TEXAS AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS In Network Out-of-Network* Deductible Individual Family \$2,500 \$5,000 Coinsurance (Member's responsibility) 29% 50% (Member's responsibility) after deductible after deductible after deductible up to out-of-pocket max. 50 once out-of-pocket max. Individual Family \$2,500 \$5,000 Family \$5,000 \$5,000 Coinsurance Maximum Individual Family \$5,000 \$5,000 Family \$10,000 \$10,000 Out-of-Pocket Maximum Individual Family \$10,000 \$10,000 Family \$10,000 \$20,000 Includes deductible family Practitioner Pediatrician on Internist \$30 copay 30% after deductible deductible eductible deductible deductible deductible deductible deductible after deductible a		Managed Choice Open Access and PPO 2500	
Deductible	MEMBER BENEFITS		
Family \$5,000 \$10,000 Coinsurance (Member's responsibility) Coinsurance (Member's responsibility) Coinsurance Maximum Individual \$2,500 \$5,000 Family \$5,000 \$10,000 Out-of-pocket Max. is satisfied Coinsurance Maximum Individual \$2,500 \$5,000 Family \$5,000 \$10,000 Out-of-Pocket Maximum Individual \$2,500 \$5,000 Family \$5,000 \$10,000 Out-of-Pocket Maximum Individual \$5,000 \$10,000 Out-of-Pocket Maximum Individual \$5,000 \$10,000 Includes deductible Lifetime Maximum* per insured \$5,000 \$10,000 Non-Specialist Office Visit \$30 copay \$30% after deductible walved deductible deductible walved walved walved walved walved deductible walved walved walved walved deductible walved wal			
Coinsurance (Member's responsibility)			
American Surgery Comparison	· · · · · · · · · · · · · · · · · · ·		· · · ·
Coinsurance Maximum Individual Family S2,500 S5,000 S10,000 Out-of-Pocket Maximum Individual Family S5,000 S10,000 S20,000 Individual Family S5,000 S10,000 S20,000 Individual Family S5,000 S10,000 S20,000 Individual S10,000 S20,000 Individual S10,000 S20,000 Individual S5,000,000 Individual S5,000 Individual S5,000 Individual S5,000 Individual S5,000 Individual S5,000 Individual S5,000 Individual Individ		20,0	, _
Coinsurance Maximum Individual \$5,000 \$5,000 \$10,000	(Weinber 3 responsibility)		
Individual \$2,500		\$0 once out-of-poc	ket max. is satisfied
Spanish Span			
Stilled Nursing — in lieu of hospital Actna will pay up to \$200 per exam Stilled Nursing — in lieu of hospital Actna will pay up to \$200 per exam Stilled Nursing — in lieu of hospital 30 days per calendar year* Stoley and the Actna will pay up to \$200 per calendar year* Stoley and the Actna will pay up to \$200 per calendar year* Stoley and the Actna will pay up to \$200 per calendar year* Stoley and the Actna will pay up to \$200 per calendar year* Stoley and the Actna will pay up to \$200 per calendar year* Stoley and the Actna will pay up to \$200 per calendar year* Stoley applies and to act of the Actna will pay up to \$200 per calendar year* Stoley applies and the Actna will pay up to \$200 per calendar year* Stoley applies and the Actna will pay up to \$200 per calendar year* Stoley applies and the Actna will pay up to \$200 per calendar year* Stoley applies and correctly after deductible after deductib			
Individual Family S10,000 S10,000 S20,000 Includes deductible Lifetime Maximum* per insured Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits Specialist Visit Unlimited visits Specialist Visit Unspecialist Visit Unspeciali	,	\$5,000	\$10,000
Lifetime Maximum* per insured Lifetime Maximum* per insured Shoon-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits Specialist Visit Unlimited visits Specialist Visit Unlimited visits Specialist Visit Unspecialist Visit Unspecial Equipment Specialist Visit Unspecialist Visit U		\$5,000	\$10,000
Lifetime Maximum* per insured Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits General Visit Visit Unlimited visits Hospital Admission 20% 50% 50% after deductible waived deductible Outpatient Surgery 20% 50% after deductible after deductible Outpatient Surgery 20% 50% after deductible after deductible after deductible Free Facility So copay 50% deductible waived after deductible Emergency Room So copay 50% consurance after deductible Emergency Room So copay 30% deductible waived after deductible Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram Maternity So copay 30% deductible waived after deductible Except for pregnancy complications Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Pharmacy Deductible per individual Preferred Brand Oral Contraceptives Included Oral Contraceptives Included Calendar Year Maximum Sound	Family		•
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits			
Unlimited visits General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits Hospital Admission Outpatient Surgery Outpatient deductible Outpatient Surgery Outpatient Surgery Outpatient deductible Outpatient Surgery Outpatient Surgery Outpatient deductible Outpatient Surgery Outpatient deductible Outpatient deductible Outpatient Surgery Outpatient deductible Outpatient dedu			
