

Dental, life and disability insurance options



New York

FOR BUSINESSES WITH
2 TO 50 ELIGIBLE EMPLOYEES

Dental benefits plans, dental insurance, life and disability insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

14.02.309.1-NY (12/07)

We want you to know[®]



Aetna Dental® Plans

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.

The Mouth Matters

More than 164 million work hours are lost each year due to dental diseases and visits¹. Research also shows that more than 90 percent of all medical illnesses are detectable in the mouth and that 75 percent of people over the age of 35 have periodontal (gum) disease². Untreated oral diseases can have a big impact on the quality of life. This means that a dentist may be the first health care provider to diagnose a health problem!

Aetna is proud to offer our Aetna Dental/Medical IntegrationSM (DMI) program at no additional charge to plan sponsors that have both medical and dental coverages with Aetna.

Our DMI program focuses on those who are pregnant or have diabetes, coronary artery disease (heart disease) or cerebrovascular disease (stroke) and have not had a recent dental visit. Using a variety of outreach methods, we proactively educate those at-risk members about the impact oral health care can have on their condition. Our member outreach has been proven to successfully motivate those at-risk members who do not normally seek dental care, to visit the dentist. Once at the dentist, these at-risk members will receive enhanced dental benefits including an extra cleaning and full coverage for certain periodontal services. Call your Aetna account representative for more details.

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

The Preferred Provider Organization (PPO) plan gives members the choice to use a dentist who participates in the network or choose a licensed dentist who is not in Aetna's network. Participating dentists have agreed to offer our members services at a negotiated rate and will not balance bill members.

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

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

The Aetna DentalFund® plan is one of the first dental plans to combine a dental fund benefit with a base dental plan. The paid premium covers both the fund benefit and the traditional benefits of the dental plan. The plan combines the Fund with a PPO Max plan where preventive care is paid through the dental plan. Your employees can use their funds to pay for basic and major services received from any licensed dentist. If any dental fund dollars are not used during the year, they can be rolled over and added to the following year's dental fund balance.

In the **Dual Option Plan Design*** the DMO may be packaged with any one of the PPO plans excluding the DentalFund plan. Employees may choose between the DMO and PPO offerings at annual enrollment.

Voluntary Dental Option — The Voluntary Dental option provides a solution to meet the individual needs of members in the face of rising health care costs. No matter what the budget is, employers can now afford to offer their employees the luxury of choice. Administration is easy and members benefit from low group rates and the convenience of payroll deductions. With the Voluntary Dental option, employers choose how the plan is funded. It can be entirely member paid or employers can contribute up to 50 percent.

*Dual Option does not apply to Voluntary Dental plans.

¹U.S. Department of Health and Human Services, National Center for Chronic Disease Prevention and Health Promotion; Resource Library Fact Sheet "Oral Health for Adults," December, 2006

²The professional entity, Academy of General Dentistry DMI may not be available in all states

NEW YORK AETNA SMALL GROUP DENTAL PLANS

DENTAL PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 3 – 50 Eligible Employees Available Without Medical Plan (Dental Standalone) to Groups with 3 – 50 Eligible Employees	Option 2	Option 3 Freedom of Choice Monthly selection between the DMO and PPO Max	
MEMBER BENEFITS	DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40
Office Visit Copay	\$5**	\$5**	None
Dental Fund	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	\$50; 3X Family Maximum
Annual Maximum Benefit	None	None	\$1,000
DIAGNOSTIC SERVICES			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing - single film	100%	100%	100%
Complete series	100%	100%	100%
PREVENTIVE SERVICES			
Adult Cleaning	100%	100%	100%
Child Cleaning	100%	100%	100%
Sealants - per tooth	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%
Space maintainers	100%	100%	100%
BASIC SERVICES			
Amalgam filling - 2 surfaces	80%	90%	70%
Resin filling - 2 surfaces, anterior	80%	90%	70%
Oral Surgery			
Extraction - exposed root or erupted tooth	80%	90%	70%
Extraction of impacted tooth - soft tissue	80%	90%	70%
MAJOR SERVICES*			
Complete upper denture	50%	60%	40%
Partial upper denture (resin base)	50%	60%	40%
Crown - Porcelain with noble metal	50%	60%	40%
Pontic - Porcelain with noble metal	50%	60%	40%
Inlay - Metallic (3 or more surfaces)	50%	60%	40%
Oral Surgery			
Removal of impacted tooth - partially bony	50%	60%	40%
Endodontic Services			
Bicuspid root canal therapy	80%	90%	40%
Molar root canal therapy	50%	60%	40%
Periodontic Services			
Scaling & root planing - per quadrant	80%	90%	40%
Osseous surgery - per quadrant	50%	60%	40%
ORTHODONTIC SERVICES*	\$2,300 copay**	\$2,300 copay**	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to DMO in Plan Options 2, 3 & 8 or the DentalFund in Plan Option 7.

