## MANAGED CHOICE OPEN ACCESS AND PPO HIGH DEDUCTIBLE 3000 (HSA COMPATIBLE)

## GEORGIA

## AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network⁺
<b>Deductible</b> Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
<b>Coinsurance</b> (Member's responsibility)	0% after deductible up to out-of-pocket max	30% after deductible up to out-of-pocket max
	\$0 once out-of-pocket maximum is satisfied	
<b>Coinsurance Maximum</b> Individual Family	\$0 \$0	\$6,500 \$13,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$12,500 \$25,000
	Includes deductible	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$0 copay after deductible	30% after deductible
Specialist Visit Unlimited visits	\$0 copay after deductible	30% after deductible
Hospital Admission	\$0 copay after deductible	30% after deductible
Outpatient Surgery	\$0 copay after deductible	30% after deductible
Urgent Care Facility	\$0 copay after deductible	30% after deductible
Emergency Room	\$0 copay after deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
Maternity	Not covered	
Preventive Health — Routine Physical No waiting period	\$0 copay deductible waived	30% after deductible
	Includes lab work and X-rays	
Lab/X-Ray (Non-Preventive)	0% after deductible	30% after deductible
<b>Skilled Nursing</b> — instead of hospital 30 days per calendar year*	0% after deductible	30% after deductible
Physical/Occupational Therapy 24 visits per calendar year*	0% after deductible	30% after deductible
Home Health Care — instead of hospital 30 visits per calendar year*	0% after deductible	30% after deductible
<b>Durable Medical Equipment</b> Aetna will pay up to \$2,000 per calendar year*	0% after deductible	30% after deductible

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. Investment services are independently offered by the HSA Administrator.

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 or Aetna Health Inc. 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.

PHARMACY	In-Network	Out-of-Network*	
Pharmacy Deductible per individual	Intergrated Med	Intergrated Medical/Rx Deductible	
<b>Generic</b> Oral Contraceptives Included	0% after Medical/Rx deductible	30% after Medical/Rx deductible	
<b>Preferred Brand</b> Oral Contraceptives Included	0% after Medical/Rx deductible	30% after Medical/Rx deductible	
<b>Non-Preferred</b> <b>Brand</b> <i>Oral Contraceptives</i> <i>Included</i>	0% after Medical/Rx deductible	30% after Medical/Rx deductible	
<b>Self-Injectable</b> Drug Copay/ Coinsurance	0% after Medical/Rx deductible	30% after Medical/Rx 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.

 Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule.
Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

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 outof-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 or in your printed directory.



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