

	Preventative and Hospital Care 1250	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$1,250 \$2,500	\$2,500 \$5,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible
Coinsurance Maximum Individual Family	\$3,000 \$6,000	\$7,500 \$15,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$4,250 \$8,500	\$10,000 \$20,000
Lifetime Maximum*	\$1,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	Not covered	Not covered
Specialist Visit	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	Not covered (except for pregnancy complications)
Preventive Health (Routine Physical) (Aetna will pay up to \$200 maximum)	\$25 copay deductible waived	50% after deductible
Lab/X-ray (Coverage will be provided if associated with a surgery)	Not covered	Not covered
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy & Chiropractic Care	Not covered	Not covered
Home Health Care (In lieu of Hospital) (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment	Not covered	Not covered
PHARMACY		
Pharmacy Deductible per Individual	Not Applicable	Not Applicable
Generic (Oral Contraceptives included)	\$15 copay	\$15 copay plus 50%
Preferred Brand Name (Oral Contraceptive included)	Not covered - Aetna Discount Applies	Not covered
Non-Preferred Brand (Oral Contraceptive Included)	Not covered - Aetna Discount Applies	Not covered
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 maximum.

+ 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.

