

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

**aetna**<sup>®</sup>

# New York 51 – 100 **Plan guide**



Like creating a painting, the key to creating the right health plan is unlocking the right combination of cost and coverage

**Plans effective January 1, 2014  
For businesses with 51 – 100 eligible employees**

**[www.aetna.com](http://www.aetna.com)**

# Unlocking the right health plan

Every company has its own particular needs, driven in part by the health of its employees, by its commitment to health and wellness and, of course, by its financial resources.

We believe creating the right health insurance plan means unlocking the right combination of these four options to meet a company's specific needs:

**Benefits, Network, Cost sharing, Funding.**

## Experience matters

Unlocking the right combination isn't a matter of chance. It's a matter of working with an experienced and knowledgeable guide. A guide like Aetna. We take the time to listen and learn about your needs, share knowledge and provide tools to help achieve the right balance of cost and coverage.

Our approach makes all the difference in the value you get from your plan, and in the satisfaction of your employees.

Today's health care environment demands a new set of solutions to meet new challenges. Together, we can unlock those solutions to create a healthy future for your company and your employees.

# Unlock the right combination

We want to make unlocking the right benefits as easy as possible. So we've organized information in this easy-to-understand guide.

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# Unlocking the right plan for your business

Our product portfolio includes a range of coverage and cost combinations. You'll find choices for different budgets and benefits strategies. And you'll see that we're more than medical. You can round out your benefits offering with dental as well as life and disability offerings.

Take a look at what's available.

## Medical plans

- HSA/HRA compatible plans
- OAEPO plans
- OAMC plans
- Indemnity plan

You'll soon be seeing many changes in health insurance, thanks to health care reform. Many of them affect your business. And some of them might be confusing. Visit the health care reform section on [www.aetna.com](http://www.aetna.com) for more information. Or talk with your broker.

## Tools to help your employees stay healthy, informed and productive

With Aetna health plans, your employees get online tools and helpful resources that let them make the most of their benefits. Our most popular tools include:

- **Secure member website.** Your employees get self-service tools, plus health plan and health information through their Aetna Navigator® website. Think of it as the key that unlocks the full value of their health benefits package. Encourage them to sign up at [www.aetna.com](http://www.aetna.com).
- **Member Payment Estimator.** With an Aetna health plan, your employees can compare and estimate costs\* for office visits, tests, surgeries and more. This means they can save money\*\*—and avoid surprises. This online tool factors in their deductible, coinsurance and copays, plus contracted rates. They can see how much they have to pay and how much the plan will pay. They can log in to their Aetna Navigator member website to use the tool.
- **Online provider directory.** Finding doctors, specialists, hospitals and more in the Aetna network is easy with our DocFind® directory. It's available at [www.aetna.com](http://www.aetna.com) and the Aetna Navigator member website.
- **My Life Values.** Your employees get 24/7 online services and support for managing their everyday personal and work matters.

\*Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate but before the claim for this service is submitted. Or, if the doctor or facility performs a different service at the time of your visit.

\*\*In 2011, members who used Member Payment Estimator before receiving care saved an average of \$170 out of pocket on 34 common procedures, according to the Member Payment Estimator Study, Aetna Informatics and Product Development, August 2012.

## Dental plans

- Dental Maintenance Organization or DMO® plan
- PPO
- PPO Max
- Freedom-of-Choice plan design

## Dental plan extras

There's extra value built into our dental portfolio:

- **Dental-medical integration.** Our program encourages preventive dental care among employees who have diabetes or heart disease, or who are pregnant. This can lead to more of your employees taking steps to stay healthy.
- **Dental discounts.** Aetna ValuePass<sup>SM</sup>, a MasterCard® prepaid card, is a flexible way to give employees access to our nationwide network of dental services at discounted rates. It guarantees savings that range from 15 to 50 percent off the average retail cost of dental services.\* Offer it alongside your current dental plan, as a voluntary plan with no employer contribution, or as a replacement for your current dental benefit, through defined contribution.

## Life and disability plans\*\*

- Basic life
- Supplemental life
- AD&D Ultra®
- Supplemental AD&D Ultra®
- Dependent life
- Short-term disability
- Long-term disability

## Life and disability plan extras

- **Aetna Life Essentials<sup>SM</sup>.** Through our program, your employees get access to expert advice on legal and financial matters — at no added cost. Plus, they get discounts on health products and services, like fitness and vision care.\*\*\*
- **Funeral planning and concierge service.** Through our collaboration with Everest, we offer our life members pre-planning and at-need services.
- **Aetna Return to Work Solutions<sup>SM</sup> Program.** Our return to work solutions provide customers with the support and resources they need to help get valued employees back to work safely and as soon as possible.

\*Savings are based on average retail charges in the geographic area and Aetna's negotiated rates. Actual retail charges and discounts provided by Aetna ValuePass participating providers will vary.

\*\*For groups 51 to 100, please consult your sales representative for a plan design to meet your group needs.

\*\*\*These services are discount programs, not insurance.

**The Aetna ValuePass<sup>SM</sup> program (the “program”) is NOT insurance.** The program provides cardholders with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company (“Aetna”), 151 Farmington Avenue, Hartford, CT 06156, **1-888-215-6578**, with dental providers (the “Aetna ValuePass participating providers”) in the Aetna Dental Access® network. Aetna is the discount medical plan organization. Your card may be used at any dental provider, but you will only receive discounted fees at Aetna ValuePass participating providers. The range of discounts provided under the program will vary depending on the type of Aetna ValuePass participating provider and type of services received. The card provides payments directly to the providers accepting payments using the funds on your card. In order to receive a discount, you must use the card to pay for services or products furnished by the Aetna ValuePass participating providers.

**[www.aetnavaluepass.com](http://www.aetnavaluepass.com)**

# Together, we'll unlock the right combination of benefits, network, cost-sharing and funding options for you and your employees.

## About our benefits

Choose from numerous, integrated benefits options that can lead to improved employee engagement and health, while helping you manage your costs. This includes medical, pharmacy, dental, life, disability and vision. Plus, online tools that help employees use their benefits wisely and get help when they need it.

## About our network

We have many full-network and tiered-network options to lower employer costs while still providing employees with access to quality care. Our doctor networks prioritize quality and efficiency to improve the health care experience and make it easy for individuals to get the care they need.

## About our cost sharing

Some of our cost sharing arrangements encourage employees to become more involved in their own health care and become better health care consumers. Employees with these plans receive more preventive care, have lower overall costs and use online tools more frequently.

## About our funding options

We can show you how a combined network, cost sharing and benefits approach can help you manage your premium to meet your budget. We also offer a range of funding options — from traditional fully insured to enhanced self-insured solutions — that provide different levels of cost, plan control and information access.

## Network options for healthy outcomes and lower costs

Our network solutions help lower your costs while providing employees with access to trusted doctors and hospitals. Your employees can still get care within the broad Aetna network. But they pay less out of pocket when they use doctors and hospitals in our special networks. The more they use health care providers in these networks, the more likely you are to see lower medical costs.

We make it easier for your employees, too. They get online tools for estimating costs and finding the right doctors and hospitals.

## Cost-sharing and premiums for every budget

Your focus is on lower costs. Increasingly, that means greater levels of employee cost sharing. With Aetna in your corner, you can map out a strategy based on your employee base and price point. And you can choose from the full spectrum of health plan types:

- Our fully insured portfolio provides plans with a range of robust coverage options.
- Emerging self-funded options may help you manage costs while offering the needed administrative support.
- Our Defined Contribution offering combines an attractive benefits package with more predictable costs. As well as motivation for your employees to get more involved in their health care.
- Our consumer-directed health plans have long offered fully featured coverage, along with lower premiums and higher deductibles. Our research has found that members with Aetna HealthFund® plans have lower overall health care costs, receive more preventive care and use online tools more frequently than members with traditional plans.



# We can help you unlock What's Your Healthy?<sup>SM</sup>

## Unlock health and wellness

Having a happier, healthier workforce is important to you. So is cost management. We've found that helping your employees get more involved in managing their health and well-being is a great way to meet these goals. Talk to your broker or Aetna representative to learn more about our programs.

## Wellness on us

Wellness for employees means a healthier business for employers. As always, our business health benefits and insurance plans offer \$0 copays for in-network eye exams and \$0 copay for in-network preventive care. It's one more way to help employees get a step closer to better health.

## Preventive care benefits with no copay:

- Immunizations
- Routine physicals
- Child wellness visits
- Routine mammogram
- Routine OB/GYN visits

## Wellness programs can make health and fitness part of everyday living

- Women's health and preventive health reminders
- Simple Steps To A Healthier Life<sup>®</sup> program
- Informed Health<sup>®</sup> Line\*
- Healthy Lifestyles Coaching
- 24-hour nurse line
- Aetna discount programs
- Personal Health Record

## Women's preventive health benefits

These services are generally covered at no cost share, when provided in network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Generic formulary contraceptives, certain brand formulary contraceptives are covered without member copayment; certain religious organizations or religious employers may be exempt from offering contraceptive services

## No-cost health incentive credit

### Members can earn \$50 in just a few simple steps.

Members earn a \$50 credit toward their out-of-pocket expenses when they:

- Complete or update their Simple Steps To A Healthier Life health assessment, and
- Complete one online wellness program

If the employee's spouse is covered under the plan, he or she is also eligible for the same incentive credit. So a family could save \$100 in out-of-pocket expenses each year. Incentive rewards will be credited toward the deductible and maximum out-of-pocket limit. This program is included at no additional cost on all plans except HSA and HRA compatible plans.

