

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.

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 received may not currently be available in your state.

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 FLORIDA



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 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 online

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 Managed Choice Open Access 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

Managed Choice Open Access 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

Managed Choice Open Access plan options with Limited Rx

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

Featuring:

■ Health insurance coverage with lower monthly premiums

Managed Choice Open Access 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)

5) First Dollar POS Open Access 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

6) POS Open Access 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

7)

POS Open Access plan options with Limited Rx

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

Featuring:

Health insurance coverage with lower monthly premiums

8)

POS Open Access 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)

9)

Managed Choice Open Access 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

POS Open Access 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

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



AETNA'S FLORIDA **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 Countie Alachua Baker Clay Duval Flagler Marion
Nassau Saint Johr
Area 2 Countie
Lake Orange Osceola Seminole

Area 3 Area 6 Counties Counties Charlotte Collier Hillsborough Escambia I ee Holmes Manatee Monroe Pinellas Okaloosa Sarasota Santa Rosa Walton Area 4 Counties Area 7 Counties Broward Miami-Dade Bay Bradford** Palm Beach Gilchrist** Area 5 Gulf Counties Levy** Citrus** Putnam** Columbia** Union** Sumter** Washington Suwannee*

Counties Martin Okeechobee Saint Lucie Area 9 Counties Calhoun De Soto Dixie Franklin Gadsden Glades Hamilton Hardee Hendry Highlands Jackson Jefferson Lafayette Liberty Madison **Taylor** Wakulla

Area 8

Area 10 Counties Leon Area 11 Counties Brevard Indian River Volusia Area 12 Counties Hernando Pasco Polk

The products offered in areas 1-4, 8 and 10-12 are:

First Dollar POS Open Access 35 POS Open Access 1500

POS Open Access 2500

POS Open Access 5000 POS Open Access 7500

POS Open Access 2500 with Limited Rx

POS Open Access 5000 with Limited Rx

POS Open Access High Deductible 3000 (HSA Compatible)

POS Open Access High Deductible 5000 (HSA Compatible)

POS Open Access Value 2000

POS Open Access Value 3000

POS Open Access Value 5000

POS Open Access Value 7500

POS Open Access Value 10000

Preventive and Hospital Care 3000 (HSA Compatible)

The products offered in areas 5-7 and 9 are:

First Dollar Managed Choice Open Access 35

Managed Choice Open Access 1500

Managed Choice Open Access 2500

Managed Choice Open Access 5000

Managed Choice Open Access 7500

Managed Choice Open Access 2500 with Limited Rx Managed Choice Open Access 5000 with Limited Rx

Managed Choice Open Access High Deductible 3000 (HSA Compatible)

Managed Choice Open Access High Deductible 5000 (HSA Compatible)

Managed Choice Open Access Value 2000

Managed Choice Open Access Value 3000

Managed Choice Open Access Value 5000

Managed Choice Open Access Value 7500

Managed Choice Open Access Value 10000

Preventive and Hospital Care 3000 (HSA Compatible)

All products not available in all counties. Please refer to the county in which you reside for the available product.

available product.

The Aetna Performance Network® features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain dinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, OtolanyoglogyENT, 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 7 www.aetna.com/docfind/custom/advplans or in your printed directory.

^{*} Available benefits differ by plan design. Please refer to the plan design details shown on pages 8-36.

First Dollar Managed Choice Open Access 35

	Choice Oper	I Access 33
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	\$0 \$0	\$7,000 \$14,000
Coinsurance (Member's responsibility)	35% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum Individual Family	\$7,500 \$15,000	\$5,500 \$11,000
Out-of-Pocket Maximum Individual Family	\$7,500 \$15,000	\$12,500 \$25,000
	Includes	deductible
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay	50% after deductible
Specialist Visit Unlimited visits	\$45 copay	50% after deductible
Hospital Admission	35%	50% after deductible
Outpatient Surgery	35%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room		vaived if admitted)
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay	50% after deductible
Maternity		overed ancy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$35 copay	50% after deductible
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	35%	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	35%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	35%	50% after deductible
24 visits per calendar year*	Aetna will pay a m	ax. of \$25 per visit*
Home Health Care — in lieu of hospital 30 visits per calendar year*	35%	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	35%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500 Does not ap	\$500 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
Self Injectables	20% after deductible	20% after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

^{*} Maximum applies to combined in and out-of-network benefits.

2)

Managed Choice Open

<u> </u>	Access 1500	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible 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
Out-of-Pocket Maximum Individual Family	\$3,000 \$6,000	\$10,000 \$20,000
		deductible
Lifetime Maximum* per insured Non-Specialist Office Visit		50%
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		vaived if admitted)
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity		overed ancy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$25 copay deductible waived	50% after deductible
No waiting period		ork and X-rays
Lab/X-Ray	\$50 copay per visit	50% after deductible
Complex Imaging	\$500 copay per visit	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
24 visits per calendar year* Home Health Care —	Aetna will pay a m 20%	ax. of \$25 per visit*
in lieu of hospital 30 visits per calendar year*	after deductible	after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
PHARMACY Pharmacy Doductible	¢500	\$ E00
Pharmacy Deductible per individual	\$500 Does not ap	\$500 oly to generic
Generic Oral Contraceptives Included	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand Oral Contraceptives Included	\$35 copay	\$35 copay plus 50% after deductible
Orar Contraceptives included	after deductible	arter deductible
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	\$50 copay plus 50% after deductible
Non-Preferred Brand	\$50 copay	\$50 copay plus 50%

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.

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible	£2.500	¢= 000
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-po	ocket 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		00,000
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%
	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	50%
orgenic care rucinty	deductible waived	after deductible
Emargangy Boom		
Emergency Room		waived if admitted)
		eductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar year	deductible waived	after deductible
max. Annual Pap/Mammogram		
Maternity	Not covered	
	Except for pregn	ancy complications
Preventive Health —	\$30 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab v	work and X-rays
No waiting period		
Lab/X-Ray	\$50 copay	50%
	per visit	after deductible
Complex Imaging	\$500 copay	50%
	per visit	after deductible
Skilled Nursing —	20%	50%
in lieu of hospital	after deductible	after deductible
30 days per calendar year*		
Physical/Occupational Therapy	20%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*		nax. of \$25 per visit*
	Acuia vviii pdy d II	IUA, UI DZJ DCI VISIL
Home Health Care —	20%	50%
Home Health Care — in lieu of hospital		
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible	20% after deductible 20% after deductible \$500	50% after deductible 50% after deductible \$500
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual	20% after deductible 20% after deductible \$500 Does not ap	50% after deductible 50% after deductible \$500 \$500 poly to generic
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic	20% after deductible 20% after deductible \$500 Does not ay \$15 copay	50% after deductible 50% after deductible \$500 pply to generic \$15 copay plus 50%
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	20% after deductible 20% after deductible \$500 Does not ay \$15 copay deductible waived	50% after deductible 50% after deductible \$500 pply to generic \$15 copay plus 50% deductible waived
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	20% after deductible 20% after deductible \$500 Does not at \$15 copay deductible waived \$35 copay	50% after deductible 50% after deductible \$500 oply to generic \$15 copay plus 50% deductible waived \$35 copay plus 50%
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	20% after deductible 20% after deductible \$500 Does not at \$15 copay deductible waived \$35 copay after deductible	50% after deductible 50% after deductible \$500 pply to generic \$15 copay plus 50% deductible waived
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Non-Preferred Brand	20% after deductible 20% after deductible \$500 Does not applied to the state of	50% after deductible 50% after deductible \$500 pply to generic \$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible \$50 copay plus 50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	20% after deductible 20% after deductible \$500 Does not at \$15 copay deductible waived \$35 copay after deductible	50% after deductible 50% after deductible \$500 poly to generic \$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	20% after deductible 20% after deductible \$500 Does not applied to the state of	50% after deductible 50% after deductible \$500 pply to generic \$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible \$50 copay plus 50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	20% after deductible 20% after deductible \$500 Does not ay \$15 copay deductible waived \$35 copay after deductible \$50 copay after deductible	50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible \$50 copay plus 50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	20% after deductible 20% after deductible \$500 Does not applied to the properties of the properties	50% after deductible 50% after deductible \$500 oply to generic \$15 copay plus 50% deductible waived \$35 copay plus 50% after deductible \$50 opay plus 50% after deductible 20%

