PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Benefit limitations - Some service or supplies have limits on them per year. There might be a maximum number of visits or days, or a dollar limit per year. In such cases, the benefit year begins on January 1 (unless otherwise noted). Refer to your plan documents to learn more.		
Deductible (per calendar year)	$850 per Individual $1,700 per Family	$2,500 per Individual $5,000 per Family

Covered expenses in-network add up towards your in-network deductible. Covered expenses out-of-network add up towards your out-of-network deductible.
You must first meet the deductible before the plan begins paying benefits, unless otherwise noted.
The amount you pay (cost sharing) for some medical services does not count toward your deductible. Prescription drug costs do not count toward the deductible. Refer to your plan documents for details.

Hearing exams	Not Covered	
Walk-in clinics	$30 copay; no deductible **Designated Walk-in clinics** Covered 100%; no deductible	
Walk-in clinics are free-standing health care facilities. Sometimes they may be wi supermarket, or other retail store. They offer some limited medical care and servi [redacted] surgical centers, and physician offices.		
Allergy testing	Your cost sharing amount depends on the type of service and where you receive it.	
Allergy injections	Your cost sharing amount depends on the type of service and where you receive it. Covered 100% when an office visit charge is not applicable.	
DIAGNOSTIC PROCEDURES	**IN-NETWORK**	
Diagnostic X-ray (Other than complex imaging services) When your physician performs and bills for this service at their office, you pay you	Covered 100%; no deductible	
Diagnostic laboratory When your physician performs and bills for this service at their office, you pay you	Covered 100%; no deductible	
Diagnostic complex imaging When your physician performs and bills for this service at their office, you pay you	Covered 100%; no deductible	
[redacted]	**IN-NETWORK**	
Urgent care provider	$30 office visit copay; no deductible	$30 per visit deductible; no plan deductible
Non-urgent use of urgent care provider	Not Covered	Not Covered
Emergency room Copay waived if admitted	$100 copay; no deductible	Same as in-network care

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Generic drugs		
Retail	$20 copay	30% of submitted cost; after applicable in-network cost share
Mail order	$20 copay	Not applicable
Preferred brand-name drugs		
Retail	$45 copay	30% of submitted cost; after applicable in-network cost share
Mail order	$45 copay	Not applicable
Non-preferred brand-name drugs		
Retail	$70 copay	30% of submitted cost; after applicable in-network cost share
Mail order	$70 copay	Not applicable
Pharmacy day supply and requirements		
Retail	You can get up to a 30-day supply from Aetna National Network	
Mail order		

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**We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much we pay for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.
You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, we limit the amount it will pay. This limit is called the "recognized" or "allowed" amount.
‡For doctors and other professionals the amount is based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much we "recognize" depends on the plan you or your employer picks.

‡) R U K R V S L W D O V D, the amounts based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much we "recognize" depends on the plan you or your employer picks.

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes." Your doctor may bill you for the dollar amount that we don't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-

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The following is a list of services and supplies that are *generally* not covered. However, your plan documents may contain exceptions to this list