



## 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**

Managed Choice Open Access Value 2500		
MEMBER BENEFITS	In Network	Out-of-Network+
<b>Deductible</b>		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
<b>Coinsurance</b> (Member's responsibility)	30% after deductible 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>	
<b>Coinsurance Maximum</b>		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>Includes deductible</i>	
<b>Lifetime Maximum* per insured</b>	\$3,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner Pediatrician or Internist	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non- spec share visit max	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non- spec share visit max	50% after deductible
<b>Hospital Admission</b>	30% after deductible	50% after deductible
<b>Outpatient Surgery</b>	30% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay ded. waived	50% after deductible
<b>Emergency Room</b>	\$100 copay** (waived if admitted; 30% after deductible)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, No calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not Covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$200 per exam*</i>	\$50 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
<b>Lab/X-Ray</b>	30% after deductible	50% after deductible
<b>Skilled Nursing</b> — in lieu of hospital <i>30 days per calendar year*</i>	30% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	30% after deductible	50% after deductible
	<i>Aetna will pay up to \$25 per visit max. *</i>	
<b>Home Health Care</b> — in lieu of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
<b>Durable Medical Equipment</b> Aetna will pay up to \$2000 per calendar year*	30% after deductible	50% after deductible
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	\$500	\$500
	<i>Does not apply to generic</i>	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$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
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible
<b>Calendar Year Maximum</b> per individual*	\$5,000	\$5,000

\* 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. Rates and benefits vary by location. 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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