

| Managed Choice Open Access and PPO Preventative & Hospital Care 3000 (HSA Compatible) | | |
|---|---|---|
| MEMBER BENEFITS | In Network | Out-of-Network ⁺ |
| Deductible Individual Family | \$3,000 \$6,000 | \$6,000 \$12,000 |
| Coinsurance (Member's responsibility) | 20% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied | 40% after deductible up to out-of-pocket max. |
| Coinsurance Maximum Individual Family | \$2,000 \$4,000 | \$4,000 \$8,000 |
| Out-of-Pocket Maximum Individual Family | \$5,000 \$10,000 | \$10,000 \$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 | Not Covered |
| Specialist Visit Unlimited visits | Not Covered | 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 | \$35 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 | |
| PHARMACY | | |
| Pharmacy Deductible per individual | Not Applicable | |
| Generic Oral Contraceptives Included | Not Covered - Aetna Discount Applies | Not Covered |
| 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* | Not Applicable | |

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.