

**Waters Corporation U.S. Medical Rx Benefits**

<b>2024 - Waters U.S. Medical Plan Coverage Summary</b>	<b>Deductible \$2,500/\$6,250 Plan with HSA or HRA</b>	<b>Deductible \$1,600/\$3,700 Plan with HSA or HRA</b>	<b>Copay and Deductible Plan</b>
<b>Network</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>
<b>Network Name</b> (Note: the benefits below assume you seek care at an In-Network provider. See the SBC or other plan summary document for Out-Of-Network coverage)	Aetna Open Access Choice POS II	Aetna Open Access Choice POS II	Aetna Open Access Choice POS II
<b>Eligibility</b>	All benefits-eligible employees & their eligible family members	All benefits-eligible employees & their eligible family members	All benefits-eligible employees & their eligible family members
<b>Premiums</b>			
<b>Your Employee <u>annual</u> premium payroll deduction for 2024</b>	Employee Only \$628.68	Employee Only \$1,399.32	Employee Only \$2,048.28
	Employee + Child(ren) \$1,237.08	Employee + Child(ren) \$2,697.24	Employee + Child(ren) \$4,096.56
	Employee + Spouse/Partner \$1,379.04	Employee + Spouse/Partner \$3,102.84	Employee + Spouse/Partner \$4,258.80
	Employee + Spouse/Partner and Child(ren) \$2,007.72	Employee + Spouse/Partner and Child(ren) \$4,339.92	Employee + Spouse/Partner and Child(ren) \$6,509.88
<b>HSA/HRA Seed &amp; Wellness Incentives</b>			
<b>HSA/HRA Seed:</b> Lump-sum contribution from Waters deposited into employee's HSA or HRA account; the full value is available the first or second pay date of the new year. For new hires, the amount is prorated on a quarterly basis.	\$200 employee only coverage / \$400 all other tiers	\$200 employee only coverage / \$400 all other tiers	N/A
<b>HSA/HRA Incentive:</b> Contribution from Waters into employee's HSA or HRA account for completing three wellness activities via Virgin Pulse (i.e., complete the health assessment, complete an annual physical exam, submit biometric data).	Up to \$400 annually (per employee and per medically covered spouse/domestic partner)	Up to \$400 annually (per employee and per medically covered spouse/domestic partner)	N/A
<b>PulseCash Wellness Incentive:</b> Awarded for completing wellness activities via Virgin Pulse. PulseCash can be used at the Virgin Pulse Store, for Gift Cards, or to donate to a charity of choice. Visit <a href="http://WatersWellnessNow.com">WatersWellnessNow.com</a> for more details.	\$75 per quarter, up to \$300 annually (per employee and per medically covered spouse/domestic partner)	\$75 per quarter, up to \$300 annually (per employee and per medically covered spouse/domestic partner)	\$75 per quarter, up to \$300 annually (per employee and per medically covered spouse/domestic partner)
<b>General Provisions</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>
<b>Deductible</b>	\$2,500 employee only coverage / \$6,250 family ( <i>family is employee + 1 or more family members, &amp; all covered family members contribute toward "family" deductible</i> )  The accrual period is calendar year	\$1,600 employee only coverage / \$3,700 family ( <i>family is employee + 1 or more family members, &amp; all covered family members contribute toward "family" deductible</i> )  The accrual period is calendar year	\$750 employee only coverage / \$1,500 family ( <i>family is employee + 1 or more family members; the deductible for any one individual in a "family" is \$750</i> )  The accrual period is calendar year
<b>Services provided at Waters' Health Hub and at CVS MinuteClinics</b>	Covered at 100% after deductible is met	Covered at 100% after deductible is met	Covered at 100%
<b>Coinsurance</b>	Plan pays 85% of eligible charges. You pay 15% of charges after the plan deductible, unless otherwise noted.	Plan pays 90% of eligible charges. You pay 10% of charges after the plan deductible, unless otherwise noted.	Plan pays 90% of eligible charges. You pay 10% of charges after the plan deductible, unless otherwise noted. Coinsurance does not apply to all services, including office visits, emergency room visits, and prescription drugs.
<b>Out-of-pocket Maximum</b> (combined medical and Rx) (includes deductible, coinsurance and copays)	\$6,750 employee only / \$13,500 family ( <i>all covered family members contribute toward "family" out-of-pocket max in this plan; however, the per person in-network maximum is capped at \$6,750</i> )  The accrual period is calendar year	\$4,450 employee only / \$10,500 family ( <i>all covered family members contribute toward "family" out-of-pocket max in this plan; however, the per person in-network maximum is capped at \$6,550</i> )  The accrual period is calendar year	\$3,000 employee only / \$6,000 family ( <i>the out-of-pocket maximum for any one individual in a "family" is \$3,000</i> )  The accrual period is calendar year
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Primary Care Physician</b>	No PCP referral required	No PCP referral required	No PCP referral required
<b>Precertification - Inpatient</b>	Coordinated by your physician	Coordinated by your physician	Coordinated by your physician
<b>Precertification - Outpatient</b>	Coordinated by your physician	Coordinated by your physician	Coordinated by your physician
<b>Pre-existing Condition Limitation</b>	No	No	No

