

Managed Choice Open Access and PPO 1500

MEMBER BENEFITS	In Network	Out-of-Network ⁺
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
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	\$1,500	\$7,000
Family	\$3,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit	\$25 copay deductible waived	30% after deductible
Unlimited visits General Physician, Family Practitioner Pediatrician or Internist		
Specialist Visit	\$35 copay deductible waived	30% after deductible
Unlimited visits		
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Urgent Care Facility	\$50 copay deductible waived	30% after deductible
Emergency Room	\$300 copay** (waived if admitted) deductible waived	
Annual Routine Gyn Exam	\$0 copay deductible waived	30% after deductible
No waiting period, No calendar year max. Annual Pap/Mammogram		
Maternity	Not Covered	
Preventive Health — Routine Physical	\$25 copay deductible waived	30% after deductible
Aetna will pay up to \$200 per exam	Includes lab and X-rays	
Lab/X-Ray	20% after deductible	40% after deductible
Skilled Nursing — in lieu of hospital	20% after deductible	40% after deductible
30 days per calendar year*		
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	40% after deductible
24 visits per calendar year*	Aetna will pay up to \$25 per visit max.	
Home Health Care — in lieu of hospital	20% after deductible	40% after deductible
30 visits per calendar year*		
Durable Medical Equipment	20% after deductible	40% after deductible
Aetna will pay up to \$2000 per calendar year*		
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
	Does not apply to generic	
Generic Oral Contraceptives Included	\$15 copay deductible waived	\$15 copay plus 30% deductible waived
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	\$35 copay plus 30% after deductible
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	\$50 copay plus 30% after deductible
Calendar Year Maximum per individual*	Unlimited	

Plans may be subject to medical underwriting and 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.