

NET PREMIER PLAN — Class Level Coverage
Actna Affordable Health Choices®

Underwriting Assumptions:			
SIC Code or Industry Type:		Staffing	
Quoted Employees:		50	
Employer Contribution:		100%	
Rates and Plan Designs are Subject to State Filing Approval			
NET PREMIER PLAN	Class I Benefits 1 to 90 Hours	Class II Benefits 91 to 130 Hours	Class III Benefits 131+ Hours
Annual Medical Maximum	\$15,000	\$30,000	\$100,000
Deductible	In-Network: \$100 Out of Network: \$200	In-Network: \$300 Out of Network: \$400	In-Network: \$500 Out of Network: \$600
INPATIENT BENEFITS			
▪ Coinsurance	In-Network: 80% after the deductible Out of Network: 60% after the deductible	In-Network: 80% after the deductible Out of Network: 60% after the deductible	In-Network: 80% after the deductible Out of Network: 60% after the deductible
<i>Benefits Subject to these Limits:</i>	▪ \$1,500 for Other Hospital Services	▪ \$3,000 for Other Hospital Services	▪ \$10,000 for Other Hospital Services
OUTPATIENT BENEFITS			
Doctor's Office Visit			
▪ Co-pay	\$15 per visit	\$15 per visit	\$15 per visit
▪ Coinsurance	In-Network: 100% coverage after co-pay Out of Network: 50% after the deductible	In-Network: 100% coverage after co-pay Out of Network: 50% after the deductible	In-Network: 100% coverage after co-pay Out of Network: 50% after the deductible
Diagnostic Services Benefit (X-ray/Lab)			
▪ Co-pay	No Co-pay	No Co-pay	No Co-pay
▪ Coinsurance	In-Network: 80% after the deductible Out of Network: 60% after the deductible	In-Network: 80% after the deductible Out of Network: 60% after the deductible	In-Network: 80% after the deductible Out of Network: 60% after the deductible
<i>Outpatient Benefits Subject to these Limits:</i>	▪ \$1,500 for Outpatient Expenses Benefit	▪ \$3,000 for Outpatient Expenses Benefit	▪ \$10,000 for Outpatient Expenses Benefit

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Wellness Benefit			
▪ Co-pay	\$15 per visit	\$15 per visit	\$15 per visit
▪ Coinsurance	In-Network: 100% after co-pay Out of Network: 50% after co-pay	In-Network: 100% after co-pay Out of Network: 50% after co-pay	In-Network: 100% after co-pay Out of Network: 50% after co-pay
▪ Annual Maximum	\$125 per coverage year	\$175 per coverage year	\$200 per coverage year
Prescription Drug Benefit			
▪ Deductible for each Prescription	Generic: \$10 Brand: \$20	Generic: \$10 Brand: \$20	Generic: \$10 Brand: \$20
▪ Coinsurance	In-Network: 100% after deductible Out of Network: 50% after deductible	In-Network: 100% after deductible Out of Network: 50% after deductible	In-Network: 100% after deductible Out of Network: 50% after deductible
▪ Annual Maximum	\$400 per coverage year	\$750 per coverage year	\$2,000 per coverage year
DISCOUNT PROGRAMS & SERVICES			
Caremark Prescription Drug Program*	This discount program is separate from any prescription drug benefit offered under the medical coverage. This discount program can provide discounts even after the prescription drug benefit maximum has been reached.		
Aetna Vision One® Discount Program*	Members will receive discounts on eye exams, eyeglasses, contact lenses, solutions, LASIK eye surgery when visiting participating providers.		
Informed Health® Line	Aetna's Informed Health® Line provides access to registered nurses 24 hours a day, seven days a week. This toll-free line connects members to a team of nurses experienced in providing information on a variety of health topics. Informed Health Line nurses use the Healthwise® Knowledgebase, one of the most advanced health databases, to provide information about health issues, medical procedures and treatment options to help members communicate more effectively with their doctors. The service also includes an audio library which allows members to listen to certain health topics of interest in English or Spanish.		
Employee Assistance Program	Aetna's Employee Assistance Program is a service that provides support in managing stress, and balancing work and life. This telephonic and web based program includes resources related to emotional support, as well as child care, and Legal and Financial Guidance. These services are convenient and confidential, available 24 hours a day, seven days a week.		
* Discount programs provide access to discounted prices and are not insured benefits.			

