

# Standard Medical Option

## Summary of Benefits

### Aetna Medical Plan Coverage

| Cost Sharing   | In-Network     | Out-of-Network |
|--|----------------|----------------|
| <b>Annual Deductible</b>                               |                |                |
| • individual   | \$1,250        | \$2,500        |
| • family   | \$2,500        | \$5,000        |
| <b>Out-of-Pocket Maximum</b><br>(includes deductibles) |                |                |
| • individual   | \$3,750        | \$7,500        |
| • family   | \$7,500        | \$15,000       |
| <b>Lifetime Coverage Limit</b>                         | Does Not Apply |                |

| Covered Service<br>(maximums are combined in- and out-of-network)   | In-Network                             | Out-of-Network<br>(subject to Reasonable and Customary limits) |
|---|--|--|
| <b>Primary Care</b>   |  |  |
| Primary Doctor Office Visit   | 80% after in-network deductible is met | 50% after out-of-network deductible is met                     |
| Specialist Office Visit   | 80% after in-network deductible is met | 50% after out-of-network deductible is met                     |
| <b>Preventive Care</b>  |  |  |
| Routine Physical Exam<br>• 1 exam per calendar year   | 100% covered; no deductible            | 50% covered; no deductible                                     |
| Colorectal Cancer Screenings (age 50 and above)<br>• 1 fecal occult blood test per calendar year<br>• 1 sigmoidoscopy every 5 years<br>• 1 double contrast barium enema every 5 years<br>• 1 colonoscopy every 10 years | 100% covered; no deductible            | 50% covered; no deductible                                     |
| Well-woman Exam (includes Pap smear)<br>• 1 exam per calendar year  | 100% covered; no deductible            | 50% covered; no deductible                                     |
| Routine Mammogram   | 100% covered; no deductible            | 50% covered; no deductible                                     |

| <b>Covered Service</b><br>(maximums are combined in- and out-of-network)  | <b>In-Network</b>                      | <b>Out-of-Network</b><br>(subject to Reasonable and Customary limits) |
|---|--|---|
| <b>Pediatric Exams</b> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> 12 months: 7 exams</li> <li>• 2<sup>nd</sup> 12 months: 3 exams</li> <li>• 3<sup>rd</sup> 12 months: 3 exams</li> <li>• age 3-18 years: 1 exam per calendar year</li> </ul>  | 100% covered; no deductible            | 50% covered; no deductible  |
| Immunizations (child)   | 100% covered; no deductible            | 50% covered; no deductible  |
| <b>Outpatient Care</b>  |  |   |
| Outpatient X-ray and Laboratory Services  | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| Outpatient Surgery  | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| <b>Physical Therapy</b> <ul style="list-style-type: none"> <li>• 60 visits per calendar provided significant improvement is expected</li> </ul> <b>Occupational and Speech Therapy</b> <ul style="list-style-type: none"> <li>• 60 visits per calendar year provided significant improvement is expected</li> </ul> | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| <b>Maternity Care</b>   |  |   |
| Routine Prenatal Office Visit   | 100% covered; no deductible            | 50% after out-of-network deductible                                   |
| Postnatal Office Visit  | 80% after in-network deductible is met | 50% after out-of-network deductible                                   |
| In-hospital Delivery  | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| Newborn Nursery Services  | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| <b>Inpatient Services</b>   |  |   |
| Hospital<br>(room and board are covered up to the semi-private room rate)   | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| Inpatient X-Ray and Laboratory  | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |
| Inpatient Physician and Surgeon   | 80% after in-network deductible is met | 50% after out-of-network deductible is met                            |

| <b>Covered Service</b><br>(maximums are combined in- and out-of-network)  | <b>In-Network</b>                                     | <b>Out-of-Network</b><br>(subject to Reasonable and Customary limits) |
|---|---|---|
| <b>Other Care</b>   |   |   |
| Skilled Nursing Facility<br>( <i>non-custodial care</i> ) <ul style="list-style-type: none"> <li>up to a maximum of 100 days per calendar year</li> </ul> | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |
| Home Health Care<br>( <i>non-custodial care</i> ) <ul style="list-style-type: none"> <li>up to 120 visits per calendar year</li> </ul>                    | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |
| Hospice Care  | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |
| <b>Emergency Care</b>   |   |   |
| Emergency Room <ul style="list-style-type: none"> <li>emergency care</li> <li>non-emergency care</li> </ul>   | 80% after in-network deductible is met<br>Not covered | 80% after in-network deductible is met<br>Not covered                 |
| Urgent Care Facility  | 80% after in-network deductible is met                | 50% after in-network deductible is met                                |
| Ambulance <ul style="list-style-type: none"> <li>emergency use</li> <li>non-emergency use</li> </ul>  | 80% after in-network deductible is met<br>Not covered | 80% after in-network deductible is met<br>Not covered                 |
| <b>Mental Health Care</b>   |   |   |
| Mental Health Treatment   |   |   |
| <ul style="list-style-type: none"> <li>inpatient</li> </ul>   | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |
| <ul style="list-style-type: none"> <li>outpatient</li> </ul>  | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |
| Substance Abuse Treatment   |   |   |
| <ul style="list-style-type: none"> <li>inpatient</li> </ul>   | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |
| <ul style="list-style-type: none"> <li>outpatient</li> </ul>  | 80% after in-network deductible is met                | 50% after out-of-network deductible is met                            |

## Express Scripts Prescription Drug Coverage

|  | In-Network Pharmacy                                      |
|--|--|
| <b>Retail</b><br><i>(up to a 30-day supply)</i>                  |  |
| Generic Drug   | You pay 20%<br>(no less than \$10 / no more than \$20)   |
| Formulary Drug   | You pay 30%<br>(no less than \$30 / no more than \$80)   |
| Non-Formulary Drug*  | You pay 50%<br>(no less than \$50 / no more than \$120)  |
| <b>Mail-Order and CVS Smart90</b> <i>(up to a 90-day supply)</i> |  |
| Generic Drug   | You pay 20%<br>(no less than \$25 / no more than \$50)   |
| Formulary Drug   | You pay 30%<br>(no less than \$75 / no more than \$200)  |
| Non-Formulary Drug*  | You pay 50%<br>(no less than \$125 / no more than \$300) |

\*If a prescriber prescribes a non-formulary brand-name drug where a generic is available, you will pay the generic drug coinsurance plus the difference in cost between the generic and brand-name drug.

Please note:

-Coinsurance amounts do not apply to drugs that are part of the SavonSP program.

-There are 2 options to receive your 90-day maintenance medication: Express Scripts mail order or CVS Smart90 programs.