	PPO HIGH DEDUCTIBLE 5000 (HSA COMPATIBLE)	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible Individual Family	 $5,000 $10,000	 $10,000 $20,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible
Coinsurance Maximum Individual Family	 $0 $0	 $2,500 $5,000
Out of Pocket Maximum Individual Family	 $5,000 $10,000	 $12,500 $25,000
Lifetime Maximum *	$5,000,000	$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrican or Internist)	0% after deductible	50% after deductible
Specialist Visit	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Emergency Room	0% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Annual*) ($ 200 per exam)	$40 Copay not subject to deductible	50% after deductible
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care ($25 Max–24 visits per calendar year*)	0% after deductible	50% after deductible
Home Health Care(In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible
Durable Medical Equipment ($2000 per calendar year *)	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic (Oral Contraceptives included)	0% after medical deductible	50% after medical deductible
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	0% after medical deductible	50% after medical deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited

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

** Maternity and pregnancy related expenses are not covered.

\+ 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 on page 17. For a full list of benefit coverage and exclusions refer to the plan documents.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna Advantage Plans for individuals and families are offered by Aetna Life Insurance Company through an out-of-state blanket trust.