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

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

We want you to know<sup>®</sup>



AA.02.311.1-OK (10/09)

## Aetna Advantage plan choices

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

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

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

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

#### About HSAs

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

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

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

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

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

#### Why choose an Aetna HealthFund HSA?

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

#### 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 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)



#### 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



## 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



#### Managed Choice Open Access 7500 with Unlimited Primary Care Visits plus Dental

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

#### Featuring:

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

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

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

\* These benefits are not applicable to Preventive and Hospital Care plans



#### AETNA'S OKLAHOMA RATINGS AREAS\*

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

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

#### Area 1 Counties

Atoka	Latimer	Pawnee
Bryan	Lincoln	Payne
Cherokee	Mayes	Pittsburg
Choctaw	Muskogee	Pushmataha
Coal	Noble	Rogers
Craig	Nowata	Tulsa
Craig	Nowata	Tulsa
Creek	Okmulgee	Wagoner
Delaware Hughes	Osage Ottawa	Washington

#### Area 2 Counties

Alfalfa Beaver Beckham Blaine Caddo Canadian Carter Cimmarron Cleveland Comanche Cotton Custer Dewey Ellis Cafield	Garvin Grady Grant Harper Jackson Jefferson Johnston Kay Kingfisher Kiowa Logan Love Major	Marshall Mcclain Murray Okfuskee Oklahoma Pontotoc Pottawatomie Roger Mills Seminole Stephens Texas Tillman Washita Woods
Garfield	Major	Woodward

#### Area 3 Counties

Adair	Leflore	McIntosh
Haskell	Mccurtain	Sequoyah

#### First Dollar Managed Choice Open Access 30

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0	\$500
Family	\$0	\$1,000
Coinsurance	30% up to	50% up to
(Member's responsibility)	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$7,500	\$12,000
Family	\$15,000	\$24,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	Indudes	de du etible
	Includes o	deductible
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit	\$30 copay	30%
Unlimited visits		after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$40 copay	30%
Unlimited visits		after deductible
Hospital Admission	30%	50%
		after deductible
Outpatient Surgery	30%	50%
		after deductible
Urgent Care Facility	\$50 copay	30%
, <b>,</b> ,	1	after deductible
Emergency Room		vaived if admitted)
	1	nsurance
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar		after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered	
	Except for pregn	ancy complications
Preventive Health —	\$30 copay	30%
Routine Physical		after deductible
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays
No waiting period		
Lab/X-Ray	30%	50%
		after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*		after deductible
Physical/Occupational Therapy and	30%	50%
Chiropractic Care		after deductible
24 visits per calendar year*	Aetna will pay a m	nax. of \$25 per visit*
Home Health Care —	30%	50%
in lieu of hospital	5070	after deductible
30 visits per calendar year*		
Durable Medical Equipment	30%	50%
	50%	after deductible
Aetna will pay up to \$2000 per calendar year*		
· · · · · · · · · · · · · · · · · · ·	1	
PHARMACY		
Pharmacy Deductible	\$500	\$500
per individual	Does not ap	pply to generic
Generic	\$15 copay	\$15 copay plus 30%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand	\$40 copay	\$40 copay plus 30%
Oral Contraceptives Included	after deductible	after deductible
Non-Preferred Brand	\$60 copay	\$60 copay plus 30%
Oral Contraceptives Included	after deductible	after deductible
Calendar Year Maximum	Unlimited	Unlimited
per individual*	Grannieu	ormitticu
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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. \*\*

First Dollar Managed Choice Open Access 40

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0 \$0	\$500 \$1,000
Family Coinsurance	40% up to	50% up to
(Member's responsibility)	out-of-pocket max.	
(member s responsibling)	· · · · · · · · · · · · · · · · · · ·	cket max. is satisfied
Coinsurance Maximum		
Individual	\$12,500	\$12,000
Family	\$25,000	\$24,000
Out-of-Pocket Maximum		
Individual Family	\$12,500 \$25,000	\$12,500 \$25,000
Tariny	· · · ·	deductible
Lifetime Maximum* per insured		00,000
Non-Specialist Office Visit	\$40 copay	30%
Unlimited visits		after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist	450	200/
Specialist Visit Unlimited visits	\$50 copay	30% after deductible
Hospital Admission	40%	50%
		after deductible
Outpatient Surgery	40%	50%
		after deductible
Urgent Care Facility	\$50 copay	30%
		after deductible
Emergency Room	\$100 copay** (v	waived if admitted)
		binsurance
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar		after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered Except for pregnancy complication.	
Preventive Health —	\$40 copay	30%
Routine Physical	\$ 10 copuj	after deductible
Aetna will pay up to \$200 per exam*	Includes lab work and X-rays	
No waiting period		-
Lab/X-Ray	40%	50% after deductible
Skilled Nursing — in lieu of hospital	40%	50%
30 days per calendar year*	4070	after deductible
Physical/Occupational Therapy	40%	50%
and Chiropractic Care		after deductible
24 visits per calendar year*	Aetna will pay a max. of \$25 per visit*	
Home Health Care —	40%	50%
in lieu of hospital		after deductible
30 visits per calendar year*		
Durable Medical Equipment	40%	50%
Aetna will pay up to \$2000 per calendar year*		after deductible
PHARMACY	Net Arealleshie	Net Asselled
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic	\$20 copay	\$20 copay plus 30%
Oral Contraceptives Included	+20 cobay	\$20 copuy plus 50 /0
Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount Applies	
		Not covered
Non-Preferred Brand	Not covered	
-	Not covered Aetna Discount Applies	
Non-Preferred Brand		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 1500

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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	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	\$1,500 \$3,000	\$7,000 \$14,000
Out-of-Pocket Maximum		
Individual Family	\$3,000 \$6,000	\$10,000 \$20,000
Lifetime Maximum* per insured		deductible 10,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay deductible waived	30% after deductible
Specialist Visit	\$35 copay	30%
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	30% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
Maternity	Not covered Except for pregnancy complications	
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$25 copay deductible waived	30% after deductible
No waiting period		ork and X-rays
Lab/X-Ray	20% after deductible	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 — in lieu of hospital 30 visits per calendar year*	Aetna will pay a m 20% after deductible	nax. of \$25 per visit* 50% after deductible
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	20% after deductible	50% after deductible
PHARMACY	1050	toro
Pharmacy Deductible per individual	\$250	\$250
Generic Oral Contraceptives Included	Does not ap \$15 copay deductible waived	pply to generic \$15 copay plus 30% deductible waived
	\$35 copay	\$35 copay plus 30%
Preferred Brand Oral Contraceptives Included		after deductible
Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	after deductible \$50 copay after deductible	after deductible \$50 copay plus 30% after 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. \*

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Managed Choice Open Access 2500

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
,		
Coinsurance (Member's responsibility)	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
Coincurso Menimum	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum	¢2.500	tr 000
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
		deductible
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit	\$30 copay	30%
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$40 copay	30%
Unlimited visits	deductible waived	after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
e aspacient surgery	after deductible	after deductible
Urgent Care Facility		30%
Orgent Care Facility	\$50 copay deductible waived	after deductible
	deductible waived	arter deductible
Emergency Room		vaived if admitted) e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		covered
		ancy complications
Preventive Health —	\$30 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab work and X-rays	
	mendades ides in	on ana na ju
	200/	F00/
	20%	50%
Lab/X-Ray	after deductible	after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital	after deductible 20%	after deductible 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year*	after deductible 20% after deductible	after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy	after deductible 20% after deductible 20%	after deductible 50% after deductible 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	after deductible 20% after deductible 20% after deductible <i>Aetna will pay a m</i>	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible 20% after deductible 20% Aetna will pay a m 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*	after deductible       20%       after deductible       20%       Aetna will pay a m       20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible	after deductible 50% after deductible 50% after deductible hax. of \$25 per visit 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per	after deductible 20% after deductible 20% after deductible Aetna will pay a n 20% after deductible 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay a n 20% after deductible 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50%
No waiting period Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible tax. of \$25 per visit 50% after deductible 50% after deductible
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Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay	after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived \$35 copay plus 30%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Oral Contraceptives Included	after deductible 20% after deductible 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	after deductible 50% after deductible 50% after deductible atter deductible 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived \$35 copay plus 30% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Vala Contraceptives Included Non-Preferred Brand	after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible \$50 copay	after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible \$500 \$15 copay plus 30% deductible waived \$35 copay plus 30%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Oral Contraceptives Included	after deductible 20% after deductible 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	after deductible 50% after deductible 50% after deductible atter deductible 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived \$35 copay plus 30% after deductible

