

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



California 51 – 100 Plan guide



Like playing a symphony, 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

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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 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.

Health benefits and health insurance, dental benefits/dental insurance, life insurance and disability insurance plans/policies are offered, underwritten or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. DMO plans are offered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna).

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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Changes to your plan due to Health Care Reform

Signed into law in March 2010, the Affordable Care Act is the most life-changing law passed since the passing of Medicare in the 1960s. The Affordable Care Act will shape new rules and guidance through 2014 and beyond. We are committed to following the new health care law and to helping you understand its impact.

We have outlined below key changes that may impact your health care benefits...

Essential health benefit Package

As of January 1, 2014, Aetna plans must offer standard coverage known as “essential health benefits.” This includes all plans inside and outside of the health insurance exchanges. These benefits provide your employees with essential health benefits and limits cost-sharing.

Here are the broad categories of essential benefits that will be included in your employees’ coverage:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric dental
- Pediatric vision

Out-of-pocket (OOP) maximum mandate

Beginning in 2014, all cost sharing except prescription drugs must apply toward the OOP maximum, including in-network medical and behavioral health. This does not include premiums, balance billing amounts of non-network providers or spending for non-covered services.

The Out-of-pocket maximum must include:

- Copays
- Deductibles
- Coinsurance

Fees

These fees are included in your premium:

- **Health Insurer Fee** — Annual fee to offset premium subsidies and tax credit related expenses.
- **Transitional Reinsurance Program Contribution** — Helps finance the cost of high-risk individuals in the individual market.
- **Patient-Centered Outcomes Research Fee (also known as the Comparative Effectiveness Fee)** — Fee to fund clinical outcomes effectiveness research.

Guaranteed issue

Guaranteed issue of health insurance coverage applies to individual, small group and large group markets. Guaranteed Issue is available for:

- Group Health Plans/Insurance Coverage (insured only)
- Individual Health Insurance Coverage (including medical conversion)
- Pharmacy (insured only)
- Behavioral Health (insured only)*

Please note that guaranteed issue is not available for:

- Self-funded plans
- Standalone/separate dental or vision
- Hospital Indemnity/Fixed Indemnity
- Medicare and Medicare Supplement
- Medicaid
- Retiree Only plans
- Grandfathered plans
- Association/MEWA plans

Waiting Period

Plans may not have any waiting periods longer than 60 days. The maximum 60-day waiting period applies to fully insured and self-funded plans. We will update our policies and will work with employers that have waiting periods exceeding 60 days.

Minimum Value (MV) Coverage

Aetna plans meet the Minimum Value Coverage criteria by ensuring Aetna’s share of the total allowed cost of benefits provide under the plan is at least 60%.

*(Note: no standalone insured behavioral health)

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

- HMO plans (6 networks available)*
- OAMC plans (2 networks available)*
- HSA-compatible** plans
- PPO/Indemnity plans

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.
- **Member Payment EstimatorSM.** 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 and the Aetna Navigator member website.

Dental plans

- Dental-DMO®
- Dental-PPO
- Dental-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 ValuePassSM, a MasterCard® pre-paid 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%–50% 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.

*May not be available in all area.

**HSAs are currently not available to HMO members in CA.

***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.

Life and disability plans

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

Life & Disability Plan Extras

- **Aetna Life EssentialsSM.** Through our program, your employees get access to expert advice on legal and financial matters — at no added cost.
- **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 SolutionsSM 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.

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 lead to improved employee engagement and health, while helping you manage your costs. This includes medical, pharmacy, dental, life 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 that 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.

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 tiered 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, traditionally a mainstay for small businesses, provides plans with a range of robust coverage options.
- 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.

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 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

No-Cost Health Incentive Credit (51 – 100 Employees)

Members can earn \$50 in just a few simple steps. Members earn a \$50 credit towards their out-of-pocket expenses when they:

- Complete or update their health assessment on Simple Steps To A Healthier Life®, 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 towards the deductible and maximum out-of-pocket limit. This program is included at no additional cost on all plans except HMO and HSA compatible plans.

Wellness programs can make health and fitness part of everyday living

- Women's health and preventive health reminders
- Simple Steps To A Healthier Life® program
- Informed Health® 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

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.

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.

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 you have control over HRA plan designs. The fund is available to an employee for qualified expenses on the plan's effective date.

Health Savings Accounts (HSA)

No set-up or administrative fees

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

COBRA Administration

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes. These processes can assist you with managing the complex billing and notification processes that are required for COBRA compliance, while also helping to save you time and money.

Section 125 Cafeteria Plans and Section 132 Transit Reimbursement Accounts

You can pay less in payroll taxes and employees can reduce their taxable income. 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.

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.

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

HRAs are subject to employer-defined use and forfeiture rules, and are unfunded liabilities of your employer. Fund balances are not vested benefits. 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.

HSAs are currently not available to HMO members.

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

Administrative Fees

Fee description	Fee	
HSA		
Initial set-up	\$0	
Monthly fees	\$0	
Premium Only Plan (POP)		
Initial set-up*	\$190	
Renewal	\$125	
Health Reimbursement Arrangement (HRA) and Flexible Spending Account (FSA)**		
	Initial set-up	Renewal fee
51–100 employees	\$560	\$335
Monthly fees†	\$5.45 per participant	
Additional set-up fee for “stacked” plans (those electing an Aetna HRA and FSA simultaneously)	\$150	
Participation Fee for “stacked” participants	\$10.45 per participant	
Minimum fees		
51 – 100 employees	\$50 per month minimum	
COBRA Services		
Annual fee		
51 – 100 employees	\$230	
Per employee per month		
51 – 100 Employees	\$1.05	
Initial notice fee	\$3.00 per notice (includes notices at time of implementation and during ongoing administration)	
Minimum fees		
51 – 100 Employees	\$50 per month minimum	
Transit Reimbursement Account (TRA)		
Annual fee	\$350	
Transit monthly fees	\$4.25 per participant	
Parking monthly fees	\$3.15 per participant	

Medical Overview

We will offer the in-state portfolio (MC) and rating structure to out-of-state employees who live in an out-of-state network area. Out-of-state employees who do not live in an out-of-state network area will be eligible for an indemnity plan.

Product Name	Product Description	PCP Required	Referrals Required	Network
Health Maintenance Organization (HMO)	Each family member selects a primary care physician (PCP) participating in our network. The PCP provides routine and preventive care and helps coordinate the member's total health care. The PCP refers members to participating specialists and facilities for medically necessary specialty care. Only services provided or referred by the PCP are covered except for emergency, urgently needed care or direct access benefits, unless approved by the HMO before receiving services.	Yes	Yes	HMO
Aetna HMO Deductible	Uses all services of the HMO with a unique subset of the HMO Network with additional savings by applying a deductible for certain medical services.	Yes	Yes	HMO Deductible
Aetna Value NetworkSM HMO	All the services of the HMO provided by a unique subset of the full HMO network. Aetna Value Network plans offer the same benefits of the Aetna HMO plan, with premium savings when members access this select network of providers.	Yes	Yes	Aetna Value Network SM HMO
Basic HMO	All the services of the HMO provided by a unique subset of the full HMO network. Aetna Basic HMO plans offer the same benefits of the full HMO plans, with premium savings when members access this select network of providers.	Yes	Yes	Basic HMO
Vitalidad Mexico con AetnaSM	HMO plans that feature the Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA) provider network in Northern Mexico service area. San Diego county employees access health care services from participating providers in the Mexican cities of Tijuana, Tecate and Mexicali. Members choose a Mexico-based PCP. Only services provided or referred by their PCP, except for emergency or urgent care, are covered unless approved by the HMO in advance of receiving services.	Yes	Yes	Vitalidad HMO*
Open Access Managed Choice[®] (OAMC)	Members can access any participating provider for covered services without a referral. Members have the freedom to choose network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs at any time. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Aetna Open Access [®] Managed Choice [®] POS
Savings Plus	The Savings Plus network is a subset of the Managed Choice (MC) network available in certain areas. Members access the same types of coverage as other MC plans, but at a lower premium cost. All non-emergency services performed outside of the California Savings Plus network of doctors and hospitals will be paid at the Out of Network benefit level.	No	No	Savings Plus
PPO	Members can access any participating provider for covered services without a referral. When 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. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Open Choice [®] PPO
Indemnity	Employees who live outside the plan's network service area are eligible. Members coordinate their own health care and may access any participating provider for covered services without a referral.	No	No	N/A

Plans available by network

2013 Plan Name	2014 Plan Name	HMO	AVN HMO	Basic HMO	HMO Deductible	OAMC	Savings Plus	PrimeCare HMO/OAMC
HMO/AVN 1.7	CA HMO 10	•	•	•	—	—	—	—
HMO/AVN 4.7	CA HMO 10A	•	•	—	—	—	—	•
HMO/AVN 10.7	CA HMO 15	•	•	—	—	—	—	—
HMO/AVN 9.7	CA HMO 15A	•	•	•	—	—	—	—
HMO/AVN 11.7	CA HMO 15/20 250	•	•	•	—	—	—	—
HMO/AVN 12.7	CA HMO 15/20 300	•	•	•	—	—	—	—
HMO/AVN 15.7	CA HMO 20	•	•	—	—	—	—	—
HMO/AVN 16.7	CA HMO 20/25	•	•	—	—	—	—	•
HMO/AVN 21.7	CA HMO 30/40 750	•	•	•	—	—	—	—
HMO/AVN 22.7	CA HMO 30/40 1000	•	•	•	—	—	—	—
HMO/AVN 23.7	CA HMO 40/50 1000	•	•	—	—	—	—	•
HMO DED 4.7	CA HMO Deductible 250 10/25	—	—	•	•	—	—	—
HMO DED 1.7	CA HMO Deductible 250 15/25	—	—	—	•	—	—	—
HMO DED 2.7	CA HMO Deductible 500 10/15	—	—	•	•	—	—	—
HMO DED 10.7	CA HMO Deductible 500 10/20	—	—	—	•	—	—	—
HMO DED 6.7	CA HMO Deductible 500 40/50	—	—	•	•	—	—	—
HMO DED 9.7	CA HMO Deductible 1000 10/20	—	—	•	•	—	—	—
HMO DED 8.7	CA HMO Deductible 1000 15/25	—	—	•	•	—	—	—
HMO DED 5.7	CA HMO Deductible 1000 20/40	—	—	•	•	—	—	—
HMO DED 7.7	CA HMO Deductible 1000 30/50	—	—	•	—	—	—	•
HMO DED 3.7	CA HMO Deductible 1500 10/20	—	—	•	•	—	—	—
New in 2014	CA HMO Deductible 2000 40/60	—	—	•	•	—	—	—
New in 2014	CA HMO Deductible 5500 50%	—	—	•	•	—	—	—
HMO HRA 3.7	CA HMO HRA 500	—	—	—	•	—	—	—
HMO HRA 1.7	CA HMO HRA 750	—	—	—	•	—	—	—
HMO HRA 2.7	CA HMO HRA 1000	—	—	—	•	—	—	—
HMO HRA 5.7	Removed from the 2014 HMO portfolio							
HMO HRA 7.7	Removed from the 2014 HMO portfolio							
OAMC 1.8	CA OAMC 250 90/70 10 100	—	—	—	—	•	•	—
OAMC 4.8	CA OAMC 250 90/70 15 100	—	—	—	—	•	•	—
OAMC 3.8	CA OAMC 250 90/70 15 100A	—	—	—	—	•	•	—
OAMC 6.8	CA OAMC 250 90/70 15 250	—	—	—	—	•	•	—

