



**MetLife**



# **Association of Universities for Research in Astronomy (AURA)**

## **Schedule of Benefits**

# Medical Schedule of Benefits



## MetLife



	International	In-Network U.S.	Out-of-Network U.S.
<b>Deductibles</b> Individual / Family	\$100 / \$200		
<b>Coinsurance</b>	90%		
<b>Out-of-Pocket Maximum</b> Individual / Family	\$500 / \$1,000		
<b>The Deductibles and Out-of-Pocket Maximums apply across International, In-Network U.S. and Out-of-Network U.S. benefits</b>			
<b>Eligibility:</b> Employee	All active, full-time Employees of the Employer who normally work at least 20 hours per week, and are on assignment outside of their country of primary residence and not working in the U.S.		
Dependent	Spouse, Same or Opposite Sex Domestic Partner, Child(ren) under age 26		
<b>Employee Contribution</b>	Contributory		
<b>Lifetime Maximum</b>	Unlimited		
<b>In-patient Hospital</b>	Plan Coinsurance After Deductible		
Daily Room and Board	Avg. semi-private (Private room is covered outside the U.S. if no semi-private room equivalent is available)		
ICU/CCU	2X Avg. semi-private (2X private room is covered outside the U.S. if no semi-private room equivalent is available)		
<b>Out-patient Hospital</b>	Plan Coinsurance After Deductible		
<b>Physician Office Visits</b>	Plan Coinsurance After Deductible		
<b>Specialist Office Visits</b>	Plan Coinsurance After Deductible		
<b>Lab / X-ray</b>	Plan Coinsurance After Deductible		
<b>Prescription Drugs</b> Retail	Plan Coinsurance After Deductible	Plan Coinsurance (Deductible waived)	Plan Coinsurance After Deductible
Mail Order	Not Available	Plan Coinsurance (Deductible waived)	Not Available
<b>Mental Illness/ Substance Abuse</b>	Plan Coinsurance After Deductible	Plan Coinsurance After Deductible	Plan Coinsurance After Deductible
<b>Emergency Room</b>	Plan Coinsurance After Deductible	Plan Coinsurance After Deductible	Plan Coinsurance After Deductible
<b>Ambulance</b>	Plan Coinsurance After Deductible	Plan Coinsurance After Deductible	Plan Coinsurance After Deductible
<b>Well Baby/Child Care</b>	100% (Deductible waived)		
<b>Adult Preventive Care</b>	100% (Deductible waived)		
<b>Immunizations</b> (Including Travel)	100% (Deductible waived)		

<b>Mammograms</b>	100% (Deductible waived) <ul style="list-style-type: none"> <li>• Age 35 through 39: one baseline exam</li> <li>• Age 40 through 49: one baseline exam every one or two years, based upon recommendation of a Physician</li> <li>• Age 50 or older: one per year based on Physician's evaluation that physical conditions, symptoms or risk factors indicate a probability of breast cancer higher than the general population: one exam</li> </ul>
<b>Women's Preventive Care</b>	100% (Deductible waived) for eligible females <ul style="list-style-type: none"> <li>• Annual well-woman visits (including prenatal visits)</li> <li>• Screening for gestational diabetes; women who are 24 to 28 weeks pregnant and at the first prenatal visit for those who are at high risk of development of gestational diabetes</li> <li>• Screening and counseling for interpersonal and domestic violence annually</li> <li>• FDA-approved contraception methods &amp; contraceptive counseling as prescribed; including birth control &amp; sterilization</li> <li>• Breast-feeding support, supplies and counseling</li> <li>• HPV DNA testing every three years for women 30 years &amp; older</li> <li>• Sexually-transmitted infection counseling and HIV screening &amp; counseling annually</li> </ul>
<b>Prostate Cancer Screenings</b>	100% (Deductible waived) once per year for eligible men age 50 and older
<b>Gynecological Cancer Screenings</b>	100% (Deductible waived) once per year for eligible females
<b>Colorectal Cancer Screenings</b>	100% (Deductible waived) for eligible persons age 50 or older
<b>Lead Screenings</b>	100% (Deductible waived)
<b>Temporomandibular joint dysfunction (TMJ)</b>	Plan Coinsurance After Deductible up to \$1,000 per lifetime
<b>Applied Behavior Analysis</b> <i>(for treatment of autism spectrum disorder)</i>	Plan Coinsurance After Deductible
<b>Infertility</b>	Plan Coinsurance After Deductible (Covered Only to Diagnosis Condition)
<b>Physical / Occupational / Speech Therapy</b>	Plan Coinsurance After Deductible up to a combined 60 visits per Calendar Year
<b>Spinal Manipulation / Acupuncture / Acupressure</b>	Plan Coinsurance After Deductible up to a combined 20 visits per Calendar Year
<b>Home Health Care</b>	Plan Coinsurance After Deductible up to 120 visits per Calendar Year
<b>Skilled Nursing Facility</b>	Plan Coinsurance After Deductible up to 120 days per Calendar Year
<b>Inpatient Physical Rehabilitation Facility</b>	Plan Coinsurance After Deductible up to 120 days per Calendar Year
<b>Hospice Care</b>	Plan Coinsurance After Deductible up to unlimited
<b>Allergy Treatment / Testing</b>	Plan Coinsurance After Deductible
<b>Alternative Therapies</b>	Plan Coinsurance After Deductible
<b>Durable Medical Equipment</b>	Plan Coinsurance After Deductible
<b>Diabetes Supplies</b>	Plan Coinsurance After Deductible
<b>Scalp Hair Prosthesis</b>	Plan Coinsurance After Deductible up to \$500 per Calendar Year
<b>Hearing Exam</b>	Plan Coinsurance After Deductible up to one exam every 24 months

