

## ALASKA AETNA ADVANTAGE PLAN OPTIONS

PPO High Deductible 5000 (HSA Compatible)		
MEMBER BENEFITS	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Coinsurance</b> (Member's Responsibility)	0% after deductible	0% after deductible Non Facility Services 50% after deductible - Facility Services
<b>Coinsurance Maximum</b>		
Individual	\$0	\$2,500
Family	\$0	\$5,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$12,500
Family	\$10,000	\$25,000
		<i>Includes deductible</i>
<b>Lifetime Maximum* per insured</b>		\$5,000,000
<b>Non-specialist Office Visit</b> <i>Unlimited Visits</i> (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	0% after deductible
<b>Specialist Visit</b> <i>Unlimited Visits</i>	0% after deductible	0% 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 copay after deductible
<b>Annual Routine Gyn Exam</b> <i>No waiting period, No calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	\$0 copay deductible waived
<b>Maternity</b>		Not covered (except for pregnancy complications)
<b>Preventive Health — Routine Physical</b> Aetna will pay up to \$200 per exam	\$25 copay deductible waived	\$25 copay deductible waived
		<i>Includes lab work and X-rays</i>
<b>Lab/X-Ray</b>	0% after deductible	0% after deductible
<b>Skilled Nursing</b> (In lieu of Hospital) 30 days per calendar year*	0% after deductible	0% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> 24 visits per calendar year*	0% after deductible	0% after deductible
		<i>Aetna will pay up to \$25 per visit max.</i>
<b>Home Health Care</b> (In lieu of Hospital) 30 visits per calendar year*	0% after deductible	0% after deductible
<b>Durable Medical Equipment</b> Aetna will pay \$2,000 per calendar year*	0% after deductible	0% 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% copay after Medical/Rx Deductible	0% copay after Medical/Rx Deductible
<b>Preferred Brand Name</b> (Oral Contraceptives Included)	0% copay after Medical/Rx Deductible	0% copay after Medical/Rx Deductible
<b>Non-Preferred Brand</b> (Oral Contraceptives Included)	0% copay after Medical/Rx Deductible	0% copay after Medical/Rx Deductible
<b>Calendar Year Maximum</b> per Individual*	Unlimited	Unlimited

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

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

Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health insurance plans contain exclusions and limitations. Material subject to change.

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust.

In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

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