Plans available by network

2013 Plan Name	2014 Plan Name	HMO	AVN HMO	Basic HMO	HMO Deductible	OAMC	Savings Plus	PrimeCare HMO/ OAMC
OAMC 5.8	CA OAMC 250 90/70 20 100	—	—	—	—	•	•	—
OAMC 8.8	CA OAMC 250 90/60 20 350	—	—	—	—	•	•	—
OAMC 7.8	CA OAMC 250 90/60 20 350A	—	—	—	—	•	•	—
OAMC 10.8	CA OAMC 300 80/60 15 150	—	—	—	—	•	•	—
OAMC 9.8	CA OAMC 300 80/60 15 150A	—	—	—	—	•	•	—
OAMC 13.8	CA OAMC 500 80/60 20 250	—	—	—	—	•	•	—
OAMC 15.8	CA OAMC 500 80/60 20 500	—	—	—	—	•	•	—
OAMC 16.8	CA OAMC 500 80/60 20 500A	—	—	—	—	•	•	—
New in 2014	CA OAMC 750 80/50 30	—	—	—	—	•	•	•
New in 2014	CA OAMC 1000 90/60 20	—	—	—	—	•	•	—
New in 2014	CA OAMC 1000 75/50 30	—	—	—	—	•	•	•
New in 2014	CA OAMC 1500 80/50 15	—	—	—	—	•	•	—
New in 2014	CA OAMC 2500 80/50 25	—	—	—	—	•	•	•
New in 2014	CA OAMC 3500 70/50 35	—	—	—	—	•	•	—
New in 2014	CA OAMC 4500 50/50 \$40	—	—	—	—	•	•	—
OAMC 22.8	CA OAMC 5000 100/50 15	—	—	—	—	•	•	—
OAMC HSA 2.7	CA OAMC 2500 90/70 HSA TIF	—	—	—	—	•	•	—
OAMC HSA 3.7	CA OAMC 2500 80/60 HSA TIF	—	—	—	—	•	•	—
New in 2014	CA OAMC 3500 80/50 HSA TIF	—	—	—	—	•	•	•
New in 2014	CA OAMC 6300 100/50 HSA EMB	—	—	—	—	•	•	—
OAMC 11.8	Removed from 2014 OAMC portfolio							
OAMC 20.8	Removed from 2014 OAMC portfolio							
CA Vitalidad HMO	CA Vitalidad HMO 25					Vitalidad HMO Network		
CA PPO 3.3	CA PPO 250 90/70 10 100					PPO Network		
CA PPO 5.3	CA PPO 500 80/60 20 500							
CA PPO 13.3	CA PPO 1000 90/60 20							
CA Indemnity	CA Indemnity 500 80%					N/A		

HMO Plans

Plan Name	HMO \$10	HMO \$10A	HMO \$15	HMO \$15A
Networks Available	HMO, Aetna Value Network HMO, Basic HMO	HMO, Aetna Value Network HMO, PrimeCare	HMO, Aetna Value Network HMO	HMO, Aetna Value Network HMO, Basic HMO
PCP/Referrals Required	Yes	Yes	Yes	Yes
Calendar Year Plan Deductible	None	None	None	None
Out-of-Pocket Limit	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance
Primary Care Physician Office Visit²	\$10 copay	\$10 copay	\$15 copay	\$15 copay
Specialist Office Visit²	\$10 copay	\$10 copay	\$15 copay	\$15 copay
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No charge
Diagnostic Testing² (X-ray, blood work)	Lab: No charge X-ray: \$10 copay	Lab: No charge X-ray: \$10 copay	Lab: No charge X-ray: \$15 copay	Lab: No charge X-ray: \$15 copay
Imaging (CT/PET scans MRIs)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	None	None	None
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10/\$20/\$35	\$15/\$25/\$40	\$10/\$20/\$35	\$15/\$25/\$40
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs(retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription
Outpatient Surgery OP Hospital Department	\$100 copay	\$100 copay	\$200 copay	\$200 copay
Outpatient Surgery Freestanding Facility	No charge	No charge	No charge	No charge
Inpatient Hospital Facility	\$100 copay per admission	\$100 copay per admission	\$250 copay per admission	\$250 copay per admission
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$10 copay	\$10 copay	\$15 copay	\$15 copay
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency Medical Transport	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Primary & Specialist Physician E-Visit	Not Covered	Not Covered	Not Covered	Not Covered
Walk-In Clinics	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic (20 visits per calendar year)	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Routine Vision (one exam per member every 12-months)	No charge	No charge	No charge	No charge

Refer to pages 37–38 for footnotes.

HMO Plans

Plan Name	HMO \$15/\$20 250	HMO \$15/\$20 300	HMO \$20	HMO \$20/\$25
Networks Available	HMO, Aetna Value Network HMO	HMO, Aetna Value Network HMO, Basic HMO	HMO, Aetna Value Network HMO	HMO, Aetna Value Network HMO, PrimeCare
PCP/Referrals Required	Yes	Yes	Yes	Yes
Calendar Year Plan Deductible	None	None	None	None
Out-of-Pocket Limit	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance
Primary Care Physician Office Visit²	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist Office Visit²	\$20 copay	\$20 copay	\$20 copay	\$25 copay
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No charge
Diagnostic Testing² (X-ray, blood work)	Lab: No charge X-ray: \$20 copay	Lab: No charge X-ray: \$20 copay	Lab: No charge X-ray: \$20 copay	Lab: No charge X-ray: \$25 copay
Imaging (CT/PET scans MRIs)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	None	None	None
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$15/\$25/\$40	\$15/\$25/\$40	\$15/\$25/\$40	\$20/\$35/\$50
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs(retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription
Outpatient Surgery OP Hospital Department	\$200 copay	\$300 copay	\$300 copay	\$300 copay
Outpatient Surgery Freestanding Facility	No charge	\$100 copay	\$100 copay	\$100 copay
Inpatient Hospital Facility	\$250 copay per admission	\$300 copay per admission	\$500 copay per admission	\$500 copay per admission
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$20 copay	\$20 copay	\$20 copay	\$25 copay
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency Medical Transport	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgent Care	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Primary & Specialist Physician E-Visit	Not Covered	Not Covered	Not Covered	Not Covered
Walk-In Clinics	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic (20 visits per calendar year)	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Routine Vision (one exam per member every 12-months)	No charge	No charge	No charge	No charge

HMO Plans

Plan Name	HMO \$30/\$40 750	HMO \$30/\$40 1000	HMO \$40/\$50 1000	HMO Deductible 250 \$10/\$25
Networks Available	HMO, Aetna Value Network HMO, Basic HMO	HMO, Aetna Value Network HMO, Basic HMO	HMO, Aetna Value Network HMO, PrimeCare	HMO Deductible, Basic HMO
PCP/Referrals Required	Yes	Yes	Yes	Yes
Calendar Year Plan Deductible	None	None	None	\$250 Individual \$500 Family
Out-of-Pocket Limit	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$7,000 Family	\$3,000 Individual \$6,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance
Primary Care Physician Office Visit²	\$30 copay	\$30 copay	\$40 copay	\$10 copay; deductible waived
Specialist Office Visit²	\$40 copay	\$40 copay	\$50 copay	\$25 copay; deductible waived
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No charge
Diagnostic Testing² (X-ray, blood work)	Lab: No charge X-ray: \$40 copay	Lab: No charge X-ray: \$40 copay	Lab: No charge X-ray: \$50 copay	Lab: \$25 copay; deductible waived X-ray: \$25 copay; deductible waived
Imaging (CT/PET scans MRIs)	\$100 Copay	\$100 Copay	\$100 Copay	\$150 copay; deductible waived
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	None	None	None
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$15/\$25/\$40	\$15/\$35/\$50	\$15/\$35/\$50	\$10/\$30/\$50
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs(retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription
Outpatient Surgery OP Hospital Department	\$200 copay	\$500 copay	\$500 copay	10% after deductible
Outpatient Surgery Freestanding Facility	No charge	\$200 copay	\$200 copay	0% after deductible
Inpatient Hospital Facility	\$750 copay per day up to 3-days per admission	\$1,000 copay per day up to 3-days per admission	\$1,000 copay per day up to 3-days per admission	10% after deductible
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$40 copay	\$40 copay	\$50 copay	\$25 copay; deductible waived
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay after deductible
Emergency Medical Transport	\$100 copay	\$100 copay	\$100 copay	\$100 copay after deductible
Urgent Care	\$35 copay	\$35 copay	\$35 copay	\$35 copay; deductible waived
Primary & Specialist Physician E-Visit	Not Covered	Not Covered	Not Covered	Not Covered
Walk-In Clinics	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic (20 visits per calendar year)	\$15 copay	\$15 copay	\$15 copay	\$15 copay; deductible waived
Routine Vision (one exam per member every 12-months)	No charge	No charge	No charge	No charge

Refer to pages 37–38 for footnotes.

