

CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

	CALIFORNIA HIGH-DEDUCTIBLE MC 1 (HSA-COMPATIBLE)	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$2,750	\$5,500
Family	\$5,500	\$11,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
Coinsurance Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Lifetime Maximum* per insured	\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	20% after deductible	50% after deductible
Specialist Visit	20% after deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room (after deductible)	\$100 copay (waived if admitted); 20% co-insurance	
Annual Routine Gyn Exam (Annual Pap / Mammogram)	0% not subject to deductible	50% after deductible
Maternity	Not covered	
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 copay not subject to deductible	50% after deductible
Lab / X-Ray	20% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical / Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a max. of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible	Integrated Medical/RX Deductible	
Generic Copay (Contraceptives Included)	\$15 copay after deductible	\$15 copay plus 50% after deductible
Preferred Brand Copay (Oral Contraceptives Included)	\$30 copay after deductible	\$30 copay plus 50% after deductible
Non-Preferred Brand Copay (Oral Contraceptives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited	

* Maximum applies to combined in and out of network benefits.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of network care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

A summary of exclusions is listed on page 19 of the Aetna Advantage Brochure.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna company that offers, underwrites, or administers insurance coverage is Aetna Life Insurance Company.