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

Managed Choice Open 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	50% after deductible up to
(member s responsibility)	out-of-pocket max.	out-of-pocket max.
	· · · · · · · · · · · · · · · · · · ·	cket max. is satisfied
Coinsurance Maximum	+	
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
		deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit	\$40 copay	30%
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner, Pediatrician or Internist		
Specialist Visit	\$50 copay	30%
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	30%
	deductible waived	after deductible
Emergency Room	\$100 copay** (w	vaived if admitted)
	20% coinsurance after deductib	
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max.		
Annual Pap/Mammogram	Net	
Maternity	Not covered Except for pregnancy complications	
Preventive Health —	\$40 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	20%	50% after deductible
and Chiropractic Care 24 visits per calendar year*	after deductible	arter deductible
24 visits per calendar year	Aetna will pay a m	nax. of \$25 per visit*
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	20%	50%
Aetna will pay up to \$2000 per calendar year*	after deductible	after deductible
PHARMACY	1	
Pharmacy Deductible	\$500	\$500
per individual		\$500
·	Does not ap	pply to generic
Generic	\$15 copay	\$15 copay plus 30%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand	\$35 copay	\$35 copay plus 30%
Oral Contraceptives Included	after deductible	after deductible
Non-Preferred Brand	\$50 copay after deductible	\$50 copay plus 30% after deductible
Oral Contraceptives Included Calendar Year Maximum		
calendar Year Maximum per individual*	Unlimited	Unlimited
per mannada		

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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. \*\*

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Managed Choice Open Access High Deductible 3000 (HSA Compatible)

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	0% after	30% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$0	\$6,500
Family	\$0	\$13,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$12,500
Family	\$6,000	\$25,000
	Includes	deductible
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit	0%	30%
Unlimited visits	after deductible	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	0%	30%
Unlimited visits	after deductible	after deductible
Hospital Admission	0%	30%
	after deductible	after deductible
Outpatient Surgery	0% after deductible	30% after deductible
Urgent Care Encility	0%	30%
Urgent Care Facility	after deductible	after deductible
Emergency Room		er deductible
Emergency Room		
Annual Routine Gyn Exam No waiting period, no calendar	\$0 copay deductible waived	30% after deductible
year max. Annual Pap/Mammogram	deductible walved	
Maternity	Not covered Except for pregnancy complications	
Materinty		
Preventive Health —	\$20 copay	30%
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	0%	30%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	0%	30%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy and Chiropractic Care	0% after deductible	30% after deductible
24 visits per calendar year*		
	Aetna will pay a n	nax. of \$25 per visit*
Home Health Care —	0%	30%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	0%	30%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible per individual	Integrated Medi	cal/Rx Deductible
	0% after Medical/	30% after Medical
·		Rx deductible
Generic Oral Contraceptives Included	Rx deductible	
<b>Generic</b> Oral Contraceptives Included		30% after Medical
Generic	Rx deductible 0% after Medical/ Rx deductible	30% after Medical/ Rx deductible
Generic Oral Contraceptives Included Preferred Brand	0% after Medical/	Rx deductible
Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	
Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	0% after Medical/ Rx deductible 0% after Medical/	Rx deductible 30% after Medical

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)

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.	30% after deductible up to out-of-pocket max. ket max. is satisfied	
Coinsurance Maximum			
Individual Family	\$0 \$0	\$2,500 \$5,000	
<b>Out-of-Pocket Maximum</b> Individual Family	\$5,000 \$10,000	\$12,500 \$25,000	
	Includes o	leductible	
Lifetime Maximum* per insured	\$5,00	0,000	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	30% after deductible	
Specialist Visit Unlimited visits	0% after deductible	30% after deductible	
Hospital Admission	0% after deductible	30% after deductible	
Outpatient Surgery	0% after deductible	30% after deductible	
Urgent Care Facility	0% after deductible	30% after deductible	
Emergency Room	\$0 copay after deductible		
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible	
Maternity	Not covered Except for pregnancy complications		
Preventive Health — Routine Physical	\$25 copay deductible waived	30% after deductible	
Aetna will pay up to \$200 per exam* No waiting period	Includes lab w	ork and X-rays	
Lab/X-Ray	0% after deductible	30% after deductible	
<b>Skilled Nursing</b> — in lieu of hospital 30 days per calendar year*	0% after deductible	30% after deductible	
Physical/Occupational Therapy and Chiropractic Care	0% after deductible	30% after deductible	
24 visits per calendar year*	Aetna will pay a max. of \$25 per visit*		
Home Health Care — in lieu of hospital 30 visits per calendar year*	0% after deductible	30% after deductible	
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	0% after deductible	30% after deductible	
PHARMACY			
Pharmacy Deductible per individual		cal/Rx Deductible	
Generic Oral Contraceptives Included	0% after Medical/ Rx deductible	30% after Medical/ Rx deductible	
Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	30% after Medical/ Rx deductible	
Non-Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	30% after Medical/ Rx deductible	
Calendar Year Maximum per individual*	Unlimited	Unlimited	

