

PPO High Deductible 5000 (HSA Compatible)		
MEMBER BENEFITS	In Network	Out-of-Network*
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied	50% after deductible up to out-of-pocket max.
Coinsurance Maximum		
Individual	\$0	\$2,500
Family	\$0	\$5,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$12,500
Family	\$10,000	\$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	50% after deductible
Specialist Visit Unlimited visits	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room		\$0 copay after deductible
Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity		Not Covered Except for pregnancy complications
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam	\$25 copay ded. waived Includes lab work and X-rays	50% after deductible
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	0% after deductible Aetna will pay up to \$25 per visit max	50% after deductible
Home Health Care — in lieu of hospital 30 visits per calendar year*	0% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2,000 per calendar year*	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual		Integrated RX/Med
Generic Oral Contraceptives Included	0% after RX/Med deductible	50% after RX/Med deductible
Preferred Brand Oral Contraceptives Included	0% after RX/Med deductible	50% after RX/Med deductible
Non-Preferred Brand Oral Contraceptives Included	0% after RX/Med deductible	50% after RX/Med deductible
Calendar Year Maximum per individual*		Unlimited

Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location.

* Maximum applies to combined in and out of network benefit

+ 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 independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank.

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.

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