

Maryland,
Virginia &
Washington, D.C.

Small Business Solutions

Medical, Dental, Life and Disability
For Businesses with 2* – 50 Eligible Employees



Turning Promise Into Practice®

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Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. Certain benefits like comprehensive infertility and advanced reproductive technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under 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. Non-prescription 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. Plans are provided by: Aetna Health Inc., Corporate Health Insurance Company, Aetna Life Insurance Company or Aetna Dental Inc.

Turning Promise INTO PRACTICE

In the world of small business, there's nothing more critical to your company's success than the health and well-being of your employees.

At Aetna*, we are committed to putting the member at the center of everything we do — with a new generation of consumer-friendly health care and related benefit programs designed to give your employees the tools and information they need to lead healthier, more productive lives.

And for our valued employers, we are helping you to make the most of your health care dollars by offering quality plans with a wide range of affordable pricing options. Aetna's plans and programs offer quality and value, an expansive and stable provider network and efficient benefits administration.

Our portfolio of medical, dental, pharmacy, life and disability products is designed to help your employees stay healthy and productive through all stages of life. From the National Medical Excellence Program®, our transplant care and coordination program, to our disease management and vision programs, Aetna offers solutions for your small business.

Here's how we can help your company:

FOR THE SMALL BUSINESS DECISION MAKER

- > An array of affordable Medical, Dental, Life and Disability products.
- > Member cost-sharing measures, such as deductibles and coinsurance on certain managed care plans.
- > Disability, an important addition to your company's benefits package.

FOR SMALL BUSINESS EMPLOYEES

- > First Claim Resolution™ and First Call Resolution™ — for accurate resolution and payment of claims.
- > Aetna Navigator™ website, our hands-on Internet tool for accessing health information and education, ordering member ID cards, sending e-mail inquiries to Aetna and more.
- > Broad provider network.

At Aetna, we're turning promise into practice every day. By forging more collaborative relationships with physicians and hospitals, our staff of respected medical directors and nurses is committed to improving the safety and overall value of health care to American consumers. We want to help eliminate inefficiencies in the health care system, leaving doctors and their staffs to do what they do best — care for patients.

We look forward to helping you and your employees access the quality of care, information and tools you need to take charge of your health care and lead healthier lives.

Aetna. Turning promise into practice ... every day.

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Aetna Small Group MEDICAL PRODUCT OVERVIEW



Aetna Primary Care™ Plan HMO (Available in MD, VA & DC)

Members access care through Primary Care Physicians.

With this plan, members begin by selecting a PCP from Aetna's participating network of providers. Members select a PCP who will coordinate their health care needs. Each covered member of the family may choose his/her own PCP.

The Primary Care Plan HMO provides:

- > Extensive provider networks.
- > Low out-of-pocket costs.
- > No claim forms.
- > A member's PCP coordinates their health care services.
- > Emergency care coverage — anywhere, anytime, 24 hours a day.
- > No lifetime dollar maximums.
- > Referral is required for most specialist care.

Also available with no referrals for more flexibility and convenience.



Aetna Choice™ Plan POS (Available in MD, VA & DC)

Freedom to select providers.

This plan values the role of the Primary Care Physician to serve as the coordinator of the member's health care. Members have the flexibility to access care in or out of the network. For this flexibility, self-referring members share more of the cost of care through a deductible and coinsurance.

The Aetna Choice Plan POS provides:

- > Flexibility to self-refer.
- > No annual or lifetime dollar maximums in network.
- > Extensive provider networks.
- > Member encouraged to choose a PCP from Aetna's network of participating providers.
- > Member visits PCP for routine care or for injury or illness; member pays applicable copay each time covered benefits are accessed within the network with PCP referral.
- > Member may visit any licensed provider, without PCP referral for a covered benefit; member shares the cost of care through deductible/coinsurance.

Also available with no referrals for more flexibility and convenience.



Aetna PPO Plan (Available in MD, VA & DC)

The Aetna PPO Plan offers members the freedom to go directly to any recognized provider for covered expense, including specialists. No referrals are required.

- > Emergency care coverage.
- > Extensive provider network.
- > No claim forms in-network.

- > If members choose a provider from our network of participating physicians and hospitals, out-of-pocket costs will be lower.

- > If members choose a physician or hospital outside of the network, out-of-pocket costs will be higher, except for emergency treatment.



Aetna First Dollar Plan (Available in MD & VA)

The First Dollar Plan is a high-deductible PPO plan with a special benefit feature allowing a limited dollar amount of services prior to the deductible coming into play. Here's how it works: the First Dollar Plan offers the first \$500 individual/\$1,000 family in covered medical expenses (excludes Rx) to be paid at 100% NOT subject to the deductible. Once the available first dollars funds are exhausted, a deductible must be met for all covered medical services (excludes Rx). Once the deductible is satisfied, the member will then be responsible for the cost-sharing amounts as indicated in the plan.



Aetna High Deductible PPO Plan (MSA Compatible) (Available in VA & DC)

The Aetna PPO options that are compatible with a third-party administered Medical Savings Account (MSA) provide employers and their qualified employees with an affordable tax-favored solution that allows them to better manage their qualified medical and dental expenses.

- > Employees can build a savings fund to assist in covering their future medical and dental expenses. Employers can make contributions to their employees' accounts, as well.
- > 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.



The Basic Hospital Plan (Available in VA)

The *Basic Hospital Plan* is ideal for small business owners that are primarily looking for affordability when selecting a coverage option. This high-deductible plan provides inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges in lieu of hospitalization. In addition, this plan includes three office visits per member per calendar year for acute or preventive care. The deductible on the Basic Hospital Plan applies to all expenses, except allowed preventive care/office visits. Small business owners that have not offered coverage to their employees in the past, because of price, now have a plan option that provides basic affordable coverage.

Maryland & Virginia PROVIDER NETWORK

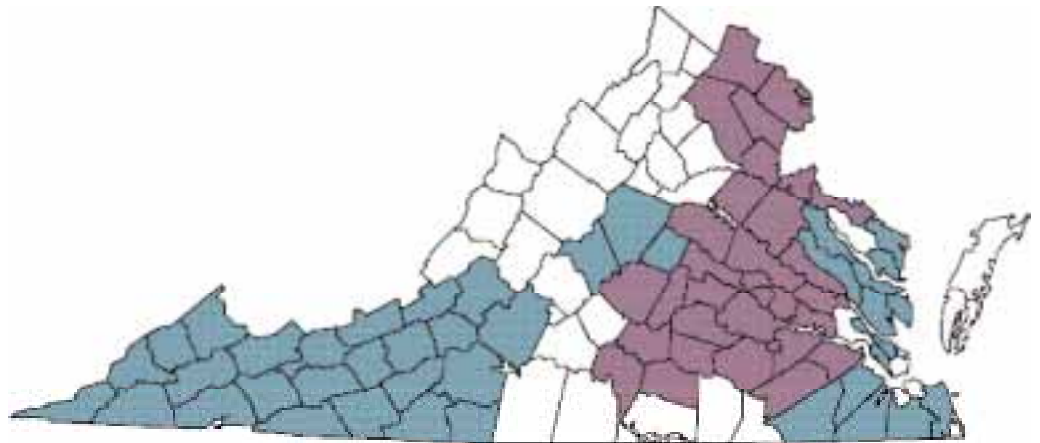
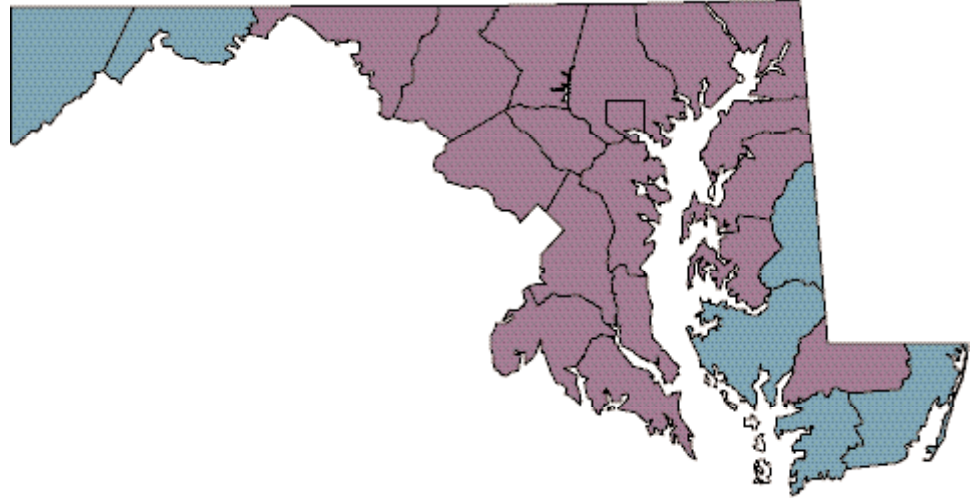
Maryland Network* Map Key

Maryland Counties HMO and PPO

Anne Arundel	Howard
Baltimore	Kent
Baltimore City	Montgomery
Calvert	Prince George's
Carroll	Queen Anne's
Cecil	St. Mary's
Charles	Talbot
Frederick	Washington
Harford	Wicomic

Maryland PPO

Allegany	Garrett
Caroline	Somerset
Dorchester	Worcester



Virginia Network* Map Key

Virginia Counties HMO and PPO

Ameilia	Goochland	Powhatan
Buckingham	Hanover	Prince Edward
Caroline	Henrico	Prince George
Charles City	King George	Prince William
Charlotte	King William	Spotsylvania
Chesterfield	Loudoun	Stafford
Cumberland	Louisa	Surry
Dinwiddie	Lunenburg	Sussex
Fairfax	New Kent	Westmoreland
Fauquier	Nottoway	

Virginia Counties PPO

Albermarle	Gloucester	Pulaski
Bedford	Grayson	Roanoke
Bland	Henry	Russell
Botetourt	Isle of Wright	Scott
Buchanan	King and Queen	Smyth
Carroll	Lancaster	Southampton
Charlottesville City	Lee	Suffolk City
Chesapeake City	Matthews	Tazewell
Craig	Middlesex	Virginia Beach City
Dickenson	Montgomery	Washington
Essex	Nelson	Wise
Floyd	Newport News City	Wythe
Fluvanna	Norfolk City	York
Franklin	Northumberland	
Giles	Patrick	

*Network subject to change.

