Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO 500 80/60		AK PPO 750 80/60		AK PPO 1000 80/50		AK PPO 1500 80/50		AK PPO 2000 80/50		AK PPO 3000 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$500/$1,000	$500/$1,000	$750/$1,500	$750/$1,500	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000	$2,000/$4,000	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000
Out-of-pocket limit (Individual/Family)	$4,000/$8,000	$6,000/$12,000	$4,000/$8,000	$6,000/$12,000	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$10,000/$20,000
Deductible/out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$20 DW	$20 DW	$25 DW	$25 DW	$25 DW	$25 DW	$30 DW	$30 DW	$30 DW	$30 DW	$35 DW	$35 DW
Specialist office visit	$20 DW	$20 DW	$35 DW	$35 DW	$40 DW	$40 DW	$40 DW	$40 DW	$45 DW	$45 DW	$45 DW	$45 DW
Walk-in clinics	$20 DW	$20 DW	$25 DW	$25 DW	$25 DW	$25 DW	$30 DW	$30 DW	$30 DW	$30 DW	$35 DW	$35 DW
Diagnostic testing: Lab	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Diagnostic testing: X-ray	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Imaging CT/PET scans MRIs	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Inpatient hospital facility	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Outpatient surgery	20% AD	40% AD	20% AD	40% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Emergency room	$150 plus 20% DW	Paid as In-Network	$150 plus 20% DW	Paid as In-Network	$150 plus 20% DW	Paid as In-Network	$150 plus 20% DW	Paid as In-Network	$150 plus 20% DW	Paid as In-Network	$250 plus 20% DW	Paid as In-Network
Urgent care	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW	$50 DW
Rehabilitation services (PT/OT/ST) [3]	$20 DW	$20 DW	$35 DW	$35 DW	$40 DW	$40 DW	$40 DW	$40 DW	$45 DW	$45 DW	$45 DW	$45 DW
Chiropractic [4]	$20 DW	$20 DW	$35 DW	$35 DW	$40 DW	$40 DW	$40 DW	$40 DW	$45 DW	$45 DW	$45 DW	$45 DW
Dental and Vision [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW
Vision Hardware	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW
Pharmacy [6]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None	None	None	None	None
Preferred generic drugs	$15	50%	$15	50%	$15	50%	$10	50%	$10	50%	$15	50%
Preferred brand drugs	$25	50%	$25	50%	$25	50%	$30	50%	$30	50%	$35	50%
Non-preferred drugs	$40	50%	$40	50%	$40	50%	$60	50%	$60	50%	$60	50%
Specialty drugs	30% up to $250	50%	30% up to $250	50%	30% up to $250	50%	30% up to $250	50%	30% up to $250	50%	30% up to $250	50%

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO 4000 80/50		AK PPO 5000 70/50		AK PPO 6000 70/50		AK PPO 1500 80/60 HSA TIF		AK PPO 2500 80/60 HSA TIF		AK PPO 3000 80/60 HSA TIF	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$4,000/$8,000	$4,000/$8,000	$5,000/$10,000	$5,000/$10,000	$6,000/$12,000	$6,000/$12,000	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$12,000/$24,000	$7,000/$14,000	$14,000/$28,000	$2,500/$5,000	$4,000/$8,000	$5,000/$5,000	$6,000/$6,000	$6,000/$6,000	$9,000/$9,000
Deductible/out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		TIF [2]		TIF [2]		TIF [2]	
Primary care physician office visit	$35 DW	$35 DW	$40 DW	$40 DW	$40 DW	$40 DW	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Specialist office visit	$50 DW	$50 DW	$55 DW	$55 DW	$60 DW	$60 DW	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Walk-in clinics	$35 DW	$35 DW	$40 DW	$40 DW	$40 DW	$40 DW	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Diagnostic testing: Lab	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Diagnostic testing: X-ray	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Imaging CT/PET scans MRIs	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Inpatient hospital facility	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Outpatient surgery	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Emergency room	$250 plus 20% DW	Paid as In-Network	$250 plus 30% DW	Paid as In-Network	$250 plus 30% DW	Paid as In-Network	20% AD	Paid as In-Network	20% AD	Paid as In-Network	20% AD	Paid as In-Network
Urgent care	$75 DW	$75 DW	$75 DW	$75 DW	$75 DW	$75 DW	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Rehabilitation services (PT/OT/ST) [3]	$50 DW	$50 DW	$55 DW	$55 DW	$60 DW	$60 DW	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Chiropractic [4]	$50 DW	$50 DW	$55 DW	$55 DW	$60 DW	$60 DW	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Dental and Vision [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% AD	10% AD	10% AD	10% AD	10% AD	10% AD
Vision Hardware	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD
Pharmacy [6]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	$15	50%	$15	50%	$15	50%	$15 AD	50% AD	$15 AD	50% AD	$15 AD	50% AD
Preferred brand drugs	$35	50%	$45	50%	$45	50%	$45 AD	50% AD	$45 AD	50% AD	$35 AD	50% AD
Non-preferred drugs	$60	50%	$70	50%	$70	50%	$70 AD	50% AD	$70 AD	50% AD	$60 AD	50% AD
Specialty drugs	30% up to $250	50%	30% up to $250	50%	30% up to $250	50%	30% up to $250 AD	50% AD	30% up to $250 AD	50% AD	30% up to $250 AD	50% AD

