

Easy steps to renew your coverage

California Renewal Instructions

**For 2 – 50 eligible
employees**

**Effective
April 1, 2009**

It's renewal time. With Aetna.

**Aetna makes
the renewal
process easy**

Dear Valued Employer:

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

As it is time to renew your benefits plan for the coming year, this booklet is your guide and informational resource for current and new plan information. It is designed to outline the renewal process for you. If you are satisfied with your current plan and don't wish to make any changes, the renewal process is complete for you — your benefits plan will automatically renew prior to the effective date.

Based on encouraging feedback in the past year, we have diligently continued to make improvements that drive value as your health benefits carrier. In 2009, we'll continue determining your employee rates and benefits based on your company's zip code instead of employee addresses. We've eliminated some plans to introduce new plans that broaden your options with regard to price. And we're helping members make history when they activate their Personal Health Records, which are now available when enrolled in an Aetna medical plan. The Personal Health Record is a secure online tool that allows members to provide doctors their complete medical history and to actively manage their health.

Whether you decide to make any plan changes, your company will have continued access to all of our value-added programs including:

- Aetna VisionSM discount program
- Aetna Natural Products and ServicesSM discount program
- Aetna FitnessSM discount program
- Aetna Health ConnectionsSM Disease Management Program

Please be assured that Aetna is committed to providing value products and services to small businesses in California. We have the financial strength and flexibility to deal with changes in our economy and weather turmoil during difficult economic times. Our operating and financial performance continues to be solid and we are winning in the marketplace. The nation's rating agencies give Aetna high financial strength ratings because we have a strong capital position, a diversified investment portfolio and excellent competitive position.

Please contact your broker or call us at 877-249-7235, Prompt #1 if you have any questions. Thank you for your business. We look forward to continuing our partnership with you.

Sincerely,



Kathleen Dibble
Vice President Sales and Service
West Region

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Those companies include: Aetna Health of California Inc., Aetna Life Insurance Company and Aetna Dental of California, Inc. (Aetna).

How to renew your Aetna health plans

To keep your existing benefits —

The renewal process is complete for you, and your benefits will automatically renew before the effective date.

To keep your **existing benefits AND** select an **alternate plan(s)** —

- Please check off the “**Renewal**” plan and also check off any “**Alternate**” plans you’d like to add on the Plan Sponsor Signature Page in your renewal packet and fax it to 1-888-258-4530.
- Employees moving between platforms (HMO plan to an EPO or MC/PPO plan or vice versa) need to submit an Employee Change of Coverage Form.
- Employees moving plans within the same platform will not need to submit an Employee Change of Coverage Form.
- Please submit a letter or list of employees to identify the correct plan selection of all employees.

To delete your existing benefits and move to an **alternate plan(s)** —

- Please check off any “**Alternate**” plans you’d like to add on the Plan Sponsor Signature Page in your renewal packet and fax it to 1-888-258-4530.
- Employees moving plans between platforms will need to submit an Employee Change of Coverage Form. These applications should be faxed along with the Plan Sponsor Signature Page.

- Employees moving between platforms (HMO plan to an EPO or MC/PPO plan or vice versa) need to submit an Employee Change of Coverage Form.
- Please submit a letter or list of employees to identify the correct plan selection of all employees.

To request an **upgrade** in benefits not listed in your renewal —

If you’re not enrolled in Pick-A-Plan, medical underwriting is required on all upgrade requests and may be declined. To determine if your new plan is an upgrade, refer to the grid on page 18.

- Please submit a letter on company letterhead requesting the upgraded plan(s).
- Employee Applications with the Medical Questionnaires filled out on those employees wishing to move.
- A Completed Employer Application (pages 1 and 4).
- Copy of the most recent filed DE-6.
- Please fax all information to 1-888-258-4530.

Adding Dental and/or Life Insurance

If you would like to add either dental and/or life insurance coverage, submit a letter and listing of your employees that request coverage. Employees not currently enrolled in an Aetna medical product must complete an employee application. For Life Insurance, Evidence of Insurability may be required if an amount above the guarantee issue amount is elected.

All items (completed in full) are to be received by Aetna no later than the day before the requested effective date. Life and Dental adds need to be submitted 15 days in advance of the requested effective date.

Correspondence can be mailed to:

Aetna
P.O. Box 24004
Fresno, CA 93779-4004



2009 Summary comparison

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

This year we offer several new options including new plans along with announcing revisions to our prior plans. Please refer to the list below for an at-a-glance view of your 2009 options.



Your Current Plan

EPO 80	compared to
EPO Limited	compared to
MC \$250 90/70	compared to
MC \$250 80/60	compared to
MC \$500 80/60	compared to
MC \$1000 70/50	compared to
MC \$1000 80/50/50	compared to
MC \$2000 80/50/50	compared to
MC Basic	compared to
MC HSA HDHP \$3000 100/50	compared to
MC HSA HDHP \$2300 80/50	compared to
MC HSA HDHP \$3300 80/50	compared to
MC HRA HDHP \$3000 80/50	compared to
MC HRA HDHP \$5000 80/50	compared to
PPO \$500 90/70	compared to
HMO 10/20	compared to
HMO 10/30	compared to
HMO 20/40	compared to
HMO 30/40	compared to
Value Network HMO 10/20	compared to
Value Network HMO 20/40	compared to
Value Network HMO 30/40	compared to
Indemnity	compared to

Your Renewal Plan

EPO 80
MC \$10,000 100/50
MC \$250 90/70
MC \$250 80/60
MC \$500 80/60
MC \$1000 70/50
MC \$1000 80/50/50
MC \$2000 80/50/50
MC Basic
MC HSA \$3000 100/50
MC HSA \$2300 80/50
MC HSA \$3300 80/50
MC HRA \$3000 80/50
MC HRA \$3000 80/50
PPO \$500 90/70
HMO 10
HMO 15
HMO 20
HMO 30
Value Network HMO 10
Value Network HMO 20
Value Network HMO 30
Indemnity

Changes

See page 6
See page 16
See page 6
See page 7
See page 7
See page 8
See page 8
See page 9
See page 9
See page 10
See page 10
See page 11
See page 11
See page 17
See page 12
See page 13
See page 13
See page 14
See page 14
See page 15
See page 15
See page 15
See page 12

New Aetna benefit plans effective April 1, 2009

HMO 40	See page 3
Value Network HMO 40	See page 3
MC \$750 80/50/50	See page 4
MC \$2500 75/50	See page 4
MC \$10,000 100/50	See page 5
PPO \$750 80/60	See page 5

