

### Blue Springs School District - Aetna Medical Plans Comparison

No Referrals Required	Core Plan Aetna Select	Buy Up Plan Aetna Select	Choice II POS - Buy Up Option		Choice II High Deductible Health Plan Option-	
			(In-Network)	(Out-of-Network)	(In-Network)	(Out-of-Network)
<b>Calendar Year Deductible</b>	None	None	None	Individual \$500 Family \$1,000	Individual \$2,500 Family \$5,000 <sup>(1)</sup>	Individual \$3,000 Family \$6,000 <sup>(1)</sup>
<b>Primary Care Office Visits</b>	\$40	\$25	\$30	60% after ded.	100% after ded.	70% after ded.
<b>Routine Physicals</b>	\$40	\$25	\$30	Not covered	100%	70% after ded.
<b>Immunizations</b>	No Copay	No Copay	No Copay	60% after ded.	100%	70% after ded.
<b>Specialist Office Visits</b>	\$40	\$25	\$30	60% after ded.	100% after ded.	70% after ded.
<b>Freestanding Laboratory Services</b>	\$40	\$25	\$30	60% after ded.	100% after ded.	70% after ded.
<b>Specialty Testing &amp; Services</b> Diagnostic Testing, X-Rays & Imaging Physical, Speech & Occupational Therapy	\$40	\$25	\$30	60% after deductible	100% after deductible	70% after deductible
<b>Maternity Care Visits</b> <i>1st visit only</i>	\$40	\$25	\$30	60% after ded.	100% after ded.	70% after ded.
<b>Preventive Specialty Care Visits</b> Routine Eye Exams <i>(refer to certificate of coverage for schedule)</i> Routine OB-GYN Exams Routine Mammograms	\$40 \$40 \$40	\$25 \$25 \$25	\$30 \$30 \$30	Not Covered 60% after deductible	100% 100% 100%	Not Covered 70% after deductible
<b>Chiropractic Care (covered if medically necessary)</b>	\$40	\$25	\$30	60% after Ded.	100% after ded.	70% after ded.
<b>Emergency Room</b>	20%	20%	\$75	\$75	100% after ded.	100% after ded.
<b>Ambulance Service</b>	No Copay	No Copay	No Copay	60% after ded.	100% after ded.	70% after ded.
<b>Durable Medical Equipment (\$10,000 cal/yr Max)</b>	No Copay	No Copay	No Copay	60% after ded.	100% after ded.	70% after ded.
<b>Outpatient Services - procedures/surgery</b>	20%	20%	10%	60% after ded.	100% after ded.	70% after ded.
<b>Mental Health &amp; Substance Abuse/O/P</b> <i>(refer to certificate of coverage for limitations)</i>	\$40	\$25	\$30	60% after deductible	100% after deductible	70% after deductible
<b>In-Patient Hospitalization Services</b> Surgical, Medical and Skill Nursing	20%	20%	10%	60% after deductible	100% after deductible	70% after deductible
<b>Bariatric Surgery</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Mental Health &amp; Substance Abuse I/P</b> <i>(refer to certificate of coverage for limitations)</i>	20%	20%	10%	60% after deductible	100% after deductible	70% after deductible
<b>Home Health Care</b>	No Copay	No Copay	No Copay	60% after ded.	100% after ded.	70% after ded.
<b>Prescriptions: 30 day supply - Retail Pharmacy</b>	\$15/\$25/\$40	\$10/\$20/\$35	\$15/\$25/\$40	Not Covered	Integrated with the High Deductible Plan <sup>(2)</sup>	Not Covered
<b>Mail Order Prescriptions: 31-90 day supply-using Aetna Home Delivery</b>	\$30/\$50/\$80	\$20/\$40/\$70	\$30/\$50/\$80	Not Applicable	Integrated with the High Deductible Plan <sup>(2)</sup>	Not Applicable
<b>Out-of-Pocket Maximum</b> - applies to copays and coinsurance for the HMO and POS plans	\$2,500/\$5,000	\$2,500/\$5,000	\$1,500/\$3,000	\$3,000/\$6,000	\$3,500/\$7,000 <sup>(3)</sup>	\$4,000/\$8,000 <sup>(3)</sup>
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	\$1,000,000	Unlimited	Unlimited

(1) The family deductible and payment limit can be satisfied by one individual of the family or any combination of family members. There is no individual limit to satisfy within the family amount.

(2) Prescription Drug Expenses are integrated with the medical plan (i.e., subject to the deductible and applied towards the Out-of-Pocket Maximum. After the deductible is met, Rx copay of \$15/\$25/\$40 applies.

(3) The Payment Limit (Out-of-Pocket) includes deductible, member's share of coinsurance (if applicable), and pharmacy copays after the deductible is met.