

Member benefits

Plan name	IL Platinum PPO 500 80/50 IL Platinum Savings Plus PPO 500 80/50		IL Gold PPO 500 80/50 IL Gold Savings Plus PPO 500 80/50		IL Gold PPO 750 80/50 IL Gold Savings Plus PPO 750 80/50		IL Gold PPO 1000 100/70 IL Gold Savings Plus PPO 1000 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$500/\$1,000	\$1,500/\$3,000	\$500/\$1,000	\$1,500/\$3,000	\$750/\$1,500	\$2,250/\$4,500	\$1,000/\$2,000	\$3,000/\$6,000
Plan out-of-pocket limit (Individual/Family)	\$1,250/\$2,500	\$2,500/\$5,000	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$13,200/\$26,400	\$3,000/\$6,000	\$6,000/\$12,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$20 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible
Specialist office visit	\$40 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	30% after deductible
Walk-in clinics	\$20 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible
Teladoc	\$20 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$20 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full; deductible waived	30% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full; deductible waived	30% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$200 copay; deductible waived	30% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$250 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network
Urgent care	\$40 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$20 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ Covered in full after	30% after deductible
Chiropractic ⁴	20% after deductible	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	\$100 per Member	\$100 per Member
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived Generic: \$10 copay plus 30%; deductible waived
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%	\$45 copay; deductible waived	\$45 copay plus 30%; deductible waived
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay; deductible waived	Generic & Brand: \$75 copay plus 30%; deductible waived
Specialty drugs	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250; deductible waived Non-Preferred Specialty: 40% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.
 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Gold PPO 1000 80/50 IL Gold Savings Plus PPO 1000 80/50		IL Gold PPO 1500 100/70 IL Gold Savings Plus PPO 1500 100/70		IL Gold PPO 1500 80/50 IL Gold Savings Plus PPO 1500 80/50		IL Gold PPO 2500 100/70 IL Gold Savings Plus PPO 2500 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$4,500/\$9,000	\$1,500/\$3,000	\$4,500/\$9,000	\$2,500/\$5,000	\$7,500/\$15,000
Plan out-of-pocket limit (Individual/Family)	\$3,500/\$7,000	\$7,000/\$14,000	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$9,000/\$18,000	\$4,500/\$9,000	\$9,000/\$18,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible
Specialist office visit	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	30% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	30% after deductible
Walk-in clinics	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible
Teladoc	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered	\$25 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$25 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	20% deductible waived	50% after deductible	Covered in full after deductible	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$300 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$250 copay; deductible waived	Paid as In-Network	\$250 copay; deductible waived	Paid as In-Network
Urgent care	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ Covered in full after	30% after deductible	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ Covered in full after	30% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	20% after deductible	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Silver PPO 1500 70/50 RxH IL Silver Savings Plus PPO 1500 70/50 RxH		IL Silver PPO 1500 70/50 RxL IL Silver Savings Plus PPO 1500 70/50 RxL		IL Silver SJ PPO 2500 100/70 RxH IL Silver Savings Plus SJ PPO 2500 100/70 RxH		IL Silver Savings Plus SJ PPO 2500 100/70 RxL IL Silver SJ PPO 2500 100/70 RxL	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$1,500/\$3,000	\$4,500/\$9,000	\$1,500/\$3,000	\$4,500/\$9,000	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$7,500/\$15,000
Plan out-of-pocket limit (Individual/Family)	\$6,550/\$13,100	\$12,800/\$25,600	\$6,550/\$13,100	\$12,800/\$25,600	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Specialist office visit	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	\$75 copay after deductible	30% after deductible
Walk-in clinics	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Teladoc	\$35 copay; deductible waived	Not Covered	\$35 copay; deductible waived	Not Covered	\$35 copay; deductible waived	Not Covered	\$35 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Diagnostic testing: X-ray	30% deductible waived	50% after deductible	30% deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	\$75 copay after deductible	30% after deductible
Imaging CT/PET scans MRIs	30% after deductible	50% after deductible	30% after deductible	50% after deductible	\$200 copay after deductible	30% after deductible	\$200 copay after deductible	30% after deductible
Inpatient hospital facility	30% after deductible	50% after deductible	30% after deductible	50% after deductible	\$250 copay per admission after deductible	30% after deductible	\$250 copay per admission after deductible	30% after deductible
Outpatient surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	30% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$35 copay; deductible waived/ 30% after deductible/	50% after deductible	\$35 copay; deductible waived/ 30% after deductible/	50% after deductible	\$35 copay; deductible waived/ \$75 copay after deductible/	30% after deductible	\$35 copay; deductible waived/ \$75 copay after deductible/	30% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$12 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$12 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$15 copay plus 30%	Low Cost Generic: \$3 copay; deductible waived Generic: \$12 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived Generic: \$12 copay plus 30%; deductible waived	Low Cost Generic: \$3 copay; deductible waived Generic: \$15 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived Generic: \$15 copay plus 30%; deductible waived