General Physician, Family Practitioner Pediatrician or Internist Specialist Visit Unlimited visits deductible waived deductible After deductible waived after deductible after deductible waived after deductible after deductible after deductible after deductible waived after deductible after deductible waived after deductible after deductible after deductible waived after deductible waived after deductible waived after deductible waived after deductible after deductibl	Non-Specialist Office Visit		
Specialist Visit Unlimited visits		deductible walved	deductible
Unlimited visits Hospital Admission 20% 50% 50% after deductible after deductible Outpatient Surgery 20% 50% 50% after deductible after deductible Urgent Care Facility 50 copay 50% after deductible waived after deductible Emergency Room 5100 copay** (waived if admitted); 20% coinsurance after deductible Annual Routine Gyn Exam 80 copay 30% deductible waived after deductible Annual Routine Gyn Exam 80 copay 30% deductible waived after deductible Annual Pap/Mammogram Maternity Not Covered Except for pregnancy complications Preventive Health — Routine Physical Aetna will pay up to \$200 per exam 40 deductible waived after deductible Includes lab and X-rays Lab/X-Ray 20% 30% 50% after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* 40 after deductible after deductible after deductible 40 after deductibl	Pediatrician or Internist		
Doutpatient Surgery 20% after deductible afte			
after deductible after deductible Outpatient Surgery 20% 50% after deductible after deductible Urgent Care Facility \$50 copay deductible waived after deductible \$100 copay** (waived if admitted); 20% coinsurance after deductible Annual Routine Gyn Exam %0 waiting period, %0 calendar year max. Annual Pap/Mammogram Maternity Not Covered Except for pregnancy complications Preventive Health — Routine Physical Aetna will pay up to \$200 per exam deductible waived after deductible Includes lab and X-rays Lab/X-Ray 20% 50% after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Pharmacy Deductible per individual PHARMACY Pharmacy Deductible per individual \$50 copay 30% 50% after deductible after deductible Aetna will pay up to \$25 per visit max. 20% 50% 50% after deductible after deductible Aetna will pay up to \$25 per visit max. 20% 50% 50% after deductible after deductible Aetna will pay up to \$5000 per calendar year* Pharmacy Deductible per individual \$50 copay \$15 copay plus 30% deductible waived deductible waived Aeter deductible after deductible waived deductible waived After deductible after deductible after deductible waived \$50 copay 500 copay plus 30% after deductible after deductible waived After deductible after deductible waived deductible waived After deductible waived deductible waived deductible waived After deductible after deductible after deductible waived deductible waived After deductible after deductible waived deductible waived deductible waived After deductible after deduct			
after deductible after deductible Durgent Care Facility deductible waived after deductible after deductible waived if admitted); 20% coinsurance after deductible Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Lab/X-Ray 20% after deductible waived after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Pharmacy Deductible per individual Pharmacy Deductible per individual Preferred Brand Oral Contraceptives Included Calendar Year Maximum \$50 copay 50% after deductible	nospital Admission	/ -	30,0
Urgent Care Facility Emergency Room \$100 copay** (waived if admitted); 20% coinsurance after deductible Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Lab/X-Ray Lab/X-Ray Lab/X-Ray 20% 50% after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Phyamacy Deductible per individual \$500 \$50% after deductible 20% 50% after deductible Aetna will pay up to \$25 per visit max. 20% 50% after deductible Aetna will pay up to \$25 per visit max. For after deductible Aetna will pay up to \$25 per visit max. For after deductible Aetna will pay up to \$2000 per calendar year* Pharmacy Deductible per individual \$500 \$50% Does not apply to generic Seneric Oral Contraceptives Included Aeta deductible After deductible after deductible after deductible after deductible after deductible after deductible after deductible Aetha will pay up to \$2500 per calendar year* Pharmacy Deductible per individual \$500 \$500 Does not apply to generic Seneric Oral Contraceptives Included After deductible	Outpatient Surgery	20%	/ _
Emergency Room			
Emergency Room \$100 copay** (waived if admitted); 20% coinsurance after deductible Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Lab/X-Ray Lab/X-Ray 20% 50% after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Preferred Brand Oral Contraceptives Included So copay 30% deductible after dedu	Urgent Care Facility		, -
Annual Routine Gyn Exam No waiting period, No calendar year max. Annual Pap/Mammogram Maternity Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Lab/X-Ray Lab/X	Emergency Room		
