

PLAN NAME	MC \$500 80/60***		MC \$500 50/50***		MC \$2,500 100/50***	
PCP/Referrals Required	No	N/A	No	N/A	No	N/A
MEMBER BENEFITS	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Coinsurance (Applies to most services)	80%	60%	50%	50%	100%	50%
Calendar Year Deductible (In-Network and Out-of-Network accumulate separately)	\$500 per member (two-mem. max)	\$1,000 per member (two-mem. max)	\$500 per member (two-mem. max)	\$1,000 per member (two-mem. max)	\$2,500 individual \$7,500 family	\$5,000 individual \$15,000 family
Calendar Year Coinsurance Maximum (deductible and certain payments do not apply)	\$4,000 per member (two-mem. max)	\$8,000 per member (two-mem. max)	\$5,000 per member (two-mem. max)	\$10,000 per member (two-mem. max)	\$0 individual \$0 family	\$5,000 individual \$15,000 family
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Primary Physician Office Visit	\$35 copay (ded. waived)	60%	\$35 copay (ded. waived)	50%	\$25 copay (ded. waived)	50%
Specialist Office Visit	\$35 copay (ded. waived)	60%	\$35 copay (ded. waived)	50%	\$35 copay (ded. waived)	50%
Outpatient Lab & X-Ray	\$50 copay (ded. waived)	60%	\$35 copay (ded. waived)	50%	\$35 copay (ded. waived)	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	70%	50%; Aetna pays up to \$800 per service	50%	50%; Aetna pays up to \$800 per service	100%	50%; Aetna pays up to \$800 per service
Outpatient Physical, Occupational and Chiropractic Therapy (24 visits per calendar year)	80%	60%; Aetna pays up to \$25 per visit	50%	50%; Aetna pays up to \$25 per visit	100%	50%; Aetna pays up to \$25 per visit
Physical Exams — Adults (Age and frequency schedules apply) (\$300 max benefit every 12 months IN and OON combined)	\$35 copay (ded. waived)	60%	\$35 copay (ded. waived)	50%	\$25 copay (ded. waived)	50%
Well-Child Exams (Age and frequency schedules apply)	\$35 copay (ded. waived)	60%	\$35 copay (ded. waived)	50%	\$25 copay (ded. waived)	50%
Routine GYN (Frequency schedules apply)	\$35 copay (ded. waived)	60%	\$35 copay (ded. waived)	50%	\$25/\$35 copay (ded. waived)	50%
Inpatient Hospital	80%	60%; after \$250 copay; Aetna pays up to \$750 per day	50%	50%; Aetna pays up to \$750 per day	100%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% after \$150 copay	50% after \$150 copay; Aetna pays up to \$400 per surgery	50% after \$150 copay	50%; Aetna pays up to \$400 per surgery	100%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	60% after \$150 copay; Aetna pays up to \$400 per surgery	50%	50%; Aetna pays up to \$400 per surgery	100%	50%; Aetna pays up to \$400 per surgery
Emergency Room (Copay waived if admitted)	80% after \$100 copay	Paid as in-network	50% after \$100 copay	Paid as in-network	100%	Paid as in-network
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Prescription Drugs* Retail: per 30-day supply Mail Order: two times retail copay, 31- to 90-day supply available	\$15/\$35/\$50	Not covered	\$15 Generic Only	Not covered	\$15/\$35/\$50	Not covered
Self-Injectable Drugs	70% (ded. waived)	Not covered	50% (ded. waived)	Not covered	70% (ded. waived)	Not covered
Medicare Creditable	Yes		No		Yes	