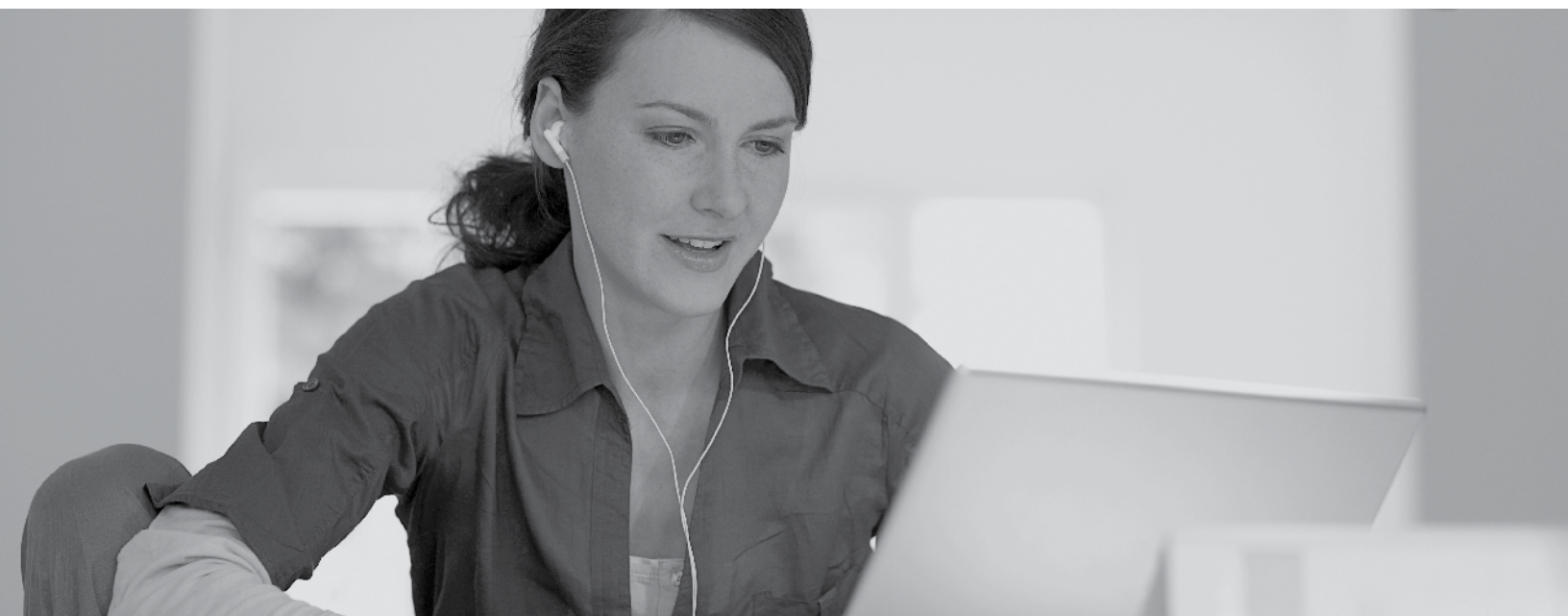


Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetnaSM

California Renewal Instructions



Easy steps to renew your coverage

For 2 – 50 eligible employees
Effective for groups renewing on or after April 1, 2012

www.aetna.com

It's renewal time

Aetna makes the renewal
process easy

Dear Valued Employer:

Thank you

Thank you for choosing Aetna for your employee benefits. We value your business and appreciate your trust in us to protect you and your employees' assets.

This booklet is your guide for current and new plan information and outlines the renewal process. If you are pleased with your current plan and don't want to make changes, the renewal process is complete, and your coverage will automatically renew prior to its effective date.

In some cases, your current benefits may be changing. We made these changes to better manage rising health care costs. Coverage for some services may have changed or been reduced. You and your employees should review your plan documentation carefully to understand which changes apply to your plan.

In order to provide more options to you and your employees, we have introduced some new plans that broaden your options with regard to value and price.

Whether or not you make medical health insurance plan changes, you and your employees will have continued access to Aetna's discount programs and health resources, including our award-winning member web-site, Aetna Navigator[®], which features online resources and information to help your employees make more informed decisions about their health.

If you have Pick-A-Plan, you can reduce your costs and offer a defined contribution strategy, while providing employees superior health benefits coverage.

In addition, Aetna offers you corporate buying power through Aetna's Resource Connection, which features discounted goods and services. While not insurance, these discounts can help you save on office supplies, HR support, payroll, technology assistance and more.

If you have questions or need additional information, please contact your broker or Aetna at **1-877-249-7235**, prompt #1. We understand you have a choice of carriers and thank you for placing your confidence with Aetna.

Sincerely,



Kathleen A. Dibble

Vice President of Sales and Service
Aetna

Plan change at renewal checklist

If you are **not** making any changes to your plans, the renewal process is **complete** for you, and your benefits will automatically renew before the renewal date.

If a decision has been made to change any of your benefits, please submit **ALL** of the following documents in order for your changes to be processed.

If all information is not received or is incomplete, your plan change will not be processed.

Correspondence can be mailed to:

Aetna
PO Box 24004
Fresno, CA 93779-4004

Last Name	First Name	Member ID or SSN	Prior Plan	New Plan	Effective Date
Smith	Suzy	xxxxx1234	MC 750 80/50/50	MC 1250 80/50/50	04/01/2012
Jones	John	xxxxx2345	MC 750 80/50/50	MC 1000 70/50	04/01/2012
Anderson	Annie	xxxxx7890	MC 1000 70/50	Terminate	04/01/2012

- Plan Sponsor Signature Page (included in your renewal packet)
 - All requested plans have a check mark in the appropriate box.
 - Signature Page is signed and dated by an authorized representative.
- Statement of Understanding document (included in your renewal packet)
 - Plan sponsor signature is required.
 - Broker signature is also a requirement.
- Please submit a listing of all employees to identify the correct plan selection for each employee. You may also choose to utilize the Employee Change of Coverage Form instead of the list format.
- If dropping employees or dependents, please identify the affected member with the words "terminate."
- Please include all new enrollees in the employee listing (sample above)
 - For new enrollees, please submit an Employee Application filled out completely.

- For your reference, some commonly overlooked fields on the Employee Application are:
 - Date of birth
 - Date of hire
 - Social Security number
 - Plan selection for the employee
 - PCP selection for an HMO plan

You can fax all of the information directly to our West Region Small Group Underwriting team at **1-860-262-9722**.

If all information is not received with your plan change, this can delay the processing of these changes.

If not enrolled in Pick-A-Plan and requesting over three plans or requesting an upgrade in your benefits, medical underwriting is required, and your request may be declined.

2012 summary comparison

Aetna is always looking to enhance our health care solutions to better serve you. Our goal is to provide you with flexible, affordable health benefits that align with your company's objectives.

This year, we offer several new options, including new plans along with announcing revisions to our prior plans. Please refer to the list below for an at-a-glance view of your 2012 options.