*	Maxin	num	applies	to com	bined i	in and	out-of	-netwo	rk I	benefits.	

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

	Access 5000	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max. ket max. is satisfied
Coinsurance Maximum	\$0 Once Out-or-poc	Ket max. is satisfied
Individual Family	\$2,500 \$5,000	\$2,500 \$5,000
Out-of-Pocket Maximum Individual Family	\$7,500 \$15,000	\$12,500 \$25,000
	Includes o	
Lifetime Maximum* per insured	\$5,00	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$40 copay deductible waived	50% after deductible
Specialist Visit Unlimited visits	\$50 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	\$150 copay** (w after de	ductible
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity	Not co Except for pregna	
Preventive Health —	\$40 copay	50%
Routine Physical Aetna will pay up to \$200 per exam*	deductible waived Includes lab w	after deductible
No waiting period Lab/X-Ray	\$50 copay	50%
	per visit	after deductible
Complex Imaging	\$500 copay per visit	after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
24 visits per calendar year*	Aetna will pay a ma	
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500 Does not app	\$500 oly 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
Self Injectables	20% after deductible	20% after deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited
+ Payment for out-of-network faci		s determined based

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.

Managed Choice Open Access 7500

	Access 7500	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$7,500	\$10,000
Family	\$15,000	\$20,000
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-po	cket max. is satisfied
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum Individual	¢12 F00	¢12 F00
Family	\$12,500 \$25,000	\$12,500 \$25,000
i airiiiy		
Lifetine Menimum to an incomed		deductible
Lifetime Maximum* per insured		00,000
Non-Specialist Office Visit	\$40 copay	50%
Unlimited visits General Physician, Family	deductible waived	after deductible
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		vaived if admitted) eductible
Annual Booting Com From		
Annual Routine Gyn Exam No waiting period, no calendar year	\$0 copay deductible waived	50% after deductible
max. Annual Pap/Mammogram	deductible walved	arter deductible
Maternity	Not c	overed
Materinty		ancy complications
Preventive Health —	\$40 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	la alcada a la la co	and V man
No waiting period	includes lab v	vork and X-rays
Lab/X-Ray	\$50 copay	50%
	per visit	after deductible
Complex Imaging	\$500 copay	50%
	per visit	after deductible
Skilled Nursing —	20%	50%
in lieu of hospital	after deductible	after deductible
30 days per calendar year*		
Physical/Occupational Therapy	20%	50%
and Chiropractic Care 24 visits per calendar year*	after deductible	after deductible
		ax. of \$25 per visit*
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year* Durable Medical Equipment	200/	E00/
Aetna will pay up to \$2,000 per	20% after deductible	50% after deductible
calendar year*	arter deductible	arter deductible
PHARMACY	1	
Pharmacy Deductible	\$500	\$500
per individual		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
Self Injectables	20%	20%
sen injectables	after deductible	after deductible
Calendar Year Maximum	Unlimited	Unlimited
per individual*		

- 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.

Managed Choice Open Access 2500 with Limited Rx

)	with Limited Rx		
MEMBER BENEFITS	In-Network	Out-of-Network+	
Deductible Individual Family	\$2,500 \$5,000	\$5,000 \$10,000	
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-or-poo	cket max. is satisfied	
Individual Family	\$2,500 \$5,000	\$5,000 \$10,000	
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000	
		deductible	
Lifetime Maximum* per insured		00,000	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible	
Specialist Visit	\$40 copay	50%	
Unlimited visits Hospital Admission	deductible waived 20%	after deductible	
Hospital Admission	after deductible	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		overed	
Maternity	Except for pregna	ancy complications	
Maternity Preventive Health — Routine Physical			
Maternity Preventive Health —	Except for pregnal \$30 copay deductible waived	ancy complications 50%	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	Except for pregnal \$30 copay deductible waived	50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period	\$30 copay deductible waived Includes lab w	50% after deductible ork and X-rays	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray	\$30 copay deductible waived Includes lab w \$50 copay per visit \$500 copay	ancy complications 50% after deductible vork and X-rays 50% after deductible 50%	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	Except for pregnal \$30 copay deductible waived Includes lab w \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible	ancy complications 50% after deductible Fork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	\$30 copay deductible waived Includes lab w. \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible Aetna will pay a m	ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible after deductible 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	Except for pregnal \$30 copay deductible waived Includes lab w \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible	ancy complications 50% after deductible Fork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 copay deductible waived Includes lab w \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible Aetna will pay a m 20%	ancy complications 50% after deductible ork and X-rays 50% after deductible 50% after deductible 50% after deductible 50% after deductible atter deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible	\$30 copay deductible waived Includes lab w. \$50 copay per visit \$500 copay per visit 20% after deductible Aetna will pay a m 20% after deductible 20%	ancy complications 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 \$2,000 per calendar year* PHARMACY	\$30 copay deductible waived Includes lab w \$50 copay per visit \$500 copay per visit 20% after deductible Aetna will pay a m 20% after deductible	ancy complications 50% after deductible ork and X-rays 50% after deductible ax. of \$25 per visit* 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	Except for pregnal \$30 copay deductible waived Includes lab w \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$20% after deductible	ancy complications 50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	Except for pregnal \$30 copay deductible waived Includes lab w. \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible \$1,000 \$15 copay	ancy complications 50% after deductible \$1,000 \$15 copay plus 50% Not covered	
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	\$30 copay deductible waived Includes lab w. \$50 copay per visit \$500 copay per visit 20% after deductible Aetna will pay a m 20% after deductible \$1,000 \$15 copay hot covered Not covered	ancy complications 50% after deductible 31,000 \$15 copay plus 50% Not covered	
Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period Lab/X-Ray Complex Imaging 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	Except for pregnal \$30 copay deductible waived Includes lab w. \$50 copay per visit \$500 copay per visit 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible \$1,000 \$15 copay	ancy complications 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.

