

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

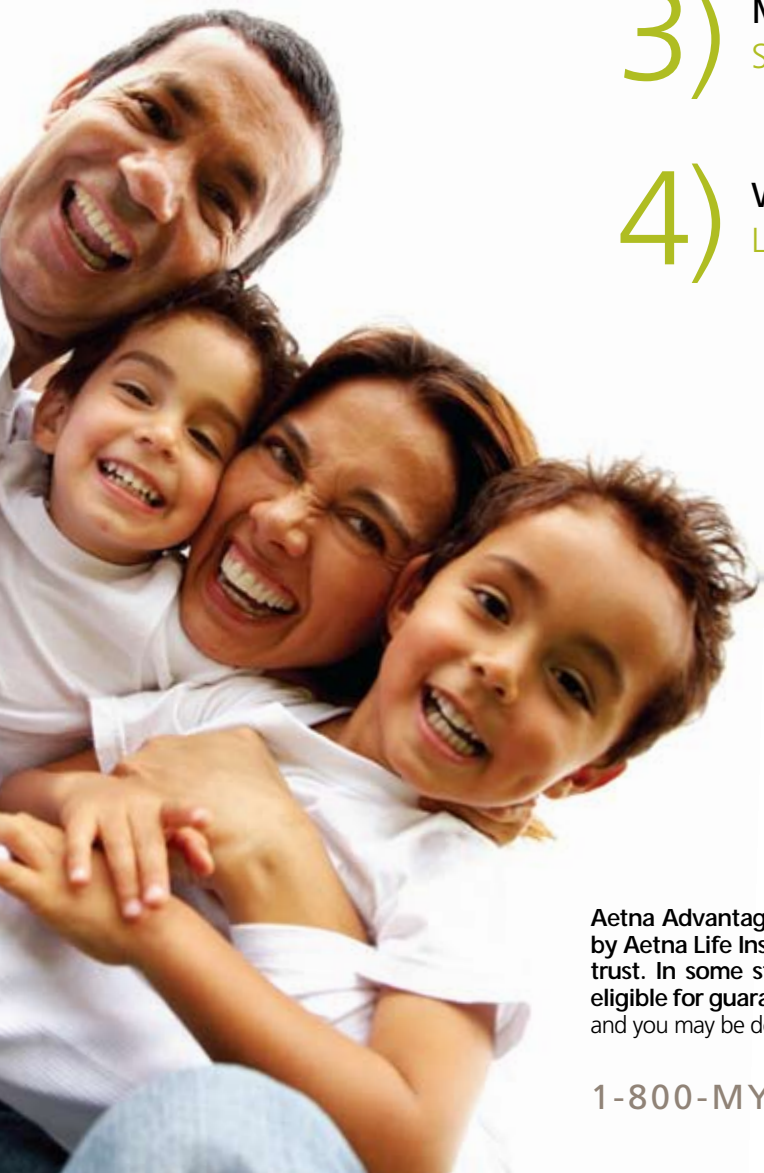
AETNA ADVANTAGE PLANS FOR INDIVIDUALS,  
FAMILIES AND THE SELF-EMPLOYED IN FLORIDA

The information you  
need to choose quality  
and affordable health  
insurance coverage.



# Choose Aetna, choos

- 1) **UNDERSTANDING YOUR CHOICES**  
See what plans are available
- 2) **AETNA ADVANTAGE PLAN DETAILS**  
Choose the insurance coverages that are right for you
- 3) **MORE VALUE WITH AETNA SPECIAL PROGRAMS**  
Substantial savings on programs to help you stay healthy
- 4) **WHAT YOU NEED TO KNOW**  
Learn more about what's included



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.

1-800-MY HEALTH | [www.aetnaindividual.com](http://www.aetnaindividual.com)

# e affordable coverage

Here are our top reasons why the Aetna Advantage plans offer some of the best choices and value to help meet your health coverage needs.

## Affordable quality & choices

Choose from a wide range of health insurance plans that offer excellent quality. Our plans are designed for maximum value, with lower monthly premiums, plus benefits for preventive care. You can choose how much to spend in premiums versus out-of-pocket expenses.

## Robust coverage, competitive costs

We offer plans with valuable features which may include:

- An excellent combination of quality coverage and competitively priced premiums.
- The freedom to see doctors whenever you need to, with no referrals needed.
- Covers preventive care, prescription drugs, doctor visits, hospitalization and children's immunizations.
- No deductible for well-women exams when you visit a network provider.
- No claim forms to fill out when you use a network provider.
- Aetna's nationwide provider network offers you a vast selection of licensed physicians and hospitals.

## Family coverage

Apply for coverage for yourself, your spouse, and children, or even just your children. Coverage can include prescription drugs, doctor visits, hospitalization and preventive care services.

## Tax advantages

We also offer High Deductible plans that are compatible with tax-advantaged Health Savings Accounts (HSAs). You can contribute money to your HSA tax-free. That money earns interest tax-free. And qualified withdrawals for medical expenses are tax-free, too.

## Help with health information

Need health information fast? We offer secure Internet access to reliable health tools and resources. Learn more about Aetna Navigator® and the Informed Health® Line in Section 3 - **More Value with Aetna Special Programs.**

## Coverage when you travel

Like to travel? You're covered by a nationwide network of doctors and hospitals that accept Aetna's negotiated fees.

## APPLY ONLINE OR BY MAIL

Use this guide to narrow down your plan choices. Then, get a free quote and apply for a policy either online or by mail.

### ONLINE:

1. Visit [www.aetnaindividual.com](http://www.aetnaindividual.com).
2. Choose your state.
3. Choose the best plan for you.
4. Click "Get A Quote."
5. Apply online and submit an electronic form of payment. (Or mail the enclosed application with one form of payment selected.)
6. Track the status of your application by clicking the site's Apps tab.

### BY MAIL:

Complete and mail the enclosed application, in the envelope provided, with one form of payment selected.

## HAVE QUESTIONS?

Just e-mail [AetnaAdvantagePlans@aetna.com](mailto:AetnaAdvantagePlans@aetna.com) or call 1-800-MY-HEALTH (1-800-694-3258).

## WANT A QUOTE NOW?

Visit [www.aetnaindividual.com](http://www.aetnaindividual.com) or call 1-800-MY-HEALTH (1-800-694-3258).

# 1) Understanding your Aetna Advantage plan choices

Our 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](http://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.