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$45 copay after deductible	\$45 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Silver PPO 2500 80/50 RxH IL Silver Savings Plus PPO 2500 80/50 RxH		IL Silver PPO 2500 80/50 RxL IL Silver Savings Plus PPO 2500 80/50 RxL		IL Silver PPO 2500 50/50 IL Silver Savings Plus PPO 2500 50/50		IL Silver PPO 2600 100/70 HSA EMB IL Silver Savings Plus PPO 2600 100/70 HSA EMB	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$7,500/\$15,000	\$2,600/\$5,200	\$7,800/\$15,600
Plan out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$11,000/\$22,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,200/\$10,400	\$10,000/\$20,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Specialist office visit	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Walk-in clinics	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Teladoc	\$35 copay; deductible waived	Not Covered	\$35 copay; deductible waived	Not Covered	\$35 copay; deductible waived	Not Covered	Covered in full after deductible	Not Covered
Diagnostic testing: Lab	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$200 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived/ 50% after deductible/	50% after deductible	Covered in full after deductible	30% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$12 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$12 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$15 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$15 copay plus 30%	Low Cost Generic: \$3 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible Generic: \$15 copay plus 30% after deductible
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$70 copay after deductible	\$70 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Silver PPO 2600 100/50 HSA TIF RxH IL Silver Savings Plus PPO 2600 100/50 HSA TIF RxH		IL Silver PPO 2600 100/50 HSA TIF RxL IL Silver Savings Plus PPO 2600 100/50 HSA TIF RxL		IL Silver PPO 2600 100/50 HSA EMB RxL IL Silver Savings Plus PPO 2600 100/50 HSA EMB RxL		IL Silver Value Plus PPO 3000 80/60 RxH IL Silver Savings Plus PPO Value Plus 3000 80/60 RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$2,600/\$5,200	\$6,000/\$12,000	\$2,600/\$5,200	\$6,000/\$12,000	\$2,600/\$5,200	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Plan out-of-pocket limit (Individual/Family)	\$3,225/\$6,450	\$9,000/\$18,000	\$3,225/\$6,450	\$9,000/\$18,000	\$5,500/\$11,000	\$9,000/\$18,000	\$5,250/\$10,500	\$18,000/\$36,000
Deductible and out-of-pocket limit accumulation	TIF ²		TIF ²		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Specialist office visit	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Walk-in clinics	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Teladoc	Covered in full after deductible	Not Covered	Covered in full after deductible	Not Covered	Covered in full after deductible	Not Covered	20% after deductible	Not Covered
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network	20% after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Chiropractic ⁴	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$12 copay after deductible	Generic: \$12 copay plus 30% after deductible	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$12 copay	Generic: \$12 copay plus 30%
Preferred brand drugs	\$45 copay after deductible	\$45 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 40% up to \$250 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.
 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Silver PPO 3000 80/50 RxH IL Silver Savings Plus PPO 3000 80/50 RxH		IL Silver PPO 3000 80/50 RxL IL Silver Savings Plus PPO 3000 80/50 RxL		IL Silver SJ PPO 3500 100/70 IL Silver Savings Plus SJ PPO 3500 100/70		IL Silver PPO 3500 100/70 HSA EMB RxH IL Silver Savings Plus PPO 3500 100/70 HSA EMB RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000
Plan out-of-pocket limit (Individual/Family)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,850/\$13,700	\$12,500/\$25,000	\$4,500/\$9,000	\$9,000/\$18,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$45 copay; deductible waived	50% after deductible	\$45 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible
Specialist office visit	\$65 copay; deductible waived	50% after deductible	\$65 copay; deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Walk-in clinics	\$45 copay; deductible waived	50% after deductible	\$45 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered	\$35 copay; deductible waived	Not Covered	Covered in full after deductible	Not Covered
Diagnostic testing: Lab	\$45 copay; deductible waived	50% after deductible	\$45 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	\$65 copay; deductible waived	50% after deductible	\$65 copay; deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$200 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$250 copay per admission after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	\$65 copay; deductible waived	50% after deductible	\$65 copay; deductible waived	50% after deductible	\$75 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$45 copay; deductible waived/ 20% after deductible/	50% after deductible	\$45 copay; deductible waived/ 20% after deductible/	50% after deductible	\$35 copay; deductible waived/ \$75 copay after deductible/	30% after deductible	Covered in full after deductible	30% after deductible
Chiropractic ⁴	20% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$12 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$12 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$15 copay plus 30%	Low Cost Generic: \$3 copay; deductible waived Generic: \$12 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived Generic: \$12 copay plus 30%; deductible waived	Low Cost Generic: \$3 copay after deductible Generic: \$12 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible Generic: \$12 copay plus 30% after deductible
