



**Benefits at a Glance:**

Salesforce.com  
Expatriate Benefit Plan  
Policy Number: 02174C



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 Benefits at a Glance  
 Policy #02174C  
 Effective Date January 1, 2016

Salesforce.com offers Medical, Pharmacy, Vision, EAP and Dental benefits to our employees through Cigna Global Health Benefits. This comprehensive global healthcare program allows our employees and their families to access quality healthcare anywhere in the world. The following pages provide a general overview of the plan design for our employees on global assignment.

**This plan provides minimum essential coverage.**

| Global Medical Plan  |  |
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| <b>Eligibility</b>   | Refer to eligibility definition in the certificate |
| <b>Lifetime Maximum</b>  | Unlimited  |
| <b>Calendar Year Deductible</b><br><ul style="list-style-type: none"> <li>• Per Individual</li> <li>• Per Family</li> </ul>  | \$0<br>\$0   |
| <b>Coinsurance</b><br>(The percentage of covered expenses the plan pays)   | 100% of covered expenses                           |
| <b>Out of Pocket Maximum</b><br><ul style="list-style-type: none"> <li>• Per Individual</li> <li>• Per Family</li> </ul>   | \$0<br>\$0   |
| <b>Physician Services</b><br><ul style="list-style-type: none"> <li>• Physician's Office Visit</li> <li>• Surgery performed in physician's office</li> <li>• Allergy testing/treatment</li> </ul>  | 100% of covered expenses                           |
| <b>Adult Preventive Care</b>   | 100% of covered expenses                           |
| <b>Travel Immunizations</b><br>(For employee and dependents immunizations as required for travel)  | 100% of covered expenses                           |
| <b>Well Child Care</b>   | 100% of covered expenses                           |
| <b>Immunizations</b><br><ul style="list-style-type: none"> <li>• Includes diphtheria, hepatitis A, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, Haemophilus influenza B.</li> </ul>   | 100% of covered expenses                           |
| <b>Prescription Drug Benefit</b><br>(Purchased outside of the U.S.)  | 100% of covered expenses                           |
| <b>Mammogram</b><br><ul style="list-style-type: none"> <li>• Ages 35-39: One baseline exam</li> <li>• Ages 40-49: One exam every one or two years for asymptomatic women, but no sooner than two years after a women's baseline</li> <li>• Age 50 &amp; Over: One exam annually</li> <li>• Any age: Whenever prescribed by a physician</li> </ul>                      | 100% of covered expenses                           |
| <b>Women's Preventive Services</b><br><ul style="list-style-type: none"> <li>• Annual well-woman visits</li> <li>• Gestational diabetes screening</li> <li>• HPV DNA testing for women 30 years and older</li> <li>• Sexually-transmitted infection counseling including HIV screening and counseling</li> <li>• Domestic violence screening and counseling</li> </ul> | 100% of covered expenses                           |