## 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 online

## 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](http://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.

## WHAT DOES THAT MEAN?

Here are a few definitions of terms you'll see throughout this brochure. For a more in-depth list of terms, please visit [www.planforyourhealth.com](http://www.planforyourhealth.com).\*

### AETNA'S FLORIDA 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 1-800-MY HEALTH.

#### Area 1 Counties

Alachua  
Baker  
Clay  
Duval  
Flagler  
Marion  
Nassau  
Saint Johns

#### Area 2 Counties

Lake  
Orange  
Osceola  
Seminole

#### Area 3 Counties

Charlotte  
Hillsborough  
Lee  
Manatee  
Pinellas  
Sarasota

#### Area 4 Counties

Broward  
Miami-Dade  
Palm Beach

#### Area 5 Counties

Citrus  
Columbia  
Sumter  
Suwannee

#### Area 6 Counties

Collier  
Escambia  
Holmes  
Monroe  
Okaloosa  
Santa Rosa  
Walton

#### Area 7 Counties

Bay  
Bradford  
Gilchrist  
Gulf  
Levy  
Putnam  
Union  
Washington

#### Area 8 Counties

Martin  
Okeechobee  
Saint Lucie

#### Area 9 Counties

Calhoun  
De Soto  
Dixie  
Franklin  
Gadsden  
Glades  
Hamilton  
Hardee  
Hendry  
Highlands  
Jackson  
Jefferson  
Lafayette  
Liberty  
Madison  
Taylor  
Wakulla

#### Area 10 Counties

Leon

#### Area 11 Counties

Brevard  
Indian River  
Volusia

#### Area 12 Counties

Hernando  
Pasco  
Polk

#### The products offered in areas 1-4, 8 and 10-12 are:

POS Open Access First Dollar 35  
POS Open Access 1500  
POS Open Access 2500  
POS Open Access 5000  
POS Open Access 7500  
POS Open Access 2500 with Limited Rx  
POS Open Access 5000 with Limited Rx  
POS Open Access High Deductible 3000 (HSA Compatible)  
POS Open Access High Deductible 5000 (HSA Compatible)  
POS Open Access Value 2000  
POS Open Access Value 3000  
POS Open Access Value 5000  
POS Open Access Value 7500  
POS Open Access Value 10000  
Preventive and Hospital Care 3000 (HSA Compatible)

#### The products offered in areas 5-7 and 9 are:

First Dollar Managed Choice Open Access 35  
Managed Choice Open Access 1500  
Managed Choice Open Access 2500  
Managed Choice Open Access 5000  
Managed Choice Open Access 7500  
Managed Choice Open Access 2500 with Limited Rx  
Managed Choice Open Access 5000 with Limited Rx  
Managed Choice Open Access High Deductible 3000 (HSA Compatible)  
Managed Choice Open Access High Deductible 5000 (HSA Compatible)  
Managed Choice Open Access Value 2000  
Managed Choice Open Access Value 3000  
Managed Choice Open Access Value 5000  
Managed Choice Open Access Value 7500  
Managed Choice Open Access Value 10000  
Preventive and Hospital Care 3000 (HSA Compatible)

**Deductible** – A fixed yearly dollar amount you pay before the benefits of the plan policy start.

**Coinsurance** – The dollar amount that the plan and you pay for covered benefits after the deductible is paid.

**Copayment (Copay)** – A fixed dollar amount that you must contribute toward the cost of covered medical services under a health plan. For HSA compatible plans, copayment will apply to your out-of-pocket max.

**Exclusions and Limitations** — Specific conditions or circumstances that are not covered under a plan.

**Lifetime Maximum** – The total dollar amount of benefits you may receive, or the limited number of particular services you may receive, over the term of the policy.

**Out-of-Pocket Maximum** – The amounts such as coinsurance and deductibles that an individual is required to contribute toward the cost of health services covered by the benefits plan.

**Premium** – The amount charged, often in installments, for an insurance policy.

**Pre-existing Condition** – A health condition (other than a pregnancy) or medical problem including the use of prescription drugs that was diagnosed or treated before getting insurance from a new health plan.

\* All products not available in all counties. Please refer to the county in which you reside for the available product.

\* Plan For Your Health is a public education program from Aetna and the Financial Planning Association.

# 2) Plan Details

First Dollar Managed Choice  
Open Access 35

## 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

### Plus:

- 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

\* 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 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.

| MEMBER BENEFITS  | In-Network   | Out-of-Network*                               |
|--|--|---|
| <b>Deductible</b><br>Individual<br>Family  | \$0<br>\$0   | \$7,000<br>\$14,000                           |
| <b>Coinsurance</b><br>(Member's responsibility)  | 35% up to out-of-pocket max.                             | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied                 |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000                                      | \$5,500<br>\$11,000                           |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000                                      | \$12,500<br>\$25,000                          |
|  | Includes deductible                                      |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$35 copay   | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$45 copay   | 50% after deductible                          |
| <b>Hospital Admission</b>  | 35%  | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 35%  | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay   | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted)                       |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay  | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam*<br/>No waiting period</i>                   | \$35 copay   | 50% after deductible                          |
|  | Includes lab work and X-rays                             |   |
| <b>Lab/X-Ray</b>   | 35%  | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital<br/>30 days per calendar year*</i>  | 35%  | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 35%  | 50% after deductible                          |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>          |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital<br/>30 visits per calendar year*</i>   | 35%  | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 35%  | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$500  | \$500   |
|  | <i>Does not apply to generic</i>                         |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay deductible waived                             | \$15 copay plus 50% deductible waived         |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay after deductible                              | \$35 copay plus 50% after deductible          |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay after deductible                              | \$50 copay plus 50% after deductible          |
| <b>Self Injectables</b>  | 20% after deductible                                     | 20% after deductible                          |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Unlimited                                     |

# 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

## Plus:

- 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

\* 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 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<br>Access 1500                       |   | Managed Choice Open<br>Access 2500                       |   |
|--|--|---|--|---|
| MEMBER BENEFITS  | In-Network   | Out-of-Network <sup>+</sup>                   | In-Network   | Out-of-Network <sup>+</sup>                   |
| <b>Deductible</b><br>Individual<br>Family  | \$1,500<br>\$3,000                                       | \$3,000<br>\$6,000                            | \$2,500<br>\$5,000                                       | \$5,000<br>\$10,000                           |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied                 |   | \$0 once out-of-pocket max. is satisfied                 |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$1,500<br>\$3,000                                       | \$7,000<br>\$14,000                           | \$2,500<br>\$5,000                                       | \$5,000<br>\$10,000                           |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$3,000<br>\$6,000                                       | \$10,000<br>\$20,000                          | \$5,000<br>\$10,000                                      | \$10,000<br>\$20,000                          |
|  | Includes deductible                                      |   | Includes deductible                                      |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$25 copay deductible waived                             | 50% after deductible                          | \$30 copay deductible waived                             | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$35 copay deductible waived                             | 50% after deductible                          | \$40 copay deductible waived                             | 50% after deductible                          |
| <b>Hospital Admission</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay deductible waived                             | 50% after deductible                          | \$50 copay deductible waived                             | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible      |   | \$150 copay** (waived if admitted) after deductible      |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived                              | 50% after deductible                          | \$0 copay deductible waived                              | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i>                       | \$25 copay deductible waived                             | 50% after deductible                          | \$30 copay deductible waived                             | 50% after deductible                          |
|  | Includes lab work and X-rays                             |   | Includes lab work and X-rays                             |   |
| <b>Lab/X-Ray</b>   | \$50 copay per visit                                     | 50% after deductible                          | \$50 copay per visit                                     | 50% after deductible                          |
| <b>Complex Imaging</b>   | \$500 copay per visit                                    | 50% after deductible                          | \$500 copay per visit                                    | 50% after deductible                          |
| <b>Skilled Nursing</b> —<br><i>in lieu of hospital 30 days per calendar year*</i>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
|  | Aetna will pay a max. of \$25 per visit*                 |   | Aetna will pay a max. of \$25 per visit*                 |   |
| <b>Home Health Care</b> —<br><i>in lieu of hospital 30 visits per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$500  | \$500   | \$500  | \$500   |
|  | Does not apply to generic                                |   | Does not apply to generic                                |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay deductible waived                             | \$15 copay plus 50% deductible waived         | \$15 copay deductible waived                             | \$15 copay plus 50% deductible waived         |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay after deductible                              | \$35 copay plus 50% after deductible          | \$35 copay after deductible                              | \$35 copay plus 50% after deductible          |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay after deductible                              | \$50 copay plus 50% after deductible          | \$50 copay after deductible                              | \$50 copay plus 50% after deductible          |
| <b>Self Injectables</b>  | 20% after deductible                                     | 20% after deductible                          | 20% after deductible                                     | 20% after deductible                          |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Unlimited                                     | Unlimited  | Unlimited                                     |

