

OHIO AETNA ADVANTAGE PLAN OPTIONS

	PPO 1000	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual Family	\$1,000 \$2,000	\$2,000 \$4,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible
Co-insurance Maximum Individual Family	\$1,500 \$3,000	\$1,500 \$3,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$2,500 \$5,000	\$3,500 \$7,000
Lifetime Maximum*	\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 copay not subject to deductible	50% after deductible
Specialist Visit	\$30 copay not subject to 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% coinsurance	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (\$200 per exam)	\$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 & Chiropractic Care (\$25 Max -24 visits per calendar year*)	20% after deductible	50% after deductible
Home Health Care (In lieu of Hospital) (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year*)	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	\$250	\$250
Generic (Oral Contraceptives included)	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	\$25 copay plus 50% after deductible
Non-Preferred Brand (Oral Contractives Included)	\$40 copay after deductible	\$40 copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

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

** Copay is billed separately and not due at time of service. Copay does not count towards co-insurance or out of pocket max.

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

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

The Aetna Advantage Plans for Individuals and Families are offered, underwritten or administered by Aetna Life Insurance or through an out-of-state blanket trust.

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