Managed Choice Open Access 5000 with Limited Rx

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
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-po	ocket max. is satisfied
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	Includes	deductible
Lifetime Maximum* per insured	\$5,C	00,000
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		waived if admitted) leductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar year	deductible waived	after deductible
max. Annual Pap/Mammogram		
Maternity	Not	covered
		ancy complications
Preventive Health —	\$40 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	to almost a late	
No waiting period	includes lab l	work and X-rays
Lab/X-Ray	\$50 copay	50%
	per visit	after deductible
Complex Imaging	\$500 copay	50%
. 33	per visit	after deductible
Skilled Nursing —	20%	50%
in lieu of hospital	after deductible	after deductible
30 days per calendar year*		
	20%	50%
Physical/Occupational Therapy	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	after deductible	after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	after deductible Aetna will pay a n	after deductible nax. of \$25 per visit*
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	after deductible Aetna will pay a n	after deductible nax. of \$25 per visit* 50%
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible Aetna will pay a n	after deductible nax. of \$25 per visit*
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 Aetna will pay a n 20% after deductible	after deductible nax. of \$25 per visit* 50% 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	after deductible Aetna will pay a n 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50%
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 \$2,000 per	after deductible Aetna will pay a n 20% after deductible	after deductible nax. of \$25 per visit* 50% 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 \$2,000 per calendar year*	after deductible Aetna will pay a n 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50%
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 \$2,000 per calendar year* PHARMACY	after deductible Aetna will pay a n 20% after deductible 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50% 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible	after deductible Aetna will pay a n 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50%
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible Aetna will pay a m 20% after deductible 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic	after deductible Aetna will pay a n 20% after deductible 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible Aetna will pay a n 20% after deductible 20% after deductible \$1,000 \$15 copay	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50%
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	after deductible Aetna will pay a m 20% after deductible 20% after deductible	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	after deductible Aetna will pay a m 20% after deductible 20% after deductible \$1,000 \$15 copay Not covered	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50% Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	after deductible Aetna will pay a n 20% after deductible 20% after deductible \$1,000 \$15 copay	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50%
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	after deductible Aetna will pay a m 20% after deductible 20% after deductible \$1,000 \$15 copay Not covered	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50% Not covered Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Self Injectables Calendar Year Maximum	after deductible Aetna will pay a m 20% after deductible 20% after deductible \$1,000 \$15 copay Not covered	after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible \$1,000 \$15 copay plus 50% 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.



Managed Choice Open Access High Deductible 3000 (HSA Compatible)

4)	3000 (HSA Compatible)		
MEMBER BENEFITS	In-Network	Out-of-Network ⁺	
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000	
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	
Colorado Manda de Colorado de	\$0 once out-or-poo	ket max. is satisfied	
Coinsurance Maximum Individual Family	\$0 \$0	\$6,500 \$13,000	
Out-of-Pocket Maximum Individual Family	\$3,000 \$6,000	\$12,500 \$25,000	
	Includes o	deductible	
Lifetime Maximum* per insured	\$5,00	00,000	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% 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		er deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible	
Maternity		overed ancy 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	
Skilled Nursing — 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	
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	0% after deductible	50% after deductible	
PHARMACY			
Pharmacy Deductible per individual	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	
Generic 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	
Self Injectables	0% after Medical/ Rx Deductible	50% after Medical/ Rx Deductible	
Calendar Year Maximum per individual*	Unlimited	Unlimited	

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.

Managed Choice Open Access High Deductible 5000 (HSA Compatible)

	3000 (11371 0	ompatible,
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum Individual Family	\$0 \$0	\$2,500 \$5,000
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$12,500 \$25,000
	Includes	deductible
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% 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		er deductible
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity		overed ancy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$25 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
Skilled Nursing — in lieu of hospital 30 days per calendar year*	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	0% after deductible	50% after deductible
		ax. of \$25 per visit*
Home Health Care — in lieu of hospital 30 visits per calendar year*	0% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic 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
Self Injectables	0% after Medical/ Rx Deductible	50% after Medical/ Rx Deductible
Calendar Year Maximum per individual*	Unlimited	Unlimited

^{*} Maximum applies to combined in and out-of-network benefits.

5)

POS Open Access First

3)	Dollar 35	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	\$0 \$0	\$7,000 \$14,000
Coinsurance (Member's responsibility)	35% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum Individual Family	\$7,500 \$15,000	\$5,500 \$11,000
Out-of-Pocket Maximum Individual Family	\$7,500 \$15,000	\$12,500 \$25,000
	Includes o	deductible
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay	50% after deductible
Specialist Visit Unlimited visits	\$45 copay	50% after deductible
Hospital Admission	35%	50% after deductible
Outpatient Surgery	35%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room		raived if admitted)
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay	after deductible
Maternity		overed Incy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$35 copay	50% after deductible
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	35%	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	35%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	35%	50% after deductible
24 visits per calendar year*	Aetna will pay a ma	ax. of \$25 per visit*
Home Health Care — in lieu of hospital 30 visits per calendar year*	35%	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	35%	50% after deductible
PHARMACY	L	
Pharmacy Deductible per individual	\$500	Not Applicable
Generic Oral Contraceptives Included	\$15 copay deductible waived	Not covered
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	Not covered
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	Not covered
Self Injectables	20% after deductible	Not covered
Calendar Year Maximum per individual*	Unlimited	Not Applicable

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.

6)	POS Open A	ccess 1500
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible 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 Individual Family	\$0 once out-of-poo \$1,500 \$3,000	\$7,000 \$14,000
Out-of-Pocket Maximum 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	\$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		overed ncy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$25 copay deductible waived	50% after deductible
No waiting period	Includes lab work and X-rays	
Lab/X-Ray	\$50 copay per visit	50% after deductible
Complex Imaging	\$500 copay per visit	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
24 visits per calendar year*	Aetna will pay a m	ax. of \$25 per visit*
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	Not Applicable
Generic	\$15 copay	Not covered
Oral Contraceptives Included	deductible waived	
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	Not covered
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	Not covered

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

after deductible

after deductible

Unlimited

Not covered

Not Applicable

	POS Open Ad	ccess 2500
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max. ket max. is satisfied
Coinsurance Maximum	\$0 Once Out-or-poc	Ket max. is satisfied
Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Lifetine - Barrimonnet manimonned	Includes deductible	
Lifetime Maximum* per insured Non-Specialist Office Visit		0,000
Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	after deductible
Specialist Visit	\$40 copay	50%
Unlimited visits	deductible waived	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	\$0 copay	50%
No waiting period, no calendar year max. Annual Pap/Mammogram	deductible waived	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 work and X-rays	
Lab/X-Ray	\$50 copay per visit	50% after deductible
Complex Imaging	\$500 copay per visit	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20%	50%
24 visits per calendar year*	after deductible Aetna will pay a ma	after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	Not Applicable
Generic	Does not app \$15 copay	oly to generic Not covered
Oral Contraceptives Included	deductible waived	
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	Not covered
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	Not covered
Self Injectables	20% after deductible	Not covered
Calendar Year Maximum	Unlimited	Not Applicable
per individual*	<u> </u>	s determined hased

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.

Oral Contraceptives Included **Self Injectables**

Calendar Year Maximum

per individual*

Out-of-Network+

deductible up to

out-of-pocket max.

