

	Preventative and 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	50% after deductible
Coinsurance Maximum Individual Family	\$2,000 \$4,000	\$4,000 \$8,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$5,000 \$10,000	\$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) 20% coinsurance 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 a \$200 maximum*)	\$35 copay deductible waived	50% after deductible
Lab/X-ray	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)	Not Covered-Aetna Discount Applies	Not covered
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*	Not applicable	Not applicable

* 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.

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

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Material subject to change. FL P & H 3000 (3/08)

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