

	Aetna Choice POS II \$20	Aetna QPOS	Aetna HDHP	NJ EHP
<b>In-Network Benefits</b>				
Deductible (Calendar Year) Individual/Family	N/A	N/A	\$1,350/\$2,700	N/A
Coinsurance	0%	0%	0%	10% (applies only to Emergency Medical Transportation and durable medical equipment but capped at \$800/\$2,000)
Maximum Out of Pocket Individual/Family	\$400/\$800	\$400/\$800	\$5,250/\$10,500	\$500/\$1,000
Primary Care Physician Required?	No	Yes	No	No
Primary Care Office Visit	\$20 copay	\$20 copay	No Charge after deductible	\$10 copay
Specialist Office Visit	\$40 copay	\$40 copay	No Charge after deductible	\$15 copay
Referral Required?	No	Yes	No	No
Preventive Care	No charge	No charge	No Charge after deductible	No charge
Laboratory	No charge	No charge	No Charge after deductible	No charge
Outpatient X-ray/Radiology Services	No charge	No charge	No Charge after deductible	No charge
Inpatient Hospital	No charge	No charge	No Charge after deductible	No charge
Hospital Outpatient Surgery	No charge	No charge	No Charge after deductible	No Charge
Emergency Room	\$100 copay	\$100 copay	No Charge after deductible	\$125 copay
Ambulance	No charge	No charge	No Charge after deductible	10% coinsurance
Urgent Care	\$40 copay	\$40 copay	No Charge after deductible	\$10 copay
<b>Out-of-Network Benefits</b>				
Deductible (Calendar Year) Individual/Family	\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000	\$350/\$700
Coinsurance	30%	30%	30% after deductible	30%
Maximum Out of Pocket Individual/Family	\$2,000/\$5,000	\$2,000/\$5,000	\$6,000/\$12,000	\$2,000/\$5,000
Fee Schedule	90th of FAIR	90th of FAIR	90th of FAIR	200% of CMS (approx. 50% reduction of OON provider reimbursement/50% increase in employee balance billing)
Physical Therapy	30% coinsurance	30% coinsurance	30% coinsurance	75% of the in-network cost/visit
Chiropractic	30% coinsurance	30% coinsurance	30% coinsurance	Lesser of \$35/visit or 75% of the in-network cost/visit
Acupuncture	30% coinsurance	30% coinsurance	30% coinsurance	Lesser of \$60/visit or 75% of in-network cost/visit
<b>Prescription Drug Benefits</b>				
Deductible	N/A	N/A	\$1,350/\$2,700	N/A
Maximum Out of Pocket	\$1,430/\$2,860	\$1,430/\$2,860	\$5,250/\$10,500	\$1,600/\$3,200
Generic	\$15 copay	\$15 copay	\$10 copay after deductible	\$5 copay
Brand Preferred	\$25 copay	\$25 copay	\$25 copay after deductible	\$10 copay
Brand Non-Preferred	\$25 copay	\$25 copay	\$50 copay after deductible	\$10 copay
Step Therapy	Yes	Yes	Yes	Yes
Open/Closed Formulary	Open	Open	Open	Closed
<b>Rates (Med+Rx)</b>				
Single	\$1,193.00	\$1,156.00	\$1,003.00	\$1,079.00
Employee + Spouse	\$2,614.00	\$2,534.00	\$2,188.00	\$2,365.00
Employee + Child(ren)	\$1,595.00	\$1,544.00	\$1,346.00	\$1,443.00
Family	\$3,011.00	\$2,918.00	\$2,558.00	\$2,725.00

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	Aetna Choice POS II \$10	Aetna QPOS	Aetna HDHP	NJ EHP
<b>In-Network Benefits</b>				
Deductible (Calendar Year) Individual/Family	N/A	N/A	\$1,350/\$2,700	N/A
Coinsurance	0%	0%	0%	10% (applies only to Emergency Medical Transportation and durable medical equipment but capped at \$800/\$2,000)
Maximum Out of Pocket Individual/Family	\$400/\$800	\$400/\$800	\$5,250/\$10,500	\$500/\$1,000
Primary Care Physician Required?	No	Yes	No	No
Primary Care Office Visit	\$10 copay	\$20 copay	No Charge after deductible	\$10 copay
Specialist Office Visit	\$10 copay	\$40 copay	No Charge after deductible	\$15 copay
Referral Required?	No	Yes	No	No
Preventive Care	No charge	No charge	No Charge after deductible	No charge
Laboratory	No charge	No charge	No Charge after deductible	No charge
Outpatient X-ray/Radiology Services	No charge	No charge	No Charge after deductible	No charge
Inpatient Hospital	No charge	No charge	No Charge after deductible	No charge
Hospital Outpatient Surgery	No charge	No charge	No Charge after deductible	No charge
Emergency Room	\$100 copay	\$100 copay	No Charge after deductible	\$125 copay
Ambulance	No charge	No charge	No Charge after deductible	10% coinsurance
Urgent Care	\$10 copay	\$40 copay	No Charge after deductible	\$10 copay
<b>Out-of-Network Benefits</b>				
Deductible (Calendar Year) Individual/Family	\$100/\$200	\$500/\$1,000	\$2,000/\$4,000	\$350/\$700
Coinsurance	20%	30%	30% after deductible	30%
Maximum Out of Pocket Individual/Family	\$400/\$800	\$2,000/\$5,000	\$6,000/\$12,000	\$2,000/\$5,000
Fee Schedule	90th of FAIR	90th of FAIR	90th of FAIR	200% of CMS (approx. 50% reduction of OON provider reimbursement/50% increase in employee balance billing)
Physical Therapy	30% coinsurance	30% coinsurance	30% coinsurance	75% of the in-network cost
Chiropractic	30% coinsurance	30% coinsurance	30% coinsurance	Lesser of \$35/visit or 75% of the in-network cost/visit
Acupuncture	30% coinsurance	30% coinsurance	30% coinsurance	Lesser of \$60/visit or 75% of in-network cost/visit
<b>Prescription Drug Benefits</b>				
Deductible	N/A	N/A	\$1,350/\$2,700	N/A
Maximum Out of Pocket	\$1,430/\$2,860	\$1,430/\$2,860	\$5,250/\$10,500	\$1,600/\$3,200
Generic	\$0 copay	\$15 copay	\$10 copay after deductible	\$5 copay
Brand Preferred	\$5 copay	\$25 copay	\$25 copay after deductible	\$10 copay
Brand Non-Preferred	\$5 copay	\$25 copay	\$50 copay after deductible	\$10 copay
Step Therapy	Yes	Yes	Yes	Yes
Open/Closed Formulary	Open	Open	Open	Closed
<b>Rates (Med+Rx)</b>				
Single	\$1,306.00	\$1,180.00	\$1,003.00	\$1,079.00
Employee + Spouse	\$2,866.00	\$2,590.00	\$2,188.00	\$2,365.00
Employee + Child(ren)	\$1,748.00	\$1,577.00	\$1,346.00	\$1,443.00
Family	\$3,296.00	\$2,975.00	\$2,558.00	\$2,725.00

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