PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

PLAN FEATURES	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Deductible (per calendar year)	$3,000 Individual $9,000 Family 3 Individuals per Family	$6,000 Individual $18,000 Family 3 Individuals per Family
Unless otherwise indicated, the Deductible must be met prior to benefits being payable. All covered expenses accumulate separately toward the participating and non-participating Deductible. Member cost sharing for certain services including member cost sharing for prescription drugs, as indicated in the plan, are excluded from charges to meet the Deductible. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year.		
Member Coinsurance	20%	50%
Out-of-Pocket Maximum (per calendar year, excludes deductible)	$ 4,000 Individual $ 12,000 Family 3 Individuals per Family	$8,000 Individual $24,000 Family 3 Individuals per Family
Member cost sharing for certain services including mental health, substance abuse, DME and pharmacy do not apply toward the Out-of-Pocket Maximum. All covered expenses accumulate separately toward the participating and non-participating Out-of-Pocket Maximum. Once 3 individual members of a family each satisfy their Out-of-Pocket Maximum separately, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year. Only those out-of-pocket expenses resulting from the application of copays and coinsurance percentage (except any deductibles and penalty amounts) may be used to satisfy the Out-of-Pocket Maximum.		
Lifetime Maximum All covered expenses accumulate toward both the participating and non-participating Lifetime Maximum	Unlimited	
Payment for services from a Non-Participating Provider	Not Applicable	Professional: 105% of Medicare* Facility: 140% of Medicare*
Primary Care Physician Selection	Not Required	Not Applicable
Precertification Requirement Certain non-participating provider services require precertification or benefits will be reduced. Refer to your plan documents for a complete list of services that require precertification.		
Referral Requirement	Not Required	Not Applicable
PHYSICIAN SERVICES	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Primary Care Physician Visits	$35 copay; deductible waived	50% after deductible
Specialist Office Visits	$70 copay; deductible waived	50% after deductible
Primary Care Physician E-Visits An E-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare matter. This visit must be conducted through an Aetna authorized internet E-visit service vendor.	$35 copay; deductible waived	50% after deductible

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

Specialist E-Visits An E-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare matter. This visit must be conducted through an Aetna authorized internet E-visit service vendor.	$70 copay; deductible waived	50% after deductible
Walk-in Clinics Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor an outpatient department of a hospital, shall be considered a Walk-in Clinic.	$70 copay; deductible waived	50% after deductible
Maternity OB Visits	$70 copay; deductible waived	50% after deductible
Allergy Treatment by a Primary Care Physician	$35 copay; deductible waived	50% after deductible
Allergy Testing by Specialist Physician	$70 copay; deductible waived	50% after deductible
PREVENTIVE CARE	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Routine Adult Physical Exams / Immunizations	$0 copay; deductible waived	30% after deductible
Well Child Exams / Immunizations	$0 copay; deductible waived	30% after deductible
Routine Gynecological Exams Includes annual Pap smear and related lab fees	$0 copay; deductible waived	30% after deductible
Routine Mammograms **O**ne annual mammogram for females age 35 and over	$0 copay; deductible waived	30% after deductible
Routine Digital Rectal Exams / Prostate Specific Antigen Test For covered males age 40 and over	$0 copay; deductible waived	30% after deductible

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

Routine (or Preventive) Colorectal Cancer Screening For all members age 50 and over. Frequency schedule applies. Sigmoidoscopy and Double Contrast Barium Enema (DCBE) - 1 every 5 years for all members age 50 and over; Colonoscopy - 1 every 10 years for all members age 50 and over; Fecal Occult Blood Testing (FOBT) - 1 every year for all members age 50 and over	$0 copay; deductible waived	30% after deductible
Routine Hearing Screening at PCP	Covered as part of a routine physical exam	30% after deductible
DIAGNOSTIC PROCEDURES	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Diagnostic Laboratory If performed as a part of a physician's office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing	$35 copay; deductible waived	50% after deductible
Diagnostic X-ray except for Complex Imaging Services Outpatient hospital or other outpatient facility	$35 copay; deductible waived	50% after deductible
Diagnostic X-ray for Complex Imaging Services Including, but not limited to, MRI, MRA, PET and CT Scans	20% after deductible	50% after deductible
EMERGENCY MEDICAL CARE	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Urgent Care Provider	$100 copay; deductible waived	50% after deductible
Non-Urgent use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room Copay waived if admitted	20% after $250 copay; deductible waived	Refer to participating provider benefit
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Emergency Ambulance	20% after deductible	Refer to participating provider benefit
Non-Emergency Ambulance	20% after deductible	50% after deductible
HOSPITAL CARE	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Inpatient Coverage Including maternity & transplants Preferred Coverage for transplants is provided at an IOE contracted facility only.	20% after deductible	50% after deductible

