

# Aetna Advantage Plan Options

Arizona

	PPO High Deductible 5000 (HSA Compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
<b>Coinsurance</b> (Member's Responsibility)	0% after deductible	50% after deductible
<b>Coinsurance Maximum</b> Individual Family	\$0 \$0	\$2,500 \$5,000
<b>Out-of-Pocket Maximum</b> Individual Family (deductible included)	\$5,000 \$10,000	\$12,500 \$25,000
<b>Lifetime Maximum*</b>	\$5,000,000	
<b>Non-Specialist Office Visit</b> (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	50% after deductible
<b>Specialist Visit</b>	0% after deductible	50% after deductible
<b>Hospital Admission</b>	0% after deductible	50% after deductible
<b>Outpatient Surgery</b>	0% after deductible	50% after deductible
<b>Urgent Care Facility</b>	0% after deductible	50% after deductible
<b>Emergency Room</b>	\$0 after deductible	
<b>Annual Routine Gyn Exam</b> (Annual Pap/Mammogram)	0% deductible waived	50% after deductible
<b>Maternity</b>	Not covered (except for preg. complications)	Not covered (except for preg. complications)
<b>Preventive Health</b> (Routine Physical) (\$200 maximum)	\$25 copay deductible waived	50% after deductible
<b>Lab/X-ray</b>	0% after deductible	50% after deductible
<b>Skilled Nursing</b> (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible
<b>Physical/Occupational Therapy &amp; Chiropractic Care</b> (\$25 Max – 24 visits per calendar year*)	0% after deductible	50% after deductible
<b>Home Health Care</b> (In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible
<b>Durable Medical Equipment</b> (\$2,000 per calendar year*)	0% after deductible	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible per Individual</b>	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
<b>Generic</b> (Oral Contraceptives Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
<b>Preferred Brand Name</b> (Oral Contraceptives Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
<b>Non-Preferred Brand</b> (Oral Contraceptives Included)	0% after Medical/Rx Deductible	50% after Medical/Rx Deductible
<b>Calendar Year Maximum per Individual*</b>	\$5,000	\$5,000

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

<sup>+</sup> 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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