

HIGH DEDUCTIBLE PPO 1 (HSA COMPATIBLE*)		
MEMBER BENEFITS	In-Network	Out-of-Network
Deductible Individual/Family	\$2,750/\$5,500	\$5,500/\$11,000
Coinsurance	20% after deductible	35% after deductible
Out-of-Pocket Maximum Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum**	\$5,000,000 per insured	\$5,000,000 per insured
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 Copay	20% after \$20 copay; after deductible
Specialist Visit	\$30 Copay	20% after \$30 copay; after deductible
Hospital Admission	20% after deductible	35% after deductible
Outpatient Surgery	20% after deductible	35% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	\$100 Copay (waived if admitted) 20% after deductible
Annual Routine Ob/Gyn Exam (Annual Pap/Mammogram)	0% not subject to deductible	20% after deductible
Maternity Obstetrician Visits	\$30 copay for initial visit; \$0 thereafter	20% after \$30 copay; after deductible
Preventive Health (Annual Physical) (\$200 per calendar year**)	\$20 copay	20% after \$20 copay; after deductible
Lab/X-Ray	20% after deductible	35% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year**)	20% after deductible	35% after deductible
Physical/Occupational Therapy (24 visits per calendar year**)	20% after deductible (Aetna will pay a maximum of \$25 per visit.)	35% after deductible (Aetna will pay a maximum of \$25 per visit.)
Home Health Care (40 visits per calendar year**)	20% after deductible	35% after deductible
Durable Medical Equipment (\$2,000 per calendar year**)	20% after deductible	35% after deductible
PHARMACY		
Generic (Oral Contraceptives Included)	\$15 Copay	\$15 Copay plus 20%
Calendar Year Deductible per Individual	Integrated Medical/Rx deductible	Integrated Medical/Rx deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 20% after deductible
Calendar Year Maximum per Individual**	\$5,000	\$5,000

*Based upon treasury guidance available as of the print date.

**Maximum applies to combined in and out of network benefits

For a full list of benefit coverage and exclusions refer to the plan documents.