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$45 copay after deductible	\$45 copay plus 30% after deductible	\$45 copay after deductible	\$45 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Silver PPO 3500 100/70 HSA EMB RxL IL Silver Savings Plus PPO 3500 100/70 HSA EMB RxL		IL Silver PPO 3500 50/50 RxH IL Silver Savings Plus PPO 3500 50/50 RxH		IL Silver PPO 3500 50/50 RxL IL Silver Savings Plus PPO 3500 50/50 RxL		IL Silver PPO 5000 100/70 RxH IL Silver Savings Plus PPO 5000 100/70 RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000
Plan out-of-pocket limit (Individual/Family)	\$4,500/\$9,000	\$9,000/\$18,000	\$6,250/\$12,500	\$13,200/\$26,400	\$6,250/\$12,500	\$13,200/\$26,400	\$5,500/\$11,000	\$11,000/\$22,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	30% after deductible
Specialist office visit	Covered in full after deductible	30% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	30% after deductible
Walk-in clinics	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	30% after deductible
Teladoc	Covered in full after deductible	Not Covered	\$30 copay; deductible waived	Not Covered	\$30 copay; deductible waived	Not Covered	\$30 copay; deductible waived	Not Covered
Diagnostic testing: Lab	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	30% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	30% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	30% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$250 copay after deductible	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived/ 50% after deductible/	50% after deductible	\$30 copay; deductible waived/ 50% after deductible/	50% after deductible	\$30 copay; deductible waived/ Covered in full after	30% after deductible
Chiropractic ⁴	Covered in full after deductible	30% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$12 copay	Generic: \$12 copay plus 30%	Generic: \$15 copay	Generic: \$15 copay plus 30%	Generic: \$12 copay	Generic: \$12 copay plus 30%
Preferred brand drugs	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Silver PPO 5000 100/70 RxL IL Silver Savings Plus PPO 5000 100/70 RxL		IL Bronze PPO 4500 70/50 HSA EMB IL Bronze Savings Plus PPO 4500 70/50 HSA EMB		IL Bronze PPO 5000 80/50 HSA EMB IL Bronze Savings Plus PPO 5000 80/50 HSA EMB		IL Bronze PPO 5500 100/50 HSA EMB IL Bronze Savings Plus PPO 5500 100/50 HSA EMB	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$4,500/\$9,000	\$9,000/\$18,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,500/\$11,000	\$11,000/\$22,000
Plan out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$11,000/\$22,000	\$6,450/\$12,900	\$20,000/\$40,000	\$6,450/\$12,900	\$20,000/\$40,000	\$6,250/\$12,500	\$12,500/\$25,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Specialist office visit	\$75 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Walk-in clinics	\$30 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Teladoc	\$30 copay; deductible waived	Not Covered	30% after deductible	Not Covered	20% after deductible	Not Covered	Covered in full after deductible	Not Covered
Diagnostic testing: Lab	\$30 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	\$75 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Emergency room	\$500 copay; deductible waived	Paid as In-Network	\$300 copay after deductible	Paid as In-Network	20% after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$30 copay; deductible waived/ Covered in full after	30% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$15 copay plus 30%	Low Cost Generic: \$3 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible Generic: \$15 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible Generic: \$15 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible Generic: \$15 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible Generic: \$15 copay plus 30% after deductible
Preferred brand drugs	\$70 copay	\$70 copay plus 30%	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.
 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Bronze Value Plus PPO 6000 100/70 IL Bronze Savings Plus PPO Value Plus 6000 100/70		IL Bronze PPO 6000 100/70 HSA EMB IL Bronze Savings Plus PPO 6000 100/70 HSA EMB		IL Bronze PPO 6000 100/70 IL Bronze Savings Plus PPO 6000 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000
Plan out-of-pocket limit (Individual/Family)	\$6,850/\$13,700	\$13,700/\$27,400	\$6,450/\$12,900	\$12,900/\$25,800	\$6,850/\$13,700	\$13,700/\$27,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived	30% after deductible
Specialist office visit	\$90 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible	\$80 copay; deductible waived	30% after deductible
Walk-in clinics	\$35 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived	30% after deductible
Teladoc	\$35 copay after deductible	Not Covered	Covered in full after deductible	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$35 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived	30% after deductible
Diagnostic testing: X-ray	\$90 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network
Urgent care	\$90 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$80 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$35 copay after deductible/ \$90 copay after deductible/	30% after deductible	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived/ Covered in full after	30% after deductible
Chiropractic ⁴	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	\$100 per Member	\$100 per Member
Preferred generic drugs	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived
Preferred brand drugs	Generic: \$15 copay; deductible waived	Generic: \$15 copay plus 30%; deductible waived	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$15 copay; deductible waived	Generic: \$15 copay plus 30%; deductible waived
Nonpreferred drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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 14.02.060.1 IL (4/15)

