

# Aetna Advantage Plans for Individuals, Families and the Self-Employed

Illinois

A Guide to  
Understanding  
Your Choices  
and Selecting a  
Quality Health  
Insurance Plan



We want you to know<sup>®</sup>



# Choose the Aetna Advantage plan that best fits your needs

We offer a variety of Aetna Advantage health coverage plans in Illinois. Your Aetna Advantage plan choices are:

## PPO Plans

With the Illinois PPO health insurance plans, you can visit any doctor or hospital you choose. (Your out-of-pocket costs will be lower if you select a provider from Aetna's wide network of participating physicians and hospitals.) In addition, there are no claim forms to fill out when you visit a network provider, and no referrals are required to see a specialist.

## Preventative and Hospital Care Plans

The Preventative and Hospital Care Plans are ideal for individuals that are primarily looking for affordability when selecting a coverage option. This plan provides inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges in lieu of hospitalization. In addition, these plans provide coverage for preventive care including annual GYN exam, well child care and physical exam every 24 months. The deductible on the Preventative and Hospital Care Plan applies to most covered expenses. NOTE: This plan provides limited benefits only and does not constitute a comprehensive health insurance plan. As such, it may not cover all the expenses associated with your health care needs.

## High-Deductible PPO Plans (HSA-Compatible)

With the Illinois High-Deductible PPO health insurance plans, you'll pay lower premiums in exchange for higher annual deductibles — at least \$3,000 for individuals and \$6,000 for families. A key advantage of this plan is that it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds.

What does "tax-advantaged" mean? It means you or an eligible family member can make contributions to your HSA tax-free. Those dollars earn interest tax-free. And when you make withdrawals to pay for qualified health care expenses, they're tax-free, too.

An HSA has other advantages as well. Among them:

- You own your HSA, so even if you change jobs or health insurance plans, the money in your account is yours to keep.
- Any money remaining in your HSA at the end of the year rolls over to the next year. You don't lose it.
- You can withdraw money directly from your HSA to cover qualified expenses. Account holders have convenient access to HSA funds with an Aetna Visa Debit Card or checkbook. Or, you can allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

## Child Only Coverage

All of the Advantage plans in Illinois are available for Child only. That is, you may choose to enroll your child even if no other family member enrolls. Coverage includes immunizations, well child visits, emergency room and dental preventive services (if dental is selected).

Note that if one of the HSA plans is selected for Child only enrollment, an HSA account is not available for the child.

## Dental PPO Max Plan

With the Aetna Advantage Dental PPO Max insurance plan, you can obtain services from either a participating or non-participating dentist. Participating dentists have agreed to provide services at a negotiated rate for both covered services, **as well as non-covered services such as cosmetic tooth whitening and orthodontic care**, so you generally pay less out-of-pocket. You also have the flexibility to visit a dentist who does not participate in Aetna's network, though you will not benefit from negotiated fees.

# Things You Need to Know to Enroll



To qualify for an Aetna Advantage Plan, you must be:

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4.)
- Under age 19 for dependent children
- Between ages 19 and 22 for unmarried dependent children with proof of full-time student status
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least 6 continuous months.

## Medical underwriting requirements

- The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals can be federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for a special guaranteed issue plan under Illinois laws and regulations.
- All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.
- We offer various levels of coverage based on the known and predicted medical risk factors of each applicant.

## Premium and Coverage Level

- **You may be enrolled in your selected plan at the standard premium charge.**
- ***You may be enrolled in your selected plan at a higher premium, based on medical information.***
- **You may be declined coverage based on significant medical risk factors.**

## Duplicate coverage

- If you are currently covered by another carrier, you must agree to discontinue the other coverage prior to or on the effective date of the Aetna Advantage Plan.

## Pre-existing conditions

- During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.
- A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within 6 months preceding the effective date of coverage.

## Terms of coverage

Your premium rates are guaranteed not to increase for 12 months from your effective date! Final rates are subject to underwriting review.

Coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Residency requirements
- Obtaining duplicate coverage
- For other reasons permissible by law

**Have Questions?  
Call your broker.**

## Is your doctor in the network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Use Aetna's online DocFind® tool at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans). If you don't have Internet access, just call your broker and ask for a directory of providers.

## All You Need to Know About Easy-Pay

### Simple Automatic Payments via Electronic Funds Transfer (EFT)

#### Simple registration

- Complete the payment section of the Aetna Advantage Plans enrollment form. Initial payment can be made with EFT. Your payment will be deducted upon approval of the enrollment form.

#### Terminating EFT

- To terminate EFT, you will need to provide Aetna with 10 days written notice prior to the date your next EFT payment will be deducted.
- Without this written notice, your bank account may be debited for the next month's premium. You will then need to contact Aetna to have funds placed back in the checking account.

#### Refunds on EFT Accounts

- To process an EFT refund (placing money back in member's checking account), Aetna will require at least 5 days after the withdrawal was made to ensure valid payment.

#### Invoices for EFT Accounts

- You will not receive a paper invoice when you are enrolled in EFT. Payments will appear on your bank statement as "Aetna Autodebit Coverage."

#### Rejected EFT Transactions

- If the EFT payment rejects for any reason, Aetna will automatically terminate the EFT and send you a letter saying you will receive paper invoices. Processing time to reinstate EFT will be 30–60 days.
- If an EFT payment is rejected, you will need to pay that payment by paper check or credit card.

#### Timing for EFT

- Payments for Cycle 1 accounts (1st of the month effective date) will be taken from your bank account between the 3rd and the 10th of the month the premium is due.
- Payments for Cycle 2 account (15th of the month effective date) will be taken from your bank account between the 18th and 23rd of the month the premium is due.

## Aetna's Illinois Service Area\*

Below are the Illinois counties where Aetna Advantage Plans are offered:

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### AREA 1

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Du Page	Kane	Lake
Ford	Kankakee	Mchenry
Iroquois	Kendall	Will

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### AREA 2

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Alexander	Jersey	Ogle
Bond	Knox	Peoria
Boone	La Salle	Randolph
Calhoun	Lee	Rock Island
Clark	Macoupin	Saint Clair
Clinton	Madison	Tazewell
Edgar	Marshall	Winnebago
Fayette	Massac	Woodford
Fulton	Monroe	
Henry	Morgan	

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### AREA 3

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Brown	Jackson	Saline
Bureau	Jefferson	Sangamon
Champaign	Johnson	Scott
Christian	Livingston	Stephenson
Coles	Macon	Vermillion
Crawford	Marion	Washington
Effingham	Mcdonough	Wayne
Franklin	Mclean	Whiteside
Greene	Montgomery	Williamson
Grundy	Perry	
Hamilton	Pulaski	

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### AREA 4

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Cook (other than 606 zip codes)

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### AREA 5

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Cook (606 zip codes)

\*Networks may not be available in all zip codes and are subject to change.

## ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

	PPO 500		PPO 1000		PPO 1500	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>	In-Network	Out-of-Network <sup>+</sup>	In-Network	Out-of-Network <sup>+</sup>
Deductible Individual	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000
Deductible Family	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Coinsurance Maximum Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Out-of-Pocket Maximum Individual	\$2,000	\$2,500	\$2,500	\$3,500	\$3,000	\$4,500
Out-of-Pocket Maximum Family	\$4,000	\$5,000	\$5,000	\$7,000	\$6,000	\$9,000
Lifetime Maximum* per insured	\$5,000,000		\$5,000,000	\$5,000,000	\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$20 Copay not subject to deductible	50% after deductible	\$20 Copay not subject to deductible	50% after deductible	\$25 Copay not subject to deductible	50% after deductible
Specialist Visit	\$30 Copay not subject to deductible	50% after deductible	\$30 Copay not subject to deductible	50% after deductible	\$35 Copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room (after deductible)	\$100 Copay (waived if admitted) coinsurance 20%		\$100 Copay (waived if admitted) coinsurance 20%		\$100 Copay (waived if admitted) coinsurance 20%	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible	No Copay not subject to deductible	50% after deductible	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$20 Copay not subject to deductible	50% after deductible	\$20 Copay not subject to deductible	50% after deductible	\$25 Copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>						
Pharmacy Deductible per Individual	\$250 (does not apply to generic*)		\$250 (does not apply to generic*)		\$250 (does not apply to generic*)	
Generic (Contraceptives Included)	\$15 Copay not subject to deductible	\$15 Copay plus 50% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible	\$15 Copay not subject deductible	\$15 Copay plus 50% to not subject to deductible
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 copay plus 50% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

