

Consumer Driven Health Plan (CDHP) Benefits

This is a high-deductible health plan as defined by the IRS. Consumer Driven Health Plan (CDHP) members may choose any physician or hospital for medical services; however, members receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a CDHP in-network provider. CDHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the CDHP. For a copy of the SPD, contact the plan administrator (see page 15).

| Plan Year Medical Deductibles | | | |
|----------------------------------|------------------------------|--------------------------------------|----------------------------------|
| In-Network Individual \$1,500 | In-Network Family \$3,000 | Out-of-Network Individual \$1,500 | Out-of-Network Family \$3,000 |

| Out-of-Pocket Maximum Limits | | | |
|----------------------------------|------------------------------|--------------------------------------|----------------------------------|
| In-Network Individual \$3,000 | In-Network Family \$6,000 | Out-of-Network Individual \$3,000 | Out-of-Network Family \$6,000 |

| Hospital Services (Percentages listed represent how much is covered by the plan) | | |
|--|--|--|
| | In-Network | Out-of-Network* |
| Emergency Room Services | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Inpatient Hospitalization | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Inpatient Alcohol and Substance Abuse | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Inpatient Psychiatric Admission | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Outpatient Surgery | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Skilled Nursing Facility | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Diagnostic Lab and X-ray | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Complex Imaging (CT/Pet Scans/MRIs) | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |

| Transplant Services | |
|------------------------------|---|
| Organ and Tissue Transplants | 90% after plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Not covered out-of-network. Benefits are not available unless approved by the Notification Administrator. To assure coverage, contact Aetna prior to beginning evaluation services. |

| Professional and Other Services | | |
|--|--|--|
| | In-Network | Out-of-Network* |
| Preventive Care/Well-Baby/Immunizations | 100% covered | 65% of allowable charges; Deductible applies |
| Preventive Services (IRS-allowed)** | 90% of network charges; No Deductible | 65% of allowable charges; Deductible applies |
| Physician Office Visit | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Specialist Office Visit | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Telemedicine (See page 1) | 90% of network charges; Deductible applies | Does Not Apply |
| Outpatient Psychiatric and Substance Abuse | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Durable Medical Equipment | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |
| Home Health Care | 90% of network charges; Deductible applies | 65% of allowable charges; Deductible applies |

| Prescription Drugs | | | |
|---------------------------------------|---|-------------------------|-------------------------|
| Preventive Prescription Drugs – \$0 | Preventive Prescription Drugs (IRS-allowed) ** - 90% covered; No Deductible | | |
| | Tier I | Tier II | Tier III |
| Copayments (30-day supply) | 90%; Deductible Applies | 90%; Deductible Applies | 90%; Deductible Applies |
| Copayments (90-day supply) | 90%; Deductible Applies | 90%; Deductible Applies | 90%; Deductible Applies |
| Maintenance Choice (90-day supply)*** | 95%; Deductible Applies | 95%; Deductible Applies | 95%; Deductible Applies |

* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

** Contact Aetna for IRS-allowed services and prescriptions.

*** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.