

Medical plans at-a-glance

Illinois 2 – 50 (Plans effective January 1, 2015)

Plan name	In network deductible	In network coin	In network coin max	PCP	SPC	Inpatient	Outpatient	ER	Generic/Brand/Nonformulary/Specialty
Platinum Savings Plus OAMC 500 80/50	\$500	20%	\$1,250	\$15	\$35	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus OAMC 750 80/50	\$750	20%	\$3,000	\$30	\$50	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus OAMC 1000 80/50	\$1,000	20%	\$3,000	\$30	20%	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus OAMC 1000 80/50 \$30	\$1,000	20%	\$3,000	\$30	\$50	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus OAMC 1250 80/50	\$1,250	20%	\$3,000	\$35	\$55	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus OAMC 1500 80/50	\$1,500	20%	\$3,000	\$30	\$50	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus OAMC 1500 70/50	\$1,500	30%	\$6,000	\$40	\$60	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus OAMC 2000 70/50	\$2,000	30%	\$6,000	\$45	\$65	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus OAMC 2750 80/50	\$2,750	20%	\$5,500	\$45	\$65	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus OAMC 3000 80/50	\$3,000	20%	\$6,000	\$45	\$65	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus OAMC 6250 100/50	\$6,250	0%	\$6,600	\$40	\$65	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus OAMC 2100 80/50 HSA TIF	\$2,100	20%	\$5,000	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Silver Savings Plus OAMC 2600 100/50 HSA EMB	\$2,600	0%	\$5,000	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Silver Savings Plus OAMC 2600 100/50 HSA TIF	\$2,600	0%	\$5,000	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze Savings Plus OAMC 3750 80/50 HSA EMB	\$3,750	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze Savings Plus OAMC 3750 80/50 HSA TIF	\$3,750	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze Savings Plus OAMC 5000 100/50 HSA EMB	\$5,000	0%	\$6,350	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze Savings Plus OAMC 5000 100/50 HSA TIF	\$5,000	0%	\$6,350	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible

HSAs are currently not available to HMO members in Illinois.

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Bronze Savings Plus OAMC 5000 80/50 HSA EMB	\$5,000	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze Savings Plus OAMC 5000 80/50 HSA TIF	\$5,000	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Platinum OAMC 500 80/50	\$500	20%	\$1,250	\$15	\$35	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold OAMC 750 80/50	\$750	20%	\$3,000	\$30	\$50	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold OAMC 1000 80/50	\$1,000	20%	\$3,000	\$30	20%	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold OAMC 1000 80/50 \$30	\$1,000	20%	\$3,000	\$30	\$50	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold OAMC 1250 80/50	\$1,250	20%	\$3,000	\$35	\$55	D&C	D&C	\$150	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold OAMC 1500 80/50	\$1,500	20%	\$3,000	\$30	\$50	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver OAMC 1500 70/50	\$1,500	30%	\$6,000	\$40	\$60	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver OAMC 2000 70/50	\$2,000	30%	\$6,000	\$45	\$65	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver OAMC 2750 80/50	\$2,750	20%	\$5,500	\$45	\$65	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver OAMC 3000 80/50	\$3,000	20%	\$6,000	\$45	\$65	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver OAMC 6250 100/50	\$6,250	0%	\$6,600	\$40	\$65	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver OAMC 2100 80/50 HSA TIF	\$2,100	20%	\$5,000	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Silver OAMC 2600 100/50 HSA EMB	\$2,600	0%	\$5,000	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Silver OAMC 2600 100/50 HSA TIF	\$2,600	0%	\$5,000	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze OAMC 3750 80/50 HSA EMB	\$3,750	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze OAMC 3750 80/50 HSA TIF	\$3,750	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze OAMC 5000 100/50 HSA EMB	\$5,000	0%	\$6,350	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze OAMC 5000 100/50 HSA TIF	\$5,000	0%	\$6,350	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze OAMC 5000 80/50 HSA EMB	\$5,000	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Bronze OAMC 5000 80/50 HSA TIF	\$5,000	20%	\$6,350	20%	20%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible

Health benefits and health insurance plans are offered, underwritten and/or administered 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.

