

AETNA OPEN ACCESS® MANAGED CHOICE® AND PPO VALUE 5000 TEXAS

AETNA ADVANTAGE PLAN OPTIONS

| MEMBER BENEFITS | In-Network | Out-of-Network* |
|---|---|---|
| Deductible Individual Family | \$5,000 \$10,000 | \$10,000 \$20,000 |
| Coinsurance (Member's responsibility) | 30% 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 | \$7,500 \$12,500 | \$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 | Visit 1-2 \$30 copay, deductible waived; Thereafter 30% coinsurance after deductible. Specialist and Primary share visits | 50% after deductible |
| Specialist Visit | Visit 1-2 \$30 copay, deductible waived; Thereafter 30% coinsurance after deductible. Specialist and Primary share visits | 50% after deductible |
| Hospital Admission | 30% after deductible | 50% after deductible |
| Outpatient Surgery | 30% after deductible | 50% after deductible |
| Urgent Care Facility | \$75 copay deductible waived | 50% after deductible |
| Emergency Room | \$500 copay** (waived if admitted) | |
| Annual Routine Gyn Exam <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram | \$0 copay deductible waived | 50% after deductible |
| Maternity | Not covered <i>Except for pregnancy complications</i> | |
| Preventive Health — Routine Physical <i>No waiting period</i> | \$0 copay deductible waived | 50% after deductible |
| | Includes lab work and X-rays | |
| Lab/X-Ray (Non-Preventive) | 30% after deductible | 50% after deductible |
| Skilled Nursing — instead of hospital <i>30 days per calendar year*</i> | 30% after deductible | 50% after deductible |
| Physical/Occupational Therapy <i>24 visits per calendar year*</i> | 30% after deductible | 50% after deductible |
| Home Health Care — instead of hospital <i>30 visits per calendar year*</i> | 30% after deductible | 50% after deductible |
| Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i> | 30% after deductible | 50% after deductible |

| PHARMACY | In-Network | Out-of-Network* |
|--|------------------------------|---------------------------------------|
| Pharmacy Deductible per individual | \$500 | \$500 |
| | Does not apply to generic | |
| Generic | \$20 copay deductible waived | \$20 copay plus 50% deductible waived |
| Preferred Brand | \$45 copay after deductible | \$45 copay plus 50% after deductible |
| Non-Preferred Brand | Not covered | Not covered |
| Self-Injectable | 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."

Certain areas in Texas include the Aetna Performance Network®, which features Aexcel designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ ENT, Neurology, Neurosurgery, Plastic Surgery, Urology and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You can find them by looking for the star next to the doctor's names at www.aetna.com/docfind/custom/advplans or in your printed directory.

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.

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