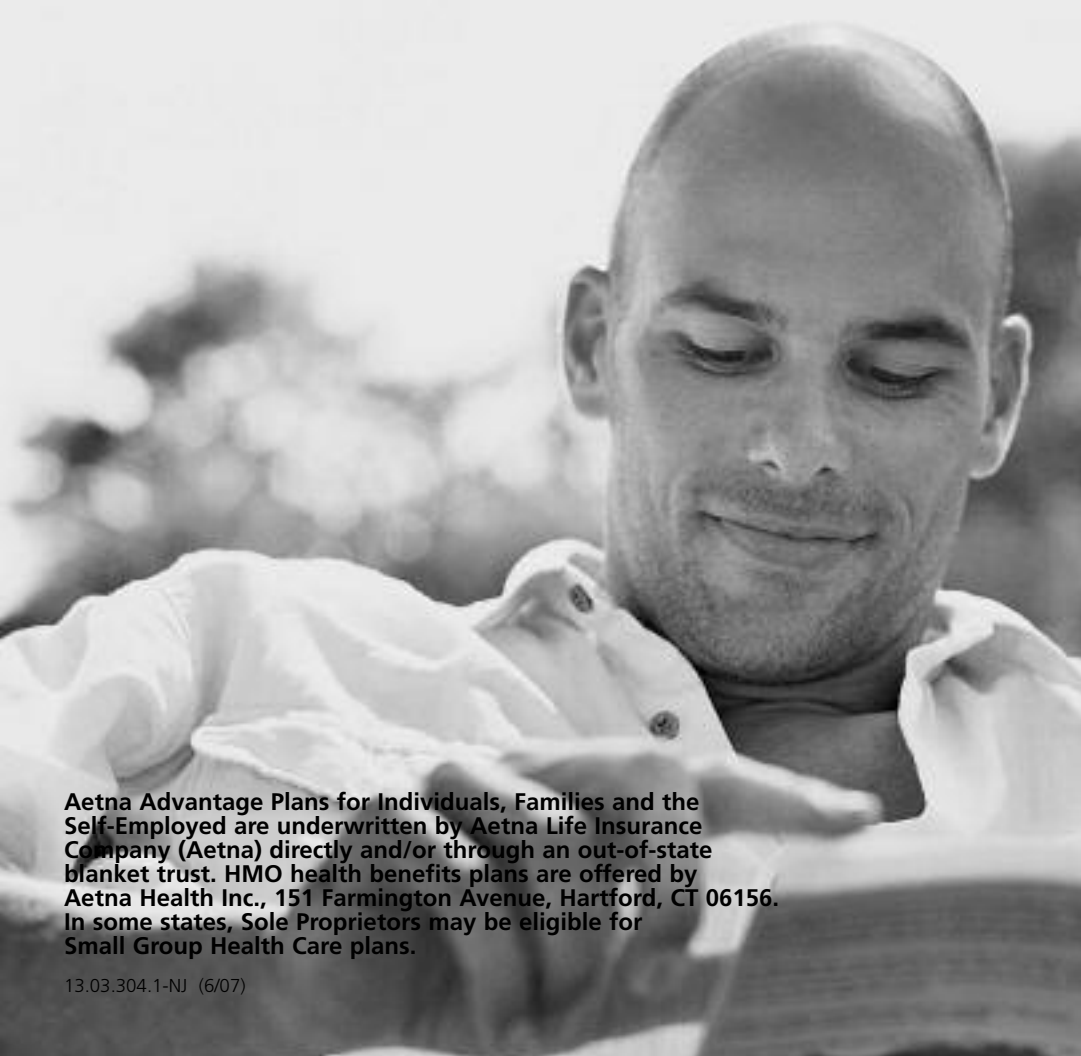


You have choices and we are here to help

New Jersey Individual HMO Health Benefits Plan Options



Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust. HMO health benefits plans are offered by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. In some states, Sole Proprietors may be eligible for Small Group Health Care plans.