## We make things easy for you

Health plan management and administration is our specialty, which makes it easier for you to manage health insurance benefits with:

- **eEnrollment.** Handle enrollments, terminations and other changes online, with less paperwork and greater efficiency.
- **eBilling.** Save time and simplify reconciliation and payment, anytime, anywhere, with our secure system. It lets you get, view and pay all your medical and dental bills online.

\*While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

M

# Aetna Medical Overview

Medical coverage can be a deal-breaker in recruiting and keeping talented employees. Our medical plan portfolio was designed with the needs of businesses like yours in mind. You'll find flexible options, from traditional indemnity to consumer-directed plans. You can choose the plan design and benefits level that fits your budget and achieve the right combination of cost and coverage for your business.



# Medical

## Overview

### Provider network\*

Product Name	Product Description	PCP Required	Referrals Required	Plan Name
<b>Open Access Elect Choice® (OAEPO)</b>	Aetna Open Access Elect Choice® plan provides a network-only based managed care product with comprehensive health care benefits. Members are not required to select a PCP to coordinate their care or to obtain referrals for specialty care. Only services rendered by a network provider are covered, except for emergency or urgently needed care.	Optional	No	Elect Choice EPO (Open Access)
<b>Aetna Open Access® Managed Choice® (OAMC)</b>	Managed Choice members can access any recognized provider for covered services without a referral. Each time members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs.	Optional	No	Managed Choice POS (Open Access)
<b>Indemnity</b>	This indemnity plan option is available for employees who live outside the plan's network service area. Members coordinate their own health care and may access any recognized provider for covered services without a referral.	No	No	N/A

\*Network subject to change.

**M****Aetna high-deductible HSA-compatible Open Access Managed Choice and Open Access Elect Choice**

Aetna high-deductible HSA-compatible Open Access Managed Choice and Open Access Elect Choice health plans are compatible with a health savings account (HSA). HSA-compatible plans provide integrated medical and pharmacy benefits. Preventive care services are exempt from the deductible.

HSAs provide employers and their qualified employees with an affordable tax-advantaged solution that allows them to better manage their qualified medical and dental expenses.

- Employees can build a savings fund to help cover their future medical and dental expenses. HSA accounts can be funded by the employer or employee and are portable.
- Fund contributions may be tax-deductible (limits apply).
- When funds are used to cover qualified out-of-pocket medical and dental expenses, they are not taxed.

It is completely at the discretion of the employer or employee whether or not to establish an HSA.

Note: Employers and employees should consult with their tax advisor to determine eligibility requirements and tax advantages for participation in the HSA plan.

**Health Savings Account (HSA)****No set-up or administrative fees**

The Aetna HealthFund HSA, when coupled with a HSA-compatible high-deductible health benefits and health insurance plan, is a tax-advantaged savings account. Once enrolled, account contributions can be made by the employee and/or employer. The HSA can be used to pay for qualified expenses tax free.

**Member's HSA plan**

- The member owns the HSA.
- Contributions are tax free.
- Members choose how and when to use HSA dollars.
- Members can roll their HSA over each year and let it grow.
- HSAs earn interest, tax free.

**Today**

- Can be used for qualified expenses with tax-free dollars

**Future**

- Allow members to plan for future and retiree health-related costs

**High-deductible health plan**

- Eligible in-network preventive care services will not be subject to the deductible.
- Members pay 100 percent until deductible is met, then only pay a share of the cost.
- Members meet out-of-pocket maximum, then plan pays 100 percent.

**Health Reimbursement Arrangement (HRA)**

The Aetna HealthFund HRA combines the protection of a deductible-based health plan with a health fund that pays for eligible health care services. The member cannot contribute to the HRA, and employers have control over HRA plan designs and fund rollover. The fund is available to an employee for qualified expenses on the plan's effective date.

The HRA and the HSA provide members with financial support for higher out-of-pocket health care expenses. Aetna's consumer-directed health products and services give members the information and resources they need to help make informed health care decisions for themselves and their families while helping lower employers' costs.

**Multi-State Solution**

We offer a multi-state solution to make it easier for businesses like yours to do business with us. We believe it brings more consistency across medical benefits offerings to employers with employees in multiple locations.

Employers based in New York can offer NY OAMC and OAEPO plans to their employees who live and work out of state.

The rates and benefits will match those offered in New York. If the out-of-state employee resides in a non-network area, the employee will be enrolled in an indemnity plan. Plan sponsors will need to continue to meet underwriting guidelines, subject to all applicable state laws.

In all instances, extraterritorial benefits that may apply on any of the out-of-state employees will be implemented where required.

## COBRA administration

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes that can help employers manage the complex billing and notification processes required for COBRA compliance, while also helping to save them time and money.

## Section 125 cafeteria plans and Section 132 Transit Reimbursement Accounts

Employees can reduce their taxable income, and employers can pay less in payroll taxes. There are three ways to save:

### Premium-Only Plans (POP)

Employees can pay for their portion of the group health insurance expenses on a pretax basis. First-year POP fees are waived with the purchase of medical with five or more enrolled employees.

### Flexible Savings Account (FSA)

FSAs give employees a chance to save for health expenses with pretax money. Health care spending accounts allow employees to set aside pretax dollars to pay for out-of-pocket expenses as defined by the IRS. Dependent Care Spending Accounts allow participants to use pretax dollars to pay child or elder care expenses.

### Transit Reimbursement Account (TRA)

TRAs allow participants to use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work.

## Administrative Fees

Fee description	Fee	
<b>Premium-Only Plan (POP)</b>		
<b>Initial set-up*</b>	\$190	
<b>Monthly fees</b>	\$125	
<b>Health Reimbursement Arrangement (HRA) and Flexible Spending Account (FSA)**</b>		
	<b>Initial set-up</b>	<b>Renewal fee</b>
51 – 100 Employees	\$560	\$335
<b>Monthly fees***</b>	\$5.45 per participant	
<b>Additional set-up fee</b> for “stacked” plans (those electing an Aetna HRA and FSA simultaneously)	\$150	
<b>Participation fee</b> for “stacked” participants	\$10.45 per participant	
<b>Minimum fees</b>		
51 – 100 Employees	\$50 per month minimum	
<b>COBRA Services</b>		
<b>Annual fee</b>		
51 – 100 Employees	\$230	
<b>Per employee per month</b>		
51 – 100 Employees	\$1.05	
<b>Initial notice fee</b>	\$3.00 per notice (includes notices at time of implementation and during ongoing administration)	
<b>Minimum fees</b>		
51 – 100 Employees	\$50 per month minimum	
<b>Transit Reimbursement Account (TRA)</b>		
<b>Annual fee</b>	\$350	
<b>Transit monthly fees</b>	\$4.25 per participant	
<b>Parking monthly fees</b>	\$3.15 per participant	

\*Nondiscrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$100 fee. Nondiscrimination testing only available for FSA and POP products.

\*\*Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact Aetna for further information.

\*\*\*For HRA, if the employer opts out of Streamline, the fee is increased \$1.50 per participant. For FSA, the debit card is available for an additional \$1 per participant per month. Mailing reimbursement checks direct to employee homes is an additional \$1 per participant per month.

Aetna HRAs are subject to employer-defined use and forfeiture rules. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information subject to change.

Aetna reserves the right to change any of the above fees and to impose additional fees upon prior written notice.

# OAEPO Plans

Plan Name	NY OAEPO \$25 \$10/25/40	NY OAEPO \$20/35/50	NY OAEPO 1000 100% \$25 \$10/25/40	NY OAEPO 1000 100% \$25 \$20/35/50
<b>Member Benefits</b>	Participating Providers <sup>5</sup>	Participating Providers <sup>5</sup>	Participating Providers <sup>5</sup>	Participating Providers <sup>5</sup>
<b>Calendar Year Deductible</b>	\$0 Individual/ \$0 Family	\$0 Individual/ \$0 Family	\$1,000 Individual/ \$2,000 Family	\$1,000 Individual/ \$2,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$3,000 Individual/ \$6,000 Family	\$3,000 Individual/ \$6,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded	Embedded	Embedded	Embedded
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge	Amounts over allowable charge	Amounts over allowable charge	Amounts over allowable charge
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay	\$25 copay	\$25 copay; deductible waived	\$25 copay; deductible waived
<b>Specialist Office Visit<sup>3</sup></b>	\$40 copay	\$40 copay	\$25 copay; deductible waived	\$25 copay; deductible waived
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay	\$25 copay	\$25 copay; deductible waived	\$25 copay; deductible waived
<b>Chiropractic</b>	\$40 copay	\$40 copay	\$25 copay; deductible waived	\$25 copay; deductible waived
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay	\$0 copay	\$0 copay; deductible waived	\$0 copay; deductible waived
<b>Diagnostic Testing: Lab</b>	\$0 copay	\$0 copay	\$0 copay; deductible waived	\$0 copay; deductible waived
<b>Diagnostic Testing: X-ray</b>	\$0 copay	\$0 copay	0% after deductible	0% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$0 copay	\$0 copay	0% after deductible	0% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	\$10/\$25/\$40	\$20/\$35/\$50	\$10/\$25/\$40	\$20/\$35/\$50
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	\$20/\$35/\$50	\$10/\$25/\$40	\$20/\$35/\$50
<b>Outpatient Surgery</b>	\$0 copay	\$0 copay	0% after deductible	0% after deductible
<b>Emergency Room</b>	\$150 copay	\$150 copay	\$200 copay; deductible waived	\$200 copay; deductible waived
<b>Urgent Care</b>	\$75 copay	\$75 copay	\$75 copay; deductible waived	\$75 copay; deductible waived
<b>Inpatient Hospital Facility</b>	\$500 copay per admission	\$500 copay per admission	0% after deductible	0% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 combined visits per calendar year)	\$40 copay	\$40 copay	\$25 copay; deductible waived	\$25 copay; deductible waived

Refer to page 30 for footnotes.

