

## **AETNA ADVANTAGE PLANS FOR INDIVIDUALS, FAMILIES AND THE SELF-EMPLOYED**

NEW PROVISIONS EFFECTIVE SEPTEMBER 23, 2010 This information is an addendum to the printed materials you received.

The federal health care reform legislation, known as the Patient Protection and Affordable Care Act. was signed into law on March 23, 2010 by President Obama.

received may not currently be available in your state.

#### The following health care reform changes are effective on September 23, 2010:

- Allow dependent coverage up to age 26
- Remove lifetime benefit limits based on dollar amounts
- Take away cost-sharing obligations for preventive services (In network)
- Eliminate pre-existing condition exclusions for dependent children (under 19 years of age)

Please note that in addition to health care reform changes, coverage for children only may no longer be available in your state. Also, all plans described in the printed material you

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust or Aetna Health Inc. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be

declined coverage in accordance with your health condition.

Please note that some previously printed materials do not reflect these changes. However, the new provisions are in effect for plans with an effective date on or after September 23, 2010, and your Aetna Advantage Plan does **comply** with the new federal health care reform legislation.

If you have any questions, please talk to your broker or call 1-800-MY-HEALTH.



# Take charge of your health. We're here to help.

AETNA ADVANTAGE PLANS FOR INDIVIDUALS, FAMILIES AND THE SELF-EMPLOYED IN ARIZONA



# Aetna Advantage plan choices

Our health insurance plans are designed to offer you quality coverage at an excellent value. Coverage can include prescription drugs, doctor visits, hospitalization and preventive care services.

Generally speaking, the lower your "premiums," or monthly payments, the higher your "deductible," which is the amount you pay out of pocket before the plan begins paying for expenses.

You'll pay less by using "in-network" doctors, hospitals, pharmacies and other health care providers who participate in Aetna's nationwide network than by using "out-of-network" doctors.

Visit **www.planforyourhealth.com** for an in-depth list of terms in this brochure and what they mean.

#### **About HSAs**

Many of our high-deductible plans are Health Savings Account (HSA) Compatible, offering you lower premiums and tax advantaged savings. An HSA is a personal account that lets you pay for qualified medical expenses with tax advantaged funds. You or an eligible family member make contributions to your HSA tax-free, and those dollars earn interest tax-free. Then, when you make withdrawals from your account to pay for qualified health care expenses, they're tax-free, too.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

#### It's easy to establish a Health Savings Account...

Simply enroll in an Aetna HSA Compatible High Deductible Health Plan and you will automatically have an HSA opened through Bank of America. You will also receive a debit card and a welcome package with additional information to get you started.

If you do not wish to set up an HSA, you can opt out by calling Bank of America – or the account will be automatically canceled after 90 days if the debit card is not activated or if you do not enroll online.

#### Why choose an Aetna HealthFund HSA?

- No set-up fees
- No monthly administration fee
- No withdrawal forms required
- Convenient access to HSA funds via debit card or online
- Track HSA activity through Aetna Navigator®

#### Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the nationwide Aetna Advantage Plan network? Visit www.aetna.com/docfind/custom/advplans. Or call 1-800-694-3258 and ask for a directory of providers.

### Get more from your Aetna plan

#### Cover just your children

Aetna Advantage Plans are also available for children only, which means you can enroll your child even if no other family member enrolls. Coverage includes immunizations, well-child visits, emergency room and dental preventive services (if a dental plan is selected).

Note: when an HSA Compatible plan is selected for child only enrollment. an HSA account is not available for the child.

#### Add Dental PPO Max

With the Aetna Advantage Dental PPO Max insurance plan, you can obtain services from either a participating or non-participating dentist. Participating dentists have agreed to provide services at a negotiated rate for both covered services, as well as non-covered services such as cosmetic tooth whitening and orthodontic care, so you generally pay less out-of-pocket. You also have the flexibility to visit a dentist who does not participate in Aetna's network, though you will not have access to negotiated fees. Dental coverage is offered only if medical coverage is obtained.

## Plan Details

First Dollar PPO plan options

Robust coverage and lower out-of-pocket expenses with no deductibles when you choose a network provider

#### Featuring:

- Lower copay for in-network provider visits
- No deductible for generic prescription drugs

## **PPO** plan options

Robust coverage and lower monthly payments balanced with a deductible...where you don't want to pay a lot for frequent doctor visits

#### Featuring:

■ Health insurance coverage with lower monthly premiums and varying deductible levels

## PPO High Deductible plan options

Lower premium costs...and an HSA-compatible plan that offers tax advantaged savings

#### Featuring:

- 0% coinsurance in network after your deductible is met
- Lower monthly premiums, higher annual deductibles (at least \$3,000 for individuals and \$6,000 for families)
- Can be paired with a tax-advantaged Health Savings Account (HSA)

## PPO Value plan options

Affordability — a balance of lower monthly premiums and quality coverage...where you want to cap the amount you'll spend on total medical expenses each year

#### Featuring:

- Lower monthly premiums (that's the "Value" part)
- No deductible for generic prescription drugs

# Preventive and Hospital Care plan options

Affordability is one of your top priorities and you use only basic health care services...and want to keep your monthly premiums lower

#### Featuring:

■ Health insurance coverage with lower monthly premiums and varying deductible levels



## PPO 2500 and 5000 with Limited Rx

Robust medical coverage with limited pharmacy benefits...with lower costs for smart consumers

#### Featuring:

■ Health insurance coverage with lower monthly premiums



### **PPO 7500 with Unlimited Primary Care Visits plus Dental**

Medical, dental and eye care savings bundled together...at a reasonable cost

#### Featuring:

- One monthly payment for medical, dental and eye care savings
- Lower monthly premiums, Higher annual deductibles (at least \$7,500 for individuals and \$15,000 for families)
- 100% coverage for diagnostic and preventive dental services from a preferred provider

# 8)

### Aetna Advantage Plan Including Medical and Pharmacy Calendar Year Maximums plan options

#### Affordability... and a wide range of benefits

#### Featuring:

- Access to Aetna's nationwide network
- No referral needed to see a network specialist
- No waiting period for preventive care services
- Coverage for Children's immunizations
- Coverage for prescription drugs

It's important for you to know...that this plan may not cover all your health care expenses for a given year, but offers valuable protection to individuals and families at an affordable cost. This plan may be used on a short-term basis, or longer - depending on your needs.

# PLUS ... THESE BENEFITS ARE INCLUDED WITH MOST OF OUR PLANS.

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist\*
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs\*
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

## AETNA'S ARIZONA RATINGS AREAS\*

## Your rates will depend on the area in which your county is located.

For more information or a quote on what your rate would be, call your broker.

#### Area 1 Counties \*\*Aexcel Specialist Network

Apache	Greenlee	Santa Cruz
Cochise	La Paz	Yavapai
Coconino	Mohave	Yuma
Gila	Navajo	
Graham	Pinal	

#### Area 2 Counties \*\*Aexcel Specialist Network

Maricopa Pima

- \* All products not available in all counties. Please refer to the county in which you reside for the available product.
- \*\* The Aetna Performance Network® features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ ENT, Neurology, Neurosurgery, Plastic Surgery, Urology, and Vascular Surgery. Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists. You'll find them by looking for the star next to the doctors' names at www.aetna.com/docfind/custom/advplans or in your printed directory.