Member benefits

Plan name	IL Gold IND 1000 80%	
	Out of Network	
Calendar year deductible (Individual/Family)	\$1,000/\$2,000	
Plan out-of-pocket limit (Individual/Family)	\$3,000/\$6,000	
Deductible and out-of-pocket limit accumulation	Embedded ¹	
Primary care physician office visit	20% after deductible	
Specialist office visit	20% after deductible	
Walk-in clinics	Not Covered	
Teladoc	20% after deductible	
Diagnostic testing: Lab	20% after deductible	
Diagnostic testing: X-ray	20% after deductible	
Imaging CT/PET scans MRIs	20% after deductible	
Inpatient hospital facility	20% after deductible	
Outpatient surgery	20% after deductible	
Emergency room	20% after deductible	
Urgent care	20% after deductible	
Rehabilitation services (PT/OT/ST) ³	20% after deductible	
Chiropractic ⁴	20% after deductible	
Pharmacy ⁵	In Network	Out of Network
Pharmacy Deductible	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%
Preferred brand drugs	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Member benefits

Plan name	IL Platinum HMO 0 70% IL Platinum Savings Plus HMO 0 70%	IL Gold HMO 500 70% IL Gold Savings Plus HMO 500 70%	IL Gold HMO 1000 70% IL Gold Savings Plus HMO 1000 70%	IL Silver HMO 2000 70% RxH IL Silver Savings Plus HMO 2000 70% RxH	IL Silver HMO 2000 70% RxL IL Silver Savings Plus HMO 2000 70% RxL	IL Silver HMO 3500 60% RxH IL Silver Savings Plus HMO 3500 60% RxH	IL Silver HMO 3500 60% RxL IL Silver Savings Plus HMO 3500 60% RxL
	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Calendar year deductible (Individual/Family)	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,500/\$7,000	\$3,500/\$7,000
Plan out-of-pocket limit (Individual/Family)	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,500/\$13,000	\$6,500/\$13,000	\$6,000/\$12,000	\$6,000/\$12,000
Deductible and out-of-pocket limit accumulation	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹	Embedded ¹
Primary care physician office visit	\$30 copay	\$35 copay; deductible waived	\$45 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Specialist office visit	\$50 copay	\$60 copay; deductible waived	\$65 copay; deductible waived	\$70 copay; deductible waived	\$70 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived
Walk-in clinics	\$30 copay	\$35 copay; deductible waived	\$45 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived
Teladoc	\$40 copay	\$40 copay; deductible waived	\$40 copay; deductible waived	\$40 copay; deductible waived	\$40 copay; deductible waived	\$40 copay; deductible waived	\$40 copay; deductible waived
Diagnostic testing: Lab	30%	\$35 copay; deductible waived	\$45 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived
Diagnostic testing: X-ray	30%	\$60 copay; deductible waived	\$65 copay; deductible waived	\$70 copay; deductible waived	\$70 copay; deductible waived	\$100 copay; deductible waived	\$100 copay; deductible waived
Imaging CT/PET scans MRIs	30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$100 copay; deductible waived	\$100 copay; deductible waived
Inpatient hospital facility	30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Outpatient surgery	30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Emergency room	\$250 copay	\$300 copay; deductible waived	\$300 copay; deductible waived	\$300 copay; deductible waived	\$300 copay; deductible waived	\$300 copay; deductible waived	\$300 copay; deductible waived
Urgent care	\$50 copay	\$60 copay; deductible waived	\$65 copay; deductible waived	\$70 copay; deductible waived	\$70 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived
Rehabilitation services (PT/OT/ST) ³	\$30 copay/ 30%/ 30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Chiropractic ⁴	30%	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible
Pharmacy ⁵	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	None	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay Generic: \$12 copay	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay Generic: \$12 copay	Low Cost Generic: \$3 copay Generic: \$15 copay
Preferred brand drugs	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$70 copay	\$45 copay	\$70 copay
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay	Generic & Brand: \$90 copay	Generic & Brand: \$75 copay	Generic & Brand: \$90 copay
Specialty drugs	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible

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Member benefits

Plan name	IL Carelink Swedish American Platinum 500 80/50		IL Carelink Swedish American Gold 500 80/50		IL Carelink Swedish American Gold 750 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$500/\$1,000	\$1,500/\$3,000	\$500/\$1,000	\$1,500/\$3,000	\$750/\$1,500	\$2,250/\$4,500
Plan out-of-pocket limit (Individual/Family)	\$1,250/\$2,500	\$2,500/\$5,000	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$13,200/\$26,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$20 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible
Specialist office visit	\$40 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible
Walk-in clinics	\$20 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	50% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$20 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	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	\$250 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network
Urgent care	\$40 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$20 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible
Chiropractic ⁴	20% after deductible	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$10 copay	Generic: \$10 copay plus 30%	Generic: \$10 copay	Generic: \$10 copay plus 30%	Generic: \$10 copay	Generic: \$10 copay plus 30%
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 30% up to \$250	Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250	Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250	Preferred Specialty: Not Covered
	Non-Preferred Specialty: 40% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 40% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 40% up to \$500	Non-Preferred Specialty: Not Covered

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Member benefits

Plan name	IL Carelink Swedish American Gold 1000 100/70		IL Carelink Swedish American Gold 1000 80/50		IL Carelink Swedish American Gold 1500 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$4,500/\$9,000
Plan out-of-pocket limit (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$4,000/\$8,000	\$8,000/\$16,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible
Specialist office visit	\$50 copay; deductible waived	30% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	30% after deductible
Walk-in clinics	\$25 copay; deductible waived	30% after deductible	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	Covered in full; deductible waived	30% after deductible	\$25 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	Covered in full; deductible waived	30% after deductible	20% deductible waived	50% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	\$200 copay; deductible waived	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$300 copay; deductible waived	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network	\$350 copay; deductible waived	Paid as In-Network
Urgent care	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$25 copay; deductible waived/ Covered in full after	30% after deductible	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ Covered in full after	30% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	\$100 per Member	\$100 per Member	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$10 copay; deductible waived	Generic: \$10 copay plus 30%; deductible waived	Generic: \$10 copay	Generic: \$10 copay plus 30%	Generic: \$10 copay	Generic: \$10 copay plus 30%
Preferred brand drugs	\$45 copay; deductible waived	\$45 copay plus 30%; deductible waived	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay; deductible waived	Generic & Brand: \$75 copay plus 30%; deductible waived	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 30% up to \$250; deductible waived	Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250	Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250	Preferred Specialty: Not Covered
	Non-Preferred Specialty: 40% up to \$500 after deductible	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 40% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 40% up to \$500	Non-Preferred Specialty: Not Covered

