

## MEDICAL BENEFITS - AETNA

Highlighted items reflect changes from Blue Shield 2007 plans	*Aetna HMO - Low Option	*Aetna HMO - High Option	*Aetna's Managed Choice POS		*Aetna's Open Access Plan		*Aetna's HDHP Plan		*Aetna's Out-of-Area Plan	
			In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network
<b>How it works</b>	<b>YOU MUST</b> use Aetna's HMO providers or your care will not be covered (except in an emergency).		You may see any provider when you need care. You decide whether to see a network or an out-of-network provider each time you need care. When you see network providers you typically pay less.					You may see any provider when you need care.		
<b>MEDICAL PLAN</b>										
<b>Annual Deductible</b>	None	None	None	\$250/\$750	\$500/\$1500 (combined)	\$500/\$1500 (combined)	\$1,500/\$3,000 (combined)		\$500/\$1500 (combined)	\$500/\$1500 (combined)
<b>Lifetime Maximum</b>	None	None	Unlimited		\$6 million	\$6 million	\$6 million (combined)		\$6 million	\$6 million
<b>Annual Co-Pay Maximum</b>	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$1,500 individual \$4,500 family	\$3,000 individual \$9,000 family	\$4,000 / \$8,000	\$6,000 / \$12,000	\$4,500/\$9,000 (combined)		\$3,000 / \$9,000	\$3,000 / \$9,000
<b>HOSPITAL CARE</b>										
<b>Inpatient</b>	\$250 copay / admit + 20%	\$100 copay / admit	\$200 / admit	\$200 / admit +20%	\$250/admit +20%	40%	20%	40%	\$250/admit +20%	\$250/admit +20%
<b>Outpatient</b>	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	20%
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay No coverage for non-emergency	\$50 copay No coverage for non-emergency	\$50 copay No coverage for non-emergency	\$50 copay No coverage for non-emergency	\$75 copay+20% No coverage for non-emergency	\$75 copay+20% No coverage for non-emergency	20% No coverage for non-emergency	20% No coverage for non-emergency	\$75 copay+20% No coverage for non-emergency	\$75 copay+20% No coverage for non-emergency
<b>Urgent Care**</b>	\$20 copay	\$15 copay	\$15 copay	20%	\$30 copay	40%	20%	40%	\$30 copay	\$30 copay
<b>Skilled Nursing</b>	\$250 copay 100 days/year	No charge 100 days/year	No charge 100 days/year	20% 100 days/year	20% 100 days/year	40% 100 days/year	20% 100 days/year	20% 100 days/year	20% 100 days/year	20% 100 days/year
<b>PHYSICIAN CARE</b>										
<b>Office Visits</b>	\$20 copay	\$15 copay	\$15 copay	20%	\$30 copay	40%	20%	40%	\$30 copay	\$30 copay
<b>Specialist Visits</b>	\$20 copay	\$15 copay	\$15 copay	20%	\$30 copay	40%	20%	40%	\$30 copay	\$30 copay
<b>Periodic Health Evaluation</b>	\$20 copay	No charge	No charge	20%	\$30 copay	40%	No charge	40%	\$30 copay	\$30 copay
<b>X-Ray &amp; Lab Services</b>	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	20%
<b>Outpatient Rehabilitation Therapy</b>	\$20 copay	\$15 copay	No charge	20%	20%	40%	20%	40%	20%	20%
<b>Immunizations</b>	\$20 copay	No charge	No charge	20%	\$30 copay	40%	No charge	40%	\$30 copay	\$30 copay
<b>Home Health Care Services</b> (Visit limitations where applicable are combined for network and non-network services)	\$20 copay 100 visits / year	\$15 copay 100 visits/year	No charge 100 visits/year	20% 100 visits/year	20% 100 visits / year	20% 100 visits / year	20%	40%	20% 100 visits / year	20% 100 visits / year
<b>Chiropractic</b> (Benefits provided through contracted chiropractic in ASH Plans Network)	\$20 copay 30 visits/year	\$15 copay 30 visits/year	\$15 copay 30 visits/year	Not covered	\$30 copay up to 12 visits/yr.	Not covered	20% 20 visits combined	40% 20 visits combined	\$30 copay up to 12 visits/yr.	\$30 copay up to 12 visits/yr.
<b>Prosthetics/Orthotics</b>	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	20%

\*\* Same copay for Urgent and Non-Urgent visits.

