

	POS Open Access High Deductible 5000 (HSA Compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible
Coinsurance Maximum Individual Family	\$0 \$0	\$2,500 \$5,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$5,000 \$10,000	\$12,500 \$25,000
Lifetime Maximum*	\$5,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	50% after deductible
Specialist Visit	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	\$0 after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for preg. complications)	Not covered (except for preg. complications)
Preventive Health (Routine Physical)(Aetna will pay up to \$200 maximum)	\$25 copay deductible waived	50% after deductible
Lab/X-ray	0% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible
Physical/Occupational Therapy & Chiropractic Care (Aetna will pay up to a \$25 Max per visit/24 visits per calendar year*)	0% after deductible	50% after deductible
Home Health Care (In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible
Durable Medical Equipment (Aetna will pay up to \$2,000 per calendar year*)	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
Generic (Oral Contraceptives included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
Preferred Brand Name (Oral Contraceptive included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
Non-Preferred Brand (Oral Contraceptive Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited

* Maximum applies to combined in- and out-of-network benefits.

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

Aetna Advantage Plans for individuals, families and the self-employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust and Aetna Health Inc. In some states, individuals may qualify as a business group one and may be eligible for guaranteed issue, small group health plans.

For a full list of benefit coverage and exclusions refer to the plan documents. Materials subject to change.

©2008 Aetna Inc.

We want you to know[®]



www.aetna.com