Your Current Plan	Your Revised Plan	Page
HMO \$10	HMO \$10	10
HMO \$20	HMO \$20	10
HMO \$30	HMO \$30	10
HMO \$40	HMO \$40	11
HMO \$50	HMO \$50	11
HMO Coinsurance 70%	HMO Coinsurance 70%	11
HMO Deductible \$1,000 70%	HMO Deductible \$1,000 70%	11
AVN HMO \$10/\$20	AVN HMO \$10/\$20	12
AVN HMO \$20/\$30	AVN HMO \$20/\$30	12
AVN HMO \$30/\$40	AVN HMO \$30/\$40	13
AVN HMO \$40/\$50	AVN HMO \$40/\$50	13
MC \$250 90/70	MC \$250 90/70	16
MC \$250 80/60	MC \$250 80/60	17
MC \$500 80/60	MC \$500 80/60	18
MC \$1,000 70/50	MC \$1,000 70/50	19
MC \$750 80/50/50	MC \$750 80/50/50	20
MC \$1,000 80/50/50	MC \$1,250 80/50/50	21
MC \$2,000 80/50/50	MC \$2,000 80/50/50	22
MC \$2,500 75/50	MC \$2,500 75/50	23
MC \$3,500 65/50	MC \$3,500 65/50	24
MC \$10,000 100/50	MC \$10,000 100/50	25
MC HSA \$2,000 80/50	MC HSA \$2,000 80/50	26
MC HSA \$3,000 90/50	MC HSA \$3,000 90/50	27
MC HSA \$3,500 80/50	MC HSA \$3,500 80/50	28
MC HRA \$3,000 80/50	MC HRA \$3,000 70/50	29
MC HRA \$5,000 80/50	MC HRA \$3,000 70/50	30
PPO \$500 90/70	PPO \$750 80/60	32

New Aetna benefits plan effective April 1, 2012	Page
HMO Coinsurance 60%	8
HMO Deductible \$1,500 70%	9
MC Value \$2,250 60/50	14
MC Value \$3,750 50/50	14
MC \$4,500 60/50	15
MC \$7,500 75/50	15
PPO \$750 80/60	31

An increase to an employee's rate will occur when an employee moves from one age band to the next. The increased rate begins on the first day of the policy month coinciding or following their date of birth.

Medical Overview

Product Name	Product Description	PCP Required	Referrals Required	Network
Health Maintenance Organization (HMO)	Each family member selects a primary care physician (PCP) participating in our network. The PCP provides routine and preventive care and helps coordinate the member's total health care. The PCP refers members to participating specialists and facilities for medically necessary specialty care. Only services provided or referred by the PCP are covered except for emergency, urgently needed care or direct access benefits, unless approved by the HMO before receiving services.	Yes	Yes	HMO
Aetna HMO Deductible Plan	Uses all services of the HMO with a subset of the HMO Network with additional savings by applying a deductible for certain medical services.	Yes	Yes	HMO Deductible
Aetna HMO Coinsurance Plan	Uses all services of the HMO with a subset of the HMO Network with additional savings by applying a coinsurance for certain medical services.	Yes	Yes	HMO Deductible
Aetna Value NetworkSMHMO	All the services of the HMO provided by a subset of the full HMO network. Aetna Value Network plans offer similar benefits of Aetna's HMO plan, with premium savings by accessing only a select network of providers.	Yes	Yes	Aetna Value Network HMO
Vitalidad Mexico con AetnaSM* (Available for California employers)	HMO plans that feature the Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA) provider network in Northern Mexico service area. San Diego county employees access health care services from participating providers in the Mexican cities of Tijuana, Tecate and Mexicali. Members choose a Mexico-based primary care physician (PCP). Only services provided or referred by their PCP, except for emergency or urgent care, are covered unless approved by the HMO in advance of receiving services.	Yes	Yes	Vitalidad HMO*
Vitalidad PlusSMCalifornia con AetnaSM* (Available for California employers)	Coverage for employees in select Zip codes in California and in the Mexican cities of Tijuana, Tecate, or Mexicali through a specially developed provider network. Plans are available to California employers who provide employees and their dependents access to care from a California-based primary care physician (PCP) or a Mexican-based PCP. Covered benefits differ based on PCP country location.	Yes	Yes	Vitalidad Plus HMO*
Managed Choice[®] (MC)	Members can access any participating provider for covered services without a referral. Members have the freedom to choose network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs at any time. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Managed Choice POS
PPO	Members can access any participating provider for covered services without a referral. Each time members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Open Choice [®] PPO
Indemnity	Employees who live outside the plan's network service area are eligible. Members coordinate their own health care and may access any participating provider for covered services without a referral.	No	No	N/A

*Provider network through Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA). This Health Plan may be limited in benefits, rights and remedies under U.S. federal and state law. Este Plan de Salud puede tener limitaciones en sus beneficios, derechos y resoluciones bajo las leyes federales estatales de Los Estados Unidos.

Please request a Summary of Benefits for full plan information.

Plan Type and Value By Price*

Plan name	\$	\$\$	\$\$\$
Vitalidad HMO \$10			
MC \$10,000 100/50			
MC Value \$3,750 50/50			
MC \$7,500 75/50			
MC \$4,500 60/50			
MC HSA HDHP \$3,500 80/50			
MC HSA HDHP \$2,000 80/50			
MC \$3,500 65/50			
MC HRA HDHP \$3,000 70/50			
MC Value \$2,250 60/50			
MC \$2,500 75/50			
MC \$2,000 80/50/50			
HMO Coinsurance 60%			
HMO Deductible \$1,500 70%			
HMO Coinsurance 70%			
Vitalidad Plus HMO \$30/\$10			
MC \$1,250 80/50/50			
MC HSA HDHP \$3,000 90/50			
HMO Deductible \$1,000 70%			
MC \$750 80/50/50			
MC \$1,000 70/50			
Value Network HMO \$40/\$50			
HMO \$50			
Value Network HMO \$30/\$40			
HMO \$40			
Value Network HMO \$20/\$30			
Vitalidad Plus \$10/\$5			
Value Network HMO \$10/\$20			
HMO \$30			
HMO \$20			
MC \$500 80/60			
HMO \$10			
MC \$250 80/60			
MC \$250 90/70			
PPO \$750 80/60			
Indemnity			

*Average prices may vary by county.

New Aetna HMO

plan options

Aetna is always looking to enhance our health care solutions to better serve you. Our goal is to provide you with flexible, affordable health benefits that align with your company's objectives.

HMO Coinsurance 60%	In Network
Plan Coinsurance	60%
Calendar Year Deductible	None
Calendar Year Coinsurance Maximum	\$3,500 Individual \$7,000 Family
Deductible and Coinsurance Maximum Accumulation	Embedded* aggregate
Primary Physician Office Visit	\$40 copay
Specialist Office Visit	\$50 copay
Outpatient Lab and X-ray	\$40 copay
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	\$100 copay
Physical Exams (Age and frequency schedules apply)	No charge
Inpatient Hospital	60%
Outpatient Surgery Outpatient Hospital Department	50%
Outpatient Surgery Freestanding Facility	60%
Emergency Services (Copay waived if admitted)	\$200 copay
Prescription Drugs Retail: up to a 30-day supply Mail Order Drug: up to a 90-day supply; two-times retail copay	\$20/\$40/\$60 after \$200 brand/non-formulary brand deductible

*Each covered family member only needs to satisfy his or her individual deductible/out-of-pocket limit, not the entire family deductible/out-of-pocket limit.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

