



# New for 2009 in Colorado

## Aetna Advantage Plan Including Medical & Pharmacy Calendar Year Maximums

*Aetna Advantage Plan Including Medical & Pharmacy Calendar Year Maximums might be right for you if you are looking for a health insurance plan that offers a wide range of benefits - with more affordable monthly premiums.*

### More reasons to like Aetna

- Access to Aetna's nationwide network. Your out-of-pocket costs may be lower if you choose from among the many participating physicians and hospitals within this nationwide network.
- You don't need a doctor's referral to see a specialist.
- There's no waiting period to enjoy preventive care.
- Children's immunizations are covered.
- Coverage for prescription drugs.
- Annual routine GYN exams coverage - no waiting period and no dollar max.
- Unlimited office visits to your primary care physician and specialists.
- Routine physicals include lab work and X-rays.

Aetna Advantage Plans also include special programs with a wealth of features to complement our standard health insurance coverage, such as the Aetna Natural Products and Services<sup>SM</sup> program, Eyecare Savings and the Hearing Discount Program. These programs include substantial savings on products and educational materials geared toward your special health needs.

For more detailed information on Aetna Advantage Plans, please refer to the brochure you received in your enrollment kit.

**If you still have questions,  
call 1-800-MyHealth.**

### What Is Covered

This plan provides coverage for many of your common medical expenses, such as health screenings, routine exams and children's immunizations, hospital care, surgery and more.

Plus, you have the freedom to go directly to any physician, hospital or health care professional – including specialists – for covered expenses.

And, if you choose a provider from Aetna's network of participating physicians and hospitals, your deductible, coinsurance and out-of-pocket costs will be lower.

### What Is Not Covered

This plan has a Calendar Year Maximum that limits the total amount the plan pays for your medical and pharmacy benefits in a calendar year (January 1 through December 31). If you reach these limits, you'll pay all of your additional health care costs for the rest of that year. Please look at the limitations and exclusions page in the brochure you received for services limited or excluded by this plan.

### It's important for you to know...

that this plan may not cover all your health care expenses for a given year, but offers valuable protection to individuals and families at an affordable cost. This plan may be used on a short-term basis, or longer - depending on your needs.

# Colorado Aetna Advantage Plan Including Medical and Pharmacy Calendar Year Maximums *plan options*

Aetna Advantage Plan Managed  
Choice Open Access 750 with  
Medical \$50K CYM

Aetna Advantage Plan Managed  
Choice Open Access 1500 with  
Medical \$50K CYM

Aetna Advantage Plan Managed  
Choice Open Access 2500 with  
Medical \$50K CYM

Member Benefits	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible</b>						
<i>Individual</i>	\$750	\$1,500	\$1,500	\$3,000	\$2,500	\$5,000
<i>Family</i>	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000
<b>Coinsurance</b> <i>(Member's responsibility)</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	\$0 once out-of-pocket max. is satisfied		\$0 once out-of-pocket max. is satisfied		\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b>						
<i>Individual</i>	\$4,250	\$8,500	\$3,500	\$7,000	\$2,500	\$5,000
<i>Family</i>	\$8,500	\$17,000	\$7,000	\$14,000	\$5,000	\$10,000
<b>Out-of-Pocket Maximum</b>						
<i>Individual</i>	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
<i>Family</i>	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
		<i>Includes deductible</i>		<i>Includes deductible</i>		<i>Includes deductible</i>
<b>Calendar Year Maximum** per insured</b>		\$50,000*		\$50,000*		\$50,000*
<b>Lifetime Maximum** per insured</b>		\$5,000,000		\$5,000,000		\$5,000,000
<b>Non-Specialist Office Visit</b> <i>Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist</i>	\$25 copay	50% after deductible	\$25 copay	50% after deductible	\$25 copay	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$50 copay	50% after deductible	\$50 copay	50% after deductible	\$50 copay	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay 20% after deductible	50% after deductible	\$50 copay 20% after deductible	50% after deductible	\$50 copay 20% after deductible	50% after deductible
<b>Emergency Room</b>	\$150 copay*** (waived if admitted) 20% coinsurance after deductible		\$150 copay*** (waived if admitted) 20% coinsurance after deductible		\$150 copay*** (waived if admitted) 20% coinsurance after deductible	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$50 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible
<b>Maternity</b>		Not covered <i>(except for pregnancy complications)</i>		Not covered <i>(except for pregnancy complications)</i>		Not covered <i>(except for pregnancy complications)</i>
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$200 per exam** No waiting period</i>	\$25 copay deductible waived	50% after deductible <i>Includes lab work and X-rays</i>	\$25 copay deductible waived	50% after deductible <i>Includes lab work and X-rays</i>	\$25 copay deductible waived	50% after deductible <i>Includes lab work and X-rays</i>
<b>Lab/X-Ray</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Skilled Nursing — in lieu of hospital</b> <i>30 days per calendar year**</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year**</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Home Health Care — in lieu of hospital</b> <i>30 visits per calendar year**</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Pharmacy</b>						
<b>Pharmacy Deductible per insured</b>	\$250	\$250	\$250	\$250	\$500	\$500
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived	\$15 copay deductible waived	\$15 copay plus 50% deductible waived	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible	\$35 copay after deductible	\$35 copay plus 50% after deductible	\$35 copay after deductible	\$35 copay plus 50% after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after deductible	\$60 copay after deductible	\$60 copay plus 50% after deductible	\$60 copay after deductible	\$60 copay plus 50% after deductible
<b>Calendar Year Maximum** per insured</b>	\$2,500*	\$2,500*	\$2,500*	\$2,500*	\$2,500*	\$2,500*

\* Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually. As with other Aetna plans, members are responsible for billed charges upon reaching any plan limits, at which point they may or may not receive Aetna's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider.

\*\* 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.

+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

This plan has a Calendar Year Maximum that limits the total amount the plan pays for your medical and pharmacy benefits in a calendar year (January 1 through December 31).

**Aetna Advantage Plans for individuals, families and the self-employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust.**

In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition. Health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

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