

	POS Open Access 1500	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible
Coinsurance Maximum Individual Family	\$1,500 \$3,000	\$7,000 \$14,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$3,000 \$6,000	\$10,000 \$20,000
Lifetime Maximum*	\$5,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 copay deductible waived	50% after deductible
Specialist Visit	\$35 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$150 copay** after deductible (waived if admitted)	
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 per exam)	\$25 copay deductible waived	50% after deductible
Lab/X-ray	20% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% 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*)	20% after deductible	50% after deductible
Home Health Care (In lieu of Hospital) (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (Aetna will pay up to \$2,000 per calendar year*)	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	\$250	\$250
Generic (Oral Contraceptives included)	\$15 copay deductible waived	50% deductible waived
Preferred Brand Name (Oral Contraceptives included)	\$35 copay after deductible	50% after deductible
Non-Preferred Brand (Oral Contraceptives included)	\$50 copay after deductible	50% after deductible
Calendar Year Maximum per Individual*	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.

For a full list of benefit coverage and exclusions refer to the plan documents.
Materials subject to change. FL POSOA 1500 (3/08)

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