

**CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS**

	PPO 500		PPO 1500		PPO 2500	
<b>MEMBER BENEFITS</b>	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible Individual/Family</b>	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000
<b>Member Coinsurance</b>	20%	50%	20%	50%	20%	50%
<b>Out-of-Pocket Maximum Individual/Family (Includes deductible)</b>	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,500/\$15,000
<b>Lifetime Maximum*</b>	\$5,000,000 per member lifetime		\$5,000,000 per member lifetime		\$5,000,000 per member lifetime	
<b>Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)</b>	\$20 Copay (deductible waived)	50%	\$20 Copay (deductible waived)	50%	\$25 Copay (deductible waived)	50%
<b>Specialist Visit**</b>	\$35 Copay (deductible waived)	50%	\$35 Copay (deductible waived)	50%	\$40 Copay (deductible waived)	50%
<b>Hospital Admission**</b>	20%	50%	20%	50%	20%	50%
<b>Outpatient Surgery</b>	20%	50%	20%	50%	20%	50%
<b>Emergency Room</b>	20%	20%	20%	20%	20%	20%
<b>Annual Routine Gyn Exam (Annual Pap/Mammogram)</b>	\$35 Copay (deductible waived)	50%	\$35 Copay (deductible waived)	50%	\$40 Copay (deductible waived)	50%
<b>Preventive Health (Annual Physical) (\$200 max per calendar year*)</b>	\$20 Copay (deductible waived)	50%	\$20 Copay (deductible waived)	50%	\$25 Copay (deductible waived)	50%
<b>Lab/X-Ray</b>	20%	50%	20%	50%	20%	50%
<b>Skilled Nursing (in lieu of hospital) (30 days per calendar year*)</b>	20%	50%	20%	50%	20%	50%
<b>Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*) (\$600 calendar year maximum)</b>	20%	50%	20%	50%	20%	50%
<b>Home Health Care (80 visits per calendar year*)</b>	20%	25%	20%	25%	20%	25%
<b>Durable Medical Equipment (\$2,000 per calendar year*)</b>	20%	50%	20%	50%	20%	50%
<b>Urgent Care</b>	20%	50%	20%	50%	20%	50%
<b>PHARMACY BENEFITS</b>						
<b>Prescription Drugs (Generic formulary and non-formulary/brand formulary/brand non-formulary) Retail: per 30-day supply</b>	\$15/\$25/\$40 Copay	50%	\$15/\$25/\$40 Copay	50%	\$15/\$25/\$40 Copay	50%
<b>Mail Order: (31- to 60-day supply available)</b>	2x retail copay	Not Covered	2x retail copay	Not Covered	2x retail copay	Not Covered
<b>Calendar Year Deductible per Individual (does not apply to generic)</b>	\$200	\$200	\$200	\$200	\$200	\$200
<b>Calendar Year Maximum per Individual*</b>	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500

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

\*\*Maternity and pregnancy related expenses are not covered.

\*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.

For a full list of benefit coverage and exclusions refer to the plan documents.

**CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS**

	PPO 5000		HIGH-Deductible PPO 1 (HSA-COMPATIBLE)		HIGH-Deductible PPO 2 (HSA-COMPATIBLE)	
<b>MEMBER BENEFITS</b>	In-Network	Out-of-Network*	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000	\$2,750/\$5,500	\$5,500/\$11,000	\$5,000/\$10,000	\$10,000/\$20,000
Member Coinsurance	20%	50%	20%	50%	0%	0%
Out-of-Pocket Maximum Individual/Family (Includes deductible)	\$7,500/\$15,000	\$12,500/\$25,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum*	\$5,000,000 per member lifetime		\$5,000,000 per member lifetime		\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 Copay (deductible waived)	50%	\$20 Copay	50%	0%	0%
Specialist Visit**	\$40 Copay (deductible waived)	50%	\$35 Copay	50%	0%	0%
Hospital Admission**	20%	50%	20%	50%	0%	0%
Outpatient Surgery	20%	50%	20%	50%	0%	0%
Emergency Room	20%	20%	20%	20%	0%	0%
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$40 Copay (deductible waived)	50%	\$35 Copay Not subject to deductible	50%	0%	0%
Preventive Health (Annual Physical) (\$200 max per calendar year*)	\$40 Copay (deductible waived)	50%	\$20 Copay Not subject to deductible	50%	\$25 Copay Not subject to deductible	0%
Lab/X-Ray	20%	50%	20%	50%	0%	0%
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20%	50%	20%	50%	0%	0%
Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*) (\$600 calendar year maximum)	20%	50%	20%	50%	0%	0%
Home Health Care (80 visits per calendar year*)	20%	25%	20%	25%	0%	0%
Durable Medical Equipment (\$2,000 per calendar year*)	20%	50%	20%	50%	0%	0%
Urgent Care	20%	50%	20%	50%	0%	0%
<b>PHARMACY BENEFITS</b>						
Prescription Drugs (Generic formulary and non-formulary/brand formulary/brand non-formulary) Retail: per 30-day supply	\$15/\$25/\$40 Copay	50%	\$15/\$25/\$40 Copay	50%	0%	0%
Mail Order: (31- to 60-day supply available)	2x retail copay	Not Covered	2x retail copay	Not Covered	0%	Not Covered
Calendar Year Deductible per Individual (does not apply to generic)	\$200	\$200	Integrated Medical/Rx Deductible		Integrated Medical/Rx Deductible	
Calendar Year Maximum per Individual*	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500

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

\*\* Maternity and pregnancy related expenses are not covered.

+ 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.

For a full list of benefit coverage and exclusions refer to the plan documents.

## CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS

INDIVIDUAL DENTAL PPO MAX		
MEMBER BENEFITS	PREFERRED	NONPREFERRED
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
<b>DIAGNOSTIC SERVICES</b>		
<b>Oral Exams</b>		
Periodic oral exam	100%	50%
Comprehensive oral exam	100%	50%
Problem-focused oral exam	100%	50%
<b>X-rays</b>		
Bitewing — single film	100%	50%
Complete series	100%	50%
<b>PREVENTIVE SERVICES</b>		
Adult cleaning	100%	50%
Child cleaning	100%	50%
Sealants — per tooth	Discount	Not Covered
Fluoride application — with cleaning	100%	50%
Space maintainers		
<b>BASIC SERVICES</b>		
Amalgam filling — 2 surfaces	100%	50%
Resin filling — 2 surfaces anterior	Discount	Not Covered
<b>Oral Surgery</b>		
Extraction – exposed root or erupted tooth	Discount	Not Covered
Extraction of impacted tooth —soft tissue	Discount	Not Covered
<b>MAJOR SERVICES</b>		
Complete upper denture	Discount	Not Covered
Partial upper denture (resin base)	Discount	Not Covered
Crown — Porcelain with noble metal	Discount	Not Covered
Pontic — Porcelain with noble metal	Discount	Not Covered
Inlay — Metallic (3 or more surfaces)	Discount	Not Covered
<b>Oral Surgery</b>		
Removal of impacted tooth — partially bony	Discount	Not Covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Discount	Not Covered
Molar root canal therapy	Discount	Not Covered
<b>Periodontic Services</b>		
Scaling & root planing — per quadrant	Discount	Not Covered
Osseous surgery — per quadrant	Discount	Not Covered
<b>ORTHODONTIC SERVICES</b>	Discount	Not Covered

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Access to negotiated discounts: members are eligible to receive noncovered services at the PPO negotiated rate when visiting a participating PPO dentist at any time.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

Age and frequency limits may apply to some preventive services.