**Global Medical Plan**

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| <b>Papanicolaou (Pap) Screening Test</b><br>(One test per calendar year for females)   | 100% of covered expenses                             |
| <b>Prostate Cancer Screening</b><br>(One test per calendar year for males)   | 100% of covered expenses                             |
| <b>Colorectal Cancer Screening</b><br>(Age 50 and older or any high-risk individual)   | 100% of covered expenses                             |
| <b>Lead Poisoning Screening</b><br>(For children at or around 12 months and high-risk children under age 6)  | 100% of covered expenses                             |
| <b>Inpatient Hospital Services</b><br>• Facility<br>• Physician  | 100% of covered expenses<br>100% of covered expenses |
| <b>Outpatient Facility Services</b>  | 100% of covered expenses                             |
| <b>Hospital Emergency Room</b><br>(Refer to certificate for coverage and exclusions)   | 100% of covered expenses                             |
| <b>Skilled Nursing Facility</b><br>(120-day maximum per calendar year combined)  | 100% of covered expenses                             |
| <b>Lab &amp; Radiology Facility</b>  | 100% of covered expenses                             |
| <b>Outpatient Short-Term Rehabilitation Therapy</b><br>(60-day maximum per calendar year for all therapies combined)<br>Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab and Cognitive Therapy.<br><b>Note:</b> Short-Term Rehabilitation Therapy maximum does not apply to the treatment of Autism. | 100% of covered expenses                             |
| <b>Chiropractic Services</b><br>(20-day maximum per calendar year, excludes U.S. In-Network visits )   | 100% of covered expenses                             |
| <b>Home Health Care</b><br>(120-day maximum per calendar year)   | 100% of covered expenses                             |
| <b>Hospice</b>   | 100% of covered expenses                             |
| <b>Maternity Care Services</b>   | 100% of covered expenses                             |
| <b>Breast-feeding equipment and supplies</b><br>(Limited to one rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies and counseling)   | 100% of covered expenses                             |
| <b>Family Planning: Women's Services</b><br>• Inpatient hospital facility<br>• Outpatient hospital facility<br>• Surgical services such as tubal ligation are covered (excluding reversals)<br>• Includes contraceptive devices as prescribed  | 100% of covered expenses                             |
| <b>Family Planning: Men's Services</b><br>• Inpatient hospital facility<br>• Outpatient hospital facility<br>• Surgical services such as vasectomy are covered (excluding reversals)   | 100% of covered expenses                             |
| <b>Infertility</b><br>(Procedures directly related to diagnosis are covered. <b>Treatment, prescription drugs, and/or other method to bypass, i.e., In-vitro, are not covered.</b> Refer to the certificate for additional coverage and exclusions)  | 100% of covered expenses                             |
| <b>Durable Medical Equipment</b>   | 100% of covered expenses                             |
| <b>External Prosthetic Appliances</b>  | 100% of covered expenses                             |
| <b>Diabetes Equipment</b>  | 100% of covered expenses                             |



| Global Medical Plan  |  |
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| <b>TMJ</b><br>(Benefit Lifetime Maximum: \$1,000)  | 100% of covered expenses                             |
| <b>Hearing</b><br>• Exam: One every 24 month period<br>• Hardware: Up to \$1,000 per hearing aid unit necessary for each hearing impaired ear every 3 years for a dependent child under age 24 | 100% of covered expenses<br>100% of covered expenses |
| <b>Dental Care (Accident)</b><br>(Limited to a continuous course of treatment started within six months of accidental injury to sound natural teeth)   | 100% of covered expenses                             |
| <b>Mental Illness and Substance Abuse</b><br>• Inpatient<br>• Outpatient   | 100% of covered expenses<br>100% of covered expenses |

| Pre-Admission Certification/ Continued Stay Review for Hospital Confinement  |
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| <p>Precertification for inpatient and outpatient services received in the U.S. is required.</p> <ul style="list-style-type: none"> <li>• Network providers must call our toll-free number, 1.800.441.2668 to pre-certify services.</li> <li>• The customer is responsible for ensuring that out-of-network providers pre-certify services.</li> <li>• Failure to obtain precertification may affect out-of-pocket costs.</li> <li>• This is a summary only and further details can be found in the insurance certificate.</li> </ul> |

| Global Wellness Programs                  |   |
|---|---|
| <b>Pre-Assignment Assistance Program</b>  | <ul style="list-style-type: none"> <li>• Cigna Global Health Benefits' pre-assignment assistance is a unique clinical program that offers comprehensive case management, care coordination, inpatient management, evacuation assistance, and online expert second opinions for employees and dependents either in the U.S. or abroad.</li> <li>• The tool can be accessed prior to or during assignment through Cigna's secure web portal, <a href="http://www.cignaenvoy.com">www.cignaenvoy.com</a>.</li> <li>• Employees that utilize the pre-assignment assistance program are more likely to have a successful assignment.</li> </ul>  |
| <b>Health &amp; Well-Being Assessment</b> | <p>Our health assessment (HA) provides employees the opportunity to find which areas of health they are doing really well in and which need attention. After completion of the online assessment via Cigna's secure online portal, Cigna Envoy, every participant gets their own highly personalize report that provides practical tips and advice on making relevant lifestyle improvements.</p> <p>Based on an employee's answers to the Health Assessment, an invitation to complete a Targeted Risk Assessment (TRA) for each identified risk factor is immediately sent online. These lifestyle risk factors include sleep, stress, nutrition, and physical activity. TRAs provide an in-depth assessment for each lifestyle risk and a highly personalized report with actionable recommendations</p> <p>"My Library" the online library which supports these assessments, provides articles and recipes tied to assessment results. The articles are evidence based, and recipes are written by a qualified nutritionist. These materials are translated and culturally adapted in 38 localizations. Additionally, employees will now have access to an engagement kit that allows for a four week campaign, encouraging participation and education around health and wellbeing. Afterwards there will be ongoing communication featuring articles on health and wellness.</p> <p>The Health Assessment, Targeted Assessments and "My Library" are all mobile friendly.</p> |