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO 5000 70/50 HSA EMB	
	In Network	Out of Network
Deductible (Individual/Family)	$5,000/$10,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	$12,000/$24,000
Deductible/out-of-pocket limit accumulation	Embedded [1]	
Primary care physician office visit	30% AD	30% AD
Specialist office visit	30% AD	30% AD
Walk-in clinics	30% AD	30% AD
Diagnostic testing: Lab	30% AD	50% AD
Diagnostic testing: X-ray	30% AD	50% AD
Imaging CT/PET scans MRIs	30% AD	50% AD
Inpatient hospital facility	30% AD	50% AD
Outpatient surgery	30% AD	50% AD
Emergency room	30% AD	Paid as In-Network
Urgent care	30% AD	30% AD
Rehabilitation services (PT/OT/ST) [3]	30% AD	30% AD
Chiropractic [4]	30% AD	30% AD
Dental and Vision [5]	In Network	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% AD	10% AD
Vision Hardware	Covered in full AD	Covered in full AD
Pharmacy [6]	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	$15 AD	50% AD
Preferred brand drugs	$45 AD	50% AD
Non-preferred drugs	$70 AD	50% AD
Specialty drugs	30% up to $250 AD	50% AD

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO Plus 500 80/60/50			AK PPO Plus 750 80/60/50			AK PPO Plus 1000 80/60/50			AK PPO Plus 1500 80/60/50		
	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network
Deductible (Individual/Family)	$500/$1,000	$500/$1,000	$500/$1,000	$750/$1,500	$750/$1,500	$1,500/$3,000	$1,000/$2,000	$1,000/$2,000	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000
Out-of-pocket limit (Individual/Family)	$4,000/$8,000	$4,000/$8,000	$6,000/$12,000	$4,000/$8,000	$4,000/$8,000	$6,000/$12,000	$4,500/$9,000	$4,500/$9,000	$14,700/$29,400	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Deductible/out-of-pocket limit accumulation	Embedded [1]			Embedded [1]			Embedded [1]			Embedded [1]		
Primary care physician office visit	$20 DW	$40 DW	50% AD	$25 DW	$45 DW	50% AD	$25 DW	$45 DW	50% AD	$30 DW	$50 DW	50% AD
Specialist office visit	$20 DW	$40 DW	50% AD	$35 DW	$55 DW	50% AD	$40 DW	$60 DW	50% AD	$40 DW	$60 DW	50% AD
Walk-in clinics	$20 DW	Paid at the designated level	50% AD	$25 DW	Paid at the designated level	50% AD	$25 DW	Paid at the designated level	50% AD	$30 DW	Paid at the designated level	50% AD
Diagnostic testing: Lab	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Diagnostic testing: X-ray	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Imaging CT/PET scans MRIs	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Inpatient hospital facility	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Outpatient surgery	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Emergency room	$150 plus 20% DW	Paid at the designated level	Paid at the designated level	$150 plus 20% DW	Paid at the designated level	Paid at the designated level	$250 plus 20% DW	Paid at the designated level	Paid at the designated level	$150 plus 20% DW	Paid at the designated level	Paid at the designated level
Urgent care	$50 DW	$50 DW	50% AD	$50 DW	$50 DW	50% AD	$50 DW	$50 DW	50% AD	$50 DW	$50 DW	50% AD
Rehabilitation services (PT/OT/ST) [3]	$20 DW	$40 DW	50% AD	$35 DW	$55 DW	50% AD	$40 DW	$60 DW	50% AD	$40 DW	$60 DW	50% AD
Chiropractic [4]	$20 DW	$40 DW	50% AD	$35 DW	$55 DW	50% AD	$40 DW	$60 DW	50% AD	$40 DW	$60 DW	50% AD
Dental and Vision [5]	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW
Vision Hardware	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW
Pharmacy [6]	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network
Pharmacy Deductible	None		None	None		None	None		None	None		None
Preferred generic drugs	$15		50%	$15		50%	$20		50%	$20		50%
Preferred brand drugs	$25		50%	$25		50%	$30		50%	$30		50%
Non-preferred drugs	$40		50%	$40		50%	$45		50%	$45		50%
Specialty drugs	30% up to $250		50%	30% up to $250		50%	30% up to $250		50%	30% up to $250		50%