\$10,000 \$20,000

\$2,500

\$5,000

\$12,500

\$25,000 Includes deductible

50%

50%

after deductible

\$0 once out-of-pocket max. is satisfied

\$5,000,000

50% after

In-Network

\$7,500 \$15,000

\$5,000

\$10,000

\$12,500

\$25,000

\$50 copay

\$40 copay deductible waived

20% after

deductible up to

out-of-pocket max.

MEMBER BENEFITS

(Member's responsibility)

Coinsurance Maximum

Out-of-Pocket Maximum Individual

Lifetime Maximum* per insured

Non-Specialist Office Visit

General Physician, Family Practitioner, Pediatrician or Internist

Deductible

Coinsurance

Individual Family

Individual

Family

Family

Unlimited visits

Specialist Visit

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
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-po	cket max. is satisfied
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum Individual	#7.500	£12.500
Family	\$7,500 \$15,000	\$12,500 \$25,000
i airiiiy		
		deductible
Lifetime Maximum* per insured		00,000
Non-Specialist Office Visit	\$40 copay	50%
Unlimited visits General Physician, Family	deductible waived	after deductible
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%
orgent care racinty	deductible waived	after deductible
Emergency Room		vaived if admitted)
inergency noom		eductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar year	deductible waived	after deductible
max. Annual Pap/Mammogram		
Maternity	Not covered	
	Except for pregn	ancy complications
Preventive Health —	\$40 copay	50%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab v	vork and X-rays
No waiting period		
Lab/X-Ray	\$50 copay	50%
Consultant Inventors	per visit	after deductible
Complex Imaging	\$500 copay	50%
	per visit	after deductible
Skilled Nursing —	20% after deductible	50%
	Laiter dedictible	after deductible
	arter deddetible	arter deductible
30 days per calendar year*		
30 days per calendar year* Physical/Occupational Therapy	20%	50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	20% after deductible Aetna will pay a n	50% after deductible ax. of \$25 per visit*
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	20% after deductible Aetna will pay a n 20%	50% after deductible hax. of \$25 per visit*
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	20% after deductible Aetna will pay a n	50% after deductible ax. of \$25 per visit*
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*	20% after deductible Aetna will pay a n 20% after deductible	50% after deductible nax. of \$25 per visit* 50% 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	20% after deductible Aetna will pay a n 20% after deductible 20%	50% after deductible nax. of \$25 per visit* 50% 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 \$2,000 per	20% after deductible Aetna will pay a n 20% after deductible	50% after deductible nax. of \$25 per visit* 50% 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 \$2,000 per calendar year*	20% after deductible Aetna will pay a n 20% after deductible 20%	50% after deductible nax. of \$25 per visit* 50% 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 \$2,000 per calendar year* PHARMACY	20% after deductible Aetna will pay a n 20% after deductible 20% after deductible	50% after deductible ax. of \$25 per visit* 50% after deductible 50% 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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible	20% after deductible Aetna will pay a n 20% after deductible 20% after deductible \$500	50% after deductible hax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual	20% after deductible Aetna will pay a n 20% after deductible 20% after deductible \$500 Does not ap	50% after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable pply to generic
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Constructions Included	20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap. \$15 copay	50% after deductible hax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap. \$15 copay deductible waived	50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable pply to generic Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay	50% after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable pply to generic
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	20% after deductible Aetna will pay a n 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible	50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable ply to generic Not covered Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	20% after deductible Aetna will pay a n 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible \$50 copay	50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable ply to generic Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible \$50 copay after deductible	50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable ply to generic Not covered Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible \$50 copay after deductible \$20 copay after deductible \$20 copay after deductible	50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable ply to generic Not covered Not covered
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 \$2,000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible \$50 copay after deductible	50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable ply to generic Not covered Not covered

 Maximum applies to combined in and out-of-network benef

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

Unlimited visits	deductible waived	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		vaived if admitted) eductible
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity		overed ancy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$40 copay deductible waived	50% after deductible
No waiting period	Includes lab v	ork and X-rays
Lab/X-Ray	\$50 copay per visit	50% after deductible
Complex Imaging	\$500 copay per visit	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy	20%	50%
and Chiropractic Care 24 visits per calendar year*	after deductible	after deductible ax. of \$25 per visit*
Home Health Care —	20%	50%
in lieu of hospital 30 visits per calendar year*	after deductible	after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	Not Applicable
		ply to generic
Generic Oral Contraceptives Included	\$15 copay deductible waived	Not covered
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	Not covered
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	Not covered
Self Injectables	20% after deductible	Not covered
Calendar Year Maximum per individual*	Unlimited	Not Applicable
 Payment for out-of-network fac on Aetna's Market Fee Schedule covered expenses is determined apply if such services were recei 	e. Payment for out-of-r based on the negotial	network non-facility ted charge that would

/ /	with Limited	l Rx
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
	Includes (deductible
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
Specialist Visit	\$40 copay	50%
Unlimited visits Hospital Admission	deductible waived 20% after deductible	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 Aetna will pay up to \$200 per exam*	\$30 copay deductible waived	50% after deductible
No waiting period	Includes lab work and X-rays	
Lab/X-Ray	\$50 copay per visit	50% after deductible
Complex Imaging	\$500 copay per visit	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
24 visits per calendar year*		ax. of \$25 per visit*
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible
PHARMACY Pharmacy Doductible	£1 000	Not some
Pharmacy Deductible per individual	\$1,000	Not covered
Generic Oral Contraceptives Included	\$15 copay	Not covered
Preferred Brand Oral Contraceptives Included	Not covered	Not covered
Non-Preferred Brand Oral Contraceptives Included	Not covered	Not covered
Oral Contraceptives included		
Self Injectables Calendar Year Maximum	Not covered	Not covered

 Maximum applies to combined in and out-of-network benefit

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

	with Limited Rx		
MEMBER BENEFITS	In-Network	Out-of-Network+	
Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$20,000	
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	\$2,500 \$5,000	\$2,500 \$5,000	
Out-of-Pocket Maximum Individual Family	\$7,500 \$15,000	\$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	\$40 copay deductible waived	50% after deductible	
Specialist Visit	\$50 copay	50%	
Unlimited visits Hospital Admission	deductible waived	after deductible	
	after deductible	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 Aetna will pay up to \$200 per exam*	\$40 copay deductible waived	50% after deductible	
No waiting period	Includes lab work and X-rays		
Lab/X-Ray	\$50 copay per visit	50% after deductible	
Complex Imaging	\$500 copay per visit	50% after deductible	
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible	
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible	
24 visits per calendar year*	Aetna will pay a m	ax. of \$25 per visit*	
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible	
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	20% after deductible	50% after deductible	
PHARMACY			
Pharmacy Deductible per individual	\$1,000	Not Applicable	
Generic Oral Contraceptives Included	\$15 copay	Not covered	
Preferred Brand Oral Contraceptives Included	Not covered	Not covered	
Non-Preferred Brand Oral Contraceptives Included	Not covered	Not covered	
Self Injectables	Not covered	Not covered	
Calendar Year Maximum per individual*	Unlimited	Not Applicable	
+ Payment for out-of-network fac	ility covered expenses	is determined based	

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.



