The Medical Payment Plan Quick Facts and Quick Links

U.S. Part-Time Hourly Associates

Your Medical Payment Plan Options

1. Hospital Only  
2. Hospital Plus I*  
3. Hospital Plus II*

* Not available to associates who live in HI, MN and ND. Also not available to associates who live and work in NH.

A Quick Look at the Medical Payment Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital Only</th>
<th>Hospital Plus I*</th>
<th>Hospital Plus II*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>$1,000 (1 per year)</td>
<td>$1,000 (1 per year)</td>
<td>$700 (2 per year)</td>
</tr>
<tr>
<td>Daily Hospital Benefit: Non-Intensive Care Unit</td>
<td>$100 (100 day limit)</td>
<td>$100 (2 stays per year)</td>
<td>$500 (2 stays per year)</td>
</tr>
<tr>
<td>Daily Hospital Benefit: Intensive Care Unit</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$1,000 (2 stays per year)</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Inpatient Surgery</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Outpatient Lab and X-ray</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Services Resulting from an Accident</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Doctor Office Visits</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$100 (100 day limit)</td>
<td>$200 (2 stays per year)</td>
<td>$275 (2 per year)</td>
</tr>
<tr>
<td>Per Biweekly Paycheck Payroll Deductions: Associate-only Coverage</td>
<td>$6.69</td>
<td>$19.40</td>
<td>$34.53</td>
</tr>
</tbody>
</table>

Note: Only one payment per day per service. For full plan details, go to livetheorangefruit.com > Benefit Summaries. *Not available to associates who live in HI, MN and ND. Also not available to associates who work and live in NH.

Cool Medical Payment Plan Features

- **Benefits When You Need it Most!** When you receive a covered service, your MPP benefit could be paid directly to you or to your health care provider, depending on the plan you select and your provider.

- **If you are enrolled in the Hospital Plus I or Hospital Plus II Option You:**
  - **Pay Less for Care from Network Providers.** Lower your medical expenses by seeing participating providers in the Aetna Open Choice PPO network.
  - **Have Access to Registered Nurses 24/7 through Aetna’s Informed Health® Line.**
  - **Get Discounts on Fitness Centers, Jenny Craig and More.**

Quick Links to Frequently Used Medical Payment Plan Info

- What’s covered under the plan?
- What’s not covered under the plan?
- I need to file a claim

When Do I Enroll in Medical Payment Plan Coverage?

- **New Associates Enrolling for the First Time:** Before your 91st day of employment (29th day for Hawaii associates).
- **All Other Associates:** During annual enrollment and when you have a life event.
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The Medical Payment Plan (MPP)

The Medical Payment Plan (MPP) pays a fixed amount for eligible covered services that, depending on the plan you select, include:

- Inpatient hospital stays
- Inpatient and outpatient surgical procedures
- Emergency room visits
- Outpatient doctors’ office visits—including walk-in clinics and urgent care centers
- Outpatient laboratory and x-ray services
- Prescription drugs, equipment and supplies

If you receive a covered service, the plan pays a fixed cash benefit. You may have the option of having the benefits paid directly to you depending on the plan you select and your health care provider; otherwise the MPP will make the payment directly to your health care provider on your behalf. See Filing a Claim for more information. The MPP pays benefits regardless of any other insurance coverage you may have. You can enroll yourself and eligible dependents in this plan.

MPP Options

As a part-time associate, you have three MPP coverage options:

- Hospital Only
- Hospital Plus I*
- Hospital Plus II*

* Not available to associates who live in HI, MN and ND. Also not available to associates who live and work in NH.

The Hospital-Only option pays benefits for inpatient hospital stays only. The Hospital Plus I and Hospital Plus II options pay benefits for inpatient hospital stays, outpatient doctors’ office visits, prescription drugs and more. For more information on benefits, see the Medical Payment Plan Summary of Benefits chart in this chapter.

The Hospital Plus I and Hospital Plus II options also offer access to the Aetna Open Choice PPO network.

Note Plan Limits

This plan has specific limits and other restrictions on the dollar amounts covered under the plan. Once these limits have been reached, the plan will not pay any more toward this coverage. This chapter explains these limits. Please read it carefully so that you understand the limits to what the plan will pay before you enroll. You’ll also find additional information on this plan’s benefits, limits and exclusions in documents on www.livetheorangelife.com.

Medical Payment Plan Hospital Only Option is a hospital confinement indemnity plan. The Hospital Plus and Hospital Plus I options are hospital confinement indemnity plans with other fixed indemnity benefits. The plan provides LIMITED BENEFITS and does not provide comprehensive medical coverage. The plan pays you fixed dollar amounts regardless of the amount that the provider charges. You are responsible for making sure the provider’s bills get paid. These benefits are paid in addition to any other health coverage you may have.