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Member benefits

Plan name	IL Carelink Swedish American Gold 1500 80/50		IL Carelink Swedish American Gold 2500 100/70		IL Carelink Swedish American Silver 1500 70/50 RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$1,500/\$3,000	\$4,500/\$9,000	\$2,500/\$5,000	\$7,500/\$15,000	\$1,500/\$3,000	\$4,500/\$9,000
Plan out-of-pocket limit (Individual/Family)	\$4,000/\$8,000	\$9,000/\$18,000	\$4,500/\$9,000	\$9,000/\$18,000	\$6,550/\$13,100	\$12,800/\$25,600
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	50% after deductible
Specialist office visit	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	50% after deductible
Walk-in clinics	\$25 copay; deductible waived	50% after deductible	\$25 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	50% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$30 copay; deductible waived	50% after deductible	Covered in full after deductible	30% after deductible	\$35 copay; deductible waived	50% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	30% deductible waived	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible
Emergency room	\$250 copay; deductible waived	Paid as In-Network	\$250 copay; deductible waived	Paid as In-Network	30% after deductible	Paid as In-Network
Urgent care	\$50 copay; deductible waived	50% after deductible	\$50 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$25 copay; deductible waived/ 20% after deductible/	50% after deductible	\$25 copay; deductible waived/ Covered in full after	30% after deductible	\$35 copay; deductible waived/ 30% after deductible/	50% after deductible
Chiropractic ⁴	20% after deductible	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$10 copay plus 30%	Low Cost Generic: \$3 copay Generic: \$12 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$12 copay plus 30%
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 30% up to \$250 Non-Preferred Specialty: 40% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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Member benefits

Plan name	IL Carelink Swedish American Silver 1500 70/50 RxL		IL Carelink Swedish American Silver SJ 2500 100/70 RxH		IL Carelink Swedish American Silver SJ 2500 100/70 RxL	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$1,500/\$3,000	\$4,500/\$9,000	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$7,500/\$15,000
Plan out-of-pocket limit (Individual/Family)	\$6,550/\$13,100	\$12,800/\$25,600	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Specialist office visit	\$75 copay; deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	\$75 copay after deductible	30% after deductible
Walk-in clinics	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay after deductible	Not Covered	\$40 copay after deductible	Not Covered
Diagnostic testing: Lab	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	\$35 copay; deductible waived	30% after deductible
Diagnostic testing: X-ray	30% deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	\$75 copay after deductible	30% after deductible
Imaging CT/PET scans MRIs	30% after deductible	50% after deductible	\$200 copay after deductible	30% after deductible	\$200 copay after deductible	30% after deductible
Inpatient hospital facility	30% after deductible	50% after deductible	\$250 copay per admission after deductible	30% after deductible	\$250 copay per admission after deductible	30% after deductible
Outpatient surgery	30% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	30% after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay after deductible	50% after deductible	\$75 copay after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$35 copay; deductible waived/ 30% after deductible/	50% after deductible	\$35 copay; deductible waived/ \$75 copay after deductible/	30% after deductible	\$35 copay; deductible waived/ \$75 copay after deductible/	30% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$15 copay	Low Cost Generic: \$3 copay plus 30% Generic: \$15 copay plus 30%	Low Cost Generic: \$3 copay; deductible waived Generic: \$12 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived Generic: \$12 copay plus 30%; deductible waived	Low Cost Generic: \$3 copay; deductible waived Generic: \$15 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived Generic: \$15 copay plus 30%; deductible waived
Preferred brand drugs	\$70 copay	\$70 copay plus 30%	\$45 copay after deductible	\$45 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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Member benefits

Plan name	IL Carelink Swedish American Silver 2500 80/50 RxH		IL Carelink Swedish American Silver 2500 80/50 RxL		IL Carelink Swedish American Silver 2500 50/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$7,500/\$15,000
Plan out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$11,000/\$22,000	\$5,000/\$10,000	\$10,000/\$20,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Specialist office visit	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Walk-in clinics	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$200 copay; deductible waived	50% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	50% after deductible	\$35 copay; deductible waived/ 50% after deductible/	50% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$12 copay	Generic: \$12 copay plus 30%	Generic: \$15 copay	Generic: \$15 copay plus 30%	Generic: \$15 copay	Generic: \$15 copay plus 30%
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$70 copay	\$70 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%
Specialty drugs	Preferred Specialty: 40% up to \$250	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300	Preferred Specialty: Not Covered
	Non-Preferred Specialty: 50% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500	Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Member benefits