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



Managed Choice Open Access Value 2500

Specialist and Non Specialist share visit max.after, 3+ visits 50% coinsurance after deductible. Specialist visit max.Specialist Visit Unlimited visitsVisit 1-2 530 copay, deductible vaived. Visit 3+ 30% after deductible. Specialist and Non Specialist and Primary share visits after deductibleUnput the distribution30% after deductible30% after deductibleUrgent Care Facility\$50 copay deductible waived30% after deductibleAnnual Routine Gyn Exam No waiting period\$00 copay after deductible30% after deductible	1/	value 2000		
Individual S2,500 S5,000 Family S5,000 S10,000 Coinsurance (Member's responsibility) Coinsurance Maximum Individual S2,500 S5,000 S10,000 Cut-of-pocket max. <i>So attrifeed</i> S5,000 S10,000 Cut-of-pocket max. <i>So attrifeed</i> S5,000 S10,000 Cut-of-pocket Maximum Individual S2,500 S5,000 S10,000 Cut-of-pocket Maximum Individual S5,000 S10,000 Cut-of-pocket Maximum Individual S5,000 S10,000 Cut-of-pocket Maximum Individual S5,000 S10,000 Cut-of-pocket Maximum Individual S5,000 S10,000 Cut-of-pocket Maximum Family S5,000 S10,000 Cut-of-pocket Maximum Family S5,000 S10,000 Cut-of-pocket Maximum S5,000 S10,000 Cut-of-pocket Maximum S5,000 S10,000 Cut-of-pocket Maximum S5,000 S10,000 S		In-Network	Out-of-Network*	
Family         \$5,000         \$10,000           Coinsurance (Member's responsibility)         30% after deductible up to out-of-pocket max.         50% after deductible up to out-of-pocket max.           Coinsurance Maximum Individual         \$2,500         \$10,000           Family         \$2,500         \$10,000           Out-of-Pocket Maximum Individual         \$2,500         \$10,000           Family         \$5,000         \$10,000           Non-Specialist Office Visit Unlimited visits         Visit 1-2 \$30 copay, deductible wave         Visit 1-2 \$30, consurance. There- are visits.           Specialist Visit         Visit 1-2 \$30 copay, deductible visits         Visit 1-2 \$30 copay, deductible Specialist and Non share visits.           Specialist Visit         Visit 1-2 \$30 copay, deductible visits         Visit 1-2 \$30 copay, deductible Specialist and Non share visits.           Specialist Visit         Visit 1-2 \$30 copay, deductible vaived         Visit 1-2 \$30 copay, deductible vaived.         Visit 1-2 \$30 copay, vaived, plus 30% coinsurance after deductible vaived.           Outpatient Surgery         30% after deductible         30% after deductible         30% after deductible           Outpatient Surgery         30% after deductible         30% after deductible         30% after deductible           Outpatient Surgery         30% after deductible         30% after deductible         30% after deductible		\$2.500	\$5,000	
(Member's responsibility)       deductible up to out-of-pocket max. is satisfied         So once out-of-pocket max.       So once out-of-pocket max.         Individual       \$2,500       \$5,000         Family       \$2,000       \$10,000         So once out-of-pocket max.       Satisfied         Family       \$2,000       \$10,000         Family       \$2,000       \$10,000         Family       \$1,000,000       \$20,000         Individual       \$1,000,000       \$20,000         Non-Specialist Office Visit       Visit 1-2 \$30,000       corps, deductible         Unlimited visits       Specialist and Non       after 34-wists 50%       corps, deductible         Specialist Visit       Visit 1-2 \$30,000       share wisits       corps, deductible       corps, deductible         Specialist Visit       Visit 1-2 \$30,000       share wisits       corps, deductible       corps, deductible         Specialist Admission       30%       after deductible       after deductible       after deductible         Outpatient Surgery       30%       after deductible       after deductible       after deductible         Outpatient Surgery       30%       after deductible       after deductible       after deductible         Outpatient Surgery				
Out-of-pocket max.         Source-out-of-pocket max.         Is satisfied           Coinsurance Maximum Individual Family         \$2,500         \$5,000         \$10,000           Out-of-Pocket Maximum Individual Family         \$5,000         \$10,000         \$20,000           Unlimited visits         \$1,000,000         \$10,000         \$20,000         \$10,000           Non-Specialist Office Visit Unlimited visits         Visit 1-2 \$30,copay, deductible waived, Specialist An Non Specialist An Non Softer deductible Anter deductible A		30% after		
50 once out-of-pocket max. is satisfied           Individual         \$2,500         \$5,000           Family         \$5,000         \$10,000           Dut-of-Pocket Maximum         \$5,000         \$10,000           Family         \$5,000         \$10,000           Family         \$10,000         \$20,000           Individual         \$5,000         \$10,000           Family         \$11,000,000         \$20,000           Non-Specialist Office Visit         Visit 1-2 \$30,000         Visit 3-2 \$30,000           Unlimited visits         Visit 1-2 \$30,000         corpay, deductible           Specialist Visit         Visit 1-2 \$30,000         corpay, deductible           Unlimited visits         Visit 1-2 \$30,000         corpay, deductible           Specialist Visit         Visit 1-2 \$30,000         corpay, deductible           Unlimited visits         Sofo,000         stare visits.           Specialist Nisit         Visit 1-2 \$30,000         corpay, deductible           Unlimited visits         Sofo,	(Member's responsibility)			
Coinsurance Maximum Individual2,25055.00Family\$10,000Out-of-Pocket Maximum Individual\$5,000Family\$10,000Family\$10,000Individual Family\$1,000,000Individual Family\$1,000,000Non-Specialist Office Visit Unlimited visitsVisit 1-2 \$30 copay, deductible waived.Visit 3+3,000 Specialist Aran or InternistVisit 1-2 \$30 copay, deductible waived.Specialist Visit Unlimited visitsVisit 1-2 \$30 copay, deductible waived.Visit 3+3,000 Specialist Arar wisit Specialist and Non Specialist and Non Spec				
Family       \$5,000       \$10,000         Out-of-Pocket Maximum Individual Family       \$5,000       \$10,000         Family       \$10,000       \$20,000         Individed visits       \$10,000       \$20,000         Non-Specialist Office Visit Unlimited visits       Visit 1-2 \$30 copay, deductible waived. Visit 3+ 30% after deductible.       Visit 1-2 \$30 copay, visits 1-2 \$30         Specialist Visit       Visit 1-2 \$30 copay, Visit 3+ 30%       Visit 1-2 \$30 copay, visits 1-2 \$30         Specialist Visit       Visit 1-2 \$30 copay, Visit 3+ 30%       copay, deductible vaived, plus 30%         Specialist Visit       Visit 1-2 \$30 copay, Visit 3+ 30%       copay, deductible vaived, plus 30%         Specialist Visit       Visit 1-2 \$30 copay, Visit 3+ 30%       copay, deductible vaived, plus 30%         Specialist Aira visits       Visit 1-2 \$30 copay, Visit 3+ 30%       copay, deductible vaived, plus 30%         Outpatient Surgery       30%       30%       after deductible after deductible         Outpatient Surgery       30%       after deductible       after deductible         Temegency Room       \$100 copay** (waived if admitted) 30% consurance after deductible         Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram       Not covered         Preventive Health — Routine Physical       30%       50%	Coinsurance Maximum		Ket max. is satisfied	
Out-of-Pocket Maximum       \$5,000       \$10,000       \$20,000         Family       Includes deductible         Lifetime Maximum* per insured       \$1,000,000         Non-Specialist Office Visit       Visit 1-2 \$30 copay, deductible         Unlimited visits       deductible waived, visits 50% specialist share visits.         Specialist Visit       Usit 1-2 \$30 copay, deductible waived, plus 30% after deductible waived, visits 50% specialist share visits.         Specialist Visit       Visit 1-2 \$30 copay, deductible waived, visits 1-2 \$30 copay, deductible waived, plus 30% after deductible. Specialist and Primary share visits.         Specialist Visit       Visit 1-2 \$30 copay, deductible waived, visits 50% specialist and Non Specialist share visit.         Nominited visits       Visit 1-2 \$30 copay, deductible waived, plus 30% after deductible. Specialist and Primary share visits.         Hospital Admission       30% after deductible after deductible deductible waived after deductible after deductible waived after deductible after deductible after deductible after deductible waived after deductible after deductible waived after deductible after deductible after deductible after deductible waived after deductible after deductibl				
Individual Family 55,000 \$10,000 Includes deductible Unfamited visits General Physician, Family Practitioner, Pediatrician or Internist Specialist of Internist Pediatrician or Internist Pediatrician or Internist Pediatrician or Internist Specialist stand Non Specialist stand Non Specialist stand Non Specialist stand Primary share visits Specialist Visit Unlimited visits Visit 1-2 \$30 copay, deductible waved. Visit 3+ 30% Specialist stand Primary share visits Specialist Visit Unlimited visits Visit 1-2 \$30 copay, deductible waved. Visit 3+ 30% visit 3+ 20% visit 3+ 20% vi		\$5,000	\$10,000	
Includes deductible           Lifetime Maximum* per insured         \$1,000,000           Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist         Visit 1-2 \$30 (copay, deductible waived. Visit 3+ 30%         Visit 1-2 \$30 (copay, deductible waived. Specialist stare visit         Visit 1-2 \$30 (copay, deductible waived. Visit 3+ 30%         Visit 1-2 \$30 (copay, deductible waived. Tist and Primary share visits.           Hospital Admission         30%         50%         after deductible after deductible         after deductible after deductible           Outpatient Surgery         30%         50% (consurance after deductible after deductible         30%           No waiting period, no calendar year max. Annual Pap/Mammogram         Sto Copay         30%           No waiting period Lab/X-Ray         30%         50%           Skilled Nursing — in lieu of hospital 30 disy spe calendar year*         30%         50%           Atter deductible		\$5,000	\$10,000	
Lifetime Maximum* per insured\$1,000,000Non-Specialist Office Visit Unlimited visitsVisit 1-2 \$30 copay deductible valued, plus 30% after deductible. Specialist and Non Specialist share visitsVisit 1-2 \$30 copay deductible valued, plus 30% after deductible. Specialist share visitsSpecialist Visit Unlimited visitsVisit 1-2 \$30 copay deductible valued, plus 30% after deductible. Specialist share visitsVisit 1-2 \$30 copay deductible valued, valued, plus 30% after deductible. Specialist share visitsSpecialist Visit Unlimited visitsVisit 1-2 \$30 copay deductible valued, valued, plus 30% after deductible. Specialist share visitsHospital Admission Outpatient Surgery30% after deductible after deductible after deductible after deductible after deductible after deductible after deductible after deductibleAnnual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram\$00 copay after deductible after deductibleMospital 30 days per calendar year*30% after deductible after deductible after deductible after deductible after deductibleStilled Nursing — in lieu of hospital 30 days per calenda	Family			
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Unlimited visits       General Physician, Family Practitioner,       Geductible waived,       Copay, deductible         Pediatrician or Internist       Specialist and Non       Specialist share visits       Specialist share visits       Copay, deductible         Specialist Visit       Visit 1-2 \$30 copay,       Visit 3-30%       coinsurance. There-         Specialist Visit       Visit 1-2 \$30 copay,       deductible waived,       coinsurance. There-         Specialist Admission       Soft and Primary       share visits.       coinsurance. There-         After deductible       Specialist and Primary       share visits.       coinsurance. There-         Mospital Admission       30%       after deductible       soft and Primary         Mospital Admission       30%       after deductible       soft and Primary         Murgent Care Facility       \$50 copay       30%       after deductible         Urgent Care Facility       \$50 copay       30%       after deductible         Annual Routine Gyn Exam       No coursurance after deductible       after deductible         No waiting period, no calendar       year max. Annual Pap/Mammogram       Not covered         Maternity       Not covered       after deductible       after deductible         Stol Copay       30%       after deductible       after	•			
General Physician, Family Practitioner, Pediatrician or Internist       Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.       valued, plus 30% coinsurance. There- deductible. Specialist and Non Specialist share visits.         Specialist Visit Unlimited visits       Visit 1-2 \$30 copay, deductible. waived. Visit 3+ 30%       Visit 1-2 \$30 copay, deductible. Specialist and Non Specialist and Non Specialist and Non Specialist and Non Specialist and Non Specialist share visits.         Hospital Admission       30% after deductible Solo after deductible       Solo after deductible after deductible         Outpatient Surgery       30% after deductible solo after deductible       Solo after deductible         Feregency Room       \$100 copay deductible waived after deductible       30% after deductible         Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram       Solo copay deductible waived after deductible       30% after deductible         Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period       30% after deductible after deductible       30% after deductible         Skilled Nursing — in lieu of hospital 30 divs sper calendar year*       30% after deductible after deductible       50% after deductible         Skilled Nursing — in lieu of hospital 30 divs sper calendar year*       30% after deductible       50% after deductible         Svists per calendar year*       Aetna will pay up to \$2000 per calendar year*       50% after deductible       50% after deductible				
Pediatrician or Internist       after deductible.       coinsurance. There- after, 3+ visits.         Specialist visit       Specialist share visit       coinsurance. There- after, 3+ visits.         Specialist Visit       Visit 1-2 \$30 copay.       Visit 1-2 \$30 copay.         Unlimited visits       Visit 1-2 \$30 copay.       Visit 2-2 \$30 copay.         Visit 3+ 30%       after deductible.       Specialist and Non Specialist share visit.         Specialist Admission       30%       after deductible.         Outpatient Surgery       30%       after deductible         Juget Care Facility       \$50 copay       after deductible         Urgent Care Facility       \$50 copay.       after deductible         Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram       \$100 copay** (waived if admitted) 30% coinsurance after deductible         Artar will pay up to \$200 per exam* No waiting period.       \$50 copay after deductible       after deductible         Skilled Nursing — in lieu of hospital 30 days per calendar year*       \$00% after deductible       after deductible         Skilled Nursing — in lieu of hospital 30 wists per calendar year*       \$0% after deductible       \$0% after deductible         Skilled Nursing — in lieu of hospital 30 wists per calendar year*       \$0% after deductible       \$0% after deductible         Stoo opsy tal Gontraceptives in				
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max.deductible. Specialist and Primary share visits.Specialist VisitVisit 1-2 \$30 copay, deductible waived, Visit 3+3 30% after deductible. Specialist and Non Specialist and Non Specialist share visit.Visit 1-2 \$30 copay, deductible waived, plus 30% after deductible. Specialist share visit.Hospital Admission30% after deductible after deductible50% after deductible after deductible after deductible after deductible after deductible after deductible50% after deductible after deductibleOutpatient Surgery30% after deductible after deductible50% after deductible after deductibleAnnual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram\$0 copay deductible waived after deductiblePreventive Health — Routine Physical\$00% after deductible after deductible30% after deductibleAetna will pay up to \$200 per exam* No waiting period Lab/X-Ray\$0% after deductible after deductible\$0% after deductible after deductibleSkilled Nursing — in lieu of hospital 30% after deductible after deductible30% after deductible after deductible after deductible after deductible after deductible after deductible after deductible\$0% after deductible after deductible after deductible20 days per calendar year*30% after deductible after deductible\$0% after deductible30 days per calendar year*30% after deductible\$0% after deductible20 days per calendar year*30% after deductible\$0% after deductible30 vists p				
