

Are you looking to cut costs, but keep your medical coverage?

7500 Deductible Plan with Unlimited Primary Care Visits, Generic Pharmacy plus Dental Coverage — New for 2009 in Georgia

Aetna's new 7500 Deductible Plan with Unlimited Primary Care Visits, Generic Pharmacy plus Dental Coverage might be right for you. Aetna's new insurance plan includes medical, dental and a vision discount program — all for one low monthly payment.

With the state of the current economy, it is important for you to lower your costs wherever you can. However, one of the things you cannot afford to go without is health insurance for you and your family. At Aetna, we know how difficult it is for you to meet your family budget on a monthly basis. With that in mind, we have created a plan that has the best of both — it includes the medical, dental *and* eye care savings bundled together at a reasonable cost that won't break the bank.

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 access preventive care (routine physicals).
- 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.
- Dental insurance coverage.

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

Dental Coverage Included

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.



Medical, dental
and eye care savings
bundled together...
at a reasonable cost that
won't break the bank.

NEW

Vision Discount Program

Aetna VisionSM Discounts program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

This is a discount program that provides you with eye care 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.

If you still have questions,
please call your broker.

GA 7500 Deductible Plan with Unlimited Primary Care Visits, Generic Pharmacy plus Dental Coverage

Aetna Advantage Plan Managed Choice
Open Access & PPO 7500 with Unlimited
Primary Care Visits plus Dental

Aetna Advantage Plan
Individual Dental PPO Max Plan

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$7,500	\$10,000
Family	\$15,000	\$20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	40% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	30% after deductible
Specialist Visit <i>Unlimited visits</i>	20% after deductible	40% after deductible
Hospital Admission	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Urgent Care Facility	\$50 copay deductible waived	30% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
Maternity	Not covered <i>(except for pregnancy complications)</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam*</i>	\$30 copay deductible waived	30% after deductible
	<i>Includes lab and X-rays</i>	
Lab/X-Ray	20% after deductible	40% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	40% after deductible
	<i>Aetna will pay up to \$25 per visit max.</i>	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 30% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	Not Covered	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not Covered	Not covered
Calendar Year Maximum per individual	Unlimited	Unlimited

MEMBER BENEFITS	Preferred	Non-Preferred
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
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% ded. waived	50% ded. waived
Comprehensive oral exam	100% ded. waived	50% ded. waived
Problem-focused oral exam	100% ded. waived	50% ded. waived
X-rays		
Bitewing — single film	100% ded. waived	50% ded. waived
Complete series	100% ded. waived	50% ded. waived
PREVENTIVE SERVICES		
Adult cleaning	100% ded. waived	50% ded. waived
Child cleaning	100% ded. waived	50% ded. waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% ded. waived	50% ded. waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after ded.	50% after ded.
Resin fillings — 2 surfaces	Discount	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	Discount	Not covered
Extraction of impacted tooth — soft tissue	Discount	Not covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
MAJOR SERVICES		
Complete upper denture	Discount	Not covered
Partial upper denture (resin based)	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
Oral Surgery		
Removal of impacted tooth — partially bony	Discount	Not covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
Periodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Discount	Not covered
Osseous surgery — per quadrant	Discount	Not covered
ORTHODONTIC SERVICES	Discount	Not covered

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions and limitations. Information subject to change.

Aetna Advantage Plans for individual, 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.

* 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.

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. A summary of exclusions is listed in the brochure you received in your enrollment kit. For a full list of benefit coverage and exclusions refer to the plan documents.

