

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

aetnaSM

Pennsylvania 2-100 Plan guide



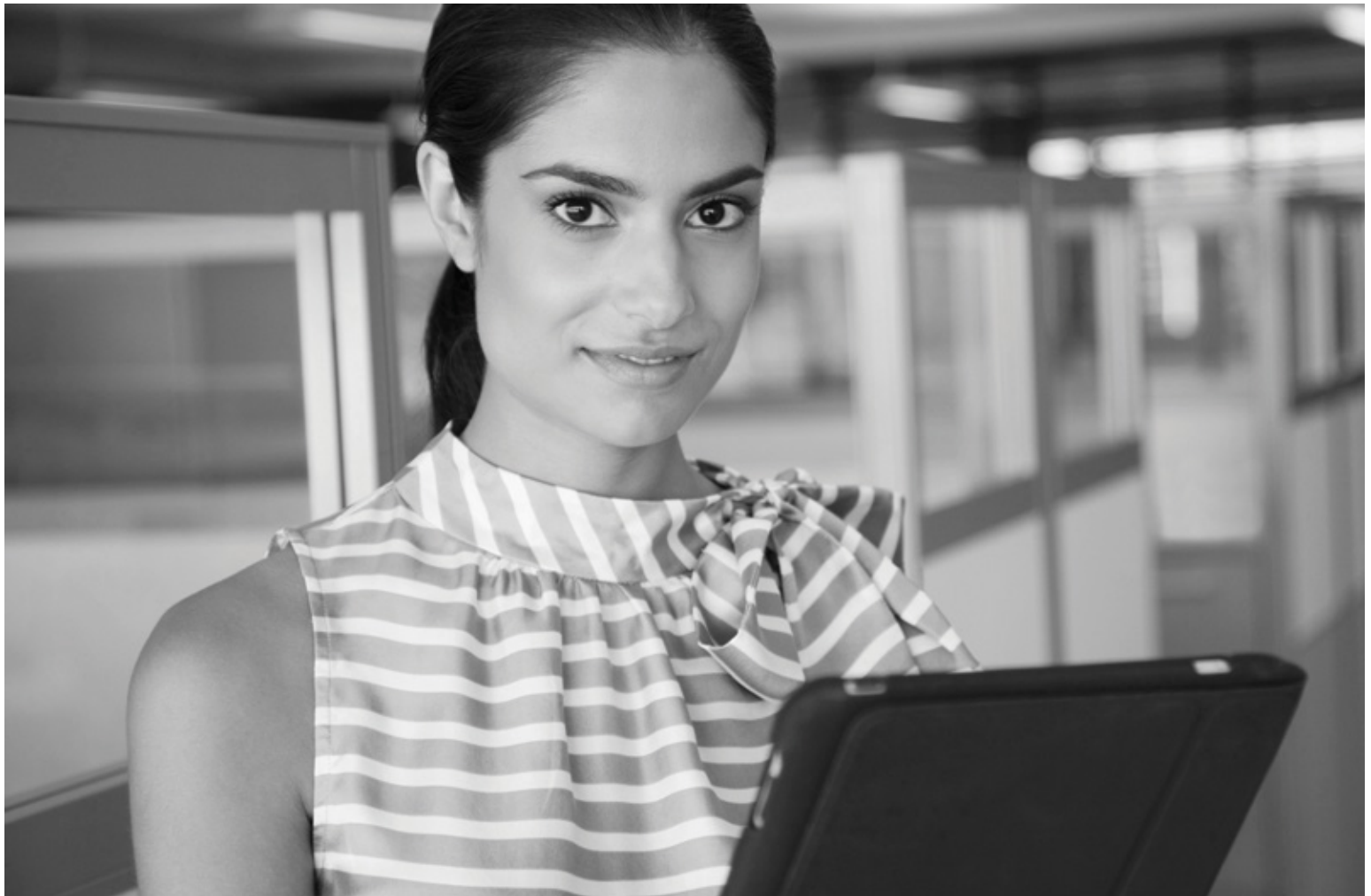
The health of business,
well planned.

**Plans effective August 1, 2012
For businesses with 2-100 eligible employees**

www.aetna.com

Team with Aetna for the health of your business

Introducing a new suite of products and services designed specifically for companies with 2 to 100 eligible employees.



You can count on Aetna to provide health plans that help simplify decision making and plan administration so you can focus on the health of your business.

Aetna is committed to helping employers build healthy businesses. In today's rapidly changing economy, we recognize the need for less expensive, less complex health plan choices. Now, Aetna offers a variety of newly streamlined medical and dental benefits and insurance plans to provide more affordable options and to help simplify plan selection and administration.

In this guide:

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5	Benefits for every stage of life
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Employers and their employees can benefit from...

- Affordable plan options
- Online self-service tools and capabilities
- Enhanced services for consumer-directed health plans
- 24-hour access to Employee Assistance Program services
- Preventive care covered 100%
- Aetna disease management and wellness programs

With Aetna, we know it's about...

Options

We provide a variety of health plan options to help meet your employees' needs, including medical, dental, disability and life insurance.

And, with access to a wide network of health care providers, you can be sure that employees have options in how they access their health care.

Medical plans

- Cost-sharing plans
- Consumer-directed plans
- Traditional plans

Dental plans

- DMO®
- PPO
- PPO Max
- Freedom-of-Choice plan design option

Life and disability plans

- Basic life
- Supplemental life
- AD&D Ultra®
- Supplemental AD&D Ultra®
- Dependent life
- Packaged life and disability plans
- Short-term disability
- Long-term disability

Simplicity

We know that the health of your business is your top priority. Aetna's streamlined plans and variety of services make it easier for you to focus on your business by simplifying administration and management.

Aetna makes it easy to manage health insurance benefits with simplified enrollment, billing and claims processing so you can focus on what matters most.

Trust

We work hard to provide health plan solutions you can trust. Our account executives, underwriters and customer service representatives are committed to providing small businesses and their employees with service and care they can trust.

Aetna resources are designed to fortify the health of your business

- Track medical claims and take advantage of online services with your Aetna Navigator® secure member website. It features automated enrollment, personal health records and printable temporary member ID cards.
- Get real cost and health information to help make the right care decision with an online Cost of Care Estimator.
- Manage health records online with the Personal Health Record.
- Use the Aetna Health ConnectionsSM Disease Management Program, which provides personal support to members to help them manage their conditions.
- Leverage 24/7 access to a nurse to help with personal health-related questions.
- Help members work toward health goals with wellness initiatives, such as the Simple Steps To A Healthier Life® online program.
- Take advantage of discount programs for vision, dental, and general health care that encourage use of plan offerings.

Aetna is committed to the health of your business

We understand that your business has unique needs. That's why we have streamlined our plan options for employers with 2 to 100 employees. We are committed to providing you with value and quality you can count on. Our variety of products and services allows you to focus on the health of your business.

Aetna's health plan options are designed with the health of your business in mind

Basic plans

- Basic benefits for your employees
- Limit the expense to your business
- Allow employees to buy up and share more of the cost
 - PA POS 5.7 CY (30/400D)
 - PA POS CS 2.7 CY (1000 Ded)
 - PA POS CS 1.7 CY (500 Ded)

Value plans

- Encourage employee responsibility in their health care decisions
- Tools and resources to support consumerism
- Innovative plan design
 - PA POS CS 4.7 CY (2000 Ded)
 - PA POS HSA Comp NR 1.7 PY (1500 Ded)
 - PA Health Network Option AHF HRA 2.7 PY (2500 Ded)

Traditional plans

- Traditional benefits plans
- Limit the financial impact on employees
 - PA POS 2.7 CY (10/500A)
 - PA POS 3.7 CY (15/200D)

Health insurance benefits for every stage of life

For young individuals and couples without children...

- Lower monthly payments
- Modest out-of-pocket costs
- Quality preventive care
- Prescription drug coverage
- Financial protection

Consumer-directed plans

For married couples and single parents with teens and college-aged children...

- Checkups and care for injuries and illness
- Preventive care and screenings that promote a healthy lifestyle
- National network of health care providers

Cost-sharing plans

For married couples and single parents with young children or teens...

- Lower fees for office visits
- Lower monthly payments
- Caps on out-of-pocket expenses
- Quality preventive care for the entire family

Traditional plans

For men and women 55 years of age and over with no children at home...

- Financial security
- Quality prescription drug coverage
- Hospital inpatient/outpatient services
- Emergency care

Cost-sharing plans

Consumer-directed plans

Medical

Overview

At Aetna, we are committed to putting the employee at the center of everything we do. You can count on Aetna to provide health plans that help simplify decision making and plan administration so you can focus on the health of your business.

Pennsylvania provider network*

POS, Health Network Option & PPO Plans

Adams	Clarion	Lackawanna	Pike
Allegheny	Clinton	Lancaster	Schuylkill
Armstrong	Columbia	Lawrence	Snyder
Beaver	Cumberland	Lebanon	Somerset
Bedford	Dauphin	Lehigh	Sullivan
Berks	Delaware	Luzerne	Susquehanna
Blair	Erie	Lycoming	Venango
Bradford	Fayette	Mercer	Washington
Bucks	Franklin	Monroe	Wayne
Butler	Fulton	Montgomery	Westmoreland
Cambria	Greene	Northampton	Wyoming
Carbon	Indiana	Perry	York
Chester	Jefferson	Philadelphia	

PPO Plans Only

Cameron	Union
Centre	Warren
Clearfield	
Crawford	
Elk	
Forest	
Huntingdon	
Juniata	
McKean	
Mifflin	
Montour	
Potter	
Tioga	

Product Information

Plan Name	Product Description	PCP Required	Referrals Required	Network
Aetna POS	<p>The Aetna POS plan is a two-tiered product that allows members to access care in one of two ways:</p> <ul style="list-style-type: none"> • PCP-referred, in network or • Self-referred, in or out of network <p>Members have lower out-of-pocket costs when they use the HMO (referred) tier of the plan and follow the PCP referral process. Member cost sharing increases if members decide to self-refer in or out of network.</p>	Yes	<p>Yes for PCP-referred care.</p> <p>No for self-referred care.</p>	QPOS®
Aetna POS No-Referral	<p>The Aetna POS No-Referral plan is a two-tiered product that allows members to access care in or out of network. Members have lower out-of-pocket costs when they use the in-network tier of the plan. Member cost sharing increases if members decide to go out of network. Members may go to their PCP or directly to a participating specialist without a referral. It is their choice, each time they seek care.</p>	Yes/Optional	No	Aetna Choice® POS (Open Access)

*Network subject to change.

Product Information (continued)

Plan Name	Product Description	PCP Required	Referrals Required	Network
Aetna Health Network OptionSM (Aetna HealthFund[®])	<p>The Aetna HealthFund plan blends traditional health coverage with a fund benefit to help pay for eligible medical expenses. This health insurance plan offers members the freedom to seek care from any licensed health care professional without a referral, and a fund to help pay for services that are covered under the plan. Members can stretch their fund by seeking the most cost-effective care and services.</p> <p>The Aetna HealthFund plan provides:</p> <ul style="list-style-type: none"> • An opportunity to build the fund and apply it toward future medical expenses. • Traditional coverage for eligible expenses over the fund amount. • A cap that limits the total amount a member pays annually for eligible expenses. <p>How it works:</p> <ul style="list-style-type: none"> • Use the health fund to pay for medical expenses. Unused fund balance rolls over to next year's fund balance, as long as the member remains in the plan and with his or her current employer. • If the fund is depleted, the member pays for remaining or future expenses until the deductible is met. • If the fund is depleted and the deductible is met, the base medical benefits plan begins — meaning the member pays a coinsurance and/or copayment for remaining covered expenses. 	Yes/ Optional	No	Aetna HealthFund [®] Aetna Health Network Option SM (Open Access)
Aetna PPO	PPO plan members can access any recognized 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.	No	No	Open Choice [®] PPO
Aetna Indemnity	This indemnity plan option is available for employees who live outside the plan's network service area. Members coordinate their own health care and may access any recognized provider for covered services without a referral.	No	No	N/A

Administrative Fees

Aetna High-Deductible HSA-Compatible Health Network Option (Open Access)/PPO plans

Aetna high-deductible HSA-compatible health network option (open access) and PPO health plans are compatible with a health savings account (HSA). HSA-compatible plans provide integrated medical and pharmacy benefits. Preventive care services are exempt from the deductible.

HSAs provide employers and their qualified employees with an affordable tax-advantaged solution that allows them to better manage their qualified medical and dental expenses.

- Employees can build a savings fund to help cover their future medical and dental expenses. HSAs can be funded by the employer or employee and are portable.
- Fund contributions may be tax-deductible (limits apply).
- When funds are used to cover qualified out-of-pocket medical and dental expenses, they are not taxed.

Note: Employers and employees should consult with their tax advisor to determine eligibility requirements and tax advantages for participation in the HSA plan.

Group situs

Medical and dental benefits and rates are based on the group's headquarters location, subject to applicable state laws. Eligible employees who live or work in CT, DC, DE, MD, NJ, NY, PA and VA (the situs region) will receive the same rates and benefits as the headquarters location.

Multi-State Solution

We offer a multi-state solution to make it easier for businesses like yours to do business with us. We believe it brings more consistency across medical benefits offerings to employers with employees in multiple locations.

Employers based in Pennsylvania can offer PA PPO plans to their employees who live and work outside of the "situs" region. The situs region comprises the following eight states - CT, DC, DE, MD, NJ, NY, PA and VA.

The rates and benefits will match those offered in Pennsylvania. If the out-of-situs employee lives in a non-network area, the employee will be enrolled in an indemnity plan. Plan sponsors will need to continue to meet underwriting guidelines, subject to all applicable state laws.

In all instances, extraterritorial benefits that may apply on any of the out-of-situs employees will be implemented where required.

Fee description	Fee
HSA	
Initial set-up	\$0
Monthly fees	\$0
POP*	
Initial set-up	\$175
Renewal	\$100
HRA and FSA**	
Initial set-up	
2–25 employees	\$350
26–50 employees	\$450
51–100 employees	\$550
Renewal fee	
1–25 employees	\$225
26–50 employees	\$275
51–100 employees	\$325
Monthly fees***	\$5.25 per participant
Additional set-up fee for "stacked" plans (those electing an Aetna HRA and FSA simultaneously)	\$150
Participation fee for "stacked" participants	\$10.25 per participant
Minimum fees	
1–25 employees	\$25 per month minimum
26–100 employees	\$50 per month minimum
TRA	
Annual fee	\$350
Transit monthly fees	\$4.25 per participant
Parking monthly fees	\$3.15 per participant
COBRA	
Annual fee	
20–50 employees	\$100
51–100 employees	\$175
Per employee per month	
20 – 50 employees	\$0.88
51 – 100 employees	\$1.02
Initial notice fee	\$1.50 per notice (includes notices at time of implementation and during ongoing administration)
Monthly fee	\$0.88 per employee

*Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$100 fee. Non-discrimination testing only available for FSA and POP products.

**Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact Aetna for further information.

***For HRA, if the employer opts out of Streamline, the fee is increased \$1.50 per participant. For FSA, the debit card is available for an additional \$1 per participant per month. Mailing reimbursement checks direct to employee homes is an additional \$1 per participant per month.

Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules, and are unfunded liabilities of your employer. Fund balances are not vested benefits. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is subject to change.

Aetna reserves the right to change any of the above fees and to impose additional fees upon prior written notice.

Health Savings Account (HSA)

No set-up or administrative fees

The Aetna HealthFund HSA, when coupled with a HSA-compatible high-deductible health benefits and health insurance plan, is a tax-advantaged savings account. Once enrolled, account contributions can be made by the employee and/or employer. The HSA can be used to pay for qualified expenses tax free.

Member's HSA plan

HSA Advantages

- You own your HSA
- Contribute tax free
- You choose how and when to use your dollars
- Roll it over each year and let it grow
- Earns interest, tax free

Today

- Use for qualified expenses with tax-free dollars

Future

- Plan for future and retiree health-related costs

High-deductible health plan

- Eligible in-network preventive care services will not be subject to the deductible
- You pay 100% until deductible is met, then only pay a share of the cost
- Meet out-of-pocket maximum, then plan pays 100%

Health Reimbursement Arrangement (HRA)

The Aetna HealthFund® HRA combines the protection of a deductible-based health plan with a health fund that pays for eligible health care services. The member cannot contribute to the HRA, and employers have control over HRA plan designs. The fund is available to an employee for qualified expenses on the plan's effective date.

The HRA and the HSA provide members with financial support for higher out-of-pocket health care expenses. Aetna's consumer-directed health products and services give members the information and resources they need to help make informed health care decisions for themselves and their families while helping lower employers' costs.

COBRA administration

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes that can help employers manage the complex billing and notification processes required for COBRA compliance, while also helping to save them time and money.

Section 125 Cafeteria Plans and Section 132 Transit Reimbursement Accounts

Employees can reduce their taxable income, and employers can pay less in payroll taxes. There are three ways to save:

Premium Only plans (POP)

Employees can pay for their portion of the group health insurance expenses on a pretax basis.

Flexible Savings Account (FSA)

FSAs give employees a chance to save for health expenses with pretax money. Health care spending accounts allow employees to set aside pretax dollars to pay for out-of-pocket expenses as defined by the IRS. Dependent care spending accounts allow participants to use pretax dollars to pay child or elder care expenses.

Transit Reimbursement Account (TRA)

TRAs allow participants to use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work.