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO Plus 2000 80/50/50			AK PPO Plus 3000 80/60/50			AK PPO Plus 4000 80/60/50			AK PPO Plus 5000 70/50/50		
	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network
Deductible (Individual/Family)	$2,000/$4,000	$2,000/$4,000	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000	$4,000/$8,000	$4,000/$8,000	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$6,000/$12,000	$12,000/$24,000
Deductible/out-of-pocket limit accumulation	Embedded [1]			Embedded [1]			Embedded [1]			Embedded [1]		
Primary care physician office visit	$30 DW	$50 DW	50% AD	$35 DW	$45 DW	50% AD	$35 DW	$45 DW	50% AD	$40 DW	$50 DW	50% AD
Specialist office visit	$40 DW	$60 DW	50% AD	$50 DW	$60 DW	50% AD	$50 DW	$60 DW	50% AD	$55 DW	$65 DW	50% AD
Walk-in clinics	$30 DW	Paid at the designated level	50% AD	$35 DW	Paid at the designated level	50% AD	$35 DW	Paid at the designated level	50% AD	$40 DW	Paid at the designated level	50% AD
Diagnostic testing: Lab	20% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	30% AD	50% AD	50% AD
Diagnostic testing: X-ray	20% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	30% AD	50% AD	50% AD
Imaging CT/PET scans MRIs	20% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	30% AD	50% AD	50% AD
Inpatient hospital facility	20% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	30% AD	50% AD	50% AD
Outpatient surgery	20% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	30% AD	50% AD	50% AD
Emergency room	$150 plus 20% DW	Paid at the designated level	Paid at the designated level	$250 plus 20% DW	Paid at the designated level	Paid at the designated level	$250 plus 20% DW	Paid at the designated level	Paid at the designated level	$250 plus 30% DW	Paid at the designated level	Paid at the designated level
Urgent care	$50 DW	$50 DW	50% AD	$50 DW	$50 DW	50% AD	$75 DW	$75 DW	50% AD	$75 DW	$75 DW	50% AD
Rehabilitation services (PT/OT/ST) [3]	$40 DW	$60 DW	50% AD	$50 DW	$60 DW	50% AD	$50 DW	$60 DW	50% AD	$55 DW	$65 DW	50% AD
Chiropractic [4]	$40 DW	$60 DW	50% AD	$50 DW	$60 DW	50% AD	$50 DW	$60 DW	50% AD	$55 DW	$65 DW	50% AD
Dental and Vision [5]	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW	10% DW
Vision Hardware	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full DW
Pharmacy [6]	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network
Pharmacy Deductible	None		None	None		None	None		None	None		None
Preferred generic drugs	$10		50%	$15		50%	$15		50%	$15		50%
Preferred brand drugs	$30		50%	$35		50%	$35		50%	$45		50%
Non-preferred drugs	$60		50%	$60		50%	$60		50%	$70		50%
Specialty drugs	30% up to $250		50%	30% up to $250		50%	30% up to $250		50%	30% up to $250		50%

