



AETNA ADVANTAGE PLANS FOR INDIVIDUALS, FAMILIES AND THE SELF-EMPLOYED

NEW PROVISIONS EFFECTIVE SEPTEMBER 23, 2010

This information is an addendum to the printed materials you received.

The federal health care reform legislation, known as the Patient Protection and Affordable Care Act, was signed into law on March 23, 2010 by President Obama.

The following health care reform changes are effective on September 23, 2010:

- Allow dependent coverage up to age 26
- Remove lifetime benefit limits – based on dollar amounts
- Take away cost-sharing obligations for preventive services (In network)
- Eliminate pre-existing condition exclusions for dependent children (under 19 years of age)

Please note that some previously printed materials do not reflect these changes. However, the new provisions **are in effect** for plans with an effective date on or after September 23, 2010, and your Aetna Advantage Plan **does comply** with the new federal health care reform legislation.

If you have any questions, please talk to your broker or call 1-800-MY-HEALTH.

Please note that in addition to health care reform changes, coverage for children only may no longer be available in your state. Also, all plans described in the printed material you received may not currently be available in your state.

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 or Aetna Health Inc. 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.

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NEVADA AETNA ADVANTAGE PLAN OPTIONS

	First Dollar Managed Choice Open Access 40	
MEMBER BENEFITS	In Network	Out-of-Network ⁺
Deductible		
Individual	\$0	\$7,000
Family	\$0	\$14,000
Coinsurance (Member's responsibility)	40% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Coinsurance Maximum		
Individual	\$12,500	\$5,500
Family	\$25,000	\$11,000
Out-of-Pocket Maximum		
Individual	\$12,500	\$12,500
Family	\$25,000	\$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	\$40 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	40%	50% after deductible
Outpatient Surgery	40%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room	\$100 copay** (waived if admitted); 40% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, No calendar year max.</i> Annual Pap/Mammogram	\$0 copay	50% 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>	\$40 copay	50% after deductible
	<i>Includes lab work and X-rays</i>	
Lab/X-Ray	40%	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	40%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	40%	50% 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>	40%	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	40%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	\$20 copay	\$20 copay plus 50%
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Calendar Year Maximum per individual*	Unlimited	Unlimited

* 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 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 in the Aetna Advantage brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

Plans may be subject to medical underwriting or other restrictions. Aetna receives rebates from drug manufacturers 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. Health insurance plans contain exclusions and limitations. Material subject to change.

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