

# AETNA OPEN ACCESS<sup>®</sup> MANAGED CHOICE<sup>®</sup> AND PPO 5000 ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

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>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$40 copay deductible waived	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$50 copay deductible waived	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$350 copay** (waived if admitted)	
<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>No waiting period</i>	\$0 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b> (Non-Preventive)	20% after deductible	50% after deductible
<b>Skilled Nursing</b> — instead of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Home Health Care</b> — instead of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	50% after deductible

PHARMACY	In-Network	Out-of-Network*
<b>Pharmacy Deductible</b> per individual	\$500	\$500
	<i>Does not apply to generic</i>	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$65 copay after deductible	\$65 copay plus 50% after deductible
<b>Self-Injectable</b>	25% after deductible	Not covered

- \* 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.

Certain areas in Illinois include the Aetna Performance Network<sup>®</sup>, which features Aexcel designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ ENT, Neurology, Neurosurgery, Plastic Surgery, Urology and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You can find them by looking for the star next to the doctor's names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

This material is for information only. 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. Information is believed to be accurate as of the production date; however, it is subject to change.

**Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) through a blanket trust in Delaware. This means that the plan benefits are based on Delaware requirements, and benefits and rates are filed with the Delaware Insurance Department. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.** To the extent permitted by law, these plans are medically underwritten and you may be declined coverage in accordance with your health condition.