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

Outpatient Surgery **P**rovided in an outpatient hospital department or a freestanding surgical facility	20% after deductible	50% after deductible
MENTAL HEALTH SERVICES	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Inpatient Serious Mental Illness and non-Serious Mental Illness Limited to 14 days per member per calendar year. Participating and Non-Participating combined	20% after deductible	50% after deductible
Outpatient Serious Mental Illness and non-Serious Mental Illness Limited to 20 visits per member per calendar year. Participating and Non-Participating combined	20% after deductible	50% after deductible
ALCOHOL/DRUG ABUSE SERVICES	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Inpatient Detox and Rehabilitation Limited to 3 treatment episodes per member per lifetime, IP and OP combined; Participating and Non-Participating combined	20% after deductible	50% after deductible
Outpatient Detox and Rehabilitation Limited to 3 treatment episodes per member per lifetime, IP and OP combined; Participating and Non-Participating combined	20% after deductible	50% after deductible
OTHER SERVICES	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Skilled Nursing Facility Limited to 30 days per member per calendar year; Participating and Non-Participating combined	20% after deductible	50% after deductible
Home Health Care (Limited to 60 visits per member per calendar year; 1 visit equals a period of 4 hours or less; Participating and Non-Participating combined	20% after deductible	50% after deductible
Infusion Therapy	20% after deductible	50% after deductible
Inpatient Hospice Care	20% after deductible	50% after deductible
Outpatient Hospice Care	20% after deductible	50% after deductible

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

Outpatient Speech Therapy Limited to 20 visits per member per calendar year; Participating and Non-Participating combined	20% after deductible	50% after deductible
Outpatient Physical and Occupational Therapy Limited to 20 visits per member per calendar year; Participating and Non-Participating combined	20% after deductible	50% after deductible
Durable Medical Equipment Maximum benefit of $2,500 per member per calendar year; Participating and Non-Participating combined	20% after deductible	50% after deductible
FAMILY PLANNING	**PARTICIPATING PROVIDERS**	**NON-PARTICIPATING PROVIDERS**
Infertility Treatment Coverage for only the diagnosis and surgical treatment of the underlying medical cause	Member cost sharing is based on the type of service performed and the place rendered	50% after deductible
Comprehensive Infertility Services **I**ncludes Artificial Insemination and Ovulation Induction	Not covered	Not Covered
Advanced Reproductive Technology (ART) ART includes: In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum microsurgery	Not covered	Not Covered
Voluntary Sterilization Including tubal ligation and vasectomy	Member cost sharing is based on the type of service performed and the place rendered	50% after deductible
PHARMACY - PRESCRIPTION DRUG BENEFITS	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
Retail Up to a 30-day supply at participating pharmacies	$20 copay - generic formulary $40 copay - brand name formulary $70 copay - generic and brand non-formulary	Not Covered
Mail Order 90 day supply at participating pharmacies	$60 copay for generic formulary $120 copay for brand formulary $210 copay for generic and brand non-formulary	Not Covered

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

Mandatory Generic (MG) - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price
Plan includes: Contraceptive drugs and devices obtainable from a pharmacy and diabetic supplies obtainable from a pharmacy.
Plan excludes: Lifestyle/performance enhancing drugs
Precertification and Step Therapy included and 90 day Transition of Care (TOC) for Precertification and Step Therapy included

* You may choose providers in our network (physicians and facilities) or may visit an out-of-network provider. Typically, you will pay substantially more money out of your own pocket if you choose to use an out-of-network doctor. The out-of-network provider will be paid based on Aetna's “recognized charge.” This is not the same as the billed charge from the doctor.

Aetna pays a percentage of the recognized charge, as defined in Your plan. The recognized charge for out-of-network hospitals, doctors and other out-of-network health care providers is a percentage (100 percent or above) of the rate that Medicare pays them.

You may have to pay the difference between the out-of-network provider's billed charge and Aetna’s recognized charge, plus any coinsurance and deductibles due under the plan. Note that any amount the doctor or hospital bills you above Aetna’s recognized charge does not count toward your deductible or out-of-pocket maximums.

This benefit applies when you choose to get care out of network. When you have no choice in the doctors you see (for example, an emergency room visit after a car accident), your deductible and coinsurance for the in-network level of benefits will be applied, and you should contact Aetna if your doctor asks you to pay more. Generally, you are not responsible for any outstanding balance billed by your doctors in an emergency situation.

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

What's Not Covered

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their 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) purchased**.

- All medical or hospital services not specifically covered in, or which are limited or excluded by your plan documents,
- Cosmetic surgery
- Custodial care
- Dental care and x-rays
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectible drugs including injectible 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
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Treatment of behavioral disorders
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

PLAN DESIGN AND BENEFITS - Tx CPOS 3000 80% - 10

If your plan covers outpatient prescription drugs, your plan may include a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step-therapy, please refer to Aetna's website at Aetna.com, or the Aetna Medication Formulary Guide. Aetna receives rebates from drug manufacturers 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. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member.

Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna, Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group subsidiary companies.

Choice POS in-network benefits are underwritten by Aetna Health Inc.; out-of-network benefits are underwritten by Corporate Health Insurance Company.

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