

**CALIFORNIA AETNA ADVANTAGE PLAN OPTIONS**

| <b>Managed Choice Open Access 5000</b>   |   |   |
|--|---|---|
| <b>MEMBER BENEFITS</b>   | In Network  | Out-of-Network <sup>+</sup>                         |
| <b>Deductible</b>  |   |   |
| Individual   | \$5,000   | \$10,000  |
| Family   | \$10,000  | \$20,000  |
| <b>Coinsurance</b><br>(Member's responsibility)  | 30%<br>after deductible<br>up to out-of-pocket max.                     | 50%<br>after deductible<br>up to out-of-pocket max. |
|  | <i>\$0 once out-of-pocket max. is satisfied</i>                         |   |
| <b>Coinsurance Maximum</b>   |   |   |
| Individual   | \$3,000   | \$2,500   |
| Family   | \$6,000   | \$5,000   |
| <b>Out-of-Pocket Maximum</b>   |   |   |
| Individual   | \$8,000   | \$12,500  |
| Family   | \$16,000  | \$25,000  |
|  | <i>Includes deductible</i>  |   |
| <b>Lifetime Maximum* per insured</b>   |   | \$5,000,000   |
| <b>Non-Specialist Office Visit</b><br><i>Unlimited visits</i><br>General Physician, Family Practitioner<br>Pediatrician or Internist | \$40 copay<br>deductible waived   | 50%<br>after deductible                             |
| <b>Specialist Visit</b><br><i>Unlimited visits</i>   | \$50 copay<br>deductible waived   | 50%<br>after deductible                             |
| <b>Hospital Admission</b>  | 30% after deductible  | 50%<br>after deductible                             |
| <b>Outpatient Surgery</b>  | 30%<br>after deductible   | 50%<br>after deductible                             |
| <b>Urgent Care Facility</b>  | \$50 copay<br>deductible waived   | 50%<br>after deductible                             |
| <b>Emergency Room</b>  | \$100 copay** (waived if admitted);<br>30% coinsurance after deductible |   |
| <b>Annual Routine Gyn Exam</b><br><i>No waiting period,<br/>No calendar year max.</i><br>Annual Pap/Mammogram                        | \$0 copay<br>deductible waived  | 50%<br>after deductible                             |
| <b>Maternity</b>   | Not Covered<br><i>Except for pregnancy complications</i>                |   |
| <b>Preventive Health — Routine Physical</b><br><i>Aetna will pay up to \$200 per exam</i>  | \$40 copay<br>deductible waived   | 50%<br>after deductible                             |
|  | <i>Includes lab and X-rays</i>  |   |
| <b>Lab/X-Ray</b>   | 30%<br>after deductible   | 50%<br>after deductible                             |
| <b>Skilled Nursing</b> — in lieu of hospital<br><i>30 days per calendar year*</i>  | 30%<br>after deductible   | 50%<br>after deductible                             |
| <b>Physical/Occupational Therapy<br/>and Chiropractic Care</b><br><i>24 visits per calendar year*</i>                                | 30%<br>after deductible   | 50%<br>after deductible                             |
|  | <i>Aetna will pay up to \$25 per visit max.</i>                         |   |
| <b>Home Health Care</b> — in lieu of hospital<br><i>30 visits per calendar year*</i>   | 30%<br>after deductible   | 50%<br>after deductible                             |
| <b>Durable Medical Equipment</b><br>Aetna will pay up to \$2,000 per calendar year*  | 30%<br>after deductible   | 50%<br>after deductible                             |
| <b>PHARMACY</b>  |   |   |
| <b>Pharmacy Deductible</b> per individual  | \$500   | \$500   |
|  | <i>Does not apply to generic</i>  |   |
| <b>Generic</b><br><i>Oral Contraceptives Included</i>  | \$15 copay<br>deductible waived   | \$15 copay plus 50%<br>deductible waived            |
| <b>Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$35 copay<br>after deductible  | \$35 copay plus 50%<br>after deductible             |
| <b>Non-Preferred Brand</b><br><i>Oral Contraceptives Included</i>  | \$50 copay<br>after deductible  | \$50 copay plus 50%<br>after deductible             |
| <b>Calendar Year Maximum</b><br>per individual*  | 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 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 or supplies were received from a Preferred Provider.

A summary of exclusions is listed in the Aetna Advantage 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. 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.

Aetna Advantage Plans for individual, 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.

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