No waiting period, No calendar year max. Annual Pap/Mammogram Maternity Not Covered Except for pregnancy complications Preventive Health — Routine Physical Aetna will pay up to \$200 per exam deductible waived after deductible Includes lab and X-rays Lab/X-Ray 20% 50% after deductible waived defuctible after deductible after deduct	Emergency Room		
Not Covered Except for pregnancy complications Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Lab/X-Ray Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Aetna will pay up to \$2000 per calendar year* Aetna will pay up to \$200 ber exam 20% 30 days per calendar year* Aetna will pay up to \$25 per visit max. Home Health Care — in lieu of hospital 30 visits per calendar year* Aetna will pay up to \$2000 per calendar year* Pharmacy Pharmacy Deductible per individual Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Calendar Year Maximum Stoops After deductible \$500			
Annual Pap/Mammogram Maternity Not Covered Except for pregnancy complications Preventive Health — Routine Physical Aetna will pay up to \$200 per exam \$30 copay deductible waived after deductible Includes lab and X-rays Lab/X-Ray 20% 50% after deductible after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* 20% 50% 50% after deductible after deductible Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* 20% 50% after deductible after deductible after deductible Home Health Care — in lieu of hospital 30 visits per calendar year* 20% 50% after deductible after deductible Purable Medical Equipment Aetna will pay up to \$2000 per calendar year* after deductible after deductible 20% 50% 50% after deductible PHARMACY Pharmacy Deductible per individual \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500		deductible waived	after deductible
Not Covered Except for pregnancy complications			
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam Lab/X-Ray Lab/X-Ray 20% after deductible after deductible after deductible after deductible after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Home Health Care — in lieu of hospital 30 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* Aetna will pay up to \$25 per visit max. Home Health Care — in lieu of hospital 30 visits per calendar year* Aetna will pay up to \$50% after deductible after deductible Pharmacy Deductible per individual \$500 Does not apply to generic Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Aeta will pay up to \$50 copay after deductible	Maternity		
Aetna will pay up to \$200 per exam Comparison of the comparison			
Lab/X-Ray 20% 50% after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* after deductible after deductible Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* after deductible after deductible after deductible Aetna will pay up to \$25 per visit max. Home Health Care — in lieu of hospital 30 visits per calendar year* after deductible Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* after deductible after deductible after deductible Does not apply to generic Generic \$15 copay \$15 copay plus 30% deductible waived deductible waived deductible waived Preferred Brand \$35 copay \$35 copay plus 30% after deductible after deductible after deductible Aoral Contraceptives Included after deductible after d			/ -
Lab/X-Ray after deductible after deductible after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* after deductible Aetna will pay up to \$25 per visit max. Home Health Care — in lieu of hospital 30 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* after deductible after deductible Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* Aetna will pay up to \$50% after deductible after deductible PHARMACY Pharmacy Deductible per individual \$500 Does not apply to generic Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included \$50 copay after deductible after deductible Non-Preferred Brand Oral Contraceptives Included \$50 copay after deductible after deductible after deductible Calendar Year Maximum \$50,000	Aetha wiii pay up to \$200 per exam		
after deductible after deductible Skilled Nursing — in lieu of hospital 30 days per calendar year* after deductible Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* after deductible Home Health Care — in lieu of hospital 30 visits per calendar year* after deductible Durable Medical Equipment Aetna will pay up to \$25 per visit max. Aetna will pay up to \$25 per visit max. Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* after deductible after deductible PHARMACY Pharmacy Deductible per individual \$500 \$500 Does not apply to generic Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included S50 copay after deductible	Lah/X-Ray		
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$25 per visit max. 20% 30 visits per calendar year* Aetna will pay up to \$50% after deductible after deductible Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual S500 Does not apply to generic Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Calendar Year Maximum \$5,000	Lub/A Ruy		/ _