\* 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 pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

## ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

	PPO 2500		PPO 5000	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>MEMBER BENEFITS</b>				
Deductible				
Individual	\$2,500	\$5,000	\$5,000	\$10,000
Family	\$5,000	\$10,000	\$10,000	\$20,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$2,500	\$2,500	\$2,500
Family	\$5,000	\$5,000	\$5,000	\$5,000
Out-of-Pocket Maximum				
Individual	\$5,000	\$7,500	\$7,500	\$12,500
Family	\$10,000	\$15,000	\$15,000	\$25,000
Lifetime Maximum*per insured	\$5,000,000		\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 Copay not subject to deductible	50% after deductible	\$40 Copay not subject to deductible	50% after deductible
Specialist Visit	\$40 Copay not subject to deductible	50% after deductible	\$50 Copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room (after deductible)	\$100 Copay (waived if admitted) coinsurance 20%		\$100 Copay (waived if admitted) coinsurance 20%	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$30 Copay not subject to deductible	50% after deductible	\$40 Copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (24 visits per calendar year*)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit.)	20% after deductible	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible per Individual	\$500 (does not apply to generic*)		\$500 (does not apply to generic*)	
Generic (Contraceptives Included)	\$15 Copay not subject to deductible	\$15 Copay plus 50% not subject to deductible	\$15 Copay not subject to deductible	\$15 Copay plus 50% not subject to deductible
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 50% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited

\* 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.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

## ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	PPO HIGH DEDUCTIBLE 3000 (HSA COMPATIBLE)		PPO HIGH DEDUCTIBLE 5000 (HSA COMPATIBLE)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible				
Individual	\$3,000	\$6,000	\$5,000	\$10,000
Family	\$6,000	\$12,000	\$10,000	\$20,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$0	\$6,500	\$0	\$2,500
Family	\$0	\$13,000	\$0	\$5,000
Out of Pocket Maximum				
Individual	\$3,000	\$12,500	\$5,000	\$12,500
Family	\$6,000	\$25,000	\$10,000	\$25,000
Lifetime Maximum *	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Specialist Visit	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room	0% after deductible		0% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual*) (\$ 200 per exam)	\$25 Copay not subject to deductible	50% after deductible	\$40 Copay not subject to deductible	50% after deductible
Lab/X-Ray	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (\$25 Max-24 visits per calendar year*)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Home Health Care(In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year *)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>PHARMACY</b>				
Pharmacy Deductible per Individual	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic (Oral Contraceptives included)	0% after medical deductible	50% after medical deductible	0% after medical deductible	50% after medical deductible
Preferred Brand/Non-Preferred Brand (Contraceptives Included)	0% after medical deductible	50% after medical deductible	0% after medical deductible	50% after medical deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited

\* 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.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.



## ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	PREVENTATIVE AND HOSPITAL CARE 1250		PREVENTATIVE AND HOSPITAL CARE 3000 (HSA-COMPATIBLE)	
	In-Network	Out-of-Network <sup>+</sup>	In-Network	Out-of-Network <sup>+</sup>
Deductible				
Individual	\$1,250	\$2,500	\$3,000	\$6,000
Family	\$2,500	\$5,000	\$6,000	\$12,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Coinsurance Maximum				
Individual	\$2,500	\$5,000	\$2,000	\$4,000
Family	\$5,000	\$10,000	\$4,000	\$8,000
Out-of-Pocket Maximum				
Individual	\$3,750	\$7,500	\$5,000	\$10,000
Family	\$7,500	\$15,000	\$10,000	\$20,000
Lifetime Maximum* per insured	\$5,000,000		\$5,000,000	
Non-Specialist Office Visit (General Physician, Family Practitioner Pediatrician or Internist)	Not Covered	Not Covered	Not Covered	Not Covered
Specialist Visit	Not Covered	Not Covered	Not Covered	Not Covered
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room (after deductible)	\$100 Copay (waived if admitted) 20%		\$100 Copay (waived if admitted) 20%	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay not subject to deductible	50% after deductible	\$0 Copay not subject to deductible	50% after deductible
Maternity	Not Covered	Not Covered	Not Covered	Not Covered
Preventative Health (Physical-every 24 months*) (\$200 per exam)	\$25 Copay not subject to deductible	50% after deductible	\$35 Copay not subject to deductible	50% after deductible
Lab/X-Ray	Not Covered	Not Covered	Not Covered	Not Covered
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational/Chiropractic Services/Speech Therapy	Not Covered	Not Covered	Not Covered	Not Covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment	Not Covered	Not Covered	Not Covered	Not Covered
<b>PHARMACY</b>				
Pharmacy Deductible per individual	Not Covered	Not Covered	Not Covered	Not Covered
Generic (Oral Contraceptives Included)	Not Covered**	Not Covered**	Not Covered**	Not Covered**
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	Not Covered**	Not Covered**	Not Covered**	Not Covered**
Calendar Year Maximum per Individual	Not Covered**	Not Covered**	Not Covered**	Not Covered**

\* Maximum applies to combined in and out of network benefits.

\*\* Aetna Discount Available

+ 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 pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.



## ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

INDIVIDUAL DENTAL PPO MAX PLAN		
MEMBER BENEFITS	PREFERRED	NONPREFERRED
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
<b>DIAGNOSTIC SERVICES</b>		
<b>Oral Exams</b>		
Periodic oral exam	100% not subject to ded	50% not subject to ded
Comprehensive oral exam	100% not subject to ded	50% not subject to ded
Problem-focused oral exam	100% not subject to ded	50% not subject to ded
<b>X-rays</b>		
Bitewing — single film	100% not subject to ded	50% not subject to ded
Complete series	100% not subject to ded	50% not subject to ded
<b>PREVENTIVE SERVICES</b>		
Adult cleaning	100% not subject to ded	50% not subject to ded
Child cleaning	100% not subject to ded	50% not subject to ded
Sealants — per tooth	Discount	Not Covered
Fluoride application — with cleaning	100% not subject to ded	50% not subject to ded
Space maintainers	Discount	Not Covered
<b>BASIC SERVICES</b>		
Amalgam filling — 2 surfaces	100% after ded	50% after ded
Resin filling — 2 surfaces anterior	Discount	Not Covered
<b>Oral Surgery</b>		
Extraction – exposed root or erupted tooth	Discount	Not Covered
Extraction of impacted tooth —soft tissue	Discount	Not Covered
<b>MAJOR SERVICES</b>		
Complete upper denture	Discount	Not Covered
Partial upper denture (resin base)	Discount	Not Covered
Crown — Porcelain with noble metal	Discount	Not Covered
Pontic — Porcelain with noble metal	Discount	Not Covered
Inlay — Metallic (3 or more surfaces)	Discount	Not Covered
<b>Oral Surgery</b>		
Removal of impacted tooth — partially bony	Discount	Not Covered
<b>Endodontic Services</b>		
Bicuspid root canal therapy	Discount	Not Covered
Molar root canal therapy	Discount	Not Covered
<b>Periodontic Services</b>		
Scaling & root planing — per quadrant	Discount	Not Covered
Osseous surgery — per quadrant	Discount	Not Covered
<b>ORTHODONTIC SERVICES</b>		
	Discount	Not Covered

**Access to negotiated discounts: members are eligible to receive non covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.**

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

A summary of exclusions is listed on page 21. For a full list of benefit coverage and exclusions refer to the plan documents.

