

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	PPO 2500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Member Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$5,000/\$10,000	\$7,500/\$15,000
Lifetime Maximum*	\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 Copay	30% after deductible
Specialist Visit**	\$40 Copay	30% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay	30% after deductible
Preventive Health (Annual Physical**) (\$200 per calendar year*)	\$30 Copay	30% 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 and Chiropractic Care (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
PHARMACY BENEFITS		
Generic (Contraceptives Included)	\$15 Copay	\$15 Copay plus 30%
Brand Formulary/Brand Non-Formulary (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
Deductible (Brand name, Calendar Year per Individual)	\$500 (does not apply to generic)	
Calendar Year Maximum per Individual*	\$2,500	\$2,500

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

** Maternity and pregnancy related expenses are not covered, except for complications of pregnancy.

+ 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.

++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on page 17 of the Aetna Advantage brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna Advantage Plans for individuals and families are offered by Aetna Life Insurance Company.

