### Coverage for: Individual + Family | Plan Type: POS

<table>
<thead>
<tr>
<th>Supplemental Information</th>
<th>Professional Services: Prevailing Charges</th>
<th>Facility Services: Prevailing Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How is the overall deductible or out-of-pocket limit met?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual <strong>deductible</strong> and <strong>out-of-pocket limit</strong> payments apply to the family <strong>deductible</strong> and <strong>out-of-pocket limit</strong>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The family <strong>deductible</strong> and family <strong>out-of-pocket limit</strong> are cumulative for all family members. The family <strong>deductible</strong> and <strong>out-of-pocket limit</strong> can be met by a combination of family members; however no single individual within the family will be subject to more than the individual <strong>deductible</strong> or <strong>out-of-pocket limit</strong> amount.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### How your out-of-network care is reimbursed:

We cover the cost of services based on whether doctors are “in-network” or “out-of-network.” We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

You may choose a **provider** (doctor or hospital) in our **network**. You may choose to visit an out-of-network **provider**. If you choose a doctor who is out-of-network, your Aetna health **plan** may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "**allowed**" **amount**.

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna **plan** "recognizes." Your doctor may bill you for the dollar amount that your **plan** doesn't "recognize." You must also pay any **copayments**, **coinsurance** and **deductibles** under your **plan**. No dollar amount above the "recognized charge" counts toward your **deductible** or **out-of-pocket limit**. To learn more about how we pay out-of-network benefits, visit www.aetna.com. Type “how Aetna pays” in the search box.

You can avoid these extra costs by getting your care from Aetna's **network** of health care **providers**. Go to www.aetna.com and click on “Find a Doctor” on the left side of the page. If you are already a member, sign on to your Aetna Navigator® member site.
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Supplemental Information

This applies when you choose to get care out-of-network. When you have no choice (for example: emergency room visit after a car accident or for other emergency services), we will pay the bill as if you got care in-network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your health care provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

Other important information about your plan:

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.

Additional information regarding your plan is available in the Disclosure Document on www.aetna.com.

Information includes:

• “Knowing what is covered” which describes how we review a request for coverage for a service or supply
• “Prescription drug benefit” which describes procedures we use to manage prescription drug benefits. These procedures include how to obtain a list of covered drugs and the exception policy for receiving coverage of a drug that is not on a closed formulary

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. We do not provide care or guarantee access to health services.

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 you or your employer.
Questions: Call the toll free number on your ID card (1-888-982-3862 for prospective members), TDD 1-800-628-3323 (hearing impaired only), or visit us at www.HealthReformPlanSBC.com.

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