# 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

## Plus:

- 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

\* 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 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<br>Access 5000  |   | Managed Choice Open<br>Access 7500  |   |
|--|---|---|---|---|
| MEMBER BENEFITS  | In-Network  | Out-of-Network <sup>+</sup>   | In-Network  | Out-of-Network <sup>+</sup>   |
| <b>Deductible</b><br>Individual<br>Family  | \$5,000<br>\$10,000   | \$10,000<br>\$20,000  | \$7,500<br>\$15,000   | \$10,000<br>\$20,000  |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied | 50% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied | 50% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$2,500<br>\$5,000  | \$2,500<br>\$5,000  | \$5,000<br>\$10,000   | \$2,500<br>\$5,000  |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000   | \$12,500<br>\$25,000  | \$12,500<br>\$25,000  | \$12,500<br>\$25,000  |
|  | <i>Includes deductible</i>  |   | <i>Includes deductible</i>  |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000   |   | \$5,000,000   |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$40 copay deductible waived  | 50% after deductible  | \$40 copay deductible waived  | 50% after deductible  |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$50 copay deductible waived  | 50% after deductible  | \$50 copay deductible waived  | 50% after deductible  |
| <b>Hospital Admission</b>  | 20% after deductible  | 50% after deductible  | 20% after deductible  | 50% after deductible  |
| <b>Outpatient Surgery</b>  | 20% after deductible  | 50% after deductible  | 20% after deductible  | 50% after deductible  |
| <b>Urgent Care Facility</b>  | \$50 copay deductible waived  | 50% after deductible  | \$50 copay deductible waived  | 50% after deductible  |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible                                       |   | \$150 copay** (waived if admitted) after deductible                                       |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived   | 50% after deductible  | \$0 copay deductible waived   | 50% after deductible  |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>                                  |   | Not covered<br><i>Except for pregnancy complications</i>                                  |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam*<br/>No waiting period</i>                   | \$40 copay deductible waived  | 50% after deductible  | \$40 copay deductible waived  | 50% after deductible  |
|  | <i>Includes lab work and X-rays</i>   |   | <i>Includes lab work and X-rays</i>   |   |
| <b>Lab/X-Ray</b>   | \$50 copay per visit  | 50% after deductible  | \$50 copay per visit  | 50% after deductible  |
| <b>Complex Imaging</b>   | \$500 copay per visit   | 50% after deductible  | \$500 copay per visit   | 50% after deductible  |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital<br/>30 days per calendar year*</i>  | 20% after deductible  | 50% after deductible  | 20% after deductible  | 50% after deductible  |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 20% after deductible  | 50% after deductible  | 20% after deductible  | 50% after deductible  |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>   |   | <i>Aetna will pay a max. of \$25 per visit*</i>   |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital<br/>30 visits per calendar year*</i>   | 20% after deductible  | 50% after deductible  | 20% after deductible  | 50% after deductible  |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 20% after deductible  | 50% after deductible  | 20% after deductible  | 50% after deductible  |
| <b>PHARMACY</b>  |   |   |   |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$500   | \$500   | \$500   | \$500   |
|  | <i>Does not apply to generic</i>  |   | <i>Does not apply to generic</i>  |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay deductible waived  | \$15 copay plus 50% deductible waived   | \$15 copay deductible waived  | \$15 copay plus 50% deductible waived   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay after deductible   | \$35 copay plus 50% after deductible  | \$35 copay after deductible   | \$35 copay plus 50% after deductible  |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay after deductible   | \$50 copay plus 50% after deductible  | \$50 copay after deductible   | \$50 copay plus 50% after deductible  |
| <b>Self Injectables</b>  | 20% after deductible  | 20% after deductible  | 20% after deductible  | 20% after deductible  |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited   | Unlimited   | Unlimited   | Unlimited   |

# Managed Choice Open Access plan options with Limited Rx

Robust medical coverage with limited pharmacy benefits...with lower costs for smart consumers

## Featuring:

- Health insurance coverage with lower monthly premiums

## Plus:

- 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

\* 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 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 2500 with Limited Rx

Managed Choice Open  
Access 5000 with Limited Rx

| MEMBER BENEFITS  | In-Network  | Out-of-Network <sup>+</sup>                   | In-Network  | Out-of-Network <sup>+</sup>                   |
|--|---|---|---|---|
| <b>Deductible</b><br>Individual<br>Family  | \$2,500<br>\$5,000  | \$5,000<br>\$10,000                           | \$5,000<br>\$10,000   | \$10,000<br>\$20,000                          |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied | 50% after deductible up to out-of-pocket max. |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$2,500<br>\$5,000  | \$5,000<br>\$10,000                           | \$2,500<br>\$5,000  | \$2,500<br>\$5,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$5,000<br>\$10,000   | \$10,000<br>\$20,000                          | \$7,500<br>\$15,000   | \$12,500<br>\$25,000                          |
|  | <i>Includes deductible</i>  |   | <i>Includes deductible</i>  |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000   |   | \$5,000,000   |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$30 copay deductible waived  | 50% after deductible                          | \$40 copay deductible waived  | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$40 copay deductible waived  | 50% after deductible                          | \$50 copay deductible waived  | 50% after deductible                          |
| <b>Hospital Admission</b>  | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay deductible waived  | 50% after deductible                          | \$50 copay deductible waived  | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible                                       |   | \$150 copay** (waived if admitted) after deductible                                       |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived   | 50% after deductible                          | \$0 copay deductible waived   | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>                                  |   | Not covered<br><i>Except for pregnancy complications</i>                                  |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i>                       | \$30 copay deductible waived  | 50% after deductible                          | \$40 copay deductible waived  | 50% after deductible                          |
|  | <i>Includes lab work and X-rays</i>   |   | <i>Includes lab work and X-rays</i>   |   |
| <b>Lab/X-Ray</b>   | \$50 copay per visit  | 50% after deductible                          | \$50 copay per visit  | 50% after deductible                          |
| <b>Complex Imaging</b>   | \$500 copay per visit   | 50% after deductible                          | \$500 copay per visit   | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital 30 days per calendar year*</i>  | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>   |   | <i>Aetna will pay a max. of \$25 per visit*</i>   |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital 30 visits per calendar year*</i>   | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>PHARMACY</b>  |   |   |   |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$1,000   | \$1,000                                       | \$1,000   | \$1,000                                       |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay  | \$15 copay plus 50%                           | \$15 copay  | \$15 copay plus 50%                           |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered   | Not covered                                   | Not covered   | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered   | Not covered                                   | Not covered   | Not covered                                   |
| <b>Self Injectables</b>  | Not covered   | Not covered                                   | Not covered   | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited   | Unlimited                                     | Unlimited   | Unlimited                                     |

# 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)

## Plus:

- 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

\* 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 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  
3000 (HSA Compatible)