New Aetna HMO

plan options

HMO Deductible \$1,500 70%	In Network
Plan Coinsurance	70%
Calendar Year Deductible	\$1,500 Individual \$3,000 Family
Calendar Year Coinsurance Maximum	\$3,500 Individual \$7,000 Family
Deductible and Coinsurance Maximum Accumulation	Embedded* aggregate
Primary Physician Office Visit	\$40 copay; Deductible waived
Specialist Office Visit	\$40 copay; Deductible waived
Outpatient Lab and X-ray	\$40 copay; Deductible waived
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	\$100 copay Deductible waived
Physical Exams (Age and frequency schedules apply)	No charge
Inpatient Hospital	70% after deductible
Outpatient Surgery Outpatient Hospital Department	70% after deductible
Outpatient Surgery Freestanding Facility	70% after deductible
Emergency Services (Copay waived if admitted)	\$150 copay after deductible
Prescription Drugs Retail: up to a 30-day supply Mail Order Drug: up to a 90-day supply; two-times retail copay	\$20/\$40/\$60 after \$200 brand/non-formulary brand deductible

*Each covered family member only needs to satisfy his or her individual deductible/out-of-pocket limit, not the entire family deductible/out-of-pocket limit.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised HMO plans

HMO \$10	Current Plan	Renewal
Outpatient Lab	\$10 copay	<i>No charge</i>
Outpatient Complex Imaging	\$10 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
Home Health Care	No charge	<i>\$10 copay per visit</i>
Inpatient Hospital	No charge	<i>\$100 per admission</i>
Comprehensive Infertility	Not covered	<i>50%</i>
Routine Vision	Not covered	<i>\$10 copay</i>

HMO \$20	Current Plan	Renewal
Outpatient Lab	\$20 copay	<i>No charge</i>
Outpatient Complex Imaging	\$20 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
Home Health Care	No charge	<i>\$20 copay</i>
Routine Vision	Not covered	<i>\$20 copay</i>

HMO \$30	Current Plan	Renewal
Outpatient Lab	\$30 copay	<i>No charge</i>
Outpatient Complex Imaging	\$30 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
Home Health Care	No charge	<i>\$30 copay</i>
Comprehensive Infertility	50%	<i>Not covered</i>
Routine Vision	Not covered	<i>\$30 copay</i>

Revised HMO plans

HMO \$40	Current Plan	Renewal
Outpatient Lab	\$40 copay	<i>No charge</i>
Outpatient Complex Imaging	\$40 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
Home Health Care	No charge	<i>\$40 copay</i>
Comprehensive Infertility	50%	<i>Not covered</i>
Routine Vision	Not covered	<i>\$40 copay</i>

HMO \$50	Current Plan	Renewal
Outpatient Lab	\$50 copay	<i>No charge</i>
Outpatient Complex Imaging	\$50 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
Home Health Care	No charge	<i>\$50 copay</i>
Comprehensive Infertility	50%	<i>Not covered</i>
Routine Vision	Not covered	<i>\$50 copay</i>

HMO Coinsurance 70%	Current Plan	Renewal
Home Health Care	No charge	<i>\$40 per visit</i>
Routine Vision	Not covered	<i>\$50 copay</i>

HMO Deductible \$1,000 70%	Current Plan	Renewal
Emergency Services	\$100 copay after deductible	<i>\$150 copay after deductible</i>
Routine Vision	Not covered	<i>\$40 copay</i>

Revised HMO plans

AVN HMO \$10/\$20	Current Plan	Renewal
Outpatient Lab	\$10 copay	<i>No charge</i>
Outpatient Complex Imaging	\$10 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
OP Surgery - OP Hospital Department	\$100 copay	<i>\$200 copay</i>
OP Surgery - Freestanding Facility	No charge	<i>\$100 copay</i>
Home Health Care	No charge	<i>\$10 copay</i>
Prescription Drugs	\$20/\$40/\$60 copay	<i>\$20/\$40/\$60 after \$150 brand deductible</i>
Routine Vision	Not covered	<i>\$20 copay</i>

AVN HMO \$20/\$30	Current Plan	Renewal
Outpatient Lab	\$20 copay	<i>No charge</i>
Outpatient Complex Imaging	\$20 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
OP Surgery - OP Hospital Department	\$200 copay	<i>\$300 copay</i>
OP Surgery - Freestanding Facility	\$100 copay	<i>\$200 copay</i>
Home Health Care	No charge	<i>\$20 copay</i>
Prescription Drugs	\$20/\$40/\$60 copay	<i>\$20/\$40/\$60 after \$150 brand deductible</i>
Routine Vision	Not covered	<i>\$30 copay</i>

Revised HMO plans

AVN HMO \$30/\$40	Current Plan	Renewal
Outpatient Lab	\$30 copay	<i>No charge</i>
Outpatient Complex Imaging	\$30 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
OP Surgery - OP Hospital Department	\$300 copay	<i>\$400 copay</i>
OP Surgery - Freestanding Facility	\$150 copay	<i>\$300 copay</i>
Home Health Care	No charge	<i>\$30 copay</i>
Prescription Drugs	\$20/\$40/\$60 copay	<i>\$20/\$40/\$60 after \$150 brand deductible</i>
Routine Vision	Not covered	<i>\$40 copay</i>

AVN HMO \$40/\$50	Current Plan	Renewal
Outpatient Lab	\$40 copay	<i>No charge</i>
Outpatient Complex Imaging	\$40 copay	<i>\$100 copay</i>
Emergency Services	\$100 copay	<i>\$150 copay</i>
OP Surgery - OP Hospital Department	\$400 copay	<i>\$500 copay</i>
OP Surgery - Freestanding Facility	\$200 copay	<i>\$400 copay</i>
Home Health Care	No charge	<i>\$40 copay</i>
Prescription Drugs	\$20/\$40/\$60 copay	<i>\$20/\$40/\$60 after \$150 brand deductible</i>
Routine Vision	Not covered	<i>\$50 copay</i>

New Aetna MC plan options

	MC Value \$2,250 60/50		MC Value \$3,750 50/50	
	In Network	Out of Network	In Network	Out of Network
Plan Coinsurance	60%	50%	50%	50%
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$5,000 Individual (3-member maximum)	\$10,000 Individual (3-member maximum)	\$5,000 Individual (3-member maximum)	\$10,000 Individual (3-member maximum)
Calendar Year Deductible	\$2,250 Individual (3-member maximum)	\$2,250 Individual (3-member maximum)	\$3,750 Individual (3-member maximum)	\$3,750 Individual (3-member maximum)
Primary Physician Office Visit	\$40 copay	50%	\$50 copay	50%
Specialist Office Visit	\$60 copay	50%	\$70 copay	50%
Outpatient Lab and X-ray	60%	50%	50%	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	60%	50%; pays up to \$800 maximum benefit	50%	50%; pays up to \$800 maximum benefit
Physical Exams (Age and frequency schedules apply)	No charge	50%	No charge	50%
Inpatient Hospital	\$750 copay plus 60%	50%; pays up to \$750 per day	\$750 copay plus 50%	50%; pays up to \$750 per day
Outpatient Surgery Outpatient Hospital Department	\$250 copay plus 60%	50%; pays up to \$400 per surgery	\$250 copay plus 50%	50%; pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	\$150 copay plus 60%	50%; pays up to \$400 per surgery	\$150 copay plus 50%	50%; pays up to \$400 per surgery
Emergency Services (Copay waived if admitted)	\$250 copay plus 60%	Paid as in-network	\$250 copay plus 50%	Paid as in-network
Prescription Drugs Retail: up to a 30-day supply Mail Order Drug: up to a 90-day supply; two-times retail copay	\$20 Generic Only - No coverage for Brands. Member pays 100%; however Aetna's negotiated rate is provided for brand drugs.	Not covered	\$20 Generic Only - No coverage for Brands. Member pays 100%; however Aetna's negotiated rate is provided for brand drugs.	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	Generic only	Not covered	Generic only	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