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO Plus 6000 70/50/50			AK PPO Plus 1500 80/60/50 HSA TIF			AK PPO Plus 2500 80/60/50 HSA TIF			AK PPO Plus 3000 80/60/50 HSA TIF		
	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network
Deductible (Individual/Family)	$6,000/$12,000	$6,000/$12,000	$6,000/$12,000	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000	$2,000/$4,000	$2,000/$4,000	$4,000/$8,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000
Out-of-pocket limit (Individual/Family)	$7,000/$14,000	$7,000/$14,000	$14,000/$28,000	$3,000/$6,000	$3,000/$6,000	$6,000/$12,000	$5,000/$5,000	$5,000/$5,000	$6,000/$6,000	$6,000/$6,000	$6,000/$6,000	$9,000/$9,000
Deductible/out-of-pocket limit accumulation	Embedded [1]			TIF [2]			TIF [2]			TIF [2]		
Primary care physician office visit	$40 DW	$50 DW	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Specialist office visit	$60 DW	$70 DW	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Walk-in clinics	$40 DW	Paid at the designated level	50% AD	20% AD	Paid at the designated level	50% AD	20% AD	Paid at the designated level	50% AD	20% AD	Paid at the designated level	50% AD
Diagnostic testing: Lab	30% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Diagnostic testing: X-ray	30% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Imaging CT/PET scans MRIs	30% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Inpatient hospital facility	30% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Outpatient surgery	30% AD	50% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Emergency room	$250 plus 30% DW	Paid at the designated level	Paid at the designated level	20% AD	Paid at the designated level	Paid at the designated level	20% AD	Paid at the designated level	Paid at the designated level	20% AD	Paid at the designated level	Paid at the designated level
Urgent care	$75 DW	$75 DW	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Rehabilitation services (PT/OT/ST) [3]	$60 DW	$70 DW	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Chiropractic [4]	$60 DW	$70 DW	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD	20% AD	40% AD	50% AD
Dental and Vision [5]	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network	In Network	Non-Designated	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% DW	10% DW	10% DW	10% AD	10% AD	10% AD	10% AD	10% AD	10% AD	10% AD	10% AD	10% AD
Vision Hardware	Covered in full DW	Covered in full DW	Covered in full DW	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD
Pharmacy [6]	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network
Pharmacy Deductible	None		None	Integrated with Medical Deductible		Integrated with Medical Deductible	Integrated with Medical Deductible		Integrated with Medical Deductible	Integrated with Medical Deductible		Integrated with Medical Deductible
Preferred generic drugs	$15		50%	$15 AD		50% AD	$15 AD		50% AD	$15 AD		50% AD
Preferred brand drugs	$45		50%	$45 AD		50% AD	$45 AD		50% AD	$35 AD		50% AD
Non-preferred drugs	$70		50%	$70 AD		50% AD	$70 AD		50% AD	$60 AD		50% AD
Specialty drugs	30% up to $250		50%	30% up to $250 AD		50% AD	30% up to $250 AD		50% AD	30% up to $250 AD		50% AD

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
PPOMedical | AK 01/01/2018

Member benefits

Plan Name	AK PPO Plus 5000 70/50/50 HSA EMB		
	In Network	Non-Designated	Out of Network
Deductible (Individual/Family)	$5,000/$10,000	$5,000/$10,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	$6,000/$12,000	$12,000/$24,000
Deductible/out-of-pocket limit accumulation	Embedded [1]		
Primary care physician office visit	30% AD	50% AD	50% AD
Specialist office visit	30% AD	50% AD	50% AD
Walk-in clinics	30% AD	Paid at the designated level	50% AD
Diagnostic testing: Lab	30% AD	50% AD	50% AD
Diagnostic testing: X-ray	30% AD	50% AD	50% AD
Imaging CT/PET scans MRIs	30% AD	50% AD	50% AD
Inpatient hospital facility	30% AD	50% AD	50% AD
Outpatient surgery	30% AD	50% AD	50% AD
Emergency room	30% AD	Paid at the designated level	Paid at the designated level
Urgent care	30% AD	50% AD	50% AD
Rehabilitation services (PT/OT/ST) [3]	30% AD	50% AD	50% AD
Chiropractic [4]	30% AD	50% AD	50% AD
Dental and Vision [5]	In Network	Non-Designated	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Not Covered	Not Covered	Not Covered
Dental Basic	Not Covered	Not Covered	Not Covered
Dental Major	Not Covered	Not Covered	Not Covered
Dental Ortho	Not Covered	Not Covered	Not Covered
Vision exam (1 exam per 12 months)	10% AD	10% AD	10% AD
Vision Hardware	Covered in full AD	Covered in full AD	Covered in full AD
Pharmacy [6]	In Network		Out of Network
Pharmacy Deductible	Integrated with Medical Deductible		Integrated with Medical Deductible
Preferred generic drugs	$15 AD		50% AD
Preferred brand drugs	$45 AD		50% AD
Non-preferred drugs	$70 AD		50% AD
Specialty drugs	30% up to $250 AD		50% AD