HMO Plans

Plan Name	HMO Deductible 250 \$15/\$25	HMO Deductible 500 \$10/\$15	HMO Deductible 500 \$10/\$20	HMO Deductible 500 \$40/\$50
Networks Available	HMO Deductible Plan	HMO Deductible, Basic HMO	HMO Deductible Plan, PrimeCare	HMO Deductible, Basic HMO
PCP/Referrals Required	Yes	Yes	Yes	Yes
Calendar Year Plan Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
Out-of-Pocket Limit	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$7,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance
Primary Care Physician Office Visit²	\$15 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$40 copay; deductible waived
Specialist Office Visit²	\$25 copay; deductible waived	\$15 copay; deductible waived	\$20 copay; deductible waived	\$50 copay; deductible waived
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No Charge
Diagnostic Testing² (X-ray, blood work)	Lab: \$25 copay; deductible waived X-ray: \$25 copay; deductible waived	Lab: \$15 copay; deductible waived X-ray: \$15 copay; deductible waived	Lab: \$20 copay; deductible waived X-ray: \$20 copay; deductible waived	Lab: \$50 copay; deductible waived X-ray: \$50 copay; deductible waived
Imaging (CT/PET scans MRIs)	\$150 copay; deductible waived	\$150 copay; deductible waived	\$150 copay; deductible waived	\$150 copay; deductible waived
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	None	None	None
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$20/\$35/\$50
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs(retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription
Outpatient Surgery OP Hospital Department	\$150 copay after deductible	\$150 copay after deductible	20% after deductible	20% after deductible
Outpatient Surgery Freestanding Facility	\$0 copay after deductible	\$0 copay after deductible	0% after deductible	0% after deductible
Inpatient Hospital Facility	\$250 copay per admission after deductible	\$250 copay per admission after deductible	20% after deductible	20% after deductible
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$25 copay; deductible waived	\$15 copay; deductible waived	\$20 copay; deductible waived	\$50 copay; deductible waived
Emergency Room	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Emergency Medical Transport	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Urgent Care	\$35 copay; deductible waived	\$35 copay; deductible waived	\$35 copay; deductible waived	\$35 copay; deductible waived
Primary & Specialist Physician E-Visit	Not Covered	Not Covered	Not Covered	Not Covered
Walk-In Clinics	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic (20 visits per calendar year)	\$15 copay; deductible waived	\$15 copay; deductible waived	\$15 copay; deductible waived	\$15 copay; deductible waived
Routine Vision (one exam per member every 12-months)	No charge	No charge	No charge	No charge

HMO Plans

Plan Name	HMO Deductible 1000 \$10/\$20	HMO Deductible 1000 \$15/\$25	HMO Deductible 1000 \$20/\$40	HMO Deductible 1000 \$30/\$50
Networks Available	HMO Deductible Plan, Basic HMO	HMO Deductible Plan, Basic HMO	HMO Deductible, Basic HMO	HMO Deductible Plan, PrimeCare
PCP/Referrals Required	Yes	Yes	Yes	Yes
Calendar Year Plan Deductible	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family
Out-of-Pocket Limit	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$7,000 Family	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$7,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance
Primary Care Physician Office Visit²	\$10 copay; deductible waived	\$15 copay; deductible waived	\$20 copay; deductible waived	\$30 copay; deductible waived
Specialist Office Visit²	\$20 copay; deductible waived	\$25 copay; deductible waived	\$40 copay; deductible waived	\$50 copay; deductible waived
Preventive Care/Screenings/Immunizations	No charge	No charge	No charge	No charge
Diagnostic Testing² (X-ray, blood work)	Lab: \$20 copay; deductible waived X-ray: \$20 copay; deductible waived	Lab: \$25 copay; deductible waived X-ray: \$25 copay; deductible waived	Lab: \$40 copay; deductible waived X-ray: \$40 copay; deductible waived	Lab: \$50 copay; deductible waived X-ray: \$50 copay; deductible waived
Imaging (CT/PET scans MRIs)	\$150 copay; deductible waived	\$150 copay; deductible waived	\$150 copay; deductible waived	\$150 copay; deductible waived
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	None	None	None
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$15/\$25/\$40	\$15/\$25/\$40	\$15/\$25/\$40	\$15/\$25/\$40
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription
Outpatient Surgery OP Hospital Department	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Outpatient Surgery Freestanding Facility	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Hospital Facility	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$20 copay; deductible waived	\$25 copay; deductible waived	\$40 copay; deductible waived	\$50 copay; deductible waived
Emergency Room	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Emergency Medical Transport	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Urgent Care	\$35 copay; deductible waived	\$35 copay; deductible waived	\$35 copay; deductible waived	\$35 copay; deductible waived
Primary & Specialist Physician E-Visit	Not Covered	Not Covered	Not Covered	Not Covered
Walk-In Clinics	Not Covered	Not Covered	Not Covered	Not Covered
Chiropractic (20 visits per calendar year)	\$15 copay; deductible waived	\$15 copay; deductible waived	\$15 copay; deductible waived	\$15 copay; deductible waived
Routine Vision (one exam per member every 12-months)	No charge	No charge	No charge	No charge

Refer to pages 37–38 for footnotes.

HMO Plans

Plan Name	HMO Deductible 1500 \$10/\$20	HMO Deductible 2000 \$40/\$60	HMO Deductible 5500 50%
Networks Available	HMO Deductible, Basic HMO	HMO Deductible Plan, Basic HMO	HMO Deductible Plan, Basic HMO
PCP/Referrals Required	Yes	Yes	Yes
Calendar Year Plan Deductible	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$5,500 Individual \$11,000 Family
Out-of-Pocket Limit	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$6,350 Individual \$12,700 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹	Embedded ¹	Embedded ¹
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance	Prescription drug copays/coinsurance
Primary Care Physician Office Visit²	\$10 copay; deductible waived	\$40 copay; deductible waived	\$50 copay; deductible waived
Specialist Office Visit²	\$20 copay; deductible waived	\$60 copay; deductible waived	\$75 copay; deductible waived
Preventive Care/Screenings/Immunizations	No charge	No charge	No Charge
Diagnostic Testing² (X-ray, blood work)	Lab: \$20 copay; deductible waived X-ray: \$20 copay; deductible waived	Lab: \$60 copay; deductible waived X-ray: \$60 copay; deductible waived	Lab: \$75 copay; deductible waived X-ray: \$75 copay; deductible waived
Imaging (CT/PET scans MRIs)	\$150 copay; deductible waived	\$150 copay; deductible waived	\$150 copay; deductible waived
Pharmacy Plan Type		Four tier open formulary	
Prescription Drug Deductible (excludes generic preferred drugs)	None	None	\$250 per individual
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10/\$20/\$35	\$20/\$35/\$50	\$20/\$35/\$50
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	20% up to \$150 per prescription	20% up to \$150 per prescription
Outpatient Surgery OP Hospital Department	\$150 copay after deductible	\$750 copay after deductible	50% after deductible
Outpatient Surgery Freestanding Facility	\$0 copay after deductible	\$600 copay after deductible	50% after deductible
Inpatient Hospital Facility	\$250 copay per admission after deductible	\$500 copay per day up to 3-days per admission after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$20 copay; deductible waived	\$60 copay; deductible waived	\$50 copay; deductible waived
Emergency Room	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Emergency Medical Transport	\$100 copay after deductible	\$100 copay after deductible	\$100 copay after deductible
Urgent Care	\$35 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Primary & Specialist Physician E-Visit	Not Covered	Not Covered	Not Covered
Walk-In Clinics	Not Covered	Not Covered	Not Covered
Chiropractic (20 visits per calendar year)	\$15 copay; deductible waived	\$15 copay; deductible waived	\$15 copay; deductible waived
Routine Vision (one exam per member every 12-months)	No charge	No charge	No charge

Refer to pages 37–38 for footnotes.

HMO HRA Plans

Plan Name	HMO HRA 500		HMO HRA 750		HMO HRA 1000	
Networks Available	HMO Deductible Plan		HMO Deductible Plan		MO Deductible Plan	
PCP/Referrals Required	Yes		Yes		Yes	
HRA Fund Amount⁷	\$250 Individual Family	\$500	\$250 Individual Family	\$500	\$250 Individual Family	\$500
Plan Year Plan Deductible	\$500 Individual Family	\$1,000	\$750 Individual Family	\$1,500	\$1,000 Individual \$2,000 Family	
Out-of-Pocket Limit	\$3,000 Individual \$6,000 Family		\$2,000 Individual \$4,000 Family		\$3,000 Individual \$6,000 Family	
Deductible & Out-of-Pocket Limit Accumulation	True Integrated Family (TIF) ⁶		True Integrated Family (TIF) ⁶		True Integrated Family (TIF) ⁶	
Not Included In Out-of-Pocket Limit	Prescription drug copays/coinsurance		Prescription drug copays/coinsurance		Prescription drug copays/coinsurance	
Primary Care Physician Office Visit²	\$10 copay; deductible waived		\$15 copay; deductible waived		\$25 copay; deductible waived	
Specialist Office Visit²	\$25 copay; deductible waived		\$25 copay; deductible waived		\$40 copay; deductible waived	
Preventive Care/Screenings/Immunizations	No charge		No charge		No charge	
Diagnostic Testing² (X-ray, blood work)	Lab: \$25 copay; deductible waived X-ray: \$25 copay; deductible waived		Lab: \$25 copay; deductible waived X-ray: \$25 copay; deductible waived		Lab: \$40 copay; deductible waived X-ray: \$40 copay; deductible waived	
Imaging (CT/PET scans MRIs)	\$150 copay; deductible waived		\$150 copay; deductible waived		\$150 copay; deductible waived	
Pharmacy Plan Type			Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None		None		None	
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10/\$30/\$50		\$10/\$20/\$40		\$15/\$25/\$40	
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription		20% up to \$150 per prescription		20% up to \$150 per prescription	
Outpatient Surgery OP Hospital Department	10% after deductible		\$250 copay after deductible		\$500 copay after deductible	
Outpatient Surgery Freestanding Facility	\$250 copay after deductible		\$150 copay after deductible		\$300 copay after deductible	
Inpatient Hospital Facility	10% after deductible		\$250 copay per admission after deductible		\$500 copay per admission after deductible	
Rehabilitation Services (PT/OT/ST)* (30 visits per calendar year combined)	\$25 copay; deductible waived		\$25 copay; deductible waived		\$40 copay; deductible waived	
Emergency Room	\$100 copay after deductible		\$100 copay after deductible		\$100 copay after deductible	
Emergency Medical Transport	\$100 copay after deductible		\$100 copay after deductible		\$100 copay after deductible	
Urgent Care	\$35 copay; deductible waived		\$35 copay; deductible waived		\$35 copay; deductible waived	
Primary & Specialist Physician E-Visit	Not Covered		Not Covered		Not Covered	
Walk-In Clinics	Not Covered		Not Covered		Not Covered	
Chiropractic (20 visits per calendar year)	\$15 copay; deductible waived		\$15 copay; deductible waived		\$15 copay; deductible waived	
Routine Vision (one exam per member every 12-months)	No charge		No charge		No charge	

Refer to pages 37–38 for footnotes.