New Aetna MC plan options

	MC \$4,500 60/50		MC \$7,500 75/50	
	In Network	Out of Network	In Network	Out of Network
Plan Coinsurance	60%	50%	75%	50%
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$4,000 Individual (2-member maximum)	\$8,000 Individual (2-member maximum)	\$2,500 Individual \$2,500 Family	Unlimited Individual Unlimited Family
Calendar Year Deductible	\$4,500 Individual (2-member maximum)	\$4,500 Individual (2-member maximum)	\$7,500 Individual \$7,500 Family	\$7,500 Individual \$7,500 Family
Primary Physician Office Visit	\$40 copay	50%	\$30 copay	50%
Specialist Office Visit	\$40 copay	50%	\$30 copay after deductible	50%
Outpatient Lab and X-ray	First \$300 paid at 100% Deductible/Coinsurance thereafter	50%	First \$300 paid at 100% Deductible/Coinsurance thereafter	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	60%	50%; pays up to \$800 maximum benefit	75%	50%; pays up to \$800 maximum benefit
Physical Exams (Age and frequency schedules apply)	No charge	50%	No charge	50%
Inpatient Hospital	60%	50%; pay up to \$750 per day	75%	50%; pay up to \$750 per day
Outpatient Surgery Outpatient Hospital Department	\$250 copay plus 60%	50%; pays up to \$400 per surgery	75%	50%; pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	\$150 copay plus 60%	50%; pays up to \$400 per surgery	\$50 copay; after ded	50%; pays up to \$400 per surgery
Emergency Services (Copay waived if admitted)	\$150 copay plus 60%	Paid as in network	75%	Paid as in network
Prescription Drugs Retail: up to a 30-day supply Mail Order Drug: up to a 90-day supply; two-times retail copay	\$20/\$40/\$70 (after Rx \$250 brand deductible)	Not covered	\$20/\$40/\$70	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70% up to \$250 per prescription	Not covered	70% up to \$250 per prescription	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$250 90/70		Renewal Plan MC \$250 90/70	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevaling Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 180% of Medicare Facility: 100% of Medicare
Primary Physician Office Visit	\$15 copay	70%	\$20 copay	70%
Outpatient Lab and X-ray	No charge	70%	First \$300 paid at 100% Deductible/Coinsurance thereafter	70%
OP Surgery - OP Hospital Department	80%	\$150 plus 60%	80%	60%; maximum Aetna payment of \$400 per surgery
OP Surgery - Freestanding Facility	90%; ded waived	\$150 plus 70%	90%; ded waived	70%; maximum Aetna payment of \$400 per surgery
Emergency Services	90% after \$100 copay	Paid as in network	90% after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Prescription Drugs	\$10/\$25/\$50 copay	Not covered	\$15/\$25/\$40 copay	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70%	Not covered	70% up to \$250 per prescription	Not covered
Comprehensive Infertility	Not covered	Not covered	Cost Sharing based on type of service performed and where service is rendered up to a \$2,000 lifetime max benefit. IVF and Injectable Infertility Drugs- Not covered	Cost Sharing based on type of service performed and where service is rendered up to a \$2,000 lifetime max benefit. IVF and Injectable Infertility Drugs- Not covered
Routine Vision	Not covered	Not covered	\$20 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$250 80/60		Renewal Plan MC \$250 80/60	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 180% of Medicare Facility: 100% of Medicare
Outpatient Lab and X-ray	No charge	60%	First \$300 paid at 100% Deductible/ Coinsurance thereafter	60%
OP Surgery - OP Hospital Department	70%	\$150 plus 60%	70%	50%; maximum Aetna payment of \$400 per surgery
OP Surgery - Freestanding Facility	80%; ded waived	\$150 plus 70%	20%; ded waived	60%; maximum Aetna payment of \$400 per surgery
Emergency Services	80% after \$100 copay	Paid as in network	80% after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$20 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$500 80/60		Renewal Plan MC \$500 80/60	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Outpatient Lab and X-ray	No charge	60%	First \$300 paid at 100% Deductible/ Coinsurance thereafter	60%
Emergency Services	80% after \$100 copay	Paid as in network	80% after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$35 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$1,000 70/50		Renewal Plan MC \$1,000 70/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
OP Surgery - OP Hospital Department	60% after \$150 copay per surgery	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery	60% after \$250 copay per surgery	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery
OP Surgery - Freestanding Facility	70%	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery	70% after \$150 copay per surgery	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery
Outpatient Lab and X-ray	No charge	50%	First \$300 paid at 100% Deductible/Coinsurance thereafter	50%
Emergency Services	70% after \$100 copay	Paid as in network	70% after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$20 copay	Not covered

**The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$750 80/50/50		Renewal Plan MC \$750 80/50/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Outpatient Lab and X-ray	No charge	50%	First \$300 paid at 100% Deductible/ Coinsurance thereafter	50%
Emergency Services	80% Professional/ 50% Facility after \$100 copay	Paid in network	80% Professional/ 50% Facility after \$150 copay	Paid in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Brand Name Prescription Deductible	None	Not covered	\$250	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	70%	Not covered	70% up to \$250 per prescription	Not covered
Comprehensive Infertility	Cost Sharing based on type of service performed and where service is rendered up to a \$2,000 lifetime max benefit. IVF and Injectable Infertility Drugs—Not covered	Cost Sharing based on type of service performed and where service is rendered up to a \$2,000 lifetime max benefit. IVF and Injectable Infertility Drugs—Not covered	Not covered	Not covered
Routine Vision	Not covered	Not covered	\$25 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$1,000 80/50/50		Renewal Plan MC \$1,250 80/50/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Calendar Year Deductible	\$1,000 (two member maximum)	\$1,000 (two member maximum)	\$1,250 (two member maximum)	\$1,250 (two member maximum)
Outpatient Lab and X-ray	No charge	50%	First \$300 paid at 100% Deductible/ Coinsurance thereafter	50%
Emergency Services	80% Professional/ 50% Facility after \$100 copay	Paid as in network	80% Professional/ 50% Facility after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Brand Name Prescription Deductible	No charge	Not covered	\$250	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	70%	Not covered	70% up to \$250 per prescription	Not covered
Comprehensive Infertility	Cost Sharing based on type of service performed and where service is rendered up to a \$2000 lifetime max benefit. IVF and Injectable Infertility Drugs- Not Covered	Cost Sharing based on type of service performed and where service is rendered up to a \$2000 lifetime max benefit. IVF and Injectable Infertility Drugs- Not Covered	Not Covered	Not Covered
Routine Vision	Not covered	Not covered	\$25 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$2,000 80/50/50		Renewal Plan MC \$2,000 80/50/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Outpatient Lab and X-ray	No charge	50%	First \$300 paid at 100% Deductible/ Coinsurance thereafter	50%
Emergency Services	80% Professional/ 50% Facility after \$100 copay	Paid as in network	80% Professional/ 50% Facility after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Brand Name Prescription Deductible	No charge	Not covered	\$250 Per member	Not covered
Prescription Drugs	\$15/\$40/\$50	Not covered	\$20/\$40/\$70	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	70%	Not covered	70% up to \$250 per prescription	Not covered
Comprehensive Infertility	Cost Sharing based on type of service performed and where service is rendered up to a \$2000 lifetime max benefit. IVF and Injectable Infertility Drugs- Not Covered	Cost Sharing based on type of service performed and where service is rendered up to a \$2000 lifetime max benefit. IVF and Injectable Infertility Drugs- Not Covered	Not Covered	Not Covered
Routine Vision	Not covered	Not covered	\$25 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$2,500 75/50		Renewal Plan MC \$2,500 75/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
OP Surgery - OP Hospital Department	75%	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery	75% after \$250 copay per surgery	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery
OP Surgery - Freestanding Facility	75%	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery	75% after \$150 copay per surgery	\$150 copay plus 50%; maximum Aetna payment of \$400 per surgery
Emergency Services	75% after \$100 copay	Paid as in network	75% after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order**	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$25 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$3,500 65/50		Renewal Plan MC \$3,500 65/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
OP Surgery - OP Hospital Department	65%	50%; maximum Aetna payment of \$400 per surgery	65% after \$250 copay per surgery	50%; maximum Aetna payment of \$400 per surgery
OP Surgery - Freestanding Facility	65%	50%; maximum Aetna payment of \$400 per surgery	65% after \$150 copay per surgery	50%; maximum Aetna payment of \$400 per surgery
Emergency Services	65% after \$100 copay	Paid as in network	65% after \$150 copay	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$35 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC \$10,000 100/50		Renewal Plan MC \$10,000 100/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Specialist Office Visit	No Charge; after deductible	50%	\$20 copay after deductible	50%
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Prescription Drug Deductible (applies to brand and non-formulary brand drugs)	None	NA	\$250 per individual	NA
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$20 copay Deductible waived	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

