

ME Individual Portfolio | Summary of Benefits

Contents

Aetna Leap Catastrophic Whole Health Maine	2
Aetna Leap Catastrophic Whole Health Maine	3
Aetna Leap Basic Whole Health Maine	4
Aetna Leap Basic Whole Health Maine	5
Aetna Leap Gold Whole Health Maine	6
Aetna Leap Gold Whole Health Maine	7
Aetna Leap Everyday Whole Health Maine	8
Aetna Leap Everyday Whole Health Maine	9
Aetna Leap Everyday Whole Health Maine CSR 73%	10
Aetna Leap Everyday Whole Health Maine CSR 87%	11
Aetna Leap Everyday Whole Health Maine CSR 94%	12
Aetna Leap Everyday Plus Whole Health Maine	13
Aetna Leap Everyday Plus Whole Health Maine	14
Aetna Leap Everyday Plus Whole Health Maine CSR 73%	15
Aetna Leap Everyday Plus Whole Health Maine CSR 87%	16
Aetna Leap Everyday Plus Whole Health Maine CSR 94%	17
Aetna Whole Health Gold \$5 Copay PD	18
Aetna Whole Health Silver \$10 Copay PD	19

Aetna Health Inc.
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HIOS Plan ID: 73250ME0070002-00
Section D

Maine

Aetna Leap Catastrophic Whole Health Maine
Catastrophic

Summary of Features	In Network
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Deductible	
Individual	\$7,150
Family	\$14,300
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$7,150
Family	\$14,300
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$20 ded waived/visits 1-3, 0% aft ded/visits 4+
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder	0% after deductible
Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0% after deductible
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	0% after deductible
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070002-01
Section D

Maine

Aetna Leap Catastrophic Whole Health Maine
Catastrophic

Summary of Features	In Network
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Deductible	
Individual	\$7,150
Family	\$14,300
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$7,150
Family	\$14,300
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$20 ded waived/visits 1-3, 0% aft ded/visits 4+
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder	0% after deductible
Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0% after deductible
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	0% after deductible
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070001-00
Section D

Maine

Aetna Leap Basic Whole Health Maine
Bronze

Summary of Features	In Network
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Deductible	
Individual	\$7,050
Family	\$14,100
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$7,050
Family	\$14,100
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	0% after deductible
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0% after deductible
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070001-01
Section D

Maine

Aetna Leap Basic Whole Health Maine
Bronze

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$7,050
Family	\$14,100
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$7,050
Family	\$14,100
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	0% after deductible
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0% after deductible
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

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HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070003-00
Section D

Maine

Aetna Leap Gold Whole Health Maine
Gold

Summary of Features	In Network
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Deductible	
Individual	\$3,950
Family	\$7,900
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$3,950
Family	\$7,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	\$100 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$100 per visit
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070003-01
Section D

Maine

Aetna Leap Gold Whole Health Maine
Gold

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$3,950
Family	\$7,900
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$3,950
Family	\$7,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	\$100 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$100 per visit
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070005-00
Section D

Maine

Aetna Leap Everyday Whole Health Maine
Silver

Summary of Features	In Network
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Deductible	
Individual	\$6,075
Family	\$12,150
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,075
Family	\$12,150
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$10 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$10 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070005-01
Section D

Maine

Aetna Leap Everyday Whole Health Maine
Silver

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$6,075
Family	\$12,150
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,075
Family	\$12,150
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$10 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$10 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
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HIOS Plan ID: 73250ME0070005-04
Section D

Maine

Aetna Leap Everyday Whole Health Maine CSR 73%
Silver CSR 73%

Summary of Features	In Network
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Deductible	
Individual	\$4,875
Family	\$9,750
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$4,875
Family	\$9,750
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$10 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$10 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070005-05
Section D

Maine

Aetna Leap Everyday Whole Health Maine CSR 87%
Silver CSR 87%

Summary of Features	In Network
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Deductible	
Individual	\$1,825
Family	\$3,650
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$1,825
Family	\$3,650
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$3
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070005-06
Section D

