

VIRGINIA AND WASHINGTON D.C. AETNA ADVANTAGE PLAN OPTIONS

	HIGH DEDUCTIBLE PPO 2 (HSA COMPATIBLE)	
MEMBER BENEFITS	In-Network	Out-of-Network**
Deductible Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	0%	0%
Out-of-Pocket Maximum Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum*	\$5,000,000 per insured	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0%	0%
Specialist Visit	0%	0%
Hospital Admission (also see Maternity)	0%	0%
Outpatient Surgery	0%	0%
Emergency Room	0%	0%
Annual Routine Gyn Exam (Annual Pap/Mammogram)	0% Not subject to deductible	0%
Maternity Obstetrician Visits	0%	0%
Maternity Hospital	0%	0%
Preventive Health (Annual Physical) (\$200 annual maximum benefit per calendar year*)	\$25 copay Not subject to deductible	0%
Lab/X-Ray	0%	0%
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	0%	0%
Physical/Occupational Therapy (24 visits per calendar year*)	0%	0% (Aetna will pay a maximum of \$25 per visit.)
Home Health Care (30 visits per calendar year*)	0%	0%
Durable Medical Equipment (\$2,000 per calendar year*)	0%	0%
PHARMACY		
Generic (Oral Contraceptives Included)	0%	0%
Brand Name (Calendar Year Deductible per Individual)	Integrated Medical/RX deductible	
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	0%	0%
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.