HMO 40	
BENEFIT	
	In-Network
Lifetime Maximum Benefit	Unlimited
Plan Coinsurance	N/A
Calendar Year Deductible	None
Calendar Year Copay Maximum	\$3,500 Individual / \$7,000 Family
Primary Physician Office Visit	\$40 copay
Specialist Office Visit	\$40 copay
Outpatient Lab & X-ray	\$40 copay
Outpatient Complex Imaging	\$40 copay
Physical Exams - Adult	\$40 copay
Inpatient Hospital	\$750 per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$400 copay
Outpatient Surgery Freestanding Facility	\$200 copay
Emergency Services (copay waived if admitted)	\$100 copay
Prescription Drugs	\$15 / \$35 / \$50

Value Network HMO 40	
BENEFIT	
	In-Network
Lifetime Maximum Benefit	Unlimited
Plan Coinsurance	N/A
Calendar Year Deductible	None
Calendar Year Copay Maximum	\$3,500 Individual / \$7,000 Family
Primary Physician Office Visit	\$40 copay
Specialist Office Visit	\$40 copay
Outpatient Lab & X-ray	\$40 copay
Outpatient Complex Imaging	\$40 copay
Physical Exams - Adult	\$40 copay
Inpatient Hospital	\$800 per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$400 copay
Outpatient Surgery Freestanding Facility	\$200 copay
Emergency Services (copay waived if admitted)	\$100 copay
Prescription Drugs	\$20 / \$40 / \$60

Please request a Summary of Benefits for full plan information.

MC \$750 80/50/50

BENEFIT		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000	
Plan Coinsurance	80% Professional 50% Facility	50%
Calendar Year Deductible	\$750 per member (two-member maximum)	
Calendar Year Coinsurance Maximum	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)
Primary Physician Office Visit	\$25 copay; deductible waived	50%
Specialist Office Visit	\$25 copay; deductible waived	50%
Outpatient Lab & X-ray	No Charge	50%
Outpatient Complex Imaging	50%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$25 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	80% Professional 50% Facility	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80% Professional 50% Facility after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$40 / \$50 / 30%	Not Covered

MC \$2,500 75/50

BENEFIT		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000	
Plan Coinsurance	75%	50%
Calendar Year Deductible	\$2,500 per member (two-member maximum)	
Calendar Year Coinsurance Maximum	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)
Primary Physician Office Visit	\$25 copay; deductible waived	50%
Specialist Office Visit	\$25 copay; deductible waived	50%
Outpatient Lab & X-ray	75%	50%
Outpatient Complex Imaging	75%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$25 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	75%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	75%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	75%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	75% after \$100 copay	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30%	Not Covered

Please request a Summary of Benefits for full plan information.

New plans for 2009

MC \$10,000 100/50		
Benefit		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000	
Plan Coinsurance	100%	50%
Calendar Year Deductible	\$10,000 Individual \$10,000 Family	
Calendar Year Coinsurance Maximum	\$0 Individual \$0 Family	Unlimited
Primary Physician Office Visit	\$15 copay; deductible waived	50%
Specialist Office Visit	100% after deductible	50%
Outpatient Lab & X-ray	\$15 copay; deductible waived	50%
Outpatient Complex Imaging	100%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	100%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	100%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	100%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	100%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30%; deductible waived	Not Covered

PPO \$750 80/60		
Benefit		
	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000	
Plan Coinsurance	80%	60%
Calendar Year Deductible	\$750 per member (two-member maximum)	
Calendar Year Coinsurance Maximum	\$4,500 per member (two-member maximum)	\$9,000 per member (two-member maximum)
Primary Physician Office Visit	\$25 copay; deductible waived	60%
Specialist Office Visit	\$50 copay; deductible waived	60%
Outpatient Lab & X-ray	No Charge	60%
Outpatient Complex Imaging	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$25 copay; deductible waived (no limits)	60% (no limits)
Inpatient Hospital	80%	60% after \$250 copay per admission; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% after \$150 copay	50% after \$150 copay per surgery; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	60% after \$150 copay per surgery; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80% after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$40 / \$50 / 30%	Not Covered

Please request a Summary of Benefits for full plan information.

Plans revised for 2009

EPO 80 (Open Access)		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	\$5,000,000	\$5,000,000
Plan Coinsurance	80%	80%
Calendar Year Deductible	None	None
Calendar Year Coinsurance Maximum	\$4,000 per member (2-member maximum)	\$4,000 per member (2-member maximum)
Primary Physician Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$40 copay
Outpatient Lab & X-ray	\$40 copay	No Charge
Outpatient Complex Imaging	70%	80%
Physical Exams - Adult	\$20 copay; deductible waived (limited to \$300 per calendar year)	\$20 copay; deductible waived (no limits)
Inpatient Hospital	80%	80%
Outpatient Surgery OP Hospital Department	\$300 copay	\$300 copay
Outpatient Surgery Freestanding Facility	\$100 copay	\$100 copay
Outpatient Surgery Professional Charges	80%	80%
Emergency Services (copay waived if admitted)	80% after \$100 copay	80% after \$100 copay
Prescription Drugs	\$15 / \$35 / \$50 / 30%	\$15 / \$40 / \$50 / 30%

MC \$250 90/70				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	90%	70%	90%	70%
Calendar Year Deductible	\$250 per member (two-member maximum)	\$500 per member (two-member maximum)	\$250 per member (two-member maximum)	\$250 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$3,000 per member (two-member maximum)	\$6,000 per member (two-member maximum)	\$3,000 per member (two-member maximum)	\$6,000 per member (two-member maximum)
Primary Physician Office Visit	\$15 copay; deductible waived	70%	\$15 copay; deductible waived	70%
Specialist Office Visit	\$15 copay; deductible waived	70%	\$15 copay; deductible waived	70%
Outpatient Lab & X-ray	\$30 copay; deductible waived	70%	No Charge	70%
Outpatient Complex Imaging	80%	60%; Aetna pays up to \$800 per service	90%	60%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	70% (limited to \$300 per calendar year in-network and out-of-network combined)	\$15 copay; deductible waived (no limits)	70% (no limits)
Inpatient Hospital	90%	70% after \$250 copay per admission	90%	70% after \$250 copay per admission
Outpatient Surgery OP Hospital Department	80%	60% after \$150 copay per surgery	80%	60% after \$150 copay per surgery
Outpatient Surgery Freestanding Facility	90%; deductible waived	70% after \$150 copay per surgery	90%; deductible waived	70% after \$150 copay per surgery
Emergency Services (copay waived if admitted)	90% after \$100 copay	Paid as in-network	90% after \$100 copay	Paid as in-network
Prescription Drugs	\$10 / \$25 / \$50 / 30%	Not Covered	\$10 / \$25 / \$50 / 30%	Not Covered

Please request a Summary of Benefits for full plan information.

