

The Episcopal Church Medical Trust 2006 Aetna National HMO Plan

| General Information | |
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| Deductible | None |
| Out-of-Pocket Maximum | None |
| Lifetime Maximum | \$2,000,000 per individual |
| Dependent Eligibility | Spouse, children from birth to 19 or 25 if in school |
| <input type="checkbox"/> The Aetna National HMO is a network only plan. <input type="checkbox"/> All non-emergency specialty and hospital services require a prior referral from your PCP, unless noted below as a “direct access” benefit. | |
| Primary and Preventive Care | |
| PCP Office Visits | \$20 copay per visit |
| After-Hours/Home Visits/Emergency Visits | \$25 copay per visit |
| Routine Examinations | \$20 copay per visit |
| Routine Child and Well-Baby Care | \$20 copay per visit |
| Immunizations | \$20 copay per visit |
| Routine Gynecological Exams | \$20 copay per visit – direct access (no referral) to participating providers for one routine exam and Pap smear per 365-day period |
| Routine Mammogram | \$20 copay - one annual mammogram for women age 40 and over |
| Prostate Screening | \$20 copay - one annual prostate screening for men age 40 and over |
| Routine Eye Examinations | \$20 copay per visit – direct access (no referral) to participating providers for periodic routine exams |
| Eyeglasses/Contact Lenses | \$100 per 24-month period (discounts available through Vision One Discount Program) |
| Routine Hearing Screenings | Covered when performed as part of a routine exam by PCP; subject to office visit copay |
| Hearing Aids | Not Covered |
| Specialty and Outpatient Care | |
| Specialist Office Visits | \$20 copay per visit |
| Prenatal Care | \$20 copay for the first OB visit |
| Infertility Services | \$20 copay per visit |
| Advanced Reproductive Technology | Not covered |
| Allergy Testing | \$20 copay per visit |

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| Specialty and Outpatient Care continued: | |
| Allergy Treatment; routine injections at PCP's office, with or without physician encounter | \$20 copay per visit |
| X-Rays and Lab Tests | \$20 copay |
| Therapy (speech, physical, occupational) | \$20 copay per visit; limited to 60 visits each therapy per calendar year |
| Chiropractic Care | \$20 copay per visit – limited to 20 visits per year |
| Acupuncture | \$20 copay per visit – limited to 12 visits per year |
| Smoking Cessation Program | \$200 lifetime maximum; benefits include hypnosis and counseling. |
| Nutritional Counseling | \$20 copay per visit – limited to 6 visits per year |
| Home Health Care | No copay; limited to 210 days/visits per year |
| Hospice Care | No copay |
| Hospice Facility | Covered after \$100 copay per day ; \$600 maximum per admission |
| Surgery and Anesthesia | |
| Inpatient Surgery | Covered after \$100 copay per day; \$600 max per admission |
| Outpatient Surgery | \$150 copay |
| Mental Health Treatment | |
| Inpatient Treatment | \$100 per day copay; \$600 maximum per admission applies; limited to 30 days per calendar year |
| Outpatient Treatment | \$25 copay per visit; limited to 20 visits per calendar year |
| Partial Hospitalization | 1 day of inpatient care may be exchanged for 2 partial hospitalization sessions in lieu of hospitalization; must be approved in advance by Aetna; \$100 per day copay; \$600 maximum per admission applies |
| Inpatient Benefit Exchange | 1 day of inpatient treatment may be substituted for 4 outpatient visits, up to a maximum of 10 inpatient days/40 outpatient visits; must be approved in advance by Aetna; \$100 per day copay; \$600 maximum per admission applies |

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| Substance Abuse Treatment | |
| Inpatient Detoxification | \$100 copay per day; \$600 maximum per admission |
| Inpatient Rehabilitation | \$100 per day copay; \$600 maximum per admission applies; limited to 30 days per calendar year |
| Outpatient Detoxification | \$20 copay per visit |
| Outpatient Rehabilitation | \$20 copay per visit; limited to 20 visits per calendar year |
| Emergency Care | |
| Emergency Room | \$50 copay (waived if admitted) |
| Urgent Care | \$50 copay |
| Ambulance | No copay when medically necessary |

This benefit summary is provided for informational purposes, is not all-inclusive, and does not constitute an agreement. Additional limitations and explanations, including specific benefit maximums will be provided to eligible, enrolled members in the Plan Document Handbook. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Episcopal Church Medical Trust retains the right to amend, terminate or modify the terms of the plan at any time, without notice and for any reason.