

SCHEDULE OF MEDICAL BENEFITS

AETNA

HMO PLAN

PLAN IS EFFECTIVE AS OF JANUARY 1, 2008

Inpatient Hospital Deductible

\$150 per day not to exceed a \$600 maximum.

Lifetime Benefit Maximum

(Includes All Other Maximums)

\$2 Million Individual

You must receive services only from health care providers participating in the Aetna network, or benefits will not be covered by the plan. Expenses for non-network providers will only be considered as specified in this Handbook.

The following schedule summarizes coinsurance amounts paid by the Plan, benefit maximums, and any additional explanation needed for your benefits. The Plan’s coinsurance will be reduced if you do not follow the procedures outlined in the “Clinical Management” section of this Handbook. Please refer to the text for additional Plan provisions that may affect your benefits.

Our Benefits: Although a specific service may be listed as a covered expense, it may not be covered unless it is medically necessary for the prevention, diagnosis or treatment of an illness or condition.

COVERED HEALTH SERVICE	YOUR COPAYMENT AMOUNT	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Acupuncture Services	\$20 per visit	Limited to 12 visits per year.
Allergy Testing (Injections)	\$20 Per Visit	Benefit includes routine injections at PCP’s office, with or without a physician encounter.
Ambulance Services - Emergency Only	\$0	No copay when medically necessary.
Diagnostic Tests/X-Ray and Laboratory Services	\$20	
Durable Medical Equipment (DME)	\$0	Must be precertified my Aetna.
Emergency Room Services	\$50 per visit	Your \$50 copay will be waived if you are admitted to the hospital.
Home Health Care	\$0	Limited to 210 days/visits per year.

SCHEDULE OF MEDICAL BENEFITS

AETNA

HMO PLAN

PLAN IS EFFECTIVE AS OF JANUARY 1, 2008

COVERED HEALTH SERVICE	YOUR COPAYMENT AMOUNT	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Hospice Care	\$0	Admission into a facility covered after \$150 copay; \$600 maximum per admission.
Hospital Services (Inpatient)	\$150 per day copay; \$600 maximum per admission	Benefits include, but are not limited to, hospital semi-private room, miscellaneous fees, anesthesia, surgeons' fees, physician visits, x-ray, lab and therapy expenses. Follow the procedures required by the Clinical Management Program.
Hospital Services (Outpatient)	\$250 (for surgery)	Benefits include but are not limited to outpatient surgery, physician, anesthesiology, x-ray & laboratory, and therapy expenses in a hospital or ambulatory surgical center.
Maternity Services	\$20 for first visit only	
Mental Health/ Substance Abuse Services - Inpatient	\$150 copay per day; \$600 maximum per admission	Follow the procedures required by the Clinical Management Program.
Mental Health/ Substance Abuse Services - Outpatient	\$25 per visit	
Nutritional Counseling	\$20 per visit	Limited to 6 visits/sessions per calendar year.
Outpatient Therapy Services	\$20 per visit	Benefits include physical, occupational, and speech therapy. Limited to 60 visits each per year.
Physician's Office Services	\$20 per visit.	Your copay applies to the office visit only. To locate a network provider, contact Aetna via the toll-free number or check the web site.
Routine & Preventive Services Routine Exams Routine Exam X-Rays & Laboratory Services Well-Child Checkups Routine Colonoscopy Routine Sigmoidoscopy Other Routine Services	\$20 per visit.	Your copay applies to the office visit only. Benefits include the office visit and vaccinations, inoculations, and immunizations. Copay will be waived for immunizations if office visit is not billed. Well-Child checkups are limited to 7 exams 1st 12 months; 2 exams age 13 to 24 months; and 1 exam per year for children age 24 months to age 18. Adult exams are limited to 1 exam per year. Benefits include routine physicals, including gynecological exams, limited to 1 per year and digital rectal exam males age 40 and older, limited to 1 per year. X-Rays and laboratory tests related to the routine exam. One baseline mammogram age 35 to 40; annual mammograms age 40 and older; annual PAP tests and PSA screenings, males age 40 and older.

SCHEDULE OF MEDICAL BENEFITS

AETNA

HMO PLAN

PLAN IS EFFECTIVE AS OF JANUARY 1, 2008

COVERED HEALTH SERVICE	YOUR COPAYMENT AMOUNT	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Skilled Nursing Facility	\$150 per day (\$600 maximum.)	Limited to 60 days per year
Smoking Cessation Program	0%	\$200 individual annual maximum. Benefits include hypnosis and counseling.
Spinal Treatment	\$20 per visit	Limited to 20 visits per year for spinal manipulation.
Surgical Treatment of Morbid Obesity	\$150 per day (\$600 maximum.)	Limited to 1 procedure per lifetime. Must be preauthorized by Aetna.
Urgent Care Services	\$50 per visit	Please see your regular physician or practitioner for routine care.

Additional Benefits

Routine Eye Exams	\$20	Direct access (no referral) to participating providers for periodic routine exams.
Eyeglasses/ Contact Lenses	\$0	\$100 per 24-month period. Discounts available through Vision One Discount Program.
Routine Hearing Exams	\$0	Covered when performed as part of a routine exam by PCP. Subject to office visit copay.
PCP After Hours/ Home Visits/ Emergency Visits	\$25	Covered when performed as part of a routine exam by PCP. Subject to office visit copay.
Infertility Services	\$20	Must be pre-authorized by Aetna. Limitations apply. Advanced reproductive technology not covered.

Clinical Management Program toll-free number: (877) 380-8584

Aetna Behavioral Health: (800) 755-2422

NOTES: The word “lifetime” refers to the period of time you or your eligible dependents participate in this plan or any other plan funded by the Medical Trust.

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.