This plan does not count as Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA) and does not satisfy the Individual Mandate under the ACA. Failure to have MEC and to satisfy the Individual Mandate may result in a tax penalty for you. The Medical Payment Plan is a supplement to health insurance and is not a substitute for major medical coverage.

This plan does not meet Massachusetts minimum creditable coverage standards.

This chapter provides a brief description of the important features of the benefits. It is not an insurance contract and only the actual policy provisions
will control. The specific dollar limits are described in this chapter. If the costs of services exceed these specific dollar amounts, you are responsible for the payment of any excess amounts.

If you are eligible for Medicare now or in the next 12 months, you should understand that:

- This IS NOT a Medicare Supplement Policy.
- This prescription drug benefit IS NOT creditable coverage under Medicare Part D.

You can get a free Guide to Health Insurance for People with Medicare at www.medicare.gov.

It’s important that you understand these benefits before you decide to enroll. You may reach one of Aetna Voluntary’s Customer Service representatives Monday through Friday, 8 a.m. to 6 p.m. Eastern Time, by calling toll free 1-800-508-4015.

Coverage Categories

You may select one of four coverage categories for the Medical Payment Plan:

- Associate only
- Associate + spouse
- Associate + child(ren)
- Associate + family (children and spouse)

ID Cards

Once you become covered under the Home Depot Hospital Plus I or II option, you will receive an identification (ID) card(s). Keep your ID card with you at all times, and show it at your doctor’s office each time you receive medical treatment. It will help your doctor verify your benefits. Please note that the possession of an ID card does not entitle you to benefits. Your enrollment in a plan must be effective when medical services are received for you to be entitled to benefits.

Examples of How the MPP Pays Benefits

The MPP pays a fixed cash benefit for covered services. For information on benefits for each of the options, see the Medical Payment Plan Summary of Benefits chart in this chapter.

Hospital Only

This example shows how the Hospital Only option pays benefits for a three-day hospital stay in February 2017 and a four-day hospital stay in June 2017.

Please note that under the Hospital Only option, the benefit is paid directly to you; you will need to submit a claim form to Aetna. Please refer to Filing a Claim for more information.

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital Only Benefit – February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial day of inpatient hospital stay (lump-sum benefit payable for one inpatient hospital stay per coverage year)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Three-day inpatient hospital stay ($100 daily benefit for up to 100 days per coverage year)</td>
<td>$300</td>
</tr>
<tr>
<td>Total Hospital Only benefit</td>
<td>$1,300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital Only Benefit – June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four-day inpatient hospital stay (daily benefit)</td>
<td>$400</td>
</tr>
<tr>
<td>Total Hospital Only benefit</td>
<td>$400</td>
</tr>
</tbody>
</table>

Hospital Plus II

This example shows how the Hospital Plus II option pays benefits for a sports injury—a torn ACL—which required a visit to the emergency room, a one-day inpatient hospital stay, surgery and follow-up care.

The Hospital Plus I and Hospital Plus II plans pay benefits directly to network providers; however you may have the option of having your benefit paid directly to you – just let the provider know when you complete the paperwork. Please refer to Filing a Claim for more information.

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital Plus II benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room visit</td>
<td>$275</td>
</tr>
<tr>
<td>Initial day of inpatient hospital stay (lump-sum benefit)</td>
<td>$700</td>
</tr>
<tr>
<td>One-day inpatient hospital stay (daily benefit)</td>
<td>$500</td>
</tr>
<tr>
<td>Surgery</td>
<td>$450</td>
</tr>
<tr>
<td>Doctors’ visits (6 days at $70 for each visit)</td>
<td>$420</td>
</tr>
<tr>
<td>Prescription drugs (3 days at $45 per day)</td>
<td>$135</td>
</tr>
<tr>
<td><strong>Total Hospital Plus II benefit</strong></td>
<td>$2,480</td>
</tr>
</tbody>
</table>

Getting the Most Value out of the Hospital Plus I and Hospital Plus II Options Providers

MPP benefits are paid for care you receive anywhere. However, participants in the Hospital Plus I and Hospital Plus II options can lower their medical expenses by seeing participating providers in the Aetna Open Choice® PPO network. To locate a participating provider, call toll-free 1-888-772-9682 or visit http://www.aetna.com/docfind/custom/avp.
### Medical Payment Plan Summary of Benefits

