

**Aetna QPOS Medical Benefit Summary**

**Effective October 1, 2005**

<b>BENEFITS</b>	<b>QPOS Plan Design In-Network</b>	<b>QPOS Plan Design Out-of-Network</b>
Lifetime Maximum Benefit	Unlimited	\$1,000,000 per Member
Pre-Existing Conditions	No Pre-Existing Condition Exclusion	No Pre-Existing Condition Exclusion
Deductible Individual/Family	\$300 Individual/\$600 Family (Where applicable – see below)	\$500 Individual/\$1,000 Family (Where applicable – see below)
Out-of-Pocket Maximum Individual/Family	\$1,750 Individual/\$3,500 Family	\$2,500 Individual/\$5,000 Family
<b>Primary Care Physicians</b>		
Office Hours	\$15 copay	50% of R&C after deductible
After Hours/Home Visits	\$20 copay	50% of R&C after deductible
<b>Specialty Care</b>		
Office Visits	\$35 copay	50% of R&C after deductible
Diagnostic OP Lab/X Ray Testing (at facility)	\$35 copay	50% of R&C after deductible
Diagnostic OP Lab/X Ray Testing (at specialist)	Included in Specialist Office Visit copay for visit with PCP referral	50% of R&C after deductible
Outpatient Therapy (speech, physical, occupational)	\$35 copay. 60 consecutive days per incident of illness/injury beginning with the first day of treatment.	50% of R&C after deductible
Outpatient Dialysis/Chemotherapy	\$35 copay	50% of R&C after deductible
Allergy Testing/Treatment	\$35 copay for testing. Routine injections at PCP office – \$15 copay. No serum copay.	50% of R&C after deductible
<b>Preventative Care</b>		
Routine Physicals	\$15 copay	50% of R&C, deductible waived, children through age 16 only
Routine GYN Care (Direct access to participating providers)	\$35 copay. One routine visit and pap smear/365 days.	Not covered
Routine Mammography	\$35 copay. One baseline ages 35-39; one annual mammogram for females age 40 and over.	50% of R&C after deductible; age 35+ one per year.
Routine Eye Exam (Direct access to participating providers)	\$35 copay – Frequency/Age Schedules may apply.	Not covered
Vision One Discount Program	Discount available @ 2500 locations worldwide	Discount only available in-network
Pediatric Dental	Not available	Not covered
Hearing Exam	\$15 copay. Routine hearing screenings by PCP.	50% of R&C after deductible for illness or injury.
Hearing Aids	Not covered	Not covered
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Urgent Care In-Area	\$35 copay	\$35 copay
Urgent Care Out-of-Area	\$100 copay	\$100 copay
Ambulance	No copay	No copay
Outpatient Surgery	80% after deductible	50% of R&C after deductible
Hospitalization	80% after deductible	50% of R&C after deductible
Skilled Nursing Facility Care (in lieu of hospitalization for medically necessary covered benefits)	80% after deductible 120 days per calendar year	50% of R&C after deductible 240 days per calendar year
Home Health Care	No copay	50% of R&C after deductible 120 visits per year
Private Duty or Special Duty Nursing	Not covered unless pre-authorized by HMO; no copay when covered.	50% of R&C after deductible (In-network restrictions apply)
Hospice – Inpatient	80% after deductible	50% of R&C after deductible 30-day lifetime maximum
Hospice - Outpatient	No copay	50% of R&C after deductible \$10,000 lifetime maximum
<b>Mental Health</b>		
Inpatient	80% after deductible 30 days per calendar year	50% of R&C after deductible 30 days per calendar year
Outpatient	\$35 copay; 20 visits per calendar year	50% after deductible 20 visits for calendar year
<b>Substance Abuse Detoxification/Rehabilitation</b>		
Inpatient Detoxification/Rehabilitation	80% after deductible 30 days per calendar year	50% of R&C after deductible, 30 days per year combined with inpatient detoxification
Outpatient Detoxification/Rehabilitation	\$35 copay	50% of R&C after deductible
Durable Medical Equipment	No copay	50% of R&C after deductible Must precertify if DME over \$1,500
Chiropractic Care (Direct access subluxation benefit)	\$35 copay; 20 visits per calendar year	50% of R&C after deductible \$1,000 maximum
Dermatology (Direct access)	\$35 copay; 5 visits per 12-month period.	50% of R&C after deductible
<b>Prescription Drugs (when accessed through a contracted pharmacy)</b>		
Generic		\$15 copay
Brand Name Formulary		\$20 copay
Brand Name Non-Formulary		\$35 copay
Mail Order		90 days @ 2 x copay
Diabetic Supplies		RX copay

\*Under the Aetna QPOS In-network level of benefits, you may seek care directly to OBGYNs, Pediatricians, Podiatrists, Dermatologists (up to 5 visits per year), and Chiropractors without a referral. Please contact Aetna Member Services at 1 (877) 791-6470.

\*Some services may require member precertification or benefits will be substantially reduced. Precertification requirements vary and your plan documents should be reviewed for details.

\* Deductible must be met before coinsurance applies.

All information provided above is for illustrative purposes only and will be subject to Aetna's specific enrollment and Certificate information. For detailed benefit descriptions, including exclusions and limitations, please contact Aetna Member Services at 1 (877) 791-6470.