Specialist Visit Unlimited visitsVisit 1-2 \$30 copay, deductible waived, Visit 3+30% after deductible Specialist share visitsVisit 1-2 \$30 copay, deductible waived, plus 30% offer deductible Specialist share visit specialist share visit share visits.Hospital Admission30% after deductible50% after deductible after deductibleOutpatient Surgery30% after deductible after deductible50% after deductible after deductibleUnimited Visits\$50 copay deductible after deductible30% after deductibleOutpatient Surgery30% after deductible after deductible30% after deductibleManual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram\$00 copay* deductible waived after deductibleMaternityS00 copay deductible waived30% after deductible after deductiblePreventive Health — Routine Physical A detna will pay up to \$200 per exam* No waiting period\$00 after deductible after deductible after deductibleSkilled Nursing — in lieu of hospital 30% after deductible after deductibleStol Copay ad So% ad fer deductible after deductible50% after deductible after deductibleStilled Nursing — in lieu of hospital 30% after deductible after deductible after deductible after deductible after deductible after deductible<				
Specialist Visit       Visit 1-2 \$30 copay, Visit 1-2 \$30, copay, deductible waived, plus 30% after deductible. Specialist and Non Specialist and Non Specialist and Non       Visit 1-2 \$30, copay, deductible waived, plus 30% after deductible. Specialist and Non Specialist share visit, max.         Hospital Admission       30% after deductible ductible       50% after deductible after deductible         Outpatient Surgery       30% after deductible deductible waived after deductible       50% after deductible after deductible         Iurgent Care Facility       \$50 copay deductible waived after deductible       30% after deductible         Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram       \$0 copay deductible waived after deductible       30% after deductible         Not covered year max. Annual Pap/Mammogram       \$0 copay deductible waived after deductible       30% after deductible         No waiting period       \$200 per exam* No waiting period       \$30% after deductible       30% after deductible         Skilled Nursing — in lieu of hospital 30 days per calendar year*       30% after deductible       50% after deductible         Skilled Nursing — in lieu of hospital 30 days per calendar year*       30% after deductible       30% after deductible         Atten avill pay up to \$2000 per calendar year*       30% after deductible       30% after deductible       30% after deductible         Physical/Occupational Therapy and Chiropractic Care calendar year*       30% after deductibl		max.		
Unlimited visits       deductible waived. Visit 3+ 30% after deductible.       copay, deductible waived, plus 30% after deductible.         Hospital Admission       30% after deductible       coinsurance after deductible.         Outpatient Surgery       30% after deductible       50% after deductible         Urgent Care Facility       \$50 copay deductible waived       30% after deductible         Emergency Room       \$100 copay** (waived if admitted) 30% coinsurance after deductible         Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram       \$0 copay deductible waived       30% after deductible         No t covered Zecept for pregnancy complications       \$50 copay deductible waived       30% after deductible         Atten aviil pay up to \$200 per exam*       \$50 copay deductible waived       30% after deductible         Skilled Nursing — in lieu of hospital 30/s after deductible       30% after deductible       50% after deductible         Skilled Nursing — in lieu of hospital 30 visits per calendar year*       30% after deductible       50% after deductible         Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*       30% after deductible       30% after deductible         Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*       30% after deductible       30% after deductible         PHARMACY       PHARMACY       Spoo       \$500 consuraceptives inclu			share visits.	
Visit 3+ 30% after deductible Specialist and Non Specialist and Non after deductible after deductibleSo coinsurance after deductible after deductible after deductible after deductibleUrgent Care Facility\$50 copay deductible waived after deductible30% after deductibleAnnual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram\$0 copay deductible waived after deductibleMaternityNot covered Except for pregnancy complications S50 copay deductible waived after deductiblePreventive Health — Routine Physical Actna will pay up to \$200 per exam* No waiting period\$0% after deductible after deductibleSkilled Nursing — in lieu of hospital 30 days per calendar year*30% after deductible after deductible after deductibleStilled Nursing — in lieu of hospital 30 wists per calendar year*30% after deductible after deductible after deductibleDurable Medical Equipment Aetna will pay up to \$2000 per after deductible50% after deductible after deductible20 visits per calendar year*30% after deductible after deductibleDurable Medical Equipment Aetna will pay up to \$2000 per calendar year*30% after deductibleDurable Medical Equipment Aetna will pay up to \$2000 per <th></th> <th></th> <th></th>				
after deductible.       coinsurance. Thereafter, 3+ visits 50%         Specialist and Non       Specialist and Non         Specialist share visit       coinsurance after         deductible       Specialist and Primary         share visits.       30%         Outpatient Surgery       30%         Solve       after deductible         Urgent Care Facility       \$50 copay         Emergency Room       \$100 copay **         No waiting period, no calendar year max. Annual Pap/Mammogram       \$00 copay         No waiting period, no calendar year max. Annual Pap/Mammogram       \$50 copay         Routine Physical       \$50 copay         Actna will pay up to \$200 per exam*       \$50         No waiting period       30%         Lab/X-Ray       30%         Stilled Nursing — in lieu of hospital       30%         30 days per calendar year*       Acter advill pay and to \$200 per exam*         No waiting period       30%       50%         after deductible       after deductible         stilled Nursing — in lieu of hospital       30%       50%         30 days per calendar year*       Actena will pay a max. of \$25 per visit         Home Health Care —       30%       50%         in lieu of hospital       30%	Grannited Visits			
Specialist share visit max.coinsurance after deductible. Special- ist and Primary share visits.Hospital Admission30%50%after deductibleafter deductibleOutpatient Surgery30%50%after deductibleafter deductibleUrgent Care Facility\$50 copay& S50 copay30%& Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram\$0 copayMaternity\$0 copayRoutine Physical Aetna will pay up to \$200 per exam* No waiting period\$100 copay** (waived if admitted) a0% coinsurance after deductiblePreventive Health — No waiting period\$50 copayAdductible waivedafter deductible after deductibleAetna will pay up to \$200 per exam* No waiting period\$0% after deductible after deductibleSkilled Nursing — in lieu of hospital 30% after deductible after deductible50% after deductible after deductibleSkilled Nursing — in lieu of hospital 30% sof% after deductible after deductible50% after deductible after deductibleAuting physical/Occupational Therapy and Chiropractic Care al wists per calendar year*30% after deductible after deductibleAuting a max. of \$25 per visit Aetna will pay up to \$2000 per after deductible50% after deductible after deductibleDurable Medical Equipment Aetna will pay up to \$2000 per calendar year*30% after deductibleDurable Medical Equipment Aetna will pay up to \$2000 per calendar year*\$20 copay plus 30% deductible after deductible<		after deductible.	coinsurance. There-	
max.       deductible. Specialist and Primary share vists.         Hospital Admission       30%       50%         Outpatient Surgery       30%       50%         Outpatient Surgery       30%       50%         Jurgent Care Facility       \$50 copay       30%         Emergency Room       \$100 copay**       (waived if admitted)         Annual Routine Gyn Exam       \$00 copay       30%         No waiting period, no calendar year max. Annual Pap/Mammogram       \$00 copay       30%         Maternity       Vot covered       Except for pregnancy complications         Preventive Health —       \$50 copay       30%         Actna will pay up to \$200 per exam*       30%       after deductible         No waiting period       30%       50%       after deductible         Iab/X-Ray       30%       50%       after deductible         Skilled Nursing — in lieu of hospital       30%       50%       after deductible         30 days per calendar year*       Aetna will pay a max. of \$25 per visit       50%         Home Health Care —       30%       50%       after deductible         30 visits per calendar year*       Aetna will pay a max. of \$25 per visit       fre deductible         Durable Medical Equipment       30%       50%				
Hospital Admission       30%       50%         Autopatient Surgery       30%       50%         Outpatient Surgery       30%       50%         Jurgent Care Facility       \$50 copay       30%         Emergency Room       \$100 copay** (waived if admitted)         Annual Routine Gyn Exam       \$00 copay** (waived if admitted)         No waiting period, no calendar       \$00 copay       30%         year max. Annual Pap/Mammogram       Not covered         Maternity       Vot covered         Sto copay       30%       30%         Actna will pay up to \$200 per exam*       S50 copay       30%         No waiting period       Lab/X-Ray       30%       50%         Actna will pay up to \$200 per exam*       Includes lab work and X-rays       30%         No waiting period       30%       50%       30%         Skilled Nursing — in lieu of hospital       30%       50%       30%         30 days per calendar year*       Actna will pay a max. of \$25 per visit*         Home Health Care —       30%       50%       after deductible         after deductible       after deductible       after deductible       after deductible         24 visits per calendar year*       Actna will pay a max. of \$25 per visit* <t< th=""><th></th><td></td><td></td></t<>				
Hospital Admission       30%       50%         Outpatient Surgery       30%       after deductible         Outpatient Surgery       30%       after deductible         Outpatient Surgery       30%       after deductible         Urgent Care Facility       \$50 copay       30%         Emergency Room       \$100 copay **       (waived if admitted)         Annual Routine Gyn Exam       \$00 copay       30%         No waiting period, no calendar       deductible waived       after deductible         year max. Annual Pap/Mammogram       Not covered       Sto copay       30%         Routine Physical       Actna will pay up to \$200 per exam*       30%       after deductible         No waiting period       10 s200 per exam*       30%       after deductible         No waiting period       30%       50%       after deductible         Lab/X-Ray       30%       50%       after deductible         Skilled Nursing — in lieu of hospital       30%       50%       after deductible         30 days per calendar year*       Aetna will pay a max. of \$25 per visit       Home Health Care —       30%       after deductible         30 visits per calendar year*       Aetna will pay a max. of \$25 per visit       Sto       after deductible		THUX.		
after deductible         after deductible           Outpatient Surgery         30%         50%           after deductible         after deductible         after deductible           Urgent Care Facility         \$50 copay         after deductible           Emergency Room         \$100 copay** (waived if admitted)         30% coinsurance after deductible           Annual Routine Gyn Exam         \$0 copay         30% deductible waived         after deductible           No waiting period, no calendar year max. Annual Pap/Mammogram         \$0 copay         30% deductible waived         after deductible           Maternity         Not covered         Except for pregnancy complications         \$50 copay         30% deductible waived           Actna will pay up to \$200 per exam*         Not covered         Includes lab work and X-rays           No waiting period         1ab/X-Ray         30% after deductible         after deductible           Skilled Nursing — in lieu of hospital         30% after deductible         after deductible         after deductible           24 visits per calendar year*         Aetna will pay a max. of \$25 per visit*         Home Health Care —         30%         50%         after deductible           30 visits per calendar year*         Durable Medical Equipment         30%         50%         after deductible           3				
Outpatient Surgery         30% after deductible         50% after deductible           Urgent Care Facility         \$50 copay deductible waived         30% after deductible           Emergency Room         \$100 copay** (waived if admitted) 30% coinsurance after deductible           Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram         \$0 copay deductible waived         30% after deductible           Not covered year max. Annual Pap/Mammogram         Not covered Except for pregnancy complications           Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*         30% after deductible waiting period         30% after deductible           Lab/X-Ray         30% after deductible         50% after deductible         36% after deductible           Skilled Nursing — in lieu of hospital 30 days per calendar year*         30% after deductible         50% after deductible           Atetna will pay up to \$200 per exam*         30% after deductible         50% after deductible           Visits per calendar year*         Aetna will pay a max. of \$25 per visit           Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*         30% after deductible         30% after deductible           Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*         30% after deductible         50% after deductible           PHARMACY         Pharmacy Deductible calendar year*         \$20 copay f	Hospital Admission			
after deductible     after deductible       Urgent Care Facility     \$50 copay     30%       Emergency Room     \$100 copay** (waived if admitted)       Annual Routine Gyn Exam     \$00 copay     30%       No waiting period, no calendar     gear max. Annual Pap/Mammogram     \$00 copay     30%       Maternity     Vot covered     Except for pregnancy complications       Preventive Health —     \$50 copay     30%       Routine Physical     Actna will pay up to \$200 per exam*     30%     after deductible       No waiting period     1ab/X-Ray     30%     50%       Skilled Nursing — in lieu of hospital     30%     50%     after deductible       30 days per calendar year*     after deductible     after deductible       Physical/Occupational Therapy     30%     50%     after deductible       30 visits per calendar year*     Aetna will pay anx. of \$25 per visit     after deductible       Autna will pay up to \$2000 per     after deductible     after deductible       24 visits per calendar year*     30%     50%     after deductible       Durable Medical Equipment     30%     50%     after deductible       20 visits per calendar year*     20     after deductible     after deductible       20 visits per calendar year*     20%     20%     after deductible </th <th>Outpatient Surgery</th> <th></th> <th></th>	Outpatient Surgery			
deductible waived     after deductible       Emergency Room     \$100 copay** (waived if admitted)       30% coinsurance after deductible     after deductible       Annual Routine Gyn Exam     \$0 copay     after deductible       No waiting period, no calendar     \$0 copay     after deductible       gear max. Annual Pap/Mammogram     Not covered     after deductible       Maternity     Not covered     Except for pregnancy complications       Preventive Health —     \$50 copay     30%       Routine Physical     after deductible     after deductible       Aetna will pay up to \$200 per exam*     Includes lab work and X-rays       No waiting period     30%     50%       Jab/X-Ray     30%     50%       30 days per calendar year*     after deductible       Physical/Occupational Therapy     after deductible       after deductible     aft		after deductible	after deductible	
Emergency Room       \$100 copay** (waived if admitted) 30% coinsurance after deductible         Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram       \$0 copay deductible waived       after deductible         Maternity       Not covered       Except for pregnancy complications         Preventive Health —       \$50 copay deductible waived       after deductible         Aetna will pay up to \$200 per exam*       Includes lab work and X-rays         No waiting period       30%       50%         Lab/X-Ray       30%       50%         30 days per calendar year*       after deductible       after deductible         Physical/Cocupational Therapy and Chiropractic Care       30%       50%       50%         24 visits per calendar year*       30%       50%       50%         Durable Medical Equipment       30%       50%       after deductible         30 visits per calendar year*       30%       50%       after deductible         Durable Medical Equipment       30%       50%       after deductible         20 visits per calendar year*       30%       50%       20         Durable Medical Equipment       30%       50%       after deductible         20 visits per calendar year*       20 copay plus 30%       20       20 copay plus 30% </th <th>Urgent Care Facility</th> <th></th> <th></th>	Urgent Care Facility			
