

CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS

For help or questions
Call 1-866-508-0618

MEMBER BENEFITS	HIGH DEDUCTIBLE PPO 1 (HSA COMPATIBLE)	
	In-Network	Out-of-Network*
Deductible Individual	\$2,750	\$5,500
Deductible Family	\$5,500	\$11,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible 0% Once out-of-pocket max is satisfied
Coinsurance Maximum Individual	\$2,250	\$4,500
Coinsurance Maximum Family	\$4,500	\$9,000
Out-of-Pocket Maximum Individual	\$5,000	\$10,000
Out-of-Pocket Maximum Family	\$10,000	\$20,000
Lifetime Maximum* per insured	\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 Copay after deductible	50% after deductible
Specialist Visit**	\$35 Copay after deductible	50% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room (after deductible)	20% after deductible	20% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	0% not subject to deductible	50% after deductible
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 Copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*)	20% after deductible	50% after deductible (\$600 Calendar year max.)
Home Health Care (80 visits per calendar year*)	20% after deductible	25% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual	Integrated Medical/Rx Deductible	Integrated Medical/Rx Deductible
Generic (Oral Contraceptives Included)	\$15 Copay after deductible	50% after deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 Copay after deductible	50% after deductible
Calendar Year Maximum per Individual*	\$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.

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.



Aetna HSA 2750 High Deductible Plan Rates – Connecticut Effective 4/1/07

Counties: Hartford, Litchfield, Middlesex, New London, Tolland, and Windham

High Deductible PPO 1						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$189	\$189	\$378	\$341	\$341	\$530
1	\$114	\$114	\$228	\$266	\$266	\$380
02-18	\$76	\$76	\$152	\$228	\$228	\$304
19-24	\$80	\$115	\$195	\$232	\$267	\$347
25-29	\$95	\$136	\$231	\$247	\$288	\$383
30-34	\$114	\$151	\$265	\$266	\$303	\$417
35-39	\$134	\$166	\$300	\$286	\$318	\$452
40-44	\$166	\$186	\$352	\$318	\$338	\$504
45-49	\$210	\$203	\$413	\$362	\$355	\$565
50-54	\$278	\$236	\$514	\$430	\$388	\$666
55-59	\$367	\$288	\$655	\$519	\$440	\$807
60-64	\$524	\$370	\$894	\$676	\$522	\$1,046
65+***	\$560	\$415	\$975	\$712	\$567	\$1,127

Counties: Fairfield and New Haven

High Deductible PPO 1						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$203	\$203	\$406	\$365	\$365	\$568
1	\$122	\$122	\$244	\$284	\$284	\$406
02-18	\$81	\$81	\$162	\$243	\$243	\$324
19-24	\$87	\$123	\$210	\$249	\$285	\$372
25-29	\$103	\$146	\$249	\$265	\$308	\$411
30-34	\$122	\$163	\$285	\$284	\$325	\$447
35-39	\$144	\$179	\$323	\$306	\$341	\$485
40-44	\$179	\$199	\$378	\$341	\$361	\$540
45-49	\$226	\$219	\$445	\$388	\$381	\$607
50-54	\$298	\$253	\$551	\$460	\$415	\$713
55-59	\$394	\$309	\$703	\$556	\$471	\$865
60-64	\$564	\$398	\$962	\$726	\$560	\$1,124
65+***	\$603	\$445	\$1,048	\$765	\$607	\$1,210

Dental Rates – All Connecticut Counties

Monthly Dental Rates†			
Single	Couple	Parent & Child(ren)	Family
\$15	\$29	\$42	\$57

Your rates are guaranteed not to increase for 12 months from your effective date!

- * Rates are subject to increase upon underwriting review.
- ** Couple and Family rates are based on the age of the oldest spouse/civil union partner.
- *** Age 65+ rates are not available to new applicants.
- † Dental is offered only if medical coverage is obtained.