PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	CUSTOMER PREFERRED CARE (Home Host)		AETNA PREFERRED CARE		NON-PREFERRED CARE	
Deductible (per calendar year)	$300	Individual	$500	Individual	$1,000	Individual
	$900	Family	$1,500	Family	$3,000	Family
All covered expenses, excluding prescription drugs, accumulate toward both the preferred and non-preferred Deductible. Unless otherwise indicated, the Deductible must be met prior to benefits being payable. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.						
Member Coinsurance Applies to all expenses unless otherwise stated.	10%		30%		50%	
Payment Limit (per calendar year)	$1,200	Individual	$2,000	Individual	$5,000	Individual
	$3,600	Family	$6,000	Family	$15,000	Family
All covered expenses excluding prescription drugs accumulate toward both the preferred and non-preferred medical Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.						
Lifetime Maximum Unlimited except where otherwise indicated.						
Payment for Non-Preferred	Not applicable		Not applicable		Professional: 110% of Medicare Facility: 150% of Medicare	
Primary Care Physician Selection	Optional		Optional		Not applicable	
Certification Requirements - Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is 50% of benefit up to $1000 maximum						
Referral Requirement	None		None		None	

PREVENTIVE CARE	CUSTOMER PREFERRED CARE (Home Host)	AETNA PREFERRED CARE	NON-PREFERRED CARE
Routine Adult Physical Exams/ Immunizations 1 exam per 12 months for adults age 22 and older.	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Routine Well Child Exams/Immunizations 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible

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Routine Gynecological Care Exams Includes Pap smear and related lab fees	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Routine Mammograms	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Women's Health	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Includes: Screening for gestational diabetes, HPV (Human Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for Human Immunodeficiency Virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.			
Routine Digital Rectal Exam / Prostate-specific Antigen Test For covered males age 40 and over.	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Colorectal Cancer Screening For all members age 50 and over.	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Routine Eye Exams 1 routine exam per 12 months.	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
PHYSICIAN SERVICES	**CUSTOMER PREFERRED CARE (Home Host)**	**AETNA PREFERRED CARE**	**NON-PREFERRED CARE**
Office Visits to PCP Includes services of an internist, general physician, family practitioner or pediatrician.	10% after deductible	30% after deductible	50% after deductible
Specialist Office Visits	10% after deductible	30% after deductible	50% after deductible
Includes services of an internist, general physician, family practitioner or pediatrician, if the physician is not the member's selected PCP.			
Pre-Natal Maternity	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered according to standard claim practice.
Allergy Testing	Covered as either PCP or specialist office visit	Covered as either PCP or specialist office visit	50% after deductible
Allergy Injections	Covered as either PCP or specialist office visit	Covered as either PCP or specialist office visit	50% after deductible
DIAGNOSTIC PROCEDURES	**CUSTOMER PREFERRED CARE (Home Host)**	**AETNA PREFERRED CARE**	**NON-PREFERRED CARE**
Diagnostic Laboratory and X-ray	Covered 100% deductible waived	30% after deductible	50% after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing			
Diagnostic X-ray for Complex Imaging Services	Covered 100% deductible waived	30% after deductible	50% after deductible

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EMERGENCY MEDICAL CARE	CUSTOMER PREFERRED CARE (Home Host)	AETNA PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider (benefit availability may vary by location)	Refer to Aetna Preferred Care	30% after deductible	50% after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered	Not Covered
Emergency Room	$50 copay after deductible	30% after deductible	Same as preferred care.
Non-Emergency care in an Emergency Room	$150 copay after deductible	Not Covered	Not Covered
Urgent Use of Ambulance	Covered 100%; deductible waived	Covered 100%; deductible waived	Same as preferred care.
HOSPITAL CARE	**CUSTOMER PREFERRED CARE (Home Host)**	**AETNA PREFERRED CARE**	**NON-PREFERRED CARE**
Inpatient Coverage	Covered 100% after deductible	30% after deductible	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
Inpatient Maternity Coverage (includes delivery and postpartum care)	10% after deductible for Physician Services; Covered 100% per admission for Facility services; after deductible	30% after deductible for Physician Services; Covered 30% per admission for Facility services; after deductible	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
Outpatient Hospital Expenses (including surgery)	Covered 100% after deductible	30% after deductible	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.			
MENTAL HEALTH SERVICES	**CUSTOMER PREFERRED CARE (Home Host)**	**AETNA PREFERRED CARE**	**NON-PREFERRED CARE**
Inpatient	Refer to Aetna Preferred Care	20% after deductible	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
Outpatient	Refer to Aetna Preferred Care	20% after deductible	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.			
ALCOHOL/DRUG ABUSE SERVICES	**CUSTOMER PREFERRED CARE (Home Host)**	**AETNA PREFERRED CARE**	**NON-PREFERRED CARE**
Inpatient	Refer to Aetna Preferred Care	20% after deductible	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
Outpatient	Refer to Aetna Preferred Care	20% after deductible	50% after deductible
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit.			