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.282.1_AK (9/17)

Aetna 51-100
Indemnity | AK 01/01/2018

Member benefits

Plan Name	AK Indemnity 2000 80%	
	Out of Network	
Deductible (Individual/Family)	$2,000/$4,000	
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	
Deductible/out-of-pocket limit accumulation	Embedded [1]	
Primary care physician office visit	20% AD	
Specialist office visit	20% AD	
Walk-in clinics	20% AD	
Diagnostic testing: Lab	20% AD	
Diagnostic testing: X-ray	20% AD	
Imaging CT/PET scans MRIs	20% AD	
Inpatient hospital facility	20% AD	
Outpatient surgery	20% AD	
Emergency room	20% AD	
Urgent care	20% AD	
Rehabilitation services (PT/OT/ST) [3]	20% AD	
Chiropractic [4]	20% AD	
Dental and Vision [5]	Out of Network	
Dental Check-Up (aka preventive/diagnostic)	Not Covered	
Dental Basic	Not Covered	
Dental Major	Not Covered	
Dental Ortho	Not Covered	
Vision exam (1 exam per 12 months)	10% DW	
Vision Hardware	Covered in full DW	
Pharmacy [6]	In Network	Out of Network
Pharmacy Deductible	None	None
Preferred generic drugs	$10	$10
Preferred brand drugs	$30	$30
Non-preferred drugs	$60	$60
Specialty drugs	30% up to $250	30% up to $250

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

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Limitations and Exceptions

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- All medical or hospital services not specifically covered in or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Adult dental care and x-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight reduction programs, or dietary supplements

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member’s preferred provider is coordinating care, the preferred provider will obtain the precertification. Precertification requirements may vary.

If your plan covers outpatient prescription drugs, your plan includes a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step therapy, please refer to our website at www.aetna.com, or the Aetna Medication Formulary Guide. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. In addition, in circumstances where your prescription plan uses copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna, Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

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Footnotes

"AD" indicates after deductible and "DW" indicates Deductible waived

All services are subject to the deductible unless noted otherwise. Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services.

Note: Please refer to Aetna's Producer World® web site at **www.aetna.com** for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.
Deductibles, copays and coinsurance apply to the out-of-pocket maximum (OOP). After the out of pocket maximum is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

[1] **Embedded** – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.
[2] **TIF (Non-Embedded) -** The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.

[3] **Rehabilitation services -** Coverage is limited to **45** visits per calendar year PT/ST/OT/MT combined. Benefit limits are separate for rehabilitation and habilitation services.
[4] **Chiropractic/subluxation services-** have a limit of **12** visits per calendar year.
[5] **Vision and Dental services -** These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent. Coverage for vision supplies (frames, lenses and contacts) is limited to $350 allowance per calendar year.
[6] **Pharmacy**
Choose Generics applies - If the physician prescribes or the member requests a covered brand name prescription drug when a generic prescription drug equivalent is available, the member will pay the difference in cost between the brand name prescription drug and the generic prescription drug equivalent plus the applicable cost-sharing. The cost difference between the generic and brand does not count toward the Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.
Network
How your out-of-network care is reimbursed: We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care. You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital. When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

Professional Services: FairHealth 80%
Facility Services: The recognized charge for each service or supply is the lesser of what the provider bills and at least 80th percentile of the prevailing charge rates for the geographic area where the service is furnished. The prevailing charge rate is determined from a statistically credible profile of billed charges for a period of not more than one year within a geographical area. A wider geographical area may be used if statistically credible data for a particular service is not available.

Your doctor sets his or her own rate to charge you. It may be higher – sometimes much higher – than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that your plan doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box. You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (usually, for emergency services), some of our plans pay the bill as if you got care in network. For those plans, you pay cost sharing and deductibles based on your in-network level of benefits. You do not have to pay anything else. Other plans pay the bill differently. And, under those plans, you may be responsible for more than your in-network cost sharing. The additional amounts could be very large. Look at your plan or contact us to find out more about how your plan pays for emergency services.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/dental insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through PayFlex. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health and dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. 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**.

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