**Maryland
Aetna
Small Group
Medical Plans**

Aetna Primary Care Plans HMO

	MD HMO 1*	MD HMO 2*	MD HMO 3*
MEMBER BENEFITS	In Network PCP Coordinated	In Network PCP Coordinated	In Network PCP Coordinated
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	N/A	N/A
Calendar Year Deductible Individual/Family	N/A	N/A	N/A
Calendar Year Out of Pocket/ Coinsurance Max. Individual/Family	\$1,000/\$2,500	\$2,500/\$5,000	\$4,000/\$10,000
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	\$20 copay	\$20 copay
Specialist Office Visit Copay	\$20 copay	\$30 copay	\$30 copay
Outpatient Services (Diagnostic/X-ray/Lab)	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.
Hospital Inpatient — Per Admit	\$0 copay	\$150 copay	\$250 copay
Outpatient Surgery	\$20 copay	\$20 copay	\$20 copay
Emergency Room Waived if Admitted	\$35 copay Yes	\$35 copay Yes	\$35 copay Yes
Durable Medical Equipment	\$0 copay	\$0 copay	\$0 copay
Mental Health — Inpatient 60 Days Max. Per Member, Per Cal. Yr. (Combined Max. With Inpatient Substance Abuse Rehab)	\$0 copay	\$150 per admission	\$250 per admission
Substance Abuse — Inpatient Detox: Unlimited Days Rehab: 60 Days Max. Per Member Per Cal. Yr. (Combined Max. With Inpatient Mental Health)	\$0 copay	\$150 per admission	\$250 per admission
Lifetime Maximums	Unlimited	Unlimited	Unlimited
PHARMACY			
Triple Tier Copay	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30 after \$150 deductible per calendar year
Mail-Order Drug Copay (90-day supply)	2x retail copay	2x retail copay	2x retail copay
Contraceptives	Included	Included	Included
*Optional features:	<ul style="list-style-type: none"> No Referrals MD HMO No Referrals 1 HMO Dental Rider See Page 24 	<ul style="list-style-type: none"> No Referrals MD HMO No Referrals 2 HMO Dental Rider See Page 24 	<ul style="list-style-type: none"> No Referrals MD HMO No Referrals 3 HMO Dental Rider See Page 24

**Maryland
Aetna
Small Group
Medical Plans**

Aetna Choice POS Plans

	MD POS 1*		MD POS 2*		MD POS 3*	
	In Network PCP Coordinated	Out of Network No Referral Needed	In Network PCP Coordinated	Out of Network No Referral Needed	In Network PCP Coordinated	Out of Network No Referral Needed
MEMBER BENEFITS						
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	20% after deductible	N/A	30% after deductible	N/A	40% after deductible
Calendar Year Deductible Individual/Family	N/A	\$300/\$600	N/A	\$500/\$1,000	N/A	\$1,000/\$2,000
Calendar Year Out of Pocket/ Coinsurance Max. Individual/Family	\$750/member	\$2,500/ member	\$1,500/ member	\$3,000/ member	\$2,500/\$5,000	\$4,000/\$10,000
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	20% after deductible	\$20 copay	30% after deductible	\$20 copay	40% after deductible
Specialist Office Visit Copay	\$20 copay	20% after deductible	\$30 copay	30% after deductible	\$30 copay	40% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	20% after deductible	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	30% after deductible	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	40% after deductible
Hospital Inpatient — Per Admit	\$0 copay	20% after deductible	\$150 copay	30% after deductible	\$250 copay	40% after deductible
Outpatient Surgery	\$20 copay	20% after deductible	\$20 copay	30% after deductible	\$20 copay	40% after deductible
Emergency Room Waived if Admitted	\$35 copay Yes	\$35 copay Yes	\$35 copay Yes	\$35 copay Yes	\$35 copay Yes	\$35 copay Yes
Durable Medical Equipment	\$0 copay	20% after deductible	\$0 copay	30% after deductible	\$0 copay	40% after deductible
Mental Health — Inpatient 60 Days Max. Per Member, Per Cal. Yr. (Combined Max. With Inpatient Substance Abuse Rehab)	\$0 copay	Not covered	\$150 per admission	Not covered	\$250 per admission	Not covered
Substance Abuse — Inpatient Detox: Unlimited Days Rehab: 60 Days Max. Per Member Per Cal. Yr. (Combined Max. With Inpatient Mental Health)	\$0 copay	Not covered	\$150 per admission	Not covered	\$250 per admission	Not covered
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000
PHARMACY						
Triple Tier Copay	\$10/\$15/\$30	Not covered	\$10/\$15/\$30	Not covered	\$10/\$15/\$30 with \$150 deductible per calendar year	Not covered
Mail-Order Drug Copay (90-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Not covered	Included	Not covered	Included	Not covered
*Optional features:	<ul style="list-style-type: none"> • No Referrals MD POS No Referrals 1 • HMO Dental Rider See Page 24 		<ul style="list-style-type: none"> • No Referrals MD POS No Referrals 2 • HMO Dental Rider See Page 24 		<ul style="list-style-type: none"> • No Referrals MD POS No Referrals 3 • HMO Dental Rider See Page 24 	

**Maryland
Aetna
Small Group
Medical Plans**

Aetna PPO Plans

	MD PPO 1		MD PPO 2		MD PPO 3	
MEMBER BENEFITS	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	20% after deductible	N/A	30% after deductible	N/A	40% after deductible
Calendar Year Deductible Individual/Family	N/A	\$300/\$600	N/A	\$500/\$1,000	N/A	\$1,000/\$2,000
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$2,500/\$5,000 Combined in/out of network	\$2,500/\$5,000 Combined in/out of network	\$2,500/\$5,000 Combined in/out of network	\$2,500/\$5,000 Combined in/out of network	\$3,400/\$6,800 Combined in/out of network	\$3,400/\$6,800 Combined in/out of network
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	20% after deductible	\$20 copay	30% after deductible	\$20 copay	40% after deductible
Specialist Office Visit Copay	\$20 copay	20% after deductible	\$20 copay	30% after deductible	\$20 copay	40% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	At facility — \$20 copay per visit. At primary or specialist — Included in applicable office visit copay.	20% after deductible	At facility — \$20 copay per visit. At primary or specialist — Included in applicable office visit copay.	30% after deductible	At facility — \$20 copay per visit. At primary or specialist — Included in applicable office visit copay.	40% after deductible
Hospital Inpatient — Per Admit	\$0 copay	20% after deductible	\$0 copay	30% after deductible	\$0 copay	40% after deductible
Outpatient Surgery	\$20 copay	20% after deductible	\$20 copay	30% after deductible	\$20 copay	40% after deductible
Emergency Room	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Waived if Admitted	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	\$0 copay	20% after deductible	\$0 copay	30% after deductible	\$0 copay	40% after deductible
Mental Health — Inpatient 60 Days Max. Per Member, Per Cal. Yr. (Combined Max. With Inpatient Substance Abuse Rehab)	\$0 copay	20% after deductible	\$0 copay	30% after deductible	\$0 copay	40% after deductible
Substance Abuse — Inpatient Detox: Unlimited Days Rehab: 60 Days Max. Per Member Per Cal. Yr. (Combined Max. With Inpatient Mental Health)	\$0 copay	20% after deductible	\$0 copay	30% after deductible	\$0 copay	40% after deductible
Lifetime Maximums	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

PHARMACY

Triple Tier Copay	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30 after \$150 deductible per calendar year	\$10/\$15/\$30 after \$150 deductible per calendar year
Mail-Order Drug Copay (90-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Included	Included	Included	Included	Included

**Maryland
Aetna
Small Group
Medical Plans**

Aetna Cost-Sharing PPO Plans

	MD Cost-Sharing PPO 1		MD Cost-Sharing PPO 2		MD Cost-Sharing PPO 3	
MEMBER BENEFITS	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	10% after deductible	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Calendar Year Deductible Individual/Family	\$300/\$600	\$300/\$600	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000 Combined in/out of network	\$1,000/\$2,000 Combined in/out of network
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$2,500/\$5,000 Combined in/out of network	\$2,500/\$5,000 Combined in/out of network	\$2,500/\$5,000 Combined in/out of network	\$2,500/\$5,000 Combined in/out of network	\$3,400/\$6,800 Combined in/out of network	\$3,400/\$6,800 Combined in/out of network
Primary Physician Office Visit Copay or Coinsurance	\$10 copay after deductible	20% after deductible	\$20 copay after deductible	30% after deductible	\$20 copay after deductible	40% after deductible
Specialist Office Visit Copay	\$20 copay after deductible	20% after deductible	\$20 copay after deductible	30% after deductible	\$20 copay after deductible	40% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	At facility — \$20 copay per visit after deductible. At primary or specialist — Included in applicable office visit copay.	20% after deductible	At facility — \$20 copay per visit after deductible. At primary or specialist — Included in applicable office visit copay.	30% after deductible	At facility — \$20 copay per visit after deductible. At primary or specialist — Included in applicable office visit copay.	40% after deductible
Hospital Inpatient — Per Admit	10% after deductible	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	10% after deductible	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency Room Waived if Admitted	\$35 copay plus 10% after deductible Yes	\$35 copay plus 10% after deductible Yes	\$35 copay plus 10% after deductible Yes	\$35 copay plus 10% after deductible Yes	\$35 copay plus 20% after deductible Yes	\$35 copay plus 20% after deductible Yes
Durable Medical Equipment	10% after deductible	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Mental Health — Inpatient 60 Days Max. Per Member, Per Cal. Yr. (Combined Max. With Inpatient Substance Abuse Rehab)	10% after deductible	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Substance Abuse — Inpatient Detox: Unlimited Days Rehab: 60 Days Max. Per Member Per Cal. Yr. (Combined Max. With Inpatient Mental Health)	10% after deductible	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Lifetime Maximums	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PHARMACY						
Triple Tier Copay	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30	\$10/\$15/\$30 after \$150 deductible per calendar year	\$10/\$15/\$30 after \$150 deductible per calendar year
Mail-Order Drug Copay (90-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Included	Included	Included	Included	Included

**Maryland
Aetna
Small Group
Medical Plans**

**Aetna Consumer-
Directed Plan**

MD PPO First Dollar Plan

MEMBER BENEFITS

	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	20% after deductible	40% after deductible
Calendar Year Deductible Individual/Family	\$1,000/\$2,000 Combined in/out of network	\$1,000/\$2,000 Combined in/out of network
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$3,400/\$6,800 Combined in/out of network	\$3,400/\$6,800 Combined in/out of network
Primary Physician Office Visit Copay or Coinsurance	\$20 copay after deductible	40% after deductible
Specialist Office Visit Copay	\$20 copay after deductible	40% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	20% after deductible	40% after deductible
Hospital Inpatient — Per Admit	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room Waived if Admitted	\$35 copay plus 20% after deductible Yes	\$35 copay plus 20% after deductible Yes
Durable Medical Equipment	20% after deductible	40% after deductible
Mental Health — Inpatient 60 Days Max. Per Member, Per Cal. Yr. (Combined Max. With Inpatient Substance Abuse Rehab)	20% after deductible	40% after deductible
Substance Abuse — Inpatient Detox: Unlimited Days Rehab: 60 Days Max. Per Member Per Cal. Yr. (Combined Max. With Inpatient Mental Health)	20% after deductible	40% after deductible
Lifetime Maximums	Unlimited	\$2,000,000

PHARMACY

Triple Tier Copay	\$10/\$15/\$30	\$10/\$15/\$30
Mail-Order Drug Copay (90-day supply)	2x retail copay	Not covered
Contraceptives	Included	Included
Other Provisions	First \$500 individual/\$1,000 family in benefits (excludes Rx) in network or out of network paid at 100% not subject to deductible. After \$500/\$1,000, the deductible applies to all covered services excluding Rx. After deductible is met, coinsurance and copays apply.	