# OAEPO Plans

Plan Name	NY OAEPO 1000 90% \$25 \$10/25/40	NY OAEPO 1000 90% \$25 \$20/35/50	NY OAEPO 2000 80% \$30 \$10/25/40	NY OAEPO 2000 80% \$30 \$20/35/50
<b>Member Benefits</b>	Participating Providers <sup>5</sup>	Participating Providers <sup>5</sup>	Participating Providers <sup>5</sup>	Participating Providers <sup>5</sup>
<b>Calendar Year Deductible</b>	\$1,000 Individual/ \$2,000 Family	\$1,000 Individual/ \$2,000 Family	\$2,000 Individual/ \$4,000 Family	\$2,000 Individual/ \$4,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$5,000 Individual/ \$10,000 Family	\$5,000 Individual/ \$10,000 Family	\$6,350 Individual/ \$12,700 Family	\$6,350 Individual/ \$12,700 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded	Embedded	Embedded	Embedded
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge	Amounts over allowable charge	Amounts over allowable charge	Amounts over allowable charge
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay; deductible waived	\$25 copay; deductible waived	\$30 copay; deductible waived	\$30 copay; deductible waived
<b>Specialist Office Visit<sup>3</sup></b>	\$40 copay; deductible waived	\$40 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay; deductible waived	\$25 copay; deductible waived	\$30 copay; deductible waived	\$30 copay; deductible waived
<b>Chiropractic</b>	\$40 copay; deductible waived	\$40 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	\$0 copay; deductible waived	\$0 copay; deductible waived	\$0 copay; deductible waived
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	\$0 copay; deductible waived	\$0 copay; deductible waived	\$0 copay; deductible waived
<b>Diagnostic Testing: X-ray</b>	10% after deductible	10% after deductible	20% after deductible	20% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	10% after deductible	10% after deductible	20% after deductible	20% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	\$10/\$25/\$40	\$20/\$35/\$50	\$10/\$25/\$40	\$20/\$35/\$50
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	\$20/\$35/\$50	\$10/\$25/\$40	\$20/\$35/\$50
<b>Outpatient Surgery</b>	10% after deductible	10% after deductible	20% after deductible	20% after deductible
<b>Emergency Room</b>	\$200 copay; deductible waived	\$200 copay; deductible waived	\$200 copay; deductible waived	\$200 copay; deductible waived
<b>Urgent Care</b>	\$75 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived
<b>Inpatient Hospital Facility</b>	10% after deductible	10% after deductible	20% after deductible	20% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 combined visits per calendar year)	\$40 copay; deductible waived	\$40 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived

## OAMC Plans

Plan Name	NY OAMC 100/80 \$15 \$10/25/40		NY OAMC 100/80 \$15 \$20/35/50	
	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Member Benefits</b>				
<b>Calendar Year Deductible</b>	\$0 Individual/ \$0 Family	\$500 Individual/ \$1,000 Family	\$0 Individual/ \$0 Family	\$500 Individual/ \$1,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>		Embedded		Embedded
<b>Not Included In Out-of-Pocket Limit</b>		Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$15 copay	20% after deductible	\$15 copay	20% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$15 copay	20% after deductible	\$15 copay	20% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$15 copay	Not Covered	\$15 copay	Not Covered
<b>Chiropractic</b>	\$15 copay	20% after deductible	\$15 copay	20% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay	Well baby/child exams & Immunizations: 0%; deductible waived All other: 20% after deductible	\$0 copay	Well baby/child exams & Immunizations: 0%; deductible waived All other: 20% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay	20% after deductible	\$0 copay	20% after deductible
<b>Diagnostic Testing: X-ray</b>	\$0 copay	20% after deductible	\$0 copay	20% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$0 copay	20% after deductible	\$0 copay	20% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	\$0 copay	20% after deductible	\$0 copay	20% after deductible
<b>Emergency Room</b>		\$150 copay		\$150 copay
<b>Urgent Care</b>	\$75 copay	20% after deductible	\$75 copay	20% after deductible
<b>Inpatient Hospital Facility</b>	\$0 copay per admission	20% after deductible	\$0 copay per admission	20% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$15 copay	20% after deductible	\$15 copay	20% after deductible

# OAMC Plans

Plan Name	NY OAMC 100/70 \$20 \$10/25/40		NY OAMC 100/70 \$20 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$0 Individual/ \$0 Family	\$1,000 Individual/ \$2,000 Family	\$0 Individual/ \$0 Family	\$1,000 Individual/ \$2,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$20 copay	30% after deductible	\$20 copay	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$30 copay	30% after deductible	\$30 copay	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$20 copay	Not Covered	\$20 copay	Not Covered
<b>Chiropractic</b>	\$30 copay	30% after deductible	\$30 copay	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	\$0 copay	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Diagnostic Testing: X-ray</b>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Emergency Room</b>	\$150 copay		\$150 copay	
<b>Urgent Care</b>	\$75 copay	30% after deductible	\$75 copay	30% after deductible
<b>Inpatient Hospital Facility</b>	\$500 copay per admission	30% after deductible	\$500 copay per admission	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$30 copay	30% after deductible	\$30 copay	30% after deductible



## OAMC Plans

Plan Name	NY OAMC 100/70 \$25 \$10/25/40		NY OAMC 100/70 \$25 \$20/35/50	
	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Member Benefits</b>				
<b>Calendar Year Deductible</b>	\$0 Individual/ \$0 Family	\$2,000 Individual/ \$4,000 Family	\$0 Individual/ \$0 Family	\$2,000 Individual/ \$4,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>		Embedded		Embedded
<b>Not Included In Out-of-Pocket Limit</b>		Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay	30% after deductible	\$25 copay	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$40 copay	30% after deductible	\$40 copay	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay	Not Covered	\$25 copay	Not Covered
<b>Chiropractic</b>	\$40 copay	30% after deductible	\$40 copay	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	\$0 copay	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Diagnostic Testing: X-ray</b>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	\$0 copay	30% after deductible	\$0 copay	30% after deductible
<b>Emergency Room</b>		\$150 copay		\$150 copay
<b>Urgent Care</b>	\$75 copay	30% after deductible	\$75 copay	30% after deductible
<b>Inpatient Hospital Facility</b>	\$500 copay per admission	30% after deductible	\$500 copay per admission	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$40 copay	30% after deductible	\$40 copay	30% after deductible

## OAMC Plans

Plan Name	NY OAMC 500 100/70 \$20 \$10/25/40		NY OAMC 500 100/70 \$20 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$1,500 Individual/ \$3,000 Family	\$2,500 Individual/ \$5,000 Family	\$1,500 Individual/ \$3,000 Family	\$2,500 Individual/ \$5,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$20 copay; deductible waived	Not Covered	\$20 copay; deductible waived	Not Covered
<b>Chiropractic</b>	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	30% after deductible	\$0 copay; deductible waived	30% after deductible
<b>Diagnostic Testing: X-ray</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Emergency Room</b>	\$150 copay; deductible waived		\$150 copay; deductible waived	
<b>Urgent Care</b>	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible

Plan Name	NY OAMC 500 90/70 \$25 \$10/25/40		NY OAMC 500 90/70 \$25 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$2,000 Individual/ \$4,000 Family	\$3,000 Individual/ \$6,000 Family	\$2,000 Individual/ \$4,000 Family	\$3,000 Individual/ \$6,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered
<b>Chiropractic</b>	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	30% after deductible	\$0 copay; deductible waived	30% after deductible
<b>Diagnostic Testing: X-ray</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Emergency Room</b>	\$150 copay; deductible waived		\$150 copay; deductible waived	
<b>Urgent Care</b>	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
<b>Inpatient Hospital Facility</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible