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We want you to know[®]



SUMMARY OF BENEFITS AND OUT-OF-POCKET COSTS*

Plan Option Benefits	HMO 15 Plan Out-of-Pocket Cost	HMO 30 Plan Out-of-Pocket Cost	HMO Deductible/Coinsurance Out-of-Pocket Cost
Deductible			
Individual			\$2,500
Family			\$5,000
Coinsurance			50%
Primary Care Physician Visits			
Office Hours	\$15 copay	\$30 copay	\$50 copay, Deductible and coinsurance do not apply
After-Hours/Home Visits	\$15 copay	\$30 copay	\$50 copay, Deductible and coinsurance do not apply
Specialty Care			
Office Visits	\$15 copay	\$30 copay	\$50 copay, Deductible and coinsurance do not apply
Diagnostic Outpatient Testing	\$15 copay	\$30 copay	50% after deductible
Outpatient Therapy	\$15 copay	\$30 copay	50% after deductible
Outpatient Surgery	\$15 copay	\$30 copay	50% after deductible
Hospitalization			
	\$150 copay per day up to 5 days/admission; maximum copay \$1,500/calendar year	\$300 copay per day up to 5 days/admission; maximum copay \$3,000/calendar year	50% after deductible
Emergency Room			
	\$100 copay (credited toward inpatient admission if admitted within 24 hours as a result of an emergency)	\$100 copay (credited toward inpatient admission if admitted within 24 hours as a result of an emergency)	\$100 copay (copay waived if admitted) Deductible and coinsurance apply
Maternity			
First Ob Visit	\$25 copay	\$25 copay	\$25 copay initial visit; \$0 thereafter; Deductible and coinsurance do not apply
Hospital	\$150 copay per day up to 5 days/admission; maximum copay \$1,500/calendar year	\$300 copay per day up to 5 days/admission; maximum copay \$3,000/calendar year	50% after deductible
Mental Health** and Substance Abuse***			
Inpatient (30 days per calendar year)	\$150 copay per day up to 5 days/admission; maximum copay \$1,500/calendar year	\$300 copay per day up to 5 days/admission; maximum copay \$3,000/calendar year	50% after deductible
Outpatient (20 visits per benefit period)	\$15 copay	\$30 copay	50% after deductible
Alcoholism***			
Inpatient (30 days per calendar year)	\$150 copay per day up to 5 days/admission; maximum copay \$1,500/calendar year	\$300 copay per day up to 5 days/admission; maximum copay \$3,000/calendar year	Treated same as other illness
Outpatient (20 visits per benefit period)	\$15 copay	\$30 copay	Treated same as other illness
Preventive Care			
Routine Gyn Exam	\$15 copay	\$30 copay	\$50 copay; Deductible and coinsurance do not apply
Prescription Drugs			
(30-day supply or amount listed in plan documents)	50% coinsurance per prescription	50% coinsurance per prescription	50% after deductible
Durable Medical Equipment	No copay	No copay	50% after deductible

*Refer to your plan documents for a complete list of terms, benefits, exclusions and limitations.

**Biologically based Mental Illness treatment covered in the same way as any other illness. Maximum copay applies with Mental Health.

***One inpatient day can be exchanged for two outpatient visits or partial hospital days after outpatient benefits have been exhausted. Approval of this exchange will be based on medical necessity.

This benefit information supplements applicable sections of the accompanying HMO plan benefits brochure.

Additional information

- All members must select a participating primary care physician located in New Jersey. Female members have direct access to participating gynecologists who must also be located within New Jersey.
- All non-emergency specialty and hospital services require a prior written referral from your primary care physician.

Prescription coverage

Drugs and medications that require a prescription, including contraceptives, insulin, diabetic needles, glucose test strips, lancets and syringes, are covered.

Each prescription may be limited to a prescription less than a 30-day or 100-unit dose, or the amount prescribed by your primary care physician. Take your prescription and Aetna Health ID card to any participating pharmacy.