Plan name	IL Carelink Swedish American Silver 2600 100/70 HSA EMB		IL Carelink Swedish American Silver 2600 100/50 HSA EMB RxL		IL Carelink Swedish American Silver 2600 100/50 HSA TIF RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$2,600/\$5,200	\$7,800/\$15,600	\$2,600/\$5,200	\$6,000/\$12,000	\$2,600/\$5,200	\$6,000/\$12,000
Plan out-of-pocket limit (Individual/Family)	\$5,200/\$10,400	\$10,000/\$20,000	\$5,500/\$11,000	\$9,000/\$18,000	\$3,225/\$6,450	\$9,000/\$18,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		TIF ²	
Primary care physician office visit	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Specialist office visit	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Walk-in clinics	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Teladoc	Covered in full after deductible	Not Covered	Covered in full after deductible	Not Covered	Covered in full after deductible	Not Covered
Diagnostic testing: Lab	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Emergency room	\$250 copay after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Chiropractic ⁴	Covered in full after deductible	30% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible
Preferred brand drugs	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$45 copay after deductible	\$45 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Member benefits

Plan name	IL Carelink Swedish American Silver 2600 100/50 HSA TIF RxL		IL Carelink Swedish American Silver Value Plus 3000 80/60 RxH		IL Carelink Swedish American Silver 3000 80/50 RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$2,600/\$5,200	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Plan out-of-pocket limit (Individual/Family)	\$3,225/\$6,450	\$9,000/\$18,000	\$5,250/\$10,500	\$18,000/\$36,000	\$6,000/\$12,000	\$12,000/\$24,000
Deductible and out-of-pocket limit accumulation	TIF ²		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	\$45 copay; deductible waived	50% after deductible
Specialist office visit	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	\$65 copay; deductible waived	50% after deductible
Walk-in clinics	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	\$45 copay; deductible waived	50% after deductible
Teladoc	Covered in full after deductible	Not Covered	20% after deductible	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	\$45 copay; deductible waived	50% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	\$65 copay; deductible waived	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network	20% after deductible	Paid as In-Network	\$300 copay; deductible waived	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	\$65 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	\$45 copay; deductible waived/ 20% after deductible/	50% after deductible
Chiropractic ⁴	Covered in full after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$12 copay	Generic: \$12 copay plus 30%	Generic: \$12 copay	Generic: \$12 copay plus 30%
Preferred brand drugs	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$45 copay	\$45 copay plus 30%	\$45 copay	\$45 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%
Specialty drugs	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Member benefits

Plan name	IL Carelink Swedish American Silver 3000 80/50 RxL		IL Carelink Swedish American Silver SJ 3500 100/70		IL Carelink Swedish American Silver 3500 100/70 HSA EMB RxH	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000
Plan out-of-pocket limit (Individual/Family)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,850/\$13,700	\$12,500/\$25,000	\$4,500/\$9,000	\$9,000/\$18,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$45 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible
Specialist office visit	\$65 copay; deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Walk-in clinics	\$45 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay after deductible	Not Covered	Covered in full after deductible	Not Covered
Diagnostic testing: Lab	\$45 copay; deductible waived	50% after deductible	\$35 copay; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible
Diagnostic testing: X-ray	\$65 copay; deductible waived	50% after deductible	\$75 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	\$200 copay after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	\$250 copay per admission after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	20% after deductible	50% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$300 copay; deductible waived	Paid as In-Network	\$250 copay after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	\$65 copay; deductible waived	50% after deductible	\$75 copay after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$45 copay; deductible waived/ 20% after deductible/	50% after deductible	\$35 copay; deductible waived/ \$75 copay after deductible/	30% after deductible	Covered in full after deductible	30% after deductible
Chiropractic ⁴	20% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible
	Generic: \$15 copay	Generic: \$15 copay plus 30%	Generic: \$12 copay; deductible waived	Generic: \$12 copay plus 30%; deductible waived	Generic: \$12 copay after deductible	Generic: \$12 copay plus 30% after deductible
Preferred brand drugs	\$70 copay	\$70 copay plus 30%	\$45 copay after deductible	\$45 copay plus 30% after deductible	\$45 copay after deductible	\$45 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible	Generic & Brand: \$75 copay after deductible	Generic & Brand: \$75 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$300	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 after deductible	Preferred Specialty: Not Covered
	Non-Preferred Specialty: 50% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500 after deductible	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500 after deductible	Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Member benefits

Plan name	IL Carelink Swedish American Silver 3500 100/70 HSA EMB RxL		IL Carelink Swedish American Silver 3500 50/50 RxH		IL Carelink Swedish American Silver 3500 50/50 RxL	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000
Plan out-of-pocket limit (Individual/Family)	\$4,500/\$9,000	\$9,000/\$18,000	\$6,250/\$12,500	\$13,200/\$26,400	\$6,250/\$12,500	\$13,200/\$26,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible
Specialist office visit	Covered in full after deductible	30% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Walk-in clinics	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible
Teladoc	Covered in full after deductible	Not Covered	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived	50% after deductible	\$30 copay; deductible waived	50% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	30% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room	\$250 copay after deductible	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	30% after deductible	\$30 copay; deductible waived/ 50% after deductible/	50% after deductible	\$30 copay; deductible waived/ 50% after deductible/	50% after deductible
Chiropractic ⁴	Covered in full after deductible	30% after deductible	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%
	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$12 copay	Generic: \$12 copay plus 30%	Generic: \$15 copay	Generic: \$15 copay plus 30%
Preferred brand drugs	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%
Nonpreferred drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%
Specialty drugs	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$250 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 Non-Preferred Specialty: 50% up to \$500	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Member benefits

