

Area Westchester 10589	Aetna Health Inc. EPO OA 1-07b (EPO)		Aetna Health Inc. MC OA 26-07b (PPO)		Aetna Health Inc. MC OA 34-07 HSA Compatible (HSA)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b><u>Drug Card</u></b>	15 (Generic) 35 (Brand) 50/Yes/0 (d)		15 (Generic) 35 (Brand) 50/Yes/0 (d)		15/35/50/Yes/3000 ded	
Prescription Card						
<b><u>Major Medical</u></b>		UCR=N/A		UCR=80%	UCR=80%	
Deductible Ind/Fam	N/A		N/A	\$2,000/\$6,000	\$3,000/\$6,000 In/Out	\$3,000/\$6,000 In/Out
Co-Insurance	N/A		N/A	70% of \$10,000	Net Cmb. per Plan Year 100%	Net Cmb. per Plan Year 70% of \$16,667
Out-of-Pocket	N/A		N/A	\$3,000/\$9,000 (excl Ded)	\$5,000/\$10,000 In/Out Net Cmb. per Plan Year	\$5,000/\$10,000 In/Out Net Cmb. per Plan Year
Office Co-pay	\$25 Copay		\$25/\$40	Ded & Colns	Ded & Colns	Ded & Colns
DXL/Lab Fees	\$25 Copay		\$40 Copay	Ded & Colns	Ded & Colns	Ded & Colns
Specialist Co-pay	\$25 Copay		\$40 Copay	Ded & Colns	Ded & Colns	Ded & Colns
Lifetime Maximum	Unlimited		Unlimited	\$2,000,000	Unlimited	\$2,000,000
<b><u>Hospital Benefits</u></b>						
Hospital In-Patient	\$250 Copay		\$500 Copay	Ded & Colns	Ded & Colns	Ded & Colns
Hospital Out-Patient	\$150 Copay (Surgery) No Charge (Services other than Surgery)		\$250 Copay (Surgery) No Charge (Services other than Surgery)	Ded & Colns Ded & Colns	Ded & Colns	Ded & Colns
Emergency Room	\$100 Copay		\$100 Copay	\$100 Copay	Ded & Colns	Paid as Preferred Care
Private Nursing	Not Covered		Not Covered	Not Covered	Not Covered	Not Covered
<b><u>Surgical Benefits</u></b>						
Surgical In-Patient	\$250 Copay		\$500 Copay	Ded & Colns	Ded & Colns	Ded & Colns
Surgical Out-Patient	\$150 Copay		\$250 Copay	Ded & Colns	Ded & Colns	Ded & Colns
<b><u>Mental Health</u></b>						
Mental Nervous In-Patient	\$250 Copay 30 days max/yr		\$500 Copay 30 days max/yr In/Out Net Cmb.	Ded & Colns 30 days max/yr In/Out Net Cmb.	Ded & Colns 30 days max/plan yr In/Out Net Cmb.	Ded & Colns 30 days max/plan yr In/Out Net Cmb.
Substance Abuse In-Patient	\$250 Copay 30 days max/yr		\$500 Copay 30 days max/yr In/Out Net Cmb.	Ded & Colns 30 days max/yr In/Out Net Cmb.	Ded & Colns 30 days max/plan yr In/Out Net Cmb.	Ded & Colns 30 days max/plan yr In/Out Net Cmb.
Mental Nervous Out-Patient	\$25 Copay 30 visits max/yr		\$40 Copay 30 visits max/yr In/Out Net Cmb.	Ded & Colns 30 visits max/yr In/Out Net Cmb.	Ded & Colns 30 visits max/plan yr In/Out Net Cmb.	Ded & Colns 30 visits max/plan yr In/Out Net Cmb.
Substance Abuse Out-Patient	\$25 Copay 60 visits max/yr		\$40 Copay 60 visits max/yr In/Out Net Cmb.	Ded & Colns 60 visits max/yr In/Out Net Cmb.	Ded & Colns 60 visits max/plan yr In/Out Net Cmb.	Ded & Colns 60 visits max/plan yr In/Out Net Cmb.
<b><u>Other</u></b>						
Well Care(Up to 19)	No Charge		No Charge	No Charge/Ded Waived	No Charge/Ded Waived	No Charge/Ded Waived
Routine Adult Care	\$25 Copay		\$25 Copay	Ded & Colns	\$10 Copay	70%, Ded Waived
Chiropractic Care	\$25 Copay		\$40 Copay	Ded & Colns	Ded & Colns	Ded & Colns
Home Health Care	No Charge - 40 visits/yr		No Charge - 40 visits/yr In/Out Net Cmb.	Ded & Colns - 40 visits/yr In/Out Net Cmb.	Ded & Colns - 40 visits/plan yr In/Out Net Cmb.	Ded & Colns - 40 visits/plan yr In/Out Net Cmb.
Non-Authorization	Refer to Carrier Plan Information		Refer to Carrier Plan Information	Refer to Carrier Plan Information	Refer to Carrier Plan Information	Refer to Carrier Plan Information
Single	1 x 439.00		1 x 435.00		1 x 257.00	
EE with Spouse	0 x 934.00		0 x 925.00		0 x 547.00	
EE with Child(ren)	1 x 789.00		1 x 782.00		1 x 462.00	
Family	1 x 1,285.00		1 x 1,273.00		1 x 752.00	
Medicare	0 0.00		0 0.00		0 0.00	
<b>Monthly Cost</b>	<b>3 2,513.00</b>		<b>3 2,490.00</b>		<b>3 1,471.00</b>	
<b>Annual Cost</b>	30,156.00		29,880.00		17,652.00	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

(d) Non-Formulary / Oral Contraceptive / Deductible

(a) Biological based Mental Nervous & Alcohol Abuse/Treated same way as any other illness.

---

**Footnote Report**

---

**Prepared By:** chris serraro  
**Prepared For:** anyone040107  
**Report Id:** 5233379

**Prepared On:** 2/24/2007  
**Effective Date:** 4/1/2007

---

**Aetna**

Rx Specification

For 2007 effective dates, the prescription drug calendar year deductible for the following Aetna plans is integrated with the medical plan: Managed Choice Open Access 30-07 (HSA Compatible), Managed Choice Open Access 31-07 (HSA Compatible) and Managed Choice Open Access 34-07 Open Access (HSA Compatible). All covered expenses including prescription drugs accumulate toward the preferred and non-preferred deductible.