

# Connecticut Aetna Advantage Plan Options

## Managed Choice Open Access Value 5000

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	\$5,000	\$2,500
Family	\$10,000	\$5,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	<i>Includes deductible</i>	
<b>Lifetime Maximum* per insured</b>	\$1,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-5: \$30 Copay, deductible waived; Thereafter, member pays 100% but Aetna negotiated charge applies. Aetna Pays 100% once OOP is reached	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	Visits 1-5: \$45 Copay, deductible waived; Thereafter, member pays 100% but Aetna negotiated charge applies. Aetna Pays 100% once OOP is reached	50% after deductible
<b>Hospital Admission</b>	40% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% 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>Aetna will pay up to \$250 per exam*</i> <i>No waiting period</i>	\$30 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
<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>	40% 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
	<i>Aetna will pay a max. of \$25 per visit**</i>	
<b>Home Health Care</b> — instead of hospital <i>80 visits per calendar year*</i>	20%	25%
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2000, per calendar year*</i>	40% after deductible	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	\$500	\$500
	<i>Does not apply to generic</i>	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$20 copay deductible waived	50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered (if medically necessary, 50% after \$500 deductible)**	Not covered (if medically necessary, 50% after \$500 deductible)
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered (if medically necessary, 50% after \$500 deductible)**	Not covered (if medically necessary, 50% after \$500 deductible)
<b>Self-Injectable</b> Drug Copay/Coinsurance	Not covered (if medically necessary, 50% after \$500 deductible)**	Not covered (if medically necessary, 50% after \$500 deductible)
<b>Calendar Year Maximum</b> per individual*	\$5,000	\$5,000

\* 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.

++ Aetna negotiated charge applies

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.

**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.**

These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

