

	BASIC HEALTH PLAN - MC	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$1,500 N/A	\$3,000 N/A
Coinsurance (Member's Responsibility)	30% after deductible	50% after deductible
Coinsurance Maximum Individual Family	30% of first \$10,000; 0% thereafter	50% of first \$10,000; 0% thereafter
Out-of-Pocket Maximum Individual Family (Includes Deductible)	\$4,500 N/A	\$8,000 N/A
Lifetime Maximum*	\$1,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 copay; deductible waived	50% after deductible
Specialist Visit (Includes Chiropractic Visits)	\$20 copay; deductible waived	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Emergency Room	30% after deductible	50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$20 copay; deductible waived	50% coinsurance; deductible waived
Maternity	Not covered (except for pregnancy complications)	Not covered (except for pregnancy complications)
Preventive Health (\$250 maximum*)	\$20 copay; deductible waived	50% coinsurance; deductible waived
Lab/X-ray	30% after deductible	50% after deductible
Skilled Nursing (In Lieu of Hospital) (30 days per calendar year*)	30% after deductible	50% after deductible
Physical/Occupational Therapy (60 days per calendar year max*)	30% after deductible	50% after deductible
Home Health Care (In Lieu of Hospital) (30 visits per calendar year*)	30% after deductible	50% after deductible
Durable Medical Equipment*	30% after deductible; \$1,000 calendar year maximum	50% after deductible; \$1,000 calendar year maximum
PHARMACY		
Pharmacy Deductible per Individual	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
Generic (Oral Contraceptives included)	30% after deductible	50% after deductible
Preferred Brand copay (Oral Contraceptives included)	30% after deductible	50% after deductible
Non-Preferred Brand copay (Oral Contraceptives included)	30% after deductible	50% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited

* Maximum applies to combined in- and out-of-network benefits.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company. In some states, Sole Proprietors may be eligible for Small Group Health Care Plans.

For a full list of benefit coverage and exclusions, refer to the plan documents.