**Maryland
Aetna
Small Group
Medical Plans**

Aetna State Mandated Plans

	MD HMO 4 Comprehensive Standard Benefit Plan		MD POS 4 Comprehensive Standard Benefit Plan		MD PPO 4 Comprehensive Standard Benefit Plan	
	In Network PCP Coordinated	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	
MEMBER BENEFITS						
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	N/A	40% after deductible	20% after deductible	40% after deductible	
Calendar Year Deductible Individual/Family	N/A	N/A	\$1,000/\$2,000	\$1,000/\$2,000 Combined in/out of network	\$1,000/\$2,000	
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$4,000/\$10,000	\$4,000/\$10,000	\$4,000/\$10,000	\$3,400/\$6,800 Combined in/out of network	\$3,400/\$6,800	
Primary Physician Office Visit Copay or Coinsurance	\$20 copay	\$20 copay	40% after deductible	Greater of \$20 copay or 20% after deductible	Greater of \$20 copay or 40% after deductible	
Specialist Office Visit Copay	\$30 copay	\$30 copay	40% after deductible	Greater of \$20 copay or 20% after deductible	Greater of \$20 copay or 40% after deductible	
Outpatient Services (Diagnostic/X-ray/Lab)	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	At facility — \$20 copay per visit or 50% of the cost of service, whichever is less. At primary or specialist — Included in applicable office visit copay.	40% after deductible	Greater of \$20 copay or 20% after deductible	Greater of \$20 copay or 40% after deductible	
Hospital Inpatient — Per Admit	\$250 copay	\$250 copay	40% after deductible	20% after deductible	40% after deductible	
Outpatient Surgery	\$20 copay	\$20 copay	40% after deductible	Greater of \$20 copay or 20% after deductible	Greater of \$20 copay or 40% after deductible	
Emergency Room Waived if Admitted	\$35 copay Yes	\$35 copay Yes	\$35 copay Yes	\$35 copay plus 20% after deductible Yes	\$35 copay plus 20% after deductible Yes	
Durable Medical Equipment	\$0 copay	\$0 copay	40% after deductible	20% after deductible	40% after deductible	
Mental Health — Inpatient 60 Days Max. Per Member, Per Cal. Yr. (Combined Max. With Inpatient Substance Abuse Rehab)	\$250 per admission	\$250 per admission	40% after deductible	20% after deductible	40% after deductible	
Substance Abuse — Inpatient Detox: Unlimited Days Rehab: 60 Days Max. Per Member Per Cal. Yr. (Combined Max. With Inpatient Mental Health)	\$250 per admission	\$250 per admission	40% after deductible	20% after deductible	40% after deductible	
Lifetime Maximums	Unlimited	Unlimited	\$2,000,000	\$2,000,000 Combined in/out of network	\$2,000,000	
PHARMACY						
Triple Tier Copay	\$15/\$20/\$30 after \$250 deductible per calendar year	\$10/\$15/\$30 after \$150 deductible per calendar year	Not covered	\$15/\$20/\$30 after \$250 deductible per calendar year	\$15/\$20/\$30 after \$250 deductible per calendar year	
Mail-Order Drug Copay (90-day supply)	2x retail copay	2x retail copay	Not covered	2x retail copay	Not covered	
Contraceptives	Included	Included	Not covered	Included	Included	

**Virginia
Aetna
Small Group
Medical Plans**

Aetna Primary Care Plans HMO

	VA HMO 1*	VA HMO 2*	VA HMO 3*
MEMBER BENEFITS	In Network Coordinated	In Network PCP Coordinated	In Network Coordinated
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	N/A	N/A
Calendar Year Deductible Individual/Family	N/A	N/A	N/A
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	\$15 copay	\$25 copay
Specialist Office Visit Copay	\$20 copay	\$35 copay	\$50 copay
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay	\$35 copay	\$50 copay
Hospital Inpatient — Per Admit	\$250 copay	\$150 per day to maximum of 5 days	\$200 per day to maximum of 5 days
Outpatient Surgery	\$100 copay	\$100 copay	\$100 copay
Emergency Room Waived if Admitted	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes
Durable Medical Equipment (\$2,500 per cal. yr. max.)	50%	50%	50%
Mental Health — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Substance Abuse Rehab)	\$250 per admission	\$150 per day to maximum of 5 days	\$200 per day to maximum of 5 days
Substance Abuse — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Mental Health)	\$250 per admission	\$150 per day to maximum of 5 days	\$200 per day to maximum of 5 days
Lifetime Maximums	Unlimited	Unlimited	Unlimited

PHARMACY

Triple Tier Copay	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$50 after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail copay	2x retail copay	2x retail copay
Contraceptives	Included	Included	Included

*Optional features:

- No Referrals
VA HMO No Referrals 1
- HMO Dental Rider
See Page 24
- Morbid Obesity Rider

- No Referrals
VA HMO No Referrals 2
- HMO Dental Rider
See Page 24
- Morbid Obesity Rider

- No Referrals
VA HMO No Referrals 3
- HMO Dental Rider
See Page 24
- Morbid Obesity Rider

Standard and essential products are available upon request.

**Virginia
Aetna
Small Group
Medical Plans**

Aetna Primary Care Plans HMO

	VA Cost-Sharing HMO 1*	VA Cost-Sharing HMO 2*	VA Cost-Sharing HMO 3*
MEMBER BENEFITS	In Network PCP Coordinated	In Network PCP Coordinated	In Network PCP Coordinated
In-Network Coinsurance/ Out-of-Network Coinsurance	20% after deductible	30% after deductible	40% after deductible
Calendar Year Deductible Individual/Family	\$250/member	\$500/member	\$1,000/member (3 member max.)
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$3,000 (3 member max.)	\$4,000 (3 member max.)	\$5,000/member (3 member max.)
Primary Physician Office Visit Copay or Coinsurance	\$15 copay	\$25 copay	\$25 copay
Specialist Office Visit Copay	\$35 copay	\$50 copay	\$50 copay
Outpatient Services (Diagnostic/X-ray/Lab)	\$35 copay after deductible	\$50 copay after deductible	\$50 copay after deductible
Hospital Inpatient — Per Admit	20% after deductible	30% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	30% after deductible	40% after deductible
Emergency Room Waived if Admitted	20% after deductible No	30% after deductible No	40% after deductible No
Durable Medical Equipment (\$2,500 max. per cal. yr.)	50% after deductible	50% after deductible	50% after deductible
Mental Health — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Substance Abuse Rehab)	20% after deductible	30% after deductible	40% after deductible
Substance Abuse — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Mental Health)	20% after deductible	30% after deductible	40% after deductible
Lifetime Maximums	Unlimited	Unlimited	Unlimited
PHARMACY			
Triple Tier Copay	\$10/\$20/\$50 after \$150 deductible per calendar year	\$10/\$20/\$50 after \$150 deductible per calendar year	\$10/\$20/\$50 after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail	2x retail	2x retail
Contraceptives	Included	Included	Included
Other Provisions	PCP/SCP Office Visits not subject to deductible.	PCP/SCP Office Visits not subject to deductible.	PCP/SCP Office Visits not subject to deductible.
*Optional features:	<ul style="list-style-type: none"> • HMO Dental Rider See Page 24 • Morbid Obesity Rider 	<ul style="list-style-type: none"> • HMO Dental Rider See Page 24 • Morbid Obesity Rider 	<ul style="list-style-type: none"> • HMO Dental Rider See Page 24 • Morbid Obesity Rider

Standard and essential products are available upon request.

**Virginia
Aetna
Small Group
Medical Plans**

Aetna Choice POS Plans

	VA POS 1*		VA POS 2*		VA POS 3*	
MEMBER BENEFITS	In Network PCP Coordinated	Out of Network No Referral Needed	In Network PCP Coordinated	Out of Network No Referral Needed	In Network PCP Coordinated Needed	Out of Network No Referral
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	30% after deductible	N/A	30% after deductible	N/A	30% after deductible
Calendar Year Deductible Individual/Family	N/A	\$300/member	N/A	\$400/member	N/A	\$750/member
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$1,000/member	\$2,000/member	\$1,000/member	\$2,000/member	\$2,000/member	\$5,000/member
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	30% after deductible	\$15 copay	30% after deductible	\$25 copay	30% after deductible
Specialist Office Visit Copay	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Hospital Inpatient — Per Admit	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible
Outpatient Surgery	\$100 copay	\$100 copay plus 30% after deductible	\$100 copay	\$100 copay plus 30% after deductible	\$100 copay	\$100 copay plus 30% after deductible
Emergency Room Waived if Admitted	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes
Durable Medical Equipment (\$2,500 per cal. yr. max.)	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Mental Health — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Substance Abuse Rehab)	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible
Substance Abuse — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Mental Health)	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000

PHARMACY

Triple Tier Copay	\$10/\$20/\$35	Not covered	\$10/\$20/\$35	Not covered	\$10/\$20/\$50 after \$150 deductible per calendar year	Not covered
Mail-Order Drug Copay (60-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Not covered	Included	Not covered	Included	Not covered

*Optional features:

- No Referrals
VA POS No Referrals 1
- HMO Dental Rider
See Page 24
- Morbid Obesity Rider

- No Referrals
VA POS No Referrals 2
- HMO Dental Rider
See Page 24
- Morbid Obesity Rider

- No Referrals
VA POS No Referrals 3
- HMO Dental Rider
See Page 24
- Morbid Obesity Rider

Standard and essential products are available upon request.

**Virginia
Aetna
Small Group
Medical Plans**

Aetna PPO Plans

	VA PPO 1*		VA PPO 2*		VA PPO 3*	
MEMBER BENEFITS	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	30% after deductible	N/A	30% after deductible	N/A	30% after deductible
Calendar Year Deductible Individual/Family	N/A	\$300/member	N/A	\$400/member	N/A	\$750/member
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$500/member	\$1,000/member	\$1,000/member	\$2,000/member	\$1,500/member	\$2,500/member
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	30% after deductible	\$15 copay	30% after deductible	\$25 copay	30% after deductible
Specialist Office Visit Copay	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Hospital Inpatient — Per Admit	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	30% after deductible	\$200 per day to max. of 5 days	30% after deductible
Outpatient Surgery	\$100 copay	\$100 copay plus 30% after deductible	\$100 copay	\$100 copay plus 30% after deductible	\$100 copay	\$100 copay plus 30% after deductible
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Waived if Admitted	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment (\$2,500 per cal. yr. max.)	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Mental Health — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Substance Abuse Rehab)	\$250 per admission	30% after deductible	\$150 per day to max. of 5 days	30% after deductible	\$200 per day to max. of 5 days	30% after deductible
Substance Abuse — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Mental Health)	\$250 per admission	30% after deductible	\$150 per day to max. of 5 days	30% after deductible	\$200 per day to max. of 5 days	30% after deductible
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000

PHARMACY

Triple Tier Copay	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35 after \$150 deductible per calendar year	\$10/\$20/\$35 plus 20% after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Included	Included	Included	Included	Included

*Optional features:

- Morbid Obesity Rider
- Morbid Obesity Rider
- Morbid Obesity Rider

Standard and essential products are available upon request.

**Virginia
Aetna
Small Group
Medical Plans**

Aetna Cost-Sharing PPO Plans

MEMBER BENEFITS	VA Cost-Sharing PPO 1*		VA Cost-Sharing PPO 2*		VA Cost-Sharing PPO 3*	
	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Calendar Year Deductible Individual/Family	\$300/member	\$300/member	\$400/member	\$400/member	\$750/member	\$750/member
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$1,000/member	\$1,000/member	\$2,000/member	\$2,000/member	\$2,500/member	\$2,500/member
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	30% after deductible	\$15 copay	30% after deductible	\$25 copay	30% after deductible
Specialist Office Visit Copay	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay after deductible	30% after deductible	\$35 copay after deductible	30% after deductible	\$50 copay after deductible	30% after deductible
Hospital Inpatient — Per Admit	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Surgery	\$100 copay after deductible	\$100 copay plus 30% after deductible	\$100 copay after deductible	\$100 copay plus 30% after deductible	\$100 copay after deductible	\$100 copay plus 30% after deductible
Emergency Room Waived if Admitted	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes
Durable Medical Equipment (\$2,500 per cal. yr. max.)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Substance Abuse Rehab)	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Substance Abuse — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Mental Health)	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000
PHARMACY						
Triple Tier Copay	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35 after \$150 deductible per calendar year	\$10/\$20/\$35 plus 20% after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Included	Included	Included	Included	Included

*Optional features:

• Morbid Obesity Rider

• Morbid Obesity Rider

• Morbid Obesity Rider

Standard and essential products are available upon request.

