

# Georgia Aetna Advantage Plan Options

Managed Choice Open Access and  
PPO 2500

MEMBER BENEFITS	In-Network	Out-of-Network*
<b>Deductible</b>		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max	40% after deductible up to out-of-pocket max
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Coinsurance Maximum</b>		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>Includes deductible</i>	
<b>Lifetime Maximum* per insured</b>	\$5,000,000	
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	30% after deductible
<b>Specialist Visit</b>	\$40 copay deductible waived	30% after deductible
<b>Hospital Admission</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	30% after deductible
<b>Emergency Room</b>	\$350 copay** (waived if admitted); deductible waived	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
<b>Maternity</b>	Not covered	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam*</i>	\$30 copay deductible waived	30% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b>	20% after deductible	40% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	20% after deductible	40% after deductible
	<i>Aetna will pay up to \$25 per visit max. *</i>	
<b>Home Health Care</b> — instead of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	40% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	\$500	\$500
	<i>Does not apply to generic</i>	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 30% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 30% after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 30% after deductible
<b>Self Injectables</b>	20% after deductible	Not covered
<b>Calendar Year Maximum</b> per individual*	Unlimited	Unlimited

\* 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 covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Certain areas in Georgia 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](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

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. Material subject to change. This material is for information only and is not an offer or invitation to contract.

**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 or Aetna Health Inc. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.**

These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

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