Vitalidad Plan

Plan Name	Vitalidad HMO \$25
Network	Vitalidad HMO ³
PCP/Referrals Required	Yes
Member Benefits	In-Network
Calendar Year Plan Deductible	None
Out-of-Pocket Limit	\$3,000 Individual \$6,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹
Not Included in Out-of-Pocket Limit	N/A
Primary Care Physician Office Visit²	\$25 copay
Specialist Office Visit²	\$25 copay
Preventive Care/Screenings/Immunizations	No charge
Diagnostic Testing² (X-ray, blood work)	No charge
Imaging (CT/PET scans MRIs)	No charge
Prescription Drugs (in SIMNSA Network) Retail: 30-day supply Mail Order: Not covered	\$25 generic and brand drugs
Prescription Drugs (Out of SIMNSA Network/Closed Formulary) Closed Formulary is based on medications related to an Emergency Room or Urgent Care visit.	\$10 generic/\$20 brand
Aetna Specialty CareRxSM – Includes self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin, does not accumulate toward Out-of-pocket payment limit)	Covered under prescription drug copays
Outpatient Surgery OP Hospital Department	No charge
Outpatient Surgery Freestanding Facility	No charge
Inpatient Hospital Facility	\$100 copay per day up to 7-days per admission
Rehabilitation Services (PT/OT/ST)	\$25 copay
Emergency Room (In SIMNSA Network)	\$100 copay
Emergency Room (Out of SIMNSA Network)	\$100 copay
Emergency Medical Transport (In SIMNSA Network)	\$50 copay
Emergency Medical Transport (Out of SIMNSA Network)	\$50 copay
Urgent Care (In SIMNSA Network)	\$35 copay
Urgent Care (Out of SIMNSA Network)	\$35 copay
Primary & Specialist Physician E-Visit	Not covered
Walk-In Clinics	Not covered
Chiropractic	Not covered
Routine Vision (one exam per member every 12-months)	\$25 copay

Plan Name	OAMC 250 90/70 \$10 \$100		OAMC 250 90/70 \$15 \$100	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$250 individual \$500 Family	\$500 individual \$1,000 Family	\$250 individual \$500 Family	\$500 individual \$1,000 Family
Out-Of-Pocket Limit	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$10 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Specialist Office Visit²	\$10 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Preventive Care/Screenings/Immunizations	No charge	30% after deductible	No charge	30% after deductible
Diagnostic Testing² (X-ray, blood work)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply Accumulates toward Out-of-pocket payment limit ⁺	\$10/\$20/\$35	Not covered	\$10/\$20/\$35	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	20% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	30% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$100 copay plus 10% after deductible	\$250 copay plus 30% after deductible	\$100 copay plus 10% after deductible	\$250 copay plus 30% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$10 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Emergency Room	\$100 copay plus 10% deductible waived		\$100 copay plus 10% deductible waived	
Emergency Medical Transport	10% after deductible		10% after deductible	
Urgent Care	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$10 copay; deductible waived	Not covered	\$15 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$10 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

OAMC Plans

Plan Name	OAMC 250 90/70 \$15 \$100A		OAMC 250 90/70 \$15 \$250	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$250 individual \$500 Family	\$500 individual \$1,000 Family	\$250 individual \$500 Family	\$500 individual \$1,000 Family
Out-Of-Pocket Limit	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$15 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Specialist Office Visit²	\$15 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Preventive Care/Screenings/Immunizations	No charge	30% after deductible	No charge	30% after deductible
Diagnostic Testing² (X-ray, blood work)	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply Accumulates toward Out-of-pocket payment limit ⁺	\$15/\$25/\$40	Not covered	\$15/\$25/\$40	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	20% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	30% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$100 copay plus 10% after deductible	\$250 copay plus 30% after deductible	\$250 copay plus 10% after deductible	\$500 copay plus 30% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$15 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Emergency Room	\$100 copay plus 10% deductible waived		\$100 copay plus 10% deductible waived	
Emergency Medical Transport	10% after deductible		10% after deductible	
Urgent Care	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$15 copay; deductible waived	Not covered	\$15 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$15 copay; deductible waived	30% after deductible	\$15 copay; deductible waived	30% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

Plan Name	OAMC 250 90/70 \$20 \$100		OAMC 250 90/60 \$20 \$350	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$250 individual \$500 Family	\$500 individual \$1,000 Family	\$250 individual \$500 Family	\$500 individual \$1,000 Family
Out-Of-Pocket Limit	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Specialist Office Visit²	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	30% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	10% after deductible	30% after deductible	10% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$15/\$25/\$40	Not covered	\$20/\$35/\$50	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	20% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	10% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$100 copay plus 10% after deductible	\$250 copay plus 30% after deductible	\$350 copay plus 10% after deductible	\$750 copay plus 40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Emergency Room	\$100 copay plus 10% deductible waived		\$100 copay plus 10% deductible waived	
Emergency Medical Transport	10% after deductible		10% after deductible	
Urgent Care	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	40% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$20 copay; deductible waived	Not covered	\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$20 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	\$0 copay; deductible waived	Not covered

Refer to pages 37–38 for footnotes.

OAMC Plans

Plan Name	OAMC 250 90/60 \$20 \$350A		OAMC 300 80/60 \$15 \$150	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$250 individual \$500 Family	\$500 individual \$1,000 Family	\$300 individual \$600 Family	\$600 individual \$1,200 Family
Out-Of-Pocket Limit	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 Family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 Family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$20 copay; deductible waived	40% after deductible	\$15 copay; deductible waived	40% after deductible
Specialist Office Visit²	\$20 copay; deductible waived	40% after deductible	\$15 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	40% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	10% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply.	\$15/\$25/\$40	Not covered	\$20/\$35/\$50	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	10% after deductible	40% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$350 copay plus 10% after deductible	\$750 copay plus 40% after deductible	\$150 copay plus 20% after deductible	\$300 copay plus 40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$20 copay; deductible waived	40% after deductible	\$15 copay; deductible waived	40% after deductible
Emergency Room	\$100 copay plus 10% deductible waived		\$100 copay plus 20% deductible waived	
Emergency Medical Transport	10% after deductible		20% after deductible	
Urgent Care	\$35 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	40% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$20 copay; deductible waived	Not covered	\$15 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$20 copay; deductible waived	40% after deductible	\$15 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

Plan Name	OAMC 300 80/60 \$15 \$150A		OAMC 500 80/60 \$20 \$250	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$300 individual \$600 family	\$600 individual \$1,200 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Out-Of-Pocket Limit	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$15 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Specialist Office Visit²	\$15 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	40% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$15/\$25/\$40	Not covered	\$15/\$25/\$40	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	30% after deductible	40% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$150 copay plus 20% after deductible	\$300 copay plus 40% after deductible	\$250 copay plus 20% after deductible	\$500 copay plus 40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$15 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Emergency Room	\$100 copay plus 20% deductible waived		\$100 copay plus 20% deductible waived	
Emergency Medical Transport	20% after deductible		20% after deductible	
Urgent Care	\$35 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	40% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$15 copay; deductible waived	Not covered	\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$15 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

OAMC Plans

Plan Name	OAMC 500 80/60 \$20 \$500		OAMC 500 80/60 \$20 \$500A	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Out-Of-Pocket Limit	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$20 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Specialist Office Visit²	\$20 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	40% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$20/\$35/\$50	Not covered	\$15/\$25/\$40	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	30% after deductible	40% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$500 copay plus 20% after deductible	\$1,000 copay plus 40% after deductible	\$500 copay plus 20% after deductible	\$1,000 copay plus 40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$20 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Emergency Room	\$100 copay plus 20% deductible waived		\$100 copay plus 20% deductible waived	
Emergency Medical Transport	20% after deductible		20% after deductible	
Urgent Care	\$35 copay; deductible waived	40% after deductible	\$35 copay; deductible waived	40% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$20 copay; deductible waived	Not covered	\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$20 copay; deductible waived	40% after deductible	\$20 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

Plan Name	OAMC 750 80/50 \$30		OAMC 1000 90/60 \$20	
Networks Available	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family
Out-Of-Pocket Limit	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$30 copay; deductible waived	50% after deductible	\$20 copay; deductible waived	40% after deductible
Specialist Office Visit²	\$30 copay; deductible waived	50% after deductible	\$20 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	20% after deductible	50% after deductible	10% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$20/\$35/\$50	Not covered	\$15/\$25/\$40	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	10% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$30 copay; deductible waived	50% after deductible	\$20 copay; deductible waived	40% after deductible
Emergency Room	20% after deductible		10% after deductible	
Emergency Medical Transport	20% after deductible		10% after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$30 copay; deductible waived	Not covered	\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$30 copay; deductible waived	50% after deductible	\$20 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

OAMC Plans

Plan Name	OAMC 1000 75/50 \$30		OAMC 1500 80/50 \$15	
Networks Available	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
Out-Of-Pocket Limit	\$4,500 individual \$9,000 family	\$9,000 individual \$18,000 family	\$4,500 individual \$9,000 family	\$9,000 individual \$18,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$30 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$30 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (X-ray, blood work)	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	35% after deductible	50% after deductible	30% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$15/\$25/\$40	Not covered	\$20/\$35/\$50	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	35% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	25% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$30 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Emergency Room	25% after deductible		20% after deductible	
Emergency Medical Transport	25% after deductible		20% after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$30 copay; deductible waived	Not covered	\$15 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$30 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

Plan Name	OAMC 2500 80/50 \$25		OAMC 3500 70/50 \$35	
Networks Available	Managed Choice POS (Open Access), Savings Plus, PrimeCare	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family
Out-Of-Pocket Limit	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$5,500 individual \$11,000 family	\$11,000 individual \$22,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$25 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$25 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (X-ray, blood work)	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$20/\$35/\$50	Not covered	\$20/\$35/\$50	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	40% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$25 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Emergency Room	20% after deductible		30% after deductible	
Emergency Medical Transport	20% after deductible		30% after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$25 copay; deductible waived	Not covered	\$35 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$25 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

