	Aetna / American Public Life		Aetna
100%	BRONZE with MedLink		GOLD
Benefits Highlights	In-Network	Supplemental Benefit	In-Network
Physician Services			
PCP Office Visits	\$30		\$35
Specialist Visits	\$75		\$60
Pre natal maternity care	Covered at 100%		Covered at 100%
Preventive Care			
Well Child Care	Covered at 100%		Covered at 100%
Routine Adult Physical Exam	Covered at 100%		Covered at 100%
Well Woman/GYN Exam	Covered at 100%		Covered at 100%
Mammograms	Covered at 100%		Covered at 100%
Hospital Services			
Inpatient	30% after deductible	\$2,500/person/year; \$7,500 Max/family/year*	\$100
Outpatient	30% after deductible	up to \$500/person/calendar day*	0% after Deductible
Emergency Services			
Emergency Room	30% after deductible	up to \$500/person/calendar day*	\$300
Urgent Care Center	30%, Deductible waived	up to \$500/person/calendar day*	\$75
Walk in Clinics	\$30		\$35
Diagnostic X-ray/Lab			
Diagnostic Lab Facility	Covered at 100%		\$35
Diagnostic X-ray Facility*	Covered at 100%		\$35
Major Services - PET Scans, MRI, CT Scans	30% after deductible	up to \$500/person/calendar day*	\$100
Deductible			
Single	\$5,000		\$1,500
Family	\$10,000		\$3,000
Out-of-Pocket Limit			
Single	\$6,850		\$4,500
Family	\$13,700		\$9,000
Out-of-Pocket Includes	Deductible,		Deductible,
Description During	Coinsurance, Copays		Coinsurance, Copays
Prescription Drugs			
Retail—30 day supply	645		Ti 4 A . 62 / C 64 O
Tier 1	\$15		Tier 1A-\$3/Generic \$10
Tier 2	\$35		\$35
Tier 3	\$65		\$60
Tier 4 (Specialty Drugs)	30% up to \$250 max		30% up to \$250 max
Mail Order - 90 day supply	copay 2.5x retail (Tiers 1-3)		copay 2.5x retail (Tiers 1-3)
Iviali Order - 50 day supply		t of Network	Out of Network
Deductible	Out	. or Network	Out of Network
	\$12,000		\$3,000
Single Family	\$12,000		\$6,000
Coinsurance	40%		30%
Out-of-Pocket Limit	40/0		SU70
		¢15 000	¢12.000
Single	\$15,000 \$30,000		\$13,000
Family	Ş3U,UU		\$26,000
Emergency Services	0001	for deductible	¢200
Emergency Room	30% after deductible		\$300 copayment

NOTE:

Both Aetna plans (Bronze and Gold) have an Open Access feature that allows members to see specialists without a referral.

A full listing of medical services that are subject to deductible and coinsurance are available on the Aetna Benefit Summary sheet. The above chart is for illustrative purpose only; actual benefits described in the Certificates of Coverage will prevail.

^{*}Please refer to the medical benefit coverage details. The MedLink gap plan covers \$500 out of pocket per person per day for all covered outpatient services. Benefits are payable only if the member has a financial responsibility from a deductible and/or coinsurance in or out of network.