

**VIRGINIA AND WASHINGTON D.C. AETNA ADVANTAGE PLAN OPTIONS**

<b>PPO 30</b>		
<b>MEMBER BENEFITS</b>	In-Network	Out-of-Network**
Deductible Individual/Family	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
Lifetime Maximum*	\$5,000,000 per insured	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 copay	50% after deductible
Specialist Visit	\$40 copay	50% after deductible
Hospital Admission (also see Maternity)	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 copay (waived if admitted) 20% after deductible	\$100 copay (waived if admitted) 50% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$40 copay	50% after deductible
Maternity Obstetrician Visits	\$40 copay for Initial Visit \$0 thereafter	50% after deductible
Maternity Hospital	\$2,000 copay 20% after deductible	\$2,000 copay 50% after deductible
Preventive Health (Annual Physical) (\$200 annual maximum benefit per calendar year*)	\$30 copay	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
<b>PHARMACY</b>		
Generic (Oral Contraceptives Included)	\$15 copay	\$15 copay plus 50%
Brand Name (Calendar Year Deductible per Individual)	\$500 (does not apply to generic)	
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 copay after deductible	\$25/\$40 copay plus 50% after deductible
Calendar Year Maximum per Individual*	\$5,000	

\* 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 or supplies were received from a Preferred Provider.

**Note:** For DC only, Alcohol/Drug Abuse: 20% In-Network after deductible. Inpatient hospital/non-hospital residential facility - 28 days per year;outpatient — 30 outpatient visits per year; detox — 12 days per year. Mental illness: inpatient hospital/residential care non-hospital — 45 days per year at 80% in-network. Outpatient — 40 visits at 75%, additional visits at 60% coverage.

A summary of exclusions is listed on page 17 of the Aetna Advantage brochure. 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.

