

# Individual Program Rate Schedule

New Jersey 2004

PLEASE NOTE: To be eligible for these rates, we must receive your completed application and full payment by November 30, 2004.

## MONTHLY RATE FOR NEW JERSEY RESIDENTS

These rates are effective January 1, 2004 through December 31, 2004 only.

	<b>\$30 Option</b>	<b>\$20 Option</b>	<b>\$15 Option</b>	<b>\$10 Option</b>
Single	\$429.60	\$489.80	\$589.30	\$719.40
Parent/Child(ren)	\$774.10	\$882.50	\$1,061.90	\$1,296.20
Husband/Wife	\$859.20	\$979.60	\$1,178.60	\$1,438.80
Family	\$1,284.10	\$1,464.00	\$1,761.50	\$2,150.30

### Quote conditions include the following:

#### Assumed Dependent Eligibility —

A dependent child is eligible until the end of the month in which he/she turns 19 or, if a full-time student, to the end of the month in which he/she turns 23.

These quoted monthly rates are valid only for the conditions stated above and such other terms and conditions as are set forth in the Aetna Individual Program Policy or official renewal letter.

All coverage is subject to the terms and conditions set forth in the Aetna Individual HMO Contract.

### PERSONAL SERVICE FROM OUR MEMBER SERVICES DEPARTMENT

With Member Services representatives to answer your call, you can count on reaching us when you need us. We're available Monday through Friday, 8 a.m. to 6 p.m.

**Any questions? Please call us at 1-800-435-8742.**

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.

Plans are offered by Aetna Health Inc.