| International Employee Assistance Program (IEAP) |  |
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| <b>Toll free:</b>                                | <b>1.888.851.7032 or 1.877.857.2952</b>  |
| <b>Level 2 International EAP Assist</b>          | Direct dial 24/7 immediate access to confidential services for behavioral issues. Services include telephonic triage for emergent and urgent referrals, crises intervention and referrals to community resources. Referrals for 5 face-to-face sessions with licensed behavioral professionals (currently available in 160 countries). |

| Global Vision Care  |                          |
|---|--------------------------|
| <b>Eye Exams</b><br>Limited to one exam each 24 month period  | 100% of covered expenses |
| <b>Vision Hardware</b>  |                          |
| <b>Lenses &amp; Frames</b><br>Limited to one pair of glasses or contact lenses per 24 month period; \$250 maximum | 100% of covered expenses |

| Global Dental Care                                  |   |                                |
|---|---|--------------------------------|
| <b>Calendar Year Maximum (for Class I, II, III)</b> |   | \$1,500                        |
| <b>Lifetime Maximum (for Class IV)</b>              |   | \$1,500                        |
| <b>Calendar Year Deductible</b>                     |   | \$25 Individual / \$75 Family  |
| <b>Class IV Lifetime Deductible</b>                 |   | \$50                           |
| <b>Class I</b>                                      | <b>Preventive Care</b><br>For diagnostic and preventative services including: <ul style="list-style-type: none"> <li>• Oral Exam - 2 per person, per year</li> <li>• Cleanings - 2 per person, per year</li> <li>• Bitewing X-rays - 2 per person, per year</li> <li>• Fluoride Applications - 1 per person, per year (Up to age 19)</li> <li>• Sealants - 1 per tooth, per 3 years</li> <li>• Full Mouth X-rays – 1 per person, per 3 years</li> <li>• Panoramic X-rays - 1 per person, per 3 years</li> </ul> | 100% not subject to deductible |
| <b>Class II</b>                                     | <b>Basic Restorative</b><br>For Basic Restorations, Endodontics, Periodontics, Prosthodontics Maintenance, Oral Surgery, Fillings, Root Canal, Periodontal Scaling and Root Planning and repair to Bridgework and Dentures  | 80% after deductible           |
| <b>Class III</b>                                    | <b>Major Restorative</b><br>For Major Restorations, Dentures and Bridgework including Crowns  | 50% after deductible           |
| <b>Class IV</b>                                     | <b>Orthodontia</b> (for dependent children under age 19)<br>Subject to a \$1,500 lifetime maximum   | 50% after lifetime deductible  |



| <b>Cigna Global Customer Service</b> |  |
|--------------------------------------|--|
| <b>Toll Free telephone number:</b>   | 1.800.441.2668   |
| <b>Direct Telephone</b>              | 1.302.797.3100 (collect calls accepted)  |
| <b>Toll Free fax number:</b>         | 1.800.243.6998   |
| <b>Direct fax number:</b>            | 001.302.797.3150   |
| <b>Secure Website</b>                | <a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a> . Registration is required. (See member kit for registration information.) Secure email available at this site. |
| <b>Mail Delivery:</b>                | Cigna Global Health Benefits<br>P.O. Box 15050<br>Wilmington, DE 19850-5050 U.S.A.   |
| <b>Courier Delivery:</b>             | Cigna Global Health Benefits<br>300 Bellevue Parkway<br>Wilmington, DE 19809 U.S.A.  |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2015 (Cigna Corporation)

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