

Blue Springs School District - Aetna Medical Plans Comparison - Effective 7/1/2011

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

(1) The family deductible and payment limit can be satisfied by any combination of family members. There is a \$2,500.00 individual limit.

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

This is only a summary. Please refer to the Aetna Booklet/Certificate for specific details. If conflict arises, the Booklet/Certificate will govern in all cases.