

Plan Features	Plan Benefits
Lifetime Maximum	Unlimited
<b>New!</b> Deductible	
Individual	\$200
Family	\$400
Coinsurance	80%, except as noted
<b>New!</b> Out-of-Pocket Maximum (includes copays)	
Individual	\$1,500
Family	\$3,000
Physician Visits	
<b>New!</b> Physician Visits	\$20 copay
<b>New!</b> Preventive Care: Well-Child Care Visits*	100% when you use in-network providers; no deductible, no copay, no coinsurance
<b>New!</b> Preventive Care: Adult Routine Physical Exams, Screenings and Immunizations*	100% when you use in-network providers; no deductible, no copay, no coinsurance
Allergy Injections	80%
Chiropractic Care	\$20 copay, then 80%; 20 visits per year
Inpatient Services	
Hospital Charges	80%
Surgery	80%
Medically Necessary Bariatric Surgery	80%

\* Immunization coverage follows Centers for Disease Control and Prevention guidelines. Health Screenings follow U.S. Preventive Services Task Force recommendations.

Please note: Coinsurance percentages listed above assume you've met your deductible.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits. Plan for Your Health is a public education program from Aetna and the Financial Planning Association. Information is believed to be accurate as of the production date, however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Plan Features	Plan Benefits
<b>New!</b> Maternity Care	
Prenatal Office Visits	100% when you use in-network providers; no copay. Tests and procedures payable at 80%
Delivery and Postnatal Care	80%
Outpatient Services	
Emergency Room Care	\$75 copay (waived if admitted), then 80%
Surgery	80%
Urgent Care	\$25 copay, then 80%
Other Services	
Rehabilitation Therapy	80% if not in conjunction with an office visit; \$20 copay, 100% for office visit charges; Physical and Occupational Therapy are limited to a combined limit of 30 visits per calendar year
Home Health Care	80%; 180 – visit limit
Skilled Nursing Facility	80% for the first 180 days, then 60%
Hospice: Inpatient and Outpatient	100%
Hearing Aids	50% of cost reimbursed, not to exceed \$1,000 lifetime

Mental Health and Substance Abuse benefits are provided by the state and not through Aetna. For more information, please call United Behavioral Health at **1-800-852-1091**.

Pharmacy benefits are provided by the state.