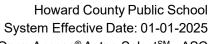




PLAN DESIGN & BENEFITS ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

ADMINISTERED BY AETINA	A LIFE INSURANCE COMPANY	
Deductible (per calendar year)	None	
Deductible (per calendar year)	None	
Member Coinsurance	Covered 100%	
Applies to all expenses unless otherwise stated.		
Payment Limit (per calendar year)	\$2,000 Individual	
(F	\$6,000 Family	
Certain member cost sharing elements may not apply toward the Payment Limit.		
Once Family Payment Limit is met, all family members will be	· · · · · · · · · · · · · · · · · · ·	
remainder of the calendar year.		
Lifetime Maximum	Unlimited except where otherwise indicated.	
Primary Care Physician Selection	Optional, but recommended	
Referral Requirement	None	
PREVENTIVE CARE	PREFERRED CARE	
Routine Adult Physical Exams/ Immunizations	Covered 100%	
1 exam per year for members age 18 to age 65; 1 exam per		
Routine Well Child Exams/Immunizations	Covered 100%	
Routine Gynecological Care Exams	Covered 100%	
Includes routine tests and related lab fees	0 14000/	
Routine Mammograms	Covered 100%	
For covered females age 40 and over.	C	
Women's Health	Covered 100%	
Colorectal Cancer Screening	Member cost sharing is based on the type of service	
For all members age 50 and over.	performed and the place of service where it is rendered	
Routine Eye Exams	\$20 office visit copay	
1 routine exam per 12 months	• •	
Routine Hearing Exams	\$20 office visit copay	
1 routine exam per 12 months	Ψ20 Office visit copay	
PHYSICIAN SERVICES	PREFERRED CARE	
Office Visits to PCP	\$10 office visit copay	
Includes services of an internist, general physician, family pra		
Specialist Office Visits	\$20 office visit copay	
Maternity Delivery and Post Partum care	Covered same as Specialist Office Visit;	
Allergy Testing	Covered as either PCP or specialist office visit	
Allergy Injections	Covered as either PCP or specialist office visit	
DIAGNOSTIC PROCEDURES	PREFERRED CARE	
Diagnostic Laboratory and X-ray	100%	
	the physician, expenses are covered subject to the applicable	
physician's office visit member cost sharing		
EMERGENCY MEDICAL CARE	PREFERRED CARE	
Urgent Care Provider	\$15 copay	
(benefit availability may vary by location)		
Non-Urgent Use of Urgent Care Provider	Not Covered	
Emergency Room	\$50 copay	
Non-Emergency care in an Emergency Room	Not Covered	
Ambulance	Covered 100%	



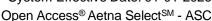


Open Access® Aetna SelectSM - ASC

PLAN DESIGN & BENEFITS ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

PREFERRED CARE
Covered 100%
Covered 100%
Covered 100%
Covered 100%
PREFERRED CARE
Covered same as Inpatient Hospital services.
\$20 copay
PREFERRED CARE
Covered same as Inpatient Hospital services.
\$20 copay
PREFERRED CARE
Covered 100%
Covered 100%
hours by a home health care aide is one visit.
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Howard County Public School



PLAN DESIGN & BENEFITS ADMINISTERED BY AETNA LIFE INSURANCE COMPANY

Durable Medical Equipment	Covered 100%
Diabetic Supplies	Covered same as any other medical expense.
Contraceptive drugs and devices not obtainable at a	Covered 100% (payable as any other covered expense)
pharmacy	
Transplants Coverage is provided at an IOE contracted	Covered 100%
facility only.	
Mouth, Jaws and Teeth	Member cost sharing is based on the type of service
(oral surgery procedures, whether medical or dental in	performed and the place of service where it is rendered
nature)	
Out of Area Dependents	No coverage for non-emergency care received outside the service area.
FAMILY PLANNING	PREFERRED CARE
Infertility Treatment	Member cost sharing is based on the type of service
Diagnosis and treatment of the underlying medical condition	performed and the place of service where it is
rendered. Includes Artificial Insemination.	
Comprehensive Infertility Services	50%
Ovulation Induction (limited to six courses of treatment per	3070
member's lifetime). Advanced Reproductive Technologies	
are covered up to 3 attempts per lifetime not to exceed	
\$100,000 per lifetime.	
Vasectomy	Member cost sharing is based on the type of service
	performed and the place of service where it is rendered;
Tubal Ligation	Member cost sharing is based on the type of service
	performed and the place of service where it is rendered

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Immunizations for travel or work.

Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements. exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are administered by Aetna Life Insurance Company.