MC \$250 80/60				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	60%	80%	60%
Calendar Year Deductible	\$250 per member (two-member maximum)	\$500 per member (two-member maximum)	\$250 per member (two-member maximum)	\$250 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$3,500 per member (two-member maximum)	\$7,000 per member (two-member maximum)	\$3,500 per member (two-member maximum)	\$7,000 per member (two-member maximum)
Primary Physician Office Visit	\$20 copay; deductible waived	60%	\$20 copay; deductible waived	60%
Specialist Office Visit	\$20 copay; deductible waived	60%	\$20 copay; deductible waived	60%
Outpatient Lab & X-ray	\$40 copay; deductible waived	60%	no charge	60%
Outpatient Complex Imaging	70%	50%; Aetna pays up to \$800 per service	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$20 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	60% (limited to \$300 per calendar year in-network and out-of-network combined)	\$20 copay; deductible waived (no limits)	60% (no limits)
Inpatient Hospital	80%	60% after \$250 copay per admission	80%	60% after \$250 copay per admission
Outpatient Surgery OP Hospital Department	70%	50% after \$150 copay per surgery	70%	50% after \$150 copay per surgery
Outpatient Surgery Freestanding Facility	80%; deductible waived	60% after \$150 copay per surgery	80%; deductible waived	60% after \$150 copay per surgery
Emergency Services (copay waived if admitted)	80% after \$100 copay	Paid as in-network	80% after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$35 / \$50 / 30%	Not Covered	\$15 / \$40 / \$50 / 30%	Not Covered

MC \$500 80/60				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	60%	80%	60%
Calendar Year Deductible	\$500 per member (two-member maximum)	\$1,000 per member (two-member maximum)	\$500 per member (two-member maximum)	\$500 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$4,000 per member (two-member maximum)	\$8,000 per member (two-member maximum)	\$4,000 per member (two-member maximum)	\$8,000 per member (two-member maximum)
Primary Physician Office Visit	\$35 copay; deductible waived	60%	\$35 copay; deductible waived	60%
Specialist Office Visit	\$35 copay; deductible waived	60%	\$35 copay; deductible waived	60%
Outpatient Lab & X-ray	\$50 copay; deductible waived	60%	No Charge	60%
Outpatient Complex Imaging	70%	50%; Aetna pays up to \$800 per service	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$35 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	60% (limited to \$300 per calendar year in-network and out-of-network combined)	\$35 copay; deductible waived (no limits)	60% (no limits)
Inpatient Hospital	80%	60% after \$250 copay per admission; Aetna pays up to \$750 per day	80%	60% after \$250 copay per admission; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% after \$150 copay	50% after \$150 copay per surgery; Aetna pays up to \$400 per surgery	70% after \$150 copay	50% after \$150 copay per surgery; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	60% after \$150 copay per surgery; Aetna pays up to \$400 per surgery	80%	60% after \$150 copay per surgery; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80% after \$100 copay	Paid as in-network	80% after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$35 / \$50 / 30%	Not Covered	\$15 / \$40 / \$50 / 30%	Not Covered

Please request a Summary of Benefits for full plan information.

MC \$1,000 70/50				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	70%	50%	70%	50%
Calendar Year Deductible	\$1,000 per member (two-member maximum)	\$2,000 per member (two-member maximum)	\$1,000 per member (two-member maximum)	\$1,000 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)
Primary Physician Office Visit	\$25 copay; deductible waived	50%	\$25 copay; deductible waived	50%
Specialist Office Visit	\$25 copay; deductible waived	50%	\$25 copay; deductible waived	50%
Outpatient Lab & X-ray	\$50 copay; deductible waived	50%	No Charge	50%
Outpatient Complex Imaging	60%	50%; Aetna pays up to \$800 per service	70%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$25 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	60% (limited to \$300 per calendar year in-network and out-of-network combined)	\$25 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	70%	50% after \$250 copay per admission; Aetna pays up to \$750 per day	70%	50% after \$250 copay per admission; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	60% after \$150 copay per surgery	50% after \$250 copay per admission; Aetna pays up to \$400 per day	60% after \$150 copay per surgery	50% after \$150 copay per surgery; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	70%	50% after \$250 copay per admission; Aetna pays up to \$400 per day	70%	50% after \$150 copay per surgery; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	70% after \$100 copay	Paid as in-network	70% after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$35 / \$50 / 30%	Not Covered	\$15 / \$40 / \$50 / 30%	Not Covered

MC \$1,000 80/50/50				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80% Professional 50% Facility	50%	80% Professional 50% Facility	50%
Calendar Year Deductible	\$1,000 per member (two-member maximum)	\$1,000 per member (two-member maximum)	\$1,000 per member (two-member maximum)	\$1,000 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)
Primary Physician Office Visit	\$20 copay; deductible waived	50%	\$25 copay; deductible waived	50%
Specialist Office Visit	\$20 copay; deductible waived	50%	\$25 copay; deductible waived	50%
Outpatient Lab & X-ray	\$50 copay; deductible waived	50%	No Charge	50%
Outpatient Complex Imaging	50%	50%; Aetna pays up to \$800 per service	50%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$20 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	\$25 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	80% Professional 50% Facility	50%; Aetna pays up to \$750 per day	80% Professional 50% Facility	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery	70% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery	80% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80% Professional 50% Facility after \$100 copay	Paid as in-network	80% Professional 50% Facility after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$35 / \$50 / 30%	Not Covered	\$15 / \$40 / \$50 / 30%	Not Covered

8 Please request a Summary of Benefits for full plan information.

MC \$2,000 80/50/50				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80% Professional 50% Facility	50%	80% Professional 50% Facility	50%
Calendar Year Deductible	\$2,000 per member (two-member maximum)	\$2,000 per member (two-member maximum)	\$2,000 per member (two-member maximum)	\$2,000 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)	\$5,000 per member (two-member maximum)	\$10,000 per member (two-member maximum)
Primary Physician Office Visit	\$25 copay; deductible waived	50%	\$25 copay; deductible waived	50%
Specialist Office Visit	\$25 copay; deductible waived	50%	\$25 copay; deductible waived	50%
Outpatient Lab & X-ray	\$50 copay; deductible waived	50%	No Charge	50%
Outpatient Complex Imaging	50%	50%; Aetna pays up to \$800 per service	50%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$25 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	\$25 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	80% Professional 50% Facility	50%; Aetna pays up to \$750 per day	80% Professional 50% Facility	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery	70% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery	80% Professional 50% Facility	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80% Professional 50% Facility after \$100 copay	Paid as in-network	80% Professional 50% Facility after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$35 / \$50 / 30%	Not Covered	\$15 / \$40 / \$50 / 30%	Not Covered