Managed Choice Open  
Access High Deductible  
5000 (HSA Compatible)

| MEMBER BENEFITS  | Managed Choice Open Access High Deductible 3000 (HSA Compatible)                         |                                  | Managed Choice Open Access High Deductible 5000 (HSA Compatible)                          |                                  |
|--|--|----------------------------------|---|----------------------------------|
|  | In-Network   | Out-of-Network <sup>+</sup>      | In-Network  | Out-of-Network <sup>+</sup>      |
| <b>Deductible</b><br>Individual<br>Family  | \$3,000<br>\$6,000   | \$6,000<br>\$12,000              | \$5,000<br>\$10,000   | \$10,000<br>\$20,000             |
| <b>Coinsurance</b><br>(Member's responsibility)  | 0% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied |                                  | 50% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied |                                  |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$0<br>\$0   | \$6,500<br>\$13,000              | \$0<br>\$0  | \$2,500<br>\$5,000               |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$3,000<br>\$6,000   | \$12,500<br>\$25,000             | \$5,000<br>\$10,000   | \$12,500<br>\$25,000             |
|  | <i>Includes deductible</i>   |                                  | <i>Includes deductible</i>  |                                  |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |                                  | \$5,000,000   |                                  |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Hospital Admission</b>  | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Outpatient Surgery</b>  | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Urgent Care Facility</b>  | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Emergency Room</b>  | \$0 copay after deductible   |                                  | \$0 copay after deductible  |                                  |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived  | 50% after deductible             | \$0 copay deductible waived   | 50% after deductible             |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>                                 |                                  | Not covered<br><i>Except for pregnancy complications</i>                                  |                                  |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam*<br/>No waiting period</i>                   | \$20 copay deductible waived   | 50% after deductible             | \$25 copay deductible waived  | 50% after deductible             |
| <b>Lab/X-Ray</b>   | <i>Includes lab work and X-rays</i>  |                                  | <i>Includes lab work and X-rays</i>   |                                  |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital<br/>30 days per calendar year*</i>  | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>  |                                  | <i>Aetna will pay a max. of \$25 per visit*</i>   |                                  |
| <b>Home Health Care —</b><br><i>in lieu of hospital<br/>30 visits per calendar year*</i>   | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 0% after deductible  | 50% after deductible             | 0% after deductible   | 50% after deductible             |
| <b>PHARMACY</b>  |  |                                  |   |                                  |
| <b>Pharmacy Deductible</b><br>per individual   | Integrated Medical/Rx Deductible   | Integrated Medical/Rx Deductible | Integrated Medical/Rx Deductible  | Integrated Medical/Rx Deductible |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | 0% after Medical/Rx Deductible   | 50% after Medical/Rx Deductible  | 0% after Medical/Rx Deductible  | 50% after Medical/Rx Deductible  |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | 0% after Medical/Rx Deductible   | 50% after Medical/Rx Deductible  | 0% after Medical/Rx Deductible  | 50% after Medical/Rx Deductible  |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | 0% after Medical/Rx Deductible   | 50% after Medical/Rx Deductible  | 0% after Medical/Rx Deductible  | 50% after Medical/Rx Deductible  |
| <b>Self Injectables</b>  | 0% after Medical/Rx Deductible   | 50% after Medical/Rx Deductible  | 0% after Medical/Rx Deductible  | 50% after Medical/Rx Deductible  |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Unlimited                        | Unlimited   | Unlimited                        |

# First Dollar POS 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

## Plus:

- 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

\* 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 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.

## POS Open Access First Dollar 35

| MEMBER BENEFITS  | In-Network   | Out-of-Network*                               |
|--|--|---|
| <b>Deductible</b><br>Individual<br>Family  | \$0<br>\$0   | \$7,000<br>\$14,000                           |
| <b>Coinsurance</b><br>(Member's responsibility)  | 35% up to out-of-pocket max.                             | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied                 |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000                                      | \$5,500<br>\$11,000                           |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000                                      | \$12,500<br>\$25,000                          |
|  | Includes deductible                                      |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$35 copay   | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$45 copay   | 50% after deductible                          |
| <b>Hospital Admission</b>  | 35%  | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 35%  | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay   | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted)                       |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay  | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam*<br/>No waiting period</i>                   | \$35 copay   | 50% after deductible                          |
|  | Includes lab work and X-rays                             |   |
| <b>Lab/X-Ray</b>   | 35%  | 50% after deductible                          |
| <b>Skilled Nursing —</b><br>in lieu of hospital<br><i>30 days per calendar year*</i>   | 35%  | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 35%  | 50% after deductible                          |
|  | Aetna will pay a max. of \$25 per visit*                 |   |
| <b>Home Health Care —</b><br>in lieu of hospital<br><i>30 visits per calendar year*</i>  | 35%  | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 35%  | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$500  | Not Applicable                                |
|  | Does not apply to generic                                |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay deductible waived                             | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay after deductible                              | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay after deductible                              | Not covered                                   |
| <b>Self Injectables</b>  | 20% after deductible                                     | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Not Applicable                                |

# POS 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

## Plus:

- 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

\* 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 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.

|  | POS Open Access 1500                                     |   | POS Open Access 2500                                     |   |
|--|--|---|--|---|
| MEMBER BENEFITS  | In-Network   | Out-of-Network*                               | In-Network   | Out-of-Network*                               |
| <b>Deductible</b><br>Individual<br>Family  | \$1,500<br>\$3,000                                       | \$3,000<br>\$6,000                            | \$2,500<br>\$5,000                                       | \$5,000<br>\$10,000                           |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied                 |   | \$0 once out-of-pocket max. is satisfied                 |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$1,500<br>\$3,000                                       | \$7,000<br>\$14,000                           | \$2,500<br>\$5,000                                       | \$5,000<br>\$10,000                           |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$3,000<br>\$6,000                                       | \$10,000<br>\$20,000                          | \$5,000<br>\$10,000                                      | \$10,000<br>\$20,000                          |
|  | Includes deductible                                      |   | Includes deductible                                      |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$25 copay deductible waived                             | 50% after deductible                          | \$30 copay deductible waived                             | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$35 copay deductible waived                             | 50% after deductible                          | \$40 copay deductible waived                             | 50% after deductible                          |
| <b>Hospital Admission</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay deductible waived                             | 50% after deductible                          | \$50 copay deductible waived                             | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible      |   | \$150 copay** (waived if admitted) after deductible      |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived                              | 50% after deductible                          | \$0 copay deductible waived                              | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i>                       | \$25 copay deductible waived                             | 50% after deductible                          | \$30 copay deductible waived                             | 50% after deductible                          |
|  | Includes lab work and X-rays                             |   | Includes lab work and X-rays                             |   |
| <b>Lab/X-Ray</b>   | \$50 copay per visit                                     | 50% after deductible                          | \$50 copay per visit                                     | 50% after deductible                          |
| <b>Complex Imaging</b>   | \$500 copay per visit                                    | 50% after deductible                          | \$500 copay per visit                                    | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital 30 days per calendar year*</i>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
|  | Aetna will pay a max. of \$25 per visit*                 |   | Aetna will pay a max. of \$25 per visit*                 |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital 30 visits per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$500  | Not Applicable                                | \$500  | Not Applicable                                |
|  | Does not apply to generic                                |   | Does not apply to generic                                |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay deductible waived                             | Not covered                                   | \$15 copay deductible waived                             | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay after deductible                              | Not covered                                   | \$35 copay after deductible                              | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay after deductible                              | Not covered                                   | \$50 copay after deductible                              | Not covered                                   |
| <b>Self Injectables</b>  | 20% after deductible                                     | Not covered                                   | 20% after deductible                                     | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Not Applicable                                | Unlimited  | Not Applicable                                |