<sup>\*</sup> These benefits are not applicable to Preventive and Hospital Care plans

#### First Dollar PPO 30

	,	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0	\$5,000
Family	\$0	\$10,000
Coinsurance	30% up to	50% up to
(Member's responsibility)	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual Family	\$7,500	\$7,500
Out-of-Pocket Maximum	\$15,000	\$15,000
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
•		deductible
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit	\$30 copay	50%
Unlimited visits		after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$40 copay	50%
Unlimited visits	200/	after deductible
Hospital Admission	30%	50% after deductible
Outpatient Surgery	30%	50%
outpatient surgery	50 /0	after deductible
Urgent Care Facility	\$50 copay	50%
organic care runnity	\$30 copay	after deductible
		1 115 1 10 10
Emergency Room		vaived if admitted) nsurance
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar	эо сорау	after deductible
year max. Annual Pap/Mammogram		arter deddensie
Maternity	Not o	overed
	Except for pregn	ancy complications
Preventive Health —	\$30 copay	50%
Routine Physical		after deductible
Aetna will pay up to \$200 per exam* No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	30%	50%
Lub/X Ruy	30 70	after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*	,-	after deductible
Physical/Occupational Therapy and	30%	50%
Chiropractic Care		after deductible
24 visits per calendar year*	Aetna will pay a m	ax. of \$25 per visit*
Home Health Care —	30%	50%
in lieu of hospital		after deductible
30 visits per calendar year*		
Durable Medical Equipment	30%	50%
Aetna will pay up to \$2000 per		after deductible
calendar year*		
PHARMACY	#F00	<b>*</b> 500
Pharmacy Deductible	\$500	\$500
per individual	Does not ap	ply to generic
Generic	\$15 copay	\$15 copay plus 50%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand	\$40 copay	\$40 copay plus 50%
Oral Contraceptives Included	after deductible	after deductible
Non-Preferred Brand	\$60 copay	\$60 copay plus 50%
Oral Contraceptives Included	after deductible	after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited
per maividual"	<u> </u>	

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

_/	PPO 1500	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of pocket max	50% after deductible up to out-of pocket max.
Coinsurance Maximum	\$0 once out-of-poo	ket max. is satisfied
Individual Family	\$1,500 \$3,000	\$7,000 \$14,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$10,000 \$20,000
		deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay deductible waived	after deductible
Specialist Visit Unlimited visits	\$35 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity		covered ancy complications
Preventive Health — Routine Physical	\$25 copay deductible waived	50% after deductible
Aetna will pay up to \$200 per exam* No waiting period		ork and X-rays
Lab/X-Ray	20% after deductible	50% after deductible
<b>Skilled Nursing</b> — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	20% after deductible	50% after deductible
Home Health Care —	20%	ax. of \$25 per visit*
in lieu of hospital 30 visits per calendar year*	after deductible	after deductible
<b>Durable Medical Equipment</b> Aetna will pay up to \$2000 per calendar year*	20% after deductible	50% after deductible
PHARMACY	I.	
Pharmacy Deductible per individual	\$250 Does not an	\$250 ply to generic
Generic Oral Contraceptives Included	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$5,000	\$5,000

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of pocket max	out-of pocket max.
	· · · · · · · · · · · · · · · · · · ·	ket max. is satisfied
Coinsurance Maximum	, , ,	
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
•		deductible
Lifetime Maximum* per insured		00,000
Non-Specialist Office Visit		50%
Unlimited visits	\$30 copay deductible waived	after deductible
General Physician, Family Practitioner,	deductible waived	arter deductible
Pediatrician or Internist		
Specialist Visit	\$40 copay	50%
Unlimited visits	deductible waived	after deductible
	20%	50%
Hospital Admission	after deductible	after deductible
Outpotions Summer		
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	50%
	deductible waived	after deductible
Emergency Room		vaived if admitted)
	20% coinsurance	e after deductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		covered
	Except for pregnancy complications	
Preventive Health —	\$30 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
At a constitue and a site of	Includes lab w	ork and X-rays
No waiting period		
No waiting period  Lab/X-Ray	20%	50%
	20% after deductible	50% after deductible
Lab/X-Ray	after deductible	after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital	after deductible 20%	after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*	after deductible 20% after deductible	after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay a m	after deductible 50% after deductible 50% after deductible after deductible ax. of \$25 per visit*
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care —	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20%	after deductible 50% after deductible 50% after deductible atter deductible ax. of \$25 per visit*
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Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible	after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible	after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
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	PPO 3500	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
Deductible		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to out-of-pocket max.
	out-of-pocket max.	
Columnia or Mandana	\$0 once out-or-poo	ket max. is satisfied
Coinsurance Maximum Individual	\$6,500	\$5,500
Family	\$13,000	\$11,000
Out-of-Pocket Maximum	\$15,000	\$11,000
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
·	Includes o	deductible
Lifetime Maximum* per insured	\$5.00	0.000
Non-Specialist Office Visit	\$35 copay	50% coinsurance
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$45 copay	50% coinsurance
Unlimited visits	deductible waived	after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	50%
	deductible waived	after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam	\$0 copay	50% coinsurance
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		overed ancy complications
Preventive Health —	\$35 copay	50% coinsurance
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam* No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	20%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*	Aetna will pay a m	nax. of \$25 per visit*
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
<b>Durable Medical Equipment</b>	20%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible	\$500	\$500
per individual	Does not ap	ply to generic
Generic Oral Contraceptives Included	\$15 copay deductible waived	\$15 copay plus 50% coinsurance
Preferred Brand	\$35 copay	\$35 copay plus 50%
Oral Contraceptives Included	after deductible	coinsurance
Non-Preferred Brand	\$50 copay	\$50 copay plus 50%
Oral Contraceptives Included	after deductible	coinsurance
Calendar Year Maximum	\$5,000	\$5,000
per individual*	\$3,000	45,000
	L	

