

Aetna Life Insurance Company
Open Choice® Plan
ASC

Benefit Differentials For Open Choice to successfully control costs, it must create significant benefit incentives for plan members to seek care in-network. To maximize the plan's impact on the customer's cost savings, our plans include:

- **A reasonable level of employee cost sharing**, even for preferred benefits.
- **A meaningful differential between deductibles and coinsurance** for the preferred benefits for in-network services and the non-preferred benefits for out-of-network services.
- **Coverage for preventive services** (physical exams and immunizations) when received in-network or out-of-network.
- **Aetna Navigator[®]**, a powerful, web-based tool designed to help members access and navigate Aetna's wide range of health information and programs.

The plan design reflected on the following pages is the basis for our quotation. It is subject to modification in response to state or federal legislation. Its intent is to highlight some of the main features of the plan of benefits. In case of a conflict between the Group Contract and this plan design, the Group Contract will govern.

The availability of any particular provider can not be assured. While Aetna operates a system of medical delivery founded in quality and cost effectiveness, it can not guarantee any medical results or outcomes.

All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Group Contract. Open Choice® PPO, is underwritten or administered by Aetna Life Insurance Company.

The information herein is believed to be accurate as of the date of this document and is subject to change without notice.

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Plan Deductible (per plan year; applies to all covered services.)	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family
Deductible Carryover	None	None
Out of Pocket Maximum (excludes deductible; once Family Coinsurance Limit is met, all family members will be considered as having met their coinsurance for the remainder of the plan year.)	\$3,000 Individual \$9,000 Family	\$7,000 Individual \$21,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated.	Unlimited except where otherwise indicated.
Physician Services (except Mental Health/Alc/Drug)		
Office Visits (non-surgical) to Non-Specialist (Internist, General Physician, Family Practitioner or Pediatrician)	100% after \$20 office visit copay; deductible waived	60% after deductible
Specialist (office visits, non surgical)	100% after \$30 specialist office visit copay; deductible waived	60% after deductible
Routine Physicals/Immunizations Children: 7 exams in first 12 months of life, 2 exams in the 13 th – 24 th months of life, 1 exam every 12 months of life thereafter up to age 18, 1 exam every 24 months for children age 18 and older. Includes coverage for immunizations. Adults: 1 exam every 24 months up to age 65 and 1 exam every 12 months for adults age 65 and older. Includes coverage for immunizations.	100% after \$20 applicable office visit copay; deductible waived	60% after deductible

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Routine Ob/Gyn Exam (1 routine exam per plan year; including 1 pap smear and related fees)	100% after \$20 applicable office visit copay; deductible waived	60% after deductible
Routine Mammography One mammogram per plan year for covered females age 40 and above	100%; deductible waived	60% after deductible
Routine Annual Digital Rectal Exam (DRE) and Prostate Antigen Test (PSA) for covered males age 40 and older	100% after \$20 applicable office visit copay; deductible waived	60% after deductible
Routine Eye Exam 1 exam every 12 months	100% after \$30 applicable office visit copay	Not Covered
Surgery	80% after deductible	60% after deductible
Physician In-Hospital Services	80% after deductible	60% after deductible
Allergy Testing	100% after \$30 specialist it copay; deductible waived	60% after deductible
Allergy Injections	80% after deductible	60% after deductible
Other Physician Services	80% after deductible	60% after deductible
Hospital Services		
Inpatient coverage	80% after deductible	60% after deductible and \$200 per confinement deductible
Outpatient coverage	80% after deductible	60% after deductible
Emergency Room	80% plan year deductible waived	80% plan year deductible waived
Non-emergency use of the Emergency Room	50% after deductible	50% after deductible
Urgent Care Provider	80% after deductible	60% after deductible
Non-Urgent Use of Urgent Care Provider	50% after deductible	50% after deductible