# POS 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

## Plus:

- 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

\* 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 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.

|  | POS Open Access 5000                                     |   | POS Open Access 7500                                     |   |
|--|--|---|--|---|
| MEMBER BENEFITS  | In-Network   | Out-of-Network <sup>+</sup>                   | In-Network   | Out-of-Network <sup>+</sup>                   |
| <b>Deductible</b><br>Individual<br>Family  | \$5,000<br>\$10,000                                      | \$10,000<br>\$20,000                          | \$7,500<br>\$15,000                                      | \$10,000<br>\$20,000                          |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied                 |   | \$0 once out-of-pocket max. is satisfied                 |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$2,500<br>\$5,000                                       | \$2,500<br>\$5,000                            | \$5,000<br>\$10,000                                      | \$2,500<br>\$5,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000                                      | \$12,500<br>\$25,000                          | \$12,500<br>\$25,000                                     | \$12,500<br>\$25,000                          |
|  | Includes deductible                                      |   | Includes deductible                                      |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$40 copay deductible waived                             | 50% after deductible                          | \$40 copay deductible waived                             | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$50 copay deductible waived                             | 50% after deductible                          | \$50 copay deductible waived                             | 50% after deductible                          |
| <b>Hospital Admission</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay deductible waived                             | 50% after deductible                          | \$50 copay deductible waived                             | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible      |   | \$150 copay** (waived if admitted) after deductible      |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived                              | 50% after deductible                          | \$0 copay deductible waived                              | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i>                       | \$40 copay deductible waived                             | 50% after deductible                          | \$40 copay deductible waived                             | 50% after deductible                          |
|  | Includes lab work and X-rays                             |   | Includes lab work and X-rays                             |   |
| <b>Lab/X-Ray</b>   | \$50 copay per visit                                     | 50% after deductible                          | \$50 copay per visit                                     | 50% after deductible                          |
| <b>Complex Imaging</b>   | \$500 copay per visit                                    | 50% after deductible                          | \$500 copay per visit                                    | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital 30 days per calendar year*</i>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
|  | Aetna will pay a max. of \$25 per visit*                 |   | Aetna will pay a max. of \$25 per visit*                 |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital 30 visits per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$500  | Not Applicable                                | \$500  | Not Applicable                                |
|  | Does not apply to generic                                |   | Does not apply to generic                                |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay deductible waived                             | Not covered                                   | \$15 copay deductible waived                             | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay after deductible                              | Not covered                                   | \$35 copay after deductible                              | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay after deductible                              | Not covered                                   | \$50 copay after deductible                              | Not covered                                   |
| <b>Self Injectables</b>  | 20% after deductible                                     | Not covered                                   | 20% after deductible                                     | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Not Applicable                                | Unlimited  | Not Applicable                                |

# POS Open Access plan options with Limited Rx

Robust medical coverage with limited pharmacy benefits...with lower costs for smart consumers

## Featuring:

- Health insurance coverage with lower monthly premiums

## Plus:

- 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

\* 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 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.

POS Open Access 2500 with Limited Rx

POS Open Access 5000 with Limited Rx

| MEMBER BENEFITS  | In-Network   | Out-of-Network <sup>+</sup>                   | In-Network   | Out-of-Network <sup>+</sup>                   |
|--|--|---|--|---|
| <b>Deductible</b><br>Individual<br>Family  | \$2,500<br>\$5,000                                       | \$5,000<br>\$10,000                           | \$5,000<br>\$10,000                                      | \$10,000<br>\$20,000                          |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied                 |   | \$0 once out-of-pocket max. is satisfied                 |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$2,500<br>\$5,000                                       | \$5,000<br>\$10,000                           | \$2,500<br>\$5,000                                       | \$2,500<br>\$5,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$5,000<br>\$10,000                                      | \$10,000<br>\$20,000                          | \$7,500<br>\$15,000                                      | \$12,500<br>\$25,000                          |
|  | Includes deductible                                      |   | Includes deductible                                      |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | \$30 copay deductible waived                             | 50% after deductible                          | \$40 copay deductible waived                             | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$40 copay deductible waived                             | 50% after deductible                          | \$50 copay deductible waived                             | 50% after deductible                          |
| <b>Hospital Admission</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$50 copay deductible waived                             | 50% after deductible                          | \$50 copay deductible waived                             | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible      |   | \$150 copay** (waived if admitted) after deductible      |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived                              | 50% after deductible                          | \$0 copay deductible waived                              | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam*<br/>No waiting period</i>                   | \$30 copay deductible waived                             | 50% after deductible                          | \$40 copay deductible waived                             | 50% after deductible                          |
|  | Includes lab work and X-rays                             |   | Includes lab work and X-rays                             |   |
| <b>Lab/X-Ray</b>   | \$50 copay per visit                                     | 50% after deductible                          | \$50 copay per visit                                     | 50% after deductible                          |
| <b>Complex Imaging</b>   | \$500 copay per visit                                    | 50% after deductible                          | \$500 copay per visit                                    | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital<br/>30 days per calendar year*</i>  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
|  | Aetna will pay a max. of \$25 per visit*                 |   | Aetna will pay a max. of \$25 per visit*                 |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital<br/>30 visits per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 20% after deductible                                     | 50% after deductible                          | 20% after deductible                                     | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | \$1,000  | Not covered                                   | \$1,000  | Not Applicable                                |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay   | Not covered                                   | \$15 copay   | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered  | Not covered                                   | Not covered  | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered  | Not covered                                   | Not covered  | Not covered                                   |
| <b>Self Injectables</b>  | Not covered  | Not covered                                   | Not covered  | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Not Applicable                                | Unlimited  | Not Applicable                                |

# POS 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)

## Plus:

- 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

\* 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 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.

