

ARIZONA AETNA ADVANTAGE PLAN OPTIONS HIGH DEDUCTIBLE

HIGH DEDUCTIBLE PPO 2 (H.S.A. COMPATIBLE)		
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual/Family	\$5,000 Ind/\$10,000 Fam	\$10,000 Ind/\$20,000 Family
Coinsurance	0%	0%
Out-of-Pocket Maximum Individual/Family	\$5,000 Ind/\$10,000 Family	\$10,000 Ind/\$20,000 Family
Lifetime Maximum*	\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0%	0%
Specialist Visit	0%	0%
Hospital Admission	0%	0%
Outpatient Surgery	0%	0%
Emergency Room	0%	0%
Annual Routine Ob/Gyn Exam (Annual Pap/Mammogram)	0% Not Subject to deductible	0%
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 copay Not Subject to deductible	0%
Lab/X-Ray	0%	0%
Skilled Nursing (in lieu of hospital (30 days per calendar year*))	0%	0%
Physical/Occupational Therapy Chiropractic Care** (24 visits per calendar year*)	0%	0%
Home Health (30 visits per calendar year*)	0%	0%
Durable Medical Equipment (\$2,000 per calendar year*)	0%	0%
Urgent Care	0%	0%
PHARMACY		
Generic (Contraceptives Included)	0%	0%
Brand Name (Calendar Year Deductible per Individual)	Integrated Medical/RX deductible	Integrated Medical/RX deductible
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	0%	0%
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in and out of network benefits

**Aetna will pay a maximum of \$25 per visit.

Note: 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.

Maternity and pregnancy related expenses are not covered.

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