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No waiting period, no calendar year max. Annual Pap/Mammogram     deductible waived     after deductible       Maternity     Not covered       Reventive Health —     \$50 copay     30%       Routine Physical     deductible waived     after deductible       Aetna will pay up to \$200 per exam*     Includes lab work and X-rays       No waiting period     30%     50%       Lab/X-Ray     30%     50%       30 days per calendar year*     after deductible     after deductible       Physical/Cocupational Therapy and Chiropractic Care     30%     50%       24 visits per calendar year*     30%     50%       Durable Medical Equipment     30%     50%       Aetna will pay up to \$200 per     after deductible     after deductible       Dirable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per     after deductible     after deductible       Durable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per     after deductible     after deductible       after deductible     after deductible     after deductible       Durable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per     after deductible     after deductible       after deductible     after deductible     after deductible       Oral Co	Emergency Room			
year max. Annual Pap/Mammogram           Maternity         Not covered           Except for pregnancy complications           Preventive Health — Routine Physical         \$50 copay deductible waived         30% after deductible           Actna will pay up to \$200 per exam*         30% deductible waived         30% after deductible           No waiting period         30% Lab/X-Ray         30% after deductible         50% after deductible           Skilled Nursing — in lieu of hospital 30 days per calendar year*         30% after deductible         50% after deductible         50% after deductible           Physical/Occupational Therapy and Chiropractic Care         30% after deductible         50% after deductible         50% after deductible           Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*         30% after deductible         50% after deductible           Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*         30% after deductible         50% after deductible           PHARMACY         Pharmacy Deductible         \$500         \$20 per individual         \$20 copay deductible waived         \$20 copay \$20 copay plus 30% deductible waived           Oral Contraceptives Included         \$40 copay         \$40 copay         \$40 copay         \$40 copay         \$20 copay gaiter deductible         30% after deductible         30% after deductible           Calendar Year Ma			/-	
Maternity         Not covered Except for pregnancy complications           Preventive Health — Routine Physical         \$50 copay deductible waived         30% after deductible           Aetna will pay up to \$200 per exam*         Includes lab work and X-rays           No waiting period Lab/X-Ray         30% after deductible         50% after deductible           30 days per calendar year*         30% after deductible         50% after deductible           30 days per calendar year*         30% after deductible         50% after deductible           24 visits per calendar year*         Aetna will pay a max. of \$25 per visit*           Home Health Care — in lieu of hospital 30 visits per calendar year*         30% after deductible         50% after deductible           Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*         30% after deductible         50% after deductible           PHARMACY         Pharmacy Deductible         \$500 \$20 copay oral Contraceptives Included         \$20 copay after deductible         \$20 copay plus 30% deductible waived           Varia Contraceptives Included         \$40 copay         \$40 copay plus 30% deductible         \$20 copay plus 30% deductible           Not covered Aretra Discount Applies         S000         \$500         \$500		deductible waived	after deductible	
Except for pregnancy complications         Preventive Health —         Routine Physical         Aetna will pay up to \$200 per exam*         No waiting period         Lab/X-Ray         30%         50 days per calendar year*         Physical/Occupational Therapy and Chiropractic Care         24 visits per calendar year*         Home Health Care —         30%         20 visits per calendar year*         Home Health Care —         30%         20 visits per calendar year*         Durable Medical Equipment         Aetna will pay up to \$2000 per calendar year*         Durable Medical Equipment         Aetna will pay up to \$2000 per calendar year*         PhARMACY         Pharmacy Deductible         \$500         \$200         Oral Contraceptives Included         Aetna will pay up to \$2000 per calendar year*         PhARMACY         Pharmacy Deductible         \$200         Oral Contraceptives Included         Aetra deductible         After deductible         After deductible         After deductible         Calendar Year Maximum		Not	overed	
Routine Physical Aetna will pay up to \$200 per exam*     deductible waived Includes lab work and X-rays       Lab/X-Ray     30% after deductible 30% after deductible after deductible afte			ancy complications	
Aetna will pay up to \$200 per exam*     Includes lab work and X-rays       No waiting period     30%       Lab/X-Ray     30%       Skilled Nursing — in lieu of hospital     30%       30 days per calendar year*     after deductible       Physical/Occupational Therapy     30%       and Chiropractic Care     after deductible       atter deductible     after deductible       30 visits per calendar year*     30%       Durable Medical Equipment     30%       Aetna will pay up to \$2000 per     after deductible       after deductible     after deductible </th <th></th> <th></th> <th> / -</th>			/ -	
No waiting period     Incude Net Kell (1975)       Lab/X-Ray     30%     50%       Skilled Nursing — in lieu of hospital     30%     50%       30 days per calendar year*     after deductible     after deductible       Physical/Occupational Therapy     30%     50%       and Chiropractic Care     30%     50%       24 visits per calendar year*     Aetna will pay a max. of \$25 per visit'       Home Health Care —     30%     50%       after deductible     after deductible     after deductible       30 visits per calendar year*     30%     after deductible       Durable Medical Equipment     30%     after deductible       Aetna will pay up to \$2000 per     after deductible     after deductible       after deductible     \$50%     after deductible       PHARMACY     Pharmacy Deductible     \$20 copay     \$20 copay plus 30%       Pharmacy Deductible     \$20 copay     \$20 copay plus 30%       Oral Contraceptives Included     \$40 copay     \$40 copay plus 30%       Oral Contraceptives Included     Aetra deductible     After deductible       Arter deductible     after deductible     After deductible       Oral Contraceptives Included     Aetra deductible     After deductible       Arter deductible     After deductible     After deductible				
after deductible     after deductible       Skilled Nursing — in lieu of hospital     30%     50%       30 days per calendar year*     after deductible     after deductible       Physical/Occupational Therapy     30%     50%       and Chiropractic Care     after deductible     after deductible       24 visits per calendar year*     Aetna will pay a max. of \$25 per visit*       Home Health Care —     30%     50%       in lieu of hospital     after deductible       30 visits per calendar year*     Durable Medical Equipment     30%       Durable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per     after deductible     after deductible       after deductible     after deductible     after deductible       Pharmacy Deductible     \$500     \$500       per individual     Does not apply to generic       Generic     \$20 copay     \$40 copay plus 30%       Oral Contraceptives Included     After deductible     after deductible       Not covered     Aetna biscount     Applies       Calendar Year Maximum     \$5,000     \$5,000		includes lab w	ork and X-rays	
Skilled Nursing — in lieu of hospital     30%     50%       30 days per calendar year*     after deductible     after deductible       Physical/Occupational Therapy     30%     50%       and Chiropractic Care     30%     4fter deductible       24 visits per calendar year*     Aetna will pay a max. of \$25 per visit"       Home Health Care —     30%     50%       after deductible     30%     50%       in lieu of hospital     30%     after deductible       30 visits per calendar year*     30%     50%       Durable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per     after deductible       after deductible     after deductible       Des not apply to generic     500       Generic     \$20 copay       Oral Contraceptives Included     \$40 copay       Aetna ductible     after deductible       Val Contraceptives Included     Aetna ductible       Von Preferred Brand     \$40 copay       Oral Contraceptives Included     Aetna Discount       Applies     Aetna Discount       Applies     \$5,000	Lab/X-Ray			
30 days per calendar year*     after deductible     after deductible       Physical/Occupational Therapy and Chiropractic Care     30%     50%       24 visits per calendar year*     Aetra will pay a max. of \$25 per visit"       Home Health Care     30%     50%       after deductible     after deductible       24 visits per calendar year*     Aetra will pay a max. of \$25 per visit"       Home Health Care     30%     50%       after deductible     after deductible       30 visits per calendar year*     30%       Durable Medical Equipment     30%       Aetna will pay up to \$2000 per calendar year*     30%       PHARMACY     S500       Pharmacy Deductible     \$500       per individual     Does not apply to generic       Generic     \$20 copay       0ral Contraceptives Included     \$40 copay       After deductible     after deductible       Nort covered     Not covered       Nort Covered     Not covered       Oral Contraceptives Included     Aetra Discount       Applies     Calendar Year Maximum       \$5,000     \$5,000	Skilled Nursing — in lieu of hospital			
Physical/Occupational Therapy and Chiropractic Care     30%     50%       after deductible     after deductible     after deductible       24 visits per calendar year*     Aetna will pay a max. of \$25 per visit'       Home Health Care —     30%     50%       alter deductible     after deductible     after deductible       30 visits per calendar year*     30%     50%       Durable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per     after deductible     after deductible       allendar year*     30%     50%       PHARMACY     PHARMACY     PHARMACY       Pharmacy Deductible     \$500     \$500       Oral Contraceptives Included     \$40 copay     \$40 copay plus 30%       Oral Contraceptives Included     After deductible     after deductible       Not covered     Aetna biscount     Applies       Calendar Year Maximum     \$5,000     \$5,000				
24 visits per calendar year*     Aetna will pay a max. of \$25 per visit'       Home Health Care —     30%     50%       in lieu of hospital     after deductible     after deductible       20 visits per calendar year*     30%     50%       Durable Medical Equipment     30%     50%       Aetna will pay up to \$2000 per calendar year*     30%     50%       PHARMACY     S500     \$500       Pharmacy Deductible per individual     Does not apply to generic       Generic     \$20 copay     \$20 copay plus 30%       Oral Contraceptives Included     Aetna biscount     Aetna biscount       Artnaceptives Included     Not covered     Not covered       Oral Contraceptives Included     Aetna Discount     Applies       Calendar Year Maximum     \$5,000     \$5,000	Physical/Occupational Therapy	30%	50%	
Home Health Care     30%     50%       in lieu of hospital     after deductible     after deductible       30 visits per calendar year*     30%     after deductible       Durable Medical Equipment     30%     after deductible       Aetna will pay up to \$2000 per calendar year*     30%     50%       PHARMACY     Pharmacy Deductible     \$500       Pharmacy Deductible     \$500     \$500       per individual     Does not apply to generic       Generic     \$20 copay     \$20 copay plus 30%       Oral Contraceptives Included     \$40 copay     \$40 copay plus 30%       Oral Contraceptives Included     Not covered     Not covered       Non-Preferred Brand     Not covered     Not covered       Oral Contraceptives Included     Aetna Discount     Applies       Calendar Year Maximum     \$5,000     \$5,000				
in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible \$500 \$500 per individual Preferred Brand Oral Contraceptives Included Oral Contraceptives Included Aetna Discount Applies S,000 S,000 S,000				
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*         30% after deductible         50% after deductible           PHARMACY         Pharmacy Deductible per individual         \$500         \$500           Oper individual         Does not apply to generic 6eneric         \$20 copay         \$20 copay of deductible waived 4deductible waived 4deductible waived 6deductible waived 6deductible waived 6deductible waived 6deductible waived 6deductible waived 6deductible waived 6deductible				
Aetna will pay up to \$2000 per calendar year*     after deductible     after deductible       PHARMACY     \$500     \$500       Pharmacy Deductible per individual     \$500     \$500       Oral Contraceptives Included     \$20 copay plus 30% deductible waived     \$20 copay plus 30% deductible waived       Oral Contraceptives Included     \$40 copay     \$40 copay plus 30% deductible       Oral Contraceptives Included     \$40 copay     \$40 copay plus 30% deductible       Non-Preferred Brand     \$40 copay     \$40 copay plus 30% deductible       Oral Contraceptives Included     Aetna Discount Applies     Not covered       Calendar Year Maximum     \$5,000     \$5,000		2001	500/	
calendar year* PHARMACY Pharmacy Deductible per individual Does not apply to generic Generic Generic Generic Generic Generic S20 copay \$20 copay plus 30% Oral Contraceptives Included Are deductible waived Not covered Not covered Not covered Not covered Oral Contraceptives Included Calendar Year Maximum S5,000 \$5,000				
PHARMACY           Pharmacy Deductible per individual         \$500         \$500           generic         Does not apply to generic         \$20 copay           Generic         \$20 copay         \$20 copay plus 30%           Oral Contraceptives Included         deductible waived         deductible waived           Oral Contraceptives Included         after deductible         after deductible           Non-Preferred Brand         Not covered         Not covered           Oral Contraceptives Included         Aetna Discount         Applies           Calendar Year Maximum         \$5,000         \$5,000				
per individual         Does not apply to generic           Generic         \$20 copay         \$20 copay plus 30%           Oral Contraceptives Included         deductible waived         deductible waived           Preferred Brand         \$40 copay         \$40 copay plus 30%           Oral Contraceptives Included         after deductible         after deductible           Non-Preferred Brand         Not covered         Not covered           Oral Contraceptives Included         Aetna Discount         Applies           Calendar Year Maximum         \$5,000         \$5,000	PHARMACY			
Generic         \$20 copay         \$40 copay         \$40 copay plus 30%         \$40 copay         \$40 copay plus 30%         \$40 copay         after deductible         waiter         \$40 copay         after deductible         \$40 copay         after deductible         \$40 copay         \$40 copay         after deductible         \$40 copay         \$40 copay         after deductible         \$40 copay         \$40 copay         after deductible         \$40 copay         \$40 copay         \$40 copay         \$40 copay         \$40 copay         \$40 copay         \$40 copay <th></th> <th></th> <th></th>				
Oral Contraceptives Included         deductible waived         deductible waived           Preferred Brand         \$40 copay         \$40 copay         \$40 copay           Oral Contraceptives Included         after deductible         after deductible         after deductible           Non-Preferred Brand         Not covered         Not covered         Not covered           Oral Contraceptives Included         Aetra Discount         Applies         S5,000				
Preferred Brand         \$40 copay         \$40 copay after deductible           Oral Contraceptives Included         after deductible         after deductible           Non-Preferred Brand         Not covered         Not covered           Oral Contraceptives Included         Aetna Discount         Not covered           Oral Contraceptives Included         Aetna Discount         Not covered           Calendar Year Maximum         \$5,000         \$5,000	Oral Contraceptives Included		deductible waived	
Non-Preferred Brand         Not covered         Not covered           Oral Contraceptives Included         Aetna Discount         Applies           Calendar Year Maximum         \$5,000         \$5,000	Preferred Brand	\$40 copay	\$40 copay plus 30%	
Oral Contraceptives Included     Aetna Discount Applies       Calendar Year Maximum     \$5,000       \$5,000				
Applies           Calendar Year Maximum         \$5,000           \$5,000			NOT COVERED	
Calendar Year Maximum \$5,000 \$5,000				
per individual*			\$5,000	
	per individual*			

