

# AETNA OPEN ACCESS® MANAGED CHOICE® VALUE 5000

## CONNECTICUT

### AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network*
<b>Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$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.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Coinsurance Maximum</b>		
Individual	\$7,500	\$2,500
Family	\$15,000	\$5,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$12,500	\$12,500
Family	\$25,000	\$25,000
	<i>Includes deductible</i>	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-3: \$30 copay, deductible waived; Thereafter, member pays 100% but Aetna discount applies. Aetna pays 100% once out-of-pocket is reached	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	20% after deductible	50% after deductible
<b>Hospital Admission</b>	40% after deductible	50% after deductible
<b>Outpatient Surgery</b>	40% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$75 copay deductible waived	50% after deductible
<b>Emergency Room</b>	20% coinsurance after deductible	
<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>No waiting period</i>	\$0 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b> (Non-Preventive)	20% after deductible	50% after deductible
<b>Complex imaging Services</b>	40% after deductible	50% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	40% after deductible	50% after deductible
<b>Physical/Occupational Therapy</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Home Health Care</b> — instead of hospital <i>80 visits per calendar year*</i>	20% after deductible	25% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	40% after deductible	50% after deductible

PHARMACY	In-Network	Out-of-Network*
<b>Pharmacy Deductible</b> per individual	\$500	\$500
	<i>Does not apply to generic</i>	
<b>Generic Oral Contraceptives Included</b>	\$20 copay deductible waived	50% deductible waived
<b>Preferred Brand Oral Contraceptives Included</b>	Not covered (unless medically necessary, 50% after \$500 deductible)**	Not covered (unless medically necessary, 50% after \$500 deductible)
<b>Non-Preferred Brand Oral Contraceptives Included</b>	Not covered (unless medically necessary, 50% after \$500 deductible)**	Not covered (unless medically necessary, 50% after \$500 deductible)
<b>Self-Injectable Drug Copay/Coinsurance</b>	Not covered (unless medically necessary, 50% after \$500 deductible)**	Not covered (unless medically necessary, 50% after \$500 deductible)

- \* 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.

**Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust or Aetna Health Inc. 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.