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

#### PPO 5000

Deductible   Included   St,000   \$10,000   \$20,000   St,000   St		110 3000	
Individual Family Coinsurance (Member's responsibility)  Coinsurance (Member's responsibility)  Coinsurance (Member's responsibility)  Coinsurance Maximum Individual Family Sonce out-of-pocket max. is satisfied  Coinsurance Maximum Individual Family Sonce out-of-pocket max. is satisfied  Coinsurance Maximum Individual Family Sonce Su,500 Su,500 Su,500 Out-of-Pocket Maximum Individual Family Sonce Su,500 Su,500 Out-of-Pocket Maximum Individual Family Sonce Su,500 Su,500 Out-of-Pocket Maximum Individual Family Sonce Su,500 Includes deductible  Lifetime Maximum* per insured Sonce,000 Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits General Physicial Hospital Admission  20% 50% after deductible After deductible Waived if admitted) Outpatient Surgery  Urgent Care Facility Sonce Sonce Sonce Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Not covered Except for pregnancy complications Preventive Health— Routine Physical Actina will pay up to \$200 per exam* No waiting period Annual Pap/Mammogram Maternity  Preventive Health— Routine Physical Actina will pay up to \$200 per exam* No waiting period Actinopractic Care Avists per calendar year*  Physical/Occupational Therapy and Chiropractic Care Avists per calendar year*  Physical/Occupational Therapy and Chiropractic Care Avists per calendar year*  Phome Health Care— In lieu of hospital 30 days per calendar year*  Physical Medical Equipment Actina will pay up to \$200 per Actina will pay a max. of \$25 per wisit*  Home Health Care— In lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Actina will pay up to \$200 per Actina will pay a max. of \$25 per wisit*  Home Health Care— In lieu of hospital 30 visits per calend	MEMBER BENEFITS	In-Network	Out-of-Network+
Individual Family Coinsurance (Member's responsibility)  Coinsurance (Member's responsibility)  Coinsurance (Member's responsibility)  Coinsurance Maximum Individual Family Sonce out-of-pocket max. is satisfied  Coinsurance Maximum Individual Family Sonce out-of-pocket max. is satisfied  Coinsurance Maximum Individual Family Sonce Su,500 Su,500 Su,500 Out-of-Pocket Maximum Individual Family Sonce Su,500 Su,500 Out-of-Pocket Maximum Individual Family Sonce Su,500 Su,500 Out-of-Pocket Maximum Individual Family Sonce Su,500 Includes deductible  Lifetime Maximum* per insured Sonce,000 Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits General Physicial Hospital Admission  20% 50% after deductible After deductible Waived if admitted) Outpatient Surgery  Urgent Care Facility Sonce Sonce Sonce Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Not covered Except for pregnancy complications Preventive Health— Routine Physical Actina will pay up to \$200 per exam* No waiting period Annual Pap/Mammogram Maternity  Preventive Health— Routine Physical Actina will pay up to \$200 per exam* No waiting period Actinopractic Care Avists per calendar year*  Physical/Occupational Therapy and Chiropractic Care Avists per calendar year*  Physical/Occupational Therapy and Chiropractic Care Avists per calendar year*  Phome Health Care— In lieu of hospital 30 days per calendar year*  Physical Medical Equipment Actina will pay up to \$200 per Actina will pay a max. of \$25 per wisit*  Home Health Care— In lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Actina will pay up to \$200 per Actina will pay a max. of \$25 per wisit*  Home Health Care— In lieu of hospital 30 visits per calend	Deductible		
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deductible up to out-of pocket max   \$0 once out-of-pocket max   \$0 once out-of-pocket max   \$5 once out-of-pocket max.   \$5 once			
Coinsurance Maximum Individual Family Sonce out-of-pocket max. is satisfied Specialist Visit Unlimited visits General Physician or Internist Unilmited visits General Physician or Internist Ungent Care Facility Specialist Visit Unlimited visits General Routine Gyn Exam Now vaiting period, no calendar year max. Annual Pap/Mammogram Maternity Maternity Maternity Annual Routine Gyn Exam Now vaiting period, no calendar year moutine Physical Acetra will pay up to \$200 per exam* Now vaiting period Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Home Health Care— In lieu of hospital 30 vists per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year* Durable Medical Equipment Acetra will pay up to \$200 per calendar year Durable Medical Equipment Acetra will pay up to \$200 per calendar year Durable Medical Equipment Acetra will pay up to \$200 per calendar year Durable Medical Equipment Acetra will pay up to \$200 per calendar year Physical Contraceptives Included Preferred Brand Oral Contraceptives Included Oral Contraceptives Included Acetra will pay are \$200 pay up to \$200 per calendar year Socopay up to \$200 per calendar year Pharmacy Deductible Sistopay of the deductible waived Acetra will pay are \$200 per calendar year Pharmacy Deductible Sistopay of t			
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Individual Family S10,000 S20,000 S20,000 S25,000 S25,000 S25,000 S25,000 Includes deductible S50,000,000 S25,000 S25,000 Includes deductible S500 S25,000 S20,000 S25,000 Includes deductible S250 S250 S250 S250 S250 S250 S250 S250	Coinsurance Maximum		
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Includes deductible   S5,000,000   S0%   S0%   deductible waived   S5,000,000   S0%   deductible waived   Segregalist Office Visit   Unlimited visits   Specialist Visit   S50 copay   deductible waived   after deductible   deductible waived   after deductible   deductible waived   after deductible   deductible waived   after deductible   deductible   deductible   deductible   deductible   deductible   deductible   deductible   deductible   defunctible   deductible   defuctible   d			
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Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist Visit Unlimited visits Hospital Admission  20% after deductible A	Non-Specialist Office Visit	\$40 copay	50%
General Physician, Family Practitioner, Pediatrician or Internist  Specialist Visit Unlimited visits Hospital Admission  Outpatient Surgery  20% after deductible  20% after deductible  350 copay deductible waived after deductible  Individual Source after deductible  So copay deductible waived after deductible  Includes lab work and X-rays  So after deductible after deductible  Includes lab work and X-rays  So after deductible after deductible  Includes lab work and X-rays  So after deductible after deductible  Includes lab work and X-rays  So after deductible after deductible after deductible after deductible after deductible after deductible  Actina will pay a max. of \$25 per visit*  Home Health Care in lieu of hospital 30 visits per calendar year*  Home Health Care in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Actina will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Does not apply to generic  \$50 copay after deductible waived deductible waived deductible waived after deductible			
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Specialist Visit   Cullimited visits   Culli			
Unlimited visits Hospital Admission 20% after deductible waived After deductible 20% after deductible After		\$50 copay	50%
Hospital Admission  Outpatient Surgery  20% after deductible  So copay deductible waived after deductible after deductible  Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  20% after deductible after deductible  Includes lab work and X-rays  20% after deductible after deductible after deductible after deductible after deductible  Aetna will pay a max. of \$25 per visit*  Home Health Care in lieu of hospital 30 visits per calendar year*  Home Health Care in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Does not apply to generic  \$50 copay after deductible waived after deductible			
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Outpatient Surgery  Urgent Care Facility  \$50 copay deductible waived after deductible  \$100 copay** (waived if admitted) 20% coinsurance after deductible  Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Phyral Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  Phyramacy Deductible per individual  Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Atter deductible after deductible after deductible waived deductible waived after deductible after deduct	Hospital Admission		
### after deductible after deductible Urgent Care Facility  ### S50 copay deductible waived after deductible after deductible 20% coinsurance after deductible 20% coinsurance after deductible 30 copay deductible waived after deductible 30 copay after deductible waived after deductible 30 copay deductible waived after deductible 30 days per calendar year*    Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*   Home Health Care in lieu of hospital 30 days per calendar year*   Home Health Care in lieu of hospital 30 visits per calendar year*   Home Health Care in lieu of hospital 30 visits per calendar year*   Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*   Physical/Occupational Therapy and 20% after deductible after deductible after deductible 30 visits per calendar year*   Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*   Pharmacy Deductible   \$500			
Urgent Care Facility  Emergency Room  \$100 copay** (waived if admitted) 20% coinsurance after deductible Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  20% after deductible 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$200 per exam*  Durable Medical Equipment Aetna will pay up to \$200 per exam*  Durable Medical Equipment Aetna will pay up to \$2000 per exam*  Physical/Occupational Therapy and 20% after deductible Aetna will pay and max. of \$25 per visit*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible  Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included After deductible After d	Outpatient Surgery		,-
deductible waived   after deductible		after deductible	after deductible
deductible waived   after deductible	Urgent Care Facility	\$50 copay	50%
### Stool Copay** (waived if admitted) 20% coinsurance after deductible 20% coinsurance after deductible 30 copay deductible waived after deductible  **Stoopay deductible waived  **Maternity**  **Not covered **Except for pregnancy complications**  **Preventive Health — **Routine Physical Acetna will pay up to \$200 per exam** No waiting period  **Lab/X-Ray**  **Down waiting period  **Lab/X-Ray**  **Disciplination of the physical of the properties of the prope			after deductible
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No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per alendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PhARMACY  Pharmacy Deductible per individual  Generic Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  As 40 copay deductible waived after deductible aft			
Maternity		4	,-
Not covered   Except for pregnancy complications   Except for pregnancy complications   Section   Preventive Health —   S40 copay   deductible waived   after deductible   After deductible   Includes lab work and X-rays   20%   after deductible   After deduct		deductible waived	after deductible
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Lab/X			
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  20% after deductible 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  Pharmacy Pharmacy Pharmacy Pharmacy Deductible per individual  S500  Does not apply to generic  \$15 copay deductible waived  \$35 copay plus 50% after deductible after deductib	Maternity	• • • • • • • • • • • • • • • • • • •	
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Routine Physical Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  Pharmacy  Soo  Soo  After deductible  Aetna will pay a max. of \$25 per visit*  20% after deductible  30 visits per calendar year*  20% after deductible  30 visits per calendar year*  20% after deductible  30 visits per calendar year*  Durable Medical Equipment  Aetna will pay a max. of \$25 per visit*  20% after deductible  30 visits per calendar year*  Durable Medical Equipment  Aetna will pay a max. of \$25 per visit*  20% after deductible  30 visits per calendar year*  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Pharmacy  Soo  Does not apply to generic  \$15 copay deductible waived  deductible waived  deductible waived  335 copay 35 copay plus 50% after deductible  350 copay plus 50% after deductible  350 copay plus 50% after deductible  Aetna will pay a max. of \$25 per visit*	Preventive Health —	\$40 copay	50%
Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  20% after deductible  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included  I 20% After deductible 20% After deductible Aetna will pay a max. of \$25 per visit* Aetna will pay a pax. of \$25 per visit* Aetna will pay a pax. of \$25 per visit* Aetna will pay a max. of \$25 per visit* Ae			after deductible
No waiting period Lab/X-Ray Lab/X-Ray 20% after deductible after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care— in lieu of hospital after deductible waived deductible waived deductible waived after deductible after ded		deddelible Walved	arter deddetible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Sou is to see calendar year after deductible 3500 300 siste per calendar year after deductible 3600 361er deductible 3600 361er deductible 361er deductible 361er deductible 3620 363er deductible waived 363er copay plus 509 364er deductible waived 364er deductible waived 365er dedu		Includes lab w	ork and X-rays
after deductible after deductible  Skilled Nursing — in lieu of hospital 30 days per calendar year* 20% after deductible after deductible after deductible  Physical/Occupational Therapy and 20% after deductible			
Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic	Lab/A-Ray	1.11	,-
after deductible after deductible Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care— in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY Pharmacy Deductible per individual  Generic Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Aetna deductible after deductible			
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — 20% after deductible aft		/-	,-
Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Does not apply to generic  Generic \$15 copay   \$15 copay plus 50% deductible waived deductible waived deductible waived after deductible after deductible after deductible waived deductible waived deductible waived defuctible after deductible after deductible after deductible after deductible after deductible after deductible waived deductible waived defuctible waived after deductible after deductible waived after deductible after deductible waived after deductible after dedu	30 days per calendar year*	atter deductible	after deductible
Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Does not apply to generic  Generic \$15 copay   \$15 copay plus 50% deductible waived deductible waived deductible waived after deductible after deductible after deductible waived deductible waived deductible waived defuctible after deductible after deductible after deductible after deductible after deductible after deductible waived deductible waived defuctible waived after deductible after deductible waived after deductible after deductible waived after deductible after dedu	Physical/Occupational Therapy and	20%	50%
Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual 5500 \$500 \$500 \$500 \$500 \$500 \$500 \$50		after deductible	after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* 20% after deductible 30 visits per calendar year* 20% after deductible 40% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 60% after deducti	24 visits per calendar year*	Aetna will pav a m	ax. of \$25 per visit*
in lieu of hospital after deductible waived deductible waived after deductible after deduct	Hama Haalth Cara		
### 30 visits per calendar year*    Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*   20% after deductible   4			,-
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Source  20% after deductible after deductible  500  Does not apply to generic deductible waived deductible waived deductible waived after deductible		arter deductible	arter deductible
Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic  Gral Contraceptives Included  Non-Preferred Brand  Oral Contraceptives Included  Non-Preferred Brand  Oral Contraceptives Included  Non-Preferred Brand  Oral Contraceptives Included  Soc pay after deductible  \$50 copay after deductible			
Calendar year*  PHARMACY  Pharmacy Deductible per individual  Does not apply to generic  Generic  Gral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Socopay Socopay plus 50% after deductible		/-	
PHARMACY Pharmacy Deductible per individual  Does not apply to generic  \$15 copay deductible waived deductible waived Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included S50 copay 4fter deductible after deductible		Latter deductible	after deductible
Pharmacy Deductible per individual  Does not apply to generic  Generic  Oral Contraceptives Included  Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  S50 copay After deductible	Aetna will pay up to \$2000 per	arter deductible	
per individual  Does not apply to generic  Generic  Oral Contraceptives Included  Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  S50 copay after deductible after deductible after deductible after deductible after deductible after deductible	Aetna will pay up to \$2000 per	arter deddctible	
per individual  Does not apply to generic  \$15 copay Geductible waived deductible deductible 355 copay after deductible Anon-Preferred Brand Oral Contraceptives Included S50 copay after deductible after deductible deductible after deductible	Aetna will pay up to \$2000 per calendar year*	arter deddetible	
Does not apply to generic  Generic Oral Contraceptives Included  Preferred Brand Oral Contraceptives Included  Non-Preferred Brand Oral Contraceptives Included  Soo copay After deductible	Aetna will pay up to \$2000 per calendar year* PHARMACY		\$500
Oral Contraceptives Included     deductible waived     deductible waived       Preferred Brand     \$35 copay     \$35 copay plus 50%       Oral Contraceptives Included     after deductible     after deductible       Non-Preferred Brand     \$50 copay     \$50 copay plus 50%       Oral Contraceptives Included     after deductible     after deductible	Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	\$500	
Oral Contraceptives Included     deductible waived     deductible waived       Preferred Brand     \$35 copay     \$35 copay plus 50%       Oral Contraceptives Included     after deductible     after deductible       Non-Preferred Brand     \$50 copay     \$50 copay plus 50%       Oral Contraceptives Included     after deductible     after deductible	Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible	\$500	
Preferred Brand \$35 copay after deductible after deductible  Non-Preferred Brand \$50 copay after deductible  Non-Preferred Brand \$50 copay after deductible after deductible  Area deductible after deductible after deductible	Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	\$500 Does not ap	ply to generic
Oral Contraceptives Included     after deductible     after deductible       Non-Preferred Brand     \$50 copay     \$50 copay plus 50% after deductible       Oral Contraceptives Included     after deductible     after deductible	Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic	\$500  Does not ap, \$15 copay	ply to generic \$15 copay plus 50%
Non-Preferred Brand \$50 copay \$50 copay plus 50% Oral Contraceptives Included after deductible after deductible	Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic  Oral Contraceptives Included	\$500  Does not ap  \$15 copay deductible waived	ply to generic \$15 copay plus 50% deductible waived
Oral Contraceptives Included after deductible after deductible	Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual  Generic Oral Contraceptives Included Preferred Brand	\$500  Does not ap  \$15 copay deductible waived \$35 copay	ply to generic \$15 copay plus 509 deductible waived \$35 copay plus 509
	Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual  Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	\$500  Does not ap, \$15 copay deductible waived \$35 copay after deductible	\$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible
Calendar Year Maximum \$5,000 \$5,000	Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic  Oral Contraceptives Included  Preferred Brand  Oral Contraceptives Included  Non-Preferred Brand	\$500  Does not ap, \$15 copay deductible waived \$35 copay after deductible \$50 copay	\$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible \$50 copay plus 50%
	Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	\$500  Does not ap, \$15 copay deductible waived \$35 copay after deductible \$50 copay after deductible	\$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible \$50 copay plus 50%