MC Basic				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	50%	80%	50%
Calendar Year Deductible	\$1,500 per member (two-member maximum)	\$1,500 per member (two-member maximum)	\$2,000 per member (two-member maximum)	\$2,000 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$3,000 per member (two-member maximum)	\$5,000 per member (two-member maximum)	\$3,000 per member (two-member maximum)	\$5,000 per member (two-member maximum)
Primary & Specialist Physician Office Visit	\$20 copay; deductible waived	Not Covered	\$20 copay; deductible waived	Not Covered
	Office Visits Limited to 3 visits per member per calendar year		Office Visits Limited to 3 visits per member per calendar year	
Outpatient Lab & X-ray	\$20 copay; deductible waived (limited to \$300 per member per calendar year)	Not Covered	\$20 copay; deductible waived (limited to \$300 per member per calendar year)	Not Covered
Outpatient Complex Imaging	Not Covered	Not Covered	Not Covered	Not Covered
Physical Exams - Adult	See Office Benefit (limited to \$300 per calendar year in-network and out-of- network combined)	Not Covered	See Office Benefit (no limits)	Not Covered
Inpatient Hospital	80%	50%; Aetna pays up to \$750 per day	80%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% after \$150 copay per surgery	50%; Aetna pays up to \$400 per surgery	70% after \$150 copay per surgery	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80% after \$100 copay	Paid as in-network	80% after \$100 copay	Paid as in-network
Prescription Drugs	\$15 Generic / 50% Brand; Limited to \$1,000 per member per calendar year	Not Covered	\$15 Generic / 50% Brand; Limited to \$1,000 per member per calendar year	Not Covered

Please request a Summary of Benefits for full plan information.

MC HSA HDHP \$3,000 100/50

Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	100%	50%	100%	50%
Calendar Year Deductible	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Calendar Year Out-of-Pocket Maximum	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Primary Physician Office Visit	100%	50%	100%	50%
Specialist Office Visit	100%	50%	100%	50%
Outpatient Lab & X-ray	100%	50%	100%	50%
Outpatient Complex Imaging	100%	50%; Aetna pays up to \$800 per service	100%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	\$15 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	100%	50%; Aetna pays up to \$750 per day	100%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	100%	50%; Aetna pays up to \$400 per surgery	100%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	100%	50%; Aetna pays up to \$400 per surgery	100%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	100%	Paid as in-network	100%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered

MC HSA HDHP \$2,300 80/50

Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	50%	80%	50%
Calendar Year Deductible	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family
Calendar Year Out-of-Pocket Maximum	\$1,700 Individual \$3,400 Family	\$2,700 Individual \$5,400 Family	\$1,700 Individual \$3,400 Family	\$2,700 Individual \$5,400 Family
Primary Physician Office Visit	80%	50%	80%	50%
Specialist Office Visit	80%	50%	80%	50%
Outpatient Lab & X-ray	80%	50%	80%	50%
Outpatient Complex Imaging	70%	50%; Aetna pays up to \$800 per service	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	\$15 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	80%	50%; Aetna pays up to \$750 per day	80%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	70% after \$150 copay per surgery	50%; Aetna pays up to \$400 per surgery	70% after \$150 copay per surgery	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80%	Paid as in-network	80%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered

Please request a Summary of Benefits for full plan information.

MC HSA HDHP \$3,300 80/50				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	50%	80%	50%
Calendar Year Deductible	\$3,300 Individual \$6,600 Family	\$3,300 Individual \$6,600 Family	\$3,300 Individual \$6,600 Family	\$3,300 Individual \$6,600 Family
Calendar Year Out-of-Pocket Maximum	\$1,700 Individual \$3,400 Family	\$1,700 Individual \$3,400 Family	\$1,700 Individual \$3,400 Family	\$2,700 Individual \$5,400 Family
Primary Physician Office Visit	80%	50%	80%	50%
Specialist Office Visit	80%	50%	80%	50%
Outpatient Lab & X-ray	80%	50%	80%	50%
Outpatient Complex Imaging	70%	50%; Aetna pays up to \$800 per service	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	\$15 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	80%	50%; Aetna pays up to \$750 per day	80%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	Should read 70% after \$150 copay per surgery	50%; Aetna pays up to \$400 per surgery	70% after \$150 copay	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80%	Paid as in-network	80%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered

MC HRA HDHP \$3,000 80/50				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	50%	80%	50%
Calendar Year Deductible	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Calendar Year Coinsurance Maximum	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Primary & Specialist Physician Office Visit	The first four office visits are covered at \$20 copay; thereafter office visits covered at 80% after deductible	50%	The first four office visits are covered at \$20 copay; thereafter office visits covered at 80% after deductible	50%
Outpatient Lab & X-ray	80%	50%	80%	50%
Outpatient Complex Imaging	80%	50%; Aetna pays up to \$800 per service	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	See office visit benefit. (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	See office visit benefit. (no limits)	50% (No limits)
Inpatient Hospital	80%	50%; Aetna pays up to \$750 per day	80%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80%	Paid as in-network	80%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered

Please request a Summary of Benefits for full plan information.

PPO \$500 90/70				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	90%	70%	90%	70%
Calendar Year Deductible	\$500 per member (two-member maximum)	\$1,000 per member (two-member maximum)	\$500 per member (two-member maximum)	\$500 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$4,000 per member (two-member maximum)	\$8,000 per member (two-member maximum)	\$4,000 per member (two-member maximum)	\$8,000 per member (two-member maximum)
Primary Physician Office Visit	\$15 copay; deductible waived	70%	\$15 copay; deductible waived	70%
Specialist Office Visit	\$25 copay; deductible waived	70%	\$30 copay; deductible waived	70%
Outpatient Lab & X-ray	90%	70%	No Charge	70%
Outpatient Complex Imaging	80%	60%; Aetna pays up to \$800 per service	90%	60%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (limited to \$300 per calendar year in-network and out-of-network combined)	70% (limited to \$300 per calendar year in-network and out-of-network combined)	\$15 copay; deductible waived (no limits)	70% (no limits)
Inpatient Hospital	90% after \$250 copay per admission	70% after \$250 copay per admission	90% after \$250 copay per admission	70% after \$250 copay per admission
Outpatient Surgery OP Hospital Department	80% after \$150 copay per surgery	60% after \$150 copay per surgery	80% after \$150 copay per surgery	60% after \$150 copay per surgery
Outpatient Surgery Freestanding Facility	90%	70% after \$150 copay per surgery	90%	70% after \$150 copay per surgery
Emergency Services (copay waived if admitted)	90% after \$100 copay	Paid as in-network	90% after \$100 copay	Paid as in-network
Prescription Drugs	\$15 / \$35 / \$50 / 30%	Not Covered	\$15 / \$40 / \$50 / 30%	Not Covered

