

AETNA SMALL GROUP MEDICAL PRODUCT CHANGES

Effective April 1, 2008

CHANGES TO EXISTING PLANS

HMO HRA \$750	Old Plan	New Plan
PCP/SCP	\$20/\$30 (ded. waived)	\$25 (ded. waived)
Outpatient xray/lab	\$30 (ded. waived)	\$25 (ded. waived)
Prescription Drugs	\$15/35/50 after integrated med/rx ded.	\$20/40/60 (ded. waived)

HMO HRA \$1500	Old Plan	New Plan
PCP/SCP	\$30/\$50 (ded. waived)	\$40 (ded. waived)
Outpatient xray/lab	\$50 (ded. waived)	\$40 (ded. waived)
Prescription Drugs	\$15/35/50 after integrated med/rx ded.	\$20/40/60 (ded. waived)

MC Basic	Old Plan		New Plan	
	In Network	OON	In Network	OON
Prescription Drugs	\$15 generic only \$1000 annual max per member	Not covered	\$15 generic/ 50% Brand \$1000 annual max per member	Not covered

MC HSA HDHP \$2300 80/50 to HSA HDHP \$2300 80/50	Old Plan		New Plan	
	In Network	OON	In Network	OON
Calendar Year Deductible	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family
	Deductible included in OOP Max		Deductible excluded in OOP Max	
OOP Maximum	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$1,700 Individual \$3,400 Family	\$2,700 Individual \$5,400 Family
Prescription Drugs	\$15/\$35/\$50/70% Integrated medical/Rx ded	Not covered	\$20/\$40/\$70/70% Integrated medical/Rx ded	Not covered

MC HSA HDHP \$3000 80/50 to HSA HDHP \$3300 80/50	Old Plan		New Plan	
	In Network	OON	In Network	OON
Calendar Year Deductible	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,300 Individual \$6,600 Family	\$3,300 Individual \$6,600 Family
	Deductible included in OOP Max		Deductible excluded in OOP Max	
OOP Maximum	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	\$1,700 Individual \$3,400 Family	\$1,700 Individual \$3,400 Family
Prescription Drugs	\$15/\$35/\$50/70% Integrated medical/Rx ded	Not covered	\$20/\$40/\$70/70% Integrated medical/Rx ded	Not covered

MC HRA HDHP \$3000 80/50 to HRA HDHP \$3000 80/50	Old Plan		New Plan	
	In Network	OON	In Network	OON
Primary/Specialist Care	80% after ded.	50% after ded	\$20 copay for first 4 — thereafter visits are ded/coins	50% after ded
Calendar Year Deductible	\$3,000 Individual \$9,000 Family	\$3,000 Individual \$9,000 Family	\$3,300 Individual \$6,000 Family	\$3,300 Individual \$6,000 Family
	Deductible included in OOP Max		Deductible excluded in OOP Max	
OOP Maximum	\$5,000 Individual \$15,000 Family	\$5,000 Individual \$15,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Prescription Drugs	\$15/\$35/\$50/70% Integrated medical/Rx ded	Not covered	\$20/\$40/\$70/70% Integrated medical/Rx ded	Not covered

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MC HRA HDHP \$5000 80/50 <i>to</i> HRA HDHP \$5000 80/50	Old Plan		New Plan	
	In Network	OON	In Network	OON
Primary/Specialist Care	80% after ded.	50% after ded	<i>\$20 copay for first 4 — thereafter visits are ded/coins</i>	50% after ded
Calendar Year Deductible	\$5,000 Individual \$15,000 Family	\$5,000 Individual \$15,000 Family	<i>\$5,000 Individual \$10,000 Family</i>	<i>\$5,000 Individual \$10,000 Family</i>
	Deductible included in OOP Max		Deductible <i>excluded</i> in OOP Max	
OOP Maximum	\$7,000 Individual \$21,000 Family	\$7,000 Individual \$21,000 Family	<i>\$2,000 Individual \$4,000 Family</i>	<i>\$5,000 Individual \$10,000 Family</i>
	\$15/\$35/\$50/70% Integrated medical/Rx ded	Not covered	<i>\$20/\$40/\$70/70%</i> Integrated medical/Rx ded	Not covered