# OAMC Plans

Plan Name	NY OAMC 500 80/60 \$25 \$10/25/40		NY OAMC 500 80/60 \$25 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$3,500 Individual/ \$7,000 Family	\$4,500 Individual/ \$9,000 Family	\$3,500 Individual/ \$7,000 Family	\$4,500 Individual/ \$9,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay; deductible waived	40% after deductible	\$25 copay; deductible waived	40% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$40 copay; deductible waived	40% after deductible	\$40 copay; deductible waived	40% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered
<b>Chiropractic</b>	\$40 copay; deductible waived	40% after deductible	\$40 copay; deductible waived	40% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 40% after deductible	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 40% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	40% after deductible	\$0 copay; deductible waived	40% after deductible
<b>Diagnostic Testing: X-ray</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency Room</b>	\$150 copay; deductible waived		\$150 copay; deductible waived	
<b>Urgent Care</b>	\$75 copay; deductible waived	40% after deductible	\$75 copay; deductible waived	40% after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$40 copay; deductible waived	40% after deductible	\$40 copay; deductible waived	40% after deductible

Plan Name	NY OAMC 100 100/70 \$20 \$10/25/40		NY OAMC 100 100/70 \$20 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$1,000 Individual/ \$2,000 Family	\$2,000 Individual/ \$4,000 Family	\$1,000 Individual/ \$2,000 Family	\$2,000 Individual/ \$4,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$20 copay; deductible waived	Not Covered	\$20 copay; deductible waived	Not Covered
<b>Chiropractic</b>	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	30% after deductible	\$0 copay; deductible waived	30% after deductible
<b>Diagnostic Testing: X-ray</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Emergency Room</b>	\$150 copay; deductible waived		\$150 copay; deductible waived	
<b>Urgent Care</b>	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible

# OAMC Plans

Plan Name	NY OAMC 1500 90/70 \$25 \$10/25/40		NY OAMC 1500 90/70 \$25 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$4,500 Individual/ \$9,000 Family	\$8,000 Individual/ \$16,000 Family	\$4,500 Individual/ \$9,000 Family	\$8,000 Individual/ \$16,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$40 copay; deductible waived	30% after deductible	\$40 copay; deductible waived	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered
<b>Chiropractic</b>	\$40 copay; deductible waived	30% after deductible	\$40 copay; deductible waived	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	30% after deductible	\$0 copay; deductible waived	30% after deductible
<b>Diagnostic Testing: X-ray</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Emergency Room</b>	\$200 copay; deductible waived		\$200 copay; deductible waived	
<b>Urgent Care</b>	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible
<b>Inpatient Hospital Facility</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$40 copay; deductible waived	30% after deductible	\$40 copay; deductible waived	30% after deductible

Plan Name	NY OAMC 2000 80/60 \$25 \$10/25/40		NY OAMC 2000 80/60 \$25 \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family	\$2,000 Individual/ \$4,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$6,350 Individual/ \$12,700 Family	\$10,000 Individual/ \$20,000 Family	\$6,350 Individual/ \$12,700 Family	\$10,000 Individual/ \$20,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded		Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	\$25 copay; deductible waived	40% after deductible	\$25 copay; deductible waived	40% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	\$40 copay; deductible waived	40% after deductible	\$40 copay; deductible waived	40% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered
<b>Chiropractic</b>	\$40 copay; deductible waived	40% after deductible	\$40 copay; deductible waived	40% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 40% after deductible	\$0 copay; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 40% after deductible
<b>Diagnostic Testing: Lab</b>	\$0 copay; deductible waived	40% after deductible	\$0 copay; deductible waived	40% after deductible
<b>Diagnostic Testing: X-ray</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two-times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency Room</b>	\$200 copay; deductible waived		\$200 copay; deductible waived	
<b>Urgent Care</b>	\$75 copay; deductible waived	40% after deductible	\$75 copay; deductible waived	40% after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	\$40 copay; deductible waived	40% after deductible	\$40 copay; deductible waived	40% after deductible



# OAMC HSA Plans

Plan Name	NY OAMC 2500 90/70 HSA \$10/25/40		NY OAMC 2500 90/70 HSA \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$2,500 Individual/ \$5,000 Family	\$3,500 Individual/ \$7,000 Family	\$2,500 Individual/ \$5,000 Family	\$3,500 Individual/ \$7,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$5,000 Individual/ \$10,000 Family	\$7,000 Individual/ \$14,000 Family	\$5,000 Individual/ \$10,000 Family	\$7,000 Individual/ \$14,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>2</sup></b>	Non-Embedded		Non-Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	10% after deductible	Not Covered	10% after deductible	Not Covered
<b>Chiropractic</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Diagnostic Testing: X-ray</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Imaging (MRA/MRS, MRI, PET and CAT Scans)</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Prescription Drug Deductible</b>	Integrated with Medical Deductible		Integrated with Medical Deductible	
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Emergency Room</b>	10% after deductible		10% after deductible	
<b>Urgent Care</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Inpatient Hospital Facility</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	10% after deductible	30% after deductible	10% after deductible	30% after deductible

# OAMC HSA Plans

Plan Name	NY OAMC 3000 100/70 HSA \$10/25/40		NY OAMC 3000 100/70 HSA \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$3,500 Individual/ \$7,000 Family	\$8,000 Individual/ \$16,000 Family	\$3,500 Individual/ \$7,000 Family	\$8,000 Individual/ \$16,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>2</sup></b>	Non-Embedded		Non-Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	0% after deductible	Not Covered	0% after deductible	Not Covered
<b>Chiropractic</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Diagnostic Testing: X-ray</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Prescription Drug Deductible</b>	Integrated with Medical Deductible		Integrated with Medical Deductible	
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Emergency Room</b>	0% after deductible		0% after deductible	
<b>Urgent Care</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	0% after deductible	30% after deductible	0% after deductible	30% after deductible

# OAMC HSA Plans

Plan Name	NY OAMC 3000 80/60 HSA \$10/25/40		NY OAMC 3000 80/60 HSA \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$5,800 Individual/ \$11,600 Family	\$10,000 Individual/ \$20,000 Family	\$5,800 Individual/ \$11,600 Family	\$10,000 Individual/ \$20,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>2</sup></b>	Non-Embedded		Non-Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	20% after deductible	Not Covered	20% after deductible	Not Covered
<b>Chiropractic</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 40% after deductible	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 40% after deductible
<b>Diagnostic Testing: Lab</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Diagnostic Testing: X-ray</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Imaging (MRA/MRS, MRI, PET and CAT Scans)</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Prescription Drug Deductible</b>	Integrated with Medical Deductible		Integrated with Medical Deductible	
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency Room</b>	20% after deductible		20% after deductible	
<b>Urgent Care</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	20% after deductible	40% after deductible	20% after deductible	40% after deductible

# OAMC HSA Plans

Plan Name	NY OAMC 5000 100/70 HSA \$10/25/40		NY OAMC 5000 100/70 HSA \$20/35/50	
<b>Member Benefits</b>	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$5,000 Individual/ \$10,000 Family	\$6,000 Individual/ \$12,000 Family	\$5,000 Individual/ \$10,000 Family	\$6,000 Individual/ \$12,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$6,050 Individual/ \$12,100 Family	\$12,000 Individual/ \$24,000 Family	\$6,050 Individual/ \$12,100 Family	\$12,000 Individual/ \$24,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>2</sup></b>	Non-Embedded		Non-Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	0% after deductible	Not Covered	0% after deductible	Not Covered
<b>Chiropractic</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Diagnostic Testing: X-ray</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Prescription Drug Deductible</b>	Integrated with Medical Deductible		Integrated with Medical Deductible	
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Emergency Room</b>	0% after deductible		0% after deductible	
<b>Urgent Care</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	0% after deductible	30% after deductible	0% after deductible	30% after deductible

# OAMC HRA Plans

Plan Name	NY OAMC 1500 100/70 HRA \$10/25/40		NY OAMC 1500 100/70 HRA \$20/35/50	
Member Benefits	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Calendar Year Deductible</b>	\$1,500 Individual/ \$3,000 Family	\$2,500 Individual/ \$5,000 Family	\$1,500 Individual/ \$3,000 Family	\$2,500 Individual/ \$5,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$4,800 Individual/ \$8,000 Family	\$5,000 Individual/ \$10,000 Family	\$4,800 Individual/ \$8,000 Family	\$5,000 Individual/ \$10,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>2</sup></b>	Non-Embedded		Non-Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	0% after deductible	Not Covered	0% after deductible	Not Covered
<b>Chiropractic</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Diagnostic Testing: X-ray</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Emergency Room</b>	0% after deductible		0% after deductible	
<b>Urgent Care</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	0% after deductible	30% after deductible	0% after deductible	30% after deductible
<b>Calendar Year HealthFund Amount<sup>6</sup></b>	\$750 Individual/ \$1,500 Family		\$750 Individual/ \$1,500 Family	