## PPO High Deductible

	3000 (HSA Compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network+
<b>Deductible</b> Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
<b>Coinsurance</b> (Member's responsibility)	0% after deductible up to out-of pocket max.	50% after deductible up to out-of pocket max.
Coinsurance Maximum	\$0 once out-or-poo	ket max. is satisfied
Individual Family	\$0 \$0	\$6,500 \$13,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$12,500 \$25,000
		deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	after deductible
Specialist Visit Unlimited visits	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	\$0 copay aft	er deductible
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity	Not covered  Except for pregnancy complications	
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$20 copay deductible waived	50% after deductible
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	0% after deductible	50% after deductible
<b>Skilled Nursing</b> — in lieu of hospital 30 days per calendar year*	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	0% after deductible	50% after deductible
24 visits per calendar year*		ax. of \$25 per visit*
Home Health Care — in lieu of hospital 30 visits per calendar year*	0% after deductible	50% after deductible
<b>Durable Medical Equipment</b> Aetna will pay up to \$2000 per calendar year*	0% after deductible	50% after deductible
PHARMACY	1	
Pharmacy Deductible per individual		cal/Rx Deductible
<b>Generic</b> Oral Contraceptives Included	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Non-Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Calendar Year Maximum per individual*	\$5,000	\$5,000