**Virginia
Aetna
Small Group
Medical Plans**

Aetna Consumer-Directed Plans

	VA PPO First Dollar Plan*		VA PPO MSA Compatible Plan*		VA PPO Basic Hospital Plan*	
MEMBER BENEFITS	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Calendar Year Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,250/\$4,500 Combined in/out of network	\$2,250/\$4,500 Combined in/out of network	\$3,000/member	\$5,000/member
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$5,500 Combined in/out of network	\$3,000/\$5,500 Combined in/out of network	\$6,000/member (3 member max.)	\$10,000/member (3 member max.)
Primary Physician Office Visit Copay or Coinsurance	\$25 copay after deductible	50% after deductible	20% after deductible	40% after deductible	\$20 copay; no deductible; 3 office visits per calendar year	Not covered
Specialist Office Visit Copay	\$40 copay after deductible	50% after deductible	20% after deductible	40% after deductible	\$20 copay; no deductible; 3 office visits per calendar year	Not covered
Outpatient Services (Diagnostic/X-ray/Lab)	20% after deductible	50% after deductible	20% after deductible	40% after deductible	Not covered	Not covered
Hospital Inpatient — Per Admit	\$250 copay plus 20% after deductible	\$250 copay plus 50% after deductible	20% after deductible	40% after deductible	20% after deductible; limited to 30 days per calendar year	40% after deductible; limited to 30 days per calendar year combined in/out of network
Outpatient Surgery	\$75 copay plus 20% after deductible	\$75 copay plus 50% after deductible	20% after deductible	40% after deductible	20% after deductible; for facility-based surgery; surgery in physician's office not covered	Not covered
Emergency Room	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible	20% after deductible; coverage for true emergencies resulting in an IP confinement only Yes	40% after deductible; coverage for true emergencies resulting in an IP confinement only Yes
Waived if Admitted	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment (\$2,500 per. cal. yr. max.)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	Not covered
Mental Health — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Substance Abuse Rehab)	\$250 copay plus 20% after deductible	\$250 copay plus 50% after deductible	20% after deductible	40% after deductible	20% after deductible; 30 days/cal. yr.	Not covered
Substance Abuse — Inpatient/Admit Biological — Unlimited days; Non-Biological — 30 Days Max. Per Member/Calendar Year (Combined With Inpatient Mental Health)	\$250 copay plus 20% after deductible	\$250 copay plus 50% after deductible	20% after deductible	40% after deductible	20% after deductible; limited to 30 days per calendar year	Not covered
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000

PHARMACY

Triple Tier Copay	\$10/\$30/\$50	\$10/\$30/\$50 plus 20%	\$10/\$30/\$50 after deductible	\$10/\$30/\$50 plus 20% after deductible	Rx Discount Network	Not covered
Mail-Order Drug Copay (60-day supply)	2x retail	Not covered	2x retail	Not covered	Not covered	Not covered
Contraceptives	Included	Included	Included	Included	Rx Discount Network	Not covered
Other Provisions	First \$500 individual/\$1,000 family in benefits (excludes Rx) in network or out of network paid at 100% not subject to deductible. After \$500/ \$1,000, the deductible applies to all covered services excluding preventive care and Rx. After deductible is met, coinsurance and copays apply.		All covered expenses (including Rx) apply to deductible. Deductible & copays apply to OOP Max.		Three (3) office visits per calendar year, primary and specialist combined.	

*Optional features:

- Morbid Obesity Rider
- Morbid Obesity Rider
- Morbid Obesity Rider

Standard and essential products are available upon request.

**Washington, D.C.
Aetna
Small Group
Medical Plans**

Aetna Primary Care Plans HMO

	DC HMO 1*	DC HMO 2*	DC HMO 3*
MEMBER BENEFITS	In Network Coordinated	In Network PCP Coordinated	In Network Coordinated
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	N/A	N/A
Calendar Year Deductible Individual/Family	N/A	N/A	N/A
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	\$15 copay	\$25 copay
Specialist Office Visit Copay	\$20 copay	\$35 copay	\$50 copay
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay	\$35 copay	\$50 copay
Hospital Inpatient — Per Admit	\$250 copay	\$150 per day to maximum of 5 days	\$200 per day to maximum of 5 days
Outpatient Surgery	\$100 copay	\$100 copay	\$100 copay
Emergency Room Waived if Admitted	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes
Durable Medical Equipment (\$2,500 per cal. yr. max.)	50%	50%	50%
D.C. Mental Health — Inpatient/Admit 45 Days Per Calendar Year	\$250 per admission	\$150 per day to maximum of 5 days	\$200 per day to maximum of 5 days
D.C. Substance Abuse Inpatient/Admit 45 Days Per Calendar Year	\$250 per admission	\$150 per day to maximum of 5 days	\$200 per day to maximum of 5 days
Lifetime Maximums	Unlimited	Unlimited	Unlimited

PHARMACY

Triple Tier Copay	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$50 after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail copay	2x retail copay	2x retail copay
Contraceptives	Included	Included	Included

*Optional features:

- No Referrals
DC HMO No Referrals 1
- HMO Dental Rider
See Page 24

- No Referrals
DC HMO No Referrals 2
- HMO Dental Rider
See Page 24

- No Referrals
DC HMO No Referrals 3
- HMO Dental Rider
See Page 24

Washington, D.C.
Aetna
Small Group
Medical Plans

Aetna Primary Care Plans HMO

	DC Cost-Sharing HMO 1*	DC Cost-Sharing HMO 2*	DC Cost-Sharing HMO 3*
MEMBER BENEFITS	In Network PCP Coordinated	In Network PCP Coordinated	In Network PCP Coordinated
In-Network Coinsurance/ Out-of-Network Coinsurance	20% after deductible	30% after deductible	40% after deductible
Calendar Year Deductible Individual/Family	\$250/member	\$500/member	\$1,000/member (3 member max.)
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$3,000 (3 member max.)	\$4,000 (3 member max.)	\$5,000/member (3 member max.)
Primary Physician Office Visit Copay or Coinsurance	\$15 copay	\$25 copay	\$25 copay
Specialist Office Visit Copay	\$35 copay	\$50 copay	\$50 copay
Outpatient Services (Diagnostic/X-ray/Lab)	\$35 copay after deductible	\$50 copay after deductible	\$50 copay after deductible
Hospital Inpatient — Per Admit	20% after deductible	30% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	30% after deductible	40% after deductible
Emergency Room Waived if Admitted	20% after deductible No	30% after deductible No	40% after deductible No
Durable Medical Equipment (\$2,500 max. per cal. yr.)	50% after deductible	50% after deductible	50% after deductible
D.C. Mental Health — Inpatient/Admit 45 Days Per Calendar Year	20% after deductible	30% after deductible	40% after deductible
D.C. Substance Abuse — Inpatient/Admit 45 Days Per Calendar Year	20% after deductible	30% after deductible	40% after deductible
Lifetime Maximums	Unlimited	Unlimited	Unlimited

PHARMACY

Triple Tier Copay	\$10/\$20/\$50 after \$150 deductible per calendar year	\$10/\$20/\$50 after \$150 deductible per calendar year	\$10/\$20/\$50 after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail	2x retail	2x retail
Contraceptives	Included	Included	Included
Other Provisions	PCP/SCP Office Visits not subject to deductible.	PCP/SCP Office Visits not subject to deductible.	PCP/SCP Office Visits not subject to deductible.

*Optional features:

- HMO Dental Rider
See Page 24

- HMO Dental Rider
See Page 24

- HMO Dental Rider
See Page 24

**Washington, D.C.
Aetna
Small Group
Medical Plans**

Aetna Choice POS Plans

	DC POS 1*		DC POS 2*		DC POS 3*	
MEMBER BENEFITS	In Network PCP Coordinated	Out of Network No Referral Needed	In Network PCP Coordinated	Out of Network No Referral Needed	In Network PCP Coordinated Needed	Out of Network No Referral
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	30% after deductible	N/A	30% after deductible	N/A	30% after deductible
Calendar Year Deductible Individual/Family	N/A	\$300/member	N/A	\$400/member	N/A	\$750/member
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$1,000/member	\$2,000/member	\$1,000/member	\$2,000/member	\$2,000/member	\$5,000/member
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	30% after deductible	\$15 copay	30% after deductible	\$25 copay	30% after deductible
Specialist Office Visit Copay	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Hospital Inpatient — Per Admit	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible
Outpatient Surgery	\$100 copay	\$100 copay plus 30% after deductible	\$100 copay	\$100 copay plus 30% after deductible	\$100 copay	\$100 copay plus 30% after deductible
Emergency Room Waived if Admitted	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes	\$100 copay Yes
Durable Medical Equipment (\$2,500 per cal. yr. max.)	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
D.C. Mental Health — Inpatient/Admit 45 Days Per Calendar Year	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible
D.C. Substance Abuse — Inpatient/Admit 45 Days Per Calendar Year	\$250 copay	30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible	\$150 per day to max. of 5 days	\$150 per day to max. of 5 days plus 30% after deductible
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000

PHARMACY

Triple Tier Copay	\$10/\$20/\$35	Not covered	\$10/\$20/\$35	Not covered	\$10/\$20/\$50 after \$150 deductible per calendar year	Not covered
Mail-Order Drug Copay (60-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Not covered	Included	Not covered	Included	Not covered

*Optional features:

- No Referrals
DC POS No Referrals 1
- HMO Dental Rider
See Page 24

- No Referrals
DC POS No Referrals 2
- HMO Dental Rider
See Page 24

- No Referrals
DC POS No Referrals 3
- HMO Dental Rider
See Page 24

**Washington, D.C.
Aetna
Small Group
Medical Plans**

Aetna PPO Plans

	DC PPO 1		DC PPO 2		DC PPO 3	
MEMBER BENEFITS	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	N/A	30% after deductible	N/A	30% after deductible	N/A	30% after deductible
Calendar Year Deductible Individual/Family	N/A	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	\$1,500/\$3,000
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	N/A	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	30% after deductible	\$15 copay	30% after deductible	\$25 copay	30% after deductible
Specialist Office Visit Copay	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Hospital Inpatient — Per Admit	\$150 copay	30% after deductible	\$250 copay	30% after deductible	\$500 copay	30% after deductible
Outpatient Surgery	\$0 copay	30% after deductible	\$0 copay	30% after deductible	\$0 copay	30% after deductible
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Waived if Admitted	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
D.C. Mental Health — Inpatient/Admit 45 Days Per Calendar Year	\$150 per admission	30% after deductible	\$250	30% after deductible	\$500	30% after deductible
D.C. Substance Abuse — Inpatient/Admit 45 Days Per Calendar Year	\$150 per admission	30% after deductible	\$250	30% after deductible	\$500	30% after deductible
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000
PHARMACY						
Triple Tier Copay	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35 after \$150 deductible per calendar year	\$10/\$20/\$35 plus 20% after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Included	Included	Included	Included	Included

