

Managed Choice Open Access and PPO Preventative & Hospital Care 1250		
MEMBER BENEFITS	In Network	Out-of-Network <sup>+</sup>
Deductible		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	40% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied
Coinsurance Maximum		
Individual	\$3,000	\$7,500
Family	\$6,000	\$15,000
Out-of-Pocket Maximum		
Individual	\$4,250	\$10,000
Family	\$8,500	\$20,000
		Includes deductible
Lifetime Maximum* per insured		\$1,000,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist		Not Covered
Specialist Visit Unlimited visits		Not Covered
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room		\$100 copay** (waived if admitted); 20% coinsurance after deductible
Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
Maternity		Not Covered
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam	\$25 copay deductible waived	30% after deductible  Includes lab and X-rays
Lab/X-Ray		Not Covered
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	40% after deductible
Physical/Occupational Therapy and Chiropractic Care		Not Covered
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	40% after deductible
Durable Medical Equipment		Not Covered
<b>PHARMACY</b>		
Pharmacy Deductible per individual		Not Applicable
Generic Oral Contraceptives Included	\$15 Copay	\$15 copay plus 30%
Preferred Brand Oral Contraceptives Included	Not Covered - Aetna Discount Applies	Not Covered
Non-Preferred Brand Oral Contraceptives Included	Not Covered - Aetna Discount Applies	Not Covered
Calendar Year Maximum per individual*		Unlimited

Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location.

\* Maximum applies to combined in and out of network benefit

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of network care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

A summary of exclusions is listed in the Aetna Advantage brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

Plans may be subject to medical underwriting or other restrictions. 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. Health insurance plans contain exclusions and limitations. Material subject to change.

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust.

In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.