Traditional - POS Plan Options

Plan Options	PA POS 1.7 CY (10/OA)**		PA POS 2.7 CY (10/500A)**	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	PCP coordinated	No-referral needed	PCP coordinated	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar year	Calendar year	Calendar year
2 Member Coinsurance	N/A	20% after ded	N/A	20% after ded
3 Calendar Year Deductible²	N/A	\$1,000 per member \$3,000 family	N/A	\$1,000 per member \$3,000 family
4 Calendar Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$5,000 per member \$15,000 family	\$3,000 per member \$6,000 family	\$5,000 per member \$15,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay	20%, ded waived	\$0 copay	20%, ded waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay	20%, ded waived	\$0 copay	20%, ded waived
9 Routine Mammograms (One annual mammogram for females age 40 and over. In-network and out-of-network combined)	\$0 copay	20% after ded	\$0 copay	20% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay	20% after ded	\$0 copay	20% after ded
11 Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$10 copay	20% after ded	\$10 copay	20% after ded
14 Specialist Office Visit	\$20 copay	20% after ded	\$20 copay	20% after ded
15 Outpatient Services - Lab / X-ray	\$0 copay / \$20 copay	20% after ded	\$0 copay / \$20 copay	20% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay	20% after ded	\$200 copay	20% after ded
17 Chiropractic Services (20 visits per calendar year. In-network and out-of-network combined)	\$10 copay	20% after ded	\$10 copay	20% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year. In-network and out-of-network combined)	\$20 copay	20% after ded	\$20 copay	20% after ded
19 Outpatient Speech Therapy (30 visits per calendar year. In-network and out-of-network combined)	\$20 copay	20% after ded	\$20 copay	20% after ded
20 Durable Medical Equipment (\$2,500 calendar year maximum. In-network and out-of-network combined)	50%	50% after ded	50%	50% after ded
21 Inpatient Hospital	\$0 copay per admission	20% after ded	\$500 copay per admission	20% after ded
22 Outpatient Surgery	\$0 copay	20% after ded	\$500 copay	20% after ded
23 Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay, ded waived	\$150 copay	\$150 copay, ded waived
24 Urgent Care	\$50 copay	20% after ded	\$50 copay	20% after ded
25 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
26 Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
27 Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
29 *Optional Features:	No-referral option ⁶ : PA POS NR 1.7 CY (10/OA)		No-referral option ⁶ : PA POS NR 2.7 CY (10/500A)	

See pages 31–32 for important plan provisions.

Traditional - POS Plan Options

Plan Options	PA POS 3.7 CY (15/200D)**		PA POS 4.7 CY (20/300D)**	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	PCP coordinated	No-referral needed	PCP coordinated	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar year	Calendar year	Calendar year
2 Member Coinsurance	N/A	30% after ded	N/A	50% after ded
3 Calendar Year Deductible²	N/A	\$3,000 per member \$9,000 family	N/A	\$5,000 per member \$15,000 family
4 Calendar Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$7,500 per member \$22,500 family	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay	30%, ded waived	\$0 copay	50%, ded waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay	30%, ded waived	\$0 copay	50%, ded waived
9 Routine Mammograms (One annual mammogram for females age 40 and over. In-network and out-of-network combined)	\$0 copay	30% after ded	\$0 copay	50% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay	30% after ded	\$0 copay	50% after ded
11 Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$15 copay	30% after ded	\$20 copay	50% after ded
14 Specialist Office Visit	\$30 copay	30% after ded	\$40 copay	50% after ded
15 Outpatient Services - Lab / X-ray	\$0 copay / \$30 copay	30% after ded	\$0 copay / \$40 copay	50% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay	30% after ded	\$200 copay	50% after ded
17 Chiropractic Services (20 visits per calendar year. In-network and out-of-network combined)	\$10 copay	25% after ded	\$10 copay	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year. In-network and out-of-network combined)	\$30 copay	30% after ded	\$40 copay	50% after ded
19 Outpatient Speech Therapy (30 visits per calendar year. In-network and out-of-network combined)	\$30 copay	30% after ded	\$40 copay	50% after ded
20 Durable Medical Equipment (\$2,500 calendar year maximum. In-network and out-of-network combined)	50%	50% after ded	50%	50% after ded
21 Inpatient Hospital	\$200 copay per day, 5-day copay max per admission	30% after ded	\$300 copay per day, 5-day copay max per admission	50% after ded
22 Outpatient Surgery	\$200 copay	30% after ded	\$300 copay	50% after ded
23 Emergency Room (Copay waived if admitted)	\$200 copay	\$200 copay, ded waived	\$200 copay	\$200 copay, ded waived
24 Urgent Care	\$50 copay	30% after ded	\$50 copay	50% after ded
25 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
26 Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
27 Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
29 *Optional Features:	No-referral option ⁶ : PA POS NR 3.7 CY (15/200D)		No-referral option ⁶ : PA POS NR 4.7 CY (20/300D)	

See pages 31–32 for important plan provisions.

Traditional - POS Plan Options

Plan Options	PA POS 5.7 CY (30/400D)**		PA POS 6.7 CY (40/500D)**	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	PCP coordinated	No-referral needed	PCP coordinated	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar year	Calendar year	Calendar year
2 Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3 Calendar Year Deductible²	N/A	\$5,000 per member \$15,000 family	N/A	\$5,000 per member \$15,000 family
4 Calendar Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay	50%, ded waived	\$0 copay	50%, ded waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay	50%, ded waived	\$0 copay	50%, ded waived
9 Routine Mammograms (One annual mammogram for females age 40 and over. In-network and out-of-network combined)	\$0 copay	50% after ded	\$0 copay	50% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay	50% after ded	\$0 copay	50% after ded
11 Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$30 copay	50% after ded	\$40 copay	50% after ded
14 Specialist Office Visit	\$50 copay	50% after ded	\$60 copay	50% after ded
15 Outpatient Services - Lab / X-ray	\$0 copay / \$50 copay	50% after ded	\$0 copay / \$60 copay	50% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay	50% after ded	\$200 copay	50% after ded
17 Chiropractic Services (20 visits per calendar year. In-network and out-of-network combined)	\$10 copay	25% after ded	\$10 copay	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year. In-network and out-of-network combined)	\$50 copay	50% after ded	\$60 copay	50% after ded
19 Outpatient Speech Therapy (30 visits per calendar year. In-network and out-of-network combined)	\$50 copay	50% after ded	\$60 copay	50% after ded
20 Durable Medical Equipment (\$2,500 calendar year maximum. In-network and out-of-network combined)	50%	50% after ded	50%	50% after ded
21 Inpatient Hospital	\$400 copay per day, 5-day copay max per admission	50% after ded	\$500 copay per day, 5-day copay max per admission	50% after ded
22 Outpatient Surgery	\$400 copay	50% after ded	\$500 copay	50% after ded
23 Emergency Room (Copay waived if admitted)	\$200 copay	\$200 copay, ded waived	\$200 copay	\$200 copay, ded waived
24 Urgent Care	\$50 copay	50% after ded	\$50 copay	50% after ded
25 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
26 Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
27 Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
29 *Optional Features:	No-referral option ⁶ : PA POS NR 5.7 CY (30/400D)		No-referral option ⁶ : PA POS NR 6.7 CY (40/500D)	

See pages 31–32 for important plan provisions.

Traditional - POS Plan Options

Plan Options		PA POS 7.7 CY (35/30%)**	
#	Member Benefits	In-network	Out-of-network ¹
		PCP coordinated	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year
2	Member Coinsurance	N/A	50% after ded
3	Calendar Year Deductible²	N/A	\$5,000 per member \$15,000 family
4	Calendar Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited
6	Preventive Care		
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay	50%, ded waived
9	Routine Mammograms (One annual mammogram for females age 40 and over. In-network and out-of-network combined)	\$0 copay	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay	50% after ded
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.	
12	Aetna VisionSM Discount Program	Included	Not covered
13	Primary Physician Office Visit	\$35 copay	50% after ded
14	Specialist Office Visit	\$60 copay	50% after ded
15	Outpatient Services - Lab / X-ray	\$0 copay / \$60 copay	50% after ded
16	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	30%	50% after ded
17	Chiropractic Services (20 visits per calendar year. In-network and out-of-network combined)	\$10 copay	25% after ded
18	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year. In-network and out-of-network combined)	\$60 copay	50% after ded
19	Outpatient Speech Therapy (30 visits per calendar year. In-network and out-of-network combined)	\$60 copay	50% after ded
20	Durable Medical Equipment (\$2,500 calendar year maximum. In-network and out-of-network combined)	50%	50% after ded
21	Inpatient Hospital/Outpatient Surgery	30%	50% after ded
22	Emergency Room	30%	30%, ded waived
23	Urgent Care	30%	50% after ded
24	Prescription Drugs⁹ (Rx Options 1 and 2: 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴ Rx Option 3: 90-day transition of coverage (TOC) for prior authorization ⁴)		
25	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$35/\$60 Option 2: \$15/\$45/\$75 Option 3: \$10 for Generic drugs. Brand-name drugs are not covered, but members may access Aetna's negotiated discount at in-network pharmacies.	Not covered
26	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$70/\$120 Option 2: \$30/\$90/\$150 Option 3: \$20 for Generic drugs. Brand-name drugs are not covered, but members may access Aetna's negotiated discount at in-network pharmacies.	Not covered
27	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered
28	*Optional Features:	No-referral option ⁶ : PA POS NR 7.7 CY (35/30%)	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options		PA POS CS 1.7 CY (500 Ded)**		PA POS CS NR 1.7 PY (500 Ded)**6	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan Year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$500 per member \$1,000 family	\$5,000 per member \$10,000 family	\$500 per member \$1,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$20 copay, ded waived	50% after ded	\$20 copay, ded waived	50% after ded
14	Specialist Office Visit	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
15	Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16	Outpatient Services - X-ray	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
17	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
20	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
21	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26	Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30	*Optional Features:	No-referral option ⁶ : PA POS CS NR 1.7 CY (500 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options		PA POS CS 2.7 CY (1000 Ded)**		PA POS CS NR 2.7 PY (1000 Ded)**6	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$1,000 per member \$2,000 family	\$5,000 per member \$10,000 family	\$1,000 per member \$2,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$25 copay, ded waived	50% after ded	\$25 copay, ded waived	50% after ded
14	Specialist Office Visit	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
15	Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16	Outpatient Services - X-ray	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
17	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
20	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
21	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26	Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30	*Optional Features:	No-referral option ⁶ : PA POS CS NR 2.7 CY (1000 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options	PA POS CS 3.7 CY (1500 Ded)**		PA POS CS NR 3.7 PY (1500 Ded)**6	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2 Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3 Benefit Year Deductible²	\$1,500 per member \$3,000 family	\$5,000 per member \$10,000 family	\$1,500 per member \$3,000 family	\$5,000 per member \$10,000 family
4 Benefit Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9 Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11 Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$30 copay, ded waived	50% after ded	\$30 copay, ded waived	50% after ded
14 Specialist Office Visit	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
15 Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16 Outpatient Services - X-ray	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
17 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18 Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
20 Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
21 Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22 Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23 Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24 Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25 Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27 Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28 Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30 *Optional Features:	No-referral option ⁶ : PA POS CS NR 3.7 CY (1500 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options		PA POS CS 4.7 CY (2000 Ded)**		PA POS CS NR 4.7 PY (2000 Ded)**6	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$2,000 per member \$4,000 family	\$5,000 per member \$10,000 family	\$2,000 per member \$4,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$35 copay, ded waived	50% after ded	\$35 copay, ded waived	50% after ded
14	Specialist Office Visit	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
15	Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16	Outpatient Services - X-ray	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
17	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
20	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
21	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26	Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30	*Optional Features:	No-referral option ⁶ : PA POS CS NR 4.7 CY (2000 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options	PA POS CS 5.7 CY (2500 Ded)**		PA POS CS NR 5.7 PY (2500 Ded)**6	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar Year	Plan year	Plan year
2 Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3 Benefit Year Deductible²	\$2,500 per member \$5,000 family	\$5,000 per member \$10,000 family	\$2,500 per member \$5,000 family	\$5,000 per member \$10,000 family
4 Benefit Year Out-of-Pocket Maximum³	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9 Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11 Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
14 Specialist Office Visit	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
15 Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16 Outpatient Services - X-ray	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
17 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18 Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
20 Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
21 Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22 Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23 Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24 Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25 Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27 Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28 Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30 *Optional Features:	No-referral option ⁶ : PA POS CS NR 5.7 CY (2500 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options		PA POS CS 6.7 CY (3000 Ded)**		PA POS CS NR 6.7 PY (3000 Ded)**6	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$3,000 per member \$6,000 family	\$5,000 per member \$10,000 family	\$3,000 per member \$6,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$45 copay, ded waived	50% after ded	\$45 copay, ded waived	50% after ded
14	Specialist Office Visit	\$65 copay, ded waived	50% after ded	\$65 copay, ded waived	50% after ded
15	Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16	Outpatient Services - X-ray	\$65 copay, ded waived	50% after ded	\$65 copay, ded waived	50% after ded
17	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$65 copay, ded waived	50% after ded	\$65 copay, ded waived	50% after ded
20	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$65 copay, ded waived	50% after ded	\$65 copay, ded waived	50% after ded
21	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26	Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30	*Optional Features:	No-referral option ⁶ : PA POS CS NR 6.7 CY (3000 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Cost-Sharing - POS Cost-Sharing Plan Options

Plan Options		PA POS CS 7.7 CY (4000 Ded)**		PA POS CS NR 7.7 PY (4000 Ded)**6	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		PCP coordinated	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$4,000 per member \$8,000 family	\$5,000 per member \$10,000 family	\$4,000 per member \$8,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$20 copay, ded waived	50% after ded	\$20 copay, ded waived	50% after ded
14	Specialist Office Visit	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
15	Outpatient Services - Lab	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
16	Outpatient Services - X-ray	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
17	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
18	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
19	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
20	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
21	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
22	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
23	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
24	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
25	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
26	Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization and step-therapy ⁴)				
27	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered	Option 1: \$10/\$25/\$50 Option 2: \$10/\$35/\$60 Option 3: \$15/\$45/\$75	Not covered
28	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered	Option 1: \$20/\$50/\$100 Option 2: \$20/\$70/\$120 Option 3: \$30/\$90/\$150	Not covered
29	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered
30	*Optional Features:	No-referral option ⁶ : PA POS CS NR 7.7 CY (4000 Ded)		Not applicable	

See pages 31–32 for important plan provisions.

Consumer-Directed - POS HSA-Compatible Plan Options

Plan Options	PA POS HSA Comp NR 1.7 PY (1500 Ded) ⁺⁶		PA POS HSA Comp NR 2.7 PY (2500 Ded) ⁺⁶	
	In-network No-referral needed	Out-of-network ¹ No-referral needed	In-network No-referral needed	Out-of-network ¹ No-referral needed
# Member Benefits				
1 Benefit/Plan Administration	Plan year	Plan year	Plan year	Plan year
2 Member Coinsurance	10% after ded	50% after ded	10% after ded	50% after ded
3 Plan Year Deductible²	\$1,500 individual \$3,000 family	\$5,000 individual \$10,000 family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family
4 Plan Year Out-of-Pocket Maximum³	\$3,000 individual \$6,000 family	\$10,000 individual \$20,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	0%, ded waived	0%, ded waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	0%, ded waived	0%, ded waived
9 Routine Mammograms (One mammogram per plan year for females age 40 and over. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	0%, ded waived	0%, ded waived
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	0%, ded waived	0%, ded waived
11 Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	10% after ded	50% after ded	10% after ded	50% after ded
14 Specialist Office Visit	10% after ded	50% after ded	10% after ded	50% after ded
15 Outpatient Services - Lab / X-ray	10% after ded	50% after ded	10% after ded	50% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	10% after ded	50% after ded	10% after ded	50% after ded
17 Chiropractic Services (20 visits per plan year. In-network and out-of-network combined)	10% after ded	25% after ded	10% after ded	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per plan year. In-network and out-of-network combined)	10% after ded	50% after ded	10% after ded	50% after ded
19 Outpatient Speech Therapy (30 visits per plan year. In-network and out-of-network combined)	10% after ded	50% after ded	10% after ded	50% after ded
20 Durable Medical Equipment (\$2,500 plan year maximum. In-network and out-of-network combined)	10% after ded	50% after ded	10% after ded	50% after ded
21 Inpatient Hospital	10% after ded	50% after ded	10% after ded	50% after ded
22 Outpatient Surgery	10% after ded	50% after ded	10% after ded	50% after ded
23 Emergency Room	10% after ded	10% after ded	10% after ded	10% after ded
24 Urgent Care	10% after ded	50% after ded	10% after ded	50% after ded
25 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26 Prescription Drugs: 30-day supply⁵	\$15/\$45/\$75 after ded	Not covered	\$15/\$45/\$75 after ded	Not covered
27 Prescription Drugs: 31- to 90-day supply⁵	\$30/\$90/\$150 after ded	Not covered	\$30/\$90/\$150 after ded	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay after ded	Not covered	\$250 copay after ded	Not covered

Consumer-Directed - POS HSA-Compatible Plan Options

Plan Options	PA POS HSA Comp NR 3.7 PY (4000 Ded) ⁺⁶		PA POS HSA Comp NR 4.7 PY (3000 Ded) ⁺⁶	
	In-network No-referral needed	Out-of-network ¹ No-referral needed	In-network No-referral needed	Out-of-network ¹ No-referral needed
# Member Benefits				
1 Benefit/Plan Administration	Plan year	Plan year	Plan year	Plan year
2 Member Coinsurance	0% after ded	50% after ded	10% after ded	50% after ded
3 Plan Year Deductible²	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family
4 Plan Year Out-of-Pocket Maximum³	\$6,000 individual \$12,000 family	\$10,000 individual \$20,000 family	\$6,000 individual \$12,000 family	\$10,000 individual \$20,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, deductible waived
8 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, deductible waived
9 Routine Mammograms (One mammogram per plan year for females age 40 and over. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, deductible waived
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, deductible waived
11 Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	0% after ded	50% after ded	\$40 copay after ded	50% after ded
14 Specialist Office Visit	0% after ded	50% after ded	\$60 copay after ded	50% after ded
15 Outpatient Services - Lab / X-ray	0% after ded	50% after ded	\$60 copay after ded	50% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	0% after ded	50% after ded	\$200 copay after ded	50% after ded
17 Chiropractic Services (20 visits per plan year. In-network and out-of-network combined)	0% after ded	25% after ded	\$10 copay after ded	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per plan year. In-network and out-of-network combined)	0% after ded	50% after ded	\$60 copay after ded	50% after ded
19 Outpatient Speech Therapy (30 visits per plan year. In-network and out-of-network combined)	0% after ded	50% after ded	\$60 copay after ded	50% after ded
20 Durable Medical Equipment (\$2,500 plan year maximum. In-network and out-of-network combined)	0% after ded	50% after ded	50% after ded	50% after ded
21 Inpatient Hospital	0% after ded	50% after ded	10% after ded	50% after ded
22 Outpatient Surgery	0% after ded	50% after ded	10% after ded	50% after ded
23 Emergency Room	0% after ded	0% after ded	30% after ded	30% after ded
24 Urgent Care	0% after ded	50% after ded	30% after ded	50% after ded
25 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26 Prescription Drugs: 30-day supply⁵	\$15/\$45/\$75 after ded	Not covered	\$15/\$45/\$75 after ded	Not covered
27 Prescription Drugs: 31- to 90-day supply⁵	\$30/\$90/\$150 after ded	Not covered	\$30/\$90/\$150 after ded	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay after ded	Not covered	\$250 copay after ded	Not covered

See pages 31–33 for important plan provisions.

