NORTH CAROLINA AETNA ADVANTAGE PLAN OPTIONS

	Managed Choice Open Access High Deductible 3000 (HSA Compatible)		
MEMBER BENEFITS	In Network	Out-of-Network+	
Deductible Individual	\$3,000	\$6,000	
Family	\$6,000	\$12,000	
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	30% after deductible up to out-of-pocket max.	
	\$0 once out-of-po	ut-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	\$0 \$0	\$6,500 \$13,000	
Out-of-Pocket Maximum Individual Family	\$3,000 \$6,000	\$12,500 \$25,000	
	Includes deductible		
Lifetime Maximum* per insured	\$5,000,000		
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist	0% after deductible	30% after deductible	
Specialist Visit Unlimited visits	0% after deductible	30% after deductible	
Hospital Admission	0% after deductible	30% after deductible	
Outpatient Surgery	0% after deductible	30% after deductible	
Urgent Care Facility	0% after deductible	30% after deductible	
Emergency Room	\$0 copay after deductible		
* Annual Routine Gyn Exam <i>No waiting period, No calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible	
Maternity	Not Covered Except for pregnancy complications		
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$20 copay deductible waived	30% after deductible o work and X-rays	
Lab/X-Ray	0% after deductible	30% after deductible	
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Skilled Nursing — in lieu of hospital 30 days per calendar year*	0% after deductible	30% after deductible	
Physical/Occupational Therapy and Chiropractic Care	0% after deductible	30% after deductible	
24 visits per calendar year*	Aetna will pay up to \$25 per visit max.*		
Home Health Care — in lieu of hospital 30 visits per calendar year*	0% after deductible	30% after deductible	
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year	0% after deductible	30% after deductible	
PHARMACY			
Pharmacy Deductible per individual	Intergrated Medical/Rx Deductible		
Generic Oral Contraceptives Included	0% after Medical/Rx deductible	30% after Medical/Rx deductible	
Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	30% after Medical/Rx deductible	
Non-Preferred Brand Oral Contraceptives Included	0% after Medical/Rx deductible	30% after Medical/Rx deductible	
Calendar Year Maximum per individual*	\$2,500	\$2,500	
Aetna Advantage Plans for individual.	families and the self e	mnloved are underwritt	

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.

- 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 care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

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. 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 indepen-. dently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank.

We want you to know®