Indemnity		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	Out-of-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000	\$5,000,000
Plan Coinsurance	80%	80%
Calendar Year Deductible	\$500 per member (two-member maximum)	\$500 per member (two-member maximum)
Calendar Year Coinsurance Maximum	\$3,500 per member (two-member maximum)	\$3,500 per member (two-member maximum)
Primary Physician Office Visit	80%	80%
Specialist Office Visit	80%	80%
Outpatient Lab & X-ray	80%	80%
Outpatient Complex Imaging	70%	80%
Physical Exams - Adult	80% (limited to \$300 per calendar year in-network and out-of-network combined)	80% (no limits)
Inpatient Hospital	80% after \$250 copay per admission	80% after \$250 copay per admission
Outpatient Surgery OP Hospital Department	70% after \$250 copay per surgery	70% after \$250 copay per surgery
Outpatient Surgery Freestanding Facility	80%	80%
Emergency Services (copay waived if admitted)	80%	80%
Prescription Drugs	\$10 / \$25 / \$50 / 30% after \$150 brand and brand non-formulary deductible	\$10 / \$25 / \$50 / 30% after \$150 brand and brand non-formulary deductible

Please request a Summary of Benefits for full plan information.

HMO 10/20 to HMO 10		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$1,500 Individual / \$3,000 Family	\$1,500 Individual / \$3,000 Family
Primary Physician Office Visit	\$10 copay	\$10 copay
Specialist Office Visit	\$20 copay	\$10 copay
Outpatient Lab & X-ray	\$20 copay	\$10 copay
Outpatient Complex Imaging	\$20 copay	\$10 copay
Physical Exams - Adult	\$10 copay	\$10 copay
Inpatient Hospital	No Charge	No Charge
Outpatient Surgery OP Hospital Department	No Charge	\$100 copay
Outpatient Surgery Freestanding Facility	No Charge	No Charge
Emergency Services (copay waived if admitted)	\$100 copay	\$100 copay
Prescription Drugs	\$10 / \$25 / \$50	\$15 / \$35 / \$50

HMO 10/30 to HMO 15		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$2,000 Individual / \$4,000 Family	\$2,000 Individual / \$4,000 Family
Primary Physician Office Visit	\$10 copay	\$15 copay
Specialist Office Visit	\$30 copay	\$15 copay
Outpatient Lab & X-ray	\$30 copay	\$15 copay
Outpatient Complex Imaging	\$30 copay	\$15 copay
Physical Exams - Adult	\$10 copay	\$15 copay
Inpatient Hospital	\$300 copay per admit	\$150 copay per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$250 copay	\$250 copay
Outpatient Surgery Freestanding Facility	\$100 copay	\$100 copay
Emergency Services (copay waived if admitted)	\$100 copay	\$100 copay
Prescription Drugs	\$15 / \$35 / \$50	\$15 / \$35 / \$50

Please request a Summary of Benefits for full plan information.

HMO 20/40 to HMO 20

Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$2,500 Individual / \$5,000 Family	\$2,500 Individual / \$5,000 Family
Primary Physician Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$20 copay
Outpatient Lab & X-ray	\$40 copay	\$20 copay
Outpatient Complex Imaging	\$40 copay	\$20 copay
Physical Exams - Adult	\$20 copay	\$20 copay
Inpatient Hospital	\$500 copay per admit	\$200 copay per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$250 copay	\$250 copay
Outpatient Surgery Freestanding Facility	\$100 copay	\$100 copay
Emergency Services (copay waived if admitted)	\$100 copay	\$100 copay
Prescription Drugs	\$15 / \$35 / \$50	\$15 / \$35 / \$50

HMO 30/40 to HMO 30

Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family
Primary Physician Office Visit	\$30 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$30 copay
Outpatient Lab & X-ray	\$40 copay	\$30 copay
Outpatient Complex Imaging	\$40 copay	\$30 copay
Physical Exams - Adult	\$30 copay	\$30 copay
Inpatient Hospital	\$500 copay per day up to 3-days per admit	\$500 copay per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$250 copay	\$300 copay
Outpatient Surgery Freestanding Facility	\$100 copay	\$150 copay
Emergency Services (copay waived if admitted)	\$100 copay	\$100 copay
Prescription Drugs	\$15 / \$35 / \$50	\$15 / \$35 / \$50

Please request a Summary of Benefits for full plan information.

Value Network HMO 10/20 to Value Network 10		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$1,500 Individual / \$3,000 Family	\$2,000 Individual / \$4,000 Family
Primary Physician Office Visit	\$10 copay	\$10 copay
Specialist Office Visit	\$20 copay	\$10 copay
Outpatient Lab & X-ray	\$20 copay	\$10 copay
Outpatient Complex Imaging	\$20 copay	\$10 copay
Outpatient Physical & Occupational Therapy	\$20 copay (limited to 30 visits per member per calendar year)	\$10 copay (limited to 20 visits per member per calendar year)
Physical Exams - Adult	\$10 copay	\$10 copay
Inpatient Hospital	No Charge	\$100 copay per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	No Charge	\$100 copay
Outpatient Surgery Freestanding Facility	No Charge	No Charge
Emergency Services (copay waived if admitted)	\$200 copay	\$100 copay
Prescription Drugs	\$10 / \$25 / \$50	\$20 / \$40 / \$60

Value Network HMO 20/40 to Value Network 20		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$2,500 Individual / \$5,000 Family	\$2,500 Individual / \$5,000 Family
Primary Physician Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$20 copay
Outpatient Lab & X-ray	\$40 copay	\$20 copay
Outpatient Complex Imaging	\$40 copay	\$20 copay
Outpatient Physical & Occupational Therapy	\$40 copay (limited to 30 visits per member per calendar year)	\$20 copay (limited to 20 visits per member per calendar year)
Physical Exams - Adult	\$20 copay	\$20 copay
Inpatient Hospital	\$500 copay per admit	\$400 copay per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$200 copay	\$200 copay
Outpatient Surgery Freestanding Facility	\$200 copay	\$100 copay
Emergency Services (copay waived if admitted)	\$200 copay	\$100 copay
Prescription Drugs	\$10 / \$25 / \$50	\$20 / \$40 / \$60