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SUPPLEMENTAL BENEFITS INCLUDED			
NET PREMIER PLAN	Class I Benefits 1 to 90 Hours	Class II Benefits 91 to 130 Hours	Class III Benefits 131+ Hours
<p>Short Term Disability</p> <p>(STD benefits are for the employee only)</p> <p>STD not available in CA, HI, NJ, NY, RI, & PR.</p>	<ul style="list-style-type: none"> ▪ Weekly benefit for up to 6 months while employee is disabled ▪ 50% of base pay received from the employer that sponsors this program (plus tips, but no overtime) up to \$80 maximum weekly benefit ▪ Benefits begin after 14-day waiting period (unless hospitalized, in which case Plan begins paying immediately) 	<ul style="list-style-type: none"> ▪ Weekly benefit for up to 6 months while employee is disabled ▪ 50% of base pay received from the employer that sponsors this program (plus tips, but no overtime) up to \$110 maximum weekly benefit ▪ Benefits begin after 14-day waiting period (unless hospitalized, in which case Plan begins paying immediately) 	<ul style="list-style-type: none"> ▪ Weekly benefit for up to 6 months while employee is disabled ▪ 50% of base pay received from the employer that sponsors this program (plus tips, but no overtime) up to \$135 maximum weekly benefit ▪ Benefits begin after 14-day waiting period (unless hospitalized, in which case Plan begins paying immediately)
<p>Term Life with Accidental Death Benefit</p>	<ul style="list-style-type: none"> ▪ \$15,000 of term life insurance with a matching accidental death benefit for Employees ▪ Covered Employees received \$2,500 in term life coverage for their eligible dependents over 6 months and \$500 for children 6 months of age or younger. The accidental death benefit is not available for dependent. ▪ Benefits will be paid to the beneficiary of Employees choice ▪ Employees benefits are reduce by 50% at age 70 	<ul style="list-style-type: none"> ▪ \$25,000 of term life insurance with a matching accidental death benefit for Employees ▪ Covered Employees received \$2,500 in term life coverage for their eligible dependents over 6 months and \$500 for children 6 months of age or younger. The accidental death benefit is not available for dependent. ▪ Benefits will be paid to the beneficiary of Employees choice ▪ Employees benefits are reduce by 50% at age 70 	<ul style="list-style-type: none"> ▪ \$50,000 of term life insurance with a matching accidental death benefit for Employees ▪ Covered Employees received \$2,500 in term life coverage for their eligible dependents over 6 months and \$500 for children 6 months of age or younger. The accidental death benefit is not available for dependent. ▪ Benefits will be paid to the beneficiary of Employees choice ▪ Employees benefits are reduce by 50% at age 70
<p>Dental Benefits</p> <p>Annual Maximum</p> <p>Annual Deductible</p> <p>Preventive, Diagnostic and Routine Restorative Care Pays</p> <p>Major Restorative Care Pays</p>	<p>\$650</p> <p>\$50</p> <p>80% up to the Annual Maximum</p> <p>50% up to the Annual Maximum</p>	<p>\$950</p> <p>\$50</p> <p>80% up to the Annual Maximum</p> <p>50% up to the Annual Maximum</p>	<p>\$1,250</p> <p>\$50</p> <p>80% up to the Annual Maximum</p> <p>50% up to the Annual Maximum</p>
<p>The percentage of the cost that the plan pays could be higher if a member uses a participating PPO network dentist (based on provider and location). A non-preferred provider may require that a member pay more than the recognized charge, and this additional amount would be the member's responsibility. The dental PPO network is not available in Alabama, Arkansas, Idaho, Hawaii, Louisiana, Mississippi, New Mexico, or Puerto Rico.</p>			

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EXCLUSIONS AND LIMITATIONS

This plan does not cover all health care expenses and has exclusions and limitations. Members should refer to their booklet certificate 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, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Medical Exclusions:

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents.
- Any eye surgery mainly to correct refractive errors.
- Cosmetic surgery, including breast reduction
- Custodial care.
- Dental care and x-rays, unless medically necessary to repair an injury to the mouth, jaw or teeth resulting from an accident.
- Donor egg retrieval.
- Experimental and investigational procedures.
- Hearing aids.
- Immunizations for travel or work.
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies.
- Nonmedically necessary services or supplies.
- Orthotics.
- Over-the counter medication and supplies.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling.
- Special duty nursing.
- Any treatment, drug service or supply intended to decrease or increase body weight, control weight or treat obesity, including morbid obesity, regardless of the existence of comorbid conditions.

Short Term Disability Exclusions:

- Attempted suicide, while sane or insane, or intentional self-inflicted injury or sickness, unless as the result of a medical condition.
- Commission of or attempt to commit an act which is a felony in the jurisdiction in which the act occurred.
- Substance abuse.
- Occupational injury of sickness.

Term Life Exclusions:

- Use of alcohol, intoxicants, or drugs, except as prescribed by a physician.
- Suicide or attempted suicide (while sane or insane).

Accidental Death Benefit Exclusions:

- Use of alcohol, intoxicants, or drugs, except as prescribed by a physician.
- Suicide or attempted suicide (while sane or insane).
- An intentionally self-inflicted injury.
- A disease, ptomaine or bacterial infection except for that which results directly from an injury.
- Medical or surgical treatment except for that which results directly from an injury.
- Voluntarily inhalation of poisonous gases.
- Commission of or attempt to commit a criminal act.

Dental Exclusions:

- Any procedure, service or supplies that are included as covered medical expenses under another group medical expense benefit plan.
- Prescribed drugs, pre-medication, analgesia or general anesthesia.
- Services provided for any type of temporomandibular (TMJ) or related structures, or myofascial pain.
- Charges in excess of the Recognized Charge, based on the 80th percentile of the Medicode Medical Data Research Tables.
- Cosmetic procedures unless needed as a result of injury.

THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE DESCRIBED IN THIS BENEFITS SUMMARY.

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This material is for information only and is intended to provide highlights of the plan. It does not replace or supplement the policy and or certificate booklet. Insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. 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. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Discount programs provide access to discounted prices and are not insured benefits. Material is subject to change.

Insurance plans are underwritten by Aetna Life Insurance Company.
Plans are administered by Contractors Employee Benefits Administration, Inc. (CEBA[®]).

For OK residents only, policy forms issued include GR-9/GR-9N and GR-29/GR-29N.