x-rays and labs)	No charge	30% after deductible
Adults age 22+ & -65: 1 exam/12 months Adults age 65+: 1 exam/12 months includes immunizations			
Routine Gynecological Exams	No charge	No charge	30% after deductible
Includes 1 exam and pap smear per calendar year			
Routine Breast Cancer Screenings	No charge	No charge	30% after deductible
Prostate Specific Antigen (PSA)	No charge	No charge	No charge
(Unlimited visits per calendar year)			
Digital Rectal Exam (DRE)	No charge	No charge	No charge
(Unlimited visits per calendar year)			
Colorectal Cancer Screening	No charge	No charge	30% after deductible
Recommended: Members age 45 and older			
Routine Hearing Exam	No charge	No charge	30% after deductible
Includes one routine exam every 24 months.			
Hearing Aids	No charge	No charge	30% after deductible
Vision Care			
Routine Eye Exam	No charge	No charge	30% after deductible
(Covered under medical) Includes one routine exam every 12 months			
Vision Care Supplies Schedule maximum apply every 12 months	No charge up to $200 maximum	No charge up to $200 maximum	No charge up to $200 maximum

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CALENDAR FEATURES	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Other Services			
Skilled Nursing Facility *(120 Days per calendar year)*	No charge	No charge	30% after deductible
Hospice Care Facility Inpatient *(30 Days lifetime maximum)*	No charge	No charge	30%after deductible
Hospice Care Facility Outpatient *(Unlimited lifetime maximum)*	No charge	No charge	30% after deductible
Home Health Care *(40 visits per calendar year combined, includes Private Duty Nursing)*	No charge	No charge	30% after deductible
Spinal Disorder Treatment *(Unlimited visits per calendar year)*	No charge	No charge after $10 copay	25% after deductible
Short-Term Rehabilitation	No charge	No charge after $10 copay	25% after deductible
(Includes coverage for Occupational and Physical Therapies; Unlimited visits per calendar year)			
Speech Therapy	No charge	No charge after $35 copay	30% after deductible
(60 visits per calendar year)			
Diagnostic Outpatient X-ray	No charge	No charge	30% after deductible
Diagnostic Outpatient Lab	No charge	No charge	30% after deductible
Bariatric Surgery *(Unlimited per lifetime)*	No charge	No charge after $500 copay	30% after deductible
Base Infertility Services	No charge	No charge	30% after deductible
(Base calendar coverage includes coverage limited to the testing and treatment of underlying condition and Artificial Insemination)			
ART Infertility Services	No charge	No charge	30% after deductible
(6 cycles per lifetime for Advanced Reproductive Technology (ART) coverage with cryopreservation, storage and 6 cycles of ovulation induction and unlimited embryo transfers).			
Prosthetic Devices	No charge	No charge	30% after deductible
Complex Imaging	No charge	No charge after $50 copay	No charge after $50 deductible
Durable Medical Equipment *(Unlimited per calendar year maximum*	No charge	No charge	30% after deductible
Allergy Testing	No charge	No charge after $35 copay	30% after deductible
Allergy Serum & Injections	No charge	No charge	30% after deductible
Transplants *(Unlimited per lifetime)*	No charge	No charge	30% after deductible
Diabetic Supplies	No charge	No charge	30% after deductible
Payment for Non-Preferred Providers**	Not Applicable	Not Applicable	Professional: 105% of Medicare Facility: 140% of Medicare
Autism	Autism covered same as any other expense. *Member cost sharing is based on the type of service performed and the place of service where it is rendered*		

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PPO Dental			
		In the U.S.	
CALENDAR FEATURES	OUTSIDE THE U.S.	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	None	None	None
Family Deductible	None	None	None
Type A Expense *(Diagnostic & Preventive)*	20%	20%	30%
Type B Expense *(Basic Restorative)*	40%	40%	55%
Type C Expense *(Major Restorative)*	50%	50%	65%
Calendar Year Maximum	$2,000	$2,000	$2,000
Orthodontic Treatment *Coverage for Adults and Dependents*	50%	50%	60%
Orthodontic Lifetime Maximum	$2,000	$2,000	$2,000
Please refer to your Calendar documents which shows coverage for Types A, B and C			

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Member and Program Services

Resources and details may vary depending on member location.

Aetna Smart Compare Intelligent Matching*

Using Artificial Intelligence to analyze 100+ provider and member data points, our provider search is able to identify high-quality, high-performing and cost-effective U.S. doctors with the highest likelihood to meet a member's preferences and specific health needs.

CVS Health Virtual Primary Care™ and CVS Health Virtual Care™*

Our telehealth solutions give members in the U.S. access to virtual primary care, 24/7 on-demand care, and mental health services for ages 13 and up, all through one convenient digital platform. It's shorter wait times and affordable pricing.

Global maternity program with Maven

From conception to postpartum and newborn care support, our clinical care management team of nurses direct members to the best resources, including Maven's digital health platform. It's worldwide access to unlimited, 24/7 virtual support from quality providers across 35+ specialties, who speak 35+ languages.
Within the U.S., members also have access to the Aetna Enhanced Maternity Program®* which includes family-planning and fertility support using predictive analytics, educational resources and guided genetic counseling to address at-risk members.

Transform Oncology*

High-touch, member-focused support delivers an elevated standard of cancer care. Members diagnosed with cancer can benefit from a personal navigator, guided genetic testing, precision medicine and site-of-care support, while controlling costs.

Emergency assistance and medical evacuation services

Members get support during a medical emergency with necessary resources and personalized care. If a medical evacuation is needed, our team mobilizes immediately to efficiently get them to the proper care.

Repatriation services

We'll handle necessary clearances, arrange cremation or preparation and ensure the safe return of remains, while covering the associated costs.

Teladoc®*

Access to anytime, on-demand, virtual care through a national network of certified physicians by phone and online-video consultations.

All Aetna International plans also include these valuable member resources:

- 24-hour Nurse Line*
- Discounts on health, wellness and fitness services- including Class Pass
- Employee Assistance Program (EAP) for personalized physical and mental health support and 5 therapy sessions annually, per member, per condition
- Global safety and security assistance services for alerts and advice to help navigate crises and disasters
- International Care Management with pre- and post-assignment consultation at no additional cost
- Prescription management and world-wide shipping

**Available only in the United States.*

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Medical Calendar Caveats

This calendar includes coverage for women's preventive health benefits to the extent required under U.S. federal law effective beginning with calendar 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 may be used to satisfy the payment limit. Deductibles, copays, benefit penalties and 50% items are 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 calendar 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

Benefit maximums per Calendar year are calculated between 01/01/206 and 12/31/2026.

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

**** Payment for Non-Preferred Providers**

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health calendar may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the calendar you or your employer picks.

Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna calendar "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your calendar. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your calendar's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

Pre-Existing Conditions:

- *Option: (No Restriction)*

Dental Calendar Caveats

- *Refer to your Plan document for information how services are covered*

The proposed calendar of benefits is underwritten by Aetna Life Insurance Company (Delaware).

This is only a brief summary of the PPO Medical Pharmacy and Dental benefits available. Some restrictions may apply.

*For more specific information about the coverage details, **including limitations, exclusions and other calendar requirements**, please refer to the employee booklet.*

For Calendars 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.

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 calendars 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.

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Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos 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.