OAMC Plans

Plan Name	OAMC 4500 50/50 \$40		OAMC 5000 100/50 \$15	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$4,500 individual \$9,000 family	\$9,000 individual \$18,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
Out-Of-Pocket Limit	\$6,350 individual \$12,700 family	\$12,700 individual \$25,400 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$40 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Specialist Office Visit²	\$40 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (X-ray, blood work)	50% after deductible	50% after deductible	0% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	50% after deductible	50% after deductible	0% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	\$250 per individual	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$20/\$35/\$50	Not covered	\$20/\$40/\$70	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	50% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	50% after deductible	50% after deductible	0% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$40 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Emergency Room	50% after deductible		\$100 copay deductible waived	
Emergency Medical Transport	50% after deductible		0% after deductible	
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$35 copay; deductible waived	50% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$40 copay; deductible waived	Not covered	\$15 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$40 copay; deductible waived	50% after deductible	\$15 copay; deductible waived	50% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Plan Name	OAMC 2500 90/70 HSA TIF**		OAMC 2500 80/60 HSA TIF**	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$2,500 individual \$5,000 family	\$3,000 individual \$6,000 family	\$2,500 individual \$5,000 family	\$3,000 individual \$6,000 family
Out-Of-Pocket Limit	\$3,500 individual \$7,000 family	\$4,250 individual \$8,500 family	\$3,500 individual \$7,000 family	\$4,250 individual \$8,500 family
Deductible & Out-of-Pocket Limit Accumulation	True Integrated Family (TIF) ⁶		True Integrated Family (TIF) ⁶	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Specialist Office Visit²	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	30% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	Integrated Medical/Rx deductible	NA	Integrated Medical/Rx deductible	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply. Accumulates toward Out-of-pocket payment limit	\$15/\$20/\$35+	Not covered	\$15/\$20/\$35+	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20%	Not covered	20%	Not covered
Outpatient Surgery OP Hospital Department	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency Room	10% after deductible		20% after deductible	
Emergency Medical Transport	10% after deductible		20% after deductible	
Urgent Care	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Primary & Specialist Physician E-Visit	10% after deductible	Not covered	20% after deductible	Not covered
Walk-In Clinics	10% after deductible	Not covered	20% after deductible	Not covered
Chiropractic (20 visits per calendar year)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

OAMC Plans

Plan Name	OAMC 3500 80/50 HSA TIF		OAMC 6300 100/50 HSA EMB	
Networks Available	Managed Choice POS (Open Access), Savings Plus	NA	Managed Choice POS (Open Access), Savings Plus	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family	\$6,300 individual \$12,600 family	\$12,600 individual \$25,200 family
Out-Of-Pocket Limit	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$6,300 individual \$12,600 family	\$12,600 individual \$25,200 family
Deductible & Out-of-Pocket Limit Accumulation	True Integrated Family (TIF) ⁶		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Specialist Office Visit²	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Preventive Care/Screenings/Immunizations	No charge	50% after deductible	No charge	50% after deductible
Diagnostic Testing² (X-ray, blood work)	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	Integrated Medical/Rx deductible	NA	Integrated Medical/Rx deductible	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply. Accumulates toward Out-of-pocket payment limit	\$20/\$35/\$50+	Not covered	0%/0%/0%+	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20%	Not covered	0%	Not covered
Outpatient Surgery OP Hospital Department	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	20% after deductible	50% after deductible; Aetna pays up to \$400 per surgery	0% after deductible	50% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room	20% after deductible		0% after deductible	
Emergency Medical Transport	20% after deductible		0% after deductible	
Urgent Care	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Primary & Specialist Physician E-Visit	20% after deductible	Not covered	0% after deductible	Not covered
Walk-In Clinics	20% after deductible	Not covered	0% after deductible	Not covered
Chiropractic (20 visits per calendar year)	20% after deductible	50% after deductible	0% after deductible	50% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

PPO Plans

Plan Name	PPO 250 90/70 \$10 \$100		PPO 500 80/60 \$20 \$500	
Networks Available	Open Choice PPO	NA	Open Choice PPO	NA
PCP/Referrals Required	No	NA	No	NA
Member Benefits	Participating Providers	Non-Participating Providers ⁴	Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible	\$250 individual \$500 family	\$500 individual \$1,000 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
Out-of-Pocket Limit	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹		Embedded ¹	
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit²	\$10 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Specialist Office Visit²	\$10 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations	No charge	30% after deductible	No charge	40% after deductible
Diagnostic Testing² (X-ray, blood work)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Pharmacy Plan Type	Four tier open formulary			
Prescription Drug Deductible (excludes generic preferred drugs)	None	NA	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10/\$20/\$35	Not covered	\$15/\$25/\$40	Not covered
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	20% up to \$150 per prescription	Not covered	20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department	20% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	30% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	10% after deductible	30% after deductible; Aetna pays up to \$400 per surgery	20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility	\$100 copay plus 10% after deductible	\$250 copay plus 30% after deductible	\$500 copay plus 20% after deductible	\$1,000 copay plus 40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	\$10 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Emergency Room	\$100 copay plus 10% deductible waived		\$100 copay plus 20% deductible waived	
Emergency Medical Transport	10% after deductible		20% after deductible	
Urgent Care	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	40% after deductible
Primary & Specialist Physician E-Visit	\$10 copay; deductible waived	Not covered	\$10 copay; deductible waived	Not covered
Walk-In Clinics	\$10 copay; deductible waived	Not covered	\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)	\$10 copay; deductible waived	30% after deductible	\$20 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)	No charge	Not covered	No charge	Not covered

Refer to pages 37–38 for footnotes.

PPO Plans

Plan Name		PPO 1000 90/60 \$20	
Networks Available		Open Choice PPO	NA
PCP/Referrals Required		No	NA
Member Benefits		Participating Providers	Non-Participating Providers ⁴
Calendar Year Plan Deductible		\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Limit		\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Deductible & Out-of-Pocket Limit Accumulation		Embedded ¹	
Not Included In Out-of-Pocket Limit		Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance.	
Primary Care Physician Office Visit ²		\$20 copay; deductible waived	40% after deductible
Specialist Office Visit ²		\$20 copay; deductible waived	40% after deductible
Preventive Care/Screenings/Immunizations		No charge	40% after deductible
Diagnostic Testing ² (X-ray, blood work)		10% after deductible	40% after deductible
Imaging (CT/PET scans MRIs)		20% after deductible	50% after deductible
Pharmacy Plan Type		Four tier open formulary	
Prescription Drug Deductible	(excludes generic preferred drugs)	None	NA
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply		\$15/\$25/\$40	Not covered
Aetna Specialty CareRx SM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)		20% up to \$150 per prescription	Not covered
Outpatient Surgery OP Hospital Department		20% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility		10% after deductible	40% after deductible; Aetna pays up to \$400 per surgery
Inpatient Hospital Facility		20% after deductible	40% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)		\$20 copay; deductible waived	40% after deductible
Emergency Room		10% after deductible	
Emergency Medical Transport		10% after deductible	
Urgent Care		\$50 copay; deductible waived	\$50 copay; deductible waived
Primary & Specialist Physician E-Visit		\$10 copay; deductible waived	Not covered
Walk-In Clinics		\$20 copay; deductible waived	Not covered
Chiropractic (20 visits per calendar year)		\$20 copay; deductible waived	40% after deductible
Routine Vision (one exam per member every 12-months)		\$0 copay; deductible waived	Not covered

Refer to pages 37–38 for footnotes.

Indemnity Plan

Plan Name	Indemnity 500 80%
Networks Available	NA
PCP/Referrals Required	No
Member Benefits	Non-Participating Providers ⁵
Calendar Year Plan Deductible	\$500 individual \$1,000 Family
Out-of-Pocket Limit	\$4,000 individual \$8,000 family
Deductible & Out-of-Pocket Limit Accumulation	Embedded ¹
Not Included In Out-of-Pocket Limit	Amounts over allowable charges, failure to precertify penalty and prescription drug copays/coinsurance
Primary Care Physician Office Visit²	20% after deductible
Specialist Office Visit²	20% after deductible
Preventive Care/Screenings/Immunizations	No charge
Diagnostic Testing² (X-ray, blood work)	20% after deductible
Imaging (CT/PET scans MRIs)	20% after deductible
Pharmacy Plan Type	Four tier open formulary
Prescription Drug Deductible (excludes generic preferred drugs)	None
Prescription Drugs Formulary Generic/Formulary Brand/Non-Formulary Retail: 30-day supply Mail Order: two-times retail copay, up to 90-day supply	\$10/\$25/\$50
Aetna Specialty CareRxSM – Includes preferred self-injectable, infused and oral specialty drugs (retail and mail order up to a 30-day supply, excludes insulin)	30% up to \$250 per prescription
Outpatient Surgery OP Hospital Department	20% after deductible
Outpatient Surgery Freestanding Facility	20% after deductible
Inpatient Hospital Facility	20% after deductible
Rehabilitation Services (PT/OT/ST) (30 visits per calendar year combined)	20% after deductible
Emergency Room	20% after deductible
Emergency Medical Transport	20% after deductible
Urgent Care	20% after deductible
Primary & Specialist Physician E-Visit	Not covered
Walk-In Clinics	Not covered
Chiropractic (20 visits per calendar year)	20% after deductible
Routine Vision (one exam per member every 12-months)	No charge

Refer to pages 37–38 for footnotes.

Footnotes

All services are subject to the deductible unless noted otherwise noted.

Some benefits are subject to age and frequency schedules, limitations or visit maximums.

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

¹Embedded: 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.

²Copays related to preventive care services will be waived

³For the Vitalidad HMO plan, upon enrollment each Member must select a Primary Care Physician (PCP) from the SIMNSA Network of participating providers located in Mexico. The selected PCP is responsible for coordinating the Member's care. For any questions or concerns about accessing and obtaining service from the SIMNSA Network please call Member Services at **1-888-98-AETNA**.

⁴We 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. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate.

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 Aetna 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**. 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** 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 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.

⁵We 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. For doctors and other professionals the amount based on prevailing charges. We get this data from an external database. For hospitals and other facilities, the amount is based on the Aetna Facility Fee Schedule

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 Aetna 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**. 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** 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 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.

⁶True Integrated Family (TIF): 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.

⁷The Fund will be used to pay for member responsibility for services that are subject to the deductible.

*Treatment will be provided for each day that is determined to be medically necessary with a written treatment plan.

**Deductible waived for certain Preventive RX.

Network Pairings –

Groups can offer 2 HMO plans with 2 OAMC plans

Product	Can be offered with
Full Network HMO Plan	Any Full Network HMO plan
AVN HMO	Any AVN HMO/HMO Deductible/HMO HRA plan
HMO Deductible/HRA	Any HMO Deductible/HRA
Basic HMO	Any HMO plan/network
PrimeCare HMO	Any HMO plan/network
OAMC	Any OAMC plan
Savings Plus	Any Savings Plus plan

See grid for any other plan pairing options.