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OTHER SERVICES	CUSTOMER PREFERRED CARE (Home Host)	AETNA PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility Limited to 120 days per calendar year. The member cost sharing applies to all covered benefits incurring during a member's inpatient stay.	Refer to Aetna Preferred Care	30% after deductible	50% after deductible
Home Health Care Limited to 120 visits per calendar year. Includes Private Duty Nursing limited to 70 eight hour shifts per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	10% after deductible	30% after deductible	50% after deductible
Hospice Care - Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after deductible	30% after deductible	50% after deductible
Hospice Care - Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	10%; after deductible	30% after deductible	50% after deductible
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy limited to 60 combined visits per calendar year	10%; after deductible	30% after deductible	50% after deductible
Spinal Manipulation Therapy Limited to 30 visits per calendar year	10%; after deductible	30% after deductible	50% after deductible
Durable Medical Equipment	10%; after deductible	30%; after deductible	50% after deductible
Diabetic Supplies	10% after deductible	Covered same as any other medical expense.	Covered same as any other medical expense.
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered same as any other medical expense.
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived	Covered 100%; deductible waived	50% after deductible
Bariatric Surgery	Covered 100% after deductible	30% after deductible	30% after deductible
Transplants	Refer to Aetna Preferred Care	30% Preferred coverage is provided at an IOE contracted facility only	50% Non-Preferred coverage is provided at a Non-IOE facility.
Mouth, Jaws and Teeth (oral surgery procedures, whether medical or dental in nature)	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Out of Area Dependents	Coverage provided at the non-preferred benefit level of the plan.		

FAMILY PLANNING	CUSTOMER PREFERRED CARE (Home Host)	AETNA PREFERRED CARE	NON-PREFERRED CARE
Infertility Treatment Diagnosis and treatment of the underlying medical condition.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered

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Comprehensive Infertility Services	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered

Coverage includes Artificial Insemination (limited to six courses of treatment per member's lifetime) and Ovulation Induction (limited to six courses of treatment per member's lifetime). Lifetime maximum applies to all procedures covered by any Aetna plan except where prohibited by law.

Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered;	Member cost sharing is based on the type of service performed and the place of service where it is rendered;	Member cost sharing is based on the type of service performed and the place of service where it is rendered;
Tubal Ligation	Covered 100%; deductible waived	Covered 100%; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered

PHARMACY	**CUSTOMER PREFERRED CARE (Home Host)**	**AETNA PREFERRED CARE**	**NON-PREFERRED CARE**
Pharmacy Plan Type	Aetna Premier Plus Open Formulary		
Retail	$5 copay for generic drugs, $25 copay for formulary brand-name drugs, and $50 copay for non-formulary brand-name drugs up to a 30 day supply at Grand View pharmacy $10 copay for generic drugs, $50 copay for formulary brand-name drugs, and $100 copay for non-formulary brand-name drugs up to a 90 day supply at Grand View pharmacy	$20 copay for generic drugs, $50 copay for formulary brand-name drugs, and $100 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	Not Covered

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Mail Order	Refer to Preferred Network	$40 copay for generic drugs, $100 copay for formulary brand-name drugs, and $200 copay for non-formulary brand-name drugs up to a 90 day supply from Aetna Rx Home Delivery®.	Not applicable
Aetna Premier Plus Specialty Drugs	The greater of 10% or $125 per prescription for a maximum 30 day supply for formulary drugs. The greater of 10% or $150 per prescription for a maximum 30 day supply for non-formulary drugs.	The greater of 10% or $125 per prescription for a maximum 30 day supply for formulary drugs. The greater of 10% or $150 per prescription for a maximum 30 day supply for non-formulary drugs.	

First prescription may be filled at Retail facility. Subsequent fills must be through either GVH or Aetna Specialty Pharmacy.

Choose Generics - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

Premier Plus Specialty Drugs

Plan Includes: Contraceptive drugs and devices obtainable from a pharmacy, Oral fertility drugs, Diabetic Supplies.

Premier Plus Precert included.

Formulary Generic FDA-approved Women's Contraceptives covered 100% in network

Prescription drug calendar year Payment Limit (combined maximum for drugs received at a customer preferred or Aetna preferred pharmacy	$2,000 Individual	$2,000 Individual	Not applicable
	$4,000 Family	$4,000 Family	Not applicable

The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.

GENERAL PROVISIONS

Dependents Eligibility	Spouse, children from birth to age 26

This plan does not cover all health care expenses and includes 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, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; 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; Immunizations for travel or work; 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 your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.
They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are provided by Aetna Life Insurance Company.