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Diagnostic X-ray & Laboratory (If performed as a part of a physician's office visit and billed by the physician; expenses are covered at 100% subject to the physician's office visit copay.)	80% after deductible	60% after deductible
Convalescent Facility	80 % after deductible up to 60 days per plan year*	60 % after deductible and \$200 per confinement deductible (up to 60 days per plan year*)
Home Health Care (Each visit by a nurse or therapist is one visit. Each visit of up to 4 hours by a home health care aide is one visit)	80% after deductible up to 120 visits per plan year*	60% after deductible up to 120 visits per plan year*
Private Duty Nursing – Outpatient (Benefits will not be paid during a plan year for private duty nursing for any shifts in excess of the Private Duty Nursing Care maximum shifts. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.)	80% after deductible up to 70 eight-hour shifts per plan year*	60% after deductible up to 70 eight-hour shifts per plan year*
Hospice Care – Inpatient coverage	100% after deductible no maximum benefit	100% after deductible and \$200 per confinement copay, no maximum benefit
Outpatient coverage	100% after deductible no maximum benefit	100% after deductible, no maximum benefit
Short-Term Rehabilitation (acute conditions only)	80% after deductible	60% after deductible
Ambulance	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Contraceptive drugs and devices not obtainable at a pharmacy. Also includes coverage for contraceptive associated office visits	Payable as any other covered expense	Payable as any other covered expense

*Maximums are a combined limit for preferred and non-preferred services

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Prescription Drug	
Three Tiered Plan	Tier 1 - Generic Drugs Tier 2 - Formulary Brand Name Drugs Tier 3 - Non-Formulary Brand Name Drugs
Fertility Drugs – Orals included, Injectables not included	
Contraceptive drugs and devices obtainable from a pharmacy	
Diabetic supplies included	
No Mandatory Generic (No MG) Member is responsible to pay the applicable copay	

Plan Features	Preferred Benefits (PCP Performed/Referred)	Non-Preferred Benefits (Self-Referred)
Three Tiered – Retail	100% after \$10 copay for generic drugs and \$20 copay for formulary brand name drugs and \$35 copay for non-formulary brand name drugs up to a 30 days supply at participating pharmacies	No Coverage
Three Tiered – Mail Order	100% after \$20 copay for generic drugs and \$40 copay for formulary brand name drugs and \$70 copay for non-formulary brand name drugs up to a 31-90 day supply at participating pharmacies	No Coverage

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Maternity (Coverage includes voluntary sterilization and voluntary abortion.)	80% after deductible Payable as any other expense	60% after deductible and \$200 per confinement deductible Payable as any other expense
Infertility Services		
<ul style="list-style-type: none"> Diagnosis and treatment of the underlying cause of infertility; 	80% after deductible Payable as any other expense	60% after deductible Payable as any other expense

*Lifetime maximum applies to all procedures covered by any Aetna Plan except where prohibited by law

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Mental Health Services		
Inpatient coverage <i>Unlimited day limit</i>	80% after deductible **	60% after deductible and \$200 per confinement deductible**
Outpatient coverage	80% after deductible up to 52 visits per plan year**	60% after deductible up to 52 visits per plan year**
Alcohol/Drug Abuse		
Inpatient coverage <i>Unlimited day limit</i>	80% after deductible **	60% after deductible and \$200 per confinement deductible **
Outpatient coverage	80% after deductible up to 52 visits per plan year**	50% after deductible up to 52 visits per plan year**

**Combined Mental Nervous and Alcohol/Drug maximum for preferred and non-preferred services

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
<p>National Advantage Program</p> <ul style="list-style-type: none"> The National Advantage Program (NAP) offers access to contracted rates for many hospital and physician claims that would otherwise be paid at billed charges under the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the network 	Not Applicable	Included
<p>National Medical Excellence Program^o (NME)</p> <ul style="list-style-type: none"> A program to help eligible members access appropriate, covered treatment for solid organ and tissue transplants using Aetna's Institutes of Excellence® network, and may also include travel expenses for the member and a companion. Coordinates specialized treatment needed by members with certain rare or complicated conditions and assist members who are admitted to a hospital for emergency medical care when they are traveling temporarily outside of the United States. 	Included	Included
<p>Transplants</p> <p>If procedure is performed through an Institutes of Excellence® network benefits would be paid at the preferred level. If procedure is not performed through Institutes of Excellence® network benefits would be paid at the non-preferred level.</p>		
<p>Moms-to-Babies Maternity Management Program^ä</p> <p>Features include a pregnancy risk survey, case management by registered obstetrical nurses, comprehensive educational materials for pregnant members and their partners, and a personalized drug-free smoking cessation program, Smoke-free Moms-to-be™, designed specifically for pregnant women.</p>	Included	Included

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Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-Of-Network)
Inpatient precertification and concurrent review	Provider initiated	Member responsibility
Penalty to employee for failure to precertify	None	\$400 penalty. Applies per occurrence
Applies to inpatient hospital, treatment facility, convalescent facility, home health care, hospice care, & private duty nursing care		
Claim Submission	Provider initiated	Member responsibility

