

# Oklahoma Aetna Advantage Plan Options

Preventive and Hospital Care 3000  
(HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network*
<b>Deductible</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Coinsurance Maximum</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>Includes deductible</i>	
<b>Lifetime Maximum* per insured</b>	\$1,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
<b>Specialist Visit</b> <i>Unlimited visits</i>	Not covered	Not covered
<b>Hospital Admission</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	Not covered	Not covered
<b>Emergency Room</b>	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$200 per exam*</i> <i>No waiting period</i>	\$35 copay deductible waived	30% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray**</b>	Not covered	Not covered
<b>Skilled Nursing</b> — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	Not covered	Not covered
<b>Home Health Care</b> — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Durable Medical Equipment***</b> <i>Aetna will pay up to \$2000 per calendar year*</i>	Not covered	Not covered
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable
<b>Generic</b> <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
<b>Calendar Year Maximum</b> per individual*	Not Applicable	Not Applicable

- \* Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- + 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.
- \*\* Except for coverage for services related to diagnosis, treatment and management of Osteoporosis.
- \*\*\* Coverage for Diabetic Equipment, supplies, and self management training 20% after deductible in-network and 50% after deductible out-of-network.

A summary of exclusions is listed in the Aetna Advantage Plan 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. Investment services are independently offered by the HSA Administrator.

**Aetna Advantage Plans for Individuals, 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.

Policy numbers are: Comprehensive PPO - GR-11741 (5/04); Limited - GR-11741-LME (5/04); and Dental - 11826 Ed. 9/04

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