## 2015 Plan Year (January – December): Medical / Pharmacy Benefits

**Summary** Represents In-Network Coverage only. Out-of-Network benefits are not illustrated.

<table>
<thead>
<tr>
<th></th>
<th>Aetna PPO Plan</th>
<th>Aetna Consumer Choice (HSA) Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Employee Contributions:</strong></td>
<td>$75 per month</td>
<td>$25 per month</td>
</tr>
<tr>
<td>• Employee Only</td>
<td>$315 per month</td>
<td>$215 per month</td>
</tr>
<tr>
<td>• Emp. &amp; Spouse/Dom Part)</td>
<td>$270 per month</td>
<td>$170 per month</td>
</tr>
<tr>
<td>• Employee &amp; Child(ren)</td>
<td>$500 per month</td>
<td>$400 per month</td>
</tr>
<tr>
<td>Family</td>
<td></td>
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</tr>
<tr>
<td><strong>HSA Funding</strong></td>
<td>Not available</td>
<td>Bates Base Contribution:</td>
</tr>
<tr>
<td>* Funds are deposited into employee’s Health Savings Account. Funds belong to the employee.</td>
<td></td>
<td>Individual: $600</td>
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<tr>
<td></td>
<td></td>
<td>Family: $1,200</td>
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<tr>
<td></td>
<td></td>
<td><strong>50% Matching Contribution (Max):</strong></td>
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<tr>
<td></td>
<td></td>
<td>Individual: $300 (if you contribute $600)</td>
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<tr>
<td></td>
<td></td>
<td>Family: $600 (if you contribute $1,200)</td>
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<tr>
<td></td>
<td></td>
<td><strong>Total HSA Funding with Maximum Match</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual: $600 + $600+$300=$1,500</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$500 Ind / $1000 Family</td>
<td>Family: $1,200+$1,200+$600=$3,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Limit</strong></td>
<td>$2,000 Ind / $4,000 Family</td>
<td>$3,000 Ind / $6,000 Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family out-of-pocket must be met if more than one person is enrolled on the plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual out-of-pocket only applies if enrolled as Employee Only</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Cost with HSA Funding (only available on HSA)</strong></td>
<td>Not applicable</td>
<td>$1,500 Ind / $3,000 Family</td>
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<tr>
<td></td>
<td></td>
<td>(assumes employee contributes annual difference in payroll contributions into HSA)</td>
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</tbody>
</table>

### Preventive Care: Covered at 100% (deductible waived)

- **Routine Adult Physical/Immunization**: Covered at 100% (deductible waived)
- **Routine Well-Child Exam and Immunizations**: Covered at 100% (deductible waived)
- **Routine Well Woman Exam**
  *refer to plan design for schedule of benefits*: Covered at 100% (deductible waived)
- **Routine Eye Exam**
  *1 exam every 12 months*: Covered at 100% (deductible waived)
<table>
<thead>
<tr>
<th><strong>Office Visits</strong></th>
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<tbody>
<tr>
<td>Office visits (Non-Specialist)</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Office visits (Specialist)</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>E- Visit to Non-Specialist</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Walk-in Clinics</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 copayment (waived if admitted)</td>
</tr>
<tr>
<td>Non-Emergencies in Emergency Room</td>
<td>Not Covered</td>
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<thead>
<tr>
<th><strong>Diagnostic Procedures</strong></th>
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<tbody>
<tr>
<td>Lab and X-Ray</td>
<td>Covered at 100% (deductible waived)</td>
</tr>
<tr>
<td>Outpatient Complex Imaging (MRI, CT Scan, PET Scan)</td>
<td>$50 Copayment</td>
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<table>
<thead>
<tr>
<th><strong>Hospital Benefits</strong></th>
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<tbody>
<tr>
<td>Outpatient Hospital</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<td>Outpatient Surgery</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<th><strong>Mental Health Services</strong></th>
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<tbody>
<tr>
<td>Inpatient</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<td>Outpatient</td>
<td>$25 copayment</td>
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<thead>
<tr>
<th><strong>Alcohol / Drug Abuse Services</strong></th>
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<tbody>
<tr>
<td>Inpatient</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<td>Outpatient</td>
<td>$25 copayment</td>
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<tr>
<td>Residential Treatment Facility</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<td>Spinal Manipulation</td>
<td>$25 copayment</td>
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<tr>
<td>Autism: Behavioral Therapy, Applied Behavioral Analysis, Physical, Speech, and Occupational Therapy</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Covered at 100% (deductible waived)</td>
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<tr>
<td>Diabetic Supplies (if not covered under Pharmacy)</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<th><strong>Family Planning</strong></th>
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<tr>
<td>Infertility Treatment (Diagnosis and treatment of underlying medical condition)</td>
<td>Cost-sharing based on the service performed and place of service</td>
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<tr>
<td>Tubal Ligation</td>
<td>Covered at 100% (deductible waived)</td>
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<tr>
<td>Comprehensive Infertility Treatment</td>
<td>Deductible then 20% to Out-of-Pocket</td>
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<tr>
<td>Vasectomy</td>
<td>Cost-sharing based on the service performed and place of service</td>
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<td>Pharmacy (Prescriptions)</td>
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<td><strong>Retail</strong></td>
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<td><strong>Mail Order</strong></td>
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