|  | POS Open Access High Deductible 3000 (HSA Compatible)  |   | POS Open Access High Deductible 5000 (HSA Compatible)  |   |
|--|--|---|--|---|
| MEMBER BENEFITS  | In-Network   | Out-of-Network <sup>+</sup>                   | In-Network   | Out-of-Network <sup>+</sup>                   |
| <b>Deductible</b><br>Individual<br>Family  | \$3,000<br>\$6,000   | \$6,000<br>\$12,000                           | \$5,000<br>\$10,000  | \$10,000<br>\$20,000                          |
| <b>Coinsurance</b><br>(Member's responsibility)  | 0% after deductible up to out-of-pocket max.<br><br>\$0 once out-of-pocket max. is satisfied | 50% after deductible up to out-of-pocket max. | 0% after deductible up to out-of-pocket max.<br><br>\$0 once out-of-pocket max. is satisfied | 50% after deductible up to out-of-pocket max. |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$0<br>\$0   | \$6,500<br>\$13,000                           | \$0<br>\$0   | \$2,500<br>\$5,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$3,000<br>\$6,000   | \$12,500<br>\$25,000                          | \$5,000<br>\$10,000  | \$12,500<br>\$25,000                          |
|  | <i>Includes deductible</i>   |   | <i>Includes deductible</i>   |   |
| <b>Lifetime Maximum* per insured</b>   | \$5,000,000  |   | \$5,000,000  |   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner, Pediatrician or Internist | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Hospital Admission</b>  | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Emergency Room</b>  | \$0 after deductible   |   | \$0 after deductible   |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>                             | \$0 copay deductible waived  | 50% after deductible                          | \$0 copay deductible waived  | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>                                     |   | Not covered<br><i>Except for pregnancy complications</i>                                     |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i>                       | \$20 copay deductible waived   | 50% after deductible                          | \$25 copay deductible waived   | 50% after deductible                          |
|  | <i>Includes lab work and X-rays</i>  |   | <i>Includes lab work and X-rays</i>  |   |
| <b>Lab/X-Ray</b>   | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital 30 days per calendar year*</i>  | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                  | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>  |   | <i>Aetna will pay a max. of \$25 per visit*</i>  |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital 30 visits per calendar year*</i>   | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>   | 0% after deductible  | 50% after deductible                          | 0% after deductible  | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | Integrated Medical/Rx Deductible   | Not Applicable                                | Integrated Medical/Rx Deductible   | Not Applicable                                |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | 0% after Medical/Rx Deductible   | Not covered                                   | 0% after Medical/Rx Deductible   | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | 0% after Medical/Rx Deductible   | Not covered                                   | 0% after Medical/Rx Deductible   | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | 0% after Medical/Rx Deductible   | Not covered                                   | 0% after Medical/Rx Deductible   | Not covered                                   |
| <b>Self Injectables</b>  | 0% after Medical/Rx Deductible   | Not covered                                   | 0% after Medical/Rx Deductible   | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Unlimited  | Not Applicable                                | Unlimited  | Not Applicable                                |

# 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

## Plus:

- 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

\* 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 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 2000

## Managed Choice Open Access Value 3000

| MEMBER BENEFITS  | In-Network   | Out-of-Network*                               | In-Network   | Out-of-Network*                               |
|--|--|---|--|---|
| <b>Deductible</b><br>Individual<br>Family  | \$2,000<br>\$4,000   | \$4,000<br>\$8,000                            | \$3,000<br>\$6,000   | \$6,000<br>\$12,000                           |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied  | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied  | 50% after deductible up to out-of-pocket max. |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$8,000<br>\$16,000  | \$8,500<br>\$17,000                           | \$7,000<br>\$14,000  | \$6,500<br>\$13,000                           |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$10,000<br>\$20,000   | \$12,500<br>\$25,000                          | \$10,000<br>\$20,000   | \$12,500<br>\$25,000                          |
|  | <i>Includes deductible</i>   |   | <i>Includes deductible</i>   |   |
| <b>Lifetime Maximum* per insured</b>   | \$1,000,000  |   | \$1,000,000  |   |
| <b>Non-Specialist Office Visit</b><br>General Physician, Family Practitioner, Pediatrician or Internist      | Visit 1-5 \$30 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          | Visit 1-5 \$30 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          |
| <b>Specialist Visit</b>  | Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          | Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          |
| <b>Hospital Admission</b>  | 40% after deductible   | 50% after deductible                          | 40% after deductible   | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$75 copay deductible waived   | 50% after deductible                          | \$75 copay deductible waived   | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible  |   | \$150 copay** (waived if admitted) after deductible  |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>       | \$0 copay deductible waived  | 50% after deductible                          | \$0 copay deductible waived  | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>   |   | Not covered<br><i>Except for pregnancy complications</i>   |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i> | \$30 copay deductible waived   | 50% after deductible                          | \$30 copay deductible waived   | 50% after deductible                          |
|  | <i>Includes lab work and X-rays</i>  |   | <i>Includes lab work and X-rays</i>  |   |
| <b>Lab/X-Ray</b>   | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital 30 days per calendar year*</i>                            | 40% after deductible   | 50% after deductible                          | 40% after deductible   | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>            | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>  |   | <i>Aetna will pay a max. of \$25 per visit*</i>  |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital 30 visits per calendar year*</i>                         | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>                   | 40% after deductible   | 50% after deductible                          | 40% after deductible   | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | Not Applicable   | Not Applicable                                | Not Applicable   | Not Applicable                                |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$20 copay   | \$20 copay plus 50%                           | \$20 copay   | \$20 copay plus 50%                           |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   |
| <b>Self Injectables</b>  | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | \$5,000  | \$5,000                                       | \$5,000  | \$5,000                                       |

# 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

## Plus:

- 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

\* 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 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<br>Access Value 5000  |   | Managed Choice Open<br>Access Value 7500  |   |
|--|---|---|---|---|
| MEMBER BENEFITS  | In-Network  | Out-of-Network <sup>+</sup>                   | In-Network  | Out-of-Network <sup>+</sup>                   |
| <b>Deductible</b><br>Individual<br>Family  | \$5,000<br>\$10,000   | \$10,000<br>\$20,000                          | \$7,500<br>\$15,000   | \$10,000<br>\$20,000                          |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied   | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.<br>\$0 once out-of-pocket max. is satisfied   | 50% after deductible up to out-of-pocket max. |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000   | \$2,500<br>\$5,000                            | \$5,000<br>\$10,000   | \$2,500<br>\$5,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$12,500<br>\$25,000  | \$12,500<br>\$25,000                          | \$12,500<br>\$25,000  | \$12,500<br>\$25,000                          |
|  | <i>Includes deductible</i>  |   | <i>Includes deductible</i>  |   |
| <b>Lifetime Maximum* per insured</b>   | \$1,000,000   |   | \$1,000,000   |   |
| <b>Non-Specialist Office Visit</b><br>General Physician, Family<br>Practitioner, Pediatrician or Internist   | Visits 1-5 \$40 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          | Visits 1-5 \$40 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          |
| <b>Specialist Visit</b>  | Visits 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          | Visits 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          |
| <b>Hospital Admission</b>  | 40% after deductible  | 50% after deductible                          | 40% after deductible  | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$75 copay deductible waived  | 50% after deductible                          | \$75 copay deductible waived  | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible   |   | \$150 copay** (waived if admitted) after deductible   |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>       | \$0 copay deductible waived   | 50% after deductible                          | \$0 copay deductible waived   | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>  |   | Not covered<br><i>Except for pregnancy complications</i>  |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i> | \$40 copay deductible waived  | 50% after deductible                          | \$40 copay deductible waived  | 50% after deductible                          |
|  | <i>Includes lab work and X-rays</i>   |   | <i>Includes lab work and X-rays</i>   |   |
| <b>Lab/X-Ray</b>   | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital<br/>30 days per calendar year*</i>                        | 40% after deductible  | 50% after deductible                          | 40% after deductible  | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>            | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>   |   | <i>Aetna will pay a max. of \$25 per visit*</i>   |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital<br/>30 visits per calendar year*</i>                     | 20% after deductible  | 50% after deductible                          | 20% after deductible  | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>                   | 40% after deductible  | 50% after deductible                          | 40% after deductible  | 50% after deductible                          |
| <b>PHARMACY</b>  |   |   |   |   |
| <b>Pharmacy Deductible</b><br>per individual   | Not Applicable  | Not Applicable                                | Not Applicable  | Not Applicable                                |
| <b>Generic Oral Contraceptives Included</b>  | \$20 copay  | \$20 copay plus 50%                           | \$20 copay  | \$20 copay plus 50%                           |
| <b>Preferred Brand Oral Contraceptives Included</b>  | Not covered<br><i>Aetna Discount Applies</i>  | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>  | Not covered                                   |
| <b>Non-Preferred Brand Oral Contraceptives Included</b>  | Not covered<br><i>Aetna Discount Applies</i>  | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>  | Not covered                                   |
| <b>Self Injectables</b>  | Not covered<br><i>Aetna Discount Applies</i>  | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>  | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | \$5,000   | \$5,000                                       | \$5,000   | \$5,000                                       |

