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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.

This plan includes pediatric dental (PD).

Featuring:

- MI Aetna Catastrophic 100% PD

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.

Request a quote now

To get a quote or ask a question, you can:

- Call your broker
- Call Aetna at **1-800-My-Health (1-800-694-3258)**
Monday – Friday, 8:00 a.m. to 9:30 p.m., ET
- Visit <http://www.aetnaindividual.com>

Catastrophic Aetna Health Plan option in Michigan

Plan	MI Aetna Catastrophic 100% PD	
	In network	Out of network*
Member benefits		
Deductible (ded) individual/family¹ (applies to 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; ded waived	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 (2 visits per year) ²	Covered in full after ded	30% ded waived
Basic dental care	Covered in full after ded	50% after ded
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	Not covered

*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 ded 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 ded and/or out-of-pocket limit. Deductible and/or out-of-pocket limit are separate in and out of network.

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

Aetna Health Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company or Aetna Health Inc. (together, “Aetna”). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

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. Information is believed to be accurate as of the production date; however, it is subject to change.

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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.

All plans listed include pediatric dental (PD).

Featuring:

- MI Aetna Bronze Deductible Only HSA Eligible PD
- MI Aetna Bronze \$20 Copay PD

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Bronze Aetna Health Plan options in Michigan

Plan	MI Aetna Bronze Deductible Only HSA Eligible PD	
	In network	Out of network*
Member benefits		
Deductible (ded) individual/family¹ (applies to 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; ded waived	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 (2 visits per year) ²	Covered in full after ded	30% ded waived
Basic dental care	Covered in full after ded	50% after ded
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	Not covered

*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.

***Includes nonpreferred generic and brand drugs.

†P=Preferred specialty drugs; NP=Nonpreferred specialty 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 are separate in and out of network.

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

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Bronze Aetna Health Plan options in Michigan

(Continued)

MI Aetna Bronze \$20 Copay PD

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; ded waived	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; ded waived	50% after ded
Covered in full; ded waived	30% ded waived
30% after ded	50% after ded
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	Not covered

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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.

All plans listed include pediatric dental (PD).

Featuring:

- MI Aetna Silver \$5 Copay 2750 PD
- MI Aetna Silver \$10 Copay PD

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- Visit <http://www.aetnaindividual.com>

Silver Aetna Health Plan options in Michigan

Plan	MI Aetna Silver \$5 Copay 2750 PD	
	In network	Out of network*
Member benefits		
Deductible (ded) individual/family¹ (applies to 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; ded waived	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; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year) ²	Covered in full; ded waived	30% ded waived
Basic dental care	30% after ded	50% after ded
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	Not covered

*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.

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 are separate in and out of network.

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Silver Aetna Health Plan options in Michigan

(Continued)

MI Aetna Silver \$10 Copay PD

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; ded waived	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; ded waived	50% after ded
Covered in full; ded waived	30% ded waived
30% after ded	50% after ded
None	None
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	Not covered

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