

| MEMBER BENEFITS*  | POS Open Access 2500 Value                       |  |
|---|--|--|
|   | In-Network                                       | Out-of-Network†                                  |
| Deductible Individual/Family  | \$2,500/\$5,000                                  | \$5,000/\$10,000                                 |
| Coinsurance   | 30%  | 50%  |
| Out-of-Pocket Maximum Individual/Family (includes deductible)                                   | \$6,000/\$12,000                                 | \$12,000/\$24,000                                |
| Lifetime Maximum*   | \$5,000,000                                      | \$5,000,000                                      |
| Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist) | 30%  | 50%  |
| Specialist Visit  | 30%  | 50%  |
| Hospital Admission  | 30%  | 50%  |
| Outpatient Surgery  | 30%  | 50%  |
| Emergency Room  | \$150 copay (waived if admitted)                 | \$150 copay (waived if admitted)                 |
| Annual Routine Ob/Gyn Exam (Annual Pap/Mammogram)   | \$0  | 50%  |
| Maternity   | Not covered                                      | Not covered                                      |
| Preventive Health (Annual Physical) (\$200 per calendar year*)                                  | 0%   | 50%  |
| Lab/X-Ray   | 30%  | 50%  |
| Skilled Nursing (in lieu of hospital) (30 days per calendar year*)                              | 30%  | 50%  |
| Physical/Occupational Therapy (24 visits per calendar year*)                                    | 30% (Aetna will pay a maximum of \$25 per visit) | 50% (Aetna will pay a maximum of \$25 per visit) |
| Home Health Care (30 visits per calendar year*)   | 30%  | 50%  |
| Durable Medical Equipment (\$2,000 per calendar year*)  | 30%  | 50%  |
| <b>PHARMACY</b>   |  |  |
| Pharmacy Deductible   | No Coverage**                                    | No Coverage**                                    |
| Generic (Oral Contraceptives Included)  | No Coverage**                                    | No Coverage**                                    |
| Preferred Brand Name  | No Coverage**                                    | No Coverage**                                    |
| Non-Preferred Brand Name (Oral Contraceptives Included)   | No Coverage**                                    | No Coverage**                                    |
| Self-Injectables  | No Coverage**                                    | No Coverage**                                    |
| Calendar Year Maximum per Individual*   | No Coverage**                                    | No Coverage**                                    |

\* Maximum applies to combined in and out of network benefits

\*\* Discount card available

† Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite, or administer benefits coverage include: Aetna Health Inc. and/or Aetna Life Insurance Company.