OAMC Pairing Grid

2014 Plan Names	Savings Plus 250 90/70 \$10 \$100	Savings Plus 250 90/70 \$15 \$100	Savings Plus 250 90/70 \$15 \$100A	Savings Plus 250 90/70 \$15 \$250	Savings Plus 250 90/70 \$20 \$100	Savings Plus 250 90/60 \$20 \$350	Savings Plus 250 90/60 \$20 \$350A	Savings Plus 300 80/60 \$15 \$150	Savings Plus 300 80/60 \$15 \$150A	Savings Plus 500 80/60 \$20 \$250
OAMC 250 90/70 \$10 \$100	•	—	—	—	—	—	—	—	—	—
OAMC 250 90/70 \$15 \$100	•	•	•	—	—	—	—	—	—	—
OAMC 250 90/70 \$15 \$100A	•	•	•	—	—	—	—	—	—	—
OAMC 250 90/70 \$15 \$250	•	•	•	•	•	—	—	—	—	—
OAMC 250 90/70 \$20 \$100	•	•	•	—	•	—	—	—	—	—
OAMC 250 90/60 \$20 \$350	•	•	•	•	•	•	—	—	—	—
OAMC 250 90/60 \$20 \$350A	•	•	•	•	•	•	•	—	—	—
OAMC 300 80/60 \$15 \$150	•	•	•	•	•	•	•	•	•	—
OAMC 300 80/60 \$15 \$150A	•	•	•	•	•	•	•	•	•	—
OAMC 500 80/60 \$20 \$250	•	•	•	•	•	•	•	•	•	•
OAMC 500 80/60 \$20 \$500	•	•	•	•	•	•	•	•	•	•
OAMC 500 80/60 \$20 \$500A	•	•	•	•	•	•	•	•	•	•
OAMC 750 80/50 \$30	•	•	•	•	•	•	•	•	•	•
OAMC 1000 75/50 \$30	•	•	•	•	•	•	•	•	•	•
OAMC 1000 90/60 \$20	•	•	•	•	•	•	•	•	•	•
OAMC 1500 80/50 \$15	•	•	•	•	•	•	•	•	•	•
OAMC 2500 80/50 \$25	•	•	•	•	•	•	•	•	•	•
OAMC 3500 70/50 \$35	•	•	•	•	•	•	•	•	•	•
OAMC 4500 50/50 40	•	•	•	•	•	•	•	•	•	•
OAMC 5000 100/50 \$15	•	•	•	•	•	•	•	•	•	•
OAMC 2500 80/60 HSA TIF	•	•	•	•	•	•	•	•	•	•
OAMC 2500 90/70 HSA TIF	•	•	•	•	•	•	•	•	•	•
OAMC 3500 80/50 HSA TIF	•	•	•	•	•	•	•	•	•	•
OAMC 6300 100/50 HSA EMB	•	•	•	•	•	•	•	•	•	•

Savings Plus 500 80/60 \$20 \$500	Savings Plus 500 80/60 \$20 \$500A	Savings Plus 750 80/50 \$30	Savings Plus 1000 90/60 \$20	Savings Plus 1000 75/50 \$30	Savings Plus 1500 80/50 \$15	Savings Plus 2500 80/50 \$25	Savings Plus 3500 70/50 \$35	Savings Plus 500 50/50 \$40 RX Ded \$250	Savings Plus 5000 100/50 \$15	Savings Plus 2500 80/60 HSA TIF	Savings Plus 2500 90/70 HSA TIF	Savings Plus 3500 80/50 HSA TIF	Savings Plus 6300 100/50 HSA EMB
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HMO Pairing Grid

2014 Plan Names	HMO \$10	HMO \$10A	HMO \$15	HMO \$15A	HMO \$15/\$20 250	HMO \$15/\$20 300	HMO \$20	HMO \$20/\$25
HMO \$10	•	•	•	•	•	•	•	•
HMO \$10A	•	•	•	•	•	•	•	•
HMO \$15	•	•	•	•	•	•	•	•
HMO \$15A	•	•	•	•	•	•	•	•
HMO \$15/\$20 250	•	•	•	•	•	•	•	•
HMO \$15/\$20 300	•	•	•	•	•	•	•	•
HMO \$20	•	•	•	•	•	•	•	•
HMO \$20/\$25	•	•	•	•	•	•	•	•
HMO \$30/\$40 750	•	•	•	•	•	•	•	•
HMO \$30/\$40 1000	•	•	•	•	•	•	•	•
HMO \$40/\$50 1000	•	•	•	•	•	•	•	•
AVN HMO \$10	•	•	•	•	•	•	•	•
AVN HMO \$10A	•	•	•	•	•	•	•	•
AVN HMO \$15	—	—	•	•	•	•	•	•
AVN HMO \$15A	—	—	•	•	•	•	•	•
AVN HMO \$15/\$20 250	—	—	—	—	•	•	•	•
AVN HMO \$15/\$20 300	—	—	—	—	—	•	•	•
AVN HMO \$20	—	—	—	—	—	—	•	•
AVN HMO \$20/\$25	—	—	—	—	—	—	—	•
AVN HMO \$30/\$40 750	—	—	—	—	—	—	—	—
AVN HMO \$30/\$40 1000	—	—	—	—	—	—	—	—
AVN HMO \$40/\$50 1000	—	—	—	—	—	—	—	—
HMO Deductible 250 \$10/\$25	•	•	•	•	•	•	•	•
HMO Deductible 250 \$15/\$25	•	•	•	•	•	•	•	•
HMO Deductible 500 \$10/\$15	•	•	•	•	•	•	•	•
HMO Deductible 500 \$10/\$20	—	—	•	•	•	•	•	•
HMO Deductible 500 \$40/\$50	—	—	—	—	•	•	•	•
HMO Deductible 1000 \$10/\$20	—	—	—	—	—	—	•	•
HMO Deductible 1000 \$15/\$25	—	—	—	—	—	—	•	•
HMO Deductible 1000 \$20/\$40	—	—	—	—	—	—	•	•
HMO Deductible 1000 \$30/\$50	—	—	—	—	—	—	•	•
HMO Deductible 1500 \$10/\$20	—	—	—	—	—	•	•	•
HMO Deductible 2000 \$40/\$60	—	—	—	—	—	•	•	•
HMO Deductible 5500 50%	—	—	•	•	•	•	•	•
HMO HRA 500	•	•	•	•	•	•	•	•
HMO HRA 750	—	—	—	—	•	•	•	•
HMO HRA 1000	—	—	—	—	—	—	—	•

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HMO Pairing Grid

2014 Plan Names	AVN HMO \$30/\$40 750	AVN HMO \$30/\$40 1000	AVN HMO \$40/\$50 1000	HMO Deductible 250 \$10/\$25	HMO Deductible 250 \$15/\$25	HMO Deductible 500 \$10/\$15	HMO Deductible 500 \$10/\$20	HMO Deductible 500 \$40/\$50
HMO \$10	—	—	—	•	•	•	—	—
HMO \$10A	—	—	—	•	•	•	—	—
HMO \$15	—	—	—	•	•	•	•	—
HMO \$15A	—	—	—	•	•	•	•	—
HMO \$15/\$20 250	—	—	—	•	•	•	•	•
HMO \$15/\$20 300	—	—	—	•	•	•	•	•
HMO \$20	—	—	—	•	•	•	•	•
HMO \$20/\$25	—	—	—	•	•	•	•	•
HMO \$30/\$40 750	•	—	—	•	•	•	•	•
HMO \$30/\$40 1000	•	•	—	•	•	•	•	•
HMO \$40/\$50 1000	•	•	•	•	•	•	•	•
AVN HMO \$10	•	•	•	•	•	•	•	•
AVN HMO \$10A	•	•	•	•	•	•	•	•
AVN HMO \$15	•	•	•	•	•	•	•	•
AVN HMO \$15A	•	•	•	•	•	•	•	•
AVN HMO \$15/\$20 250	•	•	•	•	•	•	•	•
AVN HMO \$15/\$20 300	•	•	•	•	•	•	•	•
AVN HMO \$20	•	•	•	•	•	•	•	•
AVN HMO \$20/\$25	•	•	•	•	•	•	•	•
AVN HMO \$30/\$40 750	•	•	•	•	•	•	•	•
AVN HMO \$30/\$40 1000	•	•	•	•	•	•	•	•
AVN HMO \$40/\$50 1000	•	•	•	•	•	•	•	•
HMO Deductible 250 \$10/\$25	•	•	•	•	•	•	•	•
HMO Deductible 250 \$15/\$25	•	•	•	•	•	•	•	•
HMO Deductible 500 \$10/\$15	•	•	•	•	•	•	•	•
HMO Deductible 500 \$10/\$20	•	•	•	•	•	•	•	•
HMO Deductible 500 \$40/\$50	•	•	•	•	•	•	•	•
HMO Deductible 1000 \$10/\$20	•	•	•	•	•	•	•	•
HMO Deductible 1000 \$15/\$25	•	•	•	•	•	•	•	•
HMO Deductible 1000 \$20/\$40	•	•	•	•	•	•	•	•
HMO Deductible 1000 \$30/\$50	•	•	•	•	•	•	•	•
HMO Deductible 1500 \$10/\$20	•	•	•	•	•	•	•	•
HMO Deductible 2000 \$40/\$60	•	•	•	•	•	•	•	•
HMO Deductible 5500 50%	•	•	•	•	•	•	•	•
HMO HRA 500	•	•	•	•	•	•	•	•
HMO HRA 750	•	•	•	•	•	•	•	•
HMO HRA 1000	•	•	•	•	•	•	•	•

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Aetna Dental Plans

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

Dental Overview

The Mouth MattersSM

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.¹ Now, here's the good news. Researchers are discovering that a healthy mouth may be important to your overall health.¹

The Aetna Dental/Medical IntegrationSM program,* available at no additional charge to plan sponsors that 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)[®]

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 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 15th of the month to be effective the following month.

Dual Option** plan

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.

Aetna Dental Preventive CareSM plan

The Preventive Care plan is a lower cost dental plan that covers preventive and diagnostic procedures. Members pay nothing for these services when visiting an Aetna PPO dentist.

¹MayoClinic.com. "Oral health: A window to your overall health." 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 Preventive plans or Voluntary Dental 3–9 size plans.

