

Aetna Advantage Plan Options

Arizona

	PPO High Deductible 3000 (HSA Compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible
Coinsurance Maximum Individual Family	\$0 \$0	\$6,500 \$13,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$3,000 \$6,000	\$12,500 \$25,000
Lifetime Maximum*	\$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
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	\$0 after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	0% deductible waived	50% after deductible
Maternity	Not covered (except for preg. complications)	Not covered (except for preg. complications)
Preventive Health (Routine Physical) (\$200 maximum)	\$20 copay deductible waived	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 & 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 (\$2,000 per calendar year*)	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
Generic (Oral Contraceptives Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
Preferred Brand Name (Oral Contraceptive Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
Non-Preferred Brand (Oral Contraceptives Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

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

+ 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.

The Aetna Advantage Plans for Individuals, families and the self-employed are offered, underwritten or administered by Aetna Life Insurance Company (Aetna). In some states, Sole Proprietors may be eligible for Small Group Healthcare plans.

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

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