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Revised MC plans

	Current Plan MC HSA \$2,000 80/50		Renewal Plan MC HSA \$2,000 80/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Routine Vision	Not Covered	Not Covered	No charge	Not Covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC HSA \$3,000 90/50		Renewal Plan MC HSA \$3,000 90/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Routine Vision	Not Covered	Not Covered	No charge	Not Covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan		Renewal Plan	
	MC HSA \$3,500 80/50		MC HSA \$3,500 80/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Calendar Year Coinsurance Maximum	\$2,000 Individual \$4,000 Family	\$4,000 individual \$8,000 Family	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Routine Vision	Not covered	Not covered	No charge	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Revised MC plans

	Current Plan MC HRA \$3,000 80/50		Renewal Plan MC HRA \$3,000 70/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Plan Coinsurance	80%	50%	70%	50%
Physician Office Visit	\$20 copay if one of 4 office visits thereafter deductible/coinsurance	50%	\$30 copay if one of 4 office visits thereafter deductible/coinsurance	50%
Outpatient Lab and X-ray	80%	50%	70%	50%
Emergency Services	80%	Paid as in network	70%	Paid as in network
Inpatient Detox Limits	None	Limited to three days per admission; two admissions per lifetime	None	Limited to three days per admission; two admissions per calendar year
Inpatient Hospital	80%	50%; Maximum Aetna payment of \$750 per day	70%	50%; Maximum Aetna payment of \$750 per day
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70%	Not covered	70% up to \$250 per prescription	Not covered
Routine Vision	Not covered	Not covered	\$30 copay	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Eliminated MC plan

	Current Plan		Renewal Plan	
	MC HRA \$5,000 80/50		MC HRA \$3,000 70/50	
	In Network	Out of Network	In Network	Out of Network
Payment for Out-of-Network Care	NA	Professional: Prevailing Charges Facility: Aetna Facility Fee Schedule	NA	Professional: 100% of Medicare Facility: 100% of Medicare
Plan Coinsurance	80%	50%	70%	50%
Calendar Year Deductible (In-Network and Out-of-Network are combined)	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Primary Physician/ Specialist Office Visit	The first four office visits covered at \$20 copay; thereafter covered at deductible/coinsurance.	50%	The first four office visits covered at \$30 copay; thereafter covered at deductible/coinsurance.	50%
Outpatient Lab and X-ray	80%	50%	70%	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	80%	50%; Maximum Aetna payment of \$800 per service	70%	50%; Maximum Aetna payment of \$800 per service
Routine Vision	Not Covered	Not Covered	\$30 copay	Not Covered
Inpatient Hospital	80%	50%; maximum Aetna payment of \$750 per day	70%	50%; maximum Aetna payment of \$750 per day
Outpatient Surgery Outpatient Hospital Department	80%	50%; Aetna maximum payment of \$400 per surgery	70%	50%; Aetna maximum payment of \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	50%; Aetna maximum payment of \$400 per surgery	70%	50%; Aetna maximum payment of \$400 per surgery
Emergency Services (Copay waived if admitted)	80%	Paid as in network	70%	Paid as in network
Specialty Care Rx (Includes self-injectable, infused and oral specialty drugs. Retail and mail order up to a 30-day supply. Excludes insulin.)	70%	Not covered	70% paid up to \$250 max	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

New Aetna PPO plan option

	Current Plan	
	PPO \$750 80/60	
	In Network	Out of Network
Plan Coinsurance	80%	60%
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$4,500 Individual (2-member maximum)	\$9,000 Individual (2-member maximum)
Calendar Year Deductible	\$750 Individual (2-member maximum)	\$750 Individual (2-member maximum)
Primary Physician Office Visit	\$20 copay	60%
Specialist Office Visit	\$40 copay	60%
Outpatient Lab and X-ray	80%	60%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	80%	50%; pays up to \$800 maximum benefit
Physical Exams (Age and frequency schedules apply)	No charge	60%
Inpatient Hospital	\$250 copay plus 80%	\$250 copay plus 60%
Outpatient Surgery Outpatient Hospital Department	\$250 copay plus 70%	\$250 copay plus 50%
Outpatient Surgery Freestanding Facility	\$150 copay plus 80%	\$150 copay plus 60%
Emergency Services (Copay waived if admitted)	\$150 copay plus 80%	Paid as in-network
Prescription Drugs Retail: up to a 30-day supply Mail Order Drug: up to a 90-day supply; two-times retail copay	\$15/\$40/\$50	Not covered
Self-Injectable/ Specialty Cost Share (4th tier) Retail and Mail Order*	70% up to \$250 per prescription	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

Eliminated and proposed PPO plans

	Current Plan PPO \$500 90/70		Proposed Renewal Plan PPO \$750 80/60	
	In Network	Out of Network	In Network	Out of Network
Plan Coinsurance	90%	70%	80%	60%
Calendar Year Deductible (In-Network and Out-of-Network accumulate separately)	\$500 Individual (two member maximum)	\$500 Individual (two member maximum)	\$750 Individual (two member maximum)	\$750 Individual (two member maximum)
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$4,000 Individual (two member maximum)	\$8,000 Individual (two member maximum)	\$4,500 Individual (two member maximum)	\$9,000 Individual (two member maximum)
Primary Physician Office Visit	\$15 copay	70%	\$20 copay	60%
Specialist Office Visit	\$30 copay	70%	\$40 copay	60%
Outpatient Lab and X-ray	No charge	70%	80%	60%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	90%	60%; Maximum Aetna payment of \$800 per service	80%	50%; Maximum Aetna payment of \$800 per service
Physical Exams (Age and frequency schedules apply)	No charge	70%	No charge	60%
Routine Vision	Not Covered	Not Covered	\$40 copay	Not Covered
Inpatient Hospital	90% after \$250 copay per admission	70% after \$250 copay per admission	80% after \$250 copay per admission	60% after \$250 copay per admission
Outpatient Surgery Outpatient Hospital Department	80% after \$150 copay per surgery	60% after \$150 copay per surgery	70% after \$250 copay per surgery	50% after \$150 copay per surgery
Outpatient Surgery Freestanding Facility	90%	70% after \$150 copay per surgery	80% after \$150 copay per surgery	60% after \$150 copay per surgery
Emergency Services (Copay waived if admitted)	90% after \$100 copay	Paid as in network	80% after \$150 copay	Paid as in network
Prescription Drugs Retail: up to a 30-day supply Mail Order Drug: up to a 90-day supply; two-times retail copay	\$15/\$40/\$50	Not covered	\$15/\$40/\$50	Not covered
Specialty Care Rx (Includes self-injectable, infused and oral specialty drugs. Retail and mail order up to a 30-day supply. Excludes insulin.)	70%	Not covered	70% up to \$250 per prescription	Not covered

*The 4th tier of our Rx plan is changing to include self-injectables, infused and oral specialty drugs. Please refer to the Aetna Specialty Care RxSM Drug List at <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>, select the 4-tier open formulary.