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Hospital Only</th>
<th>Hospital Plus I**</th>
<th>Hospital Plus II**</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>Inpatient hospital stay</em> – lump sum benefit (includes maternity)</em>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays for per initial day of an inpatient stay</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$700</td>
</tr>
<tr>
<td>Maximum number of stays per coverage year</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><em><em>Inpatient hospital stay</em> – daily benefit (includes maternity)</em>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day in a private or semi-private room</td>
<td>$100</td>
<td>$100</td>
<td>$500</td>
</tr>
<tr>
<td>Plan pays per day in Intensive Care Unit (ICU)</td>
<td>$200</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Maximum number of days per stay</td>
<td>Not applicable</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Maximum number of stays per coverage year</td>
<td>Unlimited</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>100</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Inpatient surgical procedure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day on which a surgical procedure is performed</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$450</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>2</td>
</tr>
<tr>
<td><strong>Accident – additional benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per initial day for an accident</td>
<td>Not covered</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day on which an emergency room visit occurs</td>
<td>Not covered</td>
<td>$200</td>
<td>$275</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Outpatient doctors’ office visits–Includes doctors’ services in the office, home, walk-in clinic or urgent care clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day on which doctors’ services are provided</td>
<td>Not covered</td>
<td>$50</td>
<td>$70</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td><strong>Outpatient laboratory and x-ray services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day on which lab or x-ray services are provided</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$90</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>3</td>
</tr>
<tr>
<td><strong>Outpatient surgical procedure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day on which a surgical procedure is performed</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$450</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>2</td>
</tr>
<tr>
<td><strong>Prescription drugs, equipment and supplies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays per day on which a prescription drug, equipment or supply is obtained</td>
<td>Not covered</td>
<td>$35</td>
<td>$45</td>
</tr>
<tr>
<td>Maximum number of days per coverage year</td>
<td>Not applicable</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

* A hospital stay means a period during which a covered person is confined in a hospital, treatment facility, hospice facility, skilled nursing facility or rehabilitation facility and charged for room, board and general nursing services. Stay does not include any period of such a confinement due to custodial or personal needs that do not require medical skills or training. Benefits are payable for pregnancy-related stays, visits and services provided on the same basis as for disease.

** Only one payment per day per service.
Be sure to show your ID card to doctor each time you receive medical treatment. The doctor’s office will file a claim on your behalf. You may be able to assign your benefits to be paid directly to you by Aetna. You will need to discuss having benefits paid directly to you with the provider when you complete the paperwork; otherwise the benefit is paid directly to the provider on your behalf. Please refer to Filing a Claim for more information. If you do not present your ID card when you visit your service provider you will need to complete a paper claims form. Use the medical claim form found at www.livetheorangelife.com/MPP. Or, you can get the form by calling Aetna Voluntary toll-free at 1-800-508-4015.

Filing a Claim

You will need to file a claim for your covered service in order to receive benefits under the Medical Payment Plan.

To file a claim:

1. Use the medical claim form found at www.livetheorangelife.com/MPP. Or, you can get the form by calling us toll-free at 1-800-508-4015; or by writing to the Claims Department address below.

2. Ask your doctor to complete the medical claim form during your follow-up appointment. Please make sure that the hospital bill includes:
   - Date admitted
   - Date released
   - Diagnosis code

3. Please send the completed medical claim form and itemized bill to:
   - Aetna Voluntary
   - Claims Department
   - P.O. Box 14079
   - Lexington, KY 40512-4079
   - Or fax to 859-455-8650

Your claim will be processed within 14 to 30 business days after it is received.

Aetna VisionSM Discounts

Aetna VisionSM Discounts uses the nationwide EyeMed Select Network of vision care providers to offer you and your family glasses, contact lenses, nonprescription sunglasses, contact lens solutions and other eye care accessories at discounted prices. Plus, you can receive discounts on eye exams and LASIK eye surgery. For exams and eyewear call 1-800-793-8616. For contacts call 1-800-391-5367. For LASIK customer service call 1-800-422-6600. You can also locate a local provider by visiting www.livetheorangelife.com/MPP. This discount arrangement may not be available to Illinois residents.

Prescription Drug Discount Program

The prescription drug discount program gives you and your family access to over 65,000 retail pharmacies nationwide. You can also use our Aetna Rx Home Delivery® service; a fast, easy way to fill the prescriptions you take regularly. To locate a participating pharmacy, call 1-888-772-9682 or visit www.livetheorangelife.com/MPP.

Aetna Programs Available to MPP Participants

The MPP offers participants a variety of valuable discount programs, including the Natural Products and Services Program, Fitness Program, reduced rates for natural therapy professional services and discounts to over 2,000 fitness clubs and Jenny Craig products. For more information about these discount programs, visit www.livetheorangelife.com/MPP. Discount programs provide access to discounted prices and are not insured benefits and you are responsible for the full cost of the discounted services.
Aetna’s Informed Health® Line: Hospital Plus I and Hospital Plus II Options

Aetna’s Informed Health® Line gives you and your family access to registered nurses 24 hours a day, 7 days a week. This toll-free line connects you to a team of nurses experienced in providing information on a variety of health topics. The nurses give you the information you need to help you make smarter health care decisions. They can also help improve the communication and relationships with your doctors. Nurses are available through a toll-free telephone number at: 1-800-556-1555. You may also e-mail a nurse by clicking on the “Talk to a Nurse” link on Aetna Navigator, our secure member website. Nurses respond to these online member inquiries within 24 hours.

