

AETNA OPEN ACCESS® MANAGED CHOICE® 1500

CONNECTICUT

AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance (Member's responsibility)	20%/40% 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	\$1,500	\$7,000
Family	\$3,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
	Includes deductible	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$45 copay deductible waived	50% after deductible
Hospital Admission	40% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	20%; deductible applies	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>No waiting period</i>	\$0 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray (Non-Preventive)	20% after deductible	50% after deductible
Complex imaging Services	40% after deductible	50% after deductible
Skilled Nursing — instead of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
Home Health Care — instead of hospital <i>80 visits per calendar year*</i>	20% deductible waived	25% deductible waived
Durable Medical Equipment	40% after deductible	50% after deductible

PHARMACY	In-Network	Out-of-Network*
Pharmacy Deductible per individual	\$500	\$500
	Does not apply to generic	
Generic	\$15 copay deductible waived	50% deductible waived
Preferred Brand	\$35 copay after deductible	50% after deductible
Non-Preferred Brand	\$40 copay after deductible	50% after deductible
Self-Injectable Drug Copay/ Coinsurance	25% after deductible	50% after deductible

- * 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.
- + For important information on your costs and how Aetna pays for out-of-network care, read "What you need to know about your out-of-network costs".

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 directly and/or through an out-of-state blanket trust or Aetna Health Inc. (together, "Aetna") 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.

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The Aetna Advantage Brochure mentioned on the previous page is available at:

www.1800insuranceCT.com/health-plan-info/

Alston J. Balkcom

Please note that the **dental coverages** listed on the next page are optional and require that you pay an extra monthly premium.

Alston J. Balkcom

INDIVIDUAL DENTAL PPO MAX PLAN

CONNECTICUT

AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	Preferred	Non-Preferred+
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
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% deductible waived	50% deductible waived
Comprehensive oral exam	100% deductible waived	50% deductible waived
Problem-focused oral exam	100% deductible waived	50% deductible waived
X-rays		
Bitewing — single film	100% deductible waived	50% deductible waived
Complete series	100% deductible waived	50% deductible waived
PREVENTIVE SERVICES		
Adult cleaning	100% deductible waived	50% deductible waived
Child cleaning	100% deductible waived	50% deductible waived
Sealants — per tooth	Not covered	Not covered
Fluoride application — with cleaning	100% deductible waived	50% deductible waived
Space maintainers	Not covered	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after deductible	50% after deductible
Resin fillings — 2 surfaces	Not covered	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	Not covered	Not covered
Extraction of impacted tooth — soft tissue	Not covered	Not covered
MAJOR SERVICES		
Complete upper denture	Not covered	Not covered
Partial upper denture (resin based)	Not covered	Not covered
Crown — Porcelain with noble metal	Not covered	Not covered
Pontic — Porcelain with noble metal	Not covered	Not covered
Inlay — Metallic (3 or more surfaces)	Not covered	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	Not covered	Not covered
Endodontic Services		
Bicuspid root canal therapy	Not covered	Not covered
Molar root canal therapy	Not covered	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Not covered	Not covered
Osseous surgery — per quadrant	Not covered	Not covered
ORTHODONTIC SERVICES	Not covered	Not covered

This list of covered services is representative. 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.

All products not available in all counties.

This material is for information only. Dental insurance plans contain exclusions and limitations. Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

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