

**ILLINOIS AETNA ADVANTAGE PLAN OPTIONS**

Preventative & Hospital Care 1250		
MEMBER BENEFITS	In Network	Out-of-Network+
<b>Deductible</b>		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
<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	\$3,000	\$7,500
Family	\$6,000	\$15,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$4,250	\$10,000
Family	\$8,500	\$20,000
		Includes deductible
<b>Lifetime Maximum*</b> per insured		\$1,000,000
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner Pediatrician or Internist		No Coverage
<b>Specialist Visit</b> <i>Unlimited visits</i>		No Coverage
<b>Hospital Admission</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Emergency Room</b>		\$100 copay** (waived if admitted); 30% coinsurance after deductible
<b>Annual Routine Gyn Exam</b> No waiting period, <i>No calendar year max.</i> Annual Pap/Mammogram	\$0 deductible waived	50% after deductible
<b>Maternity</b>		Not Covered Except for pregnancy complications
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$200 per exam</i>	\$25 copay deductible waived	50% after deductible Includes lab and X-rays
<b>Lab/X-Ray</b>		No Coverage
<b>Skilled Nursing</b> — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> 4 visits per calendar year*		No Coverage
<b>Home Health Care</b> — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b>		No Coverage
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable
<b>Generic Oral Contraceptives</b> Included	\$15 Copay	\$15 Copay plus 50%
<b>Preferred Brand Oral Contraceptives</b> Included	Not Covered - Aetna Discount Applies	Not Covered
<b>Non-Preferred Brand Oral Contraceptives</b> Included	Not Covered - Aetna Discount Applies	Not Covered
<b>Calendar Year Maximum</b> per individual*		Unlimited

Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location.

\* Maximum applies to combined in and out of network benefit

\*\* 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 care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of network care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

A summary of exclusions is listed in the Aetna Advantage 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. 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.

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.