

CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	PREVENTATIVE AND HOSPITAL CARE 1250	
	In-network	Out-of-network*
Deductible Individual Family	\$1,250 \$2,500	\$2,500 \$5,000
Coinsurance (Member's Responsibility)	20% after deductible	50% after deductible
Co-insurance Maximum Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Out of Pocket Maximum Individual Family	\$3,750 \$7,500	\$7,500 \$15,000
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)	\$35 copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Physical-every 24 months*) (\$ 200 per exam)	\$25 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***

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

- * Maximum applies to combined in and out-of-network benefits
 - + 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/X-Rays(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.

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 Preventative & Hospital Care 1250 Plan Rates – Connecticut Effective 4/1/07

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

Preventative and Hospital Care 1250						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$135	\$135	\$270	\$243	\$243	\$378
1	\$81	\$81	\$162	\$189	\$189	\$270
2-18	\$54	\$54	\$108	\$162	\$162	\$216
19-24	\$57	\$84	\$141	\$165	\$192	\$249
25-29	\$70	\$101	\$171	\$178	\$209	\$279
30-34	\$86	\$114	\$200	\$194	\$222	\$308
35-39	\$104	\$126	\$230	\$212	\$234	\$338
40-44	\$131	\$145	\$276	\$239	\$253	\$384
45-49	\$166	\$161	\$327	\$274	\$269	\$435
50-54	\$223	\$189	\$412	\$331	\$297	\$520
55-59	\$298	\$234	\$532	\$406	\$342	\$640
60-64	\$428	\$303	\$731	\$536	\$411	\$839
65+***	\$459	\$340	\$799	\$567	\$448	\$907

Counties: Fairfield and New Haven

Preventative and Hospital Care 1250						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$147	\$147	\$294	\$265	\$265	\$412
1	\$88	\$88	\$176	\$206	\$206	\$294
2-18	\$59	\$59	\$118	\$177	\$177	\$236
19-24	\$62	\$89	\$151	\$180	\$207	\$269
25-29	\$77	\$108	\$185	\$195	\$226	\$303
30-34	\$93	\$123	\$216	\$211	\$241	\$334
35-39	\$112	\$138	\$250	\$230	\$256	\$368
40-44	\$140	\$155	\$295	\$258	\$273	\$413
45-49	\$179	\$173	\$352	\$297	\$291	\$470
50-54	\$240	\$203	\$443	\$358	\$321	\$561
55-59	\$319	\$251	\$570	\$437	\$369	\$688
60-64	\$461	\$325	\$786	\$579	\$443	\$904
65+***	\$494	\$364	\$858	\$612	\$482	\$976

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.