

Aetna HDHP Medical Plan Summary Chart	Core	In-Network	Out-Of-Network
<i>Deductible</i>			
Single	\$1,200	\$1,500	\$2,000
Family	\$2,400	\$3,000	\$4,000
<i>Out -Of-Pocket Maximum</i>			
Single	\$3,000	\$4,000	\$6,000
Family	\$6,000	\$8,000	\$12,000
Aggregate	N/A	N/A	N/A
Physician Fees (Primary Care Office Visits) Includes services of an internist, general physician, family practitioner or pediatrician. Also includes dermatologist, allergist and OB/GYN.	20% after Deductible	30% after Deductible	40% after Deductible
Physician Fees (Specialist)	20% after Deductible	30% after Deductible	40% after Deductible
<i>Routine Physical Exams</i>			
Routine Adult Physical Exams including immunizations (One exam every 12 months age 18 and over)	\$30 Copay	\$50 Copay	40% after Deductible
Routine GYN Exams (one visit per calendar year - includes Pap smear and related lab fees)	\$30 Copay	\$50 Copay	40% after Deductible
Routine Child Exams including immunizations	\$30 Copay	\$50 Copay	40% after Deductible
Routine Cancer Screening Expenses (includes routine rectal exam/prostate-specific antigen test for covered males age 40 and over)	Plan Pays 100%	Plan Pays 100%	40% after Deductible
Routine Cancer Screening Expenses (colorectal cancer screening for members age 50 and over done in an outpatient setting)	Plan Pays 100%	Plan Pays 100%	40% after Deductible
Routine Mammogram Expenses for covered females age 40 and over	Plan Pays 100%	Plan Pays 100%	40% after Deductible
<i>For Use of Urgent Care Provider - Urgent Care</i>			
Emergency Care Per Visit Copay (waived if the person becomes confined in a Hospital)	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance Expenses	20% after Deductible	30% after Deductible	40% after Deductible
<i>For Outpatient Hospital Expenses (including surgery)</i>			
Physician Fees for Outpatient Surgery	20% after Deductible	30% after Deductible	40% after Deductible
<i>Hospital Expenses - Inpatient Coverage</i>			
Pre-Admission Testing Office Visit	20% after Deductible	30% after Deductible	40% after Deductible
Physician Fees for Routine Eye Exam Expenses (1 exam per 12 months) and Hearing (1 exam per 24 months)Non-surgical Office	\$30 Copay	\$50 Copay	40% after Deductible

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<i>Other Covered Medical Expenses</i>			
Convalescent / Skilled Nursing Facility Expenses (120 day maximum, prior hospital confinement not required)	20% after Deductible	30% after Deductible	40% after Deductible
Home Health Care Expenses	20% after Deductible	30% after Deductible	40% after Deductible
Hospice Care Expenses (Inpatient or Outpatient, no limit or dollar maximum)	Plan pays 100%		40% after Deductible
Short-Term Rehabilitation / Outpatient Therapy (Speech, Physical or Occupational) 90 day maximum per year combined	20% after Deductible	30% after Deductible	40% after Deductible
Chiropractic Care / Spinal Manipulation (Limited to 20 visits per calendar year)	20% after Deductible	30% after Deductible	40% after Deductible
Durable Medical and Surgical Equipment	20% after Deductible	20% after Deductible	45% after Deductible
Allergy Testing	20% after Deductible	30% after Deductible	40% after Deductible
Allergy Serum and Injections - If a physician visit is not included then no co-pay applies	20% after Deductible	30% after Deductible	40% after Deductible
<i>Family Planning</i>			
Maternity - Initial Visit and Post Natal Care Inpatient Care	20% after Deductible	30% after Deductible	40% after Deductible
Vasectomy, Tubal Ligation and Voluntary Abortion	20% after Deductible	30% after Deductible	40% after Deductible
Infertility Treatment Expenses (diagnosis and treatment of the underlying medical condition)	20% after Deductible	30% after Deductible	40% after Deductible
Infertility Expenses includes ovulation inductions and insemination (up to 6 cycles in a lifetime)	20% after Deductible	30% after Deductible	40% after Deductible
For Advanced Reproductive Technology Expenses (ZIFT and GIFT)	No Coverage	No Coverage	No Coverage
<i>Diagnostic Laboratory and X-Ray Expenses</i>			
Outpatients or Independent Lab	20% after Deductible	30% after Deductible	40% after Deductible
Physician office or Stand along facility	20% after Deductible	30% after Deductible	40% after Deductible
Diagnostic X-Ray For Complex Imaging Services (MRI, CAT scan and PET scan)	20% after Deductible	30% after Deductible	40% after Deductible
Behavioral Health Benefits - Inpatient and Outpatient Treatment	20% after Deductible	30% after Deductible	40% after Deductible
Treatment of Drug and Alcohol Abuse	20% after Deductible	30% after Deductible	40% after Deductible