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

## PPO High Deductible 5000 (HSA Compatible)

In-Network	Out-of-Network*
\$5,000 \$10,000	\$10,000 \$20,000
0% after deductible up to out-of pocket max.	50% after deductible up to out-of pocket max.
\$0 once out-of-pocket max. is satisfied	
\$0 \$0	\$2,500 \$5,000
\$5,000 \$10,000	\$12,500 \$25,000
	1
	00,000
0% after deductible	50% after deductible
\$0 copay aft	er deductible
\$0 copay deductible waived	50% after deductible
Not covered  Except for pregnancy complications	
\$25 copay deductible waived	50% after deductible
	ork and X-rays
Includes lab w 0% after deductible	ork and X-rays  50% after deductible
Includes lab w.  0% after deductible  0% after deductible	ork and X-rays  50% after deductible  50% after deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible	50% after deductible 50% after deductible 50% after deductible after deductible 50% after deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m	50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit*
Includes lab w  0% after deductible  0% after deductible  0% after deductible	50% after deductible 50% after deductible 50% after deductible after deductible 50% after deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m  0%	50% after deductible 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit*
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m  0% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m  0% after deductible  0% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m  0% after deductible  0% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible acalvRx Deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m  0% after deductible  0% after deductible  Integrated Medi  0% after Medical/	ork and X-rays  50% after deductible  50% after deductible  50% after deductible  ax. of \$25 per visit*  50% after deductible  cal/Rx Deductible
Includes lab w  0% after deductible  0% after deductible  0% after deductible  Aetna will pay a m  0% after deductible  0% after deductible  Integrated Medi  0% after Medical/ Rx deductible  0% after Medical/ 0% after Medical/	ork and X-rays  50% after deductible  50% after deductible  50% after deductible  ax. of \$25 per visit*  50% after deductible  50% after deductible  50% after deductible  50% after Medical/ Rx deductible  50% after Medical/ Some after Medical/ Rx deductible  50% after Medical/ Rx deductible
	\$5,000 \$10,000 0% after deductible up to out-of pocket max. \$0 once out-of-pox \$0 \$5,000 \$10,000 Includes of \$5,000 0% after deductible \$0 copay aft \$0 copay deductible waived

- Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

4)	PPO Value 2	500
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	30% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of pocket max.	out-of pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum	£2.500	¢= 000
Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Out-of-Pocket Maximum	\$5,000	\$10,000
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
		deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit	Visit 1-2 \$30 copay,	50%
Unlimited visits	deductible waived.	after deductible
General Physician, Family Practitioner,	Visit 3+ 30% after	arter deddetible
Pediatrician or Internist	deductible. Specialist	
· · · · · · · · · · · · · · · · · · ·	and Non Specialist	
	share visit max.	
Specialist Visit	Visit 1-2 \$30 copay,	50%
Unlimited visits	deductible waived.	after deductible
	Visit 3+ 30% after	
	deductible. Specialist	
	and Non Specialist	
	share visit max.	
Hospital Admission	30%	50%
	after deductible	after deductible
Outpatient Surgery	30%	50% after deductible
Urgent Care Facility	after deductible \$50 copay	50%
orgent care racinty	deductible waived	after deductible
Emergency Room		vaived if admitted)
Linergency Room		e after deductible
		50%
Annual Routine Gyn Exam	DU (ODAV	
Annual Routine Gyn Exam No waiting period, no calendar	\$0 copay deductible waived	after deductible
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram		
No waiting period, no calendar	deductible waived	
No waiting period, no calendar year max. Annual Pap/Mammogram	deductible waived  Not c  Except for pregna	after deductible covered ancy complications
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health —	Not c  Except for pregnt \$50 copay	after deductible covered ancy complications 50%
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical	deductible waived  Not c  Except for pregna	after deductible covered ancy complications
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	Not of Except for pregn. \$50 copay deductible waived	after deductible covered ancy complications 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health —  Routine Physical  Aetna will pay up to \$200 per exam*  No waiting period	deductible waived  Not of Except for pregn. \$50 copay deductible waived  Includes lab w.	after deductible overed ancy complications 50% after deductible ork and X-rays
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30%	after deductible covered ancy complications 50% after deductible ork and X-rays 50%
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital	deductible waived  Not c  Except for pregn.  \$50 copay deductible waived  Includes lab w  30% after deductible  30%	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50%
No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*	Not c Except for pregn. \$50 copay deductible waived Includes lab w 30% after deductible 30% after deductible	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible 30%	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50%
No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period  Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50%
No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Actina will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m.	after deductible  overed ancy complications  50% after deductible  ork and X-rays  50% after deductible  50% after deductible  50% after deductible  after deductible  after deductible  after deductible  ac of \$25 per visit*
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30%	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible atter deductible ax. of \$25 per visit*
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30%	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible atter deductible ax. of \$25 per visit*
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible ax of \$25 per visit* 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram  Maternity  Preventive Health — Routine Physical Actna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible after deductible after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY Pharmacy Deductible per individual	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible  \$50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible  Som Does not apy \$20 copay deductible waived \$40 copay	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible after deductible after deductible after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible \$500 after deductible \$500 only to generic \$20 copay plus 50%
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Actna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w. 30% after deductible 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible  Some after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Actna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Actna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible Aetna will pay a m 30% after deductible 30% after deductible  Some Does not apy \$20 copay deductible waived \$40 copay after deductible Not covered	after deductible  overed ancy complications 50% after deductible  ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Actna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible \$20 copay deductible waived \$40 copay after deductible Not covered Aetna Discount	after deductible  overed ancy complications  50% after deductible  ork and X-rays  50% after deductible  \$25 per visit*  50% after deductible
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible 30% after deductible Aetna will pay a m. 30% after deductible 30% after deductible 30% after deductible  \$500  Does not apy \$20 copay deductible waived \$40 copay after deductible Not covered Aetna Discount Applies	after deductible overed ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible 5x. of \$25 per visit* 50% after deductible 5x. of \$25 per visit* 50% after deductible Not covered
No waiting period, no calendar year max. Annual Pap/Mammogram Maternity  Preventive Health — Routine Physical Actna will pay up to \$200 per exam* No waiting period Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Actna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	deductible waived  Not c Except for pregn. \$50 copay deductible waived  Includes lab w 30% after deductible \$500  Does not app \$20 copay deductible waived \$40 copay after deductible Not covered Aetna Discount	after deductible  overed ancy complications  50% after deductible  ork and X-rays  50% after deductible  \$25 per visit*  50% after deductible

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

#### PPO Value 5000

MEMBER DENERITE	rro value 3	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	30% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
Coinsurance Maximum	\$0 once out-of-poo	ket max. is satisfied
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum	\$10,000	45,000
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes o	deductible
Lifetime Maximum* per insured	\$3,00	0,000
Non-Specialist Office Visit	Visits 1-2 \$30 copay,	50%
Unlimited visits	deductible waived;	after deductible
General Physician, Family Practitioner,	Visit 3+ 30% after	
Pediatrician or Internist	deductible. Spec.	
	and non-spec share	
Specialist Visit	visit max	50%
Specialist Visit Unlimited visits	Visits 1-2 \$30 copay, deductible waived;	after deductible
Sted visits	Visit 3+ 30% after	a. cr acaactibic
	deductible. Spec.	
	and non-spec share	
	visit max	
Hospital Admission	30%	50%
	after deductible	after deductible
Outpatient Surgery	30%	50%
Urgent Care Facility	after deductible \$50 copay	after deductible
orgent care racinty	deductible waived	after deductible
Emergency Room		aived if admitted)
zmergency neem		e after deductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		covered
5 1		ancy complications
Preventive Health —	\$50 copay deductible waived	50% after deductible
Routine Physical Aetna will pay up to \$200 per exam*	deductible walved	arter deductible
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	30%	50%
	after deductible	after deductible
<b>Skilled Nursing</b> — in lieu of hospital	30%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	30%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*  Home Health Care —	Aetna will pay a m 30%	nax. of \$25 per visit* 50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*	arter deductible	arter deddetible
Durable Medical Equipment	30%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
	\$500	\$500
Pharmacy Deductible		alita anamaria
Pharmacy Deductible per individual	Does not ap	
Pharmacy Deductible per individual Generic	\$20 copay	\$20 copay plus 50%
Pharmacy Deductible per individual Generic Oral Contraceptives Included	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	\$20 copay deductible waived \$40 copay	\$20 copay plus 50%
Pharmacy Deductible per individual  Generic Oral Contraceptives Included  Preferred Brand Oral Contraceptives Included	\$20 copay deductible waived \$40 copay after deductible	\$20 copay plus 50% deductible waived Not covered
Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	\$20 copay deductible waived \$40 copay after deductible Not covered Aetna Discount	\$20 copay plus 50% deductible waived
Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	\$20 copay deductible waived \$40 copay after deductible Not covered	\$20 copay plus 50% deductible waived Not covered

#### Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

14

## Preventive and Hospital

	ina mospitai
In-Network	Out-of-Network*
\$1,250 \$2,500	\$2,500 \$5,000
20% after deductible up to out-of pocket max.	50% after deductible up to out-of pocket max.
\$0 once out-or-poo	:ket max. is satisfied
\$3,000 \$6,000	\$7,500 \$15,000
\$4,250 \$8,500	\$10,000 \$20,000
	deductible
Not covered	Not covered
Not covered	Not covered
20% after deductible	50% after deductible
after deductible	50% after deductible
	Not covered
	aived it admitted) e after deductible
\$0 copay deductible waived	50% after deductible
Not (	covered
Except for pregnancy complications	
\$25 copay deductible waived	50% after deductible
Includes lab w	ork and X-rays
Not covered	Not covered
20% after deductible	50% after deductible
Not covered	Not covered
20% after deductible	50% after deductible
Not covered**	Not covered**
Not Applicable	Not Applicable
\$15 copay	\$15 copay plus 50%
Not covered  Aetna Discount  Applies	Not covered
Not covered  Aetna Discount  Applies	Not covered
Unlimited	Unlimited
	\$1,250 \$2,500 20% after deductible up to out-of pocket max. \$0 once out-of-pock \$3,000 \$6,000 \$4,250 \$8,500 Includes of \$1,000 Not covered  20% after deductible 20% after deductible Not covered \$100 copay** (w 20% coinsurance) \$0 copay deductible waived  Includes lab word Includes

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider. Coverage will be provided for care and treatment of mastectomy reconstruction and diabetes; this includes coverage for equipment and supplies used exclusively with diabetes management and outpatient self-management training.

#### Preventive and Hospital Care 3000 (HSA Compatible)

(пза сотра	atible)
In-Network	Out-of-Network+
\$3,000 \$6,000	\$6,000 \$12,000
20% after deductible up to out-of pocket max.	50% after deductible up to out-of pocket max.
\$2,000	\$4,000 \$8,000
\$4,000	\$0,000
\$5,000 \$10,000	\$10,000 \$20,000
	-
Not covered	Not covered
Not covered	Not covered
20% after deductible	50% after deductible
20% after deductible	50% after deductible
Not covered	Not covered
	vaived if admitted) e after deductible
\$0 copay deductible waived	50% after deductible
	covered ancy complications
\$35 copay deductible waived	50% after deductible
Includes lab w	ork and X-rays
Not covered	Not covered
20% after deductible	50% after deductible
Not covered	Not covered
20% after deductible	50% after deductible
Not covered**	Not covered**
T	
Not Applicable	Not Applicable
Not covered Aetna Discount Applies	Not covered
Not covered  Aetna Discount  Applies	Not covered
Not covered  Aetna Discount	Not covered
Applies	
	\$3,000 \$6,000 20% after deductible up to out-of pocket max. \$0 once out-of-pock \$2,000 \$4,000 \$5,000 \$10,000 Includes of \$1,000 Not covered  20% after deductible Not covered \$100 copay** (w 20% coinsurance) \$0 copay deductible waived  Includes lab waived  Except for pregning \$35 copay deductible waived Includes lab waived  Not covered  20% after deductible Not covered  Not covered  Not covered  Not covered  20% after deductible Not covered  Not covered  Not covered  Not covered  Aetha Discount Applies Not covered  Aetha Discount Applies Not covered  Not covered  Aetha Discount Applies Not covered

## PPO 2500 with

/	Limited RX	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit	\$30 copay	50%
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$40 copay	50%
Unlimited visits	deductible waived	after deductible
Hospital Admission	20%	50%
nospitai AulilissiOli	after deductible	after deductible
Outrations Company		
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	50%
	deductible waived	after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam	\$0 copay	50% after
No waiting period, no calendar	deductible waived	deductible
year max. Annual Pap/Mammogram	academble waived	academbic
Maternity	Not covered  Except for pregnancy complication	
materinty		
Preventive Health —	\$30 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	deddelible walved	arter deductible
No waiting period	Includes lab w	ork and X-rays
	/	
		50%
	20% after deductible	50% after deductible
Lab/X-Ray	after deductible	after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital	after deductible 20%	after deductible 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital  30 days per calendar year*	after deductible 20% after deductible	after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy	after deductible 20% after deductible 20%	after deductible 50% after deductible 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible	after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay up to	after deductible 50% after deductible 50% after deductible  \$25 per visit max.*
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care —	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20%	after deductible 50% after deductible 50% after deductible 2525 per visit max.*
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital	after deductible 20% after deductible 20% after deductible Aetna will pay up to	after deductible 50% after deductible 50% after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible	after deductible 50% after deductible 50% after deductible 50% after deductible \$25 per visit max.*
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible	after deductible 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible	after deductible 50% after deductible 50% after deductible 50% after deductible \$25 per visit max.*
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible	after deductible 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible 50% after deductible 525 per visit max.* 50% after deductible 50% after deductible
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible	after deductible 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible  \$1,000	after deductible 50% after deductible 50% after deductible 50% after deductible 525 per visit max.* 50% after deductible 50% after deductible \$1,000
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual Generic	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible 50% after deductible 525 per visit max.* 50% after deductible 50% after deductible \$1,000
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible  \$1,000 \$15 copay	after deductible 50% after deductible 50% after deductible \$25 per visit max.* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual Generic Oral Contraceptives Included  Preferred Brand	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible  \$1,000	after deductible 50% after deductible 50% after deductible 50% after deductible 525 per visit max.* 50% after deductible 50% after deductible \$1,000
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic Oral Contraceptives Included  Preferred Brand Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible \$1,000 \$15 copay Not covered	after deductible 50% after deductible 50% after deductible \$25 per visit max.* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual  Generic Oral Contraceptives Included  Preferred Brand Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible  \$1,000 \$15 copay	after deductible 50% after deductible 50% after deductible \$25 per visit max.* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50%
Lab/X-Ray  Skilled Nursing — in lieu of hospital 30 days per calendar year*  Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*  Home Health Care — in lieu of hospital 30 visits per calendar year*  Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*  PHARMACY  Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Onal Contraceptives Included	after deductible 20% after deductible 20% after deductible Aetna will pay up to 20% after deductible 20% after deductible \$1,000 \$15 copay Not covered	after deductible 50% after deductible 50% after deductible 50% after deductible 525 per visit max.* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50% Not covered

Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.
 Coverage will be provided for care and treatment of mastectomy reconstruction and diabetes; this includes coverage for equipment and supplies used exclusively with diabetes management and outpatient self-management training.

