

Managed Choice Open Access and PPO High Deductible 3000 (HSA Compatible)

MEMBER BENEFITS	In Network	Out-of-Network*
<b>Deductible</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Coinsurance (Member's responsibility)</b>	0% after deductible up to out-of-pocket max.	30% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b>		
Individual	\$0	\$6,500
Family	\$0	\$13,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$3,000	\$12,500
Family	\$6,000	\$25,000
	Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$5,000,000	
<b>Non-Specialist Office Visit</b>	0% after deductible	30% after deductible
Unlimited visits General Physician, Family Practitioner Pediatrician or Internist		
<b>Specialist Visit</b>	0% after deductible	30% after deductible
Unlimited visits		
<b>Hospital Admission</b>	0% after deductible	30% after deductible
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible
<b>Urgent Care Facility</b>	0% after deductible	30% after deductible
<b>Emergency Room</b>	\$0 copay after deductible	
<b>Annual Routine Gyn Exam</b>	\$0 copay deductible waived	30% after deductible
No waiting period, No calendar year max. Annual Pap/Mammogram		
<b>Maternity</b>	Not Covered	
<b>Preventive Health — Routine Physical</b>	\$20 copay deductible waived	30% after deductible
Aetna will pay up to \$200 per exam	Includes lab and X-rays	
<b>Lab/X-Ray</b>	0% after deductible	30% after deductible
<b>Skilled Nursing — in lieu of hospital</b>	0% after deductible	30% after deductible
30 days per calendar year*		
<b>Physical/Occupational Therapy and Chiropractic Care</b>	0% after deductible	30% after deductible
24 visits per calendar year*	Aetna will pay up to \$25 per visit max	
<b>Home Health Care — in lieu of hospital</b>	0% after deductible	30% after deductible
30 visits per calendar year*		
<b>Durable Medical Equipment</b>	0% after deductible	30% after deductible
Aetna will pay up to \$2,000 per calendar year*		
<b>PHARMACY</b>		
<b>Pharmacy Deductible per individual</b>	Integrated RX/Med	
<b>Generic Oral Contraceptives Included</b>	0% after Medical/Rx deductible	30% after Medical/Rx deductible
<b>Preferred Brand Oral Contraceptives Included</b>	0% after Medical/Rx deductible	30% after Medical/Rx deductible
<b>Non-Preferred Brand Oral Contraceptives Included</b>	0% after Medical/Rx deductible	30% after Medical/Rx deductible
<b>Calendar Year Maximum per individual*</b>	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

+ 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. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank.

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.