

# PPO AND AETNA OPEN ACCESS<sup>®</sup> MANAGED CHOICE<sup>®</sup> 1500 GEORGIA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b>		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
<b>Coinsurance</b> (Member's responsibility)	25% after deductible up to out-of-pocket max	40% after deductible up to out-of-pocket max
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Coinsurance Maximum</b>		
Individual	\$5,000	\$7,000
Family	\$10,000	\$14,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$6,500	\$10,000
Family	\$13,000	\$20,000
	<i>Includes deductible</i>	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay deductible waived	30% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$65 copay deductible waived	30% after deductible
<b>Hospital Admission</b>	25% after deductible	40% after deductible
<b>Outpatient Surgery</b>	25% after deductible	40% after deductible
<b>Urgent Care Facility</b>	\$75 copay deductible waived	30% after deductible
<b>Emergency Room</b>	\$500 copay** (waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
<b>Maternity</b>	Not covered	
<b>Preventive Health — Routine Physical</b> <i>No waiting period</i>	\$0 copay deductible waived	30% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b> (Non-Preventive)	25% after deductible	40% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	25% after deductible	40% after deductible
<b>Physical/Occupational Therapy</b> <i>24 visits per calendar year*</i>	25% after deductible	40% after deductible
<b>Home Health Care</b> — instead of hospital <i>30 visits per calendar year*</i>	25% after deductible	40% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	25% after deductible	40% after deductible

PHARMACY	In-Network	Out-of-Network <sup>+</sup>
<b>Pharmacy Deductible</b> per individual	\$500	\$500
	<i>Does not apply to generic</i>	
<b>Generic</b>	\$15 copay deductible waived	\$15 copay plus 30% deductible waived
<b>Preferred Brand</b>	\$50 copay after deductible	\$50 copay plus 30% after deductible
<b>Non-Preferred Brand</b>	\$65 copay after deductible	\$65 copay plus 30% after deductible
<b>Self-Injectable Drug Copay/Coinsurance</b>	25% after deductible	25% after deductible

- \* 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.
- + For important information on your costs and how Aetna pays for out-of-network care, read "What you need to know about your out-of-network costs."

Certain areas in Georgia include the Aetna Performance Network<sup>®</sup>, which features Aexcel designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ ENT, Neurology, Neurosurgery, Plastic Surgery, Urology and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You can find them by looking for the star next to the doctor's names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

This material is for information only. A summary of exclusions is listed in the Aetna Advantage Plan brochure. For a full list of benefit coverage and exclusions refer to the plan documents. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.

**Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company directly and/or through an out-of-state blanket trust or Aetna Health Inc. (together, "Aetna") In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.** To the extent permitted by law, these plans are medically underwritten and you may be declined coverage in accordance with your health condition.

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