

PPO Medical Summary of Benefits

Off-shore Contract Situs

Global Assignee Plan

Proposed Policy Year: 10/01/2007 through 12/31/2008

PPO			
Eligibility Provision			
Employee	Regular full-time employees of Choctaw Management Services Enterprise participating in this plan working a minimum of 25 hours per week.		
Dependent	Wife or husband; unmarried children under age 19; to age 25 if attending school.		
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual Deductible	\$250 per calendar year	\$250 per calendar year	\$600 per calendar year
Family Deductible	\$750 per calendar year	\$750 per calendar year	\$1,800 per calendar year
Individual Payment Limit <i>(does not include deductibles, benefit penalties, and 50% items)</i>	\$1,250 per calendar year	\$1,250 per calendar year	\$3,000 per calendar year
Family Payment Limit <i>(does not include deductibles, benefit penalties, and 50% items)</i>	\$3,750 per calendar year	\$3,750 per calendar year	\$9,000 per calendar year
Lifetime Maximum	\$1,000,000		
Plan Payment Percentages			
Hospital Services			
Inpatient	90% after deductible	90% after deductible	70% after deductible
Outpatient	90% after deductible	90% after deductible	70% after deductible
Private Room Limit	The institution's semiprivate rate		
Precertification Penalty	No Penalty	No Penalty	\$400
Non-Emergency Use of the Emergency Room Penalty	No Penalty	50% after deductible	50% after deductible
Physician Services	90% after deductible	Non-Surgical Office Visits - 100% after \$20 copay	70% after deductible
Other Physician Services	90% after deductible	90% after deductible	70% after deductible

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		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Plan Payment Percentages			
Alcoholism, Drug Abuse and Mental Health Disorders			
Inpatient Coverage <i>(30 days per calendar year)</i>	90% after deductible	90% after deductible	70% after deductible
Outpatient Coverage <i>(30 visits per calendar year)</i>	50% after deductible	50% after deductible	50% after deductible
Convalescent Facility <i>(120 days per calendar year)</i>	90% after deductible	90% after deductible	70% after deductible
Hospice Care Facility			
Inpatient <i>(30 days lifetime maximum)</i>	90% after deductible	90% after deductible	70% after deductible
Outpatient <i>(\$5,000 lifetime maximum)</i>	90% after deductible	90% after deductible	70% after deductible
Home Health Care <i>(120 visits per calendar year)</i>	90% after deductible	90% after deductible	70% after deductible
Private Duty Nursing <i>(70 shifts per calendar year)</i>	90% after deductible	90% after deductible	70% after deductible
Spinal Disorder Treatment	90% after deductible	90% after deductible	70% after deductible
Global Emergency Assistance Program <i>(\$500,000 calendar year maximum)</i>	100% - not subject to deductible	100% - not subject to deductible	100% - not subject to deductible

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PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Wellness Benefits			
Routine Physical Exams <i>(includes immunizations)</i> <u>Children age 0-18:</u> 7 exams first year of life; 2 exams second year of life; and 1 exam per year thereafter <u>Adults age 18+ & -65:</u> 1 exam/24 months <u>Adults age 65+:</u> 1 exam/12 months	100%	100% after \$20 copay	70% after deductible
Routine Gynecological Exams Includes 1 exam and pap smear every 12 months <i>(In-Network -Deductible and coinsurance may apply to pap smears if billed by an independent laboratory provider.)</i>	90% after deductible	100% after \$20 copay	70% after deductible
Mammograms	90% after deductible	100% after deductible	70% after deductible
Prostate Cancer Exam Includes 1 PSA and DRE every 12 months for males 40+ <i>(In-network – deductible and coinsurance may apply to PSA test if billed by an independent laboratory provider)</i>	90% after deductible	100% after \$20 copay	70% after deductible
Additional Wellness Services Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+ 1 colonoscopy every 10 years	90% after deductible	100% after deductible	70% after deductible
Prescription Drug Coverage			
Generic Drugs <i>(365 day maximum supply)</i>	90% after deductible	100% after \$15 copay - per one month supply (includes Mail Order Drugs)	70% after deductible
Brand Name Drugs <i>(365 day maximum supply)</i>	90% after deductible	100% after \$25 copay - per one month supply (includes Mail Order Drugs)	70% after deductible

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Vision Expenses			
Routine Eye Exam <i>(covered under medical)</i> Includes one routine exam every 12 months.	100% after deductible	100% after \$20 copay	100% after deductible
Vision Care Supplies <i>(Schedule maximums apply every 12 months for lenses; 24 months for glasses)</i>	100% up to \$200 maximum – not subject to deductible or copay		
Comprehensive Dental			
Calendar Year Deductible	\$50 per calendar year		
Family Deductible	\$150 per calendar year		
Type A Expense <i>(Diagnostic & Preventative)</i>	100% - not subject to deductible		
Type B Expense <i>(Basic Restorative)</i>	80% after deductible		
Type C Expense <i>(Major Restorative)</i>	50% after deductible		
Calendar Year Maximum	\$1,200		
Employee Life Insurance			
Flat Amount	\$25,000		
Reduction Features	Percent reductions – employee's amount of life insurance reduced to: - 50% of amount upon the first of the calendar month in which the employee attains age 65; - 0% of amount upon the first of the calendar month in which the employee attains age 70; All life insurance ceases at retirement.		
Employee Accidental Death & Dismemberment			
Flat Amount	\$25,000		
Services and Programs included in Quote			
Informed Health Line (24-hour nurse line) International Employee Assistance Program On-Line Global Health and Travel Information through HTH Worldwide (http://www.aetnaglobalbenefits.com)			

The proposed plan of benefits is underwritten by Aetna Life & Casualty (Bermuda) Ltd.

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.

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 plan 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).

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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.

This is only a brief summary of the PPO, Dental, Life and AD&D benefits available. Some restrictions may apply.