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<b>Network</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>
<b>Primary Care Physician (PCP) Office Visit</b> (including General Medical Teladoc encounter)	Plan pays 85% after deductible	Plan pays 90% after deductible	\$25 copay
<b>Specialist Office Visit</b> (specialist designation determined by Plan)	Plan pays 85% after deductible	Plan pays 90% after deductible	\$40 copay
<b>Routine physical exam</b> (1 per calendar year)	No charge	No charge	No charge
<b>Allergy Treatment/Injections</b> - PCP or Specialty Physician. Includes allergy serum dispensed in office.	Plan pays 85% after deductible	Plan pays 90% after deductible	PCP: \$25 copay Specialist: \$40 copay
<b>Second Opinion Consultations</b> (provided on voluntary basis)	Plan pays 85% after deductible	Plan pays 90% after deductible	\$40 copay
<b>Surgery Performed in the Physician's Office - PCP or Specialist</b>	Plan pays 85% after deductible	Plan pays 90% after deductible	PCP: \$25 copay Specialist: \$40 copay
<b>Routine Preventive Care for Children through age 5 (including routine immunizations) and Early Intervention Services from birth to 3rd birthday</b> [Note: Annual exam can be completed by your physician, or at a walk-in clinic, but NOT at an urgent care facility.]	No charge	No charge	No charge
<b>Routine Preventive Care for Children and Adults from age 6 (including routine immunizations).</b> [Note: Annual exam can be completed by your physician, or at a walk-in clinic, but NOT at an urgent care facility.]	No charge	No charge	No charge
<b>Immunizations</b> (includes travel immunizations)	No charge	No charge	No charge
<b>Acupuncture</b> (limited to 10 visits per year)	Plan pays 85% after deductible	Plan pays 90% after deductible	\$25 copay
<b>Mammograms, PSA and Pap Tests</b>	Preventive: No charge Diagnostic: Covered 100% after deductible.	Preventive: No charge Diagnostic: Covered 100% after deductible.	Preventive: No charge Diagnostic: Covered 100% after deductible.
<b>Colonoscopies</b>	Preventive: No charge Diagnostic: Covered 100% after deductible.	Preventive: No charge Diagnostic: Covered 100% after deductible.	Preventive: No charge Diagnostic: Covered 100% after deductible.
<b>Laboratory Services</b> (associated with preventive care office visits)	No charge	No charge	No charge
<b>Laboratory Services</b> (diagnostic tests, labs, x-rays)	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Inpatient Hospital</b> (semi-private room and board, Diagnostic/Therapeutic Lab and X-ray, Drugs/Medication, Operating and Recovery Room, Radiation Therapy and Chemotherapy, Anesthesia and Inhalation Therapy, MRIs, MRAs, CAT Scans, PET Scans, etc.)	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible

