

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	PPO HIGH DEDUCTIBLE 3000 (HSA COMPATIBLE)	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible
Coinsurance Maximum		
Individual	\$0	\$6,500
Family	\$0	\$13,000
Out of Pocket Maximum**		
Individual	\$3,000	\$12,500
Family	\$6,000	\$25,000
Lifetime Maximum *	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	50% after deductible
Specialist Visit	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Emergency Room	0% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Annual*) (\$ 200 max. benefit)	\$20 Copay not subject to deductible	50% after deductible
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (\$25 Max-24 visits per calendar year*)	0% after deductible	50% after deductible
Home Health Care(In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year *)	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic (Oral Contraceptives Included)	0% after Medical/Rx deductible	30% after Medical/Rx deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	0% after Medical/Rx deductible	30% after Medical/Rx deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

- * Maximum applies to combined in and out-of-network benefits.
- ** Maternity and pregnancy related expenses are not covered, except for complications of pregnancy.
- + 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.
- ++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on page 18. For a full list of benefit coverage and exclusions refer to the plan documents.

Underwritten by Aetna Life Insurance Company