Plan name	IL Carelink Swedish American Silver 5000 100/70 RxH		IL Carelink Swedish American Silver 5000 100/70 RxL		IL Carelink Swedish American Bronze 4500 70/50 HSA EMB	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$4,500/\$9,000	\$9,000/\$18,000
Plan out-of-pocket limit (Individual/Family)	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$11,000/\$22,000	\$6,450/\$12,900	\$20,000/\$40,000
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible
Specialist office visit	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible
Walk-in clinics	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible
Teladoc	\$40 copay; deductible waived	Not Covered	\$40 copay; deductible waived	Not Covered	30% after deductible	Not Covered
Diagnostic testing: Lab	\$30 copay; deductible waived	30% after deductible	\$30 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible
Diagnostic testing: X-ray	\$75 copay; deductible waived	30% after deductible	\$75 copay; deductible waived	30% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	30% after deductible	50% after deductible
Emergency room	\$500 copay; deductible waived	Paid as In-Network	\$500 copay; deductible waived	Paid as In-Network	\$300 copay after deductible	Paid as In-Network
Urgent care	\$75 copay; deductible waived	50% after deductible	\$75 copay; deductible waived	50% after deductible	30% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	\$30 copay; deductible waived/ Covered in full after	30% after deductible	\$30 copay; deductible waived/ Covered in full after	30% after deductible	30% after deductible	50% after deductible
Chiropractic ⁴	50% deductible waived	50% after deductible	50% deductible waived	50% after deductible	30% after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay	Low Cost Generic: \$3 copay plus 30%	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible
	Generic: \$12 copay	Generic: \$12 copay plus 30%	Generic: \$15 copay	Generic: \$15 copay plus 30%	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible
Preferred brand drugs	\$45 copay	\$45 copay plus 30%	\$70 copay	\$70 copay plus 30%	\$70 copay after deductible	\$70 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$75 copay	Generic & Brand: \$75 copay plus 30%	Generic & Brand: \$90 copay	Generic & Brand: \$90 copay plus 30%	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$250	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible	Preferred Specialty: Not Covered
	Non-Preferred Specialty: 50% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500 after deductible	Non-Preferred Specialty: Not Covered

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Member benefits

Plan name	IL Carelink Swedish American Bronze 5000 80/50 HSA EMB		IL Carelink Swedish American Bronze 5500 100/50 HSA EMB		IL Carelink Swedish American Bronze Value Plus 6000 100/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,500/\$11,000	\$11,000/\$22,000	\$6,000/\$12,000	\$12,000/\$24,000
Plan out-of-pocket limit (Individual/Family)	\$6,450/\$12,900	\$20,000/\$40,000	\$6,250/\$12,500	\$12,500/\$25,000	\$6,850/\$13,700	\$13,700/\$27,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹		Embedded ¹	
Primary care physician office visit	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$35 copay after deductible	30% after deductible
Specialist office visit	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$90 copay after deductible	30% after deductible
Walk-in clinics	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$35 copay after deductible	30% after deductible
Teladoc	20% after deductible	Not Covered	Covered in full after deductible	Not Covered	\$40 copay after deductible	Not Covered
Diagnostic testing: Lab	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$35 copay after deductible	30% after deductible
Diagnostic testing: X-ray	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$90 copay after deductible	30% after deductible
Imaging CT/PET scans MRIs	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Emergency room	20% after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network	\$250 copay after deductible	Paid as In-Network
Urgent care	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$90 copay after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) ³	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	\$35 copay after deductible/ \$90 copay after deductible/	30% after deductible
Chiropractic ⁴	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	30% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived
Preferred brand drugs	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay after deductible	\$70 copay plus 30% after deductible
Nonpreferred drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
Specialty drugs	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible Non-Preferred Specialty: 50% up to \$500 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

