

Aetna Advantage Plan Options

Arizona

	PPO Value 2500	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance (Member's Responsibility)	30% after deductible	50% after deductible
Coinsurance Maximum Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Maximum Individual/Family (Includes Deductible)	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum*	\$3,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	Visits 1–2 \$30 copay, ded. waived; Visit 3+ 30% after ded. Spec. and Non-Spec share visit max.	50% after deductible
Specialist Visit	Visits 1–2 \$30 copay, ded. waived; Visit 3+ 30% after ded. Spec. and Non-Spec share visit max.	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for preg. complications)	Not covered (except for preg. complications)
Preventive Health (Routine Physical) (\$200 per exam)	\$50 copay deductible waived	50% after deductible
Lab/X-ray	30% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	30% after deductible	50% after deductible
Physical/Occupational and Chiropractic Care (\$25 Max — 24 visits per calendar year*)	30% after deductible	50% after deductible
Home Health Care (In lieu of Hospital) (30 visits per calendar year*)	30% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual	\$500	\$500
Generic (Oral Contraceptives Included)	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand Name (Oral Contraceptive Included)	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand (Oral Contraceptives Included)	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

*Maximum applies to combined in-and out-of-network benefits. For a full list of benefit coverage and exclusions refer to plan documents.

**Copay is billed separately and not due at time of service. Copay does not count towards coinsurance 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.

The Aetna Advantage Plans for Individuals, Families and 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 plan documents.

Materials subject to change.

AZ Value 2500 (10/07)

©2007 Aetna Inc.

We want you to know[®]



www.aetna.com