# OAMC HRA Plans

Plan Name	NY OAMC 3000 90/70 HRA \$10/25/40		NY OAMC 3000 90/70 HRA \$20/35/50	
	Participating Providers	Non-Participating Providers <sup>4</sup>	Participating Providers	Non-Participating Providers <sup>4</sup>
<b>Member Benefits</b>				
<b>Calendar Year Deductible</b>	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$5,500 Individual/ \$11,000 Family	\$7,500 Individual/ \$15,000 Family	\$5,500 Individual/ \$11,000 Family	\$7,500 Individual/ \$15,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>2</sup></b>	Non-Embedded		Non-Embedded	
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty		Amounts over allowable charge and failure to precertify penalty	
<b>Primary Care Physician Office Visit<sup>3</sup></b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Walk-In Clinics<sup>3</sup></b>	10% after deductible	Not Covered	10% after deductible	Not Covered
<b>Chiropractic</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible	0%; deductible waived	Well baby/child exams & Immunizations: 0%; deductible waived All other: 30% after deductible
<b>Diagnostic Testing: Lab</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Diagnostic Testing: X-ray</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost-sharing for up to 90-day supply.	\$10/\$25/\$40	\$10 + 20%/\$25 + 20%/ \$40 + 20%	\$20/\$35/\$50	\$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	\$10/\$25/\$40	Not Covered	\$20/\$35/\$50	Not Covered
<b>Outpatient Surgery</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Emergency Room</b>	10% after deductible		10% after deductible	
<b>Urgent Care</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Inpatient Hospital Facility</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
<b>Calendar Year HealthFund Amount<sup>6</sup></b>	\$1,500 Individual/ \$3,000 Family		\$1,500 Individual/ \$3,000 Family	

# Indemnity Plan

Plan Name	NY Indemnity 1000 80% \$20/35/50
<b>Member Benefits</b>	Non-Participating Providers <sup>5</sup>
<b>Calendar Year Deductible</b>	\$1,000 Individual/ \$2,000 Family
<b>Calendar Year Out-of-Pocket Limit</b>	\$6,000 Individual/ \$12,000 Family
<b>Deductible &amp; Out-of-Pocket Limit Accumulation<sup>1</sup></b>	Embedded
<b>Not Included In Out-of-Pocket Limit</b>	Amounts over allowable charge and failure to precertify penalty
<b>Primary Care Physician Office Visit<sup>3</sup></b>	20% after deductible
<b>Specialist Office Visit<sup>3</sup></b>	20% after deductible
<b>Chiropractic</b>	20% after deductible
<b>Preventive Care/Screenings/Immunizations</b>	0%; deductible waived
<b>Diagnostic Testing: Lab</b>	20% after deductible
<b>Diagnostic Testing: X-ray</b>	20% after deductible
<b>Imaging (MRA/MRS, MRI, PET and CAT Scans)</b>	20% after deductible
<b>Prescription Drugs</b> (up to 30-day supply): Generic drugs/Preferred brand drugs/Non-preferred brand drugs. Two times the 30-day supply cost sharing for up to 90-day supply.	Participating Providers: \$20/\$35/\$50 Non-Participating Providers: \$20 + 20%/\$35 + 20%/ \$50 + 20%
<b>Aetna Specialty CareRx<sup>SM</sup></b> (up to a 30-days supply for self-injectable, infused and oral specialty drugs, excludes insulin)	Participating Providers: \$20/\$35/\$50 Non-Participating Providers: Not Covered
<b>Outpatient Surgery</b>	20% after deductible
<b>Emergency Room</b>	20% after deductible
<b>Urgent Care</b>	20% after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible
<b>Rehabilitation Services (PT/OT/ST)</b> (60 visits per calendar year)	20% after deductible



## Footnotes

All services are subject to the deductible unless otherwise noted.

Some benefits are subject to age and frequency schedules, limitations or visit maximums. All schedules, limitations or visits are combined between Participating and Non-Participating Providers unless otherwise noted.

Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care and complex imaging services.

<sup>1</sup>Embedded: The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

<sup>2</sup>Non-Embedded: The family deductible and/or out-of-pocket limit can be met by a combination of family members or by a single member. There is no individual deductible and/or out-of-pocket limit to satisfy.

<sup>3</sup>Copays related to preventive care services will be waived.

<sup>4</sup>How your out-of-network care is reimbursed:

We cover the cost of services based on whether doctors are “in network” or “out of network.” We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this “out-of-network” care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor’s bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the “recognized” or “allowed” amount.

- Professional Services: 110% of Medicare

- Facility Services: 140% of Medicare

Your doctor sets his or her own rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan “recognizes.” Your doctor may bill you for the dollar amount that your plan doesn’t “recognize.” You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the “recognized charge” counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit [www.aetna.com](http://www.aetna.com). Type “how Aetna pays” in the search box.

You can avoid these extra costs by getting your care from Aetna’s broad network of health care providers. Go to [www.aetna.com](http://www.aetna.com) and click on “Find a Doctor” on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you *choose* to get care out of network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your health care provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

<sup>5</sup>How your out-of-network care is reimbursed:

Your plan does not cover care you get outside of our network. Generally, we will not pay anything for that care. But your plan will pay for emergency services you receive from health care providers not in our network. Your cost sharing — deductibles, coinsurance, copayments — will be the same as if you got the care in network. You are not responsible for paying anything else. If you get a bill for anything more, contact us.

<sup>6</sup>Fund changes between tiers requires a life status change qualifying event. Any remaining HealthFund benefit amount at the end of the calendar year is rolled over into next year’s HealthFund benefit amount. The fund will be used to pay for the member’s responsibility. Once the deductible is met, the underlying medical plan provides coverage and if a fund balance still exists, the fund will pay the members’ responsibility until the calendar year out-of-pocket limit has been reached or the fund has been exhausted, whichever comes first. Preventive services and prescription drug benefits will not be eligible for reimbursement by the fund.

# Aetna Dental Plans

Dental coverage is sure to put a smile on your employees' faces. Our affordable plan design options make it possible for you to add this valuable benefit to your package.

# Dental

## Overview

### The Mouth Matters<sup>SM</sup>

Research suggests that serious gum disease, known as periodontitis, may be associated with many health problems. This is especially true if gum disease continues without treatment.<sup>1</sup> Now, here's the good news. Researchers are discovering that a healthy mouth may be important to your overall health.<sup>1</sup>

The Aetna Dental/Medical Integration<sup>SM</sup> program,\* available at no additional charge to plan sponsors who have both medical and dental coverage with Aetna, focuses on those who are pregnant or have diabetes, coronary artery disease (heart disease) or cerebrovascular disease (stroke) and have not had a recent dental visit. We proactively educate those at-risk members about the impact oral health care can have on their condition. Our member outreach has been proven to successfully motivate those at-risk members who do not normally seek dental care to visit the dentist. Once at the dentist, these at-risk members will receive enhanced dental benefits including an extra cleaning and full coverage for certain periodontal services.

### The Dental Maintenance Organization (DMO)<sup>®</sup>

Members select a primary care dentist to coordinate their care from the available managed dental network. Each family member may choose a different primary care dentist and may switch dentists at any time via Aetna Navigator<sup>®</sup> or with a call to Member Services. If specialty care is needed, a member's primary care dentist can refer the member to a participating specialist. However, members may visit orthodontists without a referral. There are virtually no claim forms to file, and benefits are not subject to deductibles or annual maximums.

### Preferred Provider Organization (PPO) plan

Members can choose a dentist who participates in the network or choose a licensed dentist who does not. Participating dentists have agreed to offer our members covered services at a negotiated rate and will not balance-bill members.

### PPO Max plan

While the PPO Max dental insurance plan uses the PPO network, when members use out-of-network dentists the service will be covered based on the PPO fee schedule, rather than the usual and prevailing charge. The member will share in more of the costs and may be balance-billed. This plan offers members a quality dental insurance plan with a significantly lower premium that encourages in-network usage.

### Freedom-of-Choice plan design option

Get maximum flexibility with our two-in-one dental plan design. The Freedom-of-Choice plan design option provides the administrative ease of one plan, yet members get to choose between the DMO and PPO plans on a monthly basis. One blended rate is paid. Members may switch between the plans on a monthly basis by calling Member Services. Plan changes must be made by the 15<sup>th</sup> of the month to be effective the following month.

### Dual Option plan<sup>\*\*</sup>

In the Dual Option plan design the DMO may be packaged with any one of the PPO plans. Employees may choose between the DMO and PPO offerings at annual enrollment.

### Voluntary Dental option

The Voluntary Dental option provides a solution to meet the individual needs of members in the face of rising health care costs. Administration is easy, and members benefit from low group rates and the convenience of payroll deductions.

<sup>1</sup>MayoClinic.com. "Oral health: A window to your overall health." [www.mayoclinic.com/health/dental/DE00001](http://www.mayoclinic.com/health/dental/DE00001) [article online]. February 5, 2011. Accessed August 2013.

\*DMI may not be available in all states.

\*\*Dual option does not apply to Voluntary Dental 3–9 size plans.

