

## CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

	First Dollar Managed Choice Open Access 40	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$0 \$0	\$7,000 \$14,000
Coinsurance (Member's Responsibility)	40%	50% after deductible
<b>Co-insurance Maximum</b> Individual Family	\$3,500 \$7,000	\$5,500 \$11,000
<b>Out-of-Pocket Maximum</b> Individual Family (deductible included)	\$3,500 \$7,000	\$12,500 \$25,000
<b>Lifetime Maximum*</b>	\$5,000,000	
<b>Non-specialist Office Visit</b> (General Physician, Family Practitioner, Pediatrician or Internist)	\$40 copay	50% after deductible
<b>Specialist Visit</b>	\$50 copay	50% after deductible
<b>Hospital Admission</b>	40%	50% after deductible
<b>Outpatient Surgery</b>	40%	50% after deductible
<b>Emergency Room</b>	\$100 copay** (waived if admitted) 40% coinsurance	
<b>Annual Routine Gyn Exam</b> (Annual Pap/Mammogram)	No Copay	50% after deductible
<b>Maternity</b>	Not covered	Not covered
<b>Preventive Health</b> (\$200 per exam)	\$40 copay	50% after deductible
<b>Lab/X-Ray</b>	40%	50% after deductible
<b>Skilled Nursing</b> (In lieu of Hospital) (30 days per calendar year*)	40%	50% after deductible
<b>Physical/Occupational Therapy &amp; Chiropractic Care</b> (\$25 Max -24 visits per calendar year*)	40%	50% after deductible
<b>Home Health Care</b> (In lieu of Hospital) (30 visits per calendar year*)	40%	50% after deductible
<b>Durable Medical Equipment</b> (\$2000 per calendar year*)	40%	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible per Individual</b> (does not apply to generic)*	\$500	\$500
<b>Generic</b> (Oral Contraceptives included)	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible
<b>Preferred Brand Name</b>	\$30 copay after deductible	\$30 copay plus 50% after deductible
<b>Non-Preferred Brand</b> (Oral Contractives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible
<b>Calendar Year Maximum per Individual*</b>	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 co-insurance 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.

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

We want you to know<sup>®</sup>



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The Aetna Advantage Plans for Individuals and Families are offered, underwritten or administered by Aetna Life Insurance or through an out-of-state blanket trust.