

Your Aetna catastrophic plan option

Catastrophic plans generally have lower monthly payments. Recommended preventive services covered under the plan are paid at 100 percent. Catastrophic plans are only available if you qualify, based on the information you provide when you apply for insurance.

Featuring:

- AZ Aetna Banner Health Network Catastrophic 100%

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.

Things to think about when choosing your 2015 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.

*Your insurance company may automatically enroll you in the same plan, or a similar plan, for 2015. You can change your plan during Open Enrollment.

Catastrophic Aetna Health Plan option in Arizona

Aetna is a Qualified Health Plan issuer in the Arizona Health Insurance Exchange.

Plan	AZ Aetna Banner Health Network Catastrophic 100%	
	In network	Out of network*
Member benefits		
Deductible (ded) individual/family¹ (applies towards out-of-pocket maximum)	\$6,600/\$13,200	\$13,500/\$27,000
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,600/\$13,200	Unlimited/unlimited
Primary care visit	Visits 1–3: \$20 copay; ded waived Visits 4+: covered in full after ded	50% after ded
Specialist visit	Covered in full after ded	50% after ded
Hospital stay	Covered in full after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded	50% after ded
Emergency room	Covered in full after ded	Covered in full after ded
Urgent care	Covered in full after ded	50% after ded
Preventive care (age and frequency limits apply)	Covered in full	50% after ded
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	Covered in full after ded	50% after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year) ²	Covered in full after ded	50% after ded
Pediatric dental		
Dental checkup/preventive dental care	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Covered in full after ded	50% after ded
Preferred brand drugs	Covered in full after ded	50% after ded
Nonpreferred drugs^{**}	Covered in full after ded	50% after ded
Specialty drugs	Covered in full after ded	50% after ded

*For important information on your costs and how Aetna pays for out-of-network care, read “Costs for out-of-network doctors and hospitals.”

**Includes nonpreferred generic and brand drugs.

¹The 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. Deductible and/or out-of-pocket limit is separate in and out of network.

²Any applicable benefit maximums are combined in and out of network.

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Your Aetna bronze plan options

Bronze-level plans pay for about 60 percent of the health care costs for covered services under the plan. They tend to have lower monthly payments, but you will pay more for your deductible, copayments and coinsurance.

Featuring:

- AZ Aetna Banner Health Network Bronze HSA Eligible
- AZ Aetna Banner Health Network Bronze \$20 Copay

Things to think about when choosing your 2015 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.

*Your insurance company may automatically enroll you in the same plan, or a similar plan, for 2015. You can change your plan during Open Enrollment.

Bronze Aetna Health Plan options in Arizona

Aetna is a Qualified Health Plan issuer in the Arizona Health Insurance Exchange.

Plan	AZ Aetna Banner Health Network Bronze HSA Eligible	
	In network	Out of network*
Member benefits		
Deductible (ded) individual/family¹ (applies towards out-of-pocket maximum)	\$6,300/\$12,600	\$12,600/\$25,200
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,300/\$12,600	Unlimited/unlimited
Primary care visit	Covered in full after ded	50% after ded
Specialist visit	Covered in full after ded	50% after ded
Hospital stay	Covered in full after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded	50% after ded
Emergency room	Covered in full after ded	Covered in full after ded
Urgent care	Covered in full after ded	50% after ded
Preventive care (age and frequency limits apply)	Covered in full	50% after ded
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	Covered in full after ded	50% after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year) ²	Covered in full	50% after ded
Pediatric dental		
Dental checkup/preventive dental care	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Covered in full after ded	50% after ded
Preferred brand drugs	Covered in full after ded	50% after ded
Nonpreferred drugs^{***}	Covered in full after ded	50% after ded
Specialty drugs	Covered in full after ded	50% after ded

*For important information on your costs and how Aetna pays for out-of-network care, read “Costs for out-of-network doctors and hospitals.”

**T1A=Value drugs; T1=Preferred generic drugs.

***Includes nonpreferred generic and brand drugs.

†P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

††P=Preferred In network pharmacy; NP=Nonpreferred In network pharmacy.

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Bronze Aetna Health Plan options in Arizona

(Continued)

AZ Aetna Banner Health Network Bronze \$20 Copay

In network	Out of network*
\$5,750/\$11,500	\$11,500/\$23,000
0%	50%
\$6,600/\$13,200	Unlimited/unlimited
\$20 copay; ded waived	50% after ded
\$50 copay after ded	50% after ded
\$250 copay per admission after ded	50% after ded
\$250 copay after ded	50% after ded
\$250 copay after ded	\$250 copay after ded
\$60 copay after ded	50% after ded
Covered in full	50% after ded
Covered in full after ded	50% after ded
\$100 copay after ded	50% after ded
\$250 copay after ded	50% after ded
Covered in full	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
\$15 copay; ded waived ⁺	50% after ded ^{**}
\$45 copay after ded	50% after ded
\$75 copay after ded	50% after ded
P: 40% after ded; NP: 50% after ded ^{†, ††}	50% after ded ^{†, ††}

¹The 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. Deductible and/or out-of-pocket limit is separate in and out of network.

²Any applicable benefit maximums are combined in and out of network.