Consumer-Directed - Health Network Option - Health Reimbursement Arrangement (HRA)

Plan Options	PA Health Network Option AHF HRA 1.7 PY (3000 Ded) ⁺⁵	PA Health Network Option AHF HRA 2.7 PY (2500 Ded) ⁺⁵	PA Health Network Option AHF HRA 1.7 PY (3000 Ded) ⁺⁵	PA Health Network Option AHF HRA 2.7 PY (2500 Ded) ⁺⁵
# Member Benefits	In-network No-referral needed	Out-of-network ¹ No-referral needed	In-network No-referral needed	Out-of-network ¹ No-referral needed
1 Benefit/Plan Administration	Plan year	Plan year	Plan year	Plan year
2 Aetna HealthFund Amount/Administration (Per plan year. Fund changes between tiers require a life status change qualifying event.)	\$500 Individual/\$1,000 Family In/out-of-network combined. Any remaining Aetna HealthFund benefit amount at the end of the plan year is rolled over into next year's Aetna HealthFund benefit amount. The fund will be used to pay for the member's responsibility. Once the deductible is met, the underlying medical plan provides coverage and if a fund balance still exists, the fund will pay the members' responsibility until the plan year out-of-pocket maximum has been reached or the fund has been exhausted, whichever comes first. Preventive services and prescription drug benefits will not be eligible for reimbursement by the fund.			
3 Member Coinsurance	0% after ded	50% after ded	20% after ded	50% after ded
4 Plan Year Deductible²	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family
5 Plan Year Out-of-Pocket Maximum³	\$3,000 individual \$6,000 family	\$10,000 individual \$20,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
6 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
7 Preventive Care				
8 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, ded waived
9 Routine Gyn Exams (One exam and pap smear per 365 days. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, ded waived
10 Routine Mammograms (One mammogram per plan year for females age 40 and over. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, ded waived
11 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	0%, ded waived	0%, ded waived	\$0 copay, ded waived	0%, ded waived
12 Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
13 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
14 Primary Physician Office Visit	0% after ded	50% after ded	\$30 copay after ded	50% after ded
15 Specialist Office Visit	0% after ded	50% after ded	\$50 copay after ded	50% after ded
16 Outpatient Services - Lab / X-ray	0% after ded	50% after ded	\$50 copay after ded	50% after ded
17 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	0% after ded	50% after ded	\$200 copay after ded	50% after ded
18 Chiropractic Services (20 visits per plan year. In-network and out-of-network combined)	0% after ded	25% after ded	\$10 copay after ded	25% after ded
19 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per plan year. In-network and out-of-network combined)	0% after ded	50% after ded	\$50 copay after ded	50% after ded
20 Outpatient Speech Therapy (30 visits per plan year. In-network and out-of-network combined)	0% after ded	50% after ded	\$50 copay after ded	50% after ded
21 Durable Medical Equipment (\$2,500 plan year maximum. In-network and out-of-network combined)	0% after ded	50% after ded	50% after ded	50% after ded
22 Inpatient Hospital/ Outpatient Surgery	0% after ded	50% after ded	20% after ded	50% after ded
23 Emergency Room	0% after ded	0% after ded	30% after ded	30% after ded
24 Urgent Care	0% after ded	50% after ded	30% after ded	50% after ded
25 Prescription Drugs⁶ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26 Prescription Drugs: 30-day supply⁵	\$15/\$45/\$75	Not covered	\$15/\$45/\$75	Not covered
27 Prescription Drugs: 31- to 90-day supply⁵	\$30/\$90/\$150	Not covered	\$30/\$90/\$150	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered

See pages 31–33 for important plan provisions.

Traditional - PPO Plan Options

Plan Options	PA PPO 1.7 CY (15/200D) ⁺		PA PPO 2.7 CY (20/300D) ⁺	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	No-referral needed	No-referral needed	No-referral needed	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar year	Calendar year	Calendar year
2 Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3 Calendar Year Deductible²	N/A	\$5,000 per member \$15,000 family	N/A	\$5,000 per member \$15,000 family
4 Calendar Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay	50% after ded	\$0 copay	50% after ded
8 Routine Gyn Exams (One exam and pap smear per calendar year. In-network and out-of-network combined)	\$0 copay	50%, ded waived	\$0 copay	50%, ded waived
9 Routine Mammograms (One annual mammogram for females age 40 and over. In-network and out-of-network combined)	\$0 copay	50% after ded	\$0 copay	50% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay	50% after ded	\$0 copay	50% after ded
11 Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$15 copay	50% after ded	\$20 copay	50% after ded
14 Specialist Office Visit	\$30 copay	50% after ded	\$40 copay	50% after ded
15 Outpatient Services - Lab / X-ray	\$30 copay	50% after ded	\$40 copay	50% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay	50% after ded	\$200 copay	50% after ded
17 Chiropractic Services (20 visits per calendar year. In-network and out-of-network combined)	\$10 copay	25% after ded	\$10 copay	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year. In-network and out-of-network combined)	\$30 copay	50% after ded	\$40 copay	50% after ded
19 Outpatient Speech Therapy (30 visits per calendar year. In-network and out-of-network combined)	\$30 copay	50% after ded	\$40 copay	50% after ded
20 Durable Medical Equipment (\$2,500 calendar year maximum. In-network and out-of-network combined)	50%	50% after ded	50%	50% after ded
21 Inpatient Hospital	\$200 copay per day, 5-day copay max per admission	50% after ded	\$300 copay per day, 5-day copay max per admission	50% after ded
22 Outpatient Surgery	\$200 copay	50% after ded	\$300 copay	50% after ded
23 Emergency Room (Copay waived if admitted)	\$200 copay	\$200 copay, ded waived	\$200 copay	\$200 copay, ded waived
24 Urgent Care	\$50 copay	50% after ded	\$50 copay	50% after ded
25 Prescription Drugs⁹ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26 Prescription Drugs: 30-day supply⁵	\$10/\$35/\$60	\$10/\$35/\$60 plus 20%	\$10/\$35/\$60	\$10/\$35/\$60 plus 20%
27 Prescription Drugs: 31- to 90-day supply⁵	\$20/\$70/\$120	Not covered	\$20/\$70/\$120	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered

See pages 31 and 33 for important plan provisions.

Traditional - PPO Plan Options

Plan Options		PA PPO 3.7 CY (30/400D) ⁺	
#	Member Benefits	In-network	Out-of-network ¹
		No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year
2	Member Coinsurance	N/A	50% after ded
3	Calendar Year Deductible²	N/A	\$5,000 per member \$15,000 family
4	Calendar Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$30,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited
6	Preventive Care		
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay	50% after ded
8	Routine Gyn Exams (One exam and pap smear per calendar year. In-network and out-of-network combined)	\$0 copay	50%, ded waived
9	Routine Mammograms (One annual mammogram for females age 40 and over. In-network and out-of-network combined)	\$0 copay	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay	50% after ded
11	Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.
12	Aetna VisionSM Discount Program	Included	Not covered
13	Primary Physician Office Visit	\$30 copay	50% after ded
14	Specialist Office Visit	\$50 copay	50% after ded
15	Outpatient Services - Lab / X-ray	\$50 copay	50% after ded
16	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay	50% after ded
17	Chiropractic Services (20 visits per calendar year. In-network and out-of-network combined)	\$10 copay	25% after ded
18	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year. In-network and out-of-network combined)	\$50 copay	50% after ded
19	Outpatient Speech Therapy (30 visits per calendar year. In-network and out-of-network combined)	\$50 copay	50% after ded
20	Durable Medical Equipment (\$2,500 calendar year maximum. In-network and out-of-network combined)	50%	50% after ded
21	Inpatient Hospital	\$400 copay per day, 5-day copay max per admission	50% after ded
22	Outpatient Surgery	\$400 copay	50% after ded
23	Emergency Room (Copay waived if admitted)	\$200 copay	\$200 copay, ded waived
24	Urgent Care	\$50 copay	50% after ded
25	Prescription Drugs⁴ (90-day transition of coverage (TOC) for prior authorization ⁴)		
26	Prescription Drugs: 30-day supply⁵	\$10/\$35/\$60	\$10/\$35/\$60 plus 20%
27	Prescription Drugs: 31- to 90-day supply⁵	\$20/\$70/\$120	Not covered
28	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered

See pages 31 and 33 for important plan provisions.

Cost-Sharing - PPO Cost-Sharing Plan Options

Plan Options		PA PPO CS 1.7 CY (1500 Ded) ⁺		PA PPO CS 1.7 PY (1500 Ded) ⁺	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		No-referral needed	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$1,500 per member \$3,000 family	\$5,000 per member \$10,000 family	\$1,500 per member \$3,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family	\$3,000 per member \$6,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
8	Routine Gyn Exams (One exam and pap smear per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$30 copay, ded waived	50% after ded	\$30 copay, ded waived	50% after ded
14	Specialist Office Visit	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
15	Outpatient Services - Lab / X-ray	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
16	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
17	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
18	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
19	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
20	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
21	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
22	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
23	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
24	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
25	Prescription Drugs⁴ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$35/\$60 Option 2: \$15/\$45/\$75	Option 1: \$10/\$35/\$60 plus 20% Option 2: \$15/\$45/\$75 plus 20%	Option 1: \$10/\$35/\$60 Option 2: \$15/\$45/\$75	Option 1: \$10/\$35/\$60 plus 20% Option 2: \$15/\$45/\$75 plus 20%
27	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$70/\$120 Option 2: \$30/\$90/\$150	Not covered	Option 1: \$20/\$70/\$120 Option 2: \$30/\$90/\$150	Not covered
28	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered

See pages 31 and 33 for important plan provisions.

Cost-Sharing - PPO Cost-Sharing Plan Options

Plan Options		PA PPO CS 2.7 CY (2000 Ded) ⁺		PA PPO CS 2.7 PY (2000 Ded) ⁺	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		No-referral needed	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2	Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3	Benefit Year Deductible²	\$2,000 per member \$4,000 family	\$5,000 per member \$10,000 family	\$2,000 per member \$4,000 family	\$5,000 per member \$10,000 family
4	Benefit Year Out-of-Pocket Maximum³	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
8	Routine Gyn Exams (One exam and pap smear per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11	Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	\$35 copay, ded waived	50% after ded	\$35 copay, ded waived	50% after ded
14	Specialist Office Visit	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
15	Outpatient Services - Lab / X-ray	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
16	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
17	Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
18	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
19	Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
20	Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
21	Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
22	Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
23	Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
24	Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
25	Prescription Drugs⁴ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26	Prescription Drugs: 30-day supply⁵	Option 1: \$10/\$35/\$60 Option 2: \$15/\$45/\$75	Option 1: \$10/\$35/\$60 plus 20% Option 2: \$15/\$45/\$75 plus 20%	Option 1: \$10/\$35/\$60 Option 2: \$15/\$45/\$75	Option 1: \$10/\$35/\$60 plus 20% Option 2: \$15/\$45/\$75 plus 20%
27	Prescription Drugs: 31- to 90-day supply⁵	Option 1: \$20/\$70/\$120 Option 2: \$30/\$90/\$150	Not covered	Option 1: \$20/\$70/\$120 Option 2: \$30/\$90/\$150	Not covered
28	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered

See pages 31 and 33 for important plan provisions.

Cost-Sharing - PPO Cost-Sharing Plan Options

Plan Options	PA PPO CS 3.7 CY (2500 Ded) ⁺		PA PPO CS 3.7 PY (2500 Ded) ⁺	
# Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
	No-referral needed	No-referral needed	No-referral needed	No-referral needed
1 Benefit/Plan Administration	Calendar year	Calendar year	Plan year	Plan year
2 Member Coinsurance	N/A	50% after ded	N/A	50% after ded
3 Benefit Year Deductible²	\$2,500 per member \$5,000 family	\$5,000 per member \$10,000 family	\$2,500 per member \$5,000 family	\$5,000 per member \$10,000 family
4 Benefit Year Out-of-Pocket Maximum³	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
5 Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6 Preventive Care				
7 Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
8 Routine Gyn Exams (One exam and pap smear per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9 Routine Mammograms (One mammogram for females age 40 and over per benefit year. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
10 Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	\$0 copay, ded waived	50% after ded	\$0 copay, ded waived	50% after ded
11 Glasses and Contact Lens Reimbursement		\$100/24-month period. In-network and out-of-network combined.		
12 Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13 Primary Physician Office Visit	\$40 copay, ded waived	50% after ded	\$40 copay, ded waived	50% after ded
14 Specialist Office Visit	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
15 Outpatient Services - Lab / X-ray	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	\$200 copay, ded waived	50% after ded	\$200 copay, ded waived	50% after ded
17 Chiropractic Services (20 visits per benefit year. In-network and out-of-network combined)	\$10 copay, ded waived	25% after ded	\$10 copay, ded waived	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
19 Outpatient Speech Therapy (30 visits per benefit year. In-network and out-of-network combined)	\$60 copay, ded waived	50% after ded	\$60 copay, ded waived	50% after ded
20 Durable Medical Equipment (\$2,500 benefit year maximum. In-network and out-of-network combined)	50%, ded waived	50% after ded	50%, ded waived	50% after ded
21 Inpatient Hospital	\$0 copay per admission after ded	50% after ded	\$0 copay per admission after ded	50% after ded
22 Outpatient Surgery	\$0 copay after ded	50% after ded	\$0 copay after ded	50% after ded
23 Emergency Room (Copay waived if admitted)	\$200 copay, ded waived	\$200 copay, ded waived	\$150 copay, ded waived	\$150 copay, ded waived
24 Urgent Care	\$50 copay, ded waived	50% after ded	\$50 copay, ded waived	50% after ded
25 Prescription Drugs⁶ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26 Prescription Drugs: 30-day supply⁵	\$15/\$45/\$75	\$15/\$45/\$75 plus 20%	\$15/\$45/\$75	\$15/\$45/\$75 plus 20%
27 Prescription Drugs: 31- to 90-day supply⁵	\$30/\$90/\$150	Not covered	\$30/\$90/\$150	Not covered
28 Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay	Not covered	\$250 copay	Not covered

See pages 31 and 33 for important plan provisions.

Consumer-Directed - PPO HSA-Compatible Plan Option

Plan Options		PA PPO HSA Comp NR 1.7 PY (1500 Ded) ⁺		PA PPO HSA Comp NR 2.7 PY (3000 Ded) ⁺	
#	Member Benefits	In-network	Out-of-network ¹	In-network	Out-of-network ¹
		No-referral needed	No-referral needed	No-referral needed	No-referral needed
1	Benefit/Plan Administration	Plan year	Plan year	Plan year	Plan year
2	Member Coinsurance	10% after ded	50% after ded	10% after ded	50% after ded
3	Plan Year Deductible²	\$1,500 individual \$3,000 family	\$5,000 individual \$10,000 family	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family
4	Plan Year Out-of-Pocket Maximum³	\$3,000 individual \$6,000 family	\$10,000 individual \$20,000 family	\$6,000 individual \$12,000 family	\$10,000 individual \$20,000 family
5	Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
6	Preventive Care				
7	Well-Baby/Child/Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	0%, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
8	Routine Gyn Exams (One exam and pap smear per plan year. In-network and out-of-network combined)	0%, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
9	Routine Mammograms (One mammogram per plan year for females age 40 and over. In-network and out-of-network combined)	0%, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
10	Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	0%, ded waived	50%, ded waived	\$0 copay, ded waived	50%, ded waived
11	Glasses and Contact Lens Reimbursement	\$100/24-month period. In-network and out-of-network combined.			
12	Aetna VisionSM Discount Program	Included	Not covered	Included	Not covered
13	Primary Physician Office Visit	10% after ded	50% after ded	\$40 copay after ded	50% after ded
14	Specialist Office Visit	10% after ded	50% after ded	\$60 copay after ded	50% after ded
15	Outpatient Services - Lab / X-ray	10% after ded	50% after ded	\$60 copay after ded	50% after ded
16	Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	10% after ded	50% after ded	\$200 copay after ded	50% after ded
17	Chiropractic Services (20 visits per plan year. In-network and out-of-network combined)	10% after ded	25% after ded	\$10 copay after ded	25% after ded
18	Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per plan year. In-network and out-of-network combined)	10% after ded	50% after ded	\$60 copay after ded	50% after ded
19	Outpatient Speech Therapy (30 visits per plan year. In-network and out-of-network combined)	10% after ded	50% after ded	\$60 copay after ded	50% after ded
20	Durable Medical Equipment (\$2,500 plan year maximum. In-network and out-of-network combined)	50% after ded	50% after ded	50% after ded	50% after ded
21	Inpatient Hospital	10% after ded	50% after ded	10% after ded	50% after ded
22	Outpatient Surgery	10% after ded	50% after ded	10% after ded	50% after ded
23	Emergency Room	10% after ded	10% after ded	30% after ded	30% after ded
24	Urgent Care	10% after ded	50% after ded	30% after ded	50% after ded
25	Prescription Drugs⁴ (Includes 90-day transition of coverage (TOC) for prior authorization ⁴)				
26	Prescription Drugs: 30-day supply⁵	\$15/\$45/\$75 after ded	\$15/\$45/\$75 plus 20% after ded	\$15/\$45/\$75 after ded	\$15/\$45/\$75 plus 20% after ded
27	Prescription Drugs: 31- to 90-day supply⁵	\$30/\$90/\$150 after ded	Not covered	\$30/\$90/\$150 after ded	Not covered
28	Aetna Specialty CareRxSM Drugs: 30-day supply	\$250 copay after ded	Not covered	\$250 copay after ded	Not covered

See pages 31 and 34 for important plan provisions.