# 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

## Plus:

- 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

\* 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 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 10000

| MEMBER BENEFITS  | In-Network  | Out-of-Network*  |
|--|---|--|
| <b>Deductible</b><br>Individual<br>Family  | \$10,000<br>\$20,000  | \$10,000<br>\$20,000   |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.   | 50% after deductible up to out-of-pocket max.<br><i>\$0 once out-of-pocket max. is satisfied</i> |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$2,500<br>\$5,000  | \$2,500<br>\$5,000   |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$12,500<br>\$25,000  | \$12,500<br>\$25,000   |
|  | <i>Includes deductible</i>  |  |
| <b>Lifetime Maximum* per insured</b>   | \$1,000,000   |  |
| <b>Non-Specialist Office Visit</b><br>General Physician, Family Practitioner, Pediatrician or Internist      | Visits 1-5 \$40 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible   |
| <b>Specialist Visit</b>  | Visits 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible   |
| <b>Hospital Admission</b>  | 40% after deductible  | 50% after deductible   |
| <b>Outpatient Surgery</b>  | 20% after deductible  | 50% after deductible   |
| <b>Urgent Care Facility</b>  | \$75 copay deductible waived  | 50% after deductible   |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible   |  |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>       | \$0 copay deductible waived   | 50% after deductible   |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>  |  |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i> | \$40 copay deductible waived  | 50% after deductible   |
|  | <i>Includes lab work and X-rays</i>   |  |
| <b>Lab/X-Ray</b>   | 20% after deductible  | 50% after deductible   |
| <b>Skilled Nursing</b> —<br>in lieu of hospital<br><i>30 days per calendar year*</i>                         | 40% after deductible  | 50% after deductible   |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>            | 20% after deductible  | 50% after deductible   |
|  | <i>Aetna will pay a max. of \$25 per visit*</i>   |  |
| <b>Home Health Care</b> —<br>in lieu of hospital<br><i>30 visits per calendar year*</i>                      | 20% after deductible  | 50% after deductible   |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>                   | 40% after deductible  | 50% after deductible   |
| <b>PHARMACY</b>  |   |  |
| <b>Pharmacy Deductible</b><br>per individual   | Not Applicable  | Not Applicable   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$20 copay  | \$20 copay plus 50%  |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discount Applies</i>  | Not covered  |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discount Applies</i>  | Not covered  |
| <b>Self Injectables</b>  | Not covered<br><i>Aetna Discount Applies</i>  | Not covered  |
| <b>Calendar Year Maximum</b> per individual*   | \$5,000   | \$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.
- + 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 expense/Acse/Ad-neol-nedfncnnon-end-nclcedondnttwiedxityoyd

# POS 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

## Plus:

- 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

\* 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 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.

POS Open Access Value 5000

POS Open Access Value 7500

| MEMBER BENEFITS  | In-Network   | Out-of-Network <sup>+</sup>                   | In-Network   | Out-of-Network <sup>+</sup>                   |
|--|--|---|--|---|
| <b>Deductible</b><br>Individual<br>Family  | \$5,000<br>\$10,000  | \$10,000<br>\$20,000                          | \$7,500<br>\$15,000  | \$10,000<br>\$20,000                          |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.  | 50% after deductible up to out-of-pocket max. | 20% after deductible up to out-of-pocket max.  | 50% after deductible up to out-of-pocket max. |
|  | \$0 once out-of-pocket max. is satisfied   |   | \$0 once out-of-pocket max. is satisfied   |   |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$7,500<br>\$15,000  | \$2,500<br>\$5,000                            | \$5,000<br>\$10,000  | \$2,500<br>\$5,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$12,500<br>\$25,000   | \$12,500<br>\$25,000                          | \$12,500<br>\$25,000   | \$12,500<br>\$25,000                          |
|  | Includes deductible  |   | Includes deductible  |   |
| <b>Lifetime Maximum* per insured</b>   | \$1,000,000  |   | \$1,000,000  |   |
| <b>Non-Specialist Office Visit</b><br>General Physician, Family Practitioner, Pediatrician or Internist      | Visit 1-5 \$40 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          | Visit 1-5 \$40 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          |
| <b>Specialist Visit</b>  | Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          | Visit 1-5 \$50 copay, deductible waived; Visit 6+ member pays 100%; Aetna discount applies; Aetna pays 100% once out of pocket is met. Spec & non-spec share visit max | 50% after deductible                          |
| <b>Hospital Admission</b>  | 40% after deductible   | 50% after deductible                          | 40% after deductible   | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | \$75 copay deductible waived   | 50% after deductible                          | \$75 copay deductible waived   | 50% after deductible                          |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible  |   | \$150 copay** (waived if admitted) after deductible  |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>       | \$0 copay deductible waived  | 50% after deductible                          | \$0 copay deductible waived  | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i>   |   | Not covered<br><i>Except for pregnancy complications</i>   |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam* No waiting period</i> | \$40 copay deductible waived   | 50% after deductible                          | \$40 copay deductible waived   | 50% after deductible                          |
|  | Includes lab work and X-rays   |   | Includes lab work and X-rays   |   |
| <b>Lab/X-Ray</b>   | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital 30 days per calendar year*</i>                            | 40% after deductible   | 50% after deductible                          | 40% after deductible   | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b><br><i>24 visits per calendar year*</i>            | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
|  | Aetna will pay a max. of \$25 per visit*   |   | Aetna will pay a max. of \$25 per visit*   |   |
| <b>Home Health Care —</b><br><i>in lieu of hospital 30 visits per calendar year*</i>                         | 20% after deductible   | 50% after deductible                          | 20% after deductible   | 50% after deductible                          |
| <b>Durable Medical Equipment</b><br><i>Aetna will pay up to \$2,000 per calendar year*</i>                   | 40% after deductible   | 50% after deductible                          | 40% after deductible   | 50% after deductible                          |
| <b>PHARMACY</b>  |  |   |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | Not Applicable   | Not Applicable                                | Not Applicable   | Not Applicable                                |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$20 copay   | Not covered                                   | \$20 copay   | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   |
| <b>Self Injectables</b>  | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   | Not covered<br><i>Aetna Discount Applies</i>   | Not covered                                   |
| <b>Calendar Year Maximum</b> per individual*   | \$5,000  | Not Applicable                                | \$5,000  | Not Applicable                                |

# POS 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

**Plus:**

- Coverage for office visits to your

\* 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 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.

# 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

## Plus:

- No claim forms to fill out when you visit a network provider
- 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 routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

\* 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 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.