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Network	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>Inpatient Hospital Doctor's Visits/Consultations</b>	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Inpatient Hospital Professional Services</b>	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Outpatient Surgery (facility charges)</b> (Operating Room, Recovery Room, Procedure Room, Treatment Room, Diagnostic/Therapeutic Lab and X-rays, Anesthesia and Inhalation Therapy, Physician and Outpatient Professional Services)	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Laboratory and Radiology Services (includes preadmission testing)</b> Physician's Office Outpatient Hospital Facility Emergency Room/Urgent Care Facility Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit) Independent X-Ray and/or Lab Facility	Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	No charge Plan pays 90% after deductible No charge Plan pays 90% after deductible Plan pays 90% after deductible
<b>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans, PET Scans, etc.)</b> Outpatient Hospital Facility Emergency Room/Urgent Care Facility (billed as part of Emergency Room/Urgent Care visit) Physician's Office	Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	Plan pays 90% after deductible No charge No charge
<b>Short-Term Rehabilitative Therapy Services - (includes physical, occupational &amp; cognitive therapy) - 90 days maximum per calendar year for all therapies combined</b> <b>Chiropractic (Spinal Manipulation) - 20 days maximum per calendar year</b> <b>Speech Therapy - Unlimited day maximum per calendar year</b> <b>Cardiac Rehab Therapy - Unlimited day maximum per calendar year</b>	Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	\$40 copay \$40 copay \$40 copay \$40 copay
<b>Emergency and Urgent Care Services</b> Physician's Office - PCP Physician's Office - Specialist Hospital Emergency Room Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician) Urgent Care Facility or Outpatient Facility Ambulance	Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	\$25 copay \$40 copay \$150 Copay Plan pays 90% after deductible \$40 copay No charge
<b>Travel and Lodging</b>	If covered services are not available from a network provider within 100 miles of your home, the following travel and lodging expenses are covered: - U.S. domestic travel and lodging expenses for you and one companion, to travel from your home to receive the covered services from a network provider - Total maximum travel and lodging benefit is \$10,000 per year - Subject to IRS reimbursement and service limitations	If covered services are not available from a network provider within 100 miles of your home, the following travel and lodging expenses are covered: - U.S. domestic travel and lodging expenses for you and one companion, to travel from your home to receive the covered services from a network provider - Total maximum travel and lodging benefit is \$10,000 per year - Subject to IRS reimbursement and service limitations	If covered services are not available from a network provider within 100 miles of your home, the following travel and lodging expenses are covered: - U.S. domestic travel and lodging expenses for you and one companion, to travel from your home to receive the covered services from a network provider - Total maximum travel and lodging benefit is \$10,000 per year - Subject to IRS reimbursement and service limitations

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Network	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>Maternity Care Services</b> Initial Office Visit to Confirm Pregnancy Subsequent Prenatal Maternity Visits Ultrasounds (for pregnancy) Postnatal Visits Office Visits not included in the total maternity fee Physician's Delivery Charges Delivery - Facility (Inpatient Hospital/Birthing Center)	No charge No charge Plan pays 100% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible	No charge No charge Plan pays 100% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	No charge No charge No charge PCP: \$25 copay Specialist: \$40 copay PCP: \$25 copay Specialist: \$40 copay Plan pays 90% after deductible Plan pays 90% after deductible
<b>Inpatient Services at Other Health Care Facilities, Skilled Nursing, Rehabilitation and Sub-Acute Facilities</b> (180 days maximum per calendar year combined for all facilities)	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Home Health Services</b> - Includes outpatient private duty nursing when approved as medically necessary. Unlimited days maximum per calendar year	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Family Planning - Women's Services</b> (Includes surgical services, such as tubal ligation; excludes reversals)	No charge	No charge	No charge
<b>Family Planning - Men's Services</b> (Includes surgical services, such as vasectomy; excludes reversals)	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Infertility Services</b> Office Visit (lab & radiology tests, counseling) Inpatient Treatment/Surgery (includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.) Outpatient Facility Services Physician's Services - Inpatient or Outpatient Cryopreservation Lifetime Maximum	Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Unlimited	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Unlimited	PCP: \$25 copay Specialist: \$40 copay Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Unlimited
<b>Gender Reassignment Surgery, Counseling, And Hormone Therapy</b> (covered in accordance with Aetna's clinical policy bulletin CPB-615) Office Visit (pre-operative and post-operative) Inpatient Facility Outpatient Facility Hormone Therapy Hair Removal Tracheal Shave/Reduction Voice modification therapy and/or surgery Gender Reassignment Counseling (by a behavioral health provider)	Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible Plan pays 85% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	PCP: \$25 copay Specialist: \$40 copay Plan pays 90% after deductible Plan pays 90% after deductible Cost sharing will vary by site of service Cost sharing will vary by site of service Cost sharing will vary by site of service Cost sharing will vary by site of service \$25 copay