# Aetna Advantage Plan programs to help you be well

Aetna Advantage Plans include special programs\* with a wealth of features to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. Here are a few of the ways we can help you be well.

## **Fitness Program.**

Enjoy reduced membership rates at participating health clubs, as well as discounts on home exercise equipment.

## **Aetna's Weight Management Discount Program**

The Weight Management Discount Program from Aetna can help you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products. Start with a FREE 30-day trial membership\*\*; then choose either a 6\*\* or 12- month\*\* program\*\*\* that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

## **Eyecare Savings Program.**

The Vision One+ discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

## **Aetna Natural Products and Services Program<sup>SM</sup>.**

Receive reduced rates on visits to acupuncturists, chiropractors, massage therapists and nutrition counselors, as well as discounts on vitamins and supplements.

## **Looking for a way to save on Dental Expenses?**

Vital Savings by Aetna® is a discount program that provides you with dental savings. This is not insurance. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today — visit [www.vitalsavings.com](http://www.vitalsavings.com) or call 1-877-MY-VITAL (1-877-698-4825).

## **Informed Health® Line.**

Get answers 24/7 to your health questions via this toll-free hotline staffed by a team of registered nurses.

## **Aetna Rx Home Delivery®.**

With this optional program, order prescription medications through our convenient and easy-to-use mail order pharmacy. To learn more or obtain order forms, visit [www.AetnaRxHomeDelivery.com](http://www.AetnaRxHomeDelivery.com).

## **Aetna Resource Connection.**

Aetna's Resource Connection provides our individual and self-employed clients with access to resources and discounts that can help them build a healthier business. Whether it's purchasing office supplies, finding an effective payroll service or upgrading your IT systems, Aetna Resource Connection can help. Simply put, we're placing the power of a Fortune 100 company in the hands of each client we serve.

## **Aetna Navigator™**

It's easy and convenient for Aetna members to manage their health benefits. Anytime – day or night – wherever they have Internet access, members can log in to Aetna Navigator, Aetna's secure member website. Members who register on the site can check the status of their claims, contact Aetna Member Services, estimate the costs of health care services, and much more!

For more information on any of these programs, please visit us online at [www.aetna.com](http://www.aetna.com).

\* Availability varies by plan. Talk with your Aetna representative for details.

\*\* Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases.

\*\*\* Additional weekly food discounts will grow throughout the year, based on active participation.

+ Vision One is a registered trademark of Cole Vision Corporation.

# Illinois

## Limitations & Exclusions

### Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

Services and supplies that are generally not covered include, but are not limited to:

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- Charges in connection with pregnancy care other than for pregnancy complications
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Medical expenses for a pre-existing condition are not covered for the first 365 days after the member's effective date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature on the application, then the pre-existing conditions exclusion of the plan will be waived.
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling
- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Mental Health not covered, except for severe biologically based mental or nervous disorders.
- Not covered except for Drug and Alcohol dependencies associated with severe, biologically based mental or nervous disorders.

## **Dental**

Listed below are some of the charges and services for which these dental plans do not provide coverage.

For a complete list of exclusions and limitations, refer to plan documents

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance. *Negotiated rates for cosmetic procedures available when a participating dentist is accessed.*
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost or stolen appliances and certain damaged appliances
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- All other limitations and exclusions in your plan documents

### **10-day right to review**

Do not cancel your current insurance until you are notified that you have been accepted for coverage.

We'll review your application to determine if you meet underwriting requirements. If you're denied, you'll be notified by mail. If you're approved, you'll be sent an Aetna Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges) less the cost of any services paid on behalf of you or any covered dependent.

The Aetna Advantage Plans for Individuals and families are offered, underwritten or administered by Aetna Life Insurance Company directly or through an out-of-state blanket trust.

If you need this material translated into another language, please call Member Services at 1-866-565-1236.

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. 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. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers 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. Information is subject to change. Health Insurance plans contain exclusions and limitations.

For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

