**Healthy Focus Advantage Plan**  
**Aetna Choice POS II Network**

**PLAN STATES**: All 50 States  
**CUSTOMER SERVICE PHONE**: 1-800-843-9126  
**WEB ADDRESS**: www.aetna.com

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In Network - Employee Pays</th>
<th>Out of Network*** - Employee Pays</th>
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</table>
| **HSA** | Employee only: $1,000 if salary is $85,000 or less; $500 if salary is between $85,001 and $150,000  
Family: $2,000 if salary is $85,000 or less; $1,000 if salary is between $85,001 and $150,000  
$0 if salary greater than $150,000  
Employees may elect to contribute additional funds up to annual maximum | Only eligible for limited purpose FSA |
| **HEALTHCARE FSA** | **ANNUAL DEDUCTIBLE**  
$1,400 Individual  
$2,800 Family**  
(Integrated Deductible & OPM)  
Not combined with Out of Network | **ANNUAL DEDUCTIBLE**  
$2,800 Individual  
$5,600 Family**  
(Integrated Deductible & OPM)  
Not combined with In Network |
| **ANNUAL OUT-OF-POCKET MAXIMUM**  
(INCLUDING DEDUCTIBLE)  
(Integrated Deductible & OPM) | $3,000 Individual  
$6,000 Family  
$6,000 Individual w/ Family deductible  
Plan pays 100% of eligible expenses after this amount has been satisfied,  
Not combined with Out of Network | $6,000 Individual  
$12,000 Family  
$12,000 Individual w/ Family deductible  
Plan pays 100% of eligible expenses after this amount has been satisfied,  
Not combined with In Network |
| **LIFETIME MAXIMUM BENEFIT** | Unlimited | Unlimited |
| **OFFICE VISITS** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **LAB X-RAY DIAGNOSTICS** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **PREVENTIVE CARE** | Adult routine care: covered at 100% (not subject to deductible); limit 1 per calendar year. Coverage for enhanced women's health benefits at 100%. Contact plan for specifics.  
For non-emergent use of the emergency room, employee pays 50% after deductible | Adult routine care: covered at 50% after deductible; limit 1 per calendar year. Contact plan for specifics.  
20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible |
| **HOSPITAL CARE** | **Inpatient**  
Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **Outpatient** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **EMERGENCY CARE** | **In-area**  
Innovation Health Facility: 20% after deductible  
Choice POS II facility: 20% after deductible  
For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible |
| **Out-of-area** | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible |
| **PRESCRIPTIONS** | **Retail**  
After deductible, $5 generics, 30% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.**** | Not covered |
| **Mail-Order** | After deductible, $5 generics, 30% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.**** | Not covered |
| **MENTAL HEALTH** | **Inpatient**  
Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **Outpatient** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **SUBSTANCE ABUSE** | **Inpatient Detox and Rehab**  
Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **Outpatient** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **CHIROPRACTIC** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible  
Covered if medically necessary | 50% after deductible if medically necessary |
| **DURABLE MEDICAL EQUIPMENT** | Innovation Health Facility: 10% after deductible  
Choice POS II facility: 20% after deductible | 50% after deductible |
| **HEARING AIDS** | Innovation Health Facility: 10% after deductible  
Choice POS II Facility: 20% after deductible  
$2,500 per pair every three years | 20% after deductible  
$2,500 per pair every three years |
| **VISION EXAMS** | Not covered | Not covered |
| **EYEWEAR** | Not covered | Not covered |

*APO/FPO addresses are not eligible for HSA plan set-up. A physical U.S. address must be provided.

** The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member

*** Out-of-Network benefits based on Usual, Reasonable, and Customary (URC) charges for the specific service in that geographic region.

**** Prescription Drugs are administered by Express Scripts (ESI)

Information contained in the summary is designed for general reference only. If there is any conflict between this benefit summary and the plan document/certificate, the plan document/certificate governs.