

# AETNA SMALL GROUP MEDICAL PRODUCT CHANGES

## Effective April 1, 2008

### NEW PLANS

HMO Deductible \$1,000	Benefits
Lifetime Maximum	Unlimited
Coinsurance	70%
Calendar Year Deductible (counts toward copay maximum)	\$1,000 Individual \$2,000 Family
Calendar Year Copay Max (certain payments apply)	\$3,500 Individual \$7,000 Family
Primary/Specialist Care	\$40 Copay (ded. waived)
Outpatient Lab/xray	\$40 Copay (ded. waived)
Hospital Inpatient	70% after deductible
OP Surgery	70% after deductible
Emergency Room	\$100 copay after deductible
Prescription Drugs	\$20/\$40/\$60 (ded. waived)

*HMO Deductible Network is the same as the HMO HRA Network.*

AVN HMO 20/40	Benefits
Lifetime Maximum	Unlimited
Calendar Year Deductible (counts toward copay maximum)	None
Calendar Year Copay Max (certain payments apply)	\$2,500 Individual \$5,000 Family
Primary Care Visit	\$20 Copay
Specialist Visit	\$40 Copay
Outpatient Lab/xray	\$40 Copay
Hospital Inpatient	\$500 Copay per admit
OP Surgery	\$200 Copay
Emergency Room	\$100 Copay
Prescription Drugs	\$20/\$40/\$60

EPO <u>Limited</u> (Open Access)	In Network	OON
<b>Annual Maximum</b>	<b>\$33,000 per member per calendar year</b>	Not covered
Calendar Year Deductible	\$1,000 Per member	Not covered
Calendar Year Coinsurance Maximum	\$4,500 Per Member	Not covered
Primary/Specialist Care	50% after deductible	Not covered
Preventive Care	\$15 copay (deductible waived)	Not covered
Outpatient Lab /X-ray	50% after deductible	Not covered
Hospital Inpatient	50% after deductible	Not covered
OP Surgery	50% after deductible	Not covered
Emergency Room	50% after \$100 copay after deductible	Not covered
Prescription Drugs	\$20/\$40/\$70 after integrated Medical/Rx Deductible	Not covered

MC 1000 70/50	In Network	OON
Lifetime Maximum	\$5,000,000	
Calendar Year Deductible	\$1,000 per mbr / 2 mbr max	\$2,000 per mbr / 2 mbr max
Calendar Year Coinsurance Maximum	\$5,000 per mbr / 2 mbr max	\$10,000 per mbr / 2 mbr max
Primary/Specialist Care	\$25 copay; deductible waived	50%
Outpatient Lab /X-ray	\$50 copay; deductible waived	50%
Hospital Inpatient	70% after deductible	50% after \$250 copay per admit, Aetna pays up to \$750 per day
OP Surgery	70% after deductible	50% after \$150 copay per surgery, Aetna pays up to \$400 per surgery
Emergency Room	70% after \$100 copay	Paid as In Network
Prescription Drugs	\$15/\$35/\$50	Not covered

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**NEW PLANS**

HSA HDHP 3000 100/50	In Network	OON
<b>Lifetime Maximum</b>	<b>\$5,000,000</b>	
Calendar Year Deductible	\$3,000 individual / \$6,000 family	\$3,000 individual / \$6,000 family
Calendar Year Coinsurance Maximum	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family
Primary/Specialist Care	100% after deductible	50% after deductible
Preventive Care	\$15 copay (deductible waived)	50% after deductible
Outpatient Lab /X-ray	100% after deductible	50% after deductible
Hospital Inpatient	100% after deductible	50%, Aetna pays up to \$750 per day
OP Surgery (freestanding facility)	100% after deductible	50%, Aetna pays up to \$400 per surgery
Emergency Room	100% after deductible	Paid as In Network
Prescription Drugs	\$20/\$40/\$70	Not covered