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

## PPO 5000 with Limited RX

	Limited KA	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
(member 3 responsibility)	out-of-pocket max.	
	\$0 once out-or-poc	ket max. is satisfied
Coinsurance Maximum Individual	¢= 000	t2 500
Family	\$5,000	\$2,500
	\$10,000	\$5,000
Out-of-Pocket Maximum	*40.000	\$43.F00
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit	\$40 copay	50%
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$50 copay	50%
Unlimited visits	deductible waived	after deductible
Hospital Admission	20%	50%
-	after deductible	after deductible
Outpatient Surgery	20%	50%
, , ,	after deductible	after deductible
Urgent Care Facility	\$50 copay	50%
	deductible waived	after deductible
Emergency Room		aived if admitted)
	20% coinsurance	e after deductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered Except for pregnancy complications	
Preventive Health — Routine	\$40 copay	50%
Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy and	20%	50%
Chiropractic Care	after deductible	after deductible
24 visits per calendar year*		
	Aetna will pay up to	\$25 per visit max.*
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
<b>Durable Medical Equipment</b>	20%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible	\$1,000	\$1,000
per individual		
Generic	\$15 copay	\$15 copay plus 50%
Oral Contraceptives Included		
Preferred Brand	Not covered	Not covered
Oral Contraceptives Included		
Non-Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	INOL COVERED	INOL COVERED
· · · · · · · · · · · · · · · · · · ·	Unlimited	Unlimited
Calendar Year Maximum per individual*	Omminited	Unlimited
per marviauar	I	

- Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- Onistratice or out-or-power maximum. Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

### Aetna Advantage Plan options Individual Dental PPO Max plan

individual Dental PPO Max plan			
MEMBER BENEFITS	Preferred	NonPreferred	
Annual Ded. per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family max.	\$25; \$75 family max.	
Annual Maximum Benefit	Unlimited	Unlimited	
DIAGNOSTIC SERVICES			
Oral exams			
Periodic oral exam	100% ded. waived	50% ded. waived	
Comprehensive oral exam	100% ded. waived	50% ded. waived	
Problem-focused oral exam	100% ded. waived	50% ded. waived	
X-rays			
Bitewing — single film	100% ded. waived	50% ded. waived	
Complete series	100% ded. waived	50% ded. waived	
PREVENTIVE SERVICES			
Adult cleaning	100% ded. waived	50% ded. waived	
Child cleaning	100% ded. waived	50% ded. waived	
Sealants — per tooth	Discount	Not covered	
Fluoride application — with cleaning	100% ded. waived	50% ded. waived	
Space maintainers	Discount	Not covered	
BASIC SERVICES			
Amalgam fillings — 2 surfaces	100% after ded.	50% after ded.	
Resin fillings — 2 surfaces	Discount	Not covered	
Oral Surgery			
Extraction — exposed root or erupted tooth	Discount	Not covered	
Extraction of impacted tooth — soft tissue	Discount	Not covered	
MAJOR SERVICES			
Complete upper denture	Discount	Not covered	
Partial upper denture (resin based)	Discount	Not covered	
Crown — Porcelain with noble metal	Discount	Not covered	
Pontic — Porcelain with noble metal	Discount	Not covered	
Inlay — Metallic (3 or more surfaces)	Discount	Not covered	
Oral Surgery			
Removal of impacted tooth — partially bony	Discount	Not covered	
Endodontic Services			
Bicuspid root canal therapy	Discount	Not covered	
Molar root canal therapy	Discount	Not covered	
Periodontic Services			
Scaling & root planing — per quadrant	Discount	Not covered	
Osseous surgery — per quadrant	Discount	Not covered	
ORTHODONTIC SERVICES	Discount	Not covered	

Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area. Above list of covered services is representative. A summary of exclusions is listed later in this brochure. For a full list of benefit coverage and exclusions refer to the plan documents. All products not available in all counties.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.



#### PPO 7500 with Unlimited Primary Care Visits plus Dental

# / FOR 2009	Visits plus Dental	
MEMBER BENEFITS	In-Network	Out-of-Network+
<b>Deductible</b> Individual Family	\$7,500 \$15,000	\$10,000 \$20,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max. eket max. is satisfied
Coinsurance Maximum	\$0 once out-or-poo	Ket max. Is satisfied
Individual Family	\$2,500 \$5,000	\$2,500 \$5,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$10,000 \$20,000	\$12,500 \$25,000
	Includes deductible	
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	after deductible
Specialist Visit Unlimited visits	20% after deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical	\$30 copay deductible waived	50% after deductible
Aetna will pay up to \$200 per exam* No waiting period	Includes lab and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
<b>Skilled Nursing</b> — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year*	Aetna will pay up t 20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> Aetna will pay up to \$2000 per calendar year	20% after deductible	50% after deductible
PHARMACY	I	
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic Oral Contraceptives Included	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand Oral Contraceptives Included	Not covered	Not covered
Non-Preferred Brand Oral Contraceptives Included	Not covered	Not covered
Calendar Year Maximum per individual*	Unlimited	Unlimited

\* Maximum applies to combined in and out-of-network benefits.

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.



## PPO 750 with Medical

0)	\$50K CYM	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$750	\$1,500
Family	\$1,500	\$3,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible	deductible
	\$0 once out-or-poo	cket max. is satisfied
Coinsurance Maximum	¢4.2E0	¢0 E00
Individual Family	\$4,250 \$8,500	\$8,500 \$17,000
Out-of-Pocket Maximum	\$0,500	\$17,000
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Calendar Year Maximum*	\$50.	000**
per insured	430,	-
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit	\$25 copay	50%
Unlimited visits	4== ==,	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$50 copay	50%
Unlimited visits		after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
Harris Com Fortille	after deductible	after deductible
Urgent Care Facility	\$50 copay 20% after deductible	50%
		after deductible
Emergency Room	\$150 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam	\$50 copay	50%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered	
	(except for pregnancy complications)	
Preventive Health —	\$25 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
No waiting period		b and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
<b>Skilled Nursing</b> — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
24 visits per calendar year*	arter deductible	arter deductible
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	20%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible	\$250	\$250
per individual	£15	¢45 1 577
Generic Oral Contracontives Included	\$15 copay	\$15 copay plus 50%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand	\$60 copay	\$60 copay plus 50%
Oral Contraceptives Included	after deductible	after deductible
Calendar Year Maximum*	\$2,500**	\$2,500**
per individual	.=,	,
+ Payment for out-of-network facility covered exp	enses is determined based of	on Aetna's Market Fee
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Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee
Schedule. Payment for out-of-network non-facility covered expenses is determined based on the
negotiated charge that would apply if such services were received from a Network Provider.

<sup>+ +</sup> Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually. As with other Aetna plans, members are responsible for bilded drarges upon reaching any plan limits, at which point they may or may not receive Aetna's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider.

#### PPO 1500 with Medical \$50K CYM

	\$50K CYIVI	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance	20%	50%
(Member's responsibility)	after deductible	after deductible
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Calendar Year Maximum**	\$50,000*	
per insured		
Lifetime Maximum** per insured	\$5,00	0,000
Non-Specialist Office Visit	\$25 copay	50%
Unlimited visits		after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist	¢50	F00/
Specialist Visit Unlimited visits	\$50 copay	50% after deductible
	20%	50%
Hospital Admission	after deductible	after deductible
Outpotiont Surgany	20%	50%
Outpatient Surgery	after deductible	after deductible
Urgent Care Facility	\$50 copay 20%	50%
orgent care racinty	after deductible	after deductible
Emergency Room		vaived if admitted)
zmergency noom	20% coinsurance after deductible	
Annual Routine Gyn Exam	\$50 copay	50%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered	
	Except for pregnancy complications	
Preventive Health —	\$25 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam**	Includes lab w	rark and V rave
No waiting period	Includes lab work and X-rays	
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	20% after deductible	50%
30 days per calendar year**		after deductible
Physical/Occupational Therapy	20%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year**	200/	F00/
Home Health Care — in lieu of hospital	20% after deductible	50% after deductible
30 visits per calendar year**	arter deductible	arter deductible
Durable Medical Equipment	20%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year**		
PHARMACY		
Pharmacy Deductible	\$250	\$250
per individual	1,230	<b>\$250</b>
Generic	\$15 copay	\$15 copay plus 50%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand	\$35 copay	\$35 copay plus 50%
Oral Contraceptives Included	after deductible	after deductible
Non-Preferred Brand	\$60 copay	\$60 copay plus 50%
Oral Contraceptives Included	after deductible	after deductible
Calendar Year Maximum**	\$2,500*	\$2,500*
per individual	<u> </u>	

Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually As with other Aetra plans, members are responsible for billed charges upon reaching any plan limits, at which point they may or may not receive Aetra's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider. Maximum applies to combined in and out-of-network benefits.

