

ExecuPharm, Inc.

Pharmaceutical, Biotech and CRO Recruitment and Placement

Medical Plans		Effective June 1, 2009	
Aetna - In Area Plans			
	High Option	Low Option	
In-Network	* Aetna Choice - No Referral Needed*	* POS Referral Needed	
Deductible (Individual/Family)	None	\$1,500/\$3,000 *	
Coinsurance	100%	100% after Deductible and Copay	
Out-of-Pocket	\$2,500/\$5,000	\$2,500/\$5,000	
Hospitalization	\$400/Day; 5 day max/adm	Deductible, \$400/Day; 5 day max/adm	
Outpatient Surgery	\$300	Deductible, \$300	
Office Visits	\$30	Deductible, \$30	
Specialists	\$50	Deductible, \$50	
Diagnostic X-Ray	\$50	Deductible, \$50	
MRI, PET, CAT Scans	\$50	Deductible, \$50	
Emergency Room	\$100	Deductible, \$100	
Prescriptions	\$15/\$35/\$50	\$15/\$35/\$50	
Vision	\$50	Deductible, \$45	
Eyeglasses	None	None	
Out-of-Network			
Deductible	5,000/15,000	\$5,000/\$15,000	
Coinsurance	50%	50%	
Out-of-Pocket	30,000/90,000	\$30,000/\$90,000	
Lifetime Maximum	*\$500,000	*\$500,000	

* Benefits reflect PA plan designs. Coverages and benefits may differ from state to state. Referrals are not required for the High Option, except in CA. Above plans do not apply to restricted zip codes.

The plans shown may not cover all of your healthcare expenses.

This information has been extracted from and is subject to the terms and conditions of all applicable group contracts and member handbooks.

Please note the following:

* An in-network deductible is not available in TX, NY, MA, CA, & KS.



Questions? Call Employee Benefit Services
1-866-974-2760

