

HSA COMPATIBLE PLANS

Plan Options	MD Open Access HMO HSA Compatible Plan 1.4*	MD Open Access HMO HSA Compatible Plan 2.4*	MD Open Access HMO HSA Compatible Plan 3.4*	MD Open Access HMO HSA Compatible Plan 4.4*
Member Benefits	In-Network No Referral Needed	In-Network No Referral Needed	In-Network No Referral Needed	In-Network No Referral Needed
Member Coinsurance	N/A	N/A	N/A	N/A
Plan Year Deductible¹	\$1,200 Individual \$2,400 Family	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$2,500 Individual \$5,000 Family
Plan Year Out-of-Pocket Maximum² – Medical and Prescription Drugs: (All amounts paid as deductible, coinsurance and copayment for covered services and supplies apply toward the Out-of-Pocket Maximum)	\$2,400 Individual \$4,800 Family	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care				
Well-Baby/Child and Adult Physical Exams (Age and frequency schedules apply)	\$0 copay, deductible waived			
Routine GYN Exams (Limited to one exam and pap smear every 365 days)	\$0 copay, deductible waived			
Routine Mammograms	\$0 copay, deductible waived			
Routine Eye Exam (One exam per 24 months)	\$0 copay, deductible waived			
Aetna VisionSM Discount Program	Included	Included	Included	Included
Primary Physician Office Visit³	\$20 copay after deductible	\$20 copay after deductible	\$25 copay after deductible	\$30 copay after deductible
Specialist Office Visit³	\$30 copay after deductible	\$30 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Outpatient Services – Lab	\$30 copay or 50% of the cost of the service, whichever is less, after deductible	\$30 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible
Outpatient Services – X-ray (Includes Outpatient Complex Imaging)	\$30 copay or 50% of the cost of the service, whichever is less, after deductible	\$30 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	\$40 copay or 50% of the cost of the service, whichever is less, after deductible
Chiropractic Services (20 visits per condition per plan year)	\$30 copay after deductible	\$30 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Outpatient Physical, Occupational, Speech Therapy (30 visits per therapy per condition per plan year)	\$30 copay after deductible	\$30 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Durable Medical Equipment	\$0 copay after deductible			
Inpatient Hospital	\$250 copay per admission after deductible			
Outpatient Surgery	\$30 copay after deductible	\$30 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Emergency Room (Copay waived if admitted)	\$100 copay after deductible			
Urgent Care	\$30 copay after deductible	\$30 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Mental Health – Inpatient (Maximum of 60 days per plan year. Combined maximum with Inpatient Substance Abuse Rehabilitation)	\$250 copay per admission after deductible			
Substance Abuse – Inpatient (Detox: Unlimited days. Rehab: Maximum of 60 days per plan year. Combined maximum with Inpatient Mental Health)	\$250 copay per admission after deductible			
Prescription Drugs				
Prescription Drug Deductible	Integrated medical/pharmacy deductible			
Plan Year Out-of-Pocket Maximum – Prescription Drugs	Integrated medical/pharmacy out-of-pocket maximum			
Prescription Drugs: 30-day supply	\$10/\$25/\$50 after deductible	\$10/\$25/\$50 after deductible	\$15/\$35/\$60 after deductible	\$15/\$35/\$60 after deductible
Maintenance Drugs: 90-day supply	\$20/\$50/\$100 after deductible	\$20/\$50/\$100 after deductible	\$30/\$70/\$120 after deductible	\$30/\$70/\$120 after deductible
Contraceptives and Diabetic Supplies	Included	Included	Included	Included
Self-Injectables: 30-day supply	\$200 copay after deductible			
Self-Injectables: 90-day supply	\$400 copay after deductible			

*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

¹The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.

²The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the plan year.

³"Open Access" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: Please refer to Aetna's Producer World® website at www.aetna.com for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

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