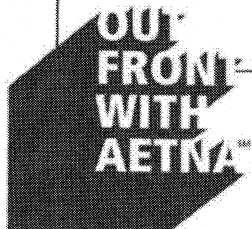


Connecticut Market

Counties: Fairfield, Hartford, Litchfield, New Haven

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Standard Plan (PPO)	Common Features Across All Plans
CMS ID	H5793-001	H5793-008	H5521-013	
Plan Type	Open Access HMO	Open Access HMO	PPO	
Premium	\$0	\$94	\$87	
Deductible	\$0	\$0	\$0 INN / \$1,000 OON	
OOP Max	\$3,400	\$3,400	\$6,700 INN / \$10,000 Combined	
Primary Care	\$25	\$10	\$10	Ambulance: \$150
Specialist	\$40	\$25	\$30	Emergency: \$50
Inpatient	\$300 / day 1-7	\$175 / day 1-7	\$175 / day 1-7	DME: 20%
Skilled Nursing	\$0 / day 1-5, \$75 / day 6-14, \$100 / day 15-100	\$0 / day 1-5, \$75 / day 6-14, \$100 / day 15-100	\$0 / day 1-4, \$50 / day 5-20, \$125 / day 21-100	Dialysis: \$25
Home Health	\$15	\$10	\$0	
Outpatient	\$200	\$175	\$175	
Urgent Care	\$40	\$35	\$40	
Lab	\$40	\$25	\$30	
X-Ray Routine / Complex	\$40 / \$175	\$25 / \$175	\$30 / \$175	
Eyewear Allowance	Not covered	\$50 every 2 years	\$50 every 2 years	Preventive Care: \$0
Out of Network	N/A	N/A	35%	Hearing Aid Allowance: Not covered
Dental Rider	\$16	\$16	\$17	Health & Wellness: Not covered
Rx Benefit	\$6 / \$34 / \$45 / \$85 / 33%	\$5 / \$35 / \$45 / \$95 / 33%	\$8 / \$38 / \$45 / \$85 / 33%	Rx Deductible: \$0
Aetna Rx Supplemental Gap Coverage*	No Supplemental Gap Coverage	T1 covered in the Gap	No Supplemental Gap Coverage	Rx ICL: \$2,840
				Preferred Retail Pharmacy: N/A

* Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,840, you pay 93% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,550. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.



Producer Support Program

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