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 1A DMO Fixed Copay 42</b>	<b>Option 1B DMO Fixed Copay 53</b>	<b>Option 2A DMO 100/80/50</b>	<b>Option 3A DMO Fixed Copay 64</b>
	Plan code 42	Plan code 53	DMO Plan 100/80/50	Plan code 64
<b>Office Visit Copay</b>	\$5	\$5	\$5	\$5
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	None	None	None	None
<b>Annual Maximum Benefit</b>	None	None	None	None
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
Periodic oral exam	No charge	No charge	100%	No charge
Comprehensive oral exam	No charge	No charge	100%	No charge
Problem-focused oral exam	No charge	No charge	100%	No charge
<b>X-rays</b>				
Bitewing – single film	No charge	No charge	100%	No charge
Complete series	No charge	No charge	100%	No charge
<b>Preventive Services</b>				
Adult cleaning	No charge	\$8	100%	No charge
Child cleaning	No charge	\$7	100%	No charge
Sealants – per tooth	\$10	\$8	100%	No charge
Fluoride application	No charge	No charge	100%	No charge
Space maintainers (fixed)	\$100	\$65	100%	\$75
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	\$32	\$24	80%	\$12
Resin filling – 2 surfaces, anterior	\$55	\$35	80%	\$21
<b>Endodontic Services</b>				
Bicuspid root canal therapy	\$195	\$140	80%	\$109
<b>Periodontic Services</b>				
Scaling & root planing – per quadrant	\$65	\$50	80%	\$51
<b>Oral Surgery</b>				
Extraction – exposed root or erupted tooth	\$30	\$15	80%	\$11
Extraction of impacted tooth – soft tissue	\$80	\$60	80%	\$46
<b>*Major Services</b>				
Complete upper denture	\$500	\$300	50%	\$275
Crown – Porcelain with noble metal <sup>1</sup>	\$488	\$260	50%	\$255
Pontic – Porcelain with noble metal <sup>1</sup>	\$488	\$260	50%	\$255
Inlay – Metallic (3 or more surfaces)	\$463	\$220	50%	\$195
<b>Oral Surgery</b>				
Removal of impacted tooth – partially bony	175**	\$72	50%	\$58
<b>Endodontic Services</b>				
Molar root canal therapy	435**	\$260	50%	\$280
<b>Periodontic Services</b>				
Osseous surgery – per quadrant	\$445**	\$325	50%	\$300
<b>*Orthodontic Services (optional)</b>				
<b>Orthodontic Lifetime Maximum</b>	Does not apply	Does not apply	Does not apply	Does not apply

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 4A DMO 100/100/60</b>	<b>Option 4B DMO 100/100/60 B</b>	<b>Option 5A DMO Fixed Copay 56</b>	<b>Option 6A Freedom of Choice – PPO Max Low</b> Monthly selection between the DMO and PPO Max	
	DMO Plan 100/100/60	DMO Plan 100/100/60	Plan code 56	DMO Plan 100/90/60	PPO Max Plan 100/70/50
<b>Office Visit Copay</b>	\$5	\$5	\$5	\$5	None
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	None	None	None	None	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	None	None	None	None	\$1,000
<b>Diagnostic Services</b>					
<b>Oral Exams</b>					
Periodic oral exam	100%	100%	No charge	100%	100%
Comprehensive oral exam	100%	100%	No charge	100%	100%
Problem-focused oral exam	100%	100%	No charge	100%	100%
<b>X-rays</b>					
Bitewing – single film	100%	100%	No charge	100%	100%
Complete series	100%	100%	No charge	100%	100%
<b>Preventive Services</b>					
Adult cleaning	100%	100%	No charge	100%	100%
Child cleaning	100%	100%	No charge	100%	100%
Sealants – per tooth	100%	100%	No charge	100%	100%
Fluoride application	100%	100%	No charge	100%	100%
Space maintainers (fixed)	100%	100%	No charge	100%	100%
<b>Basic Services</b>					
Amalgam filling – 2 surfaces	100%	100%	No charge	90%	70%
Resin filling – 2 surfaces, anterior	100%	100%	No charge	90%	70%
<b>Endodontic Services</b>					
Bicuspid root canal therapy	100%	100%	No charge	90%	70%
<b>Periodontic Services</b>					
Scaling & root planing – per quadrant	100%	100%	\$25	90%	70%
<b>Oral Surgery</b>					
Extraction – exposed root or erupted tooth	100%	100%	No charge	90%	70%
Extraction of impacted tooth – soft tissue	100%	100%	No charge	90%	70%
<b>*Major Services</b>					
Complete upper denture	60%	60%	\$185	60%	50%
Crown – Porcelain with noble metal <sup>1</sup>	60%	60%	\$150	60%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	60%	60%	\$150	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	60%	\$150	60%	50%
<b>Oral Surgery</b>					
Removal of impacted tooth – partially bony	60%	60%	\$45	60%	50%
<b>Endodontic Services</b>					
Molar root canal therapy	60%	60%	\$125	60%	50%
<b>Periodontic Services</b>					
Osseous surgery – per quadrant	60%	60%	\$140	60%	50%
<b>*Orthodontic Services</b> (optional)	\$2,300 copay	\$1750 copay	\$2,300 copay	\$2,300 copay	50%
<b>Orthodontic Lifetime Maximum</b>	Does not apply	Does not apply	Does not apply	Does not apply	\$1,000

Refer to page 41 for footnotes.

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 7A Freedom-of-Choice – PPO Max High —</b> Monthly selection between the DMO and PPO Max		<b>Option 8A Freedom-of-Choice – PPO Low 80th —</b> Monthly selection between the DMO and PPO	
	DMO Plan 100/100/60	PPO Max Plan 100/80/50	DMO Plan 100/100/60	PPO Plan 100/80/50
<b>Office Visit Copay</b>	\$5	None	\$5	None
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	None	\$1,000	None	\$1,000
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
<b>X-rays</b>				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
<b>Preventive Services</b>				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%
Fluoride application	100%	100%	100%	100%
Space maintainers (fixed)	100%	100%	100%	100%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	100%	80%	100%	80%
Resin filling – 2 surfaces, anterior	100%	80%	100%	80%
<b>Endodontic Services</b>				
Bicuspid root canal therapy	100%	80%	100%	80%
<b>Periodontic Services</b>				
Scaling & root planing – per quadrant	100%	80%	100%	80%
<b>Oral Surgery</b>				
Extraction – exposed root or erupted tooth	100%	80%	100%	80%
Extraction of impacted tooth – soft tissue	100%	80%	100%	80%
<b>*Major Services</b>				
Complete upper denture	60%	50%	60%	50%
Crown – Porcelain with noble metal <sup>1</sup>	60%	50%	60%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	60%	50%	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	50%	60%	50%
<b>Oral Surgery</b>				
Removal of impacted tooth – partially bony	60%	50%	60%	50%
<b>Endodontic Services</b>				
Molar root canal therapy	60%	50%	60%	50%
<b>Periodontic Services</b>				
Osseous surgery – per quadrant	60%	50%	60%	50%
<b>*Orthodontic Services</b> (optional)	\$2,300 copay	50%	\$2,300 copay	50%
<b>Orthodontic Lifetime Maximum</b>	Does not apply	\$1,000	Does not apply	\$1,000

Refer to page 41 for footnotes.

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 9A</b> <b>Freedom-of-Choice – PPO 1000 80th —</b> Monthly selection between the DMO and PPO		<b>Option 10A</b> <b>Freedom-of-Choice – PPO 2000 80th —</b> Monthly selection between the DMO and PPO	
	Plan code 56	PPO Plan 100/80/50	DMO Plan 100/100/60	PPO Plan 100/80/50
<b>Office Visit Copay</b>	\$5	None	\$5	None
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	None	\$1,000	None	\$2,000
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
Periodic oral exam	No charge	100%	100%	100%
Comprehensive oral exam	No charge	100%	100%	100%
Problem-focused oral exam	No charge	100%	100%	100%
<b>X-rays</b>				
Bitewing – single film	No charge	100%	100%	100%
Complete series	No charge	100%	100%	100%
<b>Preventive Services</b>				
Adult cleaning	No charge	100%	100%	100%
Child cleaning	No charge	100%	100%	100%
Sealants – per tooth	No charge	100%	100%	100%
Fluoride application	No charge	100%	100%	100%
Space maintainers (fixed)	No charge	100%	100%	100%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	No charge	80%	100%	80%
Resin filling – 2 surfaces, anterior	No charge	80%	100%	80%
<b>Endodontic Services</b>				
Bicuspid root canal therapy	No charge	80%	100%	80%
<b>Periodontic Services</b>				
Scaling & root planing – per quadrant	\$25	80%	100%	80%
<b>Oral Surgery</b>				
Extraction – exposed root or erupted tooth	No charge	80%	100%	80%
Extraction of impacted tooth – soft tissue	No charge	80%	100%	80%
<b>*Major Services</b>				
Complete upper denture	\$185	50%	60%	50%
Crown – Porcelain with noble metal <sup>1</sup>	\$150	50%	60%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	\$150	50%	60%	50%
Inlay – Metallic (3 or more surfaces)	\$150	50%	60%	50%
<b>Oral Surgery</b>				
Removal of impacted tooth – partially bony	\$45	50%	60%	80%
<b>Endodontic Services</b>				
Molar root canal therapy	\$125	50%	60%	80%
<b>Periodontic Services</b>				
Osseous surgery – per quadrant	\$140	50%	60%	80%
<b>*Orthodontic Services (optional)</b>				
<b>Orthodontic Lifetime Maximum</b>	Does not apply	\$1,000	Does not apply	\$1,000

Refer to page 41 for footnotes.

