



## AETNA ADVANTAGE PLANS FOR INDIVIDUALS, FAMILIES AND THE SELF-EMPLOYED

NEW PROVISIONS EFFECTIVE SEPTEMBER 23, 2010

This information is an addendum to the printed materials you received.

The federal health care reform legislation, known as the Patient Protection and Affordable Care Act, was signed into law on March 23, 2010 by President Obama.

**The following health care reform changes are effective on September 23, 2010:**

- Allow dependent coverage up to age 26
- Remove lifetime benefit limits – based on dollar amounts
- Take away cost-sharing obligations for preventive services (In network)
- Eliminate pre-existing condition exclusions for dependent children (under 19 years of age)

Please note that some previously printed materials do not reflect these changes. However, the new provisions **are in effect** for plans with an effective date on or after September 23, 2010, and your Aetna Advantage Plan **does comply** with the new federal health care reform legislation.

If you have any questions, please talk to your broker or call 1-800-MY-HEALTH.

Please note that in addition to health care reform changes, coverage for children only may no longer be available in your state. Also, all plans described in the printed material you received may not currently be available in your state.

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# Michigan Aetna Advantage Plan Options

PPO 7500 with Unlimited Primary Care  
Visits plus Dental

MEMBER BENEFITS	In-Network	Out-of-Network*
<b>Deductible</b> Individual Family	\$7,500 \$15,000	\$10,000 \$20,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b> Individual Family	\$2,500 \$5,000	\$2,500 \$5,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$10,000 \$20,000	\$12,500 \$25,000
	Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$5,000,000	
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
<b>Specialist Visit</b>	20% after deductible	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	0% after \$350 copay** (copay waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% 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 \$250 per exam*</i>	\$30 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
<b>Lab/X-Ray</b>	20% after deductible	50% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
<b>Home Health Care</b> — instead of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
<b>Self-Injectables</b>	Not covered <i>Aetna Discount Applies</i>	Not covered
<b>Calendar Year Maximum</b> per individual*	Unlimited	Unlimited

\* 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.

+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

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. Material subject to change. This material is for information only and is not an offer or invitation to contract.

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# Michigan Aetna Advantage Plan Options

## Individual Dental PPO Max plan

MEMBER BENEFITS	Preferred	NonPreferred
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
<b>DIAGNOSTIC SERVICES</b>		
<b>Oral exams</b>		
Periodic oral exam	100% deductible waived	50% deductible waived
Comprehensive oral exam	100% deductible waived	50% deductible waived
Problem-focused oral exam	100% deductible waived	50% deductible waived
<b>X-rays</b>		
Bitewing — single film	100% deductible waived	50% deductible waived
Complete series	100% deductible waived	50% deductible waived
<b>PREVENTIVE SERVICES</b>		
Adult cleaning	100% deductible waived	50% deductible waived
Child cleaning	100% deductible waived	50% deductible waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% deductible waived	50% deductible waived
Space maintainers	Discount	Not covered
<b>BASIC SERVICES</b>		
Amalgam fillings — 2 surfaces	100% after deductible	50% after deductible
Resin fillings — 2 surfaces	Discount	Not covered
<b>Oral Surgery</b>		
Extraction — exposed root or erupted tooth	Discount	Not covered
Extraction of impacted tooth — soft tissue	Discount	Not covered
<b>MAJOR SERVICES</b>		
Complete upper denture	Discount	Not covered
Partial upper denture (resin based)	Discount	Not covered
Crown — Porcelain with noble metal	Discount	Not covered
Pontic — Porcelain with noble metal	Discount	Not covered
Inlay — Metallic (3 or more surfaces)	Discount	Not covered
<b>Oral Surgery</b>		
Removal of impacted tooth — partially bony	Discount	Not covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
<b>Periodontic Services</b>		
Scaling and root planing — per quadrant	Discount	Not covered
Osseous surgery — per quadrant	Discount	Not covered
<b>ORTHODONTIC SERVICES</b>	Discount	Not covered

**Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist.**

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Above list of covered services is representative. 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.

All products not available in all counties.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

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