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 5000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual	\$5,000	\$10,000
Family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance	30% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family Out-of-Pocket Maximum	\$10,000	\$5,000
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes of	deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit	Visits 1-2 \$30	Visits 1-2 \$30 copay
Unlimited visits	copay, ded. waived;	deductible waived,
General Physician, Family Practitioner, Pediatrician or Internist	Visit 3+ 30% after deductible. Spec.	plus 30% coinsur- ance. Thereafter, 3+
	and non-spec share	visits 50% coinsur-
	visit max	ance after deduct-
		ible. Specialist and
		Primary share visits.
Specialist Visit Unlimited visits	Visits 1-2 \$30	Visits 1-2 \$30 copay,
Uninfilled VISILS	copay, ded. waived; Visit 3+ 30% after	deductible waived, plus 30% coinsur-
	deductible. Spec.	ance. Thereafter, 3+
	and non- spec share	visits 50% coinsur-
	visit max	ance after deduct-
		ible. Specialist and
	200/	Primary share visits.
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
	deductible waived	after deductible
Emergency Room		vaived if admitted) e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		covered ancy complications
Preventive Health —	\$50 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		ork and X-rays
No waiting period		
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	30%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*		nax. of \$25 per visit*
Home Health Care —	30%	50%
in lieu of hospital 30 visits per calendar year*	after deductible	after deductible
Durable Medical Equipment	30%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible	\$500	\$500
per individual		ply to generic
Generic	\$20 copay	\$20 copay plus 30%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand Oral Contraceptives Included	\$40 copay after deductible	\$40 copay plus 30% after deductible
Non-Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount Applies	. Steeveled
	\$5,000	\$5,000
Calendar Year Maximum	\$J,000	\$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.