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Member benefits

Plan name	IL Carelink Swedish American Bronze 6000 100/70 HSA EMB		IL Carelink Swedish American Bronze 6000 100/70	
	In Network	Out of Network	In Network	Out of Network
Calendar year deductible (Individual/Family)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000
Plan out-of-pocket limit (Individual/Family)	\$6,450/\$12,900	\$12,900/\$25,800	\$6,850/\$13,700	\$13,700/\$27,400
Deductible and out-of-pocket limit accumulation	Embedded ¹		Embedded ¹	
Primary care physician office visit	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived	30% after deductible
Specialist office visit	Covered in full after deductible	30% after deductible	\$80 copay; deductible waived	30% after deductible
Walk-in clinics	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived	30% after deductible
Teladoc	Covered in full after deductible	Not Covered	\$40 copay; deductible waived	Not Covered
Diagnostic testing: Lab	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived	30% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Inpatient hospital facility	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Outpatient surgery	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Emergency room	\$250 copay after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	\$80 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) ³	Covered in full after deductible	30% after deductible	\$45 copay; deductible waived/ Covered in full after	30% after deductible
Chiropractic ⁴	Covered in full after deductible	30% after deductible	50% after deductible	50% after deductible
Pharmacy ⁵	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	\$100 per Member	\$100 per Member
Preferred generic drugs	Low Cost Generic: \$3 copay after deductible	Low Cost Generic: \$3 copay plus 30% after deductible	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$3 copay plus 30%; deductible waived
Preferred brand drugs	Generic: \$15 copay after deductible	Generic: \$15 copay plus 30% after deductible	Generic: \$15 copay; deductible waived	Generic: \$15 copay plus 30%; deductible waived
Nonpreferred drugs	\$70 copay after deductible	\$70 copay plus 30% after deductible	\$70 copay; deductible waived	\$70 copay plus 30%; deductible waived
Specialty drugs	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible	Generic & Brand: \$90 copay after deductible	Generic & Brand: \$90 copay plus 30% after deductible
	Preferred Specialty: 40% up to \$300 after deductible	Preferred Specialty: Not Covered	Preferred Specialty: 40% up to \$300 after deductible	Preferred Specialty: Not Covered
	Non-Preferred Specialty: 50% up to \$500 after deductible	Non-Preferred Specialty: Not Covered	Non-Preferred Specialty: 50% up to \$500 after deductible	Non-Preferred Specialty: Not Covered

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Aetna pediatric dental & vision

IL 1/1/2016

Pediatric dental plans	Standard PPO Savings Plus PPO Carelink Swedish American QPOS		HSA Compatible PPO HSA Compatible Savings Plus PPO HSA Compatible Carelink Swedish American QPOS		Indemnity	Standard HMO Copay Savings Plus HMO Copay	Standard HMO Deductible Savings Plus HMO Deductible
	In Network	Out of Network	In Network	Out of Network			
Dental Check-Up (aka preventive/diagnostic)	Covered in full; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full; deductible waived	Covered in full	Covered in full; deductible waived
Dental Basic	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	30%	30% after deductible
Dental Major	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50% after deductible
Dental Ortho	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50% after deductible

Pediatric vision plans	Standard PPO Savings Plus PPO Carelink Swedish American QPOS HSA Compatible PPO HSA Compatible Savings Plus PPO HSA Compatible Carelink Swedish American QPOS		Indemnity	Standard HMO Copay Savings Plus HMO Copay	Standard HMO Deductible Savings Plus HMO Deductible
	In Network	Out of Network			
Vision exam (1 exam per 12 months)	Covered in full; deductible waived	Not Covered	Covered in full; deductible waived	Covered in full	Covered in full; deductible waived
Pediatric Vision Hardware	Covered in full; deductible waived	Not covered	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived

Notes

These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent.

*This vision plan will cover the following:

- One set of eyeglass frames per calendar year.
- One pair of prescription lenses per calendar year.
- Prescription contact lenses maximum per calendar year: daily disposables (up to three-month supply), extended wear disposable (up to six-month supply) and nondisposable lenses (one set).
- Important Notes: This plan will cover either one pair of prescription lenses for eyeglass frames or prescription contact lenses, but not both, per calendar year.

Coverage does not include the office visit for the fitting of prescription contact lenses.



Footnotes

All services are subject to the deductible unless noted otherwise. Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services.

Note: Please refer to Aetna's Producer World® web site at www.aetna.com for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.

Deductibles, copays and coinsurance apply to the out-of-pocket maximum (OOP). After the out of pocket maximum is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

¹ **Embedded** – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.

² **TIF (Non-Embedded)** - The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.

³ **Rehabilitation services** - Physical, Occupational and Speech Therapy - unlimited visits.

⁴ **Chiropractic/subluxation** - Coverage is limited to 12 visits per calendar year.

⁵ **Pharmacy**

Choose Generics applies - If the physician prescribes or the member requests a covered brand name prescription drug when a generic prescription drug equivalent is available, the member will pay the difference in cost between the brand name prescription drug and the generic prescription drug equivalent plus the applicable cost-sharing. The cost difference between the generic and brand does not count toward the Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

Network

How your out-of-network care is reimbursed: We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care. You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital. When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.



Footnotes

Network continued

Professional Services: 105% of Medicare

Facility Services: 105% of Medicare

Your doctor sets his or her own rate to charge you. It may be higher – sometimes much higher – than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that your plan doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box. You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (usually, for emergency services), some of our plans pay the bill as if you got care in network. For those plans, you pay cost sharing and deductibles based on your in-network level of benefits. You do not have to pay anything else. Other plans pay the bill differently. And, under those plans, you may be responsible for more than your in-network cost sharing. The additional amounts could be very large. Look at your plan or contact us to find out more about how your plan pays for emergency services.

HSAs are currently not available to HMO members in Illinois.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health benefits, health/dental insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through PayFlex. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health and dental services are covered. See 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 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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