PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

Health Reimbursement Account - Employee	$1000		
Health Reimbursement Account - Family	$2000		
PLAN FEATURES	**In-Network Designated Providers**		**No Out of Network Coverage**
Deductible (per plan year)	$2,750	Individual	
	$8,250	Family	

All covered expenses, including prescription drugs, accumulate toward the preferred Deductible.
Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.

Member Coinsurance	20%		
Applies to all expenses unless otherwise stated.			
Payment Limit (per plan year)	$5,000	Individual	
	$14,700	Family	

All covered expenses accumulate toward the preferred Payment Limit.
Certain member cost sharing elements may not apply toward the Payment Limit.
Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except any deductibles, copays, and penalty amounts) may be used to satisfy the Payment Limit.
Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the plan year.

Lifetime Maximum	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Optional

Certification Requirements -
Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is $400 per occurrence.

Referral Requirement	None
PREVENTIVE CARE	**In-Network Designated Providers**
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived

1 exam per calendar year for members age 18 and older.

Routine Well Child Exams/Immunizations	Covered 100%; deductible waived

7 exams in the 1st 12 months of life, 3 exams in the 2nd 12 months of life, 3 exams in the 3rd 12 months of life, 1 exam per calendar year thereafter to age 18.

Routine Gynecological Care Exams	Covered 100%; deductible waived
1 exam per calendar year - Includes routine tests and related lab fees	
All Mammograms	Covered 100%; deductible waived
1 exam per calendar year for covered females age 35 and over.	
Routine Digital Rectal Exam / Prostate-specific Antigen Test	Covered 100%; deductible waived
1 exam per calendar year for covered males age 40 and over.	
Colorectal Cancer Screening	Covered 100%; deductible waived

No age limit: Fecal occult blood test every year, Sigmoidoscopy (1 every 5 years), Double contrast barium enema (1 every 5 years), **All Colonoscopies**

Routine Eye Exams	Covered 100%; deductible waived
1 routine exam per calendar year	
PHYSICIAN SERVICES	**In-Network Designated Providers**
Office Visits to PCP	20% after deductible

Includes services of an internist, general physician, family practitioner or pediatrician.

Specialist Office Visits	20% after deductible
Allergy Testing	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Allergy Injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

DIAGNOSTIC PROCEDURES	In-Network Designated Providers
Diagnostic Laboratory and X-ray*	Covered 100%; deductible waived
Complex Imaging	20% after deductible

*If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing

EMERGENCY MEDICAL CARE	In-Network Designated Providers
Walk-In Clinic Immunizations and routine consults performed by Nurse Practitioners outside of traditional office visit setting (benefit availability may vary by location)	20% after deductible
Urgent Care Provider (benefit availability may vary by location)	20% after deductible
Non-Urgent Use of Urgent Care Provider	20% after deductible
Emergency Room	20% after deductible after $500 copay, copay waived if admitted
Non-Emergency care in an Emergency Room	Not Covered
Ambulance	20% after deductible

HOSPITAL CARE	In-Network Designated Providers
Inpatient Coverage	20% after deductible
Inpatient Maternity Coverage	20% after deductible
Outpatient Hospital Expenses Hospitals and other facilities. Includes STR in a hospital outpatient setting (unless otherwise noted below the Short Term Rehab benefit below).	20% after deductible
Outpatient Surgery Facility Charges Performed in outpatient dept. of hospital or ambulatory surgery center setting	20% after deductible

MENTAL HEALTH SERVICES	In-Network Designated Providers
Inpatient	20% after deductible
Outpatient	20% after deductible

ALCOHOL/DRUG ABUSE SERVICES	In-Network Designated Providers
Inpatient	20% after deductible
Outpatient	20% after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

OTHER SERVICES	In-Network Designated Providers
Convalescent Facility Limited to 120 days per calendar year The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	20% after deductible
Home Health Care Limited to 120 visits per calendar year. Includes Private Duty Nursing limited to 70 eight hour shifts per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	20% after deductible
Hospice Care - Inpatient Unlimited	Covered 100%; deductible waived
Hospice Care - Outpatient Unlimited	Covered 100%; deductible waived
Outpatient Physical, Occupational and Speech Therapy performed in an office setting Unlimited Visits	20% after deductible
Outpatient Physical, Occupational and Speech Therapy performed in an outpatient hospital / outpatient facility setting (non-office)	20% after deductible
Spinal Manipulation Therapy Limited to 20 visits per calendar year	20% after deductible
Durable Medical Equipment	20% after deductible
Contraceptive drugs and devices not obtainable at a pharmacy, including office visit	Deductible waived for office visit. Device obtained as part of the contraceptive office visit, it is covered at 100%.
Transplants Coverage is provided at an IOE contracted facility only.	20% after deductible
Bariatric Surgery	20% after deductible; $12,000 maximum
Mouth, Jaws and Teeth (oral surgery procedures, whether medical or dental in nature)	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Out of Area Dependents	Preferred Plan Applies; dependent selects PCP from network of residence

FAMILY PLANNING	In-Network Designated Providers
Infertility Treatment Diagnosis and treatment of the underlying medical condition.	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Advanced Reproductive Technology (ART) ART coverage includes: In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum microsurgery.	Not Covered
Voluntary Sterilization Including tubal ligation and vasectomy.	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible

PHARMACY	In-Network Designated Providers
Deductible (Generics and mail order drugs are not subject to the Rx deductible)	Combined with medical deductible
Retail	20% after deductible
Mail Order	20% after deductible
Aetna Specialty Rx	20% after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

GENERAL PROVISIONS	
Dependents Eligibility	Spouse, children from birth to age 26
Pre-existing Conditions Exclusion	On effective date: Waived After effective date: Waived

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents;
Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the

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

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

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

Plans are administered by Aetna Life Insurance Company.