

AETNA HEALTH NETWORK OPTIONSM VALUE 10000

FLORIDA

AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS

	In-Network	Out-of-Network*
Deductible Individual Family	\$10,000 \$20,000	\$10,000 \$20,000
Coinsurance (Member's responsibility)	20% / 40% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	\$2,500 \$5,000	\$2,500 \$5,000
Out-of-Pocket Maximum Individual Family	\$12,500 \$25,000	\$12,500 \$25,000
	Includes deductible	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-5: \$40 copay, deductible waived; Visit 6+: No Coverage Non Specialist and Specialist share visit max.	50% after deductible
Specialist Visit	Visits 1-5: \$50 copay, deductible waived; Visit 6+: No Coverage Non Specialist and Specialist share visit max.	50% after deductible
Hospital Admission	40% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible
Urgent Care Facility	\$100 copay deductible waived	50% after deductible
Emergency Room	\$250 copay** (waived if admitted) after deductible	
Annual Routine Gyn Exam No waiting period Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity	Not covered Except for pregnancy complications	
Preventive Health — Routine Physical No waiting period	\$0 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray (Non-Preventive)	20% after deductible	50% after deductible
Complex Imaging	40% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	40% after deductible	50% after deductible
Physical/Occupational Therapy 24 visits per calendar year*	20% after deductible	50% after deductible
Home Health Care — instead of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	40% after deductible	50% after deductible

PHARMACY

	In-Network	Out-of-Network*
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Preferred Brand	Not covered	Not covered
Non-Preferred Brand	Not covered	Not covered
Self-Injectables	Not covered	Not covered

* 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.

+ For important information on your costs and how Aetna pays for out-of-network care, read "What you need to know about your out-of-network costs."

This material is for information only. 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. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company directly and/or through an out-of-state blanket trust or Aetna Health Inc. (together, "Aetna"). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. To the extent permitted by law, these plans are medically underwritten and you may be declined coverage in accordance with your health condition.