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Managed Choice Open Access Value 10000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible	\$10,000	\$10.000
Individual Family	\$10,000 \$20,000	\$20,000
Coinsurance	30% after	50% after
(Member's responsibility)	deductible up to	deductible up to
(·····································	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum Individual	\$12,500	\$12,500
Family	\$25,000	\$25,000
		deductible
Lifetime Maximum* per insured	\$1,00	0,000
Non-Specialist Office Visit	Visits 1-2 \$30 copay,	Visits 1-2 \$30 copa
Unlimited visits	ded. waived; Visit	deductible waived,
General Physician, Family Practitioner,	3+ 30% after	plus 30% coinsur-
Pediatrician or Internist	deductible. Spec.	ance. Thereafter, 3-
	and non- spec share visit max	visits 50% coinsur- ance after deduct-
	visit IIIdX	ible. Specialist and
		Primary share visits
Specialist Visit	Visits 1-2 \$30 copay,	Visits 1-2 \$30
Unlimited visits	ded. waived; Visit	copay, deductible
	3+ 30% after	waived, plus 30%
	deductible. Spec.	coinsurance.
	and non-spec share	Thereafter, 3+ visits
	visit max	50% coinsurance
		after deductible.
		Specialist and Primary share visits.
Hospital Admission	30%	50%
	after deductible	after deductible
Outpatient Surgery	30%	50%
o a passin o a goly	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
5 ,	deductible waived	after deductible
Emergency Room		vaived if admitted)
Annual Deutine Com France		e after deductible 30%
Annual Routine Gyn Exam No waiting period, no calendar	\$0 copay deductible waived	after deductible
year max. Annual Pap/Mammogram		arter deductible
Maternity	Not o	overed
		ancy complications
Preventive Health —	\$50 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays
No waiting period	30%	F00/
Lab/X-Ray	after deductible	50% after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	30%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*	Aetna will pay a m	nax. of \$25 per visit
Home Health Care —	30%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	30%	50%
Aetna will pay up to \$2000 per calendar year*	after deductible	after deductible
calendar year^ PHARMACY	1	
	\$500	\$500
		ply to generic
	\$20 copay	\$20 copay plus 30%
per individual		deductible waived
per individual Generic		accounter valveu
per individual <b>Generic</b> Oral Contraceptives Included	deductible waived	\$40 conav nlus 200
per individual Generic Oral Contraceptives Included Preferred Brand	deductible waived \$40 copay	
per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	deductible waived	\$40 copay plus 30% after deductible Not covered
per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	deductible waived \$40 copay after deductible	after deductible
per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	deductible waived \$40 copay after deductible Not covered	
Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Calendar Year Maximum	deductible waived \$40 copay after deductible Not covered Aetna Discount	after deductible

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

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#### Preventive and Hospital Care 1250