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Plan Feature**Value-Added Programs**

Members have access to the following special programs:

- Vision One^{®4} program for discounts on eyeglasses, contact lenses, Lasik – the laser vision corrective procedure and nonprescription eyewear.
- Alternative Health Care Programs are made up of three distinct segments.
 - Natural Alternatives - offers special rates on alternative therapies, including visits to acupuncturists, chiropractors, massage therapist and nutritional counselors.⁵
 - Vitamin Advantage[™] a savings program for over-the-counter vitamins as well as nutritional supplements
 - Natural Products – a savings program for many health-related products.
- Fitness program for savings on health club memberships and home exercise equipment.

Appeals Administration Services

Service offered to Plan Sponsors that are their own claim fiduciary to assist with coordination of medical and claim review for medical appeals.

⁴ Vision One is a registered trademark of Cole Vision.

⁵ Availability varies by service area.

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Eligibility	All employees
Dependents Eligibility	Spouse, children and grandchildren from birth to 25 if living at home
Private Room Limit	Semi-Private
Employee Actively-At-Work/Dependent Non-Confinement Rules	Do not apply
Pre-Existing Conditions Rule	<p>Applies. On Effective Date - Waived After Effective Date - \$4,000</p> <p>The Pre-Existing Conditions Rule is waived for individuals who become covered under this Plan, exclusive of any probationary period, within 90 days following their termination of coverage under a prior plan of “creditable” coverage. Does not apply to pregnancies, newborns covered within 31 days of birth, and adopted children covered within 31 days of placement for adoption. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 90 days prior to the enrollment date. Prior carrier issuance of certificates of “creditable” coverage to be performed by the customer.</p> <p>Maximum exclusion period is 365 days after enrollment date.</p>
Conversion	None
Continuation	Standard continuation applies - COBRA
Extension of Benefits	None
Medicare	Government Exclusion – Medicare eligible benefits are subtracted from Covered Medical Expenses before secondary Aetna benefits are calculated.
Coordination with Other Benefits	Up to 100% of Allowable Expenses per year
Order of Benefit Determination	Standard rules apply. (Parent birthday, divorced or separated parent, retired or laid off, continuation, cost containment).
Subrogation	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.

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Aetna contractual definitions will apply to treatment received in-as well as out-of-network.

Copay

A copay is an out-of-pocket expense applicable to "preferred" benefits. The copay is collected at the time the service is rendered. Out-of-pocket expenses applicable to preferred benefits (except those resulting from application of a coinsurance percentage, e.g., 90%, 80%, etc.), are referred to as copays.

Deductible

A deductible is an out-of-pocket expense applicable to both "preferred" and "non-preferred" benefits. Covered expenses are reduced by the amount of the deductible at the time of claim adjudication by the claim processor. Out-of-pocket expenses applicable to preferred and non-preferred benefits (except those resulting from application of a coinsurance percentage, e.g., 90%, 80%, etc.) are referred to as deductibles. Plan year deductibles are individual and family, with family limits equal to 3x the individual deductible.

All covered expenses accumulate toward both the preferred deductible and the non-preferred deductible. Once the non-preferred deductible is met, the preferred deductible will have been considered to be met for that plan year. The total deductible amount for the plan year will not exceed the non-preferred deductible amount.

There is no deductible carryover provision.

Coinsurance Limits

Coinsurance limits are the maximum amount of out-of-pocket expenses (other than copays and deductibles) that an employee/family will have to pay in a plan year. Coinsurance limits apply on a plan year basis only. Coinsurance limits are individual and family, with family limits equal to 3x the individual limit.

Expenses applicable to coinsurance limit - Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except deductibles, copays and any penalty amounts) may be used to satisfy the coinsurance limit. All covered expenses accumulate towards both the preferred coinsurance limit (if included) and the non-preferred coinsurance limit. Once the preferred coinsurance limit is met, all expenses, except those for non-preferred care, will be payable at 100%. Once the non-preferred coinsurance limit is met, all expenses will be payable at 100%.

Coinsurance - "Other" Health Care

Open Choice includes an "other" level of coinsurance. "Other" health care is defined as a health care service or supply that is neither "preferred" nor "non-preferred" care. This includes care given by a provider who is not in a category represented in the network and care given out of the service area. This "other" level of care will be reimbursed at an 80% coinsurance level after the preferred plan year deductible. These expenses will accumulate toward the preferred coinsurance limit.