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Your Aetna silver plan options

Silver-level plans pay for about 70 percent of the health care costs for covered services under the plan. They tend to have higher monthly payments compared to bronze plans, but you will pay less for your deductible, copayments and coinsurance.

Featuring:

- AZ Aetna Banner Health Network Silver \$5 Copay 2750
- AZ Aetna Banner Health Network Silver \$10 Copay

Things to think about when choosing your 2015 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.

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Silver Aetna Health Plan options in Arizona

Aetna is a Qualified Health Plan issuer in the Arizona Health Insurance Exchange.

Plan	AZ Aetna Banner Health Network Silver \$5 Copay 2750	
	In network	Out of network*
Member benefits		
Deductible individual/family¹ (applies towards out-of-pocket maximum)	\$2,750/\$5,500	\$7,500/\$15,000
Member coinsurance	30%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,000/\$12,000	Unlimited/unlimited
Primary care visit	\$5 copay; ded waived	50% after ded
Specialist visit	\$75 copay; ded waived	50% after ded
Hospital stay	30% after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	30% after ded	50% after ded
Emergency room (copay waived if admitted)	\$500 copay after ded	\$500 copay after ded
Urgent care	\$75 copay; ded waived	50% after ded
Preventive care (age and frequency limits apply)	Covered in full	50% after ded
Diagnostic lab	30% after ded	50% after ded
Diagnostic X-ray	30% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	30% after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year) ²	Covered in full	50% after ded
Pediatric dental		
Dental checkup/preventive dental care	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy**		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs***	T1A-\$5 copay; ded waived/ T1-\$15 copay; ded waived	50% after ded
Preferred brand drugs	\$45 copay after ded	50% after ded
Nonpreferred drugs[†]	\$75 copay after ded	50% after ded
Specialty drugs^{††}	P: 40% after ded; NP: 50% after ded	50% after ded

*For important information on your costs and how Aetna pays for out-of-network care, read “Costs for out-of-network doctors and hospitals.”

**P=Preferred In network pharmacy; NP=Nonpreferred In network pharmacy.

***T1A=Value drugs; T1=Preferred generic drugs.

†Includes nonpreferred generic and brand drugs.

††P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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Silver Aetna Health Plan options in Arizona

(Continued)

AZ Aetna Banner Health Network Silver \$10 Copay

In network	Out of network*
\$3,750/\$7,500	\$7,500/\$15,000
30%	50%
\$6,600/\$13,200	Unlimited/unlimited
\$10 copay; ded waived	50% after ded
\$75 copay; ded waived	50% after ded
\$500 copay per admission after ded; then 30%	50% after ded
\$250 copay after ded; then 30%	50% after ded
\$500 copay after ded	\$500 copay after ded
\$75 copay; ded waived	50% after ded
Covered in full	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
\$250 copay after ded; then 30%	50% after ded
Covered in full	50% after ded
Not covered	Not covered
Not covered	Not covered
\$500	\$1,000
T1A-\$5 copay; ded waived/ T1-\$15 copay; ded waived	50% after ded
\$45 copay after ded	50% after ded
\$75 copay after ded	50% after ded
P: 40% after ded; NP: 50% after ded	50% after ded

¹The 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. Deductible and/or out-of-pocket limit is separate in and out of network.

²Any applicable benefit maximums are combined in and out of network.

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Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Your Aetna gold plan option

Gold-level plans pay for about 80 percent of the health care costs for covered services under the plan. They tend to have higher monthly payments but you will pay less for your deductible, copayments and coinsurance.

Featuring:

- AZ Aetna Banner Health Network Gold \$5 Copay

Things to think about when choosing your 2015 health insurance plan*:

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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.

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Gold Aetna Health Plan option in Arizona

Aetna is a Qualified Health Plan issuer in the Arizona Health Insurance Exchange.

Plan	AZ Aetna Banner Health Network Gold \$5 Copay	
	In network	Out of network*
Member benefits		
Deductible (ded) individual/family¹ (applies towards out-of-pocket maximum)	\$1,400/\$2,800	\$6,750/\$13,500
Member coinsurance	20%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$5,000/\$10,000	Unlimited/unlimited
Primary care visit	\$5 copay; ded waived	50% after ded
Specialist visit	\$40 copay; ded waived	50% after ded
Hospital stay	20% after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	50% after ded
Emergency room (copay waived if admitted)	\$250 copay after ded	\$250 copay after ded
Urgent care	\$75 copay; ded waived	50% after ded
Preventive care (age and frequency limits apply)	Covered in full	50% after ded
Diagnostic lab	20% after ded	50% after ded
Diagnostic X-ray	20% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year) ²	Covered in full	50% after ded
Pediatric dental		
Dental checkup/preventive dental care	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy**		
Pharmacy deductible	\$250	\$500
Preferred generic drugs***	T1A-\$3 copay; ded waived/ T1-\$10 copay; ded waived	50% after ded
Preferred brand drugs	\$35 copay after ded	50% after ded
Nonpreferred drugs[†]	\$70 copay after ded	50% after ded
Specialty drugs^{††}	P: 30% after ded; NP: 50% after ded	50% after ded

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**P=Preferred In network pharmacy; NP=Nonpreferred In network pharmacy.

***T1A=Value drugs; T1=Preferred generic drugs.

[†]Includes nonpreferred generic and brand drugs.

^{††}P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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