Maine

Aetna Leap Everyday Whole Health Maine CSR 94%
Silver CSR 94%

Summary of Features	In Network
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Deductible	
Individual	\$775
Family	\$1,550
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$775
Family	\$1,550
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$3
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070006-00
Section D

Maine

Aetna Leap Everyday Plus Whole Health Maine
Silver

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$5,050
Family	\$10,100
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$5,050
Family	\$10,100
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070006-01
Section D

Maine

Aetna Leap Everyday Plus Whole Health Maine
Silver

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$5,050
Family	\$10,100
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$5,050
Family	\$10,100
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070006-04
Section D

Maine

Aetna Leap Everyday Plus Whole Health Maine CSR 73%
Silver CSR 73%

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$4,490
Family	\$8,980
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$4,490
Family	\$8,980
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$5
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070006-05
Section D

Maine

Aetna Leap Everyday Plus Whole Health Maine CSR 87%
Silver CSR 87%

Summary of Features	In Network
----------------------------	-------------------

Deductible	
Individual	\$1,825
Family	\$3,650
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$1,825
Family	\$3,650
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$3
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0070006-06
Section D

Maine

Aetna Leap Everyday Plus Whole Health Maine CSR 94%
Silver CSR 94%

Summary of Features	In Network
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Deductible	
Individual	\$775
Family	\$1,550
Coinsurance <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$775
Family	\$1,550
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$5 per visit
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy	In-Network
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Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$3
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	0% after deductible

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0040006-00
Section D

Maine

Aetna Whole Health Gold \$5 Copay PD
Gold

Summary of Features	In Network	Non-Designated
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Summary of Features	In Network	Non-Designated
Deductible		
Individual	\$1,500	\$3,750
Family	\$3,000	\$7,500
Coinsurance <i>(Member Responsibility)</i>	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$4,500	\$6,000
Family	\$9,000	\$12,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$5 per visit	\$30 per visit
Specialist Visit	\$40 per visit	\$75 per visit after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible	40% after deductible
Emergency Room Services	\$250 per visit after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$40 per visit	\$75 per visit after deductible
Imaging (CT/PET Scans, MRIs)	20% after deductible	\$100+40% after deductible
Rehabilitative Speech Therapy	20% after deductible	Paid as designated
Rehabilitative Occupational and Rehabilitative Physical Therapy	20% after deductible	Paid as designated
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	20% after deductible	Paid as designated
X-rays and Diagnostic Imaging	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	20% after deductible	40% after deductible

Pharmacy	In-Network
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Pharmacy	In-Network
Pharmacy Deductible	
Individual	Integrated with Medical
Generics	\$3 / \$10
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	\$50
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	40% / 50%

Aetna Health Inc.
HIOS Issuer ID: 73250
HIOS Plan ID: 73250ME0040007-00
Section D

Maine

Aetna Whole Health Silver \$10 Copay PD
Silver

Summary of Features	In Network	Non-Designated
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Summary of Features	In Network	Non-Designated
Deductible		
Individual	\$4,000	\$5,750
Family	\$8,000	\$11,500
Coinsurance <i>(Member Responsibility)</i>	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,850
Family	\$12,000	\$13,700
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$10 per visit	\$50 per visit after deductible
Specialist Visit	\$60 per visit	\$75 per visit after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible	40% after deductible
Emergency Room Services	\$250 per visit after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$60 per visit	\$75 per visit after deductible
Imaging (CT/PET Scans, MRIs)	\$100+20% after deductible	\$500+40% after deductible
Rehabilitative Speech Therapy	20% after deductible	Paid as designated
Rehabilitative Occupational and Rehabilitative Physical Therapy	20% after deductible	Paid as designated
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	20% after deductible	Paid as designated
X-rays and Diagnostic Imaging	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100+20% after deductible	\$500+40% after deductible
Outpatient Surgery Physician/Surgical Services	20% after deductible	40% after deductible

Pharmacy	In-Network
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Pharmacy	In-Network
Pharmacy Deductible	
Individual	\$500
Generics	\$3 / \$10
Preferred Brand Drugs	\$40 after deductible
Non-Preferred Brand Drugs	\$50 after deductible
Specialty Drugs (i.e. high-cost) Preferred/Non-Preferred	40% after deductible / 50% after deductible