01/01/2009

Aetna HRA Medical Plan Summary Chart	In-Network	Out-Of-Network
Deductible		
Single	$1,800	$2,000
Family	$3,600	$4,000
Out -Of-Pocket Maximum		
Single	$3,000	$6,000
Family	$6,000	$12,000
Aggregate	N/A	N/A
This plan does not have a Core Network. But, if you use a core provider and the service is subject to coinsurance, the you will only pay 10%, not 20%		
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	40% after Deductible
Physician Fees (Specialist)	20% after Deductible	40% after Deductible
Routine Physical Exams		
Routine Adult Physical Exams including immunizations (One exam every 12 months age 18 and over)	Plan Pays 100%	40% after Deductible
Routine GYN Exams (one visit per calendar year - includes Pap smear and related lab fees)	Plan Pays 100%	40% after Deductible
Routine Child Exams including immunizations	Plan Pays 100%	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%	40% after Deductible
Routine Cancer Screening Expenses (colorectal cancer screening for members age 50 and over done in an outpatient setting)	Plan Pays 100%	40% after Deductible
Routine Mammogram Expenses for covered females age 40 and over	Plan Pays 100%	40% after Deductible
For Use of Urgent Care Provider - Urgent Care	20% after Deductible	40% after Deductible
For Emergency Room Treatment - Emergency Care	$150 Copay	$150 Copay
Ambulance Expenses	20% after Deductible	40% after Deductible
For Outpatient Hospital Expenses (including surgery)	20% after Deductible	40% after Deductible
Physician Fees for Outpatient Surgery	20% after Deductible	40% after Deductible
Hospital Expenses - Inpatient Coverage	20% after Deductible	40% after Deductible
Pre-Admission Testing Office Visit	20% 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	Plan pays 100%	40% after Deductible

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