Washington, D.C.
Aetna
Small Group
Medical Plans

Aetna Cost-Sharing PPO Plans

	DC Cost-Sharing PPO 1		DC Cost-Sharing PPO 2		DC Cost-Sharing PPO 3	
	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed	In Network No Referral Needed	Out of Network No Referral Needed
MEMBER BENEFITS						
In-Network Coinsurance/ Out-of-Network Coinsurance	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Calendar Year Deductible Individual/Family	\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,500/\$3,000
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000
Primary Physician Office Visit Copay or Coinsurance	\$10 copay	30% after deductible	\$15 copay	30% after deductible	\$25 copay	30% after deductible
Specialist Office Visit Copay	\$20 copay	30% after deductible	\$35 copay	30% after deductible	\$50 copay	30% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	\$20 copay after deductible	30% after deductible	\$35 copay after deductible	30% after deductible	\$50 copay after deductible	30% after deductible
Hospital Inpatient — Per Admit	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Emergency Room Waived if Admitted	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes	\$100 copay after deductible Yes
Durable Medical Equipment	10% after deductible	50% after deductible	10% after deductible	50% after deductible	20% after deductible	50% after deductible
D.C. Mental Health — Inpatient/Admit 45 Days Per Calendar Year	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
D.C. Substance Abuse — Inpatient/Admit 45 Days Per Calendar Year	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	30% after deductible
Lifetime Maximums	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000
PHARMACY						
Triple Tier Copay	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35	\$10/\$20/\$35 plus 20%	\$10/\$20/\$35 after \$150 deductible per calendar year	\$10/\$20/\$35 plus 20% after \$150 deductible per calendar year
Mail-Order Drug Copay (60-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered
Contraceptives	Included	Included	Included	Included	Included	Included

**Washington, D.C.
Aetna
Small Group
Medical Plans**

**Aetna Consumer-
Directed Plan**

DC PPO MSA Compatible Plan

MEMBER BENEFITS	In Network No Referral Needed	Out of Network No Referral Needed
In-Network Coinsurance/ Out-of-Network Coinsurance	20% after deductible	40% after deductible
Calendar Year Deductible Individual/Family	\$2,250/\$4,500 Combined in/out of network	\$2,250/\$4,500 Combined in/out of network
Calendar Year Out of Pocket Coinsurance Max. Individual/Family	\$3,000/\$5,500 Combined in/out of network	\$3,000/\$5,500 Combined in/out of network
Primary Physician Office Visit Copay or Coinsurance	20% after deductible	40% after deductible
Specialist Office Visit Copay	20% after deductible	40% after deductible
Outpatient Services (Diagnostic/X-ray/Lab)	20% after deductible	40% after deductible
Hospital Inpatient — Per Admit	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room Waived if Admitted	\$100 copay after deductible Yes	\$100 copay after deductible Yes
Durable Medical Equipment	20% after deductible	50% after deductible
D.C. Mental Health — Inpatient/Admit 45 Days Per Calendar Year	20% after deductible	40% after deductible
D.C. Substance Abuse — Inpatient/Admit 45 Days Per Calendar Year	20% after deductible	40% after deductible
Lifetime Maximums	Unlimited	\$2,000,000
PHARMACY		
Triple Tier Copay	\$10/\$30/\$50 after deductible	\$10/\$30/\$50 plus 20% after deductible
Mail-Order Drug Copay (60-day supply)	2x retail	Not covered
Contraceptives	Included	Included
Other Provisions	All covered expenses (including Rx) apply to deductible. Deductible & copays apply to OOP Max.	

DENTAL OPTIONS



Aetna Dental® Plans (Available in MD, VA & DC)

Small Business decision makers can choose from a variety of plan design options that help you offer a dental plan that's just right for your employees. Aetna offers a range of dental benefits plans, including our DMO® and PPO plans. With our Dental DMO plans, members select a primary care dentist from Aetna's network of dentists. The primary care dentist then coordinates their dental care, including referrals to network specialists as needed. With our Dental PPO plans, members have the option to use an Aetna network dentist or a licensed dentist who is not in our network. Both plans offer members access to a large network of participating dentists or dental specialists.



Preferred Provider Organization (PPO) — This plan offers a network of approximately 53,000* available PPO dental practice locations nationwide. Provider fees are negotiated ahead of time and members do not need referrals.

Dental Maintenance Organization (DMO) — Our managed care option lets each member choose his/her own primary care dentist (PCD). Members have access to a commercial dental network with approximately 6,800* available general practitioner locations nationwide.

- > **Freedom-of-Choice Plan Design** — This plan design is offered with one blended rate and provides flexibility by allowing members to switch between the DMO and alternate plan (PPO or indemnity) on a monthly basis.
- > **Dual Option** — This plan design consists of a DMO plan sold alongside a PPO or indemnity plan. It includes two separate rates and allows for annual election between the products.

HMO Dental Rider Plans — Clients who have an Aetna HMO medical plan** can choose an Aetna dental rider to provide preventive and basic care and access to advanced level benefits at a reduced cost.

Aetna Small Group Dental Plans

Available With an Aetna Medical Plan (2 – 50 eligibles)
Available Standalone (10 – 50 eligibles)

	Plan Option 1	Plan Option 2	Plan Option 3		Plan Option 4	Plan Option 5	
	Dental HMO — available only with HMO Medical Plan	DMO	Freedom-of-Choice — Monthly selection between the DMO and the PPO Max		PPO Max	Active PPO Plan	
	Value	Standard	Standard		Premier	Premier	
MEMBER BENEFITS		DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40	PPO Max Plan 100/80/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/40
Office Visit Copay	\$2**	\$5**	\$5**	N/A	N/A	N/A	N/A
Annual Deductible per Member (Does not apply to Diagnostic & Preventive Services)	None	None	None	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	\$1,000	\$1,500	\$1,500	\$1,000
DIAGNOSTIC SERVICES							
Oral Exams							
Periodic oral exam	No Charge	100%	100%	100%	100%	100%	80%
Comprehensive oral exam	No Charge	100%	100%	100%	100%	100%	80%
Problem-focused oral exam	No Charge	100%	100%	100%	100%	100%	80%
X-rays							
Bitewing — single film	No Charge	100%	100%	100%	100%	100%	80%
Complete series	No Charge	100%	100%	100%	100%	100%	80%
PREVENTIVE SERVICES							
Adult cleaning	No Charge	100%	100%	100%	100%	100%	80%
Child cleaning	No Charge	100%	100%	100%	100%	100%	80%
Sealants — per tooth	Discounted Fee	100%	100%	100%	100%	100%	80%
Fluoride application — with cleaning	No Charge	100%	100%	100%	100%	100%	80%
Space maintainers	Discounted Fee	100%	100%	100%	100%	100%	80%
BASIC SERVICES							
Amalgam filling — 2 surfaces permanent	No Charge	80%	90%	70%	80%	80%	60%
Resin filling — 2 surfaces permanent	Discounted Fee	80%	90%	70%	80%	80%	60%
Oral Surgery							
Simple extraction	Discounted Fee	80%	90%	70%	80%	80%	60%
Extraction of impacted tooth — soft tissue	Discounted Fee	80%	90%	70%	80%	80%	60%
MAJOR SERVICES*							
Complete upper denture	Discounted Fee	50%	60%	40%	50%	50%	40%
Partial upper denture (resin base)	Discounted Fee	50%	60%	40%	50%	50%	40%
Crown — Porcelain with noble metal	Discounted Fee	50%	60%	40%	50%	50%	40%
Pontic — Porcelain with noble metal	Discounted Fee	50%	60%	40%	50%	50%	40%
Inlay — Metallic (3 or more surfaces)	Discounted Fee	50%	60%	40%	50%	50%	40%
Oral Surgery							
Removal of impacted tooth — partially bony	Discounted Fee	50%	60%	40%	50%	50%	40%
Endodontic Services							
Bicuspid root canal therapy	Discounted Fee	80%	90%	40%	50%	50%	40%
Molar root canal therapy	Discounted Fee	50%	60%	40%	50%	50%	40%
Periodontic Services							
Scaling & root planing — per quadrant	Discounted Fee	80%	90%	40%	50%	50%	40%
Osseous surgery — per quadrant	Discounted Fee	50%	60%	40%	50%	50%	40%
Orthodontic Services***							
Orthodontic Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	\$1,000	\$1,000

Option 2 cannot be sold on a standalone basis to a customer with primary business location in Maryland or New Jersey. Must be part of a Dual Option sale packaged with either Options 4 or 5. Options 3 & 4 PPO Non-Preferred Coverage limited to a maximum of the plan's payment which is based on the contracted maximum fee for participating providers in a particular geographic area.

*For Major and Orthodontic Services must be an enrolled member of plan for 1 year before eligible (waived for DMO). Some Periodontic and Endodontic services are covered as Basic Services on the DMO. **Dollar amounts indicated are member responsibility.

***Availability only to groups with 10 – 50 eligible employees.

Orthodontic coverage available to dependent children only.

For late entrants; Coverage limited to Preventive & Diagnostic services for first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).

Above list of covered services is representative. List of covered services will be Aetna Dental standard list and be fully described in plan booklet/certificate.

Aetna Small Business LIFE & DISABILITY

Today's small business owners are looking for answers.

Beyond medical coverage, Aetna offers specially designed group Life and Disability solutions to meet the unique business needs of small business owners. Aetna offers three options that allow employers to choose the plan they want to offer, at the price they want to pay.

The streamlined Life and Disability package includes a range of flat dollar insurance options bundled together in one monthly per employee rate — resulting in a simplified quotation process. These products are easy to understand, and offer affordable benefits together with valuable services at no additional cost. Plan sponsors will also benefit from streamlined plan installation, administration and claims processing. Or, if a Life solution is all you're looking for, you may also just simply choose from our portfolio of Group Basic Term Life plans.

Additionally, Aetna's Legal Reference Program is available to all employees and beneficiaries and offers them legal information and discounted legal services through Advisory Communications Systems, Inc. Members have access to more than 16,000 lawyers and 6,500 law firms.

Aetna offers a benefits portfolio that includes health, dental, life and specialized disability — offering one-stop shopping through a single source. Products that meet your company's bottom line. Benefits that meet the financial security needs of your employees.

Group Life Insurance

Basic Term Life is a low-cost, high-value addition to any benefits package. Small business Life plans also include:

- > **AD&D Ultra®** — AD&D Ultra is a breakthrough product that offers much more accidental coverage and financial security at the same cost as traditional AD&D coverage, and is automatically included in all employee term Life plans. AD&D Ultra features 13 benefits that set the standard for family-friendly accidental loss protection. Aetna calls it AD&D Ultra because it includes seven benefits that are not included in the standard AD&D product: passenger restraint and airbag, education benefit for dependent child and/or spouse, child care benefit, repatriation of remains benefit, coma benefit (not available in MD), total disability benefit and 365-day covered loss period.
- > **Accelerated Death Benefit**, also called the "living benefit," provides an early payment to terminally ill employees or spouses. The payment equals 10% to 50% of the life insurance benefit. The minimum ADB amount is \$5,000, and the maximum percentage will be capped at a dollar amount specified in the certificate.
- > **Aetna Beneficiary Solutions™** — Families who have lost a loved one need more than a benefit payment. This is why Aetna has developed a full range of services designed to help beneficiaries and survivors make sound financial decisions for the future. These services include an interest-bearing checking account, customized investment

programs with confidential, free financial counseling through Chase Investment Services Corp., as well as Aetna's Legal Reference Program for all beneficiaries.

- > **Premium Waiver Provision** — Employee coverage may stay in effect up to a certain age without premium payments if an employee is permanently and totally disabled while insured because of an illness or injury prior to age 60.
- > **Guaranteed Issue** — Coverage is individually "guaranteed issue" up to \$50,000 for groups with 10 or more eligible employees, and \$15,000 for groups with 2 – 9 eligible employees.