Traditional - Indemnity Plan Option

Plan Options	PA Indemnity 1.7 CY (\$1,000 Ded) ⁺¹
# Member Benefits	
1 Benefit/Plan Administration	Calendar year
2 Member Coinsurance	30% after ded
3 Calendar Year Deductible²	\$1,000 per member \$3,000 family
4 Calendar Year Out-of-Pocket Maximum³	\$2,000 per member \$6,000 family
5 Lifetime Maximum Benefit	Unlimited
6 Preventive Care	
7 Well Baby/Child/Adult Physical Exams (Age and frequency schedules apply.)	0%, ded waived
8 Routine Gyn Exams (One exam and pap smear per calendar year.)	0%, ded waived
9 Routine Mammograms	0%, ded waived
10 Routine Eye Exam (One exam per 24 months.)	0%, ded waived
11 Glasses and Contact Lens Reimbursement	\$100/24 month period
12 Aetna VisionSM Discounts Program	Included
13 Primary Physician Office Visit	30% after ded
14 Specialist Office Visit	30% after ded
15 Outpatient Services - Lab / X-ray	30% after ded
16 Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT scans)	30% after ded
17 Chiropractic Services (20 visits per calendar year)	25% after ded
18 Outpatient Physical/Occupational Therapy (Physical and occupational therapy combined, 30 visits per calendar year)	30% after ded
19 Outpatient Speech Therapy (30 visits per calendar year)	30% after ded
20 Durable Medical Equipment (\$2,500 calendar year maximum)	50% after ded
21 Inpatient Hospital	30% after \$250 per confinement after ded
22 Outpatient Surgery	30% after ded
23 Emergency Room	30% after ded
24 Urgent Care	30% after ded
25 Prescription Drugs^o	
26 Prescription Drugs: 30-day supply⁴	30% after ded
27 Prescription Drugs: 31- to 90-day supply⁴	30% after ded
28 Aetna Specialty CareRxSM Drugs	30% after ded

See pages 31 and 34 for important plan provisions.

Important Plan Provisions

All Plan Options (Pages 10-30)

*This is a partial description of benefits available. For more information, refer to the specific plan design summary.

◇Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

¹POS, Health Network Option and PPO plans:

We cover the cost of services based on whether doctors are “in network” or “out of network.” We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this “out-of-network” care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor’s bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the “recognized” or “allowed” amount. When you choose out-of-network care, Aetna “recognizes” an amount based on what Medicare pays for these services. The government sets the Medicare rate.

Your doctor sets his or her own rate to charge you. It may be higher – sometimes much higher – than what your Aetna plan “recognizes.” Your doctor may bill you for the dollar amount that Aetna doesn’t “recognize.” You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the “recognized charge” counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit www.aetna.com. Type “how Aetna pays” in the search box.

You can avoid these extra costs by getting your care from Aetna’s broad network of health care providers. Go to www.aetna.com and click on “Find a Doctor” on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (for example, emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

Indemnity plan:

Payment for care is determined based upon the lower of: the provider’s usual charge for furnishing it; or the charge Aetna determines to be appropriate, based on factors such as the cost of providing the same or a similar service or supply and the manner in which charges for the service or supply are made. These charges are referred to in your plan as “reasonable” or “recognized” charges.

Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 69-70. Please refer to Aetna’s Producer World® website at www.aetna.com for more detailed small business benefits descriptions. Or for more information, please contact your licensed agent or Aetna sales representative.

Traditional / Cost-sharing – POS, POS No-Referral, POS Cost-Sharing, POS Cost-Sharing No-Referral plan options (Pages 10-20)

²Calendar year (CY) based plans:

Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Deductible credit applies. Deductible carryover does not apply.

Deductible credit: A member may have incurred charges for covered expenses under the group’s previous plan before it ended. If so, these charges may be used to meet the new plan’s deductible if: the charges were incurred during the calendar year in which the new plan starts; the member was covered by the previous plan when it ended and enrolled in the new plan on its effective date; and the new plan takes effect immediately upon termination of the previous plan.

Plan year (PY) based plans:

Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year. No one family member may contribute more than the individual deductible amount to the family deductible. Deductible credit and deductible carryover do not apply.

POS Cost-Sharing and POS Cost-Sharing No-Referral plans:

Deductible applies only to in-network inpatient hospital-type services/outpatient surgery and out-of-network benefits unless state mandated.

³Calendar year (CY) based plans:

Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum.

Plan year (PY) based plans:

Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the plan year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum.

POS and POS No-Referral plans:

Deductible and prescription drugs do not apply toward the out-of-pocket maximum.

POS Cost-Sharing and POS Cost-Sharing No-Referral plans:

Deductible does apply to the out-of-pocket maximum. Prescription drugs do not apply toward the out-of-pocket maximum.

⁴Transition of coverage for prior authorizations and step-therapy helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization and step-therapy requirements will not apply to certain drugs. Once the 90-calendar-days have expired, prior authorization and step-therapy edits will apply to all drugs requiring prior authorization and step-therapy as listed in the formulary guide. Members who have claims paid for a drug requiring prior authorization and step-therapy during the transition of coverage period, may continue to receive this drug after the 90-calendar-days and will not be required to obtain a prior authorization or approval for a medical exception for this drug.

Transition of coverage for prior authorizations helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization requirements will not apply to certain drugs. Once the 90-calendar-days have expired, prior authorization edits will apply to all drugs requiring prior authorization as listed in the formulary guide. Members who have claims paid for a drug requiring prior authorization during the transition of coverage period may continue to receive this drug after the 90-calendar-days and will not be required to obtain a prior authorization for this drug.

⁵Contraceptives and diabetic supplies included.

⁶"No referral" provision: A member will pay the primary physician office visit cost-share when the member obtains covered benefits from any in-network primary care physician. Members will pay the specialist office visit cost-share when the member obtains covered benefits from any in-network specialist.

Consumer-Directed - POS HSA-Compatible No-Referral and Health Network Option Health Reimbursement Arrangement (HRA) plan options (Pages 21-23)

²The individual deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible can be met by a combination of family members or by any single individual within the family. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year. Deductible credit and deductible carryover do not apply.

POS HSA-Compatible No-Referral plans:

All covered prescription drug and medical expenses, except preventive services, apply to the deductible.

Health Network Option Health Reimbursement Arrangement (HRA) plan:

All covered expenses, except preventive services, glasses and contact lens reimbursement, prescription drug benefits, and certain mandated benefits, apply to the deductible.

³The individual out-of-pocket maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family out-of-pocket maximum can be met by a combination of family members or by any single individual within the family. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the plan year.

POS HSA-Compatible No-Referral plans:

All amounts paid as deductible, copayment and coinsurance for covered services and supplies apply toward the out-of-pocket maximum.

Health Network Option Health Reimbursement Arrangement (HRA) plan:

Deductible does apply to the out-of-pocket maximum. Prescription drugs do not apply toward the out-of-pocket maximum.

⁴Transition of coverage for prior authorizations helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization requirements will not apply to certain drugs. Once the 90-calendar-days have expired, prior authorization edits will apply to all drugs requiring prior authorization as listed in the formulary guide. Members who have claims paid for a drug requiring prior authorization during the transition of coverage period may continue to receive this drug after the 90-calendar-days and will not be required to obtain a prior authorization for this drug.

⁵Contraceptives and diabetic supplies included.

⁶"No referral" provision: A member will pay the primary physician office visit cost-share when the member obtains covered benefits from any in-network primary care physician. Members will pay the specialist office visit cost-share when the member obtains covered benefits from any in-network specialist.

Traditional / Cost-sharing – PPO and PPO Cost-Sharing Plan Options (Page 24-28)

²Calendar year (CY) based plans:

Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Deductible credit applies. Deductible carryover does not apply.

Deductible credit: A member may have incurred charges for covered expenses under the group's previous plan before it ended. If so, these charges may be used to meet the new plan's deductible if: the charges were incurred during the calendar year in which the new plan starts; the member was covered by the previous plan when it ended and enrolled in the new plan on its effective date; and the new plan takes effect immediately upon termination of the previous plan.

Plan year (PY) based plans:

Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year. No one family member may contribute more than the individual deductible amount to the family deductible. Deductible credit and deductible carryover do not apply.

PPO Cost-Sharing plans:

Deductible applies only to in-network inpatient hospital-type services/outpatient surgery and out-of-network benefits unless state mandated.

³Calendar year (CY) based plans:

Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum.

Plan year (PY) based plans:

Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the plan year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum.

PPO and PPO Cost-Sharing plans:

Deductible does apply to the out-of-pocket maximum. Prescription drugs do not apply toward the out-of-pocket maximum.

⁴Transition of coverage for prior authorizations helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization requirements will not apply to certain drugs. Once the 90-calendar-days have expired, prior authorization edits will apply to all drugs requiring prior authorization as listed in the formulary guide. Members who have claims paid for a drug requiring prior authorization during the transition of coverage period may continue to receive this drug after the 90-calendar-days and will not be required to obtain a prior authorization for this drug.

⁵Contraceptives and diabetic supplies included.

Consumer-Directed - PPO HSA-Compatible Plan Options (Page 29)

²All covered prescription drug and medical expenses, except preventive services, apply to the deductible. The individual deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible can be met by a combination of family members or by any single individual within the family. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year. Deductible credit and deductible carryover do not apply.

³All amounts paid as deductible, copayment and coinsurance for covered services and supplies apply toward the out-of-pocket maximum. The individual out-of-pocket maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family out-of-pocket maximum can be met by a combination of family members or by any single individual within the family. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the plan year.

⁴Transition of coverage for prior authorizations helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group's initial effective date, during which time prior authorization requirements will not apply to certain drugs. Once the 90-calendar-days have expired, prior authorization edits will apply to all drugs requiring prior authorization as listed in the formulary guide. Members who have claims paid for a drug requiring prior authorization during the transition of coverage period may continue to receive this drug after the 90-calendar-days and will not be required to obtain a prior authorization for this drug.

⁵Contraceptives and diabetic supplies included.

Traditional – Indemnity Plan Option (Page 30)

²Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Deductible credit applies. Deductible carryover does not apply.

Deductible credit: A member may have incurred charges for covered expenses under the group's previous plan before it ended. If so, these charges may be used to meet the new plan's deductible if: the charges were incurred during the calendar year in which the new plan starts; the member was covered by the previous plan when it ended and enrolled in the new plan on its effective date; and the new plan takes effect immediately upon termination of the previous plan.

³Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum. Deductible does not apply to the out-of-pocket maximum. Prescription drugs do apply toward the out-of-pocket maximum.

⁴Contraceptives and diabetic supplies included.

Dental Overview

Small-business decision makers can choose from a variety of plan design options that help you offer a dental benefits and dental insurance plan that's just right for your employees.

The Mouth MattersSM

Research suggests that serious gum disease, known as periodontitis, may be associated with many health problems. This is especially true if gum disease continues without treatment.^{1,2} Now, here's the good news. Researchers are discovering that a healthy mouth may be important to your overall health.^{1,2}

The Aetna Dental/Medical IntegrationSM program,* available at no additional charge to plan sponsors that have both medical and dental coverage with Aetna, focuses on those who are pregnant or have diabetes, coronary artery disease (heart disease) or cerebrovascular disease (stroke) and have not had a recent dental visit. We proactively educate those at-risk members about the impact oral health care can have on their condition. Our member outreach has been proven to successfully motivate those at-risk members who do not normally seek dental care to visit the dentist. Once at the dentist, these at-risk members will receive enhanced dental benefits including an extra cleaning and full coverage for certain periodontal services.

The Dental Maintenance Organization (DMO[®])

Members select a primary care dentist to coordinate their care from the available managed dental network. Each family member may choose a different primary care dentist and may switch dentists at any time via Aetna Navigator or with a call to Member Services. If specialty care is needed, a member's primary care dentist can refer the member to a participating specialist. However, members may visit orthodontists without a referral. There are virtually no claim forms to file, and benefits are not subject to deductibles or annual maximums.

Preferred Provider Organization (PPO) plan

Members can choose a dentist who participates in the network or choose a licensed dentist who does not. Participating dentists have agreed to offer our members services at a negotiated rate and will not balance-bill members.

PPO Max plan

While the PPO Max dental insurance plan uses the PPO network, when members use out-of-network dentists the service will be covered based on the Aetna PPO fee schedule, rather than the usual and customary charge. The member will share in more of the costs and may be balance-billed. This plan offers members a quality dental insurance plan with a significantly lower premium that encourages in-network usage.

Freedom-of-Choice plan design option

Get maximum flexibility with our two-in-one dental plan design. The Freedom-of-Choice plan design option provides the administrative ease of one plan, yet members get to choose between the DMO and PPO plans on a monthly basis. One blended rate is paid. Members may switch between the plans on a monthly basis by calling Member Services. Plan changes must be made by the 15th of the month to be effective the following month.

Dual Option** plan

In the Dual Option plan design, the DMO may be packaged with any one of the PPO plans. Employees may choose between the DMO and PPO offerings at annual enrollment.

Voluntary Dental option

The Voluntary Dental option provides a solution to meet the individual needs of members in the face of rising health care costs. Administration is easy, and members benefit from low group rates and the convenience of payroll deductions. Employers choose how the plan is funded for 3-9 size. It can be entirely member-paid or employers can contribute up to 50 percent. Voluntary is entirely member-paid for 10-100.

Aetna Dental Preventive CareSM plan

The Preventive Care plan is a lower cost dental plan that covers preventive and diagnostic procedures. Members pay nothing for these services when visiting an Aetna PPO dentist.

¹MayoClinic.com. "Oral health: A window to your overall health." Available online at www.mayoclinic.com/health/dental/DE00001. Accessed May 2010.

²R.C. Williams, A.H. Barnett, N. Claffey, M. Davis, R. Gadsby, M. Kellett, G.Y.H. Lip, and S. Thackray. "The potential impact of periodontal disease on general health: a consensus view." *Current Medical Research and Opinion*, Vol. 24, No. 6, 2008, 1635-1643.

*DMI may not be available in all states.

**Dual Option does not apply to the Preventive Care Option and all 3-9 Voluntary Dental plans.

Small Group Dental Plans 2–9

	Option 1 Aetna Dental Preventive CareSM	Option 2	Option 3 Freedom-of-Choice Monthly selection between the DMO and PPO Max	
Member Benefits	PPO Max Plan – Aetna Dental Preventive Care	DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40
Office Visit Copay	N/A	\$5	\$5	None
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	None	None	\$50; 3X Family maximum
Annual Maximum Benefit	None	None	None	\$1,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing - single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
Preventive Services				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants - per tooth	100%	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%
Basic Services				
Amalgam filling - 2 surfaces	Not covered	80%	90%	70%
Resin filling - 2 surfaces, anterior	Not covered	80%	90%	70%
Oral Surgery				
Extraction - exposed root or erupted tooth	Not covered	80%	90%	70%
Extraction of impacted tooth - soft tissue	Not covered	80%	90%	70%
Major Services*				
Complete upper denture	Not covered	50%	60%	40%
Partial upper denture (resin base)	Not covered	50%	60%	40%
Crown - Porcelain with noble metal	Not covered	50%	60%	40%
Pontic - Porcelain with noble metal	Not covered	50%	60%	40%
Inlay - Metallic (3 or more surfaces)	Not covered	50%	60%	40%
Oral Surgery				
Removal of impacted tooth - partially bony	Not covered	50%	60%	40%
Endodontic Services				
Bicuspid root canal therapy	Not covered	80%	90%	40%
Molar root canal therapy	Not covered	50%	60%	40%
Periodontic Services				
Scaling & root planing - per quadrant	Not covered	80%	90%	40%
Osseous surgery - per quadrant	Not covered	50%	60%	40%
Orthodontic Services				
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply

See page 45 for footnotes.

