

PREVENTIVE AND HOSPITAL CARE 2750

(HSA COMPATIBLE)

CONNECTICUT

AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,750	\$5,500
Family	\$5,500	\$11,000
Coinsurance (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	
Coinsurance Maximum		
Individual	\$3,200	\$4,500
Family	\$6,400	\$9,000
Out-of-Pocket Maximum		
Individual	\$5,950	\$10,000
Family	\$11,900	\$20,000
	Includes deductible	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
Specialist Visit <i>Unlimited visits</i>	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	20%; deductible applies	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max.</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
Skilled Nursing — instead of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy <i>24 visits per calendar year*</i>	Not covered	Not covered
Home Health Care — instead of hospital <i>80 visits per calendar year*</i>	20% after deductible	25% after deductible
Durable Medical Equipment***	Not covered	Not covered

PHARMACY	In-Network	Out-of-Network*
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic	Not Applicable	Not Applicable
Preferred Brand	50% with medical exception only	50% with medical exception only
Non-Preferred Brand	50% with medical exception only	50% with medical exception only
Self-Injectable Drug Copay/ Coinsurance	50% with medical exception only	50% with medical exception only

- * 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.
- *** Diabetic and Ostomy supplies are covered as well as scalp/hair prostheses (for hair loss due to an autoimmune disease).
- + 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.

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