

# Aetna Choice® POS II (POS) Summary of Benefits

	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
<b>Deductible</b>		
✓ Single	\$0	\$250
✓ Family	\$0	\$500
<b>Coinsurance Limit</b>		
✓ Single	N/A	\$3,000
✓ Family	N/A	\$6,000
<b>Lifetime Maximum Benefit</b>	\$2,000,000	
<b>Primary Care Physician Visits</b>		
✓ Office Visits	\$15 copay	20% after deductible
<b>Specialty Care</b>		
✓ Office Visits	\$25 copay	20% after deductible
✓ Diagnostic Lab and X-rays	No copay	20% after deductible
✓ Physical, Occupational, Speech Therapy	\$25 copay	20% after deductible
<b>Preventive Care</b>		
✓ Routine Physicals	\$15 copay	No Coverage
✓ Mammogram	No copay	20% after deductible
✓ Routine Eye Exam (any licensed vision care provider)	Aetna pays up to \$45; member responsible for balance	20% after deductible
✓ Routine Ob/Gyn Exam	\$15 copay	20% after deductible
✓ Well-Baby Care		
■ 0–2 years — 8 visits	\$15 copay	No Coverage
■ 2–19 years — 1 visit/year	\$15 copay	No Coverage
<b>Outpatient Surgery</b>	No copay	20% after deductible
<b>Hospitalization</b>	No copay	20% after deductible
<b>Emergency Treatment</b>		
✓ Emergency Hospital Charges*	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
✓ Emergency Physician Services*	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
✓ Urgent Care Centers	\$20 copay	\$20 copay plus 20% after deductible
<b>Maternity</b>		
<b>First Ob/Gyn Visit &amp; Hospital</b>		
✓ 1 <sup>st</sup> ob/gyn visit	\$25 copay	20% after deductible
✓ Hospital/Global Maternity Charge	No copay	20% after deductible
<b>Mental Health, Substance Abuse</b>	Not covered by Aetna. Covered under APS Healthcare. Refer to State Employee Benefits Guide for Information.	
<b>Chiropractic Care</b>	No copay	20% after deductible
<b>Acupuncture for Chronic Pain</b>	No copay	20% after deductible
<b>Durable Medical Equipment</b>	No copay	20% after deductible
<b>Diabetic Supplies</b>	No copay	20% after deductible

\*A penalty applies for non-emergency use of emergency hospital services.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.