Small Group Dental Plans 2–9

	Option 4	Option 5 Active PPO High-Option Plan		Option 6
Member Benefits	PPO Max Plan 100/80/50	Preferred Plan 100/80/50	Nonpreferred Plan 80/60/40	PPO 1500 Plan 100/80/50
Office Visit Copay	None	None	None	None
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	\$1,500	\$1,500	\$1,000	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	80%	100%
Comprehensive oral exam	100%	100%	80%	100%
Problem-focused oral exam	100%	100%	80%	100%
X-rays				
Bitewing - single film	100%	100%	80%	100%
Complete series	100%	100%	80%	100%
Preventive Services				
Adult cleaning	100%	100%	80%	100%
Child cleaning	100%	100%	80%	100%
Sealants - per tooth	100%	100%	80%	100%
Fluoride application - with cleaning	100%	100%	80%	100%
Space maintainers	100%	100%	80%	100%
Basic Services				
Amalgam filling - 2 surfaces	80%	80%	60%	80%
Resin filling - 2 surfaces, anterior	80%	80%	60%	80%
Oral Surgery				
Extraction - exposed root or erupted tooth	80%	80%	60%	80%
Extraction of impacted tooth - soft tissue	80%	80%	60%	80%
Major Services*				
Complete upper denture	50%	50%	40%	50%
Partial upper denture (resin base)	50%	50%	40%	50%
Crown - Porcelain with noble metal	50%	50%	40%	50%
Pontic - Porcelain with noble metal	50%	50%	40%	50%
Inlay - Metallic (3 or more surfaces)	50%	50%	40%	50%
Oral Surgery				
Removal of impacted tooth - partially bony	50%	50%	40%	50%
Endodontic Services				
Bicuspid root canal therapy	50%	80%	60%	50%
Molar root canal therapy	50%	50%	40%	50%
Periodontic Services				
Scaling & root planing - per quadrant	50%	80%	60%	50%
Osseous surgery - per quadrant	50%	50%	40%	50%
Orthodontic Services				
Orthodontic lifetime maximum	Not covered Does not apply	Not covered Does not apply	Not covered Does not apply	Not covered Does not apply

Small Group Voluntary Dental Plans 3–9

	Voluntary Option 1 Aetna Dental Preventive Care	Voluntary Option 2
Member Benefits	PPO Max Plan – Aetna Dental Preventive Care	DMO Plan 100/80/50
Office Visit Copay	N/A	\$10
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	None
Annual Maximum Benefit	None	None
Diagnostic Services		
Oral Exams		
Periodic oral exam	100%	100%
Comprehensive oral exam	100%	100%
Problem-focused oral exam	100%	100%
X-rays		
Bitewing - single film	100%	100%
Complete series	100%	100%
Preventive Services		
Adult cleaning	100%	100%
Child cleaning	100%	100%
Sealants - per tooth	100%	100%
Fluoride application - with cleaning	100%	100%
Space maintainers	100%	100%
Basic Services		
Amalgam filling - 2 surfaces	Not covered	80%
Resin filling - 2 surfaces, anterior	Not covered	80%
Oral Surgery		
Extraction - exposed root or erupted tooth	Not covered	80%
Extraction of impacted tooth - soft tissue	Not covered	80%
Major Services*		
Complete upper denture	Not covered	50%
Partial upper denture (resin base)	Not covered	50%
Crown - Porcelain with noble metal	Not covered	50%
Pontic - Porcelain with noble metal	Not covered	50%
Inlay - Metallic (3 or more surfaces)	Not covered	50%
Oral Surgery		
Removal of impacted tooth - partially bony	Not covered	50%
Endodontic Services		
Bicuspid root canal therapy	Not covered	80%
Molar root canal therapy	Not covered	50%
Periodontic Services		
Scaling & root planing - per quadrant	Not covered	80%
Osseous surgery - per quadrant	Not covered	50%
Orthodontic Services		
Orthodontic lifetime maximum	Does not apply	Does not apply

See page 45 for footnotes.

Small Group Voluntary Dental Plans 3–9

Voluntary Option 3 Freedom-of-Choice – Monthly selection between the DMO and PPO Max

Voluntary Option 4

Member Benefits	DMO Plan 100/90/60	PPO Max Plan 100/70/40	PPO Max Plan 100/80/50
Office Visit Copay	\$10	N/A	N/A
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	\$75; 3X Family maximum	\$75; 3X Family maximum
Annual Maximum Benefit	None	\$1,000	\$1,500
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing - single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants - per tooth	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%
Space maintainers	100%	100%	100%
Basic Services			
Amalgam filling - 2 surfaces	90%	70%	80%
Resin filling - 2 surfaces, anterior	90%	70%	80%
Oral Surgery			
Extraction - exposed root or erupted tooth	90%	70%	80%
Extraction of impacted tooth - soft tissue	90%	70%	80%
Major Services*			
Complete upper denture	60%	40%	50%
Partial upper denture (resin base)	60%	40%	50%
Crown - Porcelain with noble metal	60%	40%	50%
Pontic - Porcelain with noble metal	60%	40%	50%
Inlay - Metallic (3 or more surfaces)	60%	40%	50%
Oral Surgery			
Removal of impacted tooth - partially bony	60%	40%	50%
Endodontic Services			
Bicuspid root canal therapy	90%	40%	50%
Molar root canal therapy	60%	40%	50%
Periodontic Services			
Scaling & root planing - per quadrant	90%	40%	50%
Osseous surgery - per quadrant	60%	40%	50%
Orthodontic Services			
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply

See page 45 for footnotes.

Aetna 10–100 Dental Plans

	Option 1A DMO Fixed Copay 42	Option 2A DMO Coinsurance	Option 3A DMO 100/100/60	Option 4A DMO Fixed Copay 56
Member Benefits	Plan code 42	DMO Plan 100/80/50	DMO Plan 100/100/60	Plan code 56
Office Visit Copay	\$5	\$5	\$5	\$5
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	None	None	None
Annual Maximum Benefit	None	None	None	None
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	100%	100%	No charge
Comprehensive oral exam	No charge	100%	100%	No charge
Problem-focused oral exam	No charge	100%	100%	No charge
X-rays				
Bitewing - single film	No charge	100%	100%	No charge
Complete series	No charge	100%	100%	No charge
Preventive Services				
Adult cleaning	No charge	100%	100%	No charge
Child cleaning	No charge	100%	100%	No charge
Sealants - per tooth	\$10	100%	100%	No charge
Fluoride application - with cleaning	No charge	100%	100%	No charge
Space maintainers	\$100	100%	100%	No charge
Basic Services				
Amalgam filling - 2 surfaces	\$32	80%	100%	No charge
Resin filling - 2 surfaces, anterior	\$55	80%	100%	No charge
Endodontic Services				
Bicuspid root canal therapy	\$195	80%	100%	No charge
Periodontic Services				
Scaling & root planing - per quadrant	\$65	80%	100%	\$25
Oral Surgery				
Extraction - exposed root or erupted tooth	\$30	80%	100%	No charge
Extraction of impacted tooth - soft tissue	\$80	80%	100%	No charge
Major Services*				
Complete upper denture	\$500	50%	60%	\$185
Partial upper denture (resin base)	\$513	50%	60%	\$185
Crown - Porcelain with noble metal ¹	\$488	50%	60%	\$150
Pontic - Porcelain with noble metal ¹	\$488	50%	60%	\$150
Inlay - Metallic (3 or more surfaces)	\$463	50%	60%	\$150
Oral Surgery				
Removal of impacted tooth - partially bony	175**	50%	60%	\$45
Endodontic Services				
Molar root canal therapy	435**	50%	60%	\$125
Periodontic Services				
Osseous surgery - per quadrant	\$445**	50%	60%	\$140
Orthodontic Services* (Optional)				
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply

See page 46 for footnotes.

Aetna 10–100 Dental Plans

	Option 5A Freedom-of-Choice - PPO Max Low - Monthly selection between the DMO and PPO Max		Option 6A Freedom-of-Choice - PPO Max High - Monthly selection between the DMO and PPO Max	
Member Benefits	DMO Plan 100/90/60	PPO Max Plan 100/70/40	DMO Plan 100/100/60	PPO Max Plan 100/80/50
Office Visit Copay	\$5	None	\$5	None
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum
Annual Maximum Benefit	None	\$1,000	None	\$1,000
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing - single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
Preventive Services				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants - per tooth	100%	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%
Basic Services				
Amalgam filling - 2 surfaces	90%	70%	100%	80%
Resin filling - 2 surfaces, anterior	90%	70%	100%	80%
Endodontic Services				
Bicuspid root canal therapy	90%	70%	100%	80%
Periodontic Services				
Scaling & root planing - per quadrant	90%	70%	100%	80%
Oral Surgery				
Extraction - exposed root or erupted tooth	90%	70%	100%	80%
Extraction of impacted tooth - soft tissue	90%	70%	100%	80%
Major Services*				
Complete upper denture	60%	40%	60%	50%
Partial upper denture (resin base)	60%	40%	60%	50%
Crown - Porcelain with noble metal ¹	60%	40%	60%	50%
Pontic - Porcelain with noble metal ¹	60%	40%	60%	50%
Inlay - Metallic (3 or more surfaces)	60%	40%	60%	50%
Oral Surgery				
Removal of impacted tooth - partially bony	60%	40%	60%	50%
Endodontic Services				
Molar root canal therapy	60%	40%	60%	50%
Periodontic Services				
Osseous surgery - per quadrant	60%	40%	60%	50%
Orthodontic Services* (Optional)				
Orthodontic lifetime maximum	Does not apply	\$1,000	Does not apply	\$1,000

See page 46 for footnotes.

Aetna 10–100 Dental Plans

	Option 7A Freedom-of-Choice - PPO 1000 80th - Monthly selection between the DMO and PPO		Option 8A Freedom-of-Choice - PPO 1500 90th - Monthly selection between the DMO and PPO	
Member Benefits	Plan code 56	PPO Plan 100/80/50	DMO Plan 100/100/60	PPO Plan 100/80/50
Office Visit Copay	\$5	None	\$5	None
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum
Annual Maximum Benefit	None	\$1,000	None	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	No charge	100%	100%	100%
Comprehensive oral exam	No charge	100%	100%	100%
Problem-focused oral exam	No charge	100%	100%	100%
X-rays				
Bitewing - single film	No charge	100%	100%	100%
Complete series	No charge	100%	100%	100%
Preventive Services				
Adult cleaning	No charge	100%	100%	100%
Child cleaning	No charge	100%	100%	100%
Sealants - per tooth	No charge	100%	100%	100%
Fluoride application - with cleaning	No charge	100%	100%	100%
Space maintainers	No charge	100%	100%	100%
Basic Services				
Amalgam filling - 2 surfaces	No charge	80%	100%	80%
Resin filling - 2 surfaces, anterior	No charge	80%	100%	80%
Endodontic Services				
Bicuspid root canal therapy	No charge	80%	100%	80%
Periodontic Services				
Scaling & root planing - per quadrant	\$25	80%	100%	80%
Oral Surgery				
Extraction - exposed root or erupted tooth	No charge	80%	100%	80%
Extraction of impacted tooth - soft tissue	No charge	80%	100%	80%
Major Services*				
Complete upper denture	\$185	50%	60%	50%
Partial upper denture (resin base)	\$185	50%	60%	50%
Crown - Porcelain with noble metal ¹	\$150	50%	60%	50%
Pontic - Porcelain with noble metal ¹	\$150	50%	60%	50%
Inlay - Metallic (3 or more surfaces)	\$150	50%	60%	50%
Oral Surgery				
Removal of impacted tooth - partially bony	\$45	50%	60%	80%
Endodontic Services				
Molar root canal therapy	\$125	50%	60%	80%
Periodontic Services				
Osseous surgery - per quadrant	\$140	50%	60%	80%
Orthodontic Services* (Optional)				
Orthodontic lifetime maximum	Does not apply	\$1,000	Does not apply	\$1,000

See page 46 for footnotes.

Aetna 10–100 Dental Plans

	Option 9A Freedom-of-Choice - PPO 2000 80th - Monthly selection between the DMO and PPO		Option 10A PPO Max 1000	Option 11A PPO Max 1500
Member Benefits	DMO Plan 100/100/60	PPO Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	\$5	None	None	None
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	None	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	None	\$2,000	\$1,000	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing - single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
Preventive Services				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants - per tooth	100%	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%
Basic Services				
Amalgam filling - 2 surfaces	100%	80%	80%	80%
Resin filling - 2 surfaces, anterior	100%	80%	80%	80%
Endodontic Services				
Bicuspid root canal therapy	100%	80%	80%	80%
Periodontic Services				
Scaling & root planing - per quadrant	100%	80%	80%	80%
Oral Surgery				
Extraction - exposed root or erupted tooth	100%	80%	80%	80%
Extraction of impacted tooth - soft tissue	100%	80%	80%	80%
Major Services*				
Complete upper denture	60%	50%	50%	50%
Partial upper denture (resin base)	60%	50%	50%	50%
Crown - Porcelain with noble metal ¹	60%	50%	50%	50%
Pontic - Porcelain with noble metal ¹	60%	50%	50%	50%
Inlay - Metallic (3 or more surfaces)	60%	50%	50%	50%
Oral Surgery				
Removal of impacted tooth - partially bony	60%	80%	80%	80%
Endodontic Services				
Molar root canal therapy	60%	80%	80%	80%
Periodontic Services				
Osseous surgery - per quadrant	60%	80%	80%	80%
Orthodontic Services* (Optional)				
Orthodontic lifetime maximum	Does not apply	\$1,000	\$1,000	\$1,000

See page 46 for footnotes.

Aetna 10–100 Dental Plans

	Option 12A PPO 1000 90th	Option 13A PPO 2000 80th	Option 14A PPO 1500 90th
Member Benefits	PPO 1000 Plan 100/80/50	PPO 2000 Plan 100/80/50	PPO Plan 100/80/50
Office Visit Copay	None	None	None
Annual Deductible per Member (Does not apply to diagnostic & preventive services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	\$1,000	\$2,000	\$1,500
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing - single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
Adult cleaning	100%	100%	100%
Child cleaning	100%	100%	100%
Sealants - per tooth	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%
Space maintainers	100%	100%	100%
Basic Services			
Amalgam filling - 2 surfaces	80%	80%	80%
Resin filling - 2 surfaces, anterior	80%	80%	80%
Endodontic Services			
Bicuspid root canal therapy	80%	80%	80%
Periodontic Services			
Scaling & root planing - per quadrant	80%	80%	80%
Oral Surgery			
Extraction - exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth - soft tissue	80%	80%	80%
Major Services*			
Complete upper denture	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%
Crown - Porcelain with noble metal ¹	50%	50%	50%
Pontic - Porcelain with noble metal ¹	50%	50%	50%
Inlay - Metallic (3 or more surfaces)	50%	50%	50%
Oral Surgery			
Removal of impacted tooth - partially bony	80%	80%	80%
Endodontic Services			
Molar root canal therapy	80%	80%	80%
Periodontic Services			
Osseous surgery - per quadrant	80%	80%	80%
Orthodontic Services* (Optional)			
Orthodontic lifetime maximum	\$1,000	\$1,500	\$1,000

See page 46 for footnotes.

Dental plans for 2–100

Footnotes

Aetna Small Group Dental Plans 2-9

*Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in Plan Options 2 and 3 and the Preventive Care Plan in Plan Option 1.

The DMO in Plan Option 2 can be offered with any of the PPO plans in Plan Options 4-6 in a Dual Option package.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Plan Options 2, 3 and the PPO in Plan Option 5.

Plan Options 1, 3 and 4; PPO Max Nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 70.

Aetna Small Group Voluntary Dental Plans 3-9

*Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in Voluntary Plan Options 2 and 3 and the Preventive Care Plan in Voluntary Plan Option 1.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Voluntary Plan Options 2 and 3.

Voluntary Plan Options 1, 3 and 4; PPO Max Nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

All voluntary plans require a minimum of 3 to enroll.

If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the coverage waiting period.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 70.

Aetna 10-100 Dental Plans

*Coverage waiting period applies to Voluntary PPO and PPO Max plans in Plan Options 5A - 14A: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service including orthodontic services. Does not apply to Voluntary DMO in Plan Options 1A - 9A, and all Standard plans.

**Specialist procedures are not covered by the plan when performed by a participating specialist. However, the service is available to the member at a discount.

¹There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures in DMO Options 1A, 4A and 7A.

Fixed dollar amounts on the DMO in Plan Options 1A - 9A, including office visit and orthodontic copays, are the member's responsibility.

The DMO in Plan Options 1A - 4A can be offered with any of the PPO plans in Plan Options 10A - 14A in a Dual Option package.

Plan Options 5A, 6A, 10A and 11A; PPO Max Nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-network plan payments are limited by geographic area on the PPO in Plan Options 7A, 9A and 13A to the prevailing fees at the 80th percentile and the 90th percentile in Plan Options 8A, 12A and 14A.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Plan Options 1A - 9A. Most all oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Plan Options 5A, 6A, and 7A. All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Plan Options 8A, 9A - 14A. General anesthesia is covered as basic services on the PPO in Plan Options 5A - 14A.

Alternate benefits will not be applied to posterior resin fillings on the PPO in Plan Options 5A - 14A.

Coverage for Implants is included as a major service on the PPO in Plan Option 9A and 13A.

Orthodontic coverage is available for dependent children only.

Voluntary Plans: If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the coverage waiting period.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who participate in the Aetna Dental Access Network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the dentist participates in both the Aetna Dental Access Network and the Aetna DMO network, DMO benefits take precedence over all other discounts, including discounts through the Aetna Dental Access network.

Aetna Dental Access Network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access Network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 70.

Life & Disability

Overview

Group life and disability is an affordable way to provide life insurance and disability benefits to employees that will help them establish financial protection for themselves and their families.