POS Open Access High Deductible 3000 (HSA Compatible)

` 1	,
In-Network	Out-of-Network+
\$3,000 \$6,000	\$6,000 \$12,000
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	\$6,500 \$13,000
\$3,000 \$6,000	\$12,500 \$25,000
Includes deductible	
\$5,000,000	
0% after deductible	50% after deductible
\$0 after deductible	
\$0 copay deductible waived	50% after deductible
Not covered Except for pregnancy complications	
\$20 copay deductible waived	50% after deductible
Includes lab work and X-rays	
after deductible	50% after deductible
0% after deductible	after deductible
after deductible	50% after deductible
0% after deductible	after deductible
0% after deductible	50% after deductible
Integrated Medical/ Rx Deductible	Not Applicable
0% after Medical/ Rx Deductible	Not covered
0% after Medical/ Rx Deductible	Not covered
0% after Medical/ Rx Deductible	Not covered
0% after Medical/ Rx Deductible	Not covered
Unlimited	Not Applicable
	\$3,000 \$6,000 0% after deductible up to out-of-pocket max. \$0 once out-of-poc \$0 \$3,000 \$6,000 Includes of \$5,000 0% after deductible 0% after deductible 0% after deductible \$0 after deductible \$0 after deductible \$0 after of pregner \$20 copay deductible waived Includes lab wood O% after deductible 0% after deductible 10% after deductible 0% after deductible Includes lab wood Aetna will pay a mood 0% after deductible 0% after deductible 0% after Medical/ Rx Deductible

- * 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.

POS Open Access High Deductible 5000 (HSA Compatible)

(HSA Compa	
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-poc	ket max. is satisfied
\$0 \$0	\$2,500 \$5,000
\$5,000 \$10,000	\$12,500 \$25,000
Includes deductible	
0% after deductible	50% after deductible
0%	50%
	after deductible 50%
after deductible	after deductible
after deductible	50% after deductible
0% after deductible	50% after deductible
\$0 after deductible	
\$0 copay deductible waived	50% after deductible
Not covered Except for pregnancy complications	
\$25 copay deductible waived	50% after deductible
Includes lab work and X-rays	
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
Aetna will pay a ma	
0% after deductible	50% after deductible
0% after deductible	50% after deductible
Integrated Medical/	Not Applicable
Rx Deductible	
	Not covered
Rx Deductible 0% after Medical/	
Rx Deductible 0% after Medical/ Rx Deductible 0% after Medical/	Not covered
Rx Deductible 0% after Medical/ Rx Deductible 0% after Medical/ Rx Deductible 0% after Medical/ 0% after Medical/	Not covered
	\$5,000 \$10,000 0% after deductible up to out-of-pocket max. \$0 once out-of-pock \$0 \$5,000 \$10,000 Includes of \$5,000 0% after deductible 0% after deductible 0% after deductible \$0 after deductible \$0 after of pregnated the strength of the strengt

 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.



Managed Choice Open Access Value 2000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual Family	\$2,000 \$4,000	\$4,000 \$8,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
		ket max. is satisfied
Coinsurance Maximum Individual Family	\$8,000 \$16,000	\$8,500 \$17,000
Out-of-Pocket Maximum	¢10.000	¢12 F00
Individual Family	\$10,000 \$20,000	\$12,500 \$25,000
	Includes of	deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	Visit 1-5 \$30 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max	50% after deductible
Specialist Visit	Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max	50% after deductible
Hospital Admission	40%	50%
Outpatient Surgery	after deductible 20%	after deductible 50%
	after deductible	after deductible
Urgent Care Facility	\$75 copay deductible waived	after deductible
Emergency Room		vaived if admitted)
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar year max. Annual Pap/Mammogram	deductible waived	after deductible
Maternity		overed
Preventive Health —		ncy complications 50%
Routine Physical	\$30 copay deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays
No waiting period Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	40% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20% 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*	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	40% after deductible	50% after deductible
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic Oral Contraceptives Included	\$20 copay	\$20 copay plus 50%
	Not covered Aetna Discount	Not covered
Preferred Brand Oral Contraceptives Included	Applies	
	Not covered Aetna Discount Applies	Not covered
Oral Contraceptives Included Non-Preferred Brand	Not covered Aetna Discount	Not covered 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.

Managed Choice Open Access Value 3000

	Access Value 3000			
MEMBER BENEFITS	In-Network	Out-of-Network ⁺		
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000		
Coinsurance (Member's responsibility)	20% after deductible up to	50% after deductible up to		
	out-of-pocket max. \$0 once out-of-poc	out-of-pocket max. ket max. is satisfied		
Coinsurance Maximum Individual Family	\$7,000 \$14,000	\$6,500 \$13,000		
Out-of-Pocket Maximum	\$14,000	\$13,000		
Individual Family	\$10,000 \$20,000	\$12,500 \$25,000		
Lifetime Maximum* per insured		deductible 0,000		
Non-Specialist Office Visit	Visit 1-5 \$30 copay,	50%		
General Physician, Family Practitioner, Pediatrician or Internist	deductible waived; Visit 6+ member pays 100%; Aetna dis- count applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max	after deductible		
Specialist Visit	Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max	50% after deductible		
Hospital Admission	40% after deductible	50% after deductible		
Outpatient Surgery	20%	50%		
Urgent Care Facility	after deductible after deduct \$75 copay deductible waived after deduct			
Emergency Room	\$150 copay** (w	raived if admitted)		
Annual Routine Gyn Exam	\$0 copay	ductible 50%		
No waiting period, no calendar year	deductible waived	after deductible		
max. Annual Pap/Mammogram Maternity		overed "		
Preventive Health —	\$30 copay	ncy complications		
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%		
Skilled Nursing —	after deductible 40%	after deductible 50%		
in lieu of hospital 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* Home Health Care —	Aetna will pay a ma 20%	ax. of \$25 per visit*		
in lieu of hospital 30 visits per calendar year*	after deductible	after deductible		
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	40% after deductible	50% after deductible		
PHARMACY				
Pharmacy Deductible per individual	Not Applicable	Not Applicable		
Generic Oral Contraceptives Included	\$20 copay	\$20 copay plus 50%		
Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Non-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount	Not covered		
Self Injectables	Applies Not covered Aetna Discount	Not covered		
Calendar Year Maximum per individual*	Applies \$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 Family	\$5,000 \$10,000	\$10,000 \$20,000		
Coinsurance	20% after	50% after		
(Member's responsibility)	deductible up to	deductible up to		
	out-of-pocket max.	out-of-pocket max. cket max. is satisfied		
Coinsurance Maximum	\$0 once out or poo	INCETTION: 15 Satisfied		
Individual	\$7,500	\$2,500		
Family Out-of-Pocket Maximum	\$15,000	\$5,000		
Individual	\$12,500	\$12,500		
Family	\$25,000	\$25,000		
Lifetime Maximum* per insured		deductible 10,000		
Non-Specialist Office Visit	Visits 1-5 \$40 copay,	50%		
General Physician, Family	deductible waived;	after deductible		
Practitioner, Pediatrician or Internist	Visit 6+ member pays 100%; Aetna dis-			
	count applies; Aetna			
	pays 100% once			
	out of pocket is met. Spec & non-spec			
	share visit max			
Specialist Visit	Visits 1-5 \$50 copay,	50%		
	deductible waived;	after deductible		
	Visit 6+ member pays 100%; Aetna dis-			
	count applies; Aetna			
	pays 100% once out of pocket is met.			
	Spec & non-spec			
	share visit max			
Hospital Admission	40% after deductible	50% after deductible		
Outpatient Surgery	20%	50%		
	after deductible	after deductible		
Urgent Care Facility	\$75 copay deductible waived	50% after deductible		
Emergency Room	\$150 copay** (w	aived if admitted)		
Annual Routine Gyn Exam	\$0 copay	ductible 50%		
No waiting period, no calendar year	deductible waived	after deductible		
max. Annual Pap/Mammogram		<u> </u>		
Maternity	Not covered Except for pregnancy complications			
Preventive Health —	\$40 copay	50%		
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%		
61.33 1.53	after deductible	after deductible		
Skilled Nursing — in lieu of hospital	40% after deductible	50% after deductible		
30 days per calendar year*				
Physical/Occupational Therapy	20%	50%		
and Chiropractic Care 24 visits per calendar year*	after deductible Aetna will pay a ma	after deductible ax. of \$25 per visit*		
Home Health Care —	20%	50%		
in lieu of hospital	after deductible	after deductible		
30 visits per calendar year* Durable Medical Equipment	40%	50%		
Aetna will pay up to \$2,000 per	after deductible	after deductible		
calendar year*				
PHARMACY Pharmacy Deductible	Not Applicable	Not Applicable		
per individual	Not Applicable	Not Applicable		
Generic	\$20 copay	\$20 copay plus 50%		
Oral Contraceptives Included Preferred Brand	Not covered	Not covered		
Oral Contraceptives Included	Aetna Discount	NOT COVERED		
Non-Preferred Brand	Applies Not covered	Not covered		
Non-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount	Not covered		
,	Applies			
Self Injectables	Not covered Aetna Discount Applies	Not covered		
Calendar Year Maximum	\$5,000	\$5,000		