Disability

Disability insurance is an affordable way to protect a percentage of employees' income in the event of an injury or sickness. It provides a reasonable replacement of lost income for the employee, and helps reduce employer costs compared to the cost of carrying disabled employees on the payroll while also paying overtime to other employees or hiring replacements. This specially designed Disability product contains a variation of Long Term Disability benefits that — at a crucial time — helps employees transition from most employer-sponsored salary continuation programs to Social Security.

Aetna draws on its solid history and experience in the Group Disability market to offer Disability solutions for all types of employers. Aetna's Disability plan administration is easy and dependable:

- > **Streamlined, consistent claim decisions** with our online claim adjudication tool.
- > **Fast, accurate claim payments** from our dedicated disability benefit system that automates benefit calculations, claim histories and audit and security features.
- > **Designated claim analysts** who serve as the employee's single point of contact to our team of claim and clinical professionals. If your employee is facing a complex medical situation, our nurses and physicians are available to help achieve a favorable outcome for the employee and cost-effective claim management for you.
- > We align clinical and claim management expertise with the nature and complexity of each claim to provide **the right touch at the right time™** for you and your ill or injured employees.

NOTE: For a summary list of AD&D Ultra and Disability Limitations and Exclusions, refer to page 37.

For the Aetna Beneficiary Solutions Program, securities and investment advisory services are independently offered through Chase Investment Services Corp. (CISC). A member of NASD/SIPC and a subsidiary of J. P. Morgan Chase Bank, CISC is a full-service broker-dealer and Registered Investment Advisor. Aetna does not warrant or guarantee and makes no representations as to the quality of services offered by CISC. The Legal Reference Program is independently offered and administered by Advisory Communications Systems, Inc. (ACS). Aetna does not participate in attorney selection or review, and does not monitor ACS services, content or network. Aetna does not warrant or guarantee and makes no representations as to the quality of the services of ACS or of any attorney in the ACS network. Life and Disability products are underwritten or administered by Aetna Life Insurance Company.

Packaged Life & Disability Benefits

Aetna Small Group Packaged Life & Disability Plan Options

Low Option

Medium Option

High Option

BASIC LIFE PLAN DESIGN

Benefit	Low Option	Medium Option	High Option
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed Issue 2 – 9 Lives 10 – 50 Lives	\$10,000 \$10,000	Evidence of Insurability Required \$20,000	Evidence of Insurability Required \$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
Premium Waiver Provision	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60
Accelerated Death Benefit	Up to 50% of Life Amount	Up to 50% of Life Amount	Up to 50% of Life Amount
Dependent Life	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
AD&D Ultra	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit

DISABILITY PLAN DESIGN

Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Only offset Workers' Compensation and Statutory Benefit if applicable	Flat \$1,000; Only offset Workers' Compensation and Statutory Benefit if applicable
Elimination Period	30 days	30 days	30 days
Definition of Disability	Own occupation 20% Earnings Loss (80% Earnings Test)	Own occupation 20% Earnings Loss (80% Earnings Test)	Own occupation 1st 24 months of benefits, any reasonable occupation thereafter; 20% earnings loss during the own occupation period including the elimination period 40% earnings loss thereafter
Benefit Duration	24 months of benefits	24 months of benefits	60 months of benefits
Pre-Existing Condition Limitation	3/12	3/12	3/12
Types of Disability	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
Mental Health/Substance Abuse	24 months of benefits	24 months of benefits	24 months of benefits
Rates (per employee per month)	\$8	\$15	\$27

Term Life Benefits are also available separately from the packaged product.

Term Life Benefits

Aetna Small Group Basic Employee Term Life Plan Options

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 — 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 50% of Life Amount	Up to 50% of Life Amount
Guaranteed Issue	\$15,000	\$50,000
Participation Requirements	100%	100% on noncontributory plans; 75% on contributory plans
Contribution Requirements	100% Employer Contribution	Minimum 50% Employer Contribution
AD&D ULTRA		
AD&D Schedule	Automatically Included; Same as Life plan	Automatically Included; Same as Life plan
Riders	Passenger Restraint & Airbag, Education, Child Care, Repatriation, Coma (not available in MD), Total Disability, 365-Day Covered Loss	Seat Belt & Airbag, Education, Child Care, Repatriation, Coma (not available in MD), Total Disability, 365-Day Covered Loss

OPTIONAL DEPENDENT TERM LIFE

Spouse Amount	Not Available	\$5,000
Child Amount	Not Available	\$2,000

Life and Disability products are underwritten or administered by Aetna Life Insurance Company.

Technology Solutions FOR SMALL BUSINESS EMPLOYEES

With the power of Aetna's technology, you and your employees can find participating providers, research health conditions, and discover the many benefits available to our members. Through Aetna's website (www.aetna.com) members have access to health information resources and services designed to help them better manage their health care.



Aetna Navigator — The Power to Manage Your Health Care

Aetna Navigator provides a single location for the health and medical issues that matter most to your employees. In one easy-to-use website, members can perform a variety of self-service functions and take advantage of a vast amount of health information from the Aetna IntelliHealthSM site, one of the most trusted and comprehensive health sites available today, offered in association with Harvard Medical School and the University of Pennsylvania School of Dental Medicine.

Log on to www.aetna.com, click on the Navigator button, and check out some of Aetna Navigator's distinct features:

- > Online member service functions that allow members to order ID cards and send e-mail inquiries to Member Services.
- > Interactive "Cool Tools," including a medical dictionary, allergy and asthma quizzes, a pregnancy due-date calculator and a heart and breath odometer.
- > A preventive care planner that includes recommendations for screenings and immunizations.

We will continue to add new features to Aetna Navigator, so log on often to see what's new.

DocFind

Finding a doctor has never been easier with our DocFind[®] online provider directory. Members can search for physicians, dentists, hospitals, pharmacies and eyewear providers. DocFind also allows members to search by zip code, miles willing to travel, city and state, or county and state. Narrow the search by specialty, hospital affiliation and/or languages spoken — all with a few clicks of a mouse. When members find the provider they want, we can also help them get there with a map and driving directions from Maps On Us[®]. Best of all, DocFind is updated regularly and is available 24 hours a day, 7 days a week.

Aetna IntelliHealth

Our award-winning health information site (www.intelihealth.com) is a premier provider of online consumer-based health, wellness and disease-specific information. In addition, members can search a drug database and register for condition-specific e-mails.

Special Programs FOR SMALL BUSINESS EMPLOYEES

Our special programs* offer a wealth of features that complement our standard medical and dental coverage — including substantial savings on products and educational materials geared toward employees' special health needs.

Read on to discover the many ways we can help you and your employees stay healthy.

Fitness Program — members can enjoy special membership rates at participating health clubs and discounts on certain home exercise equipment. Plus, members may even try out the facility before joining.

Vision One® Program** — special member discounts of up to 50 percent on eye care products and services at participating optical centers. Members also receive up to 15 percent savings on LASIK vision correction and contact lens replacement services through our Contacts Direct™ Program.

Alternative Health Care Programs — reduced rates on alternative therapies for members including visits to acupuncturists, chiropractors, massage therapists and nutritional counselors. Plus, you can also save on over-the-counter vitamins and nutritional supplements through the Vitamin Advantage™ Program.

National Medical Excellence Program — helps eligible members access appropriate, covered treatment for solid organ and tissue transplants using our Institutes of Excellence™ network, coordinates specialized treatment needed by members with certain rare or complicated conditions and assists members who are admitted to a hospital for emergency medical care when they are traveling temporarily outside of the United States. Services under this program must be preauthorized. A listing of the Institutes of Excellence facilities can be found in DocFind (www.aetna.com).

Cancer Screening Programs — our cancer screening reminder programs help identify many types of cancer early on, when they are most treatable. Cancer screening reminders for members include breast and cervical cancer screening reminders, as well as colorectal cancer screening reminders.

*Availability varies by plan. Talk with your Aetna representative for details.

**Vision One is a registered trademark of Cole Managed Vision.



Informed Health® Line — members can get the answers to health questions anytime ... day or night. The 24-hour, toll-free Informed Health Line is a team of registered nurses who can provide information on a variety of health issues. Informed Health Line nurses can only provide basic medical information; they cannot diagnose, prescribe or give medical advice. Specific questions should be addressed by a doctor.

Healthy Outlook Program® — case management and resources for members with chronic illnesses such as low back pain, asthma, diabetes, congestive heart failure and coronary artery disease.

Educational Programs — our educational programs help you follow a sensible nutrition plan and become more physically active. Members are also provided with educational materials that, in conjunction with care and advice from a physician, promote a healthy lifestyle and good health.

Check out our website at www.aetna.com today. With just a few clicks, you can receive additional product information, download brochures, and more.

MARYLAND UNDERWRITING GUIDELINES

ELIGIBLE CASES

Participation

Medical

- > *Groups with 2 to 50 eligible lives* — 75% of eligibles must enroll, excluding those covered under a spouse's health benefits plan, governmental (Medicare, Medicaid, Champus/TriCare) or another group health benefits plan.

Example: 22 employees, 2 covered under spouse
 $22 \text{ minus } 2 = 20 \times 75\% = 15 \text{ must enroll.}$

- > Dependent participation is not required.
- > Employees waiving coverage under plans specified above must complete the waiver section of the employee application and provide proof of other coverage by providing a copy of the I.D. card.
- > Coverage can be denied based on inadequate participation. A minimum participation requirement will not apply to an enrollee who participates in a Medical Savings Account (MSA) plan.

Employer Eligibility

- > Medical plans can be offered to sole proprietorships with one or more eligible employees, partnerships or corporations.
- > Organizations must not be formed solely for the purpose of obtaining health coverage.
- > Associations, Taft Hartley groups, Professional Employers Organizations (PEOs)/employee leasing firms must be written individually and are not eligible to be combined for purposes of obtaining health coverage. A copy of the certificate of fictitious name should be provided.

Employee Eligibility

- > Eligible employees are: (1) those employees who work on a full-time basis with a normal work week of at least 30 hours, and who have met any authorized waiting period requirements or (2) a sole employee of a non-profit organization who has a normal work week of at least 20 hours.
- > This includes a self-employed individual, sole proprietor, a partner of a partnership, independent contractor/1099 employee if included as an employee under the health benefit plan of a small employer.
- > At the election of the group, union employees who have collectively bargained for their health plan are excluded as eligible employees for the purpose of health coverage.
- > Part-time employees working at least 17 ½ hours per week, but less than 30 hours per week, and who have been employed at least 4 consecutive months are able to enroll at the discretion of the employer.
- > Employees who do not meet the definition of a permanent full-time or part-time employee (e.g., leased, temporary, seasonal or substitute employees) will not be eligible.
- > Retiree coverage is not available.

Dependent Eligibility

- > Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19, or 23 if full-time student).
- > Domestic Partners are not considered eligible dependents.
- > Individuals cannot be covered as an employee and dependent under the same plan. Children, eligible for coverage through both parents, cannot be covered by both parents under the same plan.
- > Dependents must enroll in same benefit option as the employee.

Service Area/Commuters

- > Active employees who live in a state other than where the company is domiciled are considered commuters.
- > In order for Aetna to accommodate commuters, all active employees in the domiciled state must be enrolled.
- > Commuters will be offered a small group benefit plan applicable to their state of residence and rated accordingly.
- > For groups with 50% or fewer employees who work or reside outside of the Mid-Atlantic region (MD, VA, DC, WV, PA, NJ, DE), Aetna will quote an out-of-region PPO for these employees. If more than 50% of the group's employees work or reside outside of the Mid-Atlantic region, Aetna will decline to offer coverage for these employees.

