

## 2010 Medical Plan Summary

Affordable Health Plan (Aetna)\* - NE new hires with date of hire on or after 1/1/2009

Member Services: 888-772-9682 • Web site: [www.aetna.com/docfind/custom/aahc](http://www.aetna.com/docfind/custom/aahc)

TYPE OF SERVICE	NETWORK	NON-NETWORK**
<b>Annual Deductible</b>	\$300/person (\$600 per family)	\$400/person (\$800 per family)
<b>Annual Benefit Maximums</b> <ul style="list-style-type: none"> <li>• Preventive care</li> <li>• Outpatient expenses</li> <li>• Ancillary hospital services</li> <li>• Total</li> </ul>		\$250/person \$1,500/person \$1,500/person \$10,000/person
<b>Physician Office Visit</b> (applies to outpatient and total maximum)	\$15 copay then 100%	80% of discounted network charge after you pay \$15
<b>Preventive Care</b> (applies to preventive and total maximum)	\$15 copay then 100%	80%
<b>Prescription Drugs</b>	\$15 copay Generic \$30 copay Brand  (\$500 Annual Maximum)	80%
<b>Emergency Room</b> (applies to outpatient and total maximum)	75% after deductible	55% after deductible
<b>Outpatient Surgery</b> (applies to outpatient and total maximum)	75% after deductible	55% after deductible
<b>Hospitalization</b> (applies to total maximum)	75% after deductible	55% after deductible
<b>Chiropractic Care</b> (applies to outpatient and total maximum)	75% after deductible	55% after deductible
<b>Maternity Care</b> <ul style="list-style-type: none"> <li>• Office Visits (applies to total and outpatient maximum)</li> <li>• Inpatient (applies to total maximum)</li> </ul>	\$15 copay then 100%  75% after deductible	80% of discounted network charge after you pay \$15 55% after deductible

\* Only for employees who are nonexempt and have base annual earnings up to \$30,000.

\*\* Based on the lower of reasonable and customary or discounted network charges.