



# Your plan options

Plans are grouped in three types: Bronze, Silver and Gold. The plan type lets you know how much you pay for premiums and out-of-pocket costs. Generally, the more you pay for your premium, the less you pay for your doctor visits and other care.

Plan type	Monthly premium	Costs you pay out of pocket
<b>Bronze</b>	\$	\$\$\$
<b>Silver</b>	\$\$	\$\$
<b>Gold</b>	\$\$\$	\$

**Note:** Not all plan types are available in every state. Check the plans on the following pages for what's available in your state. If you are under 30 years old or have a very low income, you might be able to buy what's called a "catastrophic plan." These are not available in all states.

## Aetna Health Plan options in Georgia

These plans include pediatric dental (PD).

	<b>GA Aetna Catastrophic OAMC PD*</b>	<b>GA Aetna Bronze \$15 Copay OAMC PD</b>
<b>Member benefits</b>	<b>In network you pay</b>	<b>In network you pay</b>
<b>Deductible (ded) individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,850/\$13,700
<b>Member coinsurance</b>	0%	0%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,850/\$13,700
<b>Primary care visit</b>	Visits 1–3: \$20 copay; ded waived Visits 4+: Covered in full after ded	\$15 copay; ded waived
<b>Specialist visit</b>	Covered in full after ded	Covered in full after ded
<b>Hospital stay</b>	Covered in full after ded	Covered in full after ded
<b>Outpatient surgery</b> (ambulatory surgical center/hospital)	Covered in full after ded	Covered in full after ded
<b>Emergency room</b>	Covered in full after ded	Covered in full after ded
<b>Urgent care</b>	Covered in full after ded	\$100 copay; ded waived
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)	Covered in full; ded waived	Covered in full; ded waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived
<b>Diagnostic lab</b>	Covered in full after ded	Covered in full after ded
<b>Diagnostic X-ray</b>	Covered in full after ded	Covered in full after ded
<b>Imaging</b> (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded
<b>Vision</b>		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full after ded	Covered in full; ded waived
<b>Pediatric glasses/contacts</b> (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full after ded	Covered in full; ded waived
<b>Pediatric dental</b>		
<b>Dental checkup/preventive dental care</b> (2 visits per year)	Covered in full after ded	Covered in full; ded waived
<b>Basic dental care</b>	Covered in full after ded	Covered in full after ded
<b>Major dental care</b>	Covered in full after ded	Covered in full after ded
<b>Orthodontia</b> (medically necessary only)	Covered in full after ded	Covered in full after ded
<b>Pharmacy</b>		
<b>Pharmacy deductible</b>	Integrated with medical ded	Integrated with medical ded
<b>Preferred generic drugs</b>	Generic: Covered in full after ded	Generic: Covered in full after ded
<b>Preferred brand drugs</b>	Covered in full after ded	Covered in full after ded
<b>Nonpreferred drugs</b>	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
<b>Specialty drugs**</b>	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

<sup>1</sup>The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

\*Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan.

\*\*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

**Aetna individual health insurance plans are underwritten by Aetna Life Insurance Company and/or by Aetna Health Inc. (Aetna).**

**GA Aetna Bronze  
Deductible Only HSA  
Eligible OAMC PD**

**GA Aetna Silver  
\$10 Copay OAMC PD**

**GA Aetna Gold  
\$10 Copay OAMC PD**

In network you pay	In network you pay	In network you pay
\$6,450/\$12,900	\$3,500/\$7,000	\$1,400/\$2,800
0%	30%	20%
\$6,450/\$12,900	\$6,250/\$12,500	\$5,000/\$10,000
Covered in full after ded	\$10 copay; ded waived	\$10 copay; ded waived
Covered in full after ded	\$75 copay; ded waived	\$40 copay; ded waived
Covered in full after ded	\$500 copay per admission after ded; then 30%	20% after ded
Covered in full after ded	\$250 copay after ded; then 30%	20% after ded
Covered in full after ded	\$500 copay after ded	\$250 copay after ded
Covered in full after ded	\$75 copay; ded waived	\$75 copay; ded waived
Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Covered in full after ded	30% after ded	20% after ded
Covered in full after ded	30% after ded	20% after ded
Covered in full after ded	\$250 copay after ded; then 30%	20% after ded
Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived
Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived
Covered in full after ded	30% after ded	30% after ded
Covered in full after ded	40% after ded	40% after ded
Covered in full after ded	40% after ded	40% after ded
Integrated with medical ded	\$500 per member	\$250 per member
Generic: Covered in full after ded	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
Covered in full after ded	\$40 copay after ded	\$40 copay after ded
Generic & Brand: Covered in full after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$70 copay after ded
P: Covered in full after ded NP: Covered in full after ded	P: 30% after ded NP: 40% after ded	P: 30% after ded NP: 40% after ded

**This plan comparison guide shows in-network benefits only.**

Out-of-network benefits are available for Point of Service (POS), Preferred Provider Organization (PPO) and Open Access Managed Choice (OAMC) plans.

To learn more details about specific plans, including whether a plan includes out-of-network benefits, see the Summary of Benefits and Coverage at <https://www.aetna.com/sbcsearch/home>. Then,

- Choose Aetna under “Select a Carrier”
- Click the “General Search” tab
- Fill out the required fields (choose “Individual and Family” Group Size)
- Click “Submit”
- Select a plan (or plans) and click “Download”
- Open the SBC you selected

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

This material is for information only. A summary of exclusions is listed in the Aetna Health Plan brochure. For a full list of benefits coverage and exclusions refer to the plan documents. Rates and benefits vary by location. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna’s Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Information is believed to be accurate as of the production date; however, it is subject to change.

# Things to think about when choosing your 2016 health insurance plan\*:

**How your health care needs may be changing.** Maybe you're planning to add to your family. Or maybe you had major surgery this year and expect next year to be less eventful. Planning ahead can help you find the right balance between your monthly payment and what you'll pay out of pocket.

**The total cost for your plan.** When comparing your plan options, make sure you're looking at more than just the monthly payment (also called premium). Take a close look at the plan benefits too. Look for terms like "copay" and "deductible." These will tell you what you could pay for your care when you go to the doctor, pick up a prescription, or have a hospital stay.

**Who is in your plan's network.** Networks can be different depending on the plan you pick. Even plans offered by the same insurance company could have different networks with different hospitals and doctors. Check that all your doctors are in your plan's network before choosing a plan.

\*For 2016, your insurance company may automatically enroll you in the same or a similar plan. You can change your plan during Open Enrollment.