For groups of 2 to 50, Aetna Life Insurance Company (Aetna)

Small Group packaged life and disability insurance plans include a range of flat-dollar insurance options bundled together in one monthly per-employee rate. These products are easy to understand and offer affordable benefits to help your employees protect their families in the event of illness, injury or death. You'll benefit from streamlined plan installation, administration and claims processing, and all of the benefits of our stand-alone life and disability products for small groups. Or, simply choose from our portfolio of group basic term life and disability insurance plans.

For groups of 51 and above, Aetna offers a robust portfolio of life and disability products with flexible plan features. Please consult your sales representative for a plan designed to meet your group's needs:

- Basic life
- Supplemental life
- AD&D Ultra[®]
- Supplemental AD&D Ultra[®]
- Dependent life
- Short-term disability
- Long-term disability

Life insurance

We know that life insurance is an important part of the benefits package you offer your employees. That's why our products and programs are designed to meet your needs for:

- Flexibility
- Added value
- Cost-efficiency
- Experienced support

We help you give employees what they're looking for in lifestyle protection, through our selected group life insurance options. And we look beyond the benefits payout to include useful enhancements through the **Aetna Life EssentialsSM** program.

So what's the bottom line? A portfolio of value-packed products and programs to attract and retain workers — while making the most of the benefits dollars you spend.

Giving you (and your employees) what you want

Employees are looking for cost-efficient plan features and value-added programs that help them make better decisions for themselves and their dependents.

Our life insurance plans come with a variety of features including:

Accelerated death benefit — Also called the “living benefit,” the accelerated death benefit provides payment to terminally ill employees or spouses. This payment can be up to 75 percent of the life insurance benefit.

Premium waiver provision — Employee coverage may stay in effect up to age 65 without premium payments if an employee becomes permanently and totally disabled while insured due to an illness or injury prior to age 60.

Optional dependent life — This feature allows employees to add optional additional coverage for eligible spouses and children for employers with 10 or more employees. This employee-paid benefit enables employees to cover their spouses and dependent children.

Our fresh approach to life

With **Aetna Life Essentials**, your employees have access to programs during their active lives to help promote healthy, fulfilling lifestyles. In addition, Aetna Life Essentials provides for critical caring and support resources for often-overlooked needs during the end of one's life. And we also include value for beneficiaries and their loved ones well beyond the financial support from a death benefit.

AD&D Ultra®

AD&D Ultra is standardly included with our small group term life plans and in our packaged life and disability plans, and provides employees and their families with the same coverage as a typical accidental death and dismemberment plan — and then some. This includes extra features at no additional cost to you, such as coverage for education or child care expenses, that make this protection even more valuable.

Covered losses include:

- Death
- Dismemberment
- Loss of sight
- Loss of speech
- Loss of hearing
- Third-degree burns
- Paralysis
- Coma
- Total disability
- Exposure and disappearance

Extra benefits for the following:

- Passenger restraint use and airbag deployment*
- Education assistance for dependent child and/or spouse*
- Child care*
- Repatriation of mortal remains*

Disability insurance

Finding disability services for you and your employees isn't difficult. Many companies offer them. The challenge is finding the right plan ... one that will meet the distinct needs of your business. Aetna understands this.

Our comprehensive approach to disability helps give us a clear understanding of what you and your employees need... and then helps meet those needs. You'll get the right resources, the right support and the right care for your employees at the right time:

- Our clinically based disability model ensures claims and duration guidelines are fact-based with objective benchmarks.
- We offer a holistic approach that takes the whole person into account.
- We give you 24-hour access to claims information.
- We provide return-to-work programs to help ensure employees are back to work as soon as it's medically safe to do so.
- We employ vocational rehabilitation and ergonomic specialists who can help restore employees back to health and productive employment.

Integrated Health and Disability

With our Integrated Health and Disability program, we can link medical and disability data to help anticipate concerns, take action and get your employees back to work sooner.

- Predictive modeling identifies medical members most likely to experience a disability, potentially preventing a disability from occurring or minimizing the impact for better outcomes.
- This program is HIPAA-compliant so medical and disability staff can share clinical information and work jointly with the employee to help address medical and disability issues.
- Referrals between health case managers and their disability counterparts help ensure better consistency and integration.
- The program is available at no additional cost when a member has both medical and disability coverage from Aetna.

For a summary list of Limitations and Exclusions, refer to pages 70–71.

*Only available if insured loses life.

Life insurance policies and disability insurance plans/policies are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

Term Life Plan Options

For plan options for group size 51 and above, please consult your representative.

	2-9 Employees	10-50 Employees
Basic Life Schedule	Flat \$10,000, \$15,000, \$20,000, \$50,000	Flat \$10,000, \$15,000, \$20,000, \$50,000, \$75,000, \$100,000, \$125,000
Class Schedules	Not available	Up to 3 classes (with a minimum requirement of 3 employees in each class) — the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class
Premium Waiver Provision	Premium waiver 60	Premium waiver 60
Age Reduction Schedule	Original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
Accelerated Death Benefit	Up to 75% of Life amount for terminal illness	Up to 75% of Life amount for terminal illness
Guaranteed issue	\$20,000	10-25 employees \$75,000 26-50 employees \$100,000
Participation Requirements	100%	100% on non contributory plans; 75% on contributory plans
Contribution Requirements	100% Employer contribution	Minimum 50% Employer contribution
AD&D Ultra		
AD&D Ultra Schedule	Matches life benefit	Matches life benefit
AD&D Ultra Extra Benefits	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains
Optional Dependent Term Life		
Spouse Amount	Not available	\$5,000
Child Amount	Not available	\$2,000

Packaged Life and Disability Plan Options

For plan options for group size 51 and above, please consult your representative.

Basic Life Plan Design	Low Option	Medium Option	High Option
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed issue			
2-9 Lives	\$10,000	\$20,000	\$20,000
10-50 Lives	\$10,000	\$20,000	\$50,000
Reduction Schedule	Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
Disability Provision	Premium waiver 60	Premium waiver 60	Premium waiver 60
Conversion	Included	Included	Included
Accelerated Death Benefit	Up to 75% of benefit; 24-month acceleration	Up to 75% of benefit; 24-month acceleration	Up to 75% of benefit; 24-month acceleration
Dependent Life	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
AD&D Ultra			
AD&D Ultra Schedule	Matches basic life benefit	Matches basic life benefit	Matches basic life benefit
AD&D Ultra Extra Benefits	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains		
Disability Plan Design			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Offsets are workers' compensation, any state disability plan, and primary and family Social Security benefits	
Elimination Period	30 days	30 days	30 days
Definition of Disability	Own occupation: earnings loss of 20% or more	Own occupation: earnings loss of 20% or more	First 24 months of benefits: Own Occupation: Earnings Loss of 20% or more; Any reasonable occupation thereafter: 40% earnings loss.
Benefit Duration	24 months	24 months	60 months
Pre-Existing Condition Limitation	3/12	3/12	3/12
Types of Disability	Occupational & non-occupational	Occupational & non-occupational	Occupational & non-occupational
Separate Periods of Disability	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter
Mental Health/Substance Abuse	Duration same as all other conditions	Duration same as all other conditions	Duration same as all other conditions
Waiver of Premium	Included	Included	Included
Other Plan Provisions			
Eligibility	Active full-time employees	Active full-time employees	Active full-time employees
Rate Guarantee	1 year	1 year	1 year
Rates PEPM	\$8.00	\$15.00	\$27.00

For groups of 51 and above, Aetna offers a robust portfolio of Life and Disability product with flexible plan features. Please consult your sales representative for a plan designed to meet your group's needs:

- Basic life
- Supplemental life
- AD&D Ultra[®]
- Supplemental AD&D Ultra[®]
- Dependent life
- Short-term disability
- Long-term disability

Life insurance policies and disability insurance plans/policies are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

Underwriting guidelines

In business, nothing is more critical to success than the health and well-being of employees.

For businesses with 100 or fewer eligible employees

This material is for informational purposes only and is not intended to be all inclusive. Other policies and guidelines may apply.

Note: State and federal legislation/regulations, including small group reform and HIPAA, take precedence over any and all underwriting rules. Exceptions to underwriting rules require approval of the regional underwriting manager, except where head underwriter approval is indicated. This information is the property of Aetna and its affiliates ("Aetna"), and may only be used or transmitted with respect to Aetna products and procedures, as specifically authorized by Aetna, in writing.

Case Submission Dates

- Groups must have all completed paperwork into Aetna Underwriting in accordance with the following:
 - 2 to 50 eligible employees: 25th of the prior month for 1st of the month effective dates;
10th of the month for 15th of the month effective dates
 - 51 to 100 eligible employees: 20th of the prior month for 1st of the month effective dates;
5th of the month for 15th of the month effective dates
 - Any cases received after the cut-off date will be considered on an exception basis only, as approved by the Underwriting Unit manager.
 - If not approved, the effective date will be moved to the next available effective date, with potential rate impact.
-

COBRA and/or State Continuees

- COBRA coverage will be extended in accordance with federal law.
 - COBRA and state continuees are not eligible for life or disability coverage.
 - COBRA and state continuees are included in the medical underwriting of the group.
 - Health information must be provided on COBRA and state continuees.
 - COBRA/state continuees qualifying event, length, start and end dates must be provided.
 - Employers with 20 or more employees (full- and part-time) are eligible to offer COBRA coverage.
 - Employers with fewer than 20 employees (full- and part-time) are eligible to offer state continuation.
 - Note: COBRA/state continuees are not to be included for purpose of counting employees to determine the size of the group. Once the size of the group has been determined and it is determined that the law is applicable to the group, COBRA/state continuees can be included for coverage subject to normal underwriting guidelines.
-

Dependent Eligibility

Eligible dependents include:

- Spouse of employee. If both husband and wife work for the same company they may enroll together or separately, with the exception of two life groups, in which case the spouse must enroll separately.
- A domestic partner may be covered as an eligible dependent if the employer elects this designation at contract effective or renewal date.
- Children
 - Medical and dental - children are eligible as defined in plan documents in accordance with applicable state and federal laws, up to age 26, regardless of financial dependency, employment, eligibility of other coverage, student status, marital status, tax dependency or residency. This requirement applies to natural and adopted children, stepchildren and children subject to legal guardianship.
 - At the request of the employer, medical coverage for dependent children may be extended to age 30 and must meet all of the following:
 - Need not be a full-time student.
 - Is not married.
 - Has no dependents.
 - Is a resident of this commonwealth or is enrolled as a full-time student at an institution of higher education.
 - Is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group or individual health insurance policy or enrolled in or entitled to benefits under any government health care benefits program.
 - Children can only be covered under one parent's plan when both parents work for the same company.
 - Grandchildren are eligible if court ordered. A copy of the court papers must be submitted.
- Dependent Life
 - 10 to 50 eligible employees – eligible from 14 days up to their 19th birthday or to their 23rd birthday, if in school on a regular basis and dependent solely on the employee for support.
 - 51 to 100 eligible employees – contact your Aetna account executive.
- Individuals cannot be covered as an employee and dependent under the same plan.
- Dependents must enroll in the same benefit option as the employee.
- AD&D
 - 2 to 50 eligible employees – dependents are not eligible for AD&D or disability coverage.
 - 51 to 100 eligible employees – contact your Aetna account executive.
- Employee must elect Life to purchase Dependent Life.
- Disability
 - 2 to 100 eligible employees – dependents are not eligible for Disability.

Effective Date

- The effective date must be the 1st or the 15th of the month.
- The effective date requested by the employer must be within 60 days of the submission date.

Electronic Funds Transfer / ACH
(2 to 50 Group Size)

- The first month's premium for new business can be processed via an electronic funds transfer/ACH.
 - Once the group is issued, customers can pay their monthly premiums online or by calling an automated phone number, **1-866-350-7644**, using their checking account and routing number. There is no extra charge for this service.
-

**Employee Eligibility
2 to 50 Group Size**

- Eligible employees are those employees and active owners who are permanent and work on a full-time basis, as defined by the employer, and who meet any authorized waiting period requirements. Aetna's minimum acceptable hours per week is 25.
- This includes a sole proprietor or partner of a partnership, if included as an employee in the health benefits plan of employer.
- Coverage must be extended to all employees meeting the above conditions, unless they belong to a union class excluded as the result of a collective bargaining arrangement.
- Employees/individuals not eligible for coverage include 1099 contractors, temporary, seasonal, substitute or uncompensated employees, employees making less than equivalent minimum wage, volunteers, retirees (under 65 years of age), inactive owners, shareholders, officers or managing members who are not active, investors, or silent partners.

Retirees

- Early retiree coverage is not available.
- Coverage is available for Medicare-eligible retirees and/or active Medicare-eligibles in accordance with the Small Group Medicare Underwriting Guidelines.
- Medicare-eligible retirees who are enrolled in an Aetna Medicare Plan are eligible to enroll in Standard Dental Plans in accordance with the dental Underwriting Guidelines.
- Retirees are not eligible for Life, Disability or Voluntary dental coverage.

**Employee Eligibility
51 to 100 Group Size**

- Eligible employees are those employees who are permanent and work on a full-time basis with a normal work week of at least 25 hours, and who have met any authorized waiting period requirements.

Retirees

- Retiree coverage is available for groups with 51 to 100 eligible employees.
- Retirees cannot comprise more than 10% of the group.
- The retiree must be currently covered with present carrier (must be shown on the bill roster or provide a copy of the ID card).
- If there were no retirees covered by the prior carrier the employee must be covered as an employee on the bill roster.

**Employer Definition
2 to 50 Group Size**

- An employer who employed at least 2 but not more than 50 eligible employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year. All persons treated as a single employer under specified sections of Section 414 of the Internal Revenue Service Code shall be treated as one employer.

Employer Eligibility

- Groups with 2 to 50 eligible employees that do not meet the above definition of a small employer are not eligible for coverage.
 - Groups with 51 to 100 eligible employees are not subject to Small Group Reform (SGR) and are therefore not guaranteed issue.
 - Medical plans can be offered to sole proprietorships, partnerships or corporations.
 - Organizations must not be formed solely for the purpose of obtaining health coverage.
 - Taft Hartley groups, professional employer organizations (PEO)/employee leasing firms and closed groups (groups that restrict eligibility through criteria other than employment) and groups where no employer/employee relationship exists are not eligible.
 - Dental and disability have ineligible industries.
 - The dental ineligible industry list does not apply when dental is sold in combination with medical.
-

Initial Premium

- The initial premium payment should be in the amount of the first month's premium and may be in the form of a check or electronic funds transfer.
- Submit a "copy" of the initial premium check payable to Aetna Inc. or complete the ACH/EFT form (Aetna form).
- If you choose to use the EFT method, we will withdraw the first initial premium from the checking account when the group is approved. This is a one-time authorization for the first month's premium only. If you supply a copy of the check, once coverage is approved, you will be advised where to mail the initial premium check.
- The initial premium check is not a binder check and does not bind Aetna to provide coverage.
- If the request for coverage is withdrawn or denied due to business ineligibility, participation and/or contributions not met, the premium payment will not be processed.
- If the initial premium check is returned for non-sufficient funds, coverage will be terminated retroactive to the effective date.

Licensed, Appointed Producers

- Only appropriately licensed agents/producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna products.
- License and appointment requirements vary by state and are based on the contract state of the small employer group being submitted.

Multi-Option Plans

- A minimum of 1 person must enroll in each plan when a dual option is offered.
- Groups with 2 to 19 enrolling may offer 2 medical plans, provided the 2 plans offered have different medical features. The same medical plan with different prescription drug plans cannot be offered.
- Groups with 20 to 50 enrolling may offer 3 medical plans, provided the 3 plans have different medical features. The same medical plan with different prescription drug plans cannot be offered.
- Groups with 51 to 100 enrolling may offer 4 medical plans, provided the 4 plans have different medical features. The same medical plan with different prescription drug plans cannot be offered.
- Groups with 2 to 100 enrolling may offer an additional PPO/indemnity plan for out-of-situs subscribers. These plans will not count toward the maximum noted above.

Municipalities and Townships

- A township is generally a small unit that has the status and powers of local government.
 - A municipality is an administrative entity composed of a clearly defined territory and its population, and commonly denotes a city, town or village. A municipality is typically governed by a mayor and city council, or municipal council.
 - Underwriting requirements:
 - Quarterly Wage and Tax Statement (QWTS)
 - W2 – Elected or appointed officials and trustees "may" be eligible for group coverage based on the charter or legislation. If so, they may not be on the QWTS; rather, they may be paid via W2. In that case, obtain a copy of their prior year W2.
 - If elected officials are to be covered, provide a copy of the charter or contract indicating which classes or employees are to be covered, the minimum hours required to work per week to be eligible for coverage, and confirmation that coverage will be offered to all employees meeting the minimum number of required hours and that minimum participation will be maintained.
-

Newly Formed Business (in operation less than 3 months)

Newly formed businesses may be considered at the discretion of the underwriter if the following are provided:

Sole Proprietor

A copy of the business license (not a professional license).

Partnership or Limited Liability Partnership

A copy of the partnership agreement.

Limited Liability Company

A copy of the articles of organization and the operating agreement to include the signature page(s) of all officers.

Corporation

A copy of the articles of incorporation that includes the signature page(s) of all officers (must be followed up with a copy of the statement of information within 30 days of filing with the state)

Each newly formed business must also provide:

- Proof of Employer Identification Number/Federal Tax Identification Number; and
- Quarterly Wage and Tax statement. If not available, when will one be filed; and
- The most recent two consecutive weeks worth of payroll records which includes hours worked, taxes withheld, check number and wages earned; or
- A letter from the group or a CPA with the following information:
 - A list of all employees, to include owners, partners, officers (full time and part time)
 - Number of hours worked by each employee
 - Weekly salary for each employee
 - Date of hire for each employee
 - Whether payroll records have been established
- Groups that are not subject to guaranteed issue may be declined.