For full plan information, view a Summary of Benefits at <http://www.aetna.com/employer-plans/small-business/states/CA.html>

California 2012

Buy up/Buy down Product guide

This grid applies to employers not enrolled in Pick-A-Plan. See page 36 for guidelines.

U = Upgrade, subject to Medical Underwriting

D = Downgrade, no Medical Underwriting Required

Current Plan	Renewal Plan	HMO 10	HMO 20	HMO 30	HMO 40	HMO 50	HMO Ded \$1000	HMO Ded \$1500	HMO Co-insurance 70%	HMO Co-insurance 60%	AVN HMO 10/20	AVN HMO 20/30	AVN HMO 30/40	AVN HMO 40/50	Vitalidad HMO 10	Vitalidad Plus 10/5
HMO 10	HMO 10	-	D	D	D	D	D	D	D	D	D	D	D	D	D	D
HMO 20	HMO 20	U	-	D	D	D	D	D	D	D	D	D	D	D	D	D
HMO 30	HMO 30	U	U	-	D	D	D	D	D	D	D	D	D	D	D	D
HMO 40	HMO 40	U	U	U	-	D	D	D	D	D	D	D	D	D	D	D
HMO 50	HMO 50	U	U	U	U	-	D	D	D	D	D	D	D	D	D	D
HMO Deductible \$1000	HMO Deductible \$1000	U	U	D	D	D	-	D	D	D	D	D	D	D	D	D
HMO Coinsurance 70%	HMO Coinsurance 70%	U	U	D	D	D	D	D	-	D	D	D	D	D	D	D
AVN HMO 10/20	AVN HMO 10/20	U	D	D	D	D	D	D	D	D	-	D	D	D	D	D
AVN HMO 20/30	AVN HMO 20/30	U	D	D	D	D	D	D	D	D	U	-	D	D	D	D
AVN HMO 30/40	AVN HMO 30/40	U	U	D	D	D	D	D	D	D	U	U	-	D	D	D
AVN HMO 40/50	AVN HMO 40/50	U	U	D	D	D	D	D	D	D	U	U	U	-	D	D
Vitalidad HMO 10	Vitalidad HMO 10	U	U	U	D	D	D	D	D	D	D	D	D	D	-	U
Vitalidad Plus 10/5	Vitalidad Plus 10/5	U	U	D	D	D	D	D	D	D	D	D	D	D	D	-
Vitalidad Plus 30/10	Vitalidad Plus 30/10	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 250 90/70	MC 250 90/70	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 250 80/60	MC 250 80/60	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 500 80/60	MC 500 80/60	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 1000 70/50	MC 1000 70/50	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 750 80/50/50	MC 750 80/50/50	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 1000 80/50/50	MC 1250 80/50/50	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 2000 80/50/50	MC 2000 80/50/50	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
MC 2500 75/50	MC 2500 75/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC 3500 65/50	MC 3500 65/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC 10,000 100/50	MC 10,000 100/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC (HSA) 2000 80/50	MC (HSA) 2000 80/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC (HSA) 3000 100/50	MC (HSA) 3000 90/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC (HSA) 3500 80/50	MC (HSA) 3500 80/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC (HRA) 3000 80/50	MC (HRA) 3000 80/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
MC (HRA) 5000 80/50	MC (HRA) 3000 80/50	U	U	U	D	D	D	D	D	D	U	U	D	D	D	D
PPO 500 90/70	PPO 750 80/60	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

U = Upgrade, subject to Medical Underwriting
D = Downgrade, no Medical Underwriting Required

Vitalidad Plus 30/10	MC 250 90/70	MC 250 80/60	MC 500 80/60	MC 1000 70/50	MC 750 80/50/50	MC 1250 80/50/50	MC 2000 80/50/50	MC 2500 75/50	MC 3500 65/50	MC 4500 60/50	MC 7500 75/50	MC 10,000 100/50	MC 2250 60/50	MC 3750 50/50	MCHSA 2000 80/50	MCHSA 3000 90/50	MCHSA 3500 80/50	MCHRA 3000 70/50	PPO 750 90/70	
D	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	U	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
U	U	U	U	D	D	D	D	D	D	D	D	D	D	U	D	D	D	D	U	
D	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	U	
-	U	U	D	D	D	D	D	U	D	D	D	D	D	D	D	D	D	D	U	
D	-	D	D	D	D	D	D	D	D	D	D	D	D	U	D	U	D	D	U	
D	U	-	D	D	D	D	D	D	D	D	D	D	D	U	D	U	D	D	U	
D	U	U	-	D	D	D	D	D	D	D	D	D	D	U	D	U	D	D	U	
D	U	U	U	-	U	D	D	D	D	D	D	D	D	U	D	U	D	D	U	
D	U	U	U	D	-	D	D	D	D	D	D	D	D	U	D	U	D	D	U	
D	U	U	U	U	U	-	D	D	D	D	D	D	D	U	D	U	D	D	U	
D	U	U	U	U	U	U	U	-	D	D	D	D	D	U	D	U	D	D	U	
D	U	U	U	U	U	U	U	U	-	D	D	D	D	U	D	U	D	D	U	
D	U	U	U	U	U	U	U	U	U	-	D	D	D	U	D	U	D	D	U	
D	U	U	U	U	U	U	U	U	U	U	-	D	D	U	D	U	D	D	U	
D	U	U	U	U	U	U	U	U	U	U	U	-	D	U	U	U	D	U	U	
D	U	U	U	U	U	U	D	D	D	D	D	D	D	D	D	-	U	U	D	U
D	U	U	U	U	U	D	D	D	D	D	D	D	D	D	D	-	D	D	U	U
D	U	U	U	U	U	U	D	D	D	D	D	D	D	D	D	U	-	D	U	U
D	U	U	U	U	U	U	D	D	D	D	D	D	D	D	D	U	U	-	U	U
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	-

California plan change requirements

Benefits changes	When eligible	Request must be received	Required documentation
Medical Benefit Changes*	<p>New business: During the initial plan year, an employer may only change plans on their 6-month anniversary date.** Example: An employer with a 12/1 effective date can only downgrade benefits on (not through) 6/1.</p> <p>Existing business: Downgrades are allowed once in a 12-month rolling period, limited to the 6-month period following the renewal date.*** Example: A 1/1 renewal may request a plan change on (not through) 6/1.</p>	<p>On renewal — request must be submitted on or prior to the effective date of the renewal.</p> <p>Off renewal — request must be submitted 30 days prior to the requested effective date.</p> <p>Renewal plan changes are NOT allowed for employers who are considered Pick-A-Plan.*</p>	<ol style="list-style-type: none"> 1. An Employer Signature Page or a new Employer Application with pages 1-4 completed with the requested effective date indicated, or a letter from the employer requesting the change. 2. Completed Employee Change of Coverage Forms or submit a letter or list of employees to identify the correct plan selection of all employees. 3. Completed Statement of Understanding document
Add dental to existing medical plans — refer to dental guidelines	Anytime	<p>On renewal — request must be submitted on or prior to the effective date of the renewal.</p> <p>Off renewal — request must be submitted two weeks prior to the requested effective date.</p>	<ol style="list-style-type: none"> 1. A new Employer Application with pages 1-4 completed is required for all dental adds – Employer Signature Page or a letter from the employer requesting the change may be submitted in addition to the Employer Application 2. New enrollment forms are required for all employees who are not enrolled in an Aetna medical product

*Upgrades or buy-ups are subject to medical underwriting and may be declined for employers who are not offering Pick-A-Plan.

