

# Aetna Advantage Plan Options

## Colorado

	Managed Choice Open Access Value 5000	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
<b>Coinsurance</b> (Member's Responsibility)	30% after deductible	50% after deductible
<b>Coinsurance Maximum</b> Individual/Family	\$2,500/\$2,500	\$5,000/\$5,000
<b>Out-of-Pocket Maximum</b> Individual/Family (Deductible Included)	\$7,500/\$12,500	\$15,000/\$25,000
<b>Lifetime Maximum*</b>	\$1,000,000	
<b>Non-Specialist Office Visit</b> (General Physician, Family Practitioner, Pediatrician or Internist)	Visits 1–2 \$30 copay, ded. waived; Visit 3+ 30% after ded. Spec. and Non-Spec share visit max.	50% after deductible
<b>Specialist Visit</b>	Visits 1–2 \$30 copay, ded. waived; Visit 3+ 30% after ded. Spec. and Non-Spec share visit max.	50% after deductible
<b>Hospital Admission</b>	30% after deductible	50% after deductible
<b>Outpatient Surgery</b>	30% after deductible	50% after deductible
<b>Urgent Care</b>	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$100 copay** (waived if admitted) and 30% coinsurance after deductible	
<b>Annual Routine Gyn Exam</b> (Annual Pap/Mammogram)	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered (except for preg. complications)	Not covered (except for preg. complications)
<b>Preventive Health(Routine Physical)</b> (Aetna will pay up to \$200 maximum)	\$50 copay deductible waived	50% after deductible
<b>Lab/X-ray</b>	30% after deductible	50% after deductible
<b>Skilled Nursing</b> (In lieu of Hospital) (30 days per calendar year*)	30% after deductible	50% after deductible
<b>Physical/Occupational and Chiropractic Care</b> (Aetna will pay up to a \$25 Max per visit/24 visits per calendar year*)	30% after deductible	50% after deductible
<b>Home Health Care</b> (In lieu of Hospital) (30 visits per calendar year*)	30% after deductible	50% after deductible
<b>Durable Medical Equipment</b> (Aetna will pay up to \$2,000 per calendar year)	30% after deductible	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible per Individual (does not apply to generic)</b>	\$500	\$500
<b>Generic</b> (Oral Contraceptives Included)	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
<b>Preferred Brand Name</b> (Oral Contraceptive Included)	\$40 copay after deductible	\$40 copay plus 50% after deductible
<b>Non-Preferred Brand</b> (Oral Contraceptive Included)	Not Covered***	Not Covered
<b>Calendar Year Maximum per Individual*</b>	\$5,000	\$5,000

\*Maximum applies to combined in-and out-of-network benefits. For a full list of benefit coverage and exclusions refer to plan documents.

\*\*Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket max.

\*\*\*Aetna discount available.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

Aetna Advantage Plans for individuals, families and self-employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust and Aetna Health Inc. In some states, Sole Proprietors may be eligible for Small Group Healthcare Plans.

For a full list of benefit coverage and exclusions refer to plan documents.  
Materials subject to change.

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Co Value 5000 (12/07)

We want you to know<sup>®</sup>



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