

**CONNECTICUT AETNA ADVANTAGE PLAN OPTIONS**

	PPO 2500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
Lifetime Maximum* per insured	\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 Copay not subject to deductible	50% after deductible
Specialist Visit**	\$40 Copay not subject to 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)	\$40 Copay not subject to deductible	50% after deductible
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 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
<b>PHARMACY</b>		
Pharmacy Deductible per Individual (does not apply to generic)*	\$200 (does not apply to generic)	\$200 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 Copay not subject to deductible	50% not subject to 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

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

\* 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.

For Local experienced assistance call 1-866-508-0618

Creative Healthcare Benefits, Manchester, Conn.



# Aetna PPO 2500 Health Insurance Plan Rates – Connecticut Effective 4/1/07

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

PPO 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$192	\$192	\$384	\$346	\$346	\$538
1	\$115	\$115	\$230	\$269	\$269	\$384
02-18	\$77	\$77	\$154	\$231	\$231	\$308
19-24	\$81	\$118	\$199	\$235	\$272	\$353
25-29	\$97	\$138	\$235	\$251	\$292	\$389
30-34	\$115	\$154	\$269	\$269	\$308	\$423
35-39	\$139	\$168	\$307	\$293	\$322	\$461
40-44	\$170	\$189	\$359	\$324	\$343	\$513
45-49	\$214	\$207	\$421	\$368	\$361	\$575
50-54	\$283	\$240	\$523	\$437	\$394	\$677
55-59	\$374	\$293	\$667	\$528	\$447	\$821
60-64	\$533	\$377	\$910	\$687	\$531	\$1,064
65+***	\$571	\$421	\$992	\$725	\$575	\$1,146

Counties: Fairfield and New Haven

PPO 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$206	\$206	\$412	\$370	\$370	\$576
1	\$124	\$124	\$248	\$288	\$288	\$412
02-18	\$82	\$82	\$164	\$246	\$246	\$328
19-24	\$88	\$125	\$213	\$252	\$289	\$377
25-29	\$104	\$148	\$252	\$268	\$312	\$416
30-34	\$124	\$165	\$289	\$288	\$329	\$453
35-39	\$149	\$181	\$330	\$313	\$345	\$494
40-44	\$182	\$203	\$385	\$346	\$367	\$549
45-49	\$229	\$222	\$451	\$393	\$386	\$615
50-54	\$304	\$258	\$562	\$468	\$422	\$726
55-59	\$401	\$315	\$716	\$565	\$479	\$880
60-64	\$573	\$405	\$978	\$737	\$569	\$1,142
65+***	\$612	\$454	\$1,066	\$776	\$618	\$1,230

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.