ILLINOIS AETNA ADVANTAGE PLAN OPTIONS

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

* 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 page 17 of the Aetna Advantage brochure. For a full list of benefit coverage and exclusions refer to the plan documents.