Option Sales

It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligible employees.

Dual Product Option

- > Dual option is when more than one Aetna plan is offered to members in the same network or service area.
- > We strongly recommend groups offer no more than three (3) plan options.
- > Employers must offer employees the Maryland POS Matching Plan or sign a waiver.

Excluded Class/Carve Outs

- > Union employees are the only class of eligible employees that may be excluded by an employer as not being eligible for coverage.
- > Management carve outs are not permitted.

Note: Employees residing in Virginia, but in an area with no Aetna HMO, POS or PPO network, will be offered an Aetna Indemnity plan.

Employer Financial Conditions

- > Coverage will not be provided to groups that are not in sound financial condition.
- > Dun & Bradstreet reports may be reviewed for financial soundness.
- > Current carrier bill with billing summary will be required; bill must include an account summary showing the plan is paid to the current premium due date.
- > Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until: (1) 12 months after the date of termination and (2) payment of two months of premium in advance of the issuance of the health benefit plan.

CASE SUBMISSION

Tax Information

- > Must submit a copy of the most recent Maryland Quarterly Unemployment Statement, which must contain the names, salaries, etc. of all employees of the employer group.
 - If there are employees who have the same last name, provide a W-2 for each employee or Maryland Quarterly Unemployment Statement.
 - Employees who have terminated or work part-time should be noted accordingly on the Maryland Quarterly Unemployment Statement.
 - New hires that do not appear on the Maryland Quarterly Unemployment Statement will need to submit payroll information reflecting federal and state tax information. Owners, partners or corporate officers not listed on the Maryland Quarterly Unemployment Statement need to complete the Small Group Proof of Eligibility Form and submit the documents listed below.
 - > **If Sole Proprietor not on MD Statement, submit:**
 - State Business License
 - Fictitious Business Name Filing AND
 - 1040 Schedule C or F
 - > **If Partner not on MD Statement, submit:**
 - Partnership Agreement
 - State Business License AND
 - Form 1065 & Schedule K-1
 - > **If Corporate Officer not on MD Statement, submit:**
 - Statement of Domestic Stock Corporation
 - Articles of Incorporation
 - Certification of Qualification (if incorporated in a different state)

Newly Formed Business

(when requested Tax Information, above, is not available)

Must provide the following documentation:

- > Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees and number of hours worked each week,
- > Tax I.D. Number, and
- > Copy of business license.

COBRA Eligible

Date COBRA coverage began will be required at time of enrollment.

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.
- > All quotes are subject to change based upon additional information that becomes available in the quoting process and during case submission/installation including any change in census.

Initial Premium Check

- > The initial premium check equal to one month's premium must accompany application. This initial check is not a binder check.
- > If the request for coverage is denied due to business ineligibility and/or participation not met, the initial premium will be returned to the employer.
- > Checks must be on company check stock. (Personal checks not acceptable.)

CASE INSTALLATION

Effective Date

- > The effective date will be the 1st or the 15th of the month.
- > The effective date requested by the employer may be up to 60 days in advance.

Cut Off Dates

Groups must have all **completed** paperwork into Aetna Underwriting 5 business days prior to the requested effective date. If not received by this date, the effective date will be moved to the next month.

Late Applicants

Late applicants will be enrolled with the requested effective date, but limited to 31 days retroactivity, from the date of receipt of the application. Pre-existing condition limitations may apply.

Example: Application signed 1/1 requesting 1/1 effective date, received by underwriting on 7/1, earliest effective date will be 6/1.



Probationary Period

- > It is the employer's decision whether to impose a probationary period.
- > This must be consistently applied within a class of employees.
- > If there is a dual product offering, the probationary period must match the other carrier's probationary period.
- > In all cases, the effective date for a new employee will coincide with the premium due date (i.e., the 1st of the 15th of the month).

Replacing Other Group Coverage

- > A copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date.
- > Employers should be told not to cancel any existing medical coverage until they have been notified of approval.

Life and Disability Guidelines*

- > *For groups with 2 – 9 eligible employees:*
 - 100% of eligible employees must participate.
 - Employers must contribute 100% of the cost of life and disability products.
- > *For groups with 10 – 50 eligible employees:*
 - At least 75% of eligible employees must participate. (If the term life plan is non-contributory, 100% must participate.)
 - Employers must contribute 50% of the cost of life and disability products.
- > Employees will always be issued the Guaranteed Issue amount. Employees wishing to obtain insurance amounts above the Guaranteed Issue amount will be required to submit Evidence of Insurability (EOI), which means they must complete a medical questionnaire.

*Ineligible Life and Disability Industries

Companies in these industries are not eligible for Aetna Life/Disability products:

SIC Range	SIC Description
1000 – 1499	Mining
2892 – 2899	Explosives, Bombs & Pyrotechnics
3291 – 3292	Asbestos Products
3310 – 3329	Primary Metal Industries
3480 – 3489	Fire Arms & Ammunition
5500 – 5599	Wholesale Trade/Retail of Automobiles
5921	Liquor Stores
6211	Security Brokers
6531	Real Estate — Agents
7381	Service — Detective Services
7500 – 7599	Automotive Repairs & Services
7800 – 7999	Motion Picture/Amusement & Recreation
8010 – 8043	Offices & Clinics of Medical Doctors
8600 – 8699	Membership Associations
8631	Service — Labor Unions
8661	Service — Religious Organizations
8800 – 8899	Service — Private Households
9999	Nonclassified Establishments

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 Head Regional Underwriter, except where Chief Underwriter approval is indicated.

This information is the property of Aetna ("Aetna"), and may only be used or transmitted with respect to Aetna products and procedures, as specifically authorized by Aetna, in writing.

VIRGINIA/WASHINGTON, D.C. UNDERWRITING GUIDELINES

ELIGIBLE GROUPS

Participation

Medical

- > Groups with 2 to 50 eligible employees — 75% of the eligibles, excluding those with qualifying existing spousal coverage (other than those covered under another employer sponsored health plan) or governmental (Medicare, Medicaid or Champus/Tricare), must participate in Aetna's plan. A minimum of two (2) employees must enroll.

Example: 22 employees, 2 covered under spouse
 $22 \text{ minus } 2 = 20 \times 75\% = 15 \text{ must enroll.}$

- > 100% participation is required for non-contributory plans. That means 100% of all employees must enroll.
- > Dependent participation is not required.
- > Employees waiving coverage under the plans as specified above must complete the waiver section of the Employee Application and provide proof of other coverage by providing a copy of the I.D. card.
- > Coverage can be denied based on inadequate participation.

Employer Contributions

Coverage can be denied if the employer contributes less than 50% of the employees annual premium.

Employer Eligibility

- > Medical plans can be offered to sole proprietorships with two or more eligible employees, partnerships or corporations.
- > Organizations must not be formed solely for the purpose of obtaining health coverage.
- > Associations, Taft Hartley groups, Professional Employers Organizations (PEOs)/employee leasing firms and closed groups are not eligible.

Employee Eligibility

- > Eligible employees are those employees who are permanent and work on a full-time basis with a normal work week of at least 30 hours, and who have met any authorized waiting period requirements.
- > This includes a sole proprietor or partner of a partnership, if included as an employee under the health benefit plan of a small 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 who do not meet the definition of a permanent full-time employee (e.g., leased, part-time, temporary, seasonal or substitute employees) will not be eligible.
- > Retiree coverage is not available.

Dependent Eligibility

- > Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19, or 23 if full-time student).

- > Domestic Partners are not considered eligible dependents.
- > Individuals cannot be covered as an employee and dependent under the same plan. Children, eligible for coverage through both parents, cannot be covered by both parents under the same plan.
- > Dependents must enroll in same benefit option as the employee.
- > If both husband and wife work for the same company and apply under one contract, premium rates will be based on the oldest adult.

Service Areas/Commuters

- > Any active employee, who lives in a state other than where the company is domiciled, is considered a commuter.
- > In order for Aetna to accommodate commuters, all active employees in the domiciled state must be enrolled. Commuters will be offered a small group benefit plan applicable to their state of residence and rated accordingly.
- > For groups with 50% or fewer employees who work or reside outside of the Mid-Atlantic region (MD, VA, DC, WV, PA, NJ, DE), Aetna will quote an out-of-region PPO for these employees. If more than 50% of the group's employees work or reside outside of the Mid-Atlantic region, Aetna will decline to offer coverage for these employees.

Option Sales

Aetna must be the sole carrier for groups with 2 – 19 eligibles.

Dual Product Option

- > Dual option is when more than one Aetna plan is offered to members.
- > Groups may offer a combination of any two medical plans. For Virginia groups, one of the plans must be a Point-of-Service option.

Excluded Class/Carve Outs

- > Union employees are the only class of eligible employees that may be excluded from medical coverage.
- > Management carve outs are not permitted. All eligible employees must be offered medical coverage.

Employer Financial Conditions

- > Coverage will not be provided to groups that are not in sound financial condition.
- > Current carrier bill with billing summary will be required; bill must include an account summary showing the plan is paid to the current premium due date.
- > Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until: (1) 12 months after the termination date and (2) payment of two months of premium in advance of issuance of the health benefit plan.

CASE SUBMISSION

Tax Information

- > Must submit a copy of the most recent Quarterly Wage & Tax Statement, which must contain the names, salaries, etc. of all employees of the employer group.
 - If there are employees who have the same last name, provide a W-2 for each employee and a Quarterly Wage & Tax Document for all other employees.
 - Employees who have terminated or work part-time should be noted accordingly on the Quarterly Wage & Tax Document. New hires that do not appear on the Quarterly Wage & Tax Document must submit payroll information reflecting federal and state tax information.
 - Owners, partners or corporate officers not listed on the Quarterly Wage & Tax Document need to complete the Small Group Proof of Eligibility Form and submit the documents listed below.
 - > **If Sole Proprietor not on VEC, submit:**
 - State Business License with SIC code OR
 - Fictitious Business Name Filing AND
 - 1040 Schedule C or F
 - > **If Partner not on VEC, submit:**
 - Partnership Agreement
 - State Business License with SIC code AND
 - Form 1065 & Schedule K-1
 - > **If Corporate Officer not on VEC, submit:**
 - Statement of Domestic Stock Corporation
 - Articles of Incorporation AND
 - Certificate of Qualification (if incorporated in a different state).

Newly Formed Business

(that cannot provide requested Tax Documents above)

Must provide the following documentation for consideration:

- > Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees and number of hours worked each week,
- > Tax I.D. Number, and
- > Copy of new business license.

COBRA Eligible

- > COBRA eligibles are included in the medical underwriting of the group.
- > Health information must be provided on COBRA individuals along with the rest of the group.
- > Date COBRA coverage began will be required at time of enrollment.

Medical Underwriting

A group with 2 to 50 eligibles, including COBRA eligibles, cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions.

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.
- > All quotes are subject to change based upon additional information that becomes available in the quoting process and during case submission/installation including any change in census.

Initial Premium Check

- > An initial premium check equal to one month's premium must accompany the application. This initial check is not a binder check.
- > If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, the initial premium check will be returned to the employer.
- > Checks must be on company check stock. (Personal checks not acceptable.)

CASE INSTALLATION

Effective Date

- > The effective date will be the 1st or the 15th of the month.
- > The effective date requested by the employer may be up to 60 days in advance.

Cut Off Dates

Groups with 2 to 50 eligibles must have all **completed** paperwork into Aetna Underwriting 5 business days prior to the requested effective date. If not received by this date, the effective date will be moved to the next month.

