

	Managed Choice Open Access 1500	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$1,500 \$3,000	\$3,000 \$6,000
<b>Coinsurance</b> (Member's Responsibility)	20% after deductible	50% after deductible
<b>Coinsurance Maximum</b> Individual Family	\$1,500 \$3,000	\$7,000 \$14,000
<b>Out-of-Pocket Maximum</b> Individual Family (deductible included)	\$3,000 \$6,000	\$10,000 \$20,000
<b>Lifetime Maximum*</b>	\$5,000,000	
<b>Non-Specialist Office Visit</b> (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 copay deductible waived	50% after deductible
<b>Specialist Visit</b>	\$35 copay deductible waived	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$150 copay** (waived if admitted) after deductible	
<b>Annual Routine Gyn Exam</b> (Annual Pap/Mammogram)	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered (except for preg. complications)	Not covered (except for preg. complications)
<b>Preventive Health</b> (Routine Physical) (Aetna will pay up to \$200 per exam)	\$25 copay deductible waived	50% after deductible
<b>Lab/X-ray</b>	20% after deductible	50% after deductible
<b>Skilled Nursing</b> (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy &amp; Chiropractic Care</b> (Aetna will pay up to a \$25 Max per visit/24 visits per calendar year*)	20% after deductible	50% after deductible
<b>Home Health Care</b> (In lieu of Hospital) (30 visits per calendar year*)	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> (Aetna will pay up to \$2,000 per calendar year*)	20% after deductible	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible per Individual</b> (does not apply to generic)*	\$250	\$250
<b>Generic</b> (Oral Contraceptives included)	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand Name</b> (Oral Contraceptives included)	\$35 copay after deductible	\$35 copay plus 50% after deductible
<b>Non-Preferred Brand</b> (Oral Contraceptives included)	\$50 copay after deductible	\$50 copay plus 50% after deductible
<b>Calendar Year Maximum per Individual*</b>	Unlimited	Unlimited

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

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out of pocket max.

+ 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.

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

Materials subject to change. FL MCOA 1500 (3/08)