#### PPO 2500 with Medical \$50K CVM

	\$50K CYM	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
(,,,		ket max. is satisfied
Coinsurance Maximum	,	
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
•	Includes deductible	
Calendar Year Maximum**	\$50,000*	
per insured	455,555	
Lifetime Maximum** per insured	\$5,00	0,000
Non-Specialist Office Visit	\$25 copay	50%
Unlimited visits		after deductible
General Physician, Family Practitioner, Pediatrician or Internist		
Specialist Visit	\$50 copay	50%
Unlimited visits		after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay 20%	50%
orgent care ruenty	after deductible	after deductible
Emergency Room	\$150 copay*** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam	\$50 copay	50%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered  Except for pregnancy complications	
Preventive Health —	\$25 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam**	la alvala a la la vivi	and a mad V may in
No waiting period	Includes lab w	-
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year**	after deductible	after deductible
Physical/Occupational Therapy	20%	50%
and Chiropractic Care 24 visits per calendar year**	after deductible	after deductible
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year**		
Durable Medical Equipment	20%	50%
Aetna will pay up to \$2000 per calendar year**	after deductible	after deductible
PHARMACY	l	
Pharmacy Deductible	\$500	\$500
per individual		
Generic	\$15 copay	\$15 copay plus 50%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand	\$60 copay	\$60 copay plus 50%
Oral Contraceptives Included	after deductible	after deductible
Calendar Year Maximum**	\$2,500*	\$2,500*
per individual		

<sup>+</sup> Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

This plan has a Calendar Year Maximum that limits the total amount the plan pays for your medical and pharmacy benefits in a calendar year (January 1 through December 31).

# Aetna special programs

Aetna Advantage plans include special programs<sup>1</sup> to complement our standard health insurance coverage. These programs *include* health information programs and tools, and offer you access to substantial savings on products to help you stay healthy. These programs are offered in addition to your Aetna Advantage Plan and are NOT insurance.

#### Aetna Vision<sup>SM</sup> Discount Program

Aetna Vision<sup>5M</sup> discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

## Aetna Natural Products and Services<sup>SM</sup> Discount Program

Eligible Aetna members and their families can access complementary health care products and services at reduced rates through the Aetna Natural Products and Services discount program. Members can save on acupuncture, chiropractic care, massage therapy and dietetic counseling as well as on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.



Availability varies by plan.
 Talk with your Aetna representative for details.

#### Aetna Fitness<sup>SM</sup> Discount Program

Eligible Aetna members and their families can access the GlobalFit™ national network of nearly 10,000 fitness clubs, in the United States and Canada, at preferred rates\*. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching\*\* services.

## Aetna Weight Management<sup>SM</sup> Discount Program

The Weight Management<sup>SM</sup> discount program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products.

#### Aetna Hearing<sup>SM</sup> Discount Program

Aetna's Hearing<sup>™</sup> discount program help Aetna members and their families save on hearing exams, hearing services and hearing aids.

#### Aetna Rx Home Delivery®

With this mail order delivery program, order prescription medications through our convenient and easy-to-use mail order pharmacy. To learn more or obtain order forms, visit www.AetnaRxHomeDelivery.com.

#### Informed Health® Line

Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.

#### Aetna Navigator®

Register and log on to Aetna Navigator, Aetna's secure member website, to check claims status, contact Aetna Member Services, estimate the costs of health care services, and more. Our new Aetna Navigator Health Information Guide provides a starting point to find answers about health care, types of treatment, cost of services and more to help members make more informed decisions. Plus, members have access to their own Personal Health Record\*\*\*, a single, secure place where they can view their medical history and add other health information

- \* At some clubs, participation in this program may be restricted to new club members.
- \*\* Provided by WellCall, Inc. through GlobalFit.
- \*\*\* The Aetna Personal Health Record should not be used as the sole source of information about your health conditions or medical treatment.



## WANT TO SAVE ON DENTAL EXPENSES?

Vital Savings by Aetna® is a discount program that provides you with dental savings. This is not insurance. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today, visit www.vitalsavings.com or call 1-877-698-4825.

The Vital Savings by Aetna® program (the "Program") is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.

# Things you need to know

### To qualify for an Aetna Advantage Plan, you must be:

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4.)
- Under age 24 unmarried dependent children
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least six continuous months

#### Your premium payments

Your rates are guaranteed not to increase for 12 months from your effective date once you've been accepted for coverage. After that, your premiums may change. Final rates are subject to underwriting review.

#### Your coverage

Your coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain eligibility in the plan. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Becoming a resident of a state or location in which Aetna Advantage Plans are not available
- Obtaining duplicate coverage
- For other reasons permissible by law

#### **EASY-PAY**

## Simple Automatic Payments via Electronic Funds Transfer (EFT)

**Registration:** Complete the payment section of the Aetna Advantage Plans enrollment form. Select the EFT option to approve the automatic withdrawal of your initial premium and all subsequent premium payments.

**Invoices:** You will not receive a paper invoice when you are enrolled in EFT. Payments will appear on your bank statement as "Aetna Autodebit Coverage."

**Terminating:** To terminate EFT, you will need to provide Aetna with 10 days written notice prior to the date your next EFT payment will be deducted. Without this written notice, your bank account may be debited for the next month's premium. You will then need to contact Aetna to have funds placed back in the checking account.

**Refunds:** To process an EFT refund (placing money back in member's checking account), Aetna will require at least five days after the withdrawal was made to ensure valid payment.

**Rejected transactions:** If the EFT payment rejects for any reason, Aetna will automatically terminate the EFT and send you a letter saying you will receive paper invoices. Processing time to reinstate EFT will be 30–60 days. If an EFT payment is rejected, you will need to pay that payment by paper check or credit card.

**Timing:** Payments for Cycle 1 accounts (1st of the month effective date) will be taken from your bank account between the 3rd and the 10th of the month the premium is due. Payments for Cycle 2 accounts (15th of the month effective date) will be taken from your bank account between the 18th and 23rd of the month the premium is due.

### Levels of coverage & enrollment

- You may be enrolled in your selected plan at the premium charge.
- You may be enrolled in your selected plan at a higher premium, based on medical underwriting.
- You may be declined coverage based on medical underwriting.

#### Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may qualify as federally eligible under the Health Insurance Portability Accountability Act (HIPAA) through the Arizona Comprehensive Health Insurance Pool (CHIP).

All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate premium rate level.

We offer various premium rate levels based on the medical underwriting of each applicant.

#### 10-day right to review

Do not cancel your current insurance until you are notified that you have been accepted for coverage. We'll review your enrollment form to determine if you meet underwriting requirements. If you're denied, you'll be notified by mail. If you're approved, you'll be sent an Aetna Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges) less the cost of any services paid on behalf of you or any covered dependent.

#### **Duplicate coverage**

If you are currently covered by another carrier, you must agree to discontinue the other coverage before or on the effective date of the Aetna Advantage Plan. Do not cancel your current insurance until you are notified that you have been accepted for coverage and are certain that you are keeping your Aetna Advantage Plan coverage.

#### Limitations & exclusions

#### Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. You should refer to your plan documents to determine which health care services are covered and to what extent.

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s). Services and supplies that are generally not covered include, but are not limited to:

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Ambulance coverage is limited to \$5,000 per trip
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- Charges in connection with pregnancy care other than for pregnancy complications
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling

#### PRE-EXISTING CONDITIONS

During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have prior creditable coverage.

A preexisting condition is an illness, disease, physical condition, or injury for which medical advice, or treatment was recommended or received and/or the use of prescription drugs of any kind within six months preceding the effective date of coverage. Services or supplies for the treatment of a preexisting condition are not covered for the first 12 months after the member's effective date. If the member had continuous prior creditable coverage within the 63 days immediately preceding the signature on the application and meets certain other requirements, then the preexisting condition exclusion of 12 months may not apply.

- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Chemical dependency, substance abuse and mental health in-network services for PPO plans not covered, except for severe biologically based mental or nervous disorders

#### Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to plan documents.

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance. Negotiated rates for cosmetic procedures available when a participating dentist is accessed.
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost or stolen appliances and certain damaged appliances
- Services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- All other limitations and exclusions in your plan documents

Call your broker.



## If you need this material translated into another language, please call Member Services at 1-866-565-1236.

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

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