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Network	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>Obesity/Bariatric Surgery</b>  Inpatient Facility  Outpatient Facility  Physician's Services - Inpatient or Outpatient Lifetime Maximum	Plan pays 85% after deductible  Plan pays 85% after deductible  Plan pays 85% after deductible Unlimited	Plan pays 90% after deductible  Plan pays 90% after deductible  Plan pays 90% after deductible Unlimited	Plan pays 90% after deductible  Plan pays 90% after deductible  Plan pays 90% after deductible Unlimited
<b>TMJ - Surgical and Non-surgical</b>	Not Covered	Not Covered	Not Covered
<b>Mental Health</b>  Inpatient Facility  Outpatient Facility (includes Individual, Group Therapy and Intensive Outpatient services)  Physician's Office  Lifetime Maximum	Plan pays 85% after deductible  Plan pays 85% after deductible  Plan pays 85% after deductible  Unlimited	Plan pays 90% after deductible  Plan pays 90% after deductible  Plan pays 90% after deductible  Unlimited	Plan pays 90% after deductible  Plan pays 90% after deductible  \$25 copay  Unlimited
<b>Substance Abuse</b>			
Inpatient Facility	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
Outpatient Facility (includes Individual and Intensive Outpatient services)  Physician's Office  Lifetime Maximum	Plan pays 85% after deductible  Plan pays 85% after deductible  Unlimited	Plan pays 90% after deductible  Plan pays 90% after deductible  Unlimited	Plan pays 90% after deductible  \$25 copay  Unlimited
<b>Durable Medical Equipment</b> (Unlimited calendar year maximum)	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>External Prosthetic Appliances (excluding artificial limbs)</b> Unlimited maximum per calendar year	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>External Prosthetic Appliances (artificial limbs)</b> Unlimited maximum per calendar year	Plan pays 85% after deductible	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Vision Care</b> (Eye Exam - once per calendar year)	No charge	No charge	No charge
<b>Routine Hearing Screening</b>  <b>Hearing Aid</b> (\$4,000 hearing aid max benefit per calendar year)	No charge  Plan pays 85% after deductible	No charge  Plan pays 90% after deductible	No charge  Plan pays 90% after deductible

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Network	In-Network Benefits	In-Network Benefits	In-Network Benefits
Prescription Drugs			
<p><b>Retail Drug Program</b> (up to 90 day available at CVS)</p> <p>Eligible No Cost Preventive drugs <i>(those on the eligible lists posted under Quick Links on WatersBenefitsNow.com)</i></p> <p>Generic drugs</p> <p>Brand Name designated preferred drugs</p> <p>Brand Name designated non-preferred drugs</p> <p>*Specialty drugs are covered based on generic, preferred brand, or non-preferred brand status</p>	<p align="center">Plan pays 100%</p> <p align="center">Plan pays 85%, after deductible</p> <p align="center">Plan pays 85%, after deductible</p> <p align="center">Plan pays 85%, after deductible</p>	<p align="center">Plan pays 100%</p> <p align="center">Plan pays 100%, after deductible</p> <p align="center">Plan pays 100%, after deductible</p> <p align="center">Plan pays 100%, after deductible</p>	<p align="center">Plan pays 100%</p> <p align="center">\$10 copay</p> <p align="center">\$30 copay</p> <p align="center">\$50 copay</p>
<p><b>Mail Order Drug Program through Aetna</b></p> <p>Eligible No Cost Preventive drugs <i>(those on the eligible lists posted under Quick Links on WatersBenefitsNow.com)</i></p> <p>Generic drugs</p> <p>Brand Name designated preferred drugs</p> <p>Brand Name designated non-preferred drugs</p> <p>*Specialty drugs are covered based on generic, preferred brand, or non-preferred brand status</p>	<p align="center">Plan pays 100%</p> <p align="center">Plan pays 85%, after deductible</p> <p align="center">Plan pays 85%, after deductible</p> <p align="center">Plan pays 85%, after deductible</p>	<p align="center">Plan pays 100%</p> <p align="center">Plan pays 100%, after deductible</p> <p align="center">Plan pays 100%, after deductible</p> <p align="center">Plan pays 100%, after deductible</p>	<p align="center">Plan pays 100%</p> <p align="center">\$20 copay</p> <p align="center">\$60 copay</p> <p align="center">\$100 copay</p>