

CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS

	PREVENTATIVE AND HOSPITAL CARE 3000 (HSA COMPATIBLE)	
MEMBER BENEFITS	In-network	Out-of-network ⁺
Deductible Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible
Co-insurance Maximum Individual Family	\$2,000 \$4,000	\$4,000 \$8,000
Out of Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Lifetime Maximum*	\$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	\$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$40 Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Physical-every 24 months*) (\$ 200 per exam)	\$30 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 Therapy and Chiropractic Care	Not covered	Not covered
Home Health Care (In lieu of Hospital) (80 visits per calendar year*)	20% after deductible	25% after deductible
Durable Medical Equipment ^{**}	Not covered	Not covered
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	Not Applicable	Not Applicable
Generic (Oral Contraceptives included)	Not Covered ^{***}	Not Covered ^{***}
Preferred Brand Name/Non-Preferred Brand (Oral Contractives Included)	Not Covered ^{***}	Not Covered ^{***}
Calendar Year Maximum per Individual*	Not Covered ^{***}	Not Covered ^{***}

- * Maximum applies to combined in and out-of-network benefits
 - ** Diabetic and Ostomy-supplies are covered Max. of \$1,000 per calendar year.
 - + 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.
 - ++ Outpatient Hospital Lab/XRays (including complex imaging) covered if such services would have been performed as an Inpatient. Aetna will \$100 per occurrence. Outpatient Hospital - Any other services Aetna will provide coverage of max. of \$50 paid if services rendered within 72 hours of accident.
- For a full list of benefit coverage and exclusions refer to the plan documents.

For Local experienced assistance call 1-866-508-0618

Creative Healthcare Benefits, Manchester, Conn.

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.