Value Network HMO 30/40 to Value Network 30		
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN
	In-Network	In-Network
Lifetime Maximum Benefit	Unlimited	Unlimited
Plan Coinsurance	N/A	N/A
Calendar Year Deductible	None	None
Calendar Year Copay Maximum	\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family
Primary Physician Office Visit	\$30 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$30 copay
Outpatient Lab & X-ray	\$40 copay	\$30 copay
Outpatient Complex Imaging	\$40 copay	\$30 copay
Outpatient Physical & Occupational Therapy	\$40 copay (limited to 30 visits per member per calendar year)	\$30 copay (limited to 20 visits per member per calendar year)
Physical Exams - Adult	\$30 copay	\$30 copay
Inpatient Hospital	\$1,000 copay per admit	\$600 copay per day up to 3-days per admit
Outpatient Surgery OP Hospital Department	\$250 copay	\$300 copay
Outpatient Surgery Freestanding Facility	\$250 copay	\$150 copay
Emergency Services (copay waived if admitted)	\$100 copay	\$100 copay
Prescription Drugs	\$15 / \$35 / \$50 after \$150 deductible on brand and brand non-formulary	\$20 / \$40 / \$60

Please request a Summary of Benefits for full plan information.

Plans no longer available for renewal dates of April 2009 through March 2010.

If a current plan is no longer available, members will be moved to the closest renewal plan available.*

Current Plan: EPO Limited (Open Access) to Renewal Plan: MC \$10,000 100/50			
Benefit	YOUR CURRENT PLAN	YOUR RENEWAL PLAN	
		In-Network	Out-of-Network
Lifetime Maximum Benefit	\$30,000 Annual Maximum	\$5,000,000	
Plan Coinsurance	50%	100%	50%
Calendar Year Deductible	\$1,000 per member	\$10,000 Individual \$10,000 Family	
Calendar Year Coinsurance Maximum	\$4,500 per member	\$0 Individual \$0 Family	Unlimited
Primary Physician Office Visit	50%	\$15 copay; deductible waived	50%
Specialist Office Visit	50%	100% after deductible	50%
Outpatient Lab & X-ray	50%	\$15 copay; deductible waived	50%
Outpatient Complex Imaging	70%	100%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	\$15 copay; deductible waived (limited to \$300 per calendar year)	\$15 copay; deductible waived (no limits)	50% (no limits)
Inpatient Hospital	50%	100%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	50%	100%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	50%	100%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Professional Charges	50%	100%	50%
Emergency Services (copay waived if admitted)	50% after \$100 copay	100%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	\$20 / \$40 / \$70 / 30%; deductible waived	Not Covered

Please request a Summary of Benefits for full plan information.

*Members have the ability to change to a different renewal plan, subject to underwriting guidelines.

Plans no longer available for renewal dates of April 2009 through March 2010.

If a current plan is no longer available, members will be moved to the closest renewal plan available.*

Current Plan MC HRA HDHP \$5,000 80/50 to Renewal Plan: MC HRA HDHP \$3,000 80/50				
Benefit	YOUR CURRENT PLAN		YOUR RENEWAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Plan Coinsurance	80%	50%	80%	50%
Calendar Year Deductible	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Calendar Year Coinsurance Maximum	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Primary & Specialist Physician Office Visit	The first four office visits are covered at \$20 copay; thereafter office visits covered at 80% after deductible	50%	The first four office visits are covered at \$20 copay; thereafter office visits covered at 80% after deductible	50%
Outpatient Lab & X-ray	80%	50%	80%	50%
Outpatient Complex Imaging	80%	50%; Aetna pays up to \$800 per service	80%	50%; Aetna pays up to \$800 per service
Physical Exams - Adult	See office visit benefit. (limited to \$300 per calendar year in-network and out-of-network combined)	50% (limited to \$300 per calendar year in-network and out-of-network combined)	See office visit benefit. (no limits)	50% (no limits)
Inpatient Hospital	80%	50%; Aetna pays up to \$750 per day	80%	50%; Aetna pays up to \$750 per day
Outpatient Surgery OP Hospital Department	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Outpatient Surgery Freestanding Facility	80%	50%; Aetna pays up to \$400 per surgery	80%	50%; Aetna pays up to \$400 per surgery
Emergency Services (copay waived if admitted)	80%	Paid as in-network	80%	Paid as in-network
Prescription Drugs	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered	\$20 / \$40 / \$70 / 30% after Integrated Medical/Rx Deductible	Not Covered

Please request a Summary of Benefits for full plan information.

*Members have the ability to change to a different renewal plan, subject to underwriting guidelines.

This grid applies to employers not enrolled in Pick-A-Plan. See page 20 for guidelines.

CA 2009 Buy Up/Buy Down grid

2008 Plan Name	2009 Plan Name	HMO 10	HMO 15	HMO 20	HMO 30	HMO 40 (new)	HMO HRA 750	HMO HRA 1500	AVN HMO 10	AVN HMO 20	AVN HMO 30	AVN HMO 40 (new)
HMO 10/20	HMO 10		D	D	D	D	D	D	D	D	D	D
HMO 10/30	HMO 15	U		D	D	D	D	D	D	D	D	D
HMO 20/40	HMO 20	U	U		D	D	D	D	D	D	D	D
HMO 30/40	HMO 30	U	U	U		D	D	D	D	D	D	D
HMO Deductible	HMO Deductible	U	U	U	D	D	D	D	D	D	D	D
HMO HRA 750	HMO HRA 750	U	U	U	U	U		D	D	D	D	D
HMO HRA 1500	HMO HRA 1500	U	U	U	U	U	U		D	D	D	D
AVN 10/20	AVN 10	U	U	D	D	D	D	D		D	D	D
AVN 20/40	AVN 20	U	U	U	D	D	D	D	U		D	D
AVN 30/40	AVN 30	U	U	U	U	D	D	D	U	U		D
EPO 80	EPO 80	U	U	D	D	D	D	D	D	D	D	D
EPO Limited	MC 10,000 100/50	U	U	U	U	U	U	U	U	U	U	U
MC 250 90/70	MC 250 90/70	D	D	D	D	D	D	D	D	D	D	D
MC 250 80/60	MC 250 80/60	D	D	D	D	D	D	D	D	D	D	D
MC 500 80/60	MC 500 80/60	U	U	D	D	D	D	D	D	D	D	D
MC 1000 70/50	MC 1000 70/50	U	U	U	U	U	D	D	D	D	D	D
MC 1000 80/50/50	MC 1000 80/50/50	U	U	U	U	D	D	D	D	D	D	D
MC 2000 80/50/50	MC 2000 80/50/50	U	U	U	U	D	D	D	D	D	D	D
MC Basic	MC Basic	U	U	U	U	U	U	U	U	U	U	U
MC HSA 2300 80/50	MC HSA 2300 80/50	U	U	U	U	D	U	D	U	D	D	D
MC HSA 3000 100/50	MC HSA 3000 100/50	U	U	U	D	D	D	D	U	D	D	D
MC HSA 3300 80/50	MC HSA 3300 80/50	U	U	U	D	D	D	D	U	D	D	D
MC HRA 3000 80/50	MC HRA 3000 80/50	U	U	U	U	U	U	U	U	U	U	U
MC HRA 5000 80/50	MC HRA 3000 80/50	U	U	U	U	U	U	U	U	U	U	U
PPO 500 90/70	PPO 500 90/70	U	D	D	D	D	D	D	D	D	D	D