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			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Durable Medical Equipment</b> (unlimited benefits based on medical necessity)	No charge	No charge	No charge	20%	20%	40%	20%	40%	20%	20%
<b>MENTAL HEALTH</b>										
<b>Severe Disorders-Inpatient</b>	\$250 copay/ admit+20% unlimited days	\$100 copay/ admit unlimited days	\$200 copay/ admit unlimited days	\$200 copay/ admit + 20% unlimited days	\$250 copay/ admit + 20% unlimited days	40% unlimited days	20% unlimited days	40% unlimited days	\$250 copay/ admit + 20% unlimited days	\$250 copay/ admit + 20% unlimited days
<b>Severe Disorders-Outpatient</b>	\$20 copay/ visit unlimited visits	\$15 copay/ visit unlimited visits	\$15 copay/visit unlimited visits	20% unlimited visits	\$30 copay /visit unlimited visits	40% unlimited visits	20% unlimited visits	40% unlimited visits	\$30 copay /visit unlimited visits	\$30 copay /visit unlimited visits
<b>Non-Severe Disorders-Inpatient</b>	\$250 copay/ admit + 20% unlimited days	\$100 copay/admit unlimited days	\$200 copay/ admit unlimited days	\$200 copay/ admit + 20% unlimited days	\$250 copay/ admit + 20% unlimited days	40% unlimited days	20% unlimited days	40% unlimited days	\$250 copay/ admit + 20% unlimited days	\$250 copay/ admit + 20% unlimited days
<b>Non-Severe Disorders-Outpatient</b>	\$25 copay/ visit unlimited visits	\$20 copay/visit unlimited visits	\$15 copay/visit unlimited visits	20% unlimited visits	\$30 copay/visit unlimited visits	40% unlimited visits	20% unlimited visits	40% unlimited visits	\$30 copay/visit unlimited visits	\$30 copay/visit unlimited visits
<b>Chem. Dependency Rehab-Outpatient</b>	\$25 copay 20 visits/yr.	\$20 copay 20 visits/yr.	\$15 copay 20 visits/yr.	20% 20 visits/yr.	\$30 copay 20 visits/yr.	40% 20 visits/yr.	20% 20 visits/yr.	40% 20 visits/yr.	\$30 copay 20 visits/yr.	\$30 copay 20 visits/yr.
<b>Detoxification-Inpatient</b> (Detoxification only)	\$250 copay/ admit+20% 30 days/yr.	\$100 copay / admit 30 days/yr.	\$200 copay/ admit	\$200 copay/admit + 20%	\$200 copay/admit + 20%	40% per admission	20%	40%	\$200 copay/admit + 20%	\$200 copay/admit + 20%
<b>PRESCRIPTION DRUGS</b>										
<b>RETAIL: Generic/Brand/Non-formulary</b>	\$10 / \$35 / \$50 with a \$25 annual deductible on Tier2+3 drugs (30-day limit)	\$10 / \$30 / \$45 with a \$25 annual deductible on Tier2+3 drugs (30-day limit)	\$10 / \$20 / \$35 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	Not covered	\$15 / \$25 / \$40 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	Not covered	20%	20%	\$15 / \$25 / \$40 with a \$25 annual deductible on Tier2+3 drugs (30-day supply)	Not covered
<b>MAIL ORDER: Generic/Brand/Non-formulary</b>	\$20 / \$70 / \$100 with a \$25 annual deductible on Tier2+3 drugs (90-day limit)	\$20 / \$60 / \$90 with a \$25 annual deductible on Tier2+3 drugs (90-day limit)	\$20 / \$40 / \$70 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	Not covered	\$30 / \$50 / \$80 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	Not covered	20%	Not covered	\$30 / \$50 / \$80 with a \$25 annual deductible on Tier2+3 drugs (90-day supply)	Not covered
<b>VISION</b>										
<b>Screening</b> (Routine Preventive performed by PCP, excludes refractions)	\$20 copay, subject to RPE schedule	\$15 copay, subject to RPE schedule	No charge	20% after deductible	\$30 copay/visit 1 exam/24 mos.	40%	no charge 1 exam/24 mos.	40%	\$30 copay/visit 1 exam/24 mos.	\$30 copay/visit 1 exam/24 mos.
<b>Eyewear</b> (Lens, Frame)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

\* See Summary of Coverage document for more details

1 For POS, Open Access & HDHP & plans, the out-of-network benefit applies to allowable charges. You will be responsible for additional charges above the allowable charges.

2 Some copays do not apply to the Annual Copay Maximum. Check your Certificate of Coverage for details.

3 The Open Access Plan and HDHP have; a 6-month pre-existing condition limitation. If you have been previously covered by another health plan within 63 days, your prior coverage period will be used to reduce or eliminate this limitation. See Certificate of Coverage for details.

4 Day and/or visit limitations where applicable are combined for network and non-network services.