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$50% Aetna will pay up to \$50% after deductible after deductible Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Pso copay After deductible Aetna will pay up to \$25 per visit max. 20% after deductible after deductible 20% after deductible after deductible 20% after deductible after deductible 3500 Does not apply to generic 415 copay deductible waived Aetna will pay up to \$25 per visit max. 20% after deductible after deductible 3500 Does not apply to generic 415 copay deductible waived Aetna will pay up to \$25 per visit max.	Skilled Nursing — in lieu of hospital		
and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Patter deductible after deductible after deductible after deductible after deductible after deductible Down after deductible after deductible Aetna will pay up to \$2000 per calendar year* after deductible after deductible Down after deductible Aetna will pay up to \$25 per visit max. Sow after deductible after deductible Down after deductible Sou Boos not apply to generic \$15 copay after deductible waived Aetna will pay up to \$25 per visit max. Sow after deductible After deductible After deductible After deductible Aetna will pay up to \$25 per visit max. Sow after deductible			
24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Calendar Year Maximum Aetna will pay up to \$25 per visit max. 50% after deductible after deductible 30% after deductible after deductible after deductible 50% after deductible after deductible 30% after deductible after deductible 30% after deductible 30% after deductible 30% after deductible 315 copay 315 copay plus 30% after deductible 350 copay after deductible		/ -	
30 visits per calendar year* Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Source Sourc			
30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Source Sour	Home Health Care — in lieu of hospital	20%	50%
Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual \$500 \$500 Does not apply to generic \$15 copay \$15 copay plus 30% deductible waived Preferred Brand Oral Contraceptives Included \$35 copay \$35 copay plus 30% after deductible Non-Preferred Brand Oral Contraceptives Included \$50 copay \$50 copay plus 30% after deductible After deductible after deductible After deductible after deductible \$50 copay \$50 copay plus 30% after deductible After deductible after deductible \$50 copay \$50 copay plus 30% after deductible \$50 copay after deductible \$50 copay after deductible	30 visits per calendar year*		
Pharmacy Deductible per individual \$500 \$500 Does not apply to generic \$15 copay \$15 copay plus 30% deductible waived Preferred Brand Oral Contraceptives Included \$35 copay \$35 copay plus 30% after deductible Anon-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included \$50 copay \$50 copay plus 30% after deductible After deductible after deductible \$50 copay \$50 copay plus 30% after deductible	Durable Medical Equipment	20,0	, -
Pharmacy Deductible per individual \$500 \$500 Does not apply to generic \$15 copay \$15 copay plus 30% deductible waived Preferred Brand Oral Contraceptives Included \$35 copay \$35 copay plus 30% after deductible Anon-Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included \$50 copay \$50 copay plus 30% after deductible After deductible after deductible Calendar Year Maximum \$5,000		arter deductible	arter deductible
Does not apply to generic \$15 copay \$15 copay plus 30% Oral Contraceptives Included \$35 copay \$35 copay plus 30% Oral Contraceptives Included \$35 copay \$35 copay plus 30% Oral Contraceptives Included Oral Contraceptives Included \$50 copay \$50 copay plus 30% Oral Contraceptives Included Oral Contraceptives Incl		\$500	\$500
Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included \$35 copay \$35 copay plus 30% deductible waived \$35 copay \$35 copay plus 30% after deductible After deductible after deductible Non-Preferred Brand Oral Contraceptives Included \$50 copay \$50 copay plus 30% after deductible After deductible after deductible Calendar Year Maximum \$5,000		*****	
Oral Contraceptives Includeddeductible waiveddeductible waivedPreferred Brand Oral Contraceptives Included\$35 copay after deductible\$35 copay plus 30% after deductibleNon-Preferred Brand Oral Contraceptives Included\$50 copay after deductible\$50 copay plus 30% after deductibleCalendar Year Maximum\$5,000	Generic		, ,
Oral Contraceptives Includedafter deductibleafter deductibleNon-Preferred Brand\$50 copay\$50 copay plus 30%Oral Contraceptives Includedafter deductibleCalendar Year Maximum\$5,000			
Oral Contraceptives Includedafter deductibleafter deductibleNon-Preferred Brand\$50 copay\$50 copay plus 30%Oral Contraceptives Includedafter deductibleCalendar Year Maximum\$5,000	Duefe weed Due and	¢25	¢25 1 200/
Non-Preferred Brand \$50 copay \$50 copay plus 30% after deductible after deductible Calendar Year Maximum \$5,000			
Oral Contraceptives Included after deductible after deductible Calendar Year Maximum \$5,000	· · · · · · · · · · · · · · · · · · ·		
per individual*		\$5,0	000
	per individual*		

- 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.

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.

