

	STANDARD HEALTH PLAN - MC	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual Family	\$500 \$1500	\$1,000 \$3,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible
Coinsurance Maximum Individual Family	20% of first \$10,000; 0% thereafter	40% of first \$10,000; 0% thereafter
Out-of-Pocket Maximum Individual Family (Includes Deductible)	\$2,500 \$5,000	\$5,000 \$10,000
Lifetime Maximum*	\$1,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$10 copay; deductible waived	40% after deductible
Specialist Visit (Includes Chiropractic Visits)	\$10 copay; deductible waived	40% after deductible
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	20% after deductible	40% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$10 copay; deductible waived	40% coinsurance; deductible waived
Maternity	20% after deductible	40% after deductible
Preventive Health (\$250 maximum*)	\$10 copay; deductible waived	40% coinsurance; deductible waived
Lab/X-ray	20% after deductible	40% after deductible
Skilled Nursing (In Lieu of Hospital) (100 days per calendar year*)	20% after deductible	40% after deductible
Physical/Occupational Therapy (60 days per calendar year max*)	20% after deductible	40% after deductible
Home Health Care (In Lieu of Hospital) (100 visits per calendar year*)	20% after deductible	40% after deductible
Durable Medical Equipment*	20% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible per Individual	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
Generic (Oral Contraceptives included)	20% after deductible	40% after deductible
Preferred Brand copay (Oral Contraceptives included)	20% after deductible	40% after deductible
Non-Preferred Brand copay (Oral Contraceptives included)	20% after deductible	40% 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 (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.

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