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 11A PPO Max 1500</b>	<b>Option 11B PPO Max 1500 Plus</b>	<b>Option 11C PPO Max 1000</b>	<b>Option 12A PPO 1000 80th</b>
	PPO Max 1500 Plan 100/80/50	PPO Max 1500 Plan 100/80/50	PPO Max 1000 Plan 100/80/50	PPO 1000 Plan 100/80/50
<b>Office Visit Copay</b>	None	None	None	None
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	\$1,500	\$1,500	\$1,000	\$1,000
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
<b>X-rays</b>				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
<b>Preventive Services</b>				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%
Fluoride application	100%	100%	100%	100%
Space maintainers (fixed)	100%	100%	100%	100%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	80%	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%	80%
<b>Endodontic Services</b>				
Bicuspid root canal therapy	80%	80%	80%	80%
<b>Periodontic Services</b>				
Scaling & root planing – per quadrant	80%	80%	80%	80%
<b>Oral Surgery</b>				
Extraction – exposed root or erupted tooth	80%	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%	80%
<b>*Major Services</b>				
Complete upper denture	50%	50%	50%	50%
Crown – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%
<b>Oral Surgery</b>				
Removal of impacted tooth – partially bony	50%	50%	80%	80%
<b>Endodontic Services</b>				
Molar root canal therapy	50%	50%	80%	80%
<b>Periodontic Services</b>				
Osseous surgery – per quadrant	50%	50%	80%	80%
<b>*Orthodontic Services (optional)</b>	50%	50%	50%	50%
<b>Orthodontic Lifetime Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000



# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 12B PPO 1000 90th</b>	<b>Option 13A PPO 1500 80th</b>	<b>Option 13B PPO 1500 80th Plus</b>	<b>Option 13C PPO 1500 90th</b>
	PPO 1000 Plan 100/80/50	PPO 1500 Plan 100/80/50	PPO 1500 Plan 100/80/50	PPO 1500 Plan 100/80/50
<b>Office Visit Copay</b>	None	None	None	None
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	\$1,000	\$1,500	\$1,500	\$1,500
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
<b>X-rays</b>				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
<b>Preventive Services</b>				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%
Fluoride application	100%	100%	100%	100%
Space maintainers (fixed)	100%	100%	100%	100%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	80%	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%	80%
<b>Endodontic Services</b>				
Bicuspid root canal therapy	80%	80%	80%	80%
<b>Periodontic Services</b>				
Scaling & root planing – per quadrant	80%	80%	80%	80%
<b>Oral Surgery</b>				
Extraction – exposed root or erupted tooth	80%	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%	80%
<b>*Major Services</b>				
Complete upper denture	50%	50%	50%	50%
Crown – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%
<b>Oral Surgery</b>				
Removal of impacted tooth – partially bony	80%	80%	80%	80%
<b>Endodontic Services</b>				
Molar root canal therapy	80%	80%	80%	80%
<b>Periodontic Services</b>				
Osseous surgery – per quadrant	80%	80%	80%	80%
<b>*Orthodontic Services</b> (optional)	50%	50%	50%	50%
<b>Orthodontic Lifetime Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000

Refer to page 41 for footnotes.

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 14A PPO 2000 90th</b>	<b>Option 15A Active PPO 80th A</b>		<b>Option 15B Active PPO 80th B</b>	
	PPO 2000 Plan 100/80/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/50
<b>Office Visit Copay</b>	None	N/A	N/A	N/A	N/A
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	\$2,000	\$1,500	\$1,000	\$1,500	\$1,000
<b>Diagnostic Services</b>					
<b>Oral Exams</b>					
Periodic oral exam	100%	100%	80%	100%	80%
Comprehensive oral exam	100%	100%	80%	100%	80%
Problem-focused oral exam	100%	100%	80%	100%	80%
<b>X-rays</b>					
Bitewing – single film	100%	100%	80%	100%	80%
Complete series	100%	100%	80%	100%	80%
<b>Preventive Services</b>					
Adult cleaning	100%	100%	80%	100%	80%
Child cleaning	100%	100%	80%	100%	80%
Sealants – per tooth	100%	100%	80%	100%	80%
Fluoride application	100%	100%	80%	100%	80%
Space maintainers (fixed)	100%	100%	80%	100%	80%
<b>Basic Services</b>					
Amalgam filling – 2 surfaces	80%	80%	60%	80%	60%
Resin filling – 2 surfaces, anterior	80%	80%	60%	80%	60%
<b>Endodontic Services</b>					
Bicuspid root canal therapy	80%	80%	60%	80%	60%
<b>Periodontic Services</b>					
Scaling & root planing – per quadrant	80%	80%	60%	80%	60%
<b>Oral Surgery</b>					
Extraction – exposed root or erupted tooth	80%	80%	60%	80%	60%
Extraction of impacted tooth – soft tissue	80%	80%	60%	80%	60%
<b>*Major Services</b>					
Complete upper denture	50%	50%	50%	50%	50%
Crown – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%	50%
<b>Oral Surgery</b>					
Removal of impacted tooth – partially bony	80%	80%	60%	80%	60%
<b>Endodontic Services</b>					
Molar root canal therapy	80%	80%	60%	80%	60%
<b>Periodontic Services</b>					
Osseous surgery – per quadrant	80%	80%	60%	80%	60%
<b>*Orthodontic Services (optional)</b>					
<b>Orthodontic Lifetime Maximum</b>	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500

# Standard and Voluntary Dental Plan Selections 51 – 100

	<b>Option 16A</b> <b>Active PPO 1500 80th A</b>		<b>Option 16B</b> <b>Active PPO 1500 80th B</b>	
	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/50
<b>Office Visit Copay</b>	N/A	N/A	N/A	N/A
<b>Annual Deductible per Member</b> (does not apply to diagnostic & preventive services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
<b>Annual Maximum Benefit</b>	\$1,500	\$1,500	\$1,500	\$1,500
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
Periodic oral exam	100%	80%	100%	80%
Comprehensive oral exam	100%	80%	100%	80%
Problem-focused oral exam	100%	80%	100%	80%
<b>X-rays</b>				
Bitewing – single film	100%	80%	100%	80%
Complete series	100%	80%	100%	80%
<b>Preventive Services</b>				
Adult cleaning	100%	80%	100%	80%
Child cleaning	100%	80%	100%	80%
Sealants – per tooth	100%	80%	100%	80%
Fluoride application	100%	80%	100%	80%
Space maintainers (fixed)	100%	80%	100%	80%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	80%	60%	80%	60%
Resin filling – 2 surfaces, anterior	80%	60%	80%	60%
<b>Endodontic Services</b>				
Bicuspid root canal therapy	80%	60%	80%	60%
<b>Periodontic Services</b>				
Scaling & root planing – per quadrant	80%	60%	80%	60%
<b>Oral Surgery</b>				
Extraction – exposed root or erupted tooth	80%	60%	80%	60%
Extraction of impacted tooth – soft tissue	80%	60%	80%	60%
<b>*Major Services</b>				
Complete upper denture	50%	50%	50%	50%
Crown – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%
Pontic – Porcelain with noble metal <sup>1</sup>	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%
<b>Oral Surgery</b>				
Removal of impacted tooth – partially bony	80%	60%	80%	60%
<b>Endodontic Services</b>				
Molar root canal therapy	80%	60%	80%	60%
<b>Periodontic Services</b>				
Osseous surgery – per quadrant	80%	60%	80%	60%
<b>*Orthodontic Services</b> (optional)	50%	50%	50%	50%
<b>Orthodontic Lifetime Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500

Refer to page 41 for footnotes.

# Dental Plans 51 – 100

## Footnotes

### Voluntary plans:

\*Coverage waiting period applies to voluntary PPO plans: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any Major Service including orthodontic services. Does not apply to DMO or standard (non-voluntary) plans.

If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the coverage waiting period.

### Standard and voluntary plans:

\*\*Specialist procedures are not covered by the plan when performed by a participating Specialist. However, the service is available to the member at a discount.

<sup>1</sup>There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Plan Options 1A, 1B, 3A, 5A and 9A.

Fixed dollar copay amounts on the DMO including office visit and ortho copays, are member responsibility in Plan Options 1A, 1B, 2A–4A, 4B and 5A–10A.

The DMO in Plan Options 1A, 1B, 2A–4A, 4B and 5A can be offered with any of the PPO plans in Plan Options 11A, 11B, 11C, 12A, 12B, 13A, 13B, 13C, 14A–16A and 16B in a Dual Option package.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Plan Options 1A, 1B, 2A–4A, 4B, 5A–10A, and on the PPO in Plan Options 6A–9A, 11A and 11B. All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Plan Option 13A, 13B, 13C, 15A, 15B, 16A and 16C. General anesthesia along with all oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Plan Options 10A, 11C, 12A, 12B and 14A.

Coverage for Implants is included as a major service on the PPO in Plan Option 10A and 14A.

Out-of-network plan payments are limited by geographic area on the PPO in Plan Options 8A–10A, 12A and 13A, 13B, 15A, 15B, 16A and 16B to the prevailing fees at the 80<sup>th</sup> percentile and the 90<sup>th</sup> percentile on Plan Options 12B, 13C and 14A.

Plan Options 6A, 7A, 11A, 11B and 11C; PPO Max Non-preferred (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.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Plan Options 11B and 13B – The calendar year maximum does not apply to preventive services.