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Platinum Savings Plus HMO \$0 70%	\$0	30%	\$1,000	\$30	\$50	C	C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus HMO 500 70%	\$500	30%	\$2,500	\$35	\$60	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus HMO 750 70%	\$750	30%	\$3,000	\$40	\$60	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold Savings Plus HMO 1000 70%	\$1,000	30%	\$3,000	\$45	\$65	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus HMO 1500 70%	\$1,500	30%	\$6,000	\$40	\$60	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus HMO 2000 70%	\$2,000	30%	\$6,000	\$50	\$70	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver Savings Plus HMO 3500 60%	\$3,500	40%	\$5,500	\$50	\$70	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Platinum HMO \$0 70%	\$0	30%	\$1,000	\$30	\$50	C	C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold HMO 500 70%	\$500	30%	\$2,500	\$35	\$60	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold HMO 750 70%	\$750	30%	\$3,000	\$40	\$60	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold HMO 1000 70%	\$1,000	30%	\$3,000	\$45	\$65	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver HMO 1500 70%	\$1,500	30%	\$6,000	\$40	\$60	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver HMO 2000 70%	\$2,000	30%	\$6,000	\$50	\$70	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver HMO 3500 60%	\$3,500	40%	\$5,500	\$50	\$70	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold PPO 1000 80/50	\$1,000	20%	\$3,000	\$30	20%	D&C	D&C	\$250	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Gold PPO 1500 80/50	\$1,500	20%	\$3,000	\$30	\$50	D&C	D&C	\$300	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver PPO 2000 70/50	\$2,000	30%	\$6,000	\$45	\$65	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500
Silver PPO 2600 100/50 HSA EMB	\$2,600	0%	\$5,000	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Silver PPO 2600 100/50 HSA TIF	\$2,600	0%	\$5,000	0%	0%	D&C	D&C	D&C	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500 after medical deductible
Gold Indemnity 1000 80%				80%	80%	80%	80%	80%	T1A \$3; T1 \$10/\$50/\$100/P 50% up to \$250; NP 50% up to \$500

Footnotes

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.

TIF – 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.

T1A=Value drugs; T1=Preferred generic drugs.

This is a partial description of benefits available; for more information, refer to the specific Summary of Benefits and Coverage (SBC). The dollar amount copayments indicate the flat amount that the member pays for that service. The coinsurance percentage amounts show the members' share of the amount billed. Some benefits are subject to limitations or visit maximums. Members or providers may be required to

precertify, or obtain prior approval for certain services, such as non-emergency hospital care.

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are in-network/designated or out-of-network.

Members, you may choose a doctor in our network. They may choose to visit an out-of-network doctor. When members choose a doctor who is out-of-network, the Aetna health plan may pay some of that doctor's bill. Most of the time, members will pay a lot more money out of pocket when they choose to use an out-of-network doctor or hospital.

When members choose out-of-network care, Aetna limits the amount it will pay. This limit is called the recognized or allowed amount. When members choose out-of-network care, the plan recognizes an amount based on what Medicare pays for these services. The government sets the Medicare rate.

Out-of-network doctors set their own rates. It may be higher—sometimes much higher—than what the Aetna plan recognizes or allows. Out-of-network doctors may bill the member for the dollar amount that the plan doesn't recognize. Members must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward the deductible or maximum out-of-pocket.

To learn more about how we pay out-of-network benefits visit www.aetna.com. Type "how Aetna pays" in the search box.

Members can avoid these extra costs by getting your care from our broad network of health care providers.

Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. Existing members may sign on to their Aetna Navigator member site.

This way of paying out-of-network doctors and hospitals applies when members choose to get care out of network. When they have no choice (for example: emergency room visit after a car accident), we will pay the bill as if they got care in network. Members pay the plan's copayments, coinsurance and deductibles for in-network/designated level of benefits. Contact Aetna if a provider asks for more. Members are not responsible for any outstanding balance billed by providers for emergency services beyond the copayments, coinsurance and deductibles.

Note: Please refer to our Producer World website at www.aetna.com for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

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 and health insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. 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 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 The Aetna Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Investment services are independently offered through HealthEquity, Inc. 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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