PEO (professional employer organization)

- 2 to 50 eligible employees: As long as the PEO provides payroll specific for the group and we can determine it is a small group, even though the group may be reported under the PEO tax ID number, the group may be considered subject to underwriting approval.
- 51 to 100 eligible employees: Groups are eligible as long as they are leaving the PEO and provide a letter of intent upon sale.

Prior Aetna Coverage

- Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until: (1) 12 months after the termination date or (2) receipt of payment of two months of premium in advance of issuance of the health benefits plan. Additionally, all premiums still owed on the prior Aetna plan must be paid in full.
- Medical claims will be reviewed along with the health information provided on the employee application and included in the overall medical assessment of the group.

Rating Information

- Rates are based on final enrollment and require that:
 - No portion of the member's cost sharing, including but not limited to, copayments, deductibles and/or coinsurance balances will be subsidized or funded by the employer, with the exception of a federally qualified Health Reimbursement Arrangement (HRA), or Health Savings Account (HSA), whether insured or self-funded, including but not limited to a partially self-funded Section 105 wrap around, now or in the future; and
 - Employer is not funding the deductible of the quoted health plan through an HRA or HSA arrangement in excess of 50% annually.
- All quotes are subject to change based on additional information that becomes available in the quoting process and during case submission/installation, including any change in census.
- If both husband and wife work for the same company and apply under one contract, rates will be based on the oldest adult.
- All rates will be quoted on a 4-tier structure: single, couple, employee plus child(ren), family.
- If any of the information Aetna receives is determined to be incomplete or incorrect, we reserve the right to adjust rates and/or rescind the offer.

Replacing Other Group Coverage

- Current carrier bill with billing summary and employee roster is required.
- The employer should be told not to cancel any existing medical coverage until it has been notified of approval from the Aetna Underwriting unit.

Signature Dates

- The Aetna Employer Application and all employee applications must be signed and dated prior to and within 90 days of the requested effective date.
- All employee applications must be completed by the employee himself/herself.

Spin-Off Groups

(current Aetna customers leaving an Aetna group only)

Aetna will consider the group with the following:

- A letter from the group or broker indicating the group is enrolling as a spin-off. Letter needs to include the name of the group they are spinning off from and the name of the new spin-off group.
 - Ownership documents showing that the spin-off company is a newly formed separate entity.
 - A minimum of 2 weeks payroll. If the group that is spinning off has been in business longer than 2 weeks, payroll will be required for the amount of time in business up to a maximum of 6 consecutive weeks.
 - Current Aetna customers leaving an Aetna group will have medical claims reviewed along with the health information provided on the employee application and included in the overall medical assessment of the group.
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**Tax Information /
Documents for
2 to 50 size groups**

- Groups with 2 to 20 eligible employees OR groups with 21+ eligible employees WITHOUT prior GROUP coverage
 - Provide a copy of the most recent Quarterly Wage and Tax Statement (QWTS) containing the names, salaries, etc., of all employees of the employer group.
 - Newly hired employees should be written in on the Quarterly Wage & Tax Statement.
 - Employees who have terminated or work part-time must be noted accordingly on the QWTS.
 - Reconciled QWTS must be signed and dated by the employer.
 - Any handwritten comments added to the QWTS must be signed and dated by the employer. This may be requested at the discretion of the underwriter.
 - Groups with 21 to 50 eligible employees WITH prior GROUP coverage
 - A QWTS is not needed if a bill roster is provided and at least 75% of the eligible employees are on the prior carrier billing statement.
 - Newly hired employees should be written in on the prior carrier bill.
 - Employees who have terminated or work part-time must be noted accordingly on the prior carrier bill.
 - Reconciled prior carrier bill must be signed and dated by the employer.
 - Any hand written comments added to the prior carrier bill must be signed and dated by the employer. This may be requested at the discretion of the underwriter.
 - If no prior carrier, then a QWTS is needed and documented as noted above.
 - All Groups - if a QWTS or prior carrier bill is not available, explain why and provide a copy of payroll records.
 - Two life groups – If a group had one eligible last year and is now adding a second eligible within one month of the effective date, additional documentation for the newly eligible employee is needed. Supply payroll for two consecutive payroll periods that show all applicable federal and state taxes being withheld AND provide documentation that the payroll was issued and deposited within an appropriate time frame. Include copies of front and back of cancelled checks. Checks cannot be in consecutive order.
 - For seasonal industries such as lawn and garden services, concrete and paving, golf courses, farm laborers, etc., four consecutive quarters of wage and tax reports should be submitted to verify the full-time, consistent, continuous, employment of the eligible employees.
 - Churches must provide Form 941, including a copy of the payroll records with employee names, wages and hours which must match the totals on Form 941.
 - Sole proprietors, partners, corporate officers not listed on the QWTS need to complete Aetna's Small Group Proof of Eligibility Form (located at https://www.aetna.com/producers/small_group) and submit one of the following identified documents. This list is not all-inclusive. The employer may provide any other documentation to establish eligibility.
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Tax Information / Documents for 2 to 50 size groups
(continued)

Sole Proprietor

- Franchise
 - Limited Liability Company (operating as a sole proprietor)
- IRS Form 1040, along with Schedule C (Form 1040)
 - IRS Form 1040, along with Schedule SE (Form 1040)
 - IRS Form 1040, along with Schedule F (Form 1040)
 - IRS Form 1040, along with Schedule K1 (Form 1065)
 - Any other documentation the owner would like to provide to determine eligibility

Partner

- Partnership
 - Limited Liability Partnership
- IRS Form 1065 Schedule K-1
 - IRS Form 1120 S Schedule K-1, along with Schedule E (Form 1040)
 - Partnership agreement, if established within two years; eligible partners must be listed on agreement
 - Any other documentation the owner would like to provide to determine eligibility

Corporate Officer

- Limited Liability Company (operating as C-Corp)
 - C-Corporation
 - Personal Service Corporation
 - S-Corporation
- IRS Form 1120 S Schedule K1, along with Schedule E (Form 1040)
 - IRS Form 1120 W (C-Corp & Personal Service Corp)
 - 1040 ES (Estimated Tax) (S-Corp)
 - IRS Form 8832 (Entity classification as a corporation)
 - W2
 - Articles of Incorporation, if established within two years; corporate officers must be listed
 - Any other documentation the owner would like to provide to determine eligibility

Two or More Companies – Affiliated, Associated or Multiple Companies, Common Ownership
(2 to 50 size groups)

Employers who have more than one business with different Tax Identification Numbers (TINs) may be eligible to enroll as one group if the following are met:

- One owner has controlling interest of all businesses to be included; or
- The owner files (or is eligible to file) an Affiliations Schedule, IRS Form 851, a combined tax return for all companies to be included. If they are eligible but choose not to file Form 851, please indicate as such. A copy of the latest filed tax return must be provided; and
- All businesses filed under one combined tax return must be enrolled as one group. For example, if the employer has three businesses and files all three under one combined tax return, then all three businesses must be enrolled for coverage. If the request is for only two of the three businesses to be enrolled, the group will be considered a carve out, will not be guaranteed issue and could be declined.
- There are 50 or fewer employees in the combined employer groups.
- Businesses with equal controlling interest may be considered, if the owners of the company designate an individual to act on behalf of all the groups.
- Underwriting reserves the right to final underwriting review, and may consider common ownership on a case-by-case underwriting exception.

Example

One owner has controlling interest of all companies to be included:

Company 1 – Jim owns 75% and Jack owns 25%

Company 2 – Jim owns 55% and Jack owns 45%

Both companies can be written as one group since Jim has controlling interest in both.

Two or more companies – Affiliated, Associated or Multiple Companies, Common Ownership
(51 to 100 size groups)

- If the companies file taxes together provide a copy of the 851 tax form.
- If the companies do not file taxes together provide a letter on company letterhead providing a list of each company and percent of ownership for each individual.
- One owner must have at least 51% ownership in each company
- Complete the Single Employer Plans Form. The letter has to be signed by an officer of the company.

Waiting Period

- At initial submission of the group, the benefit waiting period may be waived for current employees upon the employer's request. This should be checked on the Employer Application.
- The benefit waiting period for future employees may be the first day of the policy month following 0, 1, 2, 3, 4, 5 or 6 months.
- A change to the benefit waiting period may only be made on the plan anniversary date.
- No retroactive changes will be allowed.
- Two benefit waiting periods may be selected and must be consistently applied within a class of employees as defined by the employer, such as management versus non-management, hourly versus salaried, etc.
- Benefit waiting periods **must be consistently applied to all employees**, including newly hired key employees.
- For new hires, the eligibility date will be the first day of the policy month following the waiting period.

Example 1

Effective date is July 1; employees will be issued an effective date of the first of the month following the chosen waiting period.

Example 2

Effective date is July 15; employees will be issued an effective date of the fifteenth of the month following the chosen waiting period.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability
Product Availability	<ul style="list-style-type: none"> Groups of 2 to 100 eligible employees. May be written stand-alone or with ancillary coverage as noted in the following columns. 	<p>2 eligible employees</p> <ul style="list-style-type: none"> Standard plans available with or without medical coverage Voluntary plans not available Orthodontic coverage not available <p>3 to 100 eligible employees</p> <ul style="list-style-type: none"> Standard and Voluntary plans available with or without medical coverage Stand-alone available Stand-alone dental has ineligible industries <p>Orthodontia coverage</p> <ul style="list-style-type: none"> Available for groups with 10 or more eligible employees with a minimum of 5 enrolled for dependent children only. 	<p>Life and/or Disability</p> <ul style="list-style-type: none"> 2 to 9 eligible employees available if packaged with medical. 10 to 50 eligible employees available if packaged with medical or dental. 26 to 50 eligible available on a stand-alone basis. Groups 51 to 100, contact your Aetna account executive. <p>Packaged Life and Disability</p> <ul style="list-style-type: none"> 2 to 50 eligible employees available if packaged with medical. 26 to 50 eligible employees available on a stand-alone basis. 51 to 100 eligible employees – not available. A plan sponsor cannot purchase both life and packaged life and disability plans. Product packaging rule is a group level requirement. Employees will be able to individually elect life, disability or packaged life & disability insurance even if they do not elect medical coverage. <p>Disability</p> <ul style="list-style-type: none"> Groups are ineligible for coverage if 60% or more of eligible employees or 60% or more of eligible payroll are for employees over 50 years old. Conversion options are not available. Available to employees only; dependents are not eligible. Employees may elect Disability coverage even if they do not elect medical coverage. Groups 50 to 100, contact your Aetna account executive.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability
Excluded Class/ Carve Outs	<ul style="list-style-type: none"> We will allow an employer to consider certain distinct classes of employees as ineligible for health care benefits (management versus non-management, salary versus hourly, union versus non-union). A key provision is that the ineligible class must not be offered any other group coverage through the employer. The class being offered coverage would be subject to our participation requirements. Union employees are included in the total count of eligible employees in determining the case size, while other excluded classes are not included. 2 to 50 group size: Management carve outs are not permitted. 51 to 100 group size: Management carve outs may be permitted with underwriting management approval. 	<ul style="list-style-type: none"> Union employees if packaged with medical. 	<ul style="list-style-type: none"> Union employees if packaged with medical.
Employer Contribution	<ul style="list-style-type: none"> Minimum of 50% of the employee-only cost. Coverage can be denied based on inadequate contributions. HRA plans - The employer cannot fund the deductible in excess of 50% annually whether through an HRA, HSA or any other arrangement. 	<p>Standard dental</p> <ul style="list-style-type: none"> 25% of the total cost of the plan or 50% of the cost of employee-only coverage. <p>Voluntary dental</p> <ul style="list-style-type: none"> 3 to 9 eligible employees – the group contribution can be from zero to 49% of the cost of the employee-only coverage. 10 to 100 eligible employees – employee pay all plans. The employer can not contribute to the cost of the employee rate. <p>Standard and Voluntary</p> <ul style="list-style-type: none"> Coverage can be denied based on inadequate contributions. 	<ul style="list-style-type: none"> Groups with 2 to 9 eligible employees must contribute 100% of the total cost of the basic term life plan. Groups with 10 to 50 eligible employees must contribute at least 50% of the cost of the plan (excluding Optional Dependent Life). Groups with 51 to 100 eligible employees contact your Aetna account executive. Coverage may be denied based upon inadequate contributions.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability
Late Applicants	<ul style="list-style-type: none"> An employee or dependent who enrolls for coverage more than 31 days from the date first eligible or 31 days of the qualifying event is considered a late enrollee. Applicants without a qualifying life event (that is, marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are subject to the Late Entrant guidelines as noted below. Voluntary cancellation of coverage is NOT a qualifying event. For example, if a spouse is covered through his/her employer and voluntarily cancels the coverage, it is not a qualifying event to be added to the other spouse's plan. The spouse who cancelled the coverage must wait until the next plan anniversary date to be eligible to be added. Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date. 	<ul style="list-style-type: none"> An employee or dependent may enroll at any time; however, coverage is limited to preventive & diagnostic services for the first 12 months. No coverage for most basic and major services for first 12 months (24 months for orthodontics). Late Entrant provision does not apply to enrollees under age 5. Dental Late Entrant is not applicable to the DMO. 	<ul style="list-style-type: none"> Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date. The applicant will be required to complete an individual health statement/questionnaire and provide EOI. Life late enrollee example: Group has \$50,000 life with \$20,000 guaranteed issue limit. Late enrollee enrolling for \$50,000 would not automatically get the \$20,000. Since the applicant is late he or she must medically qualify for the entire \$50,000.
Live/Work Situs	<ul style="list-style-type: none"> Eligible employees who live or work in CT, DC, DE, MD, NJ, NY, PA and VA (the situs region) will receive the same rates and benefits as the headquarters location. 	<ul style="list-style-type: none"> Eligible employees who live or work in CT, DC, DE, MD, NJ, NY, PA and VA (the situs region) will receive the same rates and benefits as the headquarters location. 	<ul style="list-style-type: none"> Not applicable.
Medical Underwriting	<p>2 to 50 size groups</p> <ul style="list-style-type: none"> Groups cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions. <p>51 to 100 size groups</p> <ul style="list-style-type: none"> Must complete a Group Medical Questionnaire (GMQ). These cases may be declined or rated up. 	<ul style="list-style-type: none"> Not applicable. 	<ul style="list-style-type: none"> All timely entrants will be issued the guaranteed issue amount unless reinstatement or restoration of coverage is requested. Employees wishing to obtain insurance amounts above the guaranteed issue amounts listed below will be required to submit EOI, which means they must complete an individual health statement and may have to submit to medical evidence via medical records at their expense.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability
Medical Underwriting (continued)	<p>2 to 100 size groups</p> <ul style="list-style-type: none"> Medical conditions of COBRA and/or state continuees are included in this rating calculation. Medical claims may be reviewed for any individuals who had prior Aetna coverage and used along with the health information included on the employee application(s) and/or Group Medical Questionnaire, and included in the overall medical assessment of the group. 		
Out-of-Area	<ul style="list-style-type: none"> Out-of-area employees must be enrolled in a PPO plan if available; otherwise, an indemnity plan. 	<ul style="list-style-type: none"> Out-of-area employees must be enrolled in a PPO plan if available; otherwise, an indemnity plan. 	<ul style="list-style-type: none"> Not applicable
Out-of-Situs employees	<ul style="list-style-type: none"> Any active employee who lives and works outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC is considered outside the situs region. Out-of-situs employees can enroll in a Pennsylvania PPO Plan (or Indemnity plan if PPO network is not available). 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 Employer is located. This will require a Louisiana master application and employee application to be completed. 	<ul style="list-style-type: none"> Any active employee who lives and works outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC is considered outside the situs region. Out-of-situs employees will be offered one of the dental PPO plans. Employees who fall outside a dental PPO network area will default to a comparable Indemnity plan. 	<ul style="list-style-type: none"> Not applicable

