



PLAN DESIGN AND BENEFITS
AETNA LIFE INSURANCE COMPANY - Insured

PLAN FEATURES	
Deductible (per calendar year)	\$500 Individual \$1,500 Family
Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.	
Member Coinsurance	20%
Applies to all expenses unless otherwise stated.	
Payment Limit (per calendar year)	\$2,000 Individual \$6,000 Family
Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except any deductibles, and penalty amounts) may be used to satisfy the Payment Limit. Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year.	
Lifetime Maximum	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Not applicable
Certification Requirements -	
Certification for Hospital Admissions must be obtained to avoid a reduction in benefits paid. Excluded amount is \$400 per occurrence.	
Referral Requirement	None
PREVENTIVE CARE	
Routine Adult Physical Exams/ Immunizations 1 exam every 12 months age 18 and over.	Covered 100%; deductible waived
Routine Well Child Exams/ Immunizations 7 exams in the first 12 months of life, 2 exams in the 13th - 24th month of life, 1 exam every 12 months thereafter to age 18.	Covered 100%; deductible waived
Routine Gynecological Care Exams Includes routine tests and related lab fees	Covered 100%; deductible waived
Routine Mammograms	Covered 100%; deductible waived
Routine Digital Rectal Exam / Prostate-specific Antigen Test For covered males age 40 and over	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived
Colorectal Cancer Screening For all members age 50 and over.	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived
Routine Eye Exams 1 routine eye exam per 12 months	Covered 100%
Routine Hearing Exams One routine hearing exam per 24 months.	Not Covered
PHYSICIAN SERVICES	
Office Visits to Non-Specialist Includes services of an internist, general physician, family practitioner or pediatrician.	20%
Specialist Office Visits	20%
Allergy Testing	20%
Allergy Injections	20%
DIAGNOSTIC PROCEDURES	
Diagnostic Laboratory and X-ray	20%
EMERGENCY MEDICAL CARE	
Emergency Room	20%
Non-Emergency care in an Emergency Room	50%
Ambulance	20%
HOSPITAL CARE	



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Inpatient Coverage	20%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
Inpatient Maternity Coverage	20%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
Outpatient Hospital Expenses (including surgery)	20%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	
MENTAL HEALTH SERVICES	
Inpatient	20%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
Outpatient	50%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	
ALCOHOL/DRUG ABUSE SERVICES	
Inpatient	20%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
Outpatient	50%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	
OTHER SERVICES	
Convalescent Facility	20%
Limited to 120 days per calendar year The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	
Home Health Care	20%
Limited to 120 visits per calendar year Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit	
Hospice Care - Inpatient	20%
Limited to 30 days per lifetime The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	
Hospice Care - Outpatient	20%
Up to a maximum benefit of \$5,000 The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	
Private Duty Nursing - Outpatient	20%
Limited to 70 eight hour shifts per calendar year	
Outpatient Short-Term Rehabilitation	20%
Includes speech, physical, and occupational therapy.	
Spinal Manipulation Therapy	20%
Durable Medical Equipment	20%
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	20% (payable as any other covered expense)
Transplants	20%
FAMILY PLANNING	
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Diagnosis and treatment of the underlying medical condition. Coverage includes Artificial Insemination (limited to six courses of treatment per member's lifetime) and Ovulation Induction (limited to six courses of treatment per member's lifetime). Lifetime maximum applies to all procedures covered by any Aetna plan except where prohibited by law.	
Voluntary Sterilization	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Including tubal ligation and vasectomy	
PHARMACY	



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Retail	\$5 copay for generic drugs, \$20 copay for formulary brand-name drugs, and \$35 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies. 20% after the above copays at non-participating pharmacies.
Mail Order	\$10 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna Rx Home Delivery® .

Pharmacy Managed Self Injectables (PMSI)
First prescription fill at any retail or mail order drug facility. Subsequent fills must be through Aetna Specialty Pharmacy®

No Mandatory Generic (NO MG) - Member is responsible to pay the applicable copay only.

Plan Includes: Contraceptive drugs and devices obtainable from a pharmacy, Oral fertility drugs, Diabetic supplies.

Precert for growth hormones included, Expanded Precert included, 90 day TOC for Precert and 90 day TOC for Step Therapy

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 19 or to age 26 if in school.

Pre-existing Conditions Exclusion On effective date: Waived
After effective date: Full Postponement

This plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 90 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 90 days ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 90 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 90 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 90 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion. In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any certificates of creditable coverage you have. Please contact Aetna Member Services at 1-888-982-3862 if you need assistance in obtaining a certificate of creditable coverage from your prior carrier or if you have any questions on the information noted above. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption, or placement for adoption. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment, and the pre-existing condition exclusion will be applied from the individual's effective date of coverage.

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 by your employer.



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All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, 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, or counseling; and special duty nursing.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are provided by Aetna Life Insurance Company.