D=BUY DOWN (NO MEDICAL UNDERWRITING REQUIRED)
 U=BUY UP (MEDICAL UNDERWRITING REQUIRED AND MAY BE DECLINED)

HMO Deductible	EPO 80	MC 250 90/70	MC 250 80/60	MC 500 80/60	MC 750 80/50/50 (new)	MC 1000 70/50	MC 1000 80/50/50	MC 2000 80/50/50	MC 10,000 100/50 (new)	MC Basic	MC HSA 2300 80/50	MC HSA 3000 100/50	MC HSA 3300 80/50	MC HRA 3000 80/50	PPO 500 90/70	PPO 750 80/60 (new)
D	D	U	D	D	D	D	D	D	D	D	D	D	D	D	U	U
D	D	U	U	D	D	D	D	D	D	D	D	D	D	D	U	U
D	D	U	U	D	D	D	D	D	D	D	D	D	D	D	U	U
D	U	U	U	U	D	D	D	D	D	D	D	D	D	D	U	U
	U	U	U	U	D	D	D	D	D	D	D	D	D	D	U	U
D	U	U	U	D	D	D	D	D	D	D	D	D	D	D	U	U
D	U	U	U	U	D	D	D	D	D	D	D	D	D	D	U	U
D	D	U	D	D	D	D	D	D	D	D	D	D	D	D	U	U
D	U	U	U	U	D	D	D	D	D	D	D	D	D	D	U	U
D	U	U	U	U	U	D	D	D	D	D	D	D	D	D	U	U
D		U	U	U	U	D	D	D	D	D	D	D	D	D	U	U
U	U	U	U	U	U	U	U	U		D	U	U	U	U	U	U
D	D		D	D	D	D	D	D	D	D	D	D	D	D	U	U
D	D	U		D	D	D	D	D	D	D	D	D	D	D	U	U
D	D	U	U		D	D	D	D	D	D	D	D	D	D	U	U
D	U	U	U	U	D		D	U	D	D	D	D	D	D	U	U
D	U	U	U	U	U	U		D	D	D	D	D	D	D	U	U
D	U	U	U	U	U	U	U		D	D	D	D	D	D	U	U
U	U	U	U	U	U	U	U	U	D		U	U	D	D	U	U
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U	U	U	U	U	U	U	U	U	D	U	U	U	D		U	U
U	U	U	U	U	U	U	U	U	D	U	U	U	D		U	U
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		D

California plan change requirements

Benefit Changes	When eligible	Request must be received	Required documentation
Upgrade* Medical Benefits Includes adding Medical Plans to existing medical plans	New Business: During the initial plan year an Employer may only change plans on their 6 month anniversary date.** Example: An Employer with a 12/1 effective date can only upgrade benefits on (not through) 6/1. Existing Business: Upgrades are allowed once in a 12 month rolling period, limited to the six month period following the renewal date.*** Example: A Jan 1 renewal may request a plan change on (not through) 6/1.	On Renewal — request must be submitted on or prior to the effective date of the renewal. Off Renewal — request must be submitted 30 days prior to the requested effective date.	1. A new Employer application with pages 1-4 completed with the requested effective date indicated or a letter from the Employer requesting the change 2. Completed Employee Change of Coverage application 3. A joinder agreement where applicable
Downgrade Medical Benefits	New Business: During the initial plan year an Employer may only change plans on their 6 month anniversary date.** Example: An Employer with a 12/1 effective date can only upgrade benefits on (not through) 6/1. Existing Business: Downgrades are allowed once in a twelve month rolling period, limited to the 6 month period following the renewal date.*** Example: A Jan 1 renewal may request a plan change on (not through) 6/1.	On Renewal — request must be submitted on or prior to the effective date of the renewal. Off Renewal — request must be submitted 30 days prior to the requested effective date.	1. An Employer Signature Page or a new Employer application with pages 1-4 completed with the requested effective date indicated or a letter from the Employer requesting the change 2. Completed Employee Change of Coverage application 3. A joinder agreement where applicable
Pick-A-Plan	If the Employer has four or more plans they are considered to have Pick-A-Plan and will not be subject to underwriting to change plans upon renewal.	On Renewal — request must be submitted on or prior to the effective date. Off Renewal — renewal plan changes are NOT allowed for Employers who are considered Pick-A-Plan.	1. An Employer Signature Page or a new Employer application with pages 1-4 completed with the requested effective date indicated or a letter from the Employer requesting the change 2. Completed Employee Change of Coverage application 3. A joinder agreement where applicable
	If the Employer does not have four or more plans and submits a request to add or upgrade to a different plan they will be subject to review to confirm the following: a) If Pick-A-Plan was selected on the original employer application they will be considered to have Pick-A-Plan all plans. b) If Pick-A-Plan was not selected at the time of issue or during the 2007 year (1/1/07 through 1/15/08) they will be subject to medical underwriting to upgrade plans. c) If Pick-A-Plan was selected the Employer will not be subject to underwriting for plan changes.	On Renewal — request must be submitted on or prior to the effective date of the renewal. Off Renewal — request must be submitted thirty days prior to the requested effective date.	1. An Employer Signature Page or a new Employer application with pages 1-4 completed with the requested effective date indicated or a letter from the Employer requesting the change 2. Completed Employee Change of Coverage application 3. A joinder agreement where applicable
Add Dental to Existing Medical Plans refer to Dental Guidelines	Anytime	On Renewal — request must be submitted on or prior to the effective date of the renewal. Off Renewal — request must be submitted Two Weeks prior to the requested effective date.	1. A new Employer application with pages 1-4 completed is required for all dental adds – Employer Signature Page or a letter from the Employer requesting the change may be submitted in addition to the Employer application. 2. New enrollment forms are required for all employees who are not enrolled in an Aetna medical product.

