

**GEORGIA AETNA ADVANTAGE PLAN OPTIONS**

	Managed Choice Open Access and PPO First Dollar 30	
MEMBER BENEFITS	In Network	Out-of-Network*
Deductible		
Individual	\$0	\$5,000
Family	\$0	\$10,000
Coinsurance (Member's responsibility)	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$7,500	\$7,500
Family	\$15,000	\$15,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist	\$30 copay	30% after deductible
Specialist Visit Unlimited visits	\$40 copay	30% after deductible
Hospital Admission	30%	50% after deductible
Outpatient Surgery	30%	50% after deductible
Urgent Care Facility	\$50 copay	30% after deductible
Emergency Room	\$300 copay** (waived if admitted)	
Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram	\$0 copay	30% after deductible
Maternity	Not Covered	
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam	\$30 Copay	30% after deductible
	Includes lab and X-rays	
Lab/X-Ray	30%	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	30%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	30%	50% after deductible
	Aetna will pay up to \$25 max. per visit	
Home Health Care — in lieu of hospital 30 visits per calendar year*	30%	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year *	30%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
	Does not apply to generic	
Generic Oral Contraceptives Included	\$15 copay deductible waived	\$15 copay plus 30% deductible waived
Preferred Brand Oral Contraceptives Included	\$40 copay after deductible	\$40 copay plus 30% after deductible
Non-Preferred Brand Oral Contraceptives Included	\$60 copay after deductible	\$60 copay plus 30% after deductible
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.