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability
Participation	<p>Non contributory plans (Employer pay all)</p> <ul style="list-style-type: none"> 100% participation is required for non-contributory plans. That means 100% of all employees must enroll, excluding valid waivers. <p>Contributory plans 2 to 4 eligible employees</p> <ul style="list-style-type: none"> 100% of the eligible employees must participate, excluding those with valid waivers, rounding down. <p>5 to 100 eligible employees</p> <ul style="list-style-type: none"> 75% of the eligible employees must participate, excluding valid waivers, rounding down. <p>Example: 30 lives, 5 covered under spouse: $30 - 5 = 25 \times 75\% = 18.75 = 18$ must enroll.</p>	<p>Non contributory plans (Employer pay all)</p> <ul style="list-style-type: none"> 100% participation is required, excluding those with other qualifying dental coverage. <p>Contributory plans</p> <p>Standard plans</p> <ul style="list-style-type: none"> 2 to 3 eligible employees 100% participation is required, excluding those with other qualifying dental coverage. Example: 3 eligibles, 1 spousal dental $3 - 1 = 2 \times 100\% = 2$ must enroll 4 to 9 eligible employees 75% participation is required, excluding those with other qualifying dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan. 10 to 100 eligible employees 30% participation of total eligible employees excluding those with other qualifying dental coverage. A minimum of 2 employees must enroll. <p>Voluntary plans</p> <ul style="list-style-type: none"> 3 to 9 eligible employees 30% participation, excluding those with other qualifying existing dental coverage or a minimum of 3 enrollees. 10 to 100 eligible employees 30% participation of total eligible employees excluding those with other qualifying dental coverage. 	<p>Non contributory plans (Employer pay all)</p> <ul style="list-style-type: none"> 100% participation is required. <p>Contributory plans 2 to 9 eligibles</p> <ul style="list-style-type: none"> 100% participation 10 to 50 eligible employees 75% participation 51 to 100 eligible employees Contact your Aetna account executive <p>Stand-alone Life</p> <ul style="list-style-type: none"> 26 to 50 eligible employees – 75% participation is required. 51 to 100 eligible employees – contact your Aetna account executive. <p>All plans</p> <ul style="list-style-type: none"> COBRA and state continuees are not eligible. Retirees are not eligible. <ul style="list-style-type: none"> Employees may elect life insurance even if they do not elect medical coverage and the group must meet the required participation percentage. If not, then Life will be declined for the group. <p>Example: 9 employees 3 waiving medical 9 must enroll for life</p> <ul style="list-style-type: none"> Coverage can be denied based on inadequate participation.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability
Participation (continued)	<p>Waivers</p> <p>2 to 100 eligible employees</p> <ul style="list-style-type: none"> Valid waivers include – spousal coverage, parental group coverage, Medicare, TRICARE/CHAMPUS/CHAMPVA, military coverage, religious reasons, retiree coverage through a previous employer, group coverage through a second full-time job, surviving spouse, association coverage, and COBRA Continuee (active eligible employee waiving coverage based on current COBRA coverage through prior employer - once they waive coverage under our plan they are not eligible to enroll until open enrollment OR they exhaust the entire continuation period). Individual coverage is not a valid waiver. A minimum of 2 employees must enroll. Any eligible employees waiving coverage must complete the waiver section of the Employee Application. Coverage can be denied based on inadequate participation. 	<p>Stand-alone dental</p> <p>2 to 50 eligible employees</p> <ul style="list-style-type: none"> 75% participation, excluding those with other qualifying existing dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan. <p>51 to 100 eligible employees</p> <ul style="list-style-type: none"> 30% participation of total eligible employees excluding those with other qualifying dental coverage. <p>Standard, Voluntary and Stand-alone dental</p> <ul style="list-style-type: none"> Employees may select coverage for eligible dependents under the dental plan, even if they elected single coverage on the medical plan, or vice versa. Coverage can be denied based on inadequate participation. 	
Plan Change Group Level	<ul style="list-style-type: none"> Plan anniversary date only. 	<ul style="list-style-type: none"> Dental plans must be requested 5 days prior to the desired effective date. The future renewal date of the change will be the same as the medical plan anniversary date. 	<ul style="list-style-type: none"> Packaged Life/Disability must be requested 30 days prior to the desired effective date. Non-packaged plans are only available on the plan anniversary date. The future renewal date of the change will be the same as the medical plan anniversary date.
Plan Change Employee Level	<ul style="list-style-type: none"> Employees are not eligible to change plans until the group's open enrollment period, which is upon their annual renewal (except for qualified Special Enrollment events). 	<ul style="list-style-type: none"> Freedom-of-Choice - May change from DMO to PPO and vice versa at anytime but must be received in Aetna underwriting by the 15th to be effective the next month. 	<ul style="list-style-type: none"> Employees are not eligible to change plans until the group's open enrollment period, which is upon their annual renewal (except for qualified Special Enrollment events).

Product Specifications

	Medical	Dental	Basic Life/AD&D, Disability, Packaged Life and Disability																																																									
Standard Industrial Classification Code (SIC)	Underwriting will use a variety of tools, including Dun & Bradstreet, to verify a group's industry code and classify the business correctly.	<ul style="list-style-type: none"> All industries are eligible if sold with medical. The following industries are not eligible when dental is sold stand-alone or packaged only with life. This list does not apply when dental is sold in combination with medical. 	<p>2 to 50 size groups</p> <ul style="list-style-type: none"> Basic Term Life - All industries are eligible Packaged Life/disability and disability only - the following industries are not eligible. <p>51 to 100 size groups</p> <ul style="list-style-type: none"> Contact your Aetna Account Executive for an ineligible SIC list. 																																																									
	<ul style="list-style-type: none"> All industries are eligible. The employer should provide the SIC code (four-digit number). 	<table border="0"> <tr><td>7933-7933</td><td>Bowling Centers</td></tr> <tr><td>8611-8611</td><td>Business Associations</td></tr> <tr><td>7911-7911</td><td>Dance Studios, Schools</td></tr> <tr><td>7361-7363</td><td>Employment Agencies</td></tr> <tr><td>7999-7999</td><td>Miscellaneous Amusement/ Recreation</td></tr> <tr><td>8699-8699</td><td>Miscellaneous Membership Orgs</td></tr> <tr><td>8999-8999</td><td>Miscellaneous Services</td></tr> <tr><td>7991-7991</td><td>Physical Fitness Facilities</td></tr> <tr><td>8811-8811</td><td>Private Households</td></tr> <tr><td>8621-8651</td><td>Professional Membership Organizations, Labor Unions, Civic Social and Fraternal Orgs, Political Orgs</td></tr> <tr><td>7941-7948</td><td>Professional Sports Clubs & Producers, Race Tracks</td></tr> <tr><td>7992-7997</td><td>Public Golf Courses, Amusements, Membership Sports & Recreation Clubs</td></tr> <tr><td>8661-8661</td><td>Religious Organizations</td></tr> <tr><td>7922-7929</td><td>Theatrical Producers, Bands, Orchestras, Actors</td></tr> </table>	7933-7933	Bowling Centers	8611-8611	Business Associations	7911-7911	Dance Studios, Schools	7361-7363	Employment Agencies	7999-7999	Miscellaneous Amusement/ Recreation	8699-8699	Miscellaneous Membership Orgs	8999-8999	Miscellaneous Services	7991-7991	Physical Fitness Facilities	8811-8811	Private Households	8621-8651	Professional Membership Organizations, Labor Unions, Civic Social and Fraternal Orgs, Political Orgs	7941-7948	Professional Sports Clubs & Producers, Race Tracks	7992-7997	Public Golf Courses, Amusements, Membership Sports & Recreation Clubs	8661-8661	Religious Organizations	7922-7929	Theatrical Producers, Bands, Orchestras, Actors	<table border="0"> <tr><td>3291-3292</td><td>Asbestos Products</td></tr> <tr><td>7500-7599</td><td>Automotive Repairs/ Services</td></tr> <tr><td>7381</td><td>Detective Services</td></tr> <tr><td>8010-8043</td><td>Doctors Offices Clinics</td></tr> <tr><td>2892-2899</td><td>Explosives, Bombs & Pyrotechnics</td></tr> <tr><td>3480-3489</td><td>Fire Arms & Ammunition</td></tr> <tr><td>5921</td><td>Liquor Stores</td></tr> <tr><td>8600-8699</td><td>Membership Associations</td></tr> <tr><td>1000-1499</td><td>Mining</td></tr> <tr><td>7800-7999</td><td>Motion Picture/ Amusement & Recreation</td></tr> <tr><td>9999</td><td>Non-classified Establishments</td></tr> <tr><td>3310-3329</td><td>Primary Metal Industries</td></tr> <tr><td>8800-8899</td><td>Private Household</td></tr> <tr><td>6531</td><td>Real Estate - Agents</td></tr> <tr><td>6211</td><td>Security Brokers</td></tr> </table>	3291-3292	Asbestos Products	7500-7599	Automotive Repairs/ Services	7381	Detective Services	8010-8043	Doctors Offices Clinics	2892-2899	Explosives, Bombs & Pyrotechnics	3480-3489	Fire Arms & Ammunition	5921	Liquor Stores	8600-8699	Membership Associations	1000-1499	Mining	7800-7999	Motion Picture/ Amusement & Recreation	9999	Non-classified Establishments	3310-3329	Primary Metal Industries	8800-8899	Private Household	6531	Real Estate - Agents	6211
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7922-7929	Theatrical Producers, Bands, Orchestras, Actors																																																											
3291-3292	Asbestos Products																																																											
7500-7599	Automotive Repairs/ Services																																																											
7381	Detective Services																																																											
8010-8043	Doctors Offices Clinics																																																											
2892-2899	Explosives, Bombs & Pyrotechnics																																																											
3480-3489	Fire Arms & Ammunition																																																											
5921	Liquor Stores																																																											
8600-8699	Membership Associations																																																											
1000-1499	Mining																																																											
7800-7999	Motion Picture/ Amusement & Recreation																																																											
9999	Non-classified Establishments																																																											
3310-3329	Primary Metal Industries																																																											
8800-8899	Private Household																																																											
6531	Real Estate - Agents																																																											
6211	Security Brokers																																																											

Dental Only

Coverage

Waiting Period

Standard 2 to 9 and Voluntary 3 to 100 eligible employees

- PPO and indemnity plans - For major and orthodontic services employees must be an enrolled member of the employer's plan for 1 year before becoming eligible.
- DMO - there is no waiting period.
- Discount plans do not qualify as previous coverage.
- Future hires - waiting period applies regardless if takeover for Voluntary 3 to 100 eligible employees.
- Virgin group (no prior coverage) - the waiting periods apply to employees at case inception as well as any future hires.
- Takeover/replacement cases (prior coverage) - you must provide a copy of the last billing statement and schedule of benefits in order to provide credit. In order for the waiting period to be waived, the group must have had a dental plan in place that covered major (and orthodontic, if applicable) immediately preceding our takeover of the business.

Example

Prior major coverage but no orthodontic coverage. Aetna plan has coverage for both major and orthodontic. The waiting period is waived for major services but not for orthodontic services

Standard 10 to 100 eligible employees

- No waiting period
-

Open Enrollment

- An open enrollment is a period when any employee can elect to join the dental plan without penalty, regardless if they previously declined coverage during the first 31 days of initial eligibility.
 - Open enrollments are prohibited except for Standard plans with 10 to 100 eligible employees.
 - An employee or dependent can enroll at any time but is subject to the dental Late Entrant provision if enrollment occurs other than within 31 days of first becoming eligible unless a qualifying life event has occurred or the enrollee is under age 5.
-

Option Sales

- Option sales alongside another dental carrier are not allowed.
 - All dental plans must be sold on a full replacement basis.
-

Reinstatement

(applies to Voluntary plans only)

- Members once enrolled who have previously terminated their coverage by discontinuing their contributions may not re-enroll for a period of 24 months. All coverage rules will apply from the new effective date including, but not limited to, the coverage waiting period.
-

Life and Packaged Life/Disability (2-50 Eligible Employees)

Job Classification (Position) Schedules

- Varying levels of coverage based on job classifications are available for groups with 10 or more lives.
- Up to 3 separate classes are allowed (with a minimum requirement of 3 employees in each class).
- Items such as probationary periods must be applied consistently within a class of employee.
- The benefit for the class with the richest benefit must not be greater than five times the benefit of the class with the lowest benefit even if only two classes are offered. For example, a schedule may be structured as follows

Position/Job Class	Basic Term Life Amount	Packaged Life & Disability
Executives	\$50,000	High Option
Managers, Supervisors	\$20,000	Medium Option
All Other Employees	\$10,000	Low Option

Guaranteed Issue Coverage

- Aetna provides certain amounts of life insurance to all timely entrants without requiring an employee to answer any medical questions. These insurance amounts are called “guaranteed issue.”
- Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability which means they must complete a medical questionnaire and may be required to provide medical records.
- On-time enrollees who do not meet the requirements of Evidence of Insurability will receive the guaranteed issue life amount.
- Late enrollees must qualify for the entire amount and are not guaranteed any coverage.

Actively-at-work

- Employees who are both disabled and away from work on the date their insurance would otherwise become effective will become insured on the date they return to active full-time work one full day.

Continuity of Coverage (no loss/no gain)

- The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers.
- If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable.

Evidence of Insurability (EOI)

EOI is required when one or more of the following conditions exist:

1. Life insurance coverage amounts requested are above the guaranteed standard issue limit.
2. Late Entrant - Coverage is not requested within 31 days of eligibility for contributory coverage.
3. New coverage is requested during the anniversary period.
4. Coverage is requested outside of the employer’s anniversary period due to qualifying life event (that is, marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.).
5. Reinstatement or restoration of coverage is requested.
6. Depending coverage option was initially refused by employee but requested later. The dependent would be considered a late entrant and subject to EOI, and may be declined for medical reasons.
7. Requesting life or disability at the individual level and they are a late enrollee even if enrolling on the case anniversary date. Late enrollees are not eligible for the guaranteed issue limit.

Example:

- Group has \$50,000 life with \$20,000 guaranteed issue limit
- Late enrollee enrolling for \$50,000 would not automatically get the \$20,000
- Since the applicant is late, he or she must medically qualify for the entire \$50,000

Limitations & exclusions

POS/Health Network Option plans

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 or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your 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 your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

PPO/Indemnity plans

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 or rider(s) purchased.

- All medical or hospital services not specifically covered in, or which 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
- Immunizations for travel or work
- 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 your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Treatment of those services for or related to treatment of obesity or for diet or weight control

These plans do not cover all health care expenses and include exclusions and limitations. Employers and members should refer to their plan documents to determine which health care services are covered and to what extent.

PPO/Indemnity pre-existing conditions exclusion provision

These plans impose a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable. A pre-existing conditions exclusion means that if the member has a medical condition before coming to the plan, the member 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 90 days prior to the enrollment date.

Generally, this period ends the day before coverage becomes effective. However, if the member was in a waiting period for coverage, the 90-day period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from the first day of coverage, or, if the member was in a waiting period, from the first day of the waiting period.

If the member had prior credible coverage within 90 days immediately before the date enrolled under the plan, then the pre-existing conditions exclusion in the plan, if any, will be waived.

If the member had no prior creditable coverage within the 90 days prior to the enrollment date (either because the member had no prior coverage or because there was more than a 90-day gap from the date the 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 exclusion period based on creditable coverage, the member should provide Aetna with a copy of any Certificates of Creditable Coverage. **Groups with 2 to 50 eligible employees:** Please contact Aetna Member Services at **1-888-80-AETNA (1-888-802-3862)** for assistance in obtaining a Certificate of Creditable Coverage from the prior carrier or with any questions on the information provided.

Groups with 51 to 100 eligible employees: Please contact Aetna Member Services at **1-800-535-0880** for assistance in obtaining a Certificate of Creditable Coverage from the prior carrier or with any questions on the information provided.

The pre-existing conditions exclusion does not apply to pregnancy nor to a child under the age of 19.

Note: For late enrollees, coverage will be delayed until the plan's next open enrollment; the pre-existing exclusion will be applied from the individual's effective date of coverage.

Dental, AD&D Ultra and Disability

The Dental, AD&D Ultra and Disability plans include limitations, exclusions and charges or services that these plans do not cover. For a complete listing of all limitations and exclusions or charges and services that are not covered, please refer to your Aetna group plan documents. Limitations, exclusions and charges or services may vary by state or group size.

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 that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.
- Specific service limitations:
 - Oral exams (2 routine and 2 problem-focused per year).
 - 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.

Employee and Dependent Life Insurance

The plan may not pay a benefit for deaths caused by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the effective date of the person's coverage. If death occurs after two years of the effective date but within two years of the date that any increase in coverage becomes effective, no death benefit will be payable for any such increased amount.

AD&D Ultra

Not all events that may be ruled accidental are covered by this plan. No benefits are payable for a loss caused or contributed to by:

- 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.)
- Bodily or mental infirmity.
- Commission of or attempt to commit a criminal act.
- Illness, ptomaine or bacterial infection.*
- Inhalation of poisonous gases.
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Ligature strangulation resulting from autoerotic asphyxiation.
- Intentionally self-inflicted injury.
- Medical or surgical treatment.*
- Third degree burns resulting from sunburn.
- Use of alcohol.
- Use of drugs, except as prescribed by a physician.
- Use of intoxicants.
- Use of alcohol or intoxicants or drugs while operating any form of a motor vehicle whether or not registered for land, air or water use. A motor vehicle accident will be deemed to be caused by the use of alcohol, intoxicants or drugs if it is determined that at the time of the accident you or your covered dependent were:
 - Operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter; or
 - Operating the motor vehicle while under the influence of an intoxicant or illegal drug; or
 - Operating the motor vehicle while under the influence of a prescription drug in excess of the amount prescribed by the physician; or
 - Operating the motor vehicle while under the influence of an over-the-counter medication taken in an amount above the dosage instructions.
- Suicide or attempted suicide (while sane or insane).
- War or any act of war (declared or not declared).

*These do not apply if the loss is caused by:

- An infection that results directly from the injury.
- Surgery needed because of the injury.

The injury must not be one that is excluded by the terms of this section.

Disability

Disability coverage also does not cover any disability that:

- Is due to an occupational illness or occupational injury except in the case of sole proprietors or partners who cannot be covered by workers' compensation.
- Is due to insurrection, rebellion, or taking part in a riot or civil commotion.
- Is due to intentionally self-inflicted injury (while sane or insane).
- Is due to war or any act of war (declared or not declared).
- Results from your commission of, or attempt to commit a criminal act.
- Results from a motor vehicle accident caused by operating the vehicle while you are under the influence of alcohol. A motor vehicle accident will be deemed to be caused by the use of alcohol if it is determined that at the time of the accident you were operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred.) If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter.

Disability coverage does not cover any disability on any day that you are confined in a penal or correctional institution for conviction of a criminal act or other public offense. You will not be considered to be disabled, and no benefits will be payable.

No benefit is payable for any disability that occurs during the first 12 months of coverage and is due to a pre-existing condition for which the member was diagnosed, treated or received services, treatment, drugs or medicines three months prior to the coverage effective date

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-888-98-AETNA (1-888-982-3862).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/dental benefits, health/dental insurance, life and disability insurance plans/policies contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features and availability may vary by location and group size. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. Investment services are independently offered through HealthEquity, Inc. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan Features are subject to change. 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. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

www.aetna.com