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

	Access Value 7500			
MEMBER BENEFITS	In-Network	Out-of-Network+		
Deductible Individual Family	\$7,500 \$15,000	\$10,000 \$20,000		
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.		
		ket max. is satisfied		
Coinsurance Maximum Individual Family	\$5,000 \$10,000	\$2,500 \$5,000		
Out-of-Pocket Maximum Individual	\$12,500	\$12,500		
Family	\$25,000 Includes of	\$25,000 Heductible		
Lifetime Maximum* per insured	\$1,00			
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-5 \$40 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max	50% after deductible		
Specialist Visit	Visits 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max	50% after deductible		
Hospital Admission	40% after deductible	50% after deductible		
Outpatient Surgery	20% after deductible	50% after deductible		
Urgent Care Facility	\$75 copay deductible waived	50% after deductible		
Emergency Room	\$150 copay** (w after de	aived if admitted) ductible		
Annual Routine Gyn Exam <i>No waiting period, no calendar year</i> <i>max</i> . Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible		
Maternity		overed ncy complications		
Preventive Health — Routine Physical	\$40 copay deductible waived	50% after deductible		
Aetna will pay up to \$200 per exam* No waiting period	Includes lab work and X-rays			
Lab/X-Ray	20% after deductible	50% after deductible		
Skilled Nursing — in lieu of hospital 30 days per calendar year*	40% after deductible	50% after deductible		
Physical/Occupational Therapy and Chiropractic Care	20% 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*	20% after deductible	50% after deductible		
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	40% after deductible	50% after deductible		
PHARMACY Pharmacy Deductible per individual	Not Applicable	Not Applicable		
Generic Oral Contraceptives Included	\$20 copay	\$20 copay plus 50%		
Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Non-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Self Injectables	Not covered Aetna Discount Applies	Not covered		
Calendar Year Maximum per individual*	\$5,000	\$5,000		
+ Payment for out-of-network fac	ility covered expenses i	s determined based		

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.

Managed Choice Open Access Value 10000***

	Access value	10000
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual Family	\$10,000 \$20,000	\$10,000 \$20,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
, , , , , , , , , , , , , , , , , , ,	out-of-pocket max.	out-of-pocket max.
		cket max. is satisfied
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum	£42 F00	¢42 500
Individual Family	\$12,500 \$25,000	\$12,500 \$25,000
I airilly		deductible
Lifetime Maximum* per insured		00,000
Non-Specialist Office Visit	Visits 1-5 \$40 copay,	50%
General Physician, Family	deductible waived;	after deductible
Practitioner, Pediatrician or Internist	Visit 6+ member	
	pays 100%; Aetna	
	discount applies;	
	Aetna pays 100%	
	once out of pocket is met. Spec & non-spec	
	share visit max	
Specialist Visit	Visits 1-5 \$50 copay,	50%
•	deductible waived;	after deductible
	Visit 6+ member	
	pays 100%; Aetna	
	discount applies; Aetna pays 100%	
	once out of pocket is	
	met. Spec & non-spec	
	share visit max	
Hospital Admission	40%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
Harris Come For III	after deductible	after deductible
Urgent Care Facility	\$75 copay deductible waived	
F		after deductible
Emergency Room		vaived if admitted) eductible
Annual Routine Gyn Exam	\$0 copay	50%
No waiting period, no calendar year	deductible waived	after deductible
max. Annual Pap/Mammogram		
Maternity		overed
Duning white Handth		ancy complications 50%
Preventive Health — Routine Physical	\$40 copay deductible waived	after deductible
Aetna will pay up to \$200 per exam*	deductible waived	arter deductible
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing —	40%	50%
in lieu of hospital	after deductible	after deductible
30 days per calendar year* Physical/Occupational Therapy	20%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*		ax. of \$25 per visit*
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*	400/	F00/
Durable Medical Equipment	40% after deductible	50% after deductible
Aetna will pay up to \$2,000 per calendar year*	arter deductible	arter deductible
PHARMACY		
Pharmacy Deductible	Not Applicable	Not Applicable
per individual		- In proceeding
Generic	\$20 copay	\$20 copay plus 50%
Oral Contraceptives Included		
Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	
Non-Books and Books	Applies	Net series d
	Not covered Aetna Discount	Not covered
	I ACUIA DISCUULIL	
Oral Contraceptives Included	Applies	Not covered
Oral Contraceptives Included	Applies Not covered	Not covered
Oral Contraceptives Included Self Injectables	Applies	
Non-Preferred Brand Oral Contraceptives Included Self Injectables Calendar Year Maximum per individual*	Applies Not covered Aetna Discount	Not covered \$5,000

- * 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.
- ** Brokers: please see broker information about commissions for these plans.

