

<b>PPO 2500</b>		
<b>MEMBER BENEFITS</b>	<b>In-Network</b>	<b>Out-of-Network<sup>†</sup></b>
Deductible Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	30%	50%
Out-of-Pocket Maximum (includes deductible) Individual/Family	\$7,000/\$14,000	\$12,500/\$25,000
Lifetime Maximum*	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 Copay (deductible waived)	50%
Specialist Visit	\$40 Copay (deductible waived)	50%
Hospital Admission	30%	50%
Outpatient Surgery	30%	50%
Emergency Room	\$100 copay (waived if admitted); 30% coinsurance	\$100 copay (waived if admitted); 30% coinsurance
Annual Routine Gyn Exam (Annual Pap/Mammogram)	0% (deductible waived)	50%
Maternity Obstetrician Visits	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$30 Copay (deductible waived)	50%
Lab/X-Ray	30%	50%
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	30%	50%
Physical/Occupational Therapy and Chiropractic Care (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%
<b>PHARMACY</b>		
Pharmacy Deductible	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic Copay (Contraceptives Included)	\$15 Copay	\$15 Copay plus 50%
Preferred Brand Copay (Contraceptives Included)	\$30 Copay after deductible	\$30 Copay plus 50% after deductible
Non-Preferred Brand Copay (Contraceptives Included)	\$50 Copay after deductible	\$50 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited

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

<sup>†</sup>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 or supplies were received from a Preferred Provider.

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

