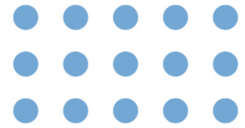


MEDICAL PLAN COMPARISON

AETNA



HDHP OPTION

POS OPTION

IN-NETWORK BENEFITS		
	YOUR RESPONSIBILITY	YOUR RESPONSIBILITY
Deductible Individual/Family	\$1,500/\$3,000	\$500/\$1,000
Coinsurance	0%	0%
Out-of-Pocket Maximum Individual/Family	\$4,000/\$8,000 \$4,000 Individual Embedded Out-of-Pocket	\$4,500/\$9,000
HSA Contribution Individual/Family	\$500/\$1,000	N/A
Preventive Care Services	Covered 100%	Covered 100%
PCP Office Visit	\$0 after deductible is met	\$30 copay
Specialist Office Visit	\$0 after deductible is met	\$30 copay
Urgent Care Visit	\$0 after deductible is met	\$75 copay
Telemedicine	\$0 after deductible is met	\$20 copay
Physical/Occupational Therapy	\$0 after deductible is met	\$30 copay
Chiropractic Care	\$0 after deductible is met	\$30 copay
Inpatient Hospital/Professional Services	\$0 after deductible is met	\$500 per day (Max 5 per admission)
Outpatient Surgery	\$0 after deductible is met	\$500 copay
Emergency Room (Waived if Admitted)	\$0 after deductible is met	\$250 copay
Outpatient Lab/Pathology	\$0 after deductible is met	\$0 after deductible is met
Routine Radiology/Diagnostic	\$0 after deductible is met	\$0 after deductible is met
Advanced Imaging (MRI/MRA, CT/CTA/PET Scans)	\$0 after deductible is met	\$200 copay
Home Health Care	\$0 after deductible is met	\$50 copay
OUT-OF-NETWORK BENEFITS (SUBJECT TO BALANCE BILLING)		
Deductible Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000
Out-of-Pocket Maximum Individual/Family	\$9,000/\$18,000	\$9,000/\$18,000
Coinsurance	30% after deductible	30% after deductible

PLEASE NOTE: The plan deductible is based on a contract year (July 1st – June 30th).

To find a participating provider please register online at www.aetna.com.