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
(Member s responsibility)	out-of-pocket max.	out-of-pocket max.
	· · · · · · · · · · · · · · · · · · ·	
	\$0 once out-of-pocket max. is satisfie	
Coinsurance Maximum		
Individual	\$3,000	\$7,500
Family	\$6,000	\$15,000
Out-of-Pocket Maximum		
Individual	\$4,250	\$10,000
Family	\$8,500	\$20,000
	Includes	deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit	Not covered	Not covered
Unlimited visits		
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	Not covered	Not covered
Unlimited visits		
Hospital Admission	20%	50%
-	after deductible	after deductible
Outpatient Surgery	20%	50%
e aquation bargery	after deductible	after deductible
Urgent Care Facility	1	
Urgent Care Facility	Not covered	Not covered
Emergency Room		vaived if admitted)
	1	e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not	covered
-		ancy complications
Preventive Health —	\$25 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
No waiting period	Includes lab v	vork and X-rays
Lab/X-Ray**	Not covered	Not covered
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	Not covered	Not covered
and Chiropractic Care		
24 visits per calendar year*		
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment***	Not covered	Not covered
Aetna will pay up to \$2000 per		
calendar year*		
	1	
PHARMACY		
Pharmacy Deductible	Not Applicable	Not Applicable
per individual		
Generic	\$15 copay	\$15 copay plus 30%
Oral Contraceptives Included		Not covered
	Not covered	INOL COVERED
Preferred Brand	Not covered Aetna Discount	NOL COVERED
Preferred Brand	Aetna Discount	Not covered
Preferred Brand Oral Contraceptives Included	Aetna Discount Applies	
Preferred Brand Oral Contraceptives Included Non-Preferred Brand	Aetna Discount Applies Not covered	Not covered
Preferred Brand	Aetna Discount Applies Not covered Aetna Discount	
Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	Aetna Discount Applies Not covered Aetna Discount Applies	Not covered
Preferred Brand Oral Contraceptives Included Non-Preferred Brand	Aetna Discount Applies Not covered Aetna Discount	

- 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.
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Preventive and Hospital Care 3000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
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	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum	\$ 1,000	40,000
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
lanniy		deductible
Lifotimo Maximumt por insurod		00,000
Lifetime Maximum* per insured		
Non-Specialist Office Visit	Not covered	Not covered
Unlimited visits		
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	Not covered	Not covered
Unlimited visits		
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room		vaived if admitted)
		e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not	overed
Waternity		ancy complications
Preventive Health —		30%
	\$35 copay deductible waived	after deductible
<b>Routine Physical</b> Aetna will pay up to \$200 per exam*	deductible waived	
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray**	Not covered	Not covered
•		
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	Not covered	Not covered
and Chiropractic Care		
24 visits per calendar year*		
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment***	Not covered	Not covered
Aetna will pay up to \$2000 per		
calendar year*		
PHARMACY		
Pharmacy Deductible	Not Applicable	Not Applicable
per individual		er ppressie
Generic	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	or covered
e.a. contraceptives included	Applies	
Droforrod Brond		Not coupred
Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	
	Applies	
Non-Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	
	Applies	
Calendar Year Maximum	Not Applicable	Not Applicable
per individual*	1	
per individual		

Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services + or supplies were received from a Preferred Provider. Except for coverage for services related to diagnosis, treatment and management

- ++ of Osteoporosis.
- +++ Coverage for Diabetic Equipment, supplies, and self management training 20% after deductible in-network and 50% after deductible out-of-network.

Preventive and Hospital Care 5000

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-pocket max. is satisfie	
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes of	leductible
Lifetime Maximum* per insured	\$1,00	0,000
Non-Specialist Office Visit	Not covered	Not covered
Unlimited visits		
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	Not covered	Not covered
Unlimited visits		
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
e aquaticité surgery	after deductible	after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room		aived if admitted) after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not a	overed
		ncy complications)
Preventive Health —	\$40 copay	30%
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**	Not covered	Not covered
Skilled Nursing — in lieu of hospital	20%	
	20 /0	50%
30 days per calendar year*	after deductible	50% after deductible
30 days per calendar year* Physical/Occupational Therapy	/-	/-
Physical/Occupational Therapy	after deductible	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	after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	after deductible Not covered 20%	after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible Not covered	after deductible 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*	after deductible Not covered 20% after deductible	after deductible Not covered 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 Not covered 20%	after deductible 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 \$2000 per	after deductible Not covered 20% after deductible	after deductible Not covered 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 \$2000 per calendar year*	after deductible Not covered 20% after deductible	after deductible Not covered 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 \$2000 per calendar year* PHARMACY	after deductible Not covered 20% after deductible Not covered	after deductible Not covered 50% after deductible 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible	after deductible Not covered 20% after deductible	after deductible Not covered 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible Not covered 20% after deductible Not covered Not Applicable	after deductible Not covered 50% after deductible Not covered Not Applicable
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered	after deductible Not covered 50% after deductible 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered Aetna Discount	after deductible Not covered 50% after deductible Not covered Not Applicable
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered Aetna Discount Applies	after deductible Not covered 50% after deductible Not covered Not Applicable 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	after deductible Not covered 20% after deductible Not covered Not covered Not Applicable Not covered Aetna Discount Applies Not covered	after deductible Not covered 50% after deductible Not covered Not Applicable
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not covered Aetha Discount Applies Not covered Aetha Discount	after deductible Not covered 50% after deductible Not covered Not Applicable 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not covered Aetna Discount Applies Not covered Aetna Discount Applies	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Not covered Not covered Not covered Not covered	after deductible Not covered 50% after deductible Not covered Not Applicable 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not Applicable Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not covered Not covered Aetna Discount Applies Not covered Aetna Discount Applies	after deductible Not covered 50% after deductible Not covered Not covered Not covered Not covered 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 \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	after deductible Not covered 20% after deductible Not covered Not covered Not Applicable Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount	after deductible Not covered 50% after deductible Not covered Not Applicable 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.

Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee
Schedule. Payment for other out-of-network facility care is determined based upon the negotiated
charge that would apply if such services or supplies were received from a Preferred Provider.
 Except for coverage for services related to diagnosis, treatment and management of Osteoporosis.

+++ Except to overage to services related to unagitoss, treatment and intangement to overage/or Subedpotosi +++ Coverage for Diabetic Equipment, supplies, and self management training 20% after deductible in-network and 50% after deductible out-of-network.

#### 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	100% ded. waived
Comprehensive oral exam	100% ded. waived	100% ded. waived
Problem-focused oral exam	100% ded. waived	100% ded. waived
X-rays		
Bitewing — single film	100% ded. waived	100% ded. waived
Complete series	100% ded. waived	100% ded. waived
PREVENTIVE SERVICES		
Adult cleaning	100% ded. waived	100% ded. waived
Child cleaning	100% ded. waived	100% ded. waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% ded. waived	100% 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 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 this brochure. For a full list of benefit coverage and exclusions refer to the plan documents. All products not available in all counties.

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

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Managed Choice Open Access 7500 with Unlimited Primary Care Visits plus Dental

- / 101(2005		
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-poo	cket max. is satisfied
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$12,500	\$12,500
Family	\$25,000	\$25,000
	Includes	deductible
Lifetime Maximum* per insured		00,000
	¢20	200/
Non-Specialist Office Visit Unlimited visits	\$30 copay deductible waived	30% after deductible
General Physician, Family Practitioner,	deductible waived	arter deductible
Pediatrician or Internist		
Specialist Visit	20%	30%
Unlimited visits	20% after deductible	after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
	deductible waived	after deductible
Emergency Room		vaived if admitted) eductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram	deddedble Haired	
Maternity	Not	covered
Materinty		ancy complications
Preventive Health —	\$30 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includos lab v	ork and X-rays
No waiting period		ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital		
	20%	50%
30 days per calendar year*	after deductible	after deductible
30 days per calendar year* Physical/Occupational Therapy	after deductible 20%	after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible	after deductible 50% after deductible
30 days per calendar year* Physical/Occupational Therapy	after deductible 20% after deductible	after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible	after deductible 50% after deductible
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 Maximum applies to combined in and out-of-network benefits.
 Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

 Payment for out-of-network facility covered expenses is determined based on Aetnas 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 special programs

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

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

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

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

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



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

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

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

#### Aetna Weight Management<sup>s™</sup> Discount Program

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

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

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

#### Aetna Rx Home Delivery®

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

#### Informed Health® Line

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

#### Aetna Navigator®

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

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

For more information on any of these programs, please visit us online at www.aetna.com.

## WANT TO SAVE ON DENTAL EXPENSES?

Vital Savings by Aetna<sup>®</sup> 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<sup>®</sup> 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.

Discount programs provide access to discounted prices and are NOT insured benefits.

## 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.)
- Unmarried dependent children up to age 23
- 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) for a special guaranteed issue plan through the Oklahoma State High Risk Pool, under Oklahoma 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

#### PRE-EXISTING CONDITIONS

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

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

- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Chemical dependency and substance abuse not covered
- Mental health services for Managed Choice Open Access plans 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. Aetna Rx 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**.



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