

Hobart and William Smith Colleges
 Medical Plan Offering Comparison
 Effective 1/1/2008

Covered Services	Aetna	Aetna		Aetna	
	Open Access Elect Choice In-Network Only	Open Access Managed Choice In-Network	Out-of-Network	Aetna Health Fund HSA - OAMC In-Network	Out-of-Network
Office visit copay (PCP)	\$20	\$25 copay, deductible waived	Covered at 70%	Covered at 90%	Covered at 70%
Office visit copay (Specialist)	\$20	\$25 copay, deductible waived	Covered at 70%	Covered at 90%	Covered at 70%
Employer Contributions to HSA Fund	N/A	N/A	N/A	\$500 Individual \$1,000 Family	
Deductible: ALL BENEFITS SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED	Not Applicable	\$100 individual/ \$300 family	\$250 individual/ \$750 family	\$1,100 Individual \$2,200 Family	\$2,000 Individual \$4,000 Family
Coinsurance	Covered 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Out of pocket maximum	Not Applicable	\$900 individual/ \$2,700 family	\$2,250 individual/ \$6,750 family	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$7,000 Family
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventative Care Services					
Well child visits - 7 exams in first 12 months of life; 2 exams in the 13th through 24th month of life; 1 exam per calendar year thereafter to age 19.	Covered in full, copay waived	Covered in full, deductible waived	Covered at 70%	Covered 100% deductible waived	Covered at 70%
Adult routine physical exams - 1 exam every 12 months	\$20 office visit copay	\$25 copay, deductible waived	Covered at 70%	Covered 100% deductible waived	Covered at 70%
Routine vision - 1 routine exam per 24 months.	\$20 office visit copay	\$25 copay, deductible waived	Covered at 70%,	Covered 100% deductible waived	Covered at 70%,
Routine hearing - 1 routine exam per 24 months.	\$20 office visit copay	\$25 copay, deductible waived	Covered at 70%,	Covered 100% deductible waived	Covered at 70%
Physician Office Services					
Diagnostic office visits	\$20 office visit copay	\$25 copay, deductible waived	Covered at 70%	Covered at 90%	Covered at 70%
Maternity Services					
Prenatal and postpartum care	\$20 office visit copay for initial visit; 100% thereafter	\$25, deductible waived for first visit. All other visits covered in full.	Covered at 70%	Covered at 90%	Covered at 70%
Hospital care for mom (including delivery)	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Newborn nursery care	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%

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Prescription Drug					
Short-term and maintenance drugs	\$10/25/40 copay for up to a 30 day supply at participating pharmacies. \$20/50/80 for a 31-90 supply from Aetna Rx Home Delivery.	Retail: \$10/25/40 copay for up to a 30 day supply at participating pharmacies. Mail Order: \$20/50/80 for a 31-90 supply from Aetna Rx Home Delivery.	Retail: Covered at 70% Mail Order: Not Covered	Full cost of drugs apply to Deductible. Once Deductible is met, pharmacy plan applies: Retail: \$10/25/40 copay for up to a 30 day supply at participating pharmacies. Mail Order: \$20/50/80 for a 31-90 supply from Aetna Rx Home Delivery.	Retail: 30% of submitted cost after combined medical/Rx plan deductible and \$10/25/40 copay for up to a 30 day supply. Mail Order: No coverage
Inpatient Hospital Benefits					
Hospital benefits	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Emergency Care					
Emergency room care	\$50 copay; waived if admitted	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 90%
Ambulance	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Outpatient Hospital Benefits					
Diagnostic x-rays	Covered at 100%	Covered at 90%, subject to deductible. If performed as part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered at 70%	Covered at 90%	Covered at 70%
Diagnostic laboratory and pathology	Covered at 100%	Same as x-rays	Covered at 70%	Covered at 90%	Covered at 70%
Surgical care	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Mental Health and Chemical Dependence					
Inpatient mental health care - Limited to 30 days per calendar year	Covered at 100%,	Covered at 90%	Covered at 70%	Covered at 90%,	Covered at 70%,
Outpatient mental health care - Limited to 30 visits per calendar year	\$20 Copay,	\$25 copay, deductible waived	Covered at 70%	Covered at 90%,	Covered at 70%,
Inpatient chemical dependance - Limited to 30 days per calendar year	Covered at 100%,	Covered at 90%	Covered at 70%	Covered at 90%,	Covered at 70%,
Outpatient chemical dependance - Limited to 60 visits per dalendar year, of which 20 visits may be used for family counseling	\$20 Copay,	\$25 copay, deductible waived	Covered at 70%	Covered at 90%,	Covered at 70%,

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Other Services					
Diabetic insulin and supplies	\$20 copay	\$25, deductible waived	Covered at 70%	Covered at 90%	Covered at 70%
Home care - Limited to 120 visits per calendar year	Covered at 100%,	Covered at 100%, deductible waived.	Covered at 70%	Covered at 90%,	Covered at 70%,
Outpatient therapy (Speech / Occupational / physical Therapy) Limited to 60 combined visits per calendar year	Covered at 100%,	Covered at 90%,	Covered at 70%	Covered at 90%,	Covered at 70%,
Durable medical equipment	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Chiropractic	Covered at 100%	Covered at 90%	Covered at 70%	Covered at 90%	Covered at 70%
Family Planning					
Infertility Treatment Diagnosis and treatment of underlying condition	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Covered at 70%	Covered at 90%,	Covered at 70%
Comprehensive Infertility Treatment Includes Artificial Insemination and Ovulation Induction 6 attempts per lifetime	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Covered at 70%	Covered at 90%,	Covered at 70%