

ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

	PREVENTATIVE AND 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	50% after deductible
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
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner Pediatrician or Internist)	Not Covered	Not Covered
Specialist Visit	Not Covered	Not Covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room (after deductible)	\$100 Copay (waived if admitted) 20%	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay not subject to deductible	50% after deductible
Maternity	Not Covered	Not Covered
Preventative Health (Physical-every 24 months*) (\$200 per exam)	\$35 Copay not subject to deductible	50% after deductible
Lab/X-Ray	Not Covered	Not Covered
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational/Chiropractic Services/Speech Therapy	Not Covered	Not Covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment	Not Covered	Not Covered
PHARMACY		
Pharmacy Deductible per individual	Not Covered**	Not Covered**
Generic (Oral Contraceptives Included)	Not Covered	Not Covered
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	Not Covered**	Not Covered**
Calendar Year Maximum per Individual	Not Covered**	Not Covered**

* Maximum applies to combined in and out of network benefits.

** Aetna Discount Available

+ 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 on page 17. For a full list of benefit coverage and exclusions refer to the plan documents.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna Advantage Plans for individuals and families are offered by Aetna Life Insurance Company through an out-of-state blanket trust.