10)

POS Open Access Value 2000

10)	Value 2000			
MEMBER BENEFITS	In-Network	Out-of-Network+		
Deductible Individual Family	\$2,000 \$4,000	\$4,000 \$8,000		
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max. \$0 once out-of-pocket	50% after deductible up to out-of-pocket max. is satisfied		
Coinsurance Maximum Individual Family	\$8,000 \$16,000	\$8,500 \$17,000		
Out-of-Pocket Maximum Individual Family	\$10,000 \$20,000	\$12,500 \$25,000		
Lifetime Maximum* per insured		deductible 10,000		
Non-Specialist Office Visit	Visit 1-5 \$30 copay,	50%		
General Physician, Family Practitioner, Pediatrician or Internist	deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max	after deductible		
Specialist Visit	Visit 1-5 \$50 copay, deductible waived; Visit 64 member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max	50% after deductible		
Hospital Admission	40% after deductible	50% after deductible		
Outpatient Surgery	20% after deductible	50% after deductible		
Urgent Care Facility	\$75 copay deductible waived	50% after deductible		
Emergency Room		vaived if admitted) eductible		
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 complication			
Preventive Health —	\$30 copay	50%		
Routine Physical Aetna will pay up to \$200 per exam*	deductible waived	after deductible		
No waiting period	Includes lab w	ork and X-rays		
Lab/X-Ray	20% after deductible	50% after deductible		
Skilled Nursing — in lieu of hospital 30 days per calendar year*	40% after deductible	50% after deductible		
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	20% after deductible	50% after deductible ax. of \$25 per visit*		
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible		
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	40% after deductible	50% after deductible		
PHARMACY				
Pharmacy Deductible per individual	Not Applicable	Not Applicable		
Generic Oral Contraceptives Included	\$20 copay	Not covered		
Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Non-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Self Injectables	Not covered Aetna Discount Applies	Not covered		
Calendar Year Maximum per individual*	\$5,000	Not Applicable		
D	State and the second se	the fall of a constitution of the execution of		

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.

	Value 3000			
MEMBER BENEFITS	In-Network	Out-of-Network+		
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000		
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.		
Coinsurance Maximum	30 Office out-of-poo	.ket IIIax. is satisfied		
Individual Family	\$7,000 \$14,000	\$6,500 \$13,000		
Out-of-Pocket Maximum Individual Family	\$10,000 \$20,000	\$12,500 \$25,000		
		deductible		
Lifetime Maximum* per insured		0,000		
Non-Specialist Office Visit General Physician, Family	Visit 1-5 \$30 copay, deductible waived;	50% after deductible		
Practitioner, Pediatrician or Internist	Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max			
Specialist Visit	Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non- spec share visit max	50% after deductible		
Hospital Admission	40%	50%		
0.4	after deductible	after deductible		
Outpatient Surgery	20% after deductible	50% after deductible		
Urgent Care Facility	\$75 copay deductible waived	50% after deductible		
Emergency Room	\$150 copay** (w	vaived if admitted)		
Annual Routine Gyn Exam	\$0 copay	50%		
No waiting period, no calendar year	deductible waived	after deductible		
max. Annual Pap/Mammogram Maternity		overed ancy complications		
Preventive Health —	\$30 copay	50%		
Routine Physical	deductible waived	after deductible		
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays		
No waiting period Lab/X-Ray	20%	50%		
	after deductible	after deductible		
Skilled Nursing — in lieu of hospital 30 days per calendar year*	40% after deductible	50% after deductible		
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible		
24 visits per calendar year*		ax. of \$25 per visit*		
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 Aetna will pay up to \$2,000 per	40% after deductible	50% after deductible		
calendar year*				
PHARMACY	I.e. and the second			
Pharmacy Deductible per individual	Not Applicable	Not Applicable		
Generic Oral Contraceptives Included	\$20 copay	Not covered		
Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Non-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered		
Self Injectables	Not covered Aetna Discount Applies	Not covered		
Calendar Year Maximum per individual*	\$5,000	Not Applicable		

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

	Value 5000				
MEMBER BENEFITS	In-Network	Out-of-Network ⁺			
Deductible	¢r 000	£10,000			
ndividual amily	\$5,000 \$10,000	\$10,000 \$20,000			
<u>, , , , , , , , , , , , , , , , , , , </u>		50% after			
Coinsurance Member's responsibility)	20% after deductible up to	deductible up to			
wielinder 3 responsibility)	out-of-pocket max.	out-of-pocket max.			
		ket max. is satisfied			
Coinsurance Maximum					
ndividual	\$7,500	\$2,500			
amily Out-of-Pocket Maximum	\$15,000	\$5,000			
ndividual	\$12,500	\$12.500			
amily	\$25,000	\$25,000			
	Includes o	deductible			
ifetime Maximum* per insured	\$1,00	0,000			
Ion-Specialist Office Visit	Visit 1-5 \$40 copay,	50%			
eneral Physician, Family	deductible waived;	after deductible			
ractitioner, Pediatrician or Internist	Visit 6+ member pays 100%; Aetna dis-				
	count applies; Aetna				
	pays 100% once				
	out of pocket is met. Spec & non-spec				
	share visit max				
pecialist Visit	Visit 1-5 \$50 copay,	50%			
	deductible waived; Visit 6+ member pays	after deductible			
	100%; Aetna dis-				
	count applies; Aetna				
	pays 100% once				
	out of pocket is met. Spec & non-spec				
	share visit max				
lospital Admission	40%	50%			
	after deductible	after deductible			
Outpatient Surgery	20% after deductible	50%			
Irgent Care Facility	after deductible \$75 copay	after deductible			
rigent care racinty	deductible waived	after deductible			
mergency Room		vaived if admitted)			
		ductible			
Annual Routine Gyn Exam	\$0 copay	50%			
lo waiting period, no calendar year nax. Annual Pap/Mammogram	deductible waived	after deductible			
/laternity	Not co	overed			
,		ancy complications			
reventive Health —	\$40 copay	50%			
outine Physical	deductible waived after deductible				
Aetna will pay up to \$200 per exam* Io waiting period	Includes lab w	ork and X-rays			
ab/X-Ray	20%	50%			
	after deductible	after deductible			
killed Nursing —	40%	50%			
lieu of hospital	after deductible	after deductible			
0 days per calendar year*	200/	F00/			
hysical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible			
4 visits per calendar year*		ax. of \$25 per visit*			
Iome Health Care —	20%	50%			
n lieu of hospital	after deductible	after deductible			
0 visits per calendar year*					
Ourable Medical Equipment	40%	50%			
Aetna will pay up to \$2,000 per alendar year*	after deductible	after deductible			
	1				
HARMACY	Not Applicable	Not Applicable			
harmacy Deductible er individual	Not Applicable	Not Applicable			
ieneric	\$20 copay	Not covered			
Oral Contraceptives Included	,				
	Not covered	Not covered			
	Aetna Discount				
Oral Contraceptives Included	Applies				
Oral Contraceptives Included Jon-Preferred Brand	Not covered	Not covered			
Oral Contraceptives Included Jon-Preferred Brand	Not covered Aetna Discount	Not covered			
Oral Contraceptives Included Jon-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies	Not covered			
Ireferred Brand Oral Contraceptives Included Jon-Preferred Brand Oral Contraceptives Included Self Injectables	Not covered Aetna Discount				
Oral Contraceptives Included Jon-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discount Applies 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.