Late Applicants

Late applicants will be postponed to the next open enrollment period.

Probationary Period

- > It is the employer's decision whether to impose a probationary period.
- > This must be consistently applied within a class of employees.
- > If there is a dual product offering, the probationary period must match the other carrier's probationary period. In all cases, the effective date for a new employee will coincide with the premium due date, (i.e., the 1st or the 15th of the month).

Replacing Other Group Coverage

- > A copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date.
- > Employers should be told not to cancel any existing medical coverage until they have been notified of approval.

Life and Disability Products*

- > For Virginia groups with 2 – 9 eligible employees (Life products not available to DC groups with 2 – 9 employees):
 - 100% of eligible employees must participate.
 - Employers must contribute 100% of the cost of the packaged life-disability product.
- > For groups with 10 – 50 eligible employees:
 - At least 75% of eligible employees must participate. (If the term life plan is non-contributory, 100% must participate.)
 - Employers must contribute 50% of the cost of life and disability products.
- > Employees will always be issued the Guaranteed Issue amount. Employees wishing to obtain insurance amounts above the Guaranteed Issue amount will be required to submit Evidence of Insurability (EOI), which means they must complete a medical questionnaire.

*Life and Disability Ineligible Industries

SIC Range	SIC Description
1000 – 1499	Mining
2892 – 2899	Explosives, Bombs & Pyrotechnics
3291 – 3292	Asbestos Products
3310 – 3329	Primary Metal Industries
3480 – 3489	Fire Arms & Ammunition
5500 – 5599	Wholesale Trade/Retail of Automobiles
5921	Liquor Stores
6211	Security Brokers
6531	Real Estate — Agents
7381	Service — Detective Services
7500 – 7599	Automotive Repairs & Services
7800 – 7999	Motion Picture/Amusement & Recreation
8010 – 8043	Offices & Clinics of Medical Doctors
8600 – 8699	Membership Associations
8631	Service — Labor Unions
8661	Service — Religious Organizations
8800 – 8899	Service — Private Households
9999	Nonclassified Establishments

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 Head Regional Underwriter, except where Chief Underwriter approval is indicated.

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DENTAL UNDERWRITING GUIDELINES

(This list is meant to be informative, and is not intended to be all inclusive. Other policies and guidelines may apply.)

Product Availability

- > 2 – 9 Eligible Employees; All Plans **only** if packaged with Medical.
- > 10 – 50 Eligible Employees; All Plans, except Option 1, available with or without Medical.

Product Availability — Orthodontia

- > Included for groups with 10 or more eligible employees, except PPO Max Plan (Option 4).
- > Orthodontic coverage available to dependent children only.

Option Sales

- > All dental plans, except HMO Dental rider (Option 1), must be offered on a full-replacement basis.
- > No other employer sponsored dental plan can be offered.

Product Packaging

- > Freedom-of-Choice plan design (Option 3) cannot be sold with any other dental option. It must be the only plan sold.
- > For Maryland-headquartered groups and all New Jersey subscribers, DMO (Option 2) can never be sold as the only dental plan. It must always be sold alongside Options 4 and 5.
- > Except in Maryland and New Jersey, DMO (Option 2) can be either sold as the only dental option or can be packaged with Options 4 or 5.

Employer Contributions

For options 2 – 5, employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee-only coverage.

Participation

- > 2 – 3 Eligible Employees
100% participation is required, excluding those with other qualifying existing dental coverage. Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa.
Example: 3 eligibles; 1 covered under spouse dental plan (3 minus 1 = 2 x 100% = 2 must enroll in Aetna dental plan).
- > 4 – 50 Eligible Employees
75% participation is required, excluding those with other qualifying existing dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan. Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa.

Examples: 6 eligibles; 2 covered under spouse dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna dental plan).

5 eligibles; 2 covered under spouse dental plan (5 minus 2 = 3 x 75% = 2.25; 3 must enroll in Aetna dental plan because 2 would not meet the 75% test or the 50% minimum test).

Employees Outside DMO Service Area

If employees reside in a state with a DMO but live outside the service area, these employees can be offered Options 4 or 5.

Out-of-Region Employees

Out-of-region (NJ, PA, DE, MD, DC, VA, WV) employees can only be offered Options 4 or 5. Maximum out-of-region employee percentage (and/or number of employees) will agree with the Medical guideline for each state. (See "Commuters" or "Service Area/Commuters" in Medical Guidelines.)

Full Time Hours

Full-time hour guideline will agree with the Medical guideline for each state.

Retirees

Not eligible.

Open Enrollment

Open enrollments are prohibited for Options 2 – 5.

Late Entrants

- > An employee or dependent who enrolls other than within 31 days of first becoming eligible is subject to the Late Entrant provision.
- > Coverage limited to Preventive & Diagnostic services for first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).
- > Does not apply to HMO Dental rider (Option 1).

Waiting Period

For Major and Orthodontic Services, must be an enrolled member of plan for 1 year before eligible (not applicable to Options 1 & 2, HMO Dental rider and DMO).

Waiting Period Waiver

Waiting Period is waived separately for Major or Ortho for employees who were covered by the group's immediately preceding dental plan. To waive Waiting Period for Ortho, immediately preceding group plan must have included Ortho coverage.

Medical Underwriting

None.

Ineligible Dental Industries for Options 2 – 5

(Companies in these industries are not eligible for Aetna Dental products) **Ineligible industries for states where there is no rating by industry — DE, MD, NJ.**

SIC Range	SIC Description
7319	Advertising, Misc
7800 – 7999	Amusement, Recreation & Entertainment
8600 – 8699	Associations & Trusts
5511 – 5599	Auto Dealerships
7231 – 7241	Beauty & Barber Shops
8300 – 8499	Community Service Orgs
7331 – 7338	Direct Mailing, Secretarial Services
7361 – 7363	Employment Agencies
8700 – 8799	Engineering & Mgmt Services
8300 – 8499	Govt Funded Groups
7000 – 7099	Hotels
9721	International Affairs
3911 – 3915	Jewelry Manufacturing
8100 – 8199	Legal
8000 – 8059	Medical Groups
8071 – 8099	Medical Groups
7389	Misc Business Services
7379	Misc Computer Services
7692 – 7699	Misc Repair
8999	Misc Services
5271	Mobile Home Dealers
4111 – 4121	Passenger Transportation
7221	Photo Studios
7384	Photofinishing Labs
6500 – 6799	Real Estate
7251 – 7299	Repairs, Cleaning, Personal Services
5800 – 5899	Restaurants
8211 – 8299	Schools, Libraries, Education
0761 – 0783	Seasonal Employees
7381 – 7382	Security Systems, Armored Cars
8800 – 8899	Service — Private Households
7631	Watch, Clock & Jewelry Repair

Ineligible industries for states where there is a rating by industry — DC, PA, VA.

7933	Bowling Centers
8611	Business Associations
7911	Dance Studios, Schools
7361 – 7363	Employment Agencies
7999	Misc. Amusement and Recreation
8699	Misc Membership Organizations
8999	Misc Services
7991	Physical Fitness Facilities
8811	Private Households
7941 – 7948	Professional Sports Clubs & Producers, Race Tracks
8621 – 8651	Professional Membership Organizations, Labor Unions, Civic Social & Fraternal Organizations, Political Organizations
7992 – 7997	Public Golf Courses, Amusements, Membership Sports & Recreation Clubs
8661	Religious Organizations
7922 – 7929	Theatrical Producers, Bands, Orchestras, Actors

Maryland, Virginia & Washington, D.C.

Medical LIMITATIONS AND EXCLUSIONS

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.

Aetna Primary Care Plan HMO & Aetna Choice (Open Access) Plan

Services and supplies that are generally not covered include, but are not limited to:

- > Cosmetic surgery, including breast reduction.
- > Special duty nursing.
- > Custodial care.
- > Dental care and dental X-rays.
- > Experimental and investigational procedures.
- > Immunizations for travel or work.
- > Over-the-counter medications and supplies.
- > Hearing aids.
- > Orthotics.
- > Long-term rehabilitation therapy.
- > Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or prescription drugs.
- > Home births.
- > Implantable drugs and certain injectable drugs.
- > Reversal of sterilization.
- > 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.*
- > Donor egg retrieval.*
- > Radial keratotomy or related procedures.
- > Treatment of behavioral disorders.
- > Therapy or rehabilitation other than those listed as covered.
- > Nonmedically necessary services or supplies.
- > All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- > Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 365 days after the member's enrollment date. Lookback period for determining a pre-existing condition (a condition for which diagnosis, care or treatment was recommended or received) is 180 days prior to the enrollment date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage the member has as of the effective date of coverage.

Aetna PPO Plan

Services and supplies that are generally not covered include, but are not limited to:

- > Cosmetic surgery, including breast reduction.
- > Special duty nursing.
- > Custodial care.
- > Dental care and X-rays.
- > Experimental and investigational procedures.
- > Immunizations for travel or work.
- > Over-the-counter medications and supplies.
- > Hearing aids.
- > Orthotics, unless necessary to prevent complications of diabetes.
- > Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or prescription drugs.
- > Reversal of sterilization.
- > Donor egg retrieval.*
- > 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.*
- > Charges related to any eye surgery mainly to correct refractive errors.
- > Nonmedically necessary services or supplies.
- > All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- > Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 365 days after the insured's enrollment date. Lookback period for determining a pre-existing condition (a condition for which diagnosis, care or treatment was recommended or received) is 180 days prior to the enrollment date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage the member has as of the effective date of coverage.

*This exclusion only applies to groups with 25 or fewer eligibles and includes injectable infertility drugs. Services and supplies are covered for groups with 26 or more eligibles.

Maryland, Virginia & Washington, D.C.

Dental LIMITATIONS AND EXCLUSIONS

Listed below are some of the charges and services for which this dental plan does *not* provide coverage. For a complete list of exclusions and limitations, refer to 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.
- > All other limitations and exclusions in your plan documents.

AD&D Ultra LIMITATIONS AND EXCLUSIONS

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 felony.
- > Use of alcohol, intoxicants or drugs, except as prescribed by a physician.
- > An accident in which the blood alcohol level of the operator of a motor vehicle meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred shall be deemed to be caused by the use of alcohol.
- > Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- > Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo).

These do not apply if the loss is caused by:

- > An infection that results directly from the injury, or surgery needed because of the injury. The injury must not be one that is excluded by the terms of the contract.



Disability LIMITATIONS AND EXCLUSIONS

No benefit is payable if the disability:

- > Is due to intentionally self-inflicted injury (while sane or insane).
- > Results from your committing, or attempting to commit a felony.
- > Is due to war or any act of war (declared or not declared).
- > Is due to insurrection, rebellion or taking part in a riot or civil commotion.
- > Occurs during the first 12 months of your coverage and is due to a pre-existing condition for which you were diagnosed, treated or received services, treatment, drugs or medicines three months prior to your coverage effective date.
- > Results from an automobile accident caused by you while you are intoxicated. ("Intoxicated" means: the blood alcohol level of the driver of the automobile meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred.)

On any day during a period of disability that a person is confined in a penal or correctional institution for conviction of a criminal or other public offense, the person will not be deemed to be disabled and no benefits will be payable.

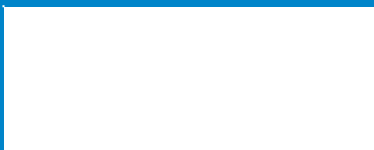
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For more information about Aetna's Small Business Solutions, please call our Mid-Atlantic Small Group Sales Support Center at 1-877-28-AETNA.





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