

ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

Preventative & Hospital Care 3000 (HSA Compatible)		
MEMBER BENEFITS	In Network	Out-of-Network+
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
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	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner Pediatrician or Internist	No Coverage	No Coverage
Specialist Visit <i>Unlimited visits</i>	No Coverage	No Coverage
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 copay** (waived if admitted); 30% coinsurance after deductible	
Annual Routine Gyn Exam No waiting period, <i>No calendar year max.</i> Annual Pap/Mammogram	\$0 Copay ded.waived	50% after deductible
Maternity	Not Covered Except for pregnancy complications	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam</i>	\$35 deductible waived	50% after deductible
	Includes lab and X-rays	
Lab/X-Ray	No Coverage	
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	No Coverage	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment	No Coverage	
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic Oral Contraceptives Included	Not Covered - Aetna Discount Applies	Not Covered
Preferred Brand Oral Contraceptives Included	Not Covered - Aetna Discount Applies	Not Covered
Non-Preferred Brand Oral Contraceptives Included	Not Covered - Aetna Discount Applies	Not Covered
Calendar Year Maximum per individual*	Not Applicable	Not Applicable

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.