MEMBER BENEFITS	In-Network	Out-of-Network+		
Deductible Individual Family	\$7,500 \$15,000	\$10,000 \$20,000		
Coinsurance	20% 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-or-poo	ket max. is satisfied		
Individual	\$5,000	\$2,500		
Family	\$10,000	\$5,000		
Out-of-Pocket Maximum ndividual Family	\$12,500 \$25,000	\$12,500 \$25,000		
	Includes	deductible		
Lifetime Maximum* per insured	\$1,00	0,000		
Non-Specialist Office Visit	Visit 1-5 \$40 copay,	50%		
General Physician, Family Practitioner, Pediatrician or Internist	deductible waived; Visit 6+ member	after deductible		
rractitioner, rediatrician or internist	pays 100%; Aetna			
	discount applies;			
	Aetna pays 100%			
	once out of pocket is			
	met. Spec & non-spec share visit max			
Specialist Visit	Visit 1-5 \$50 copay,	50%		
	deductible waived;	after deductible		
	Visit 6+ member			
	pays 100%; Aetna			
	discount applies; Aetna pays 100%			
	once out of pocket is			
	met. Spec & non-spec			
	share visit max			
Hospital Admission	40%	50%		
Outpatient Surgery	after deductible 20%	after deductible 50%		
outputient Jurgery	after deductible	after deductible		
Urgent Care Facility	\$75 copay	50%		
	deductible waived	after deductible		
Emergency Room		vaived if admitted) eductible		
Annual Routine Gyn Exam	\$0 copay	50%		
No waiting period, no calendar year	deductible waived	after deductible		
max. Annual Pap/Mammogram	Not o			
Maternity	Not covered Except for pregnancy complications			
Preventive Health —	\$40 copay	50%		
Routine Physical	deductible waived	after deductible		
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays		
No waiting period		,		
	200/	E00/		
	20% after deductible	50% after deductible		
Lab/X-Ray Skilled Nursing —	20% after deductible 40%	50% after deductible 50%		
Lab/X-Ray Skilled Nursing — in lieu of hospital	after deductible	after deductible		
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year*	after deductible 40% 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 40% 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 40% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible		
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	*	Maximum	applies to	combined	in and	d out-of-network	benefits.
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^{**} Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

Deductible Individual \$10,000 \$10,000 \$20,000	offer iible up to pocket max.	
Individual	offter iible up to pocket max.	
Coinsurance (Member's responsibility) 20% after deductible up to out-of-pocket max 50% a deduct out-of-pocket max Coinsurance Maximum Individual Family \$2,500 \$5,000 \$2,500 \$5,000 Out-of-Pocket Maximum Individual Family \$12,500 \$22,500 \$12,500 \$25,000 Family \$12,500 \$25,000 \$12,500 \$25,000	ofter ible up to pocket max.	
Coinsurance Maximum 10dividual \$2,500 \$2,500 \$5,000 \$5,000 \$0.000 \$0	00	
Individual \$2,500 \$2,500 \$5,000	00	
Individual \$12,500 \$12,500 \$25,000 \$25,000 \$12,600 \$		
Lifetime Menimum t new incomed \$1,000,000	Includes deductible	
Lifetime Maximum* per insured \$1,000,000 Non-Specialist Office Visit Visit 1-5 \$40 copay, 50%		
General Physician, Family Practitioner, Pediatrician or Internist Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & nonspec share visit max	eductible	
Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & nonspec share visit max	eductible	
Hospital Admission 40% after deductible 50% after de	eductible	
Outpatient Surgery 20% 50%	eductible	
Urgent Care Facility \$75 copay 50%	eductible	
Emergency Room \$150 copay** (waived if after deductible	admitted)	
Annual Routine Gyn Exam \$0 copay 50%	eductible	
Maternity Not covered Except for pregnancy con	nnlications	
Preventive Health — \$40 copay deductible waived Aetna will pay up to \$200 per exam*	eductible	
	Includes lab work and X-rays	
	eductible	
Skilled Nursing — 40% 50% in lieu of hospital 30 days per calendar year*	eductible	
	eductible	
24 visits per calendar year* Aetna will pay a max. of \$2	25 per visit*	
Home Health Care — 20% 50% in lieu of hospital 30 visits per calendar year*	eductible	
Durable Medical Equipment 40% 50%	eductible	
PHARMACY Pharmacy Deductible per individual Not Applicable Not Applicable	pplicable	
Generic \$20 copay Not co	vered	
Preferred Brand Not covered Aetna Discount Applies Not covered		
Non-Preferred Brand Oral Contraceptives Included Not covered Aetna Discount Applies Not covered Aetna Discount		
Self Injectables Not covered Aetna Discount Applies Not covered		
Calendar Year Maximum per individual* \$5,000 Not Aprindividual*	oplicable	

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.

^{***} Brokers: please see broker information about commissions for these plans.

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

(H3A Compatible)			
MEMBER BENEFITS	In-Network	Out-of-Network ⁺	
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000	
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	
Coinsurance Maximum Individual Family	\$2,000 \$4,000	\$4,000 \$8,000	
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000	
	Includes deductible		
Lifetime Maximum* per insured	\$1,00	00,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered	
Specialist Visit	Not covered	Not covered	
Hospital Admission	20% after deductible	50% after deductible	
Outpatient Surgery	20% after deductible	50% after deductible	
Urgent Care Facility	Not covered	Not covered	
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 ded. waived	50% after deductible	
Maternity	Not covered Except for pregnancy complications		
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$35 copay ded. waived	50% after deductible	
No waiting period	Includes lab work and X-rays		
Lab/X-Ray	Not covered	Not covered	
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible	
Physical/Occupational Therapy and Chiropractic Care	Not covered	Not covered	
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible	
Durable Medical Equipment	Not covered	Not covered	
PHARMACY			
Pharmacy Deductible per individual	Not Applicable	Not Applicable	
Generic Oral Contraceptives Included	Not covered Aetna Discounts Applies	Not covered	
Preferred Brand Oral Contraceptives Included	Not covered Aetna Discounts Applies	Not covered	
Non-Preferred Brand Oral Contraceptives Included	Not covered Aetna Discounts Applies	Not covered	
Self Injectables	Not covered Aetna Discounts Applies	Not covered	
Calendar Year Maximum per individual*	Not Applicable	Not Applicable	

- 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.
- *** Brokers: please see broker information about commissions for these plans.
- 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.

Aetna Advantage Plan options Individual Dental PPO max plan

MEMBER BENEFITS	Preferred	NonPreferred
Annual Deductible 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.	100% 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.

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 the Aetna Advantage 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. This material is for information only and is not an offer or invitation to contract.

Aetna special programs

Aetna Advantage plans include special programs¹ 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 VisionSM Discount Program

Aetna Vision^{5M} discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Aetna Natural Products and ServicesSM 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.

Aetna FitnessSM 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.

- Availability varies by plan. Talk with your Aetna representative for details.
- At some clubs, participation in this program may be restricted to new club members.
- ** Provided by WellCall, Inc. through GlobalFit.

Aetna Weight ManagementSM Discount Program

The Weight ManagementSM 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 HearingSM Discount Program

Aetna's HearingSM discount program helps Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Rx Home Delivery®

With this mail order prescription drug 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.

*** 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 30 for 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 application. 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) a special guaranteed issue plan under Florida laws and regulations.

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 application 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 \$1,000 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
- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents

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 pre-existing 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 pre-existing 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 pre-existing condition exclusion of 12 months may not apply.

- Mental health services for Managed Choice Open Access and POS Open Access plans not covered
- Chemical dependency and substance abuse not covered

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.

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health/Dental insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Information is believed to be accurate as of production date, however, it is subject to change.

For more information about Aetna plans, refer to **www.aetna.com**.

