

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	PREVENTATIVE AND HOSPITAL CARE 1250	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Member Coinsurance	20%	50%
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$3,750	\$7,500
Family	\$7,500	\$15,000
Lifetime Maximum *		\$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	\$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Physical – every 24 months*) (\$200 per exam)	\$25 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 and Chiropractic Care	Not Covered	Not Covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year*)	Not Covered Except for Diabetic Supplies	
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	Not Applicable	Not Applicable
Generic (Oral Contraceptives Included)	Not Covered**	Not Covered**
Preferred Brand/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.
 ** Aetna Discount 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.
 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