**California law requires a six-month rate guarantee.

***Renewal plan changes are counted toward the maximum number of allowable changes.

If the employer has four or more plans, they are considered to have Pick-A-Plan and will not be subject to underwriting to change plans upon renewal.

If the employer does not have four or more plans and submits a request to add or upgrade to a different plan, they will be subject to review to confirm the following: a) If Pick-A-Plan was selected on the original Employer Application, they will be considered to have Pick-A-Plan for all plans. b) If Pick-A-Plan was not selected at the time of issue or during the 2007 year (1/1/07 through 1/15/08), they will be subject to medical underwriting to upgrade plans. c) If Pick-A-Plan was selected, the employer will not be subject to underwriting for plan changes.

Benefits changes	When eligible	Request must be received	Required documentation
Add life to existing medical plans — refer to life underwriting guidelines	Anytime	On renewal — request must be submitted on or prior to the effective date of the renewal. Off renewal — request must be submitted two weeks prior to the requested effective date.	<ol style="list-style-type: none"> 1. A new Employer Application with pages 1, 2 and 4 completed is required for all life adds – Employer Signature Page or a letter from the employer requesting the change may be submitted in addition to the Employer Application 2. New enrollment forms are required for all employees who are not enrolled in an Aetna medical product or for those groups requesting a life insurance amount above the guaranteed issue amount
Add part-time coverage	Renewal date only	Request must be submitted on or prior to the effective date of the renewal.	<ol style="list-style-type: none"> 1. A letter from the employer requesting the change or a new Employer Application 2. New employee enrollment forms for all eligible part-time employees who are enrolling or declining the coverage NOTE: Must provide a copy of the ID cards for those employees waiving coverage 3. A copy of the most recent filed DE-6
Name change	Anytime	Anytime	<ol style="list-style-type: none"> 1. A letter from the employer requesting the change 2. A completed name change form 3. A copy of the most recent filed DE-6
Benefits waiting period change	<p>Benefits waiting periods must be consistently applied for all employees, including newly hired key employees. No retroactive benefits waiting period changes allowed.</p> <p>Changes to the benefits waiting period may be requested 6 months after the original effective date.</p> <p>Changes to the benefits waiting period can only occur one time in 12 months or on the group’s anniversary date.</p>	Request must be submitted prior to the requested effective date.	A letter from the employer requesting the change or a new Employer Application

Benefits changes	When eligible	Request must be received	Required documentation
Dental and life changes or upgrades	Renewal date only.		<ol style="list-style-type: none"> 1. A new Employer Application with pages 1-4 completed is required for all dental adds. Employer Signature Page or a letter from the employer requesting the change may be submitted in addition to the Employer Application 2. New employee enrollment forms are required for employees enrolling or declining dental and/or life benefits NOTE: Provide a copy of the ID cards for those employees waiving coverage

Frequently asked questions

What is the Pick-A-Plan option?

Pick-A-Plan allows employers with two or more enrolled employees to offer just one, two or all plans from Aetna's medical product portfolio to build a customized benefits package for their group. By offering Pick-A-Plan at enrollment, current employees can switch to any plan on the employer's anniversary, without medical underwriting.

If employers didn't select Pick-A-Plan at the initial enrollment with Aetna, employees may have to go through medical review to determine if they qualify for a new plan. If Pick-A-Plan is in place, all new hires will be able to select any plan at the time of enrollment.

How does an employer know if they have Pick-A-Plan option?

Contact your broker or the Aetna Sales Support Unit at **1-877-249-2472**.

If the employer currently has employees enrolled in four or more different medical plans, the employer has Pick-A-Plan. Employers with fewer than four plans should contact their broker or the Aetna Sales Support Unit at **1-877-249-2472**.

Besides alternative plans presented as part of our renewal, are there additional options we may consider?

If available, Aetna has included a number of lower-cost alternative plan designs for your consideration. Generally, the alternative plans listed in your proposal do not require underwriting approval and may represent potential savings versus your current plan design. There are, however, richer plan options from Aetna's portfolio that may not be included in your renewal, but would be available for quoting and may require underwriting approval.

- If the employer has Pick-A-Plan, the employer and employees will not be subject to underwriting upon making plan changes at renewal.
- If the employer does not have Pick-A-Plan and requests to add or upgrade to a different plan, the group may be subject to underwriting approval to change plans.
- If the employer wants to choose the Pick-A-Plan option at renewal, a request needs to be submitted to Aetna Underwriting for approval.
- If there is an employee on COBRA or Cal-COBRA and the employer moves plans, the former employee has to move as well.

Please refer to the plan upgrade/downgrade matrix on pages 36–38 of this renewal booklet to determine if the plan change requires underwriting approval.

What are partially self-funded deductible plans/ Section 105 plans?

Employers offering partial self-funding of the deductible, insuring of the deductible, or a wraparound product in conjunction with Aetna's medical plans at new business and renewal, outside of a federally qualified Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA), are subject to the following guidelines:

- Employer must complete the Statement of Understanding for all new business groups.
- Employer can only self-fund or insure all or part of the deductible with the HMO Deductible and MC HRA HDHP plans.
- Pick-A-Plan is not available.
- A maximum of three medical plans may be offered (including the HMO Deductible or MC HRA HDHP plans).

How does an employer get a quote for dental and/or life coverage?

If you would like to add or change dental and/or life insurance coverage, submit a letter and listing of employees who request coverage. You may either contact your broker or the Aetna Sales Support Unit at **1-877-249-2472**.

What are participation requirements?

In order to qualify for medical coverage, a certain number of employees must enroll in the plan. These guidelines are:

- Employers with fewer than 4 employees: Enrollment in an Aetna plan must be equal to 100% of total eligible employees excluding valid waivers, such as coverage through a spouse. Waiver forms are required.
- Employers with 4 to 50 employees: Enrollment in an Aetna plan must be equal to at least 75% of eligible employees excluding valid benefits waivers, such as coverage through a spouse. Waiver forms are required.
- Option sales alongside other carriers: Standard participation of 75% of all eligible employees must be met in order for a group to qualify for coverage.
- Vitalidad Mexico con Aetna: Employers must be located in an Aetna HMO service area and must have at least 65% participation with at least one employee enrolled in the Vitalidad Mexico con Aetna plan.

How much can employees contribute to premiums?

