

PREMIER PLAN – MANAGED CHOICE OPEN ACCESS NETWORK

	PREMIER \$5000 DEDUCTIBLE PLAN	
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)	20% after deductible	40% after deductible
<b>Coinsurance Maximum</b> Individual / Family	\$2,500/\$5,000	\$2,500/\$5,000
<b>Out-of-Pocket Maximum</b> (Includes Deductible) Individual / Family	\$7,500/\$15,000	\$12,500/\$25,000
<b>Lifetime Maximum* per Insured</b>	\$5,000,000	
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	\$40 copay ded. waived	40% after deductible
<b>Specialist Visit</b>	\$50 copay ded. waived	40% after deductible
<b>Hospital Admission</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible
<b>Emergency Room</b>	\$150 copay** (waived if admitted) after deductible	
<b>Annual Routine GYN Exam</b> Annual Pap	\$0 copay ded. waived	40% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health Routine Physical</b> <i>Aetna will pay up to \$200.</i>	\$40 copay ded. waived	40% after deductible
<b>Lab / X-Ray</b>	20% after deductible	40% after deductible
<b>Skilled Nursing</b> In lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible
<b>Home Health Care</b> In lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> Individual / Family	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay ded. waived	\$15 copay plus 40% ded. waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$25 copay after deductible	\$25 copay plus 40% after ded.
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 40% after ded.
<b>Self Injectibles</b>	20% after deductible	20% after deductible
<b>Calendar Year Maximum</b> per Individual*	Unlimited	

\$7500 is your maximum out of pocket per individual or \$15000 per family in-network. \$12,500 is the maximum out of pocket for an individual for out of network benefits.

An individual's maximum out of pocket for out of network benefits is \$12,500 as opposed to Humana's Autograph in which has a maximum out of pocket of \$20,000 for an individual

Your deductible and coinsurance will apply to any inpatient or outpatient benefits, once you have met your maximum out of pocket in a calendar year the insurance company will pay the rest up to 5 million per individual's lifetime.

\* 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.

+ 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

**AARP Essential Premier Health Insurance Plan is the brand name used for products and services provided for AARP members by Aetna Life Insurance Company through an Association Group Agreement. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.**

Health insurance plans contain exclusions and limitations. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions.

For a full and complete list of benefit coverage and exclusions refer to the plan documents.

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