## Preventive and Hospital Care 3000 (HSA Compatible)

| MEMBER BENEFITS  | In-Network   | Out-of-Network*                               |
|--|--|---|
| <b>Deductible</b><br>Individual<br>Family  | \$3,000<br>\$6,000                                       | \$6,000<br>\$12,000                           |
| <b>Coinsurance</b><br>(Member's responsibility)  | 20% after deductible up to out-of-pocket max.            | 50% after deductible up to out-of-pocket max. |
| <b>Coinsurance Maximum</b><br>Individual<br>Family   | \$2,000<br>\$4,000                                       | \$4,000<br>\$8,000                            |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family   | \$5,000<br>\$10,000                                      | \$10,000<br>\$20,000                          |
|  | <i>Includes deductible</i>                               |   |
| <b>Lifetime Maximum* per insured</b>   | \$1,000,000  |   |
| <b>Non-Specialist Office Visit</b><br>General Physician, Family Practitioner, Pediatrician or Internist          | Not covered  | Not covered                                   |
| <b>Specialist Visit</b>  | Not covered  | Not covered                                   |
| <b>Hospital Admission</b>  | 20% after deductible                                     | 50% after deductible                          |
| <b>Outpatient Surgery</b>  | 20% after deductible                                     | 50% after deductible                          |
| <b>Urgent Care Facility</b>  | Not covered  | Not covered                                   |
| <b>Emergency Room</b>  | \$150 copay** (waived if admitted) after deductible      |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>           | \$0 copay ded. waived                                    | 50% after deductible                          |
| <b>Maternity</b>   | Not covered<br><i>Except for pregnancy complications</i> |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam*<br/>No waiting period</i> | \$35 copay ded. waived                                   | 50% after deductible                          |
|  | <i>Includes lab work and X-rays</i>                      |   |
| <b>Lab/X-Ray</b>   | Not covered  | Not covered                                   |
| <b>Skilled Nursing —</b><br><i>in lieu of hospital<br/>30 days per calendar year*</i>                            | 20% after deductible                                     | 50% after deductible                          |
| <b>Physical/Occupational Therapy and Chiropractic Care</b>   | Not covered  | Not covered                                   |
| <b>Home Health Care —</b><br><i>in lieu of hospital<br/>30 visits per calendar year*</i>                         | 20% after deductible                                     | 50% after deductible                          |
| <b>Durable Medical Equipment</b>   | Not covered  | Not covered                                   |
| <b>PHARMACY</b>  |  |   |
| <b>Pharmacy Deductible</b><br>per individual   | Not Applicable   | Not Applicable                                |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discounts Applies</i>            | Not covered                                   |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discounts Applies</i>            | Not covered                                   |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | Not covered<br><i>Aetna Discounts Applies</i>            | Not covered                                   |
| <b>Self Injectables</b>  | Not covered<br><i>Aetna Discounts Applies</i>            | Not covered                                   |
| <b>Calendar Year Maximum</b><br>per individual*  | Not Applicable   | Not Applicable                                |

# Aetna Advantage Plan options

## Individual Dental PPO Max plan

| MEMBER BENEFITS  | Preferred                    | NonPreferred                 |
|--|------------------------------|------------------------------|
| Annual Deductible per Member<br>(Does not apply to Diagnostic and Preventive Services) | \$25;<br>\$75 family maximum | \$25;<br>\$75 family maximum |
| Annual Maximum Benefit   | Unlimited                    | Unlimited                    |
| <b>DIAGNOSTIC SERVICES</b>   |                              |                              |
| <b>Oral exams</b>  |                              |                              |
| Periodic oral exam   | 100% deductible waived       | 50% deductible waived        |
| Comprehensive oral exam  | 100% deductible waived       | 50% deductible waived        |
| Problem-focused oral exam  | 100% deductible waived       | 50% deductible waived        |
| <b>X-rays</b>  |                              |                              |
| Bitewing — single film   | 100% deductible waived       | 50% deductible waived        |
| Complete series  | 100% deductible waived       | 50% deductible waived        |
| <b>PREVENTIVE SERVICES</b>   |                              |                              |
| Adult cleaning   | 100% deductible waived       | 50% deductible waived        |
| Child cleaning   | 100% deductible waived       | 50% deductible waived        |
| Sealants — per tooth   | Discount                     | Not covered                  |
| Fluoride application — with cleaning   | 100% deductible waived       | 50% deductible waived        |
| Space maintainers  | Discount                     | Not covered                  |
| <b>BASIC SERVICES</b>  |                              |                              |
| Amalgam fillings —<br>2 surfaces   | 100% after deductible        | 50% after deductible         |
| Resin fillings — 2 surfaces  | Discount                     | Not covered                  |
| <b>Oral Surgery</b>  |                              |                              |
| Extraction — exposed root or erupted tooth   | Discount                     | Not covered                  |
| Extraction of impacted tooth — soft tissue   | Discount                     | Not covered                  |
| <b>MAJOR SERVICES</b>  |                              |                              |
| Complete upper denture   | Discount                     | Not covered                  |
| Partial upper denture<br>(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                  |
| <b>Oral Surgery</b>  |                              |                              |
| Removal of impacted tooth — partially bony   | Discount                     | Not covered                  |
| <b>Endodontic Services</b>   |                              |                              |
| Bicuspid root canal therapy  | Discount                     | Not covered                  |
| Molar root canal therapy   | Discount                     | Not covered                  |
| <b>Periodontic Services</b>  |                              |                              |
| Scaling & root planing — per quadrant  | Discount                     | Not covered                  |
| Osseous surgery — per quadrant   | Discount                     | Not covered                  |
| <b>ORTHODONTIC SERVICES</b>  |                              |                              |
|  | Discount                     | Not covered                  |

**Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth 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.

# 3) More value with 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.

**For more information on any of these programs, please visit us online at [www.aetna.com](http://www.aetna.com).**

|  |  |
|--|--|
| <b>Aetna Vision<sup>SM</sup> Discount Program</b>                        | Aetna Vision <sup>SM</sup> discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.  |
| <b>Aetna Natural Products and Services<sup>SM</sup> Discount Program</b> | 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.   |
| <b>Aetna Fitness<sup>SM</sup> Discount Program</b>                       | Eligible Aetna members and their families can access the GlobalFit <sup>TM</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.  |
| <b>Aetna Weight Management<sup>SM</sup> Discount Program</b>             | 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.  |
| <b>Aetna Hearing<sup>SM</sup> Discount Program</b>                       | Aetna's Hearing <sup>SM</sup> discount program helps Aetna members and their families save on hearing exams, hearing services and hearing aids.  |
| <b>Aetna Rx Home Delivery<sup>®</sup></b>                                | With this mail order prescription drug program, order prescription medications through our convenient and easy-to-use mail order pharmacy. To learn more or obtain order forms, visit <a href="http://www.AetnaRxHomeDelivery.com">www.AetnaRxHomeDelivery.com</a> .   |
| <b>Informed Health<sup>®</sup> Line</b>                                  | 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.   |
| <b>Aetna Navigator<sup>®</sup></b>                                       | 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. |

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

<sup>1</sup> Availability varies by plan. Talk with your Aetna representative for details.

\* 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.

# 4) Things you need to know

## 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.

## 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.)
- Under age 30 for unmarried dependent children
- 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

## 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) a special guaranteed issue plan under Florida 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
- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Mental health services for Managed Choice Open Access and POS Open Access plans not covered
- Chemical dependency and substance abuse 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

## 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 pre-existing 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 pre-existing 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 pre-existing condition exclusion of 12 months may not apply.



**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.

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® 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.

For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