*Upgrades or Buy Ups are subject to Medical Underwriting and may be declined for Employers who are not offering Pick-A-Plan.

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

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

<p>Add Life to Existing Medical Plans refer to Life Underwriting Guidelines</p>	<p>Anytime</p>	<p>On Renewal — request must be submitted on or prior to the effective date of the renewal. Off Renewal — request must be submitted Two Weeks prior to the requested effective date.</p>	<ol style="list-style-type: none"> 1. A new Employer application with pages 1, 2 and 4 completed is required for all life adds – Employer Signature Page or a letter from the Employer requesting the change may be submitted in addition to the ER application. 2. New enrollment forms are required for all employees who are not enrolled in an Aetna medical product or for those groups requesting a life insurance amount above the guaranteed issue amount.
<p>Add Part-Time Coverage</p>	<p>Renewal date only</p>	<p>Request must be submitted on or prior to the effective date of the renewal.</p>	<ol style="list-style-type: none"> 1. A letter from the Employer requesting the change or a new Employer Application 2. New Employee enrollment forms for all eligible part time employees who are enrolling or declining the coverage. NOTE: Must provide a copy of the ID cards for those employees waiving coverage 3. A copy of the most recent filed DE 6
<p>Name Change</p>	<p>Anytime</p>	<p>Anytime</p>	<ol style="list-style-type: none"> 1. A letter from the Employer requesting the change 2. A completed name change form 3. A copy of the most recent filed DE 6
<p>Benefit Waiting Period Change</p>	<p>Benefit waiting periods must be consistently applied for all employees, including newly hired key employees. No retroactive benefit waiting period changes allowed. Changes to the benefit waiting period may be requested 6 months after the original effective date. Changes to the benefit waiting period can only occur one time in 12 months or on the group's anniversary date.</p>	<p>Request must be submitted prior to the requested effective date.</p>	<p>A letter from the Employer requesting the change or a new Employer application.</p>
<p>Dental and Life Changes or Upgrades</p>	<p>Employer requests to change dental and life plans may be made at renewal.</p>		<ol style="list-style-type: none"> 1. A new Employer application with pages 1-4 completed is required for all dental adds. Employer Signature Page or a letter from the Employer requesting the change may be submitted in addition to the Employer application. 2. New Employee Enrollment forms are required for employees enrolling or declining dental and/or life benefits. NOTE: Provide a copy of the ID cards for those employees waiving coverage.

*Upgrades or Buy Ups are subject to Medical Underwriting and may be declined for Employers who are not offering Pick-A-Plan.

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

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

Frequently asked questions

What is the Pick-A-Plan option?

Pick-A-Plan allows employers with 2 or more enrolled employees to offer just one, two or all plans from Aetna's medical product portfolio to build a customized benefits package for their group. By offering Pick-A-Plan at enrollment, current employees can switch to any plan at the employer's anniversary, without medical underwriting.

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

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

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

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

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

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

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

Please refer to the plan upgrade/downgrade matrix on pages 18-19 of the renewal booklet to determine if the plan change requires underwriting approval.

Partially Self-Funded Deductible plans/Section 105 plans

- Employers offering partially self-funded or insuring of the deductible must enroll in one of Aetna's designated plans, be it in a wraparound, addition, or companion capacity.
- Employers offering partially self-funding or insuring of the deductible may select either our HMO Deductible or MC HRA HDHP plans.
- Groups that partially self-fund or insure the deductible and have all employees enrolling in a HMO Deductible and/or, MC HRA HDHP plan are not eligible for Pick-A-Plan (all plans).

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

If the employer already participates in an Aetna Dental® or group life product sold on or after January 2002, the plan options are included in the renewal package. If you would like to add or change dental and/or life insurance coverage, submit a letter and listing of employees that request coverage. You may either contact your broker or the Aetna Sales Support Unit at 1-877-249-2472.

What are participation requirements?

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

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

How much can employees contribute to premiums?

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

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

How much can employees pay for their dependents?

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

Are new ID cards issued at renewal time?

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

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

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

- The Multi-State Tactical Solution requirements are:
 - > Out-of-state employees who live/work in an out-of-state network will receive California MC/PPO rates and products, inclusive of any required extraterritorial benefits.
 - > Out-of-state employees who *do not* live/work in an out-of-state network area will receive the California Indemnity plan, inclusive of any required extraterritorial benefits.
 - > HMO and EPO products are not available for employees who live outside of California.
- In-force employers are eligible for the Multi-State Tactical Solution at the time of their renewal.
- Requests for the Multi-State Tactical Solution must be sent to underwriting for confirmation of the network availability.

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

Limitations and exclusions

Medical

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

Aetna HealthFund HMO HRA, Aetna HMO, Aetna Value NetworkSM HMO & Vitalidad HMO

- All medical and hospital services not specifically covered, 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, except as specified in the plan.
- Over-the-counter medications and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.

Aetna EPO, MC, PPO & Indemnity

- All medical or hospital services not specifically covered, 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, as specified in the plan.
- Over-the-counter medications and supplies.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling.
- Special duty nursing.
- Those for or related to treatment of obesity or for diet or weight control.

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

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 to you. A pre-existing conditions exclusion means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received, or for which the individual took prescribed drugs within six months.

Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to six months from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period.

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

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

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

The pre-existing conditions exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption or placement for adoption. 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

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

- DMO plans: Oral exams (4 per year)**
- PPO plans: Oral exams (2 routine and 2 problem focused per year)
- All plans:
 - > Bitewing X-rays (1 set per year)**
 - > Complete series X-rays (1 set every 3 years)**
 - > Cleanings (2 per year)**
 - > Fluoride (1 per year; children under 16)**

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

- > Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)**
- > Scaling and root planing (4 quadrants every 2 years)
- > Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in the plan documents

Pre-existing conditions exclusion provision

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

AD&D Ultra

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

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



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

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

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

While this material is believed to be accurate as of the print date, it is subject to change. HMO plans are provided by Aetna Health of California Inc. DMO plans are provided by Aetna Dental of California Inc. Traditional plans (e.g. PPO, POS, Choice Open Access, MC, life, disability, AD&D) are provided by Aetna Life Insurance Company.