Orthodontic coverage is available for dependent children only.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access network. This network provides access to providers who participate in the Aetna Dental Access network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the dentist participates in both the Aetna Dental Access network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of limitations and exclusions, refer to page 45.

# Aetna Life & Disability

With Aetna as your insurer, you can round out employee benefits package with even more coverage. Our group life and disability is an affordable way to offer your employees — and their families — the extra financial protection of life insurance and disability benefits.

# Life & Disability

## Overview

**For groups of 51 and above**, Aetna offers a robust portfolio of life and disability product with flexible plan features. Please consult your sales representative for a plan designed to meet your group's needs:

- Basic life
- Supplemental life
- AD&D Ultra®
- Supplemental AD&D Ultra®
- Dependent life
- Short-term disability
- Long-term disability

### Life insurance

We know that life insurance is an important part of the benefits package you offer your employees. That's why our products and programs are designed to meet your needs for:

- Flexibility
- Added value
- Cost efficiency
- Experienced support

We help you give employees what they're looking for in lifestyle protection, through our selected group life insurance options. And we look beyond the benefits payout to include useful enhancements through the **Aetna Life Essentials<sup>SM</sup>** program.

So what's the bottom line? A portfolio of value-packed products and programs to attract and retain workers — while making the most of the benefits dollars you spend.

### Giving you (and your employees) what you want

Employees are looking for cost-efficient plan features and value-added programs that help them make better decisions for themselves and their dependents.

### Our life insurance plans come with a variety of features including:

**Accelerated death benefit** – Also called the “living benefit,” the accelerated death benefit provides payment to terminally ill employees or spouses. This payment can be up to 75 percent of the life insurance benefit.

**Premium waiver provision** – Employee coverage may stay in effect up to age 65 without premium payments if an employee becomes permanently and totally disabled while insured due to an illness or injury prior to age 60.

**Optional dependent life** – This feature allows employees to add optional additional coverage for eligible spouses and children for employers with 10 or more employees. This employee-paid benefit enables employees to cover their spouses and dependent children.

### Our fresh approach to life

With **Aetna Life Essentials**, your employees have access to programs during their active lives to help promote healthy, fulfilling lifestyles. In addition, Aetna Life Essentials provides for critical caring and support resources for often-overlooked needs during the end of one's life. And we also include value for beneficiaries and their loved ones well beyond the financial support from a death benefit.

## AD&D Ultra®

AD&D Ultra is standardly included with our term life plans and in our packaged life and disability plans, and provides employees and their families with the same coverage as a typical accidental death and personal loss plan—and then some. This includes extra benefits at no additional cost to you, such as coverage for education or child-care expenses that make this protection even more valuable.

Covered losses include:

- Death
- Loss of arm or leg
- Loss of sight
- Loss of speech
- Loss of hearing
- Third-degree burns
- Paralysis
- Coma
- Total disability
- Exposure and disappearance

Extra benefits for the following:

- Passenger restraint use and airbag deployment\*
- Education assistance for dependent child and/or spouse\*
- Child care\*
- Repatriation of mortal remains\*

## Disability insurance

Finding disability insurance or benefits for you and your employees isn't difficult. Many companies offer them. The challenge is finding the right plan—one that will meet the distinct needs of your business. Aetna understands this.

Our in-depth approach to disability helps give us a clear understanding of what you and your employees need—and then helps meet those needs. You'll get the right resources, the right support and the right care for your employees at the right time:

- Our clinically based disability model ensures claims and duration guidelines are fact-based with objective benchmarks.
- We offer a holistic approach that takes the whole person into account.
- We give you 24-hour access to claim information.
- We provide return-to-work programs to help ensure employees are back to work as soon as it's medically safe to do so.
- We employ vocational rehabilitation and ergonomic specialists who can help restore employees back to health and productive employment.

\*Only available if insured loses life.

Life insurance policies and disability insurance plans/policies are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

## Integrated Health and Disability

With our Integrated Health and Disability program, we can link medical and disability data to help anticipate concerns, take action and get your employees back to work sooner:

- Predictive modeling identifies medical members most likely to experience a disability, potentially preventing a disability from occurring or minimizing the impact for better outcomes.
- Health Insurance Portability and Accountability Act (HIPAA)-compliant so medical and disability staff can share clinical information and work jointly with the employee to help address medical and disability issues.
- Referrals between health case managers and their disability counterparts help ensure better consistency and integration.
- The Integrated Health and Disability program is available at no additional cost when a member has both medical and disability coverage from Aetna.

For a summary list of limitations and exclusions, refer to pages 45–46.

# Limitations and exclusions

## Medical

These plans do not cover all health care expenses and include 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, the plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

### Aetna OAMC, OAEPO and Indemnity

- 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, other than reconstructive surgery following a mastectomy
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures, except in connection with certain types of clinical trials
- Hearing aids
- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs, unless medically necessary
- Treatment of those services for or related to treatment of obesity or for diet or weight control, unless medically necessary

### Dental, AD&D Ultra and Disability

The Dental, AD&D Ultra and Disability plans include limitations, exclusions and charges or services that these plans do not cover. For a complete listing of all limitations and exclusions or charges and services that are not covered, please refer to your Aetna group plan documents. Limitations, exclusions and charges or services may vary by state or group size.

## Dental

Not every dental care service or supply is covered by the plan, even if prescribed, recommended, or approved by your physician or dentist. The plan covers only those services and supplies that are medically necessary. Charges for the following services or supplies are limited or may be excluded:

- Dental services or supplies that are primarily used to alter, improve or enhance appearance
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost, missing or stolen appliances and certain damaged appliances
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- Specific service limitations:
  - DMO plans: Oral exams (4 per year)
  - PPO plans: Oral exams (2 routine and 2 problem-focused per year)
  - All plans:
    - Bitewing X-rays (1 set per year)
    - Complete series X-rays (1 set every 3 years)
    - Cleanings (2 per year)
    - Fluoride (1 per year; children under 16)
    - Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)
    - Scaling and root planing (4 quadrants every 2 years)
    - Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in your plan documents

## Employee and Dependent Life Insurance

The plan may not pay a benefit for deaths caused by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the effective date of the person's coverage. If death occurs after two years of the effective date but within two years of the date that any increase in coverage becomes effective, no death benefit will be payable for any such increased amount.

These plans do not cover all health care expenses and include exclusions and limitations. Employers and members should refer to their plan documents to determine which health care services are covered and to what extent.



## AD&D Ultra®

Not all events that may be ruled accidental are covered by this plan. No benefits are payable for a loss caused or contributed to by:

- Air or space travel, unless a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo)
- Bodily or mental infirmity
- Commission of or attempt to commit a criminal act
- Illness, ptomaine or bacterial infection\*
- Inhalation of poisonous gases
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release
- Ligature strangulation resulting from auto-erotic asphyxiation
- Intentionally self-inflicted injury
- Medical or surgical treatment\*
- Third-degree burns resulting from sunburn
- Use of alcohol
- Use of drugs, except as prescribed by a physician
- Use of intoxicants
- Use of alcohol or intoxicants or drugs while operating any form of a motor vehicle whether or not registered for land, air or water use. A motor vehicle accident will be deemed to be caused by the use of alcohol, intoxicants or drugs if it is determined that at the time of the accident the member was:
  - Operating the motor vehicle while under the influence of alcohol is a level that meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter; or
  - Operating the motor vehicle while under the influence of an intoxicant or illegal drug; or
  - Operating the motor vehicle while under the influence of a prescription drug in excess of the amount prescribed by the physician; or
  - Operating the motor vehicle while under the influence of an over-the-counter medication taken in an amount above the dosage instructions
- Suicide or attempted suicide (while sane or insane)
- War or any act of war (declared or not declared)

\*These do not apply if the loss is caused by:

- An infection which results directly from the injury
- Surgery needed because of the injury

The injury must not be one that is excluded by the terms of this section.

## Disability

Disability coverage also does not cover any disability that:

- Is due to an occupational illness or occupational injury except in the case of sole proprietors or partners who cannot be covered by workers' compensation
- Is due to insurrection, rebellion, or taking part in a riot or civil commotion
- Is due to intentionally self-inflicted injury (while sane or insane)
- Is due to war or any act of war (declared or not declared)
- Results from your commission of, or attempt to commit a criminal act
- Results from a motor vehicle accident caused by operating the vehicle while the member is under the influence of alcohol. A motor vehicle accident will be deemed to be caused by the use of alcohol if it is determined that at the time of the accident the member was operating the motor vehicle while under the influence of alcohol at a level that meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred.) If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter

Disability coverage does not cover any disability on any day that the member is confined in a penal or correctional institution for conviction of a criminal act or other public offense. The member will not be considered to be disabled, and no benefits will be payable.

No benefit is payable for any disability that occurs during the first 12 months of coverage and is due to a pre-existing condition for which the member was diagnosed, treated or received services, treatment, drugs or medicines three months prior to the coverage effective date.



This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/Dental insurance, dental benefits, life and disability insurance plans/policies contain exclusions and limitations. 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 features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and disability services are covered. See 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 manufacturers 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

[www.aetna.com](http://www.aetna.com)