Aetna 51–100 Dental Plans

	Option 1A DMO Copay 58	Option 1B DMO Copay 56	Option 2A DMO Coins	Option 3A DMO Copay 66
	Fixed Copay DMO Plan 58	Fixed Copay DMO Plan 56	DMO Plan 100/100/60	Fixed Copay DMO Plan 66
Office Visit Copay	\$5	None	\$5	None
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	None	None	None	None
Annual Maximum Benefit	Unlimited	None	Unlimited	Unlimited
Diagnostic Services				
Oral Exams				
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
X-rays				
Bitewing – single film	No Charge	No Charge	100%	No Charge
Complete series	No Charge	No Charge	100%	No Charge
Preventive Services				
Adult Cleaning	No Charge	No Charge	100%	No Charge
Child Cleaning	No Charge	No Charge	100%	No Charge
Sealants – per tooth	\$5	No Charge	100%	No Charge
Fluoride application – child	No Charge	No Charge	100%	No Charge
Space maintainers – fixed	\$60	No Charge	100%	No Charge
Basic Services				
Amalgam filling – 2 surfaces	No Charge	No Charge	100%	No Charge
Resin filling – 2 surfaces, anterior	No Charge	No Charge	100%	No Charge
Endodontic Services				
Bicuspid root canal therapy	\$85	No Charge	100%	No Charge
Periodontic Services				
Scaling & root planing – per quadrant	\$55	\$25	100%	\$35
Oral Surgery				
Extraction – exposed root or erupted tooth	No Charge	No Charge	100%	No Charge
Extraction of impacted tooth – soft tissue	\$46	No Charge	100%	No Charge
Major Services				
Complete upper denture	\$275	\$185	60%	\$200
Partial upper denture (resin base)	\$275	\$185	60%	\$200
Crown – Porcelain with noble metal ²	\$210	\$150	60%	\$180
Pontic – Porcelain with noble metal ²	\$210	\$150	60%	\$180
Inlay – Metallic (3 or more surfaces)	\$180	\$150	60%	\$180
Oral Surgery				
Removal of impacted tooth – partially bony	\$58	\$45	60%	\$45
Endodontic Services				
Molar root canal therapy	\$240	\$125	60%	\$146
Periodontic Services				
Osseous surgery – per quadrant	\$300	\$140	60%	\$140
Orthodontic Services (optional)	\$2300 copay	\$2000 copay	\$2000 copay	\$2300 copay
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

	Option 3B DMO Copay 66i	Option 3C DMO Copay 63	Option 4A Freedom-of-Choice — Monthly selection between DMO and PPO	
	Fixed Copay DMO Plan 66i	Fixed Copay DMO Plan 63	DMO Plan 100/100/60	PPO Plan 100/80/50
Office Visit Copay	None	\$5	\$5	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	None	None	None	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	No Charge	No Charge	100%	100%
Comprehensive oral exam	No Charge	No Charge	100%	100%
Problem-focused oral exam	No Charge	No Charge	100%	100%
X-rays				
Bitewing – single film	No Charge	No Charge	100%	100%
Complete series	No Charge	No Charge	100%	100%
Preventive Services				
Adult Cleaning	No Charge	\$8	100%	100%
Child Cleaning	No Charge	\$7	100%	100%
Sealants – per tooth	No Charge	\$8	100%	100%
Fluoride application – child	No Charge	No Charge	100%	100%
Space maintainers – fixed	No Charge	\$80	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	No Charge	\$24	100%	80%
Resin filling – 2 surfaces, anterior	No Charge	\$35	100%	80%
Endodontic Services				
Bicuspid root canal therapy	No Charge	\$180	100%	80%
Periodontic Services				
Scaling & root planing – per quadrant	\$35	\$56	100%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	No Charge	\$15	100%	80%
Extraction of impacted tooth – soft tissue	No Charge	\$60	100%	80%
Major Services				
Complete upper denture	\$200	\$300	60%	50%
Partial upper denture (resin base)	\$200	\$300	60%	50%
Crown – Porcelain with noble metal ²	\$180	\$315	60%	50%
Pontic – Porcelain with noble metal ²	\$180	\$315	60%	50%
Inlay – Metallic (3 or more surfaces)	\$180	\$225	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	\$45	\$72	60%	80%
Endodontic Services				
Molar root canal therapy	\$146	\$303	60%	80%
Periodontic Services				
Osseous surgery – per quadrant	\$140	\$325	60%	80%
Orthodontic Services (optional)	\$2300 copay	\$2300 copay	\$2000 copay	50%
Orthodontic Lifetime Maximum	Does not apply	Does not apply	\$1,000	Does not apply

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

Option 5A Freedom-of-Choice Active — Monthly selection between DMO and PPO

	DMO Plan 100/100/60	Preferred PPO Plan 100/90/60	Non-Preferred PPO Plan 100/80/50
Office Visit Copay	\$5	N/A	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	None	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	\$1,500	\$1,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
Adult Cleaning	100%	100%	100%
Child Cleaning	100%	100%	100%
Sealants – per tooth	100%	100%	100%
Fluoride application – child	100%	100%	100%
Space maintainers – fixed	100%	100%	100%
Basic Services			
Amalgam filling – 2 surfaces	100%	90%	80%
Resin filling – 2 surfaces, anterior	100%	90%	80%
Endodontic Services			
Bicuspid root canal therapy	100%	90%	80%
Periodontic Services			
Scaling & root planing – per quadrant	100%	90%	80%
Oral Surgery			
Extraction – exposed root or erupted tooth	100%	90%	80%
Extraction of impacted tooth – soft tissue	100%	90%	80%
Major Services			
Complete upper denture	60%	60%	50%
Partial upper denture (resin base)	60%	60%	50%
Crown – Porcelain with noble metal ²	60%	60%	50%
Pontic – Porcelain with noble metal ²	60%	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	60%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	60%	90%	80%
Endodontic Services			
Molar root canal therapy	60%	90%	80%
Periodontic Services			
Osseous surgery – per quadrant	60%	90%	80%
Orthodontic Services (optional)			
Orthodontic Lifetime Maximum	\$2,000 copay	50%	50%
	\$1,000	\$1,000	\$1,000

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

Option 5B Freedom-of-Choice Active PPO 90th — Monthly selection between DMO and PPO

	Fixed Copay DMO Plan 66	Preferred PPO Plan 100/90/60	Non-Preferred PPO Plan 100/80/50
Office Visit Copay	None	N/A	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	None	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	Unlimited	\$2,000	\$2,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	No Charge	100%	100%
Comprehensive oral exam	No Charge	100%	100%
Problem-focused oral exam	No Charge	100%	100%
X-rays			
Bitewing – single film	No Charge	100%	100%
Complete series	No Charge	100%	100%
Preventive Services			
Adult Cleaning	No Charge	100%	100%
Child Cleaning	No Charge	100%	100%
Sealants – per tooth	No Charge	100%	100%
Fluoride application – child	No Charge	100%	100%
Space maintainers – fixed	No Charge	100%	100%
Basic Services			
Amalgam filling – 2 surfaces	No Charge	90%	80%
Resin filling – 2 surfaces, anterior	No Charge	90%	80%
Endodontic Services			
Bicuspid root canal therapy	No Charge	90%	80%
Periodontic Services			
Scaling & root planing – per quadrant	\$35	90%	80%
Oral Surgery			
Extraction – exposed root or erupted tooth	No Charge	90%	80%
Extraction of impacted tooth – soft tissue	No Charge	90%	80%
Major Services			
Complete upper denture	\$200	60%	50%
Partial upper denture (resin base)	\$200	60%	50%
Crown – Porcelain with noble metal ²	\$180	60%	50%
Pontic – Porcelain with noble metal ²	\$180	60%	50%
Inlay – Metallic (3 or more surfaces)	\$180	60%	50%
Oral Surgery			
Removal of impacted tooth – partially bony	\$45	90%	80%
Endodontic Services			
Molar root canal therapy	\$146	90%	80%
Periodontic Services			
Osseous surgery – per quadrant	\$140	90%	80%
Orthodontic Services (optional)	\$2300 copay	50%	50%
Orthodontic Lifetime Maximum	Does not apply	\$2,000	\$2,000

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

	Option 6A Active PPO Low		Option 7A Active PPO	
	Preferred Plan 80/80/50	Non-Preferred Plan 70/50/50	Preferred Plan 100/90/60	Non-Preferred Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500	\$1,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	80%	70%	100%	100%
Comprehensive oral exam	80%	70%	100%	100%
Problem-focused oral exam	80%	70%	100%	100%
X-rays				
Bitewing – single film	80%	70%	100%	100%
Complete series	80%	70%	100%	100%
Preventive Services				
Adult Cleaning	80%	70%	100%	100%
Child Cleaning	80%	70%	100%	100%
Sealants – per tooth	80%	70%	100%	100%
Fluoride application – child	80%	70%	100%	100%
Space maintainers – fixed	80%	70%	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	80%	50%	90%	80%
Resin filling – 2 surfaces, anterior	80%	50%	90%	80%
Endodontic Services				
Bicuspid root canal therapy	80%	50%	90%	80%
Periodontic Services				
Scaling & root planing – per quadrant	80%	50%	90%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	80%	50%	90%	80%
Extraction of impacted tooth – soft tissue	80%	50%	90%	80%
Major Services				
Complete upper denture	50%	50%	60%	50%
Partial upper denture (resin base)	50%	50%	60%	50%
Crown – Porcelain with noble metal ²	50%	50%	60%	50%
Pontic – Porcelain with noble metal ²	50%	50%	60%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	80%	50%	90%	80%
Endodontic Services				
Molar root canal therapy	80%	50%	90%	80%
Periodontic Services				
Osseous surgery – per quadrant	80%	50%	90%	80%
Orthodontic Services (optional)	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

	Option 8A Active PPO Plus, 90th		Option 8B Active PPO 2000 90th	
	Preferred Plan 100/90/60	Non-Preferred Plan 100/80/50	Preferred Plan 100/90/60	Non-Preferred Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	\$2,000	\$1,500	\$2,000	\$2,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
Preventive Services				
Adult Cleaning	100%	100%	100%	100%
Child Cleaning	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%
Fluoride application – child	100%	100%	100%	100%
Space maintainers – fixed	100%	100%	100%	100%
Basic Services				
Amalgam filling – 2 surfaces	90%	80%	90%	80%
Resin filling – 2 surfaces, anterior	90%	80%	90%	80%
Endodontic Services				
Bicuspid root canal therapy	90%	80%	90%	80%
Periodontic Services				
Scaling & root planing – per quadrant	90%	80%	90%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	90%	80%	90%	80%
Extraction of impacted tooth – soft tissue	90%	80%	90%	80%
Major Services				
Complete upper denture	60%	50%	60%	50%
Partial upper denture (resin base)	60%	50%	60%	50%
Crown – Porcelain with noble metal ²	60%	50%	60%	50%
Pontic – Porcelain with noble metal ²	60%	50%	60%	50%
Inlay – Metallic (3 or more surfaces)	60%	50%	60%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	90%	80%	90%	80%
Endodontic Services				
Molar root canal therapy	90%	80%	90%	80%
Periodontic Services				
Osseous surgery – per quadrant	90%	80%	90%	80%
Orthodontic Services (optional)	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$2,000	\$2,000