Employers may choose to have employees pay a portion of the medical premium up to a maximum of 50 percent of the employee-only rate. For dental contributions, the employee may contribute up to 50 percent of the employee-only cost or 75 percent of the total plan cost. For life coverage, the employer must contribute 100 percent of the cost for groups with 2 – 9 lives and at least 50 percent of the cost for groups with 10 – 50 lives (excluding optional dependent life).

The employer may choose to offer a defined contribution amount of at least \$80 or the actual cost of the plans selected, whichever is less.

How much can employees pay for their dependents?

Employers may choose to have employees pay all or part of the cost for their dependent coverage.

Are new ID cards issued at renewal time?

ID cards are issued if new plan designs are chosen or if Aetna made a change to your plan. ID cards are mailed directly to an enrollee's home address. New ID cards are not sent if no plan changes are requested.

What plans are available for employees who live/work in another state?

Aetna offers the option for an employer to provide California benefits and rates to employees who reside in an available network service area. This option is called the Multi-State Tactical Solution. For the group to be considered Guarantee Issue, employers must have at least 51 percent of their employees living in California.

- The Multi-State Solution requirements are:
 - Out-of-state employees that live/work in an out-of-state network area will receive California rates and products (inclusive of any required extraterritorial benefits).
 - Out-of-state employees that do not reside in an out-of-state network area will receive the California Standard Indemnity products (inclusive of any required extraterritorial benefits).
 - Out of State employees who reside in an area with an MC network must enroll in the California MC plan.
 - Out of State employees who reside in an area with a PPO only network must enroll in the California PPO plan.
 - Out of State employees who reside in an Indemnity only network must enroll in the California Indemnity plan.
 - Out-of-state employees residing in Louisiana are required to have a separate plan quoted and sold based on Louisiana rates and benefits.
 - These employees are still underwritten as part of the Group, however, the plans and rates for the Louisiana members will not be based on where the Group is located.
- In-force employees are eligible for the Multi-State Solution at the time of their renewal.
- Requests for the Multi-State Solution must be sent to Aetna Underwriting for confirmation of network availability.

If you have additional questions about your renewal, contact your broker or the Aetna Sales Support Unit at **1-877-249-2472**.

Limitations and exclusions

Medical

These plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

Aetna HMO, Deductible HMO, Coinsurance HMO, Aetna Value Network HMO, Vitalidad HMO & Vitalidad Plus HMO

- All medical and hospital services not specifically covered or that are limited or excluded by the plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Experimental and investigational procedures (except for coverage for medically necessary, routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work*
- Implantable drugs and certain injectable drugs, including injectable infertility drugs
- Infertility services, including artificial insemination and advanced reproductive technologies, such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in the plan documents
- Non-medically necessary services or supplies
- Orthotics, except as specified in the plan
- Certain prescribed medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents

Aetna MC, PPO & Indemnity

- All medical or hospital services not specifically covered or that are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Hearing aids
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies, such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in the plan documents
- Non-medically necessary services or supplies
- Orthotics, as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing
- Those for or related to treatment of obesity or for diet or weight control

*California members are covered for all indicated or medically necessary immunizations.

Pre-existing conditions exclusion provision (applies to MC, PPO and Indemnity plans)

These plans impose a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable to everyone. A pre-existing conditions exclusion means that if an individual has a medical condition before coming to our plan, he or she might have to wait a certain period of time before the plan will provide coverage for that condition.

This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received, or for which the individual took prescribed drugs within six months immediately before the effective date of coverage under this plan.

The exclusion period, if applicable, may last up to six months from the first day of coverage.

If an individual had less than six months of group or three months of individual (including Medicare, Medicaid and Medi-Cal) creditable coverage immediately before the date he or she enrolled, the plan's pre-existing conditions exclusion period will be reduced by the number of days of that prior coverage.

If the individual had no prior creditable coverage within the six months for group or three months for individual before his or her enrollment date (either because he or she had no prior coverage or because there was more than a six months of group or three months of individual gap from the date the individual's prior coverage terminated to the enrollment date), we will apply the plan's pre-existing conditions exclusion.

In order to reduce or possibly eliminate the plan's exclusion period based on your creditable coverage, individuals should provide us a copy of any Certificates of Creditable Coverage they have. Please contact Aetna Member Services at **1-888-802-3862** for PPO and **1-888-702-3862** for HMO for assistance in obtaining a Certificate of Creditable Coverage from prior carrier or if there are any questions on the information noted above.

Pre-existing condition exclusion provisions are waived for any individual under the age of 19 and do not apply to pregnancy. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment; if applicable, the pre-existing exclusion will be applied from the individual's effective date of coverage.

Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to the plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost, missing or stolen appliances and certain damaged appliances
- Those services Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved

Specific service limitations

- DMO[®] plans: Oral exams (4 per year)*
- PPO plans: Oral exams (2 routine and 2 problem focused per year)
- All plans:
 - Bitewing X-rays (1 set per year)*
 - Complete series X-rays (1 set every 3 years)*
 - Cleanings (2 per year)*
 - Fluoride (1 per year; children under 16)*
 - Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)*
 - Scaling and root planing (4 quadrants every 2 years)
 - Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in the plan documents

Pre-existing conditions exclusion provision

These plans impose a pre-existing conditions exclusion that may be waived in some circumstances (that is, creditable coverage) and may not be applicable to you. A pre-existing conditions exclusion means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received, or for which the individual took prescribed drugs within six months prior to their effective date under an Aetna medical plan.

*The frequency limits for preventive services do not apply to DMO plans if needed more frequently due to medical necessity.

AD&D Ultra®

This coverage is only for losses caused by accidents. No benefits are payable for a loss caused or contributed to by:

- A bodily or mental infirmity
- A disease, ptomaine or bacterial infection*
- Medical or surgical treatment*
- Suicide or attempted suicide (while sane or insane)
- An intentionally self-inflicted injury
- A war or any act of war (declared or not declared)
- Voluntary inhalation of poisonous gases
- Commission of or attempt to commit a criminal act
- Use of alcohol, intoxicants or drugs, except as prescribed by a physician. An accident in which the blood alcohol level of the operator of a motor vehicle meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred shall be deemed to be caused by the use of alcohol.
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release
- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo)

*These do not apply if the loss is caused by an infection that results directly from the injury or surgery needed because of the injury. The injury must not be one that is excluded by the terms of the contract.

Provider network through Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA). This health plan may be limited in benefits, rights and remedies under U.S. federal and state law. Este Plan de Salud puede tener limitaciones en sus beneficios, derechos y resoluciones bajo las leyes federales estatales de Los Estados Unidos.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Models depicted are not Aetna members. Aetna does not provide health care or dental services and, therefore, cannot guarantee any results or outcomes. Consult the plan documents (Schedule of Benefits, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. Participating providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet a member's medical needs, the member may request to have services provided by non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered service. Aetna assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information supplied by Aetna IntelliHealth®. Information supplied by IntelliHealth is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Informed Health® Line nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed to your doctor. Alternative health care programs and the fitness program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Some benefits are subject to limitations or visit maximums. Members and providers may be required to precertify, or obtain prior approval of coverage, for certain services such as non-emergency inpatient hospital care. Depending upon the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under the plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step-therapy. Nonprescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received upon enrollment) are not covered, and medical exceptions are not available for them.

Information is believed to be accurate as of the production date; however, it is subject to change. HMO plans are provided by Aetna Health of California Inc. DMO plans are provided by Aetna Dental of California Inc. Traditional plans (that is, PPO, POS, Open Access Open Choice, MC, life, disability, AD&D) are provided by Aetna Life Insurance Company.

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