

AETNA EPO OPEN ACCESS PLAN OPTIONS*

PLAN OPTIONS	EPO Open Access 1-09	EPO Open Access 2-09	EPO Open Access 3-09	EPO Open Access 4-09
MEMBER BENEFITS	Network	Network	Network	Network
Plan Coinsurance	Not Applicable	0% after deductible	0% after deductible	10% after deductible
Calendar Year Deductible**	Not Applicable	\$1,000 Individual \$3,000 Family	\$1,500 Individual \$4,500 Family	\$2,000 Individual \$6,000 Family
Calendar Year Maximum Out-of-Pocket Limit**	Not Applicable	Not Applicable	Not Applicable	\$3,000 Individual \$9,000 Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Office Visit	\$25 copay	\$25 copay, deductible waived	\$25 copay, deductible waived	\$25 copay, deductible waived
Specialist Office Visit	\$40 copay	\$25 copay, deductible waived	\$50 copay, deductible waived	\$50 copay, deductible waived
Preventive Care				
Well-Child Exams <i>(Age/Frequency Schedules Apply)</i>	\$0 copay	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Immunizations	\$0 copay	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Adult Physicals <i>(Age/Frequency Schedules Apply)</i>	\$25 copay	\$25 copay, deductible waived	\$25 copay, deductible waived	\$25 copay, deductible waived
Routine GYN Exams and Routine Mammograms <i>(Age/Frequency Schedules Apply)</i>	\$40 copay	\$25 copay, deductible waived	\$50 copay, deductible waived	\$50 copay, deductible waived
Routine Vision Exams <i>One exam every 24 months</i>	\$40 copay	\$25 copay, deductible waived	\$50 copay, deductible waived	\$50 copay, deductible waived
Outpatient Services <i>Lab, X-ray and Complex Imaging Services</i>	\$40 copay	\$25 copay, deductible waived	\$50 copay, deductible waived	\$50 copay, deductible waived
Inpatient Hospital	\$300 copay per day up to 5 days per admission	0% after deductible	\$500 copay per admission after deductible	10% after deductible
Outpatient Surgery	\$250 copay	0% after deductible	\$100 copay after deductible	10% after deductible
Emergency Room <i>Copay waived if admitted</i>	\$100 copay	\$100 copay, deductible waived	\$100 copay, deductible waived	\$100 copay, deductible waived
Urgent Care	\$75 copay	\$75 copay, deductible waived	\$75 copay, deductible waived	\$75 copay, deductible waived
Inpatient Mental Health	\$300 copay per day up to 5 days per admission <i>Plan F: Biologically Based/ Children with Serious Emotional Disturbances: Unlimited days per calendar year; Other than Biologically Based/ Children with Serious Emotional Disturbances: Maximum of 30 days per calendar year</i> Plan E and G: Maximum of 30 combined days per calendar year for Biologically Based/ Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances	0% after deductible <i>Plan F: Biologically Based/ Children with Serious Emotional Disturbances: Unlimited days per calendar year; Other than Biologically Based/ Children with Serious Emotional Disturbances: Maximum of 30 days per calendar year</i> Plan E and G: Maximum of 30 combined days per calendar year for Biologically Based/ Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances	\$500 copay per admission after deductible <i>Plan F: Biologically Based/ Children with Serious Emotional Disturbances: Unlimited days per calendar year; Other than Biologically Based/ Children with Serious Emotional Disturbances: Maximum of 30 days per calendar year</i> Plan E and G: Maximum of 30 combined days per calendar year for Biologically Based/ Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances	10% after deductible <i>Plan F: Biologically Based/ Children with Serious Emotional Disturbances: Unlimited days per calendar year; Other than Biologically Based/ Children with Serious Emotional Disturbances: Maximum of 30 days per calendar year</i> Plan E and G: Maximum of 30 combined days per calendar year for Biologically Based/ Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances
Inpatient Substance Abuse <i>Inpatient Detox - Maximum of 30 days per calendar year Inpatient Rehab - Maximum of 30 days per calendar year</i>	\$300 copay per day up to 5 days per admission	0% after deductible	\$500 copay per admission after deductible	10% after deductible
Chiropractic Services	\$40 copay	\$25 copay, deductible waived	\$50 copay, deductible waived	\$50 copay, deductible waived
Outpatient Physical, Occupational and Speech Therapy <i>Limited to 60 combined visits per calendar year</i>	\$40 copay	0% after deductible	0% after deductible	10% after deductible
Durable Medical Equipment <i>\$2,500 calendar year maximum</i>	50%	50% after deductible	50% after deductible	50% after deductible
Glasses and Contact Lens Reimbursement	\$200 every 24 months	\$200 every 24 months	\$200 every 24 months	\$200 every 24 months
Aetna Vision Discounts Program	Included	Included	Included	Included
PRESCRIPTION DRUGS**				
Retail: <i>Up to a 30 day supply</i>	Plan E: Generics Only - \$15 Plan F: \$0 / \$30 / \$50 Plan G: \$15 / \$35 / \$70	Plan E: Generics Only - \$15 Plan F: \$0 / \$30 / \$50 Plan G: \$15 / \$35 / \$70	Plan E: Generics Only - \$15 Plan F: \$0 / \$30 / \$50 Plan G: \$15 / \$35 / \$70	Plan E: Generics Only - \$15 Plan F: \$0 / \$30 / \$50 Plan G: \$15 / \$35 / \$70
Mail Order: <i>31 - 90 day supply</i>	Plan E: Generics Only - \$30 Plan F: \$0 / \$60 / \$100 Plan G: \$30 / \$70 / \$140	Plan E: Generics Only - \$30 Plan F: \$0 / \$60 / \$100 Plan G: \$30 / \$70 / \$140	Plan E: Generics Only - \$30 Plan F: \$0 / \$60 / \$100 Plan G: \$30 / \$70 / \$140	Plan E: Generics Only - \$30 Plan F: \$0 / \$60 / \$100 Plan G: \$30 / \$70 / \$140

For footnotes, see page 15.