

# AETNA MANAGED CHOICE OPEN ACCESS PLAN OPTIONS\*

PLAN OPTIONS	Managed Choice Open Access 36-09 (HSA Compatible)*	
	Network	Out-of-Network
<b>MEMBER BENEFITS</b>		
<b>Plan Coinsurance</b>	0% after deductible	30% after deductible
<b>Calendar Year Deductible**</b>		\$5,000 Individual \$10,000 Family
<b>Calendar Year Maximum Out-of-Pocket Limit**</b>		\$5,800 Individual \$11,600 Family
<b>Lifetime Maximum</b>	Unlimited	\$2,000,000
<b>Primary Care Physician Office Visit</b>	0% after deductible	30% after deductible
<b>Specialist Office Visit</b>	0% after deductible	30% after deductible
<b>Preventive Care</b>		
<b>Well-Child Exams</b> (Age/Frequency Schedules Apply)	\$0 copay; deductible waived	0%; deductible waived
<b>Immunizations</b>	\$0 copay; deductible waived	0%; deductible waived
<b>Adult Physicals</b> (Age/Frequency Schedules Apply)	\$10 copay; deductible waived	30%; deductible waived
<b>Routine GYN Exams and Routine Mammograms</b> (Age/Frequency Schedules Apply)	\$20 copay; deductible waived	30%; deductible waived
<b>Routine Vision Exams</b> One exam every 24 months; - Network and Out-of-Network combined	0% after deductible	30% after deductible
<b>Outpatient Services</b> Lab, X-ray and Complex Imaging Services	0% after deductible	30% after deductible
<b>Inpatient Hospital</b>	0% after deductible	30% after deductible
<b>Outpatient Surgery</b>	0% after deductible	30% after deductible
<b>Emergency Room</b>	0% after deductible	Paid as Network
<b>Urgent Care</b>	0% after deductible	30% after deductible
<b>Inpatient Mental Health</b>	0% after deductible	30% after deductible Maximum of 30 combined days per calendar year for Biologically Based/Children with Serious Emotional Disturbances and Other than Biologically Based/Children with Serious Emotional Disturbances; Network and Out-of-Network combined
<b>Inpatient Substance Abuse</b> Inpatient Detox - Maximum of 30 days per calendar year; Network and Out-of-Network combined Inpatient Rehab - Maximum of 30 days per calendar year; Network and Out-of-Network combined	0% after deductible	30% after deductible
<b>Chiropractic Services</b>	0% after deductible	30% after deductible
<b>Outpatient Physical, Occupational and Speech Therapy</b> Limited to 60 combined visits per calendar year; Network and Out-of-Network combined	0% after deductible	30% after deductible
<b>Durable Medical Equipment</b> \$2,500 calendar year maximum; Network and Out-of-Network combined	50% after deductible	50% after deductible
<b>Glasses and Contact Lens Reimbursement</b> Network and Out-of-Network combined	Not Covered	
<b>Aetna Vision Discounts Program</b>	Included	Not Covered
<b>PRESCRIPTION DRUGS**</b>		
<b>Retail:</b> Up to a 30 day supply	After plan deductible is met, \$15 / \$35 / \$70	After plan deductible is met, \$15 / \$35 / \$70 plus 30%
<b>Mail Order:</b> 31 - 90 day supply	After plan deductible is met, \$30 / \$70 / \$140	Not Covered

For footnotes, see page 15.