

## CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	PREVENTATIVE AND HOSPITAL CARE 3000 (HSA-COMPATIBLE)	
	In-Network	Out-of-Network*
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
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)	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
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	Not covered
Preventive Health (Physical every 24 months) (\$200 per exam*)	\$35 copay not subject to deductible	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	Not covered	Not covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment	Not covered	Not covered
<b>PHARMACY</b>		
Pharmacy Deductible	Not covered	Not covered
Generic*** (Contraceptives Included)	Not covered	Not covered
Preferred Brand*** (Oral Contraceptives Included)	Not covered	Not covered
Non-Preferred Brand*** (Oral Contraceptives Included)	Not covered	Not covered
Calendar Year Maximum per Individual*	Not covered	Not covered

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

\*\* Once two members of the Family each meet their individual calendar year deductibles, from then on each other member of the family will be considered to have met their deductibles for the calendar year.

\*\*\* Discount Card available

+ 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.

++ Once two members of a family reach their individual Payment Limit in a Calendar Year, benefits will be payable for all family members at 100% for Covered Medical Expenses incurred by all family members during the rest of that Calendar Year. Deductible does not apply to Coinsurance Maximum.

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

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