

PREVENTIVE AND HOSPITAL CARE 3000 (HSA COMPATIBLE) FLORIDA AETNA ADVANTAGE PLAN OPTIONS

| MEMBER BENEFITS | In-Network | Out-of-Network* |
|---|--|---|
| Deductible Individual Family | \$3,000 \$6,000 | \$6,000 \$12,000 |
| Coinsurance (Member's responsibility) | 20% after deductible up to out-of-pocket max. | 50% after deductible up to out-of-pocket max. |
| Coinsurance Maximum Individual Family | \$2,000 \$4,000 | \$4,000 \$8,000 |
| Out-of-Pocket Maximum Individual Family | \$5,000 \$10,000 | \$10,000 \$20,000 |
| | <i>Includes deductible</i> | |
| Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist | Not covered | Not covered |
| Specialist Visit | Not covered | Not covered |
| Hospital Admission | 20% after deductible | 50% after deductible |
| Outpatient Surgery | 20% after deductible | 50% after deductible |
| Urgent Care Facility | Not covered | Not covered |
| Emergency Room | \$150 copay** (waived if admitted) after deductible | |
| Annual Routine Gyn Exam <i>No waiting period</i> Annual Pap/Mammogram | \$0 copay deductible waived | 50% after deductible |
| Maternity | Not covered <i>Except for pregnancy complications</i> | |
| Preventive Health — Routine Physical <i>No waiting period</i> | \$0 copay deductible waived | 50% after deductible |
| | Includes lab work and X-rays | |
| Lab/X-Ray (Non-preventive) | Not covered | Not covered |
| Complex Imaging | Not covered | Not covered |
| Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i> | 20% after deductible | 50% after deductible |
| Physical/Occupational Therapy | Not covered | Not covered |
| Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i> | 20% after deductible | 50% after deductible |
| Durable Medical Equipment | Not covered | Not covered |

| PHARMACY | In-Network | Out-of-Network* |
|---|----------------|-----------------|
| Pharmacy Deductible per individual | Not Applicable | Not Applicable |
| Generic Oral Contraceptives Included | Not covered | Not covered |
| Preferred Brand Oral Contraceptives Included | Not covered | Not covered |
| Non-Preferred Brand Oral Contraceptives Included | Not covered | Not covered |
| Self-Injectables | Not covered | Not covered |

- * Maximum applies to combined in and out-of-network benefits.
- ** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- + For important information on your costs and how Aetna pays for out-of-network care, read "What you need to know about your out-of-network costs."

This material is for information only. A summary of exclusions is listed in the Aetna Advantage Plan brochure. For a full list of benefit coverage and exclusions refer to the plan documents. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location. 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. Health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. Investment services are independently offered by the HSA Administrator.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company directly and/or through an out-of-state blanket trust or Aetna Health Inc. (together, "Aetna"). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. To the extent permitted by law, these plans are medically underwritten and you may be declined coverage in accordance with your health condition.

