

# Benefits Summary

	Plan A		Plan B		Plan C	
	Aetna Choice POS II	OUT-OF-NETWORK	Aetna Choice POS II	OUT-OF-NETWORK	Aetna Choice POS II	OUT-OF-NETWORK
	IN-NETWORK		IN-NETWORK		IN-NETWORK	
<b>WELLNESS (Preventive Care)</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
Physical Exams	100%	Not Covered	100%	Not Covered	100%	Not Covered
Well Child Care (Including Immunizations)	100%	Not Covered	100%	Not Covered	100%	Not Covered
Mammogram (Test and Reading)	100%	Not Covered	100%	Not Covered	100%	Not Covered
Pap Smears (Test and Reading)	100%	Not Covered	100%	Not Covered	100%	Not Covered
Prostate Blood Test (Test and Reading)	100%	Not Covered	100%	Not Covered	100%	Not Covered
Fecal Occult Screening (Test and Reading)	100%	Not Covered	100%	Not Covered	100%	Not Covered
<b>MAJOR MEDICAL</b>						
<b>Deductible (Ded)</b>	<b>\$6,450/Individual</b> <b>\$12,900/Family</b>	<b>\$12,900/Individual</b> <b>\$25,800/Family</b>	<b>\$2,500/Individual</b> <b>\$5,000/Family</b>	<b>\$5,000/Individual</b> <b>\$10,000/Family</b>	<b>\$1,500/Individual</b> <b>\$3,000/Family</b>	<b>\$3,000/Individual</b> <b>\$6,000/Family</b>
Coinsurance Percent (MM)	100%	100%	80%	60%	80%	60%
<b>Out-of-Pocket Maximum</b> (Includes Deductible)	<b>\$6,450/Individual</b> <b>\$12,900/Family</b>	<b>\$12,900/Individual</b> <b>\$25,800/Family</b>	<b>\$7,350/Individual</b> <b>\$14,700/Family</b>	<b>\$14,700/Individual</b> <b>\$29,400/Family</b>	<b>\$6,000/Individual</b> <b>\$12,000/Family</b>	<b>\$12,000/Individual</b> <b>\$24,000/Family</b>
<b>PHYSICIANS OFFICE VISITS</b>						
Primary Care Copay	100% after Ded.	100% after Ded.	100% after \$40 Copay	60% after Ded.	100% after \$40 Copay	60% after Ded.
Specialist Copay	100% after Ded.	100% after Ded.	100% after \$100 Copay	60% after Ded.	100% after \$100 Copay	60% after Ded.
Teladoc	100% Ded. Waived	N/A	100% Ded. Waived	N/A	100% Ded. Waived	N/A
<b>HOSPITAL BENEFITS</b>						
In-Patient	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
Out-Patient	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
Emergency Room	100% after Ded.	100% after Ded.	100% after \$750 Copay (copay waived if admitted)	100% after \$750 Copay (copay waived if admitted)	100% after \$750 Copay (copay waived if admitted)	100% after \$750 Copay (copay waived if admitted)
<b>SURGICAL BENEFITS</b>						
In-Patient	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
Out-Patient	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
<b>LABORATORY &amp; X-RAY SERVICES</b>	100% after Ded.	100% after Ded.	100%	60% after Ded.	100%	60% after Ded.
<b>COMPLEX IMAGING - CT, PET, MRI, MRA</b>	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
<b>PRESCRIPTION DRUG CARD</b>						
Retail	100% after Ded.		\$20 Generic \$50 Preferred \$75 Non-Preferred 20% Specialty Drugs 90 day supply for 2.5 copays		\$20 Generic \$50 Preferred \$75 Non-Preferred 20% Specialty Drugs 90 day supply for 2.5 copays	
Mandatory Mail Order						
<b>MENTAL/NERVOUS &amp; SUBSTANCE ABUSE</b>						
In-Patient	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
Out-Patient	100% after Ded.	100% after Ded.	100% after \$40 Copay	60% after Ded.	100% after \$40 Copay	60% after Ded.
<b>ADDITIONAL MEDICAL BENEFITS</b>						
Home Health Care	100% after Ded.	100% after Ded. <i>Limited to 130 visits per CY</i>	80% after Ded.	60% after Ded. <i>Limited to 130 visits per CY</i>	80% after Ded.	60% after Ded. <i>Limited to 130 visits per CY</i>
Skilled Nursing Facility	100% after Ded.	100% after Ded. <i>Limited to 60 days per CY</i>	80% after Ded.	60% after Ded. <i>Limited to 60 days per CY</i>	80% after Ded.	60% after Ded. <i>Limited to 60 days per CY</i>
Hospice	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.
Urgent Care	100% after Ded.	100% after Ded.	100% after \$50 Copay	60% after Ded.	100% after \$50 Copay	60% after Ded.
Ambulance Services	100% after Ded.	100% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.	80% after Ded.
Air Ambulance Services	100% after Ded.	100% after Ded. Up to 300% of Medicare Allowable Rate (not subject to Usual and Customary Charges)	80% after Ded.	80% after Ded. Paid at Participating Provider Level of Benefits Up to 300% of Medicare Allowable Rate (not subject to Usual and Customary Charges)	80% after Ded.	80% after Ded. Paid at Participating Provider Level of Benefits Up to 300% of Medicare Allowable Rate (not subject to Usual and Customary Charges)
Durable Medical Equipment	100% after Ded.	100% after Ded.	80% after Ded.	60% after Ded.	80% after Ded.	60% after Ded.