While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Aetna Resources For Living: Hospital Plus I and Hospital Plus II Options

Aetna Resources For Living helps you and your family manage stress and balance work and life. Resources related to emotional support, childcare, and legal and financial guidance are available by telephone and online. Services also include consultation, information, education and referral services in connection with:
- Parenting
- Adoption
- Grandparent as parent
- Childcare and summer care
- Temporary back-up care
- Special needs
- High-risk adolescents
- Adult care and elder care
- Mental health
- Academic services
- Home improvement
- Pet care
- Consumer information
- Legal services
- Financial counseling
- Child safety information
- Pre-natal information

These services are convenient and confidential, available 24 hours a day, 7 days a week by calling 1-800-599-7158 or visiting www.resourcesforliving.com. Log in with username MY123EAP and password MY123EAP.

What the Plan Does Not Cover

No benefit is paid for or in connection with the following stays or visits or services:
- Those that are not prescribed, recommended and approved by the person’s attending physician.
- Those for private duty nursing.
- Those for hospice care, except for services rendered in a hospice facility.
- Those for outpatient rehabilitation therapy such as cognitive, speech, physical or occupational.
- Those for visits by a physician for non-surgical medical treatment given to a person during a stay in a hospital; treatment facility; rehabilitation facility; or skilled nursing facility. This includes consultation services given to an insured person while confined as an inpatient in such facility. A “consultation” is an exam of the person; a review of his or her x-ray and lab exams; a review of the person’s medical history; and a written report by the consulting physician if the attending physician requests one.
- Those received outside the United States.
- Those for experimental or investigative procedures, as determined by Aetna.
- Those for services of a resident physician or intern rendered in that capacity.
- Those that a covered person is not legally obliged to pay.
- Those, as determined by Aetna, to be for custodial care.
- Those for education, special education or job training, whether or not given in a facility that also provides medical or psychiatric treatment.
- Those for stays in connection with plastic surgery; reconstructive surgery; cosmetic surgery; or other services and supplies which improve,
alter or enhance appearance (whether or not for psychological or emotional reasons); except to the extent needed to:

— Improve the function of a part of the body that
  • is not a tooth or structure that supports the teeth;
  • is malformed
  • as a result of a severe birth defect; this includes harelip or webbed fingers or toes;
    • as a direct result of disease or surgery performed to treat a disease or injury.
  • Repair an injury which occurs while the person is covered under this Plan. Surgery must be performed in the Coverage Year of the accident which causes the injury or in the next Coverage Year.
  • Those for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures.
  • Those for a voluntary sterilization procedure or the reversal of a sterilization procedure.
  • Those for manipulative treatment or other physical treatment of spinal subluxation.
  • Those for surgery except for any stay, visit or X-ray or lab test related to surgery (including hospital stays or follow up care).
  • Those resulting from an injury or sickness due to working for wage or profit or for which benefits are payable under any Workers’ Compensation or Occupational Disease Law.
  • Those to treat an injury sustained while the covered person was legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the injury occurred.
  • Those to treat an injury sustained while the covered person was voluntarily using any drug, narcotic or controlled substance unless as prescribed by a physician.
  • Those to treat an illness or injury sustained while flying as a pilot or crew member of any aircraft or travel or flight. This includes boarding or alighting in any vehicle or device while being used for any test or experimental purposes or while being operated by, for, or under, the direction of any military authority other than the Military Airlift Command of the United States or similar air transport service of any other country.

The law of the jurisdiction where a person lives when a claim occurs may prohibit some benefits. If so, they will not be paid.

Refund of Overpayments

If benefits are paid by the Medical Payment Plan for expenses incurred on account of a covered person, that covered person, or any other person or organization that was paid, must make a refund to the Medical Payment Plan if either of the following apply:

• All or some of the expenses did not legally have to be paid by the covered person.
• All or some of the payment made exceeded the benefits under the Plan.

The refund equals the amount paid in excess of the amount that should have been paid under the Medical Payment Plan. If the refund is due from another person or organization, the covered person agrees to help the Medical Payment Plan get the refund when requested.

If the covered person, or any other person or organization that was paid, does not promptly refund the full amount, the amount of any future benefits that are payable under the Medical Payment Plan may be reduced. The reductions will equal the amount of the required refund. The Medical Payment Plan also retains all other rights in addition to the right to reduce future benefits that may be legally available.

Coordinating With Other Plans

This plan does not coordinate benefits with any other plan.