Visit the DocFind® provider directory on our website at www.aetna.com to find participating pharmacies.

You pay a 50 percent coinsurance amount per prescription. Prescription drugs in the exclusions section of your plan documents and nonprescription drugs† are not covered.

Pre-existing conditions and limitations

A **pre-existing condition** is an illness or injury that manifests itself in the six months before the coverage under your Aetna Individual HMO contract starts, and for which:

- You see a provider, take prescribed drugs, receive other medical care or treatment, or have medical care or treatment recommended by a provider in the six months before your coverage starts; or
- An ordinarily prudent person would have sought medical advice, care or treatment in the six months before his/her coverage starts.

A pregnancy that exists on the date your coverage starts is also a pre-existing condition. However, complications of such a pregnancy according to New Jersey law N.J.A.C.

11:1-4.3 are not considered to be pre-existing conditions and are not subject to pre-existing condition limitations. See the exclusions section of your contract for details on how this contract limits the services for pre-existing conditions.

Pre-existing condition limitations: Aetna does not cover services for pre-existing conditions until you have been covered by your contract for 12 months.

Exception: If you are a federally eligible individual under the Health Insurance Portability and Accountability Act (HIPAA) (see section 2741(b) of the Federal Public Health Services Act or state law), the pre-existing condition limitation does not apply, provided that you apply for coverage within 63 days of termination of your prior coverage.

In addition, this limitation does not affect benefits for other unrelated conditions, birth defects in a covered dependent child or complications of pregnancy as defined in N.J.A.C. 11:1-4.3. If you enroll the dependent and agree to make any required payments within 31 days after birth, adoption or placement for adoption, the pre-existing condition limitation does not apply.

Additionally, this limitation does not apply to any new benefits mandated by statute or regulation once you have satisfied one pre-existing condition limitation through elapsed time, waiver and/or credit.

Continuity of coverage: If you were covered under another health benefits plan, the pre-existing condition limitation does not apply, provided there has been no more than a 31-day lapse in your coverage. The 31 days are measured from the last date the other coverage was in force on a premium-paying basis, for a condition covered by your former health benefits plan. You must have been treated

or diagnosed by a provider for a condition under that coverage or satisfied a 12-month pre-existing condition limitation.

Similarly, we will credit the time you were covered under other coverage for a condition covered by that plan. Your coverage must have been continuous to a date not more than 31 days prior to the effective date of the Aetna contract. The date is measured from the last date the coverage was in force on a premium-paying basis.

What's not covered

Services and supplies not covered include, but are not limited to, the following:

Services not referred by your primary care physician (except in an emergency and covered direct-access services); cosmetic surgery; custodial care; hearing aids; experimental, investigational or ineffective procedures, treatments or medications; immunizations for travel or work; reversal of voluntary sterilization; routine foot care; weight reduction programs (other than the Aetna Weight ManagementSM program); long-term (more than two months) rehabilitation therapy; home births; prescription smoking-cessation aids; test agents except for glucose test strips; drugs that do not require a prescription except for colostomy bags, belts and irrigators, devices other than diabetic needles, syringes and lancets; infertility drugs and procedures designed to enhance fertility; medication to promote hair growth; routine eye exams; dental care and dental X-rays; all medical and hospital services not specifically covered by the New Jersey HMO Individual plan.

See your plan documents for a complete list of exclusions.

†Nonprescription items such as colostomy bags, belts and irrigators are covered.

Translation of this material into another language may be available. For assistance, please call Member Services at 1-800-435-8742/TDD 1-800-628-3323.

Puede estar disponible la traducción de este material en otro idioma. Por favor, para ayuda llame a Servicios al Miembro al 1-800-435-8742/TDD 1-800-628-3323.

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health benefits plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health benefits plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. 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 are subject to change. Aetna receives rebates from drug makers 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. Material subject to change.

