

	POS Open Access 2500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	20%	50%
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$5,000/\$10,000	\$7,500/\$15,000
Lifetime Maximum*	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 copay (ded. waived)	50%
Specialist Visit	\$40 copay (ded. waived)	50%
Hospital Admission	20%	50%
Outpatient Surgery	20%	50%
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Annual Routine Ob/Gyn Exam (Annual Pap/Mammogram)	\$0	50%
Maternity	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$30 copay (ded. waived)	50%
Lab/X-Ray	20%	50%
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20%	50%
Physical/Occupational Therapy (24 visits per calendar year*)	20% (Aetna will pay a maximum of \$25 per visit)	50% (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20%	50%
Durable Medical Equipment (\$2,000 per calendar year*)	20%	50%
PHARMACY		
Pharmacy Deductible	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay	50%
Preferred Brand Name	\$25 copay	50%
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay	50%
Self-Injectables	20%	20%
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 care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

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

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.