<b>Hearing Aids</b>	Plan Coinsurance After Deductible once per ear every 3 years up to \$1,000 per hearing aid unit necessary for dependent children up to age 24
<b>Second Opinion</b>	For serious illnesses, a Second Medical Opinion from specialists at top medical centers. These medical experts review the patient's medical records and provide a customized report, confirming the diagnosis and recommending a personalized treatment plan based on the latest medical research
<b>Vision</b> Exams Lenses, Frames, Hardware	100% once every 12 months (Deductible waived) 100% up to \$250 once every 12 months (Deductible waived)
<b>Global Emergency Assistance</b>	24-hr, 7 days per week assistance services including telephonic translation, medical and legal referrals, evacuation/repatriation, dependent return, and concierge-level travel assistance. Covered at 100% (Deductible waived) up to \$25,000 for Repatriation of Remains, \$250,000 per occurrence for Medical Evacuation, \$10,000 for Emergency Family Travel and \$10,000 for Return of Dependents
<b>Employee Assistance Program</b>	24-hr, 7 days a week unlimited telephonic support for members including consultation, counseling and provider referral. In-person counseling for members up to 6 visits per year. Includes 24-hr, 7 days a week unlimited telephonic support for managers including with problem employees and crisis consultation

# Dental Schedule of Benefits



## MetLife



<b>Eligibility:</b> Employee	All active, full-time Employees of the Employer who normally work at least 20 hours per week, and are on assignment outside of their country of primary residence and not working in the U.S.
Dependent	Spouse, Same or Opposite Sex Domestic Partner, Child(ren) under age 26
<b>Employee Contribution</b>	Contributory
<b>Deductible</b>	\$25 Individual / \$50 Family
<b>Preventive</b>	100% (Deductible waived) for Diagnostic services including oral examination, diagnostic x-rays and periodontal maintenance.
<b>Basic</b>	80% After Deductible for Basic Restorations, Endodontics, Periodontics, Fillings, Root Canal, Scaling, Root Planing and repairs to Bridgework and Dentures.
<b>Major</b>	50% After Deductible for Major Restorations, Dentures, Bridgework and Crowns
<b>Annual Maximum</b>	\$2,000
<b>Orthodontics</b>	50% After Deductible for Child Only to age 19
<b>Orthodontic Deductible</b>	\$25
<b>Lifetime Orthodontic Maximum</b>	\$1,500

## Exclusions and Limitations

# MetLife



### **Medical Exclusions**

Covered Medical Expenses will not include, and no payment will be made for expenses incurred:

1. for services or supplies to the extent that benefits are available for the services or supplies elsewhere under the Policy or under any other plan of group insurance, group prepayment coverage or other arrangement of coverage for individuals in a group to which the Policyholder contributes or makes payroll deductions whether or not an Insured Person is covered for such benefits;
2. for services or supplies for which benefits are not payable because of deductible or co-payment provisions under the Policy or under any other plan of group insurance, group prepayment coverage or other arrangement of coverage for individuals in a group to which the Policyholder contributes or makes payroll deductions;
3. for, or in connection with cosmetic surgery unless the Insured Person is injured as a result of an accident that occurs while he or she is covered for Medical Benefits under the Policy, which results in damage to his or her person requiring the cosmetic surgery;
4. for eyeglasses, hearing aids or examinations for prescription or fitting of eyeglasses or hearing aids unless specifically provided for elsewhere in the Policy; including any surgical procedures which are done primarily to correct a refractive error or hearing loss.
5. for, or in connection with treatment of the teeth or gums unless such expenses are incurred for (a) charges made for or in connection with dental work necessitated by Accidental Injury to natural teeth sustained while the Insured Person is covered for Medical Benefits under the Policy for services provided within 90 days of the accident, or (b) charges made by a Hospital for Room and Board or Miscellaneous Services and Supplies;
6. for which benefits are not payable according to the section of the Policy entitled General Limitations.

### **Prescription Drug Exclusions**

In addition to the provisions of the Policy titled "Medical Exclusions" and "General Limitations", the following will apply to Prescription Drug Benefits:

No Prescription Drug Benefits are payable for:

1. Drugs for Infertility treatment;
2. Drugs given while Confined in a Hospital, nursing home or similar place that has its own drug dispensary;
3. Therapeutic devices or appliances, including colostomy supplies and support garments, regardless of intended use. (This exclusion does not apply to insulin syringes with needles, blood testing strips - glucose, urine testing strips - glucose, ketone testing strips and tablets, lancets and lancet devices which are covered.);
4. Injectable drugs (This exclusion does not apply to insulin or self-administered injectables which can be injected subcutaneously which are covered.);
5. Progesterone suppositories;
6. Appetite suppressants and other weight loss products;
7. General and injectable vitamins (This exclusion does not apply to prenatal vitamins, vitamins with fluoride and B-12 injections which are covered.);
8. Drugs dispensed in any amount which exceed the supply limits;
9. Replacement drugs resulting from a lost, stolen, broken or destroyed Prescription Order or Refill;
10. Unit dose packaging of drugs;
11. Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed and any drug that is therapeutically equivalent to an over-the-counter drug;
12. Drugs for tobacco dependency or smoking cessation; or

13. Drugs for, or in connection with cosmetic surgery unless the Insured Person is injured as a result of an accident that occurs while he or she is covered for Medical Benefits under the Policy, which results in damage to his or her person requiring the cosmetic surgery.

### ***Dental Exclusions***

Covered Dental Expenses will not include, and Dental Benefits will not be payable for, the following charges:

1. charges for crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
2. charges for procedures relating to the change of vertical dimension; restoration of occlusion; bite registration; bite analysis; or which are cosmetic in nature;
3. charges for initial placement of full dentures, partial dentures or bridges if it includes the replacement of teeth all of which were missing on the date the Insured Person became covered under this plan. This exception will not apply if the prosthesis replaces a functioning tooth that was removed while covered;
4. charges for replacement of bridges, partial dentures, full dentures, inlays and crowns unless on the date of the replacement: (a) the Insured Person has been covered under the Policy for at least 12 consecutive months; and (b) it has been at least five years since the bridge, denture, inlay or crown was first inserted. This exception will not apply if the replacement is made necessary by: (i) the removal of a functioning natural tooth; or (ii) Covered Dental Injury to sound natural teeth; provided the removal or Injury occurred during the 12 months preceding the replacement;
5. charges for replacement of bridges, partial dentures, full dentures, crowns or inlays if they can be repaired;
6. charges for implants and related services;
7. charges for orthodontic treatment unless otherwise provided in a section of the Policy entitled "Orthodontics Benefits";
8. charges for appointments which are broken or otherwise missed; or
9. for which benefits are not payable according to the section of the Policy entitled "General Limitations"

### ***Vision Care Exclusions***

No benefits are payable for:

1. charges for more than one examination in any 12 consecutive month period;
2. charges for more than one pair of lenses in any 12 consecutive month period;
3. charges for more than one set of frames in any 12 consecutive month period;
4. charges for sunglasses, unless prescribed to be worn at substantially all times;
5. charges for examinations required by an Employer in connection with employment;
6. charges for any item or service not listed in the Schedule of Vision Care Services and Supplies;
7. charges for services or supplies to the extent that benefits are payable for the services or supplies elsewhere under the Policy; or
8. charges for which benefits are not payable according to the section of the Policy entitled "General Limitations"

### ***Emergency Medical Evacuation Exclusions and Limitations***

In addition to the provisions of the Policy titled "Medical Exclusions" and "General Limitations," the following will apply solely to the benefits afforded under the Emergency Medical Evacuation Benefits:

No benefits are payable for:

1. Claims arising from depression or anxiety, mental or nervous disorder, alcohol or drug abuse addiction or overdose;
2. Claims arising from elective cosmetic or plastic surgery, except as a result of an accident;
3. an Insured Person traveling against the advice of a Physician; or
4. Claims directly caused by or directly resulting from:
  - a. any business or financial contractual obligations of the Insured Person or Insured Person's Immediate Family Member; or
  - b. change of plans or disinclination of the Insured Person or Insured Person's Immediate Family Member to travel.

## **GENERAL LIMITATIONS**

No benefits will be payable under the Policy for any of the following:

1. charges incurred for, or in connection with an Injury arising out of, or in the course of, any employment for wage or profit, including self-employment;
2. charges incurred for, or in connection with a Sickness for which Insured Person is entitled to benefits under any worker's compensation or similar law;
3. charges for care or treatment of any Sickness or Injury that results from war, declared or undeclared, or any act of war, or committing or attempting to commit an assault or felony or from any intentionally self-inflicted Injury;
4. charges incurred for treatment to the extent that payment under the Policy is prohibited by any law of the jurisdiction in which the Insured Person resides at the time the expenses are incurred;
5. charges which the Insured Person is not legally required to pay or for charges which would not have been made if no insurance coverage had existed;
6. charges for services and supplies which are in excess of the lesser of: (a) the Reasonable and Customary Charge; or (b) the actual charge;
7. charges for services and supplies that are not Medically Necessary;
8. charges for vitamins or food supplements or for experimental drugs or drugs limited by law to investigational use and any charges for the administration of such substances;
9. charges for or in connection with experimental procedures or treatment methods not approved by the American Medical Association, the American Dental Association or the appropriate medical or dental specialty society;
10. charges for treatment, services or supplies received in a Hospital owned and operated by any government;
11. charges for private duty nursing services in a Hospital or any other facility;
12. charges in connection with a change in gender;
13. charges incurred by an Insured Person as an organ donor;
14. charges incurred for, or in connection with Custodial Care, education or training;
15. to the extent that the Insured Person is reimbursed, entitled to reimbursement, or is in any way indemnified for those expenses by or through any public program. For the purpose of this paragraph, any individual who, at any time, was entitled to enroll in all or any portion of the medical care program under Title XVIII of the Social Security Act of 1965, as amended (Medicare) but who did not so enroll will be considered to be entitled to reimbursement in an amount equal to the amount to which he or she would have been entitled, if any, if he or she were so enrolled;
16. charges for services rendered by a member of the Insured Person's Immediate Family;
17. charges for a surgical procedure that does not correct the condition of Infertility but is used to induce Pregnancy, such as in-vitro fertilization, artificial insemination or similar procedure; or
18. charges for reversal of a voluntary surgical sterilization (charges for voluntary surgical sterilizations are covered).

The provision above which indicates that no payment will be made for expenses incurred in connection with Injury arising out of, or in the course of any employment for wage or profit will not apply with respect to any partner, proprietor, or corporate officer who is not himself or herself covered under worker's compensation or similar law.

No payment will be made under the Policy for expenses incurred by an Insured Person to the extent that he or she is reimbursed, entitled to reimbursement or in any way indemnified for those expenses by any personal Injury protection benefits payable under the mandatory portion of any group or individual automobile insurance policy written under the "no-fault" insurance provisions of the law of any jurisdiction.

### **DISCLAIMER**

*This schedule of benefits is intended as a guideline and does not modify in any manner the terms and conditions specified in the policy document. In case of discrepancy between this document and the actual policy contract, the terms and conditions of the policy contract shall prevail. It should always be used in conjunction with the actual policy contract.*