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

	Option 8C Active PPO 2500 90th		Option 9A PPO max 1000	Option 10A PPO Max 1500
	Preferred Plan 100/90/60	Non-Preferred Plan 100/80/50	PPO Max 1000 Plan 80/80/50	PPO Max 1500 Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	\$2,500	\$2,500	\$1,000	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	80%	100%
Comprehensive oral exam	100%	100%	80%	100%
Problem-focused oral exam	100%	100%	80%	100%
X-rays				
Bitewing – single film	100%	100%	80%	100%
Complete series	100%	100%	80%	100%
Preventive Services				
Adult Cleaning	100%	100%	80%	100%
Child Cleaning	100%	100%	80%	100%
Sealants – per tooth	100%	100%	80%	100%
Fluoride application – child	100%	100%	80%	100%
Space maintainers – fixed	100%	100%	80%	100%
Basic Services				
Amalgam filling – 2 surfaces	90%	80%	80%	80%
Resin filling – 2 surfaces, anterior	90%	80%	80%	80%
Endodontic Services				
Bicuspid root canal therapy	90%	80%	50%	80%
Periodontic Services				
Scaling & root planing – per quadrant	90%	80%	50%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	90%	80%	50%	80%
Extraction of impacted tooth – soft tissue	90%	80%	50%	80%
Major Services				
Complete upper denture	60%	50%	50%	50%
Partial upper denture (resin base)	60%	50%	50%	50%
Crown – Porcelain with noble metal ²	60%	50%	50%	50%
Pontic – Porcelain with noble metal ²	60%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	60%	50%	50%	50%
Oral Surgery				
Removal of impacted tooth – partially bony	90%	80%	50%	80%
Endodontic Services				
Molar root canal therapy	90%	80%	50%	80%
Periodontic Services				
Osseous surgery – per quadrant	90%	80%	50%	80%
Orthodontic Services (optional)	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$2,000	\$2,000	\$1,000	\$1,000

Refer to page 56 for footnotes.

Aetna 51 – 100 Dental Plans

	Option 10B PPO Max 1500 Plus	Option 11A PPO 1500	Option 11B PPO 1500 Plus	Option 12A PPO 2000	Option 12B PPO 2000 90th
	PPO Max 1500 Plan 100/80/50	PPO 1500 Plan 100/80/50	PPO 1500 Plan 100/80/50	PPO 2000 Plan 100/80/50	PPO 2000 Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A	N/A
Annual Deductible per Member 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
Annual Maximum Benefit	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000
Diagnostic Services					
Oral Exams					
Periodic oral exam	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%
X-rays					
Bitewing – single film	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%
Preventive Services					
Adult Cleaning	100%	100%	100%	100%	100%
Child Cleaning	100%	100%	100%	100%	100%
Sealants – per tooth	100%	100%	100%	100%	100%
Fluoride application – child	100%	100%	100%	100%	100%
Space maintainers – fixed	100%	100%	100%	100%	100%
Basic Services					
Amalgam filling – 2 surfaces	80%	80%	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%	80%	80%
Endodontic Services					
Bicuspid root canal therapy	80%	80%	80%	80%	80%
Periodontic Services					
Scaling & root planing – per quadrant	80%	80%	80%	80%	80%
Oral Surgery					
Extraction – exposed root or erupted tooth	80%	80%	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%	80%	80%
Major Services					
Complete upper denture	50%	50%	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%	50%	50%
Crown – Porcelain with noble metal ²	50%	50%	50%	50%	50%
Pontic – Porcelain with noble metal ²	50%	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%	50%
Oral Surgery					
Removal of impacted tooth – partially bony	80%	80%	80%	80%	80%
Endodontic Services					
Molar root canal therapy	80%	80%	80%	80%	80%
Periodontic Services					
Osseous surgery – per quadrant	80%	80%	80%	80%	80%
Orthodontic Services (optional)	50%	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$2,000

Refer to page 56 for footnotes.

Footnotes

¹Coverage waiting period applies to all voluntary PPO & PPO Max 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 the DMO and standard plans.

²There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures: DMO Options 1A–B, 3A–C & 5B.

Fixed dollar amounts on the DMO in plan options 1A–B, 2A, 3A–C, 4A & 5A–B are member responsibility.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in plan options 1A–B, 2A, 3A–C, 4A & 5A–B. All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in plan options 4A, 5A–B, 6A, 7A, 8A–C, 10A–B, 11A–B & 12A–B. All oral surgery, endodontic and periodontic services are covered as major services on the PPO in plan option 9A.

Plan options 9A, 10A–10B; PPO Max Nonpreferred (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.

Out-of-network plan payments are limited by geographic area on the PPO in plan options 4A, 5A, 6A, 7A, 11A–B & 12A to the prevailing fees at the 80th percentile and the 90th percentile in plan option 5B, 8A–C & 12B.

DMO options 1A–B, 2A & 3A–C can be offered with any one of the PPO plans in options 6A, 7A, 8A–C, 9A, 10A–B, 11A–B & 12A–B in a dual option package.

Plan options 10B and 11B: The calendar year maximum does not apply to preventive services.

Implants are included as a major service on the PPO in plan options 5B, 8B, 8C and 12B.

All plan options are available without and with orthodontic coverage for adults and dependent children.

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.

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.

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 61.

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 EssentialsSM** 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 EssentialsSM**, your employees have access to programs during their active lives to help promote healthy, fulfilling lifestyles. In addition, Aetna Life EssentialsSM 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 small group 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 dismemberment 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
- Dismemberment
- 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.

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 60–62.

Limitations and exclusions

Medical

These plans do not cover all health care expenses and have 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 HMO, HMO Deductible Plan, Aetna Value NetworkSM HMO, Vitalidad HMO & Basic HMO

- All medical and hospital services not specifically covered or that are limited or excluded by the plan documents, including costs of services before coverage begins and after coverage terminates
- Certain over-the-counter medications and supplies
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Experimental and investigational procedures (except for coverage for medically necessary, routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work*
- Implantable drugs and certain injectable drugs, including injectable infertility drugs
- Infertility services, including artificial insemination and advanced reproductive technologies, such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in the plan documents
- Non-medically necessary services or supplies
- Orthotics, except as specified in the plan
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents

Aetna OAMC, PPO & Indemnity

- All medical or hospital services not specifically covered or that are limited or excluded in the plan documents
- Certain over-the-counter medications and supplies
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Hearing aids
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies, such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in the plan documents
- Non-medically necessary services or supplies
- Orthotics, as specified in the plan
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing
- Those for or related to treatment of obesity or for diet or weight control

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.

*California members are covered for all indicated or medically necessary immunizations.

Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to the plan documents.

- 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 (four per year)*
- PPO plans: Oral exams (two routine and two problem-focused exams per year)

Dental Plan Limitations:

- Bitewing X-rays (one set per year)*
- Complete series X-rays (one set every three years)*
- Cleanings (two per year)*
- Fluoride (one treatment per year; children under 16)*
- Sealants (one treatment per tooth, every three years on permanent molars; children under 16)*
- Scaling and root planing (four quadrants every two years)
- Osseous surgery (one per quadrant every three years)
- All other limitations and exclusions in the plan documents

Pre-existing conditions exclusion provision

These plans impose a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable to all individuals.

A pre-existing conditions exclusion means that if an individual has a medical condition before coming to our plan, he or she may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received, or for which the individual took prescribed drugs within six months.

AD&D Ultra

This coverage is only for losses caused by accidents. No benefits are payable for a loss caused or contributed to by:

- A bodily or mental infirmity
- A disease, ptomaine or bacterial infection**
- Medical or surgical treatment**
- Suicide or attempted suicide (while sane or insane)
- An intentionally self-inflicted injury
- A war or any act of war (declared or not declared)
- Voluntary inhalation of poisonous gases
- Commission of, or attempt to commit, a criminal act
- Use of alcohol, intoxicants or drugs, except as prescribed by a physician; an accident in which the blood alcohol level of the operator of a motor vehicle meets or exceeds the level at which intoxication would be presumed, under the law of the state where the accident occurred, shall be deemed to be caused by the use of alcohol
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release
- Air or space travel; this does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo)

*The frequency limits for preventive services do not apply to DMO plans if needed more frequently due to medical necessity.

**These do not apply if the loss is caused by an infection that results directly from the injury or surgery needed because of the injury. The injury must not be one that is excluded by the terms of the contract.

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 you are 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 you were operating the motor vehicle while under the influence of alcohol at a level which 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 you are confined in a penal or correctional institution for conviction of a criminal act or other public offense. You 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.

I

New business checklist

For more information please contact your local Aetna sales executive.

Effective dates may be the 1st or 15th of the month only.

All required paperwork must be received by Aetna by the 5th business day after the requested effective date, and the 20th business day for the 15th of the month.

Avoid potential delays in getting your client enrolled. Make sure your new case submissions are complete!

We want to process your request as quickly as possible. You can help by submitting all the necessary paperwork listed below.

Employer Information

- ☐ Employer/Company Application
 - Complete all sections of the application. Any missing information will cause a delay in group implementation.
 - Employer signature must be an owner or corporate officer.
- ☐ Initial premium check made payable to Aetna, Inc., or ACH form. Premium amount should represent 100% of the quoted first month's premium.
- ☐ Copy of current renewal
- ☐ Group Medical Questionnaire
- ☐ Statement of Understanding for groups choosing an HSA or HRA plan

Broker Information

- ☐ Agent/broker must be licensed in California and appointed by Aetna.
- ☐ Broker must sign the Employer Application and Statement of Understanding.

Employee Documents

- ☐ Employee Enrollment Form
 - All sections must be completed for each employee.
 - The waiver section of the application must be completed for employees and/or dependents not electing coverage. (Section must be signed by the employee)
 - Signature and date applications before the requested effective date.
 - ID Cards for employees waiving due to other coverage may be required if participation is not met.
 - Any alterations must be initialed and dated by the employee.

Items most missed

Employer Application

- ☐ Plan selection
- ☐ Nature of business or SIC (standard industry classification)
- ☐ Contribution
- ☐ Benefit waiting period (BWP)/waiving BWP for existing employees
- ☐ Number of hours required per week for full or part-time employees

Employee Application

- ☐ Social Security number (employee and dependents)
- ☐ Date of hire
- ☐ Employee address is unreadable (street address only, no P.O. Boxes)
- ☐ Hours worked/salary
- ☐ Number of dependents including spouse
- ☐ Date of birth for dependents

SBC Requirements under the Affordable Care Act

The Affordable Care Act mandates a new plan document entitled Summary of Benefits and Coverage (SBC). You can view and download a new brochure that describes the SBC requirements and your distribution obligations at **www.aetna.com/externalweb/documents/SBCBrochure.pdf**.

To retrieve the SBCs from the Producer World® website, go to **www.aetna.com**, click on the link for Producers and then Producer Log In.

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 benefits, health/dental insurance and life 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. 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 life 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. 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. 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**.

www.aetna.com

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