**Dollar amounts indicated are member responsibility.

The DentalFund in Plan Option 7 can be used to pay for any non-covered service, excluding Orthodontic services. Any unused portion of the Fund will roll over to the next calendar year.

Access to negotiated discounts: On the PPO plans in Plan Options 3-9, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

The DMO in Plan Option 2 can be offered with any of the PPO plans in Plan Options 4 - 6 & 9 in a Dual Option package.

All Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the PPO in Plan Option 9. Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Plan Options 2, 3 & 8.

Plan Options 3, 4 & 7: PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-Network plan payments are limited by geographic area on Plan Options 3, 4, 5, 6 and 8 to the prevailing fees at the 80th percentile and the 90th percentile on Plan Option 9.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 10.

NEW YORK AETNA SMALL GROUP DENTAL PLANS

DENTAL PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 3 – 50 Eligible Employees Available Without Medical Plan (Dental Standalone) to Groups with 3 – 50 Eligible Employees	Option 4	Option 5 Active PPO Plan		Option 6
MEMBER BENEFITS	PPO Max Plan 100/80/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/40	PPO 1500 Plan 100/80/50
Office Visit Copay	None	None	None	None
Dental Fund	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum
Annual Maximum Benefit	\$1,500	\$1,500	\$1,000	\$1,500
DIAGNOSTIC SERVICES				
Oral Exams				
Periodic oral exam	100%	100%	80%	100%
Comprehensive oral exam	100%	100%	80%	100%
Problem-focused oral exam	100%	100%	80%	100%
X-rays				
Bitewing - single film	100%	100%	80%	100%
Complete series	100%	100%	80%	100%
PREVENTIVE SERVICES				
Adult Cleaning	100%	100%	80%	100%
Child Cleaning	100%	100%	80%	100%
Sealants - per tooth	100%	100%	80%	100%
Fluoride application - with cleaning	100%	100%	80%	100%
Space maintainers	100%	100%	80%	100%
BASIC SERVICES				
Amalgam filling - 2 surfaces	80%	80%	60%	80%
Resin filling - 2 surfaces, anterior	80%	80%	60%	80%
Oral Surgery				
Extraction - exposed root or erupted tooth	80%	80%	60%	80%
Extraction of impacted tooth - soft tissue	80%	80%	60%	80%
MAJOR SERVICES*				
Complete upper denture	50%	50%	40%	50%
Partial upper denture (resin base)	50%	50%	40%	50%
Crown - Porcelain with noble metal	50%	50%	40%	50%
Pontic - Porcelain with noble metal	50%	50%	40%	50%
Inlay - Metallic (3 or more surfaces)	50%	50%	40%	50%
Oral Surgery				
Removal of impacted tooth - partially bony	50%	50%	40%	50%
Endodontic Services				
Bicuspid root canal therapy	50%	50%	40%	50%
Molar root canal therapy	50%	50%	40%	50%
Periodontic Services				
Scaling & root planing - per quadrant	50%	50%	40%	50%
Osseous surgery - per quadrant	50%	50%	40%	50%
ORTHODONTIC SERVICES*	Not covered	50%	40%	50%
Orthodontic Lifetime Maximum	Does not apply	\$1,000	\$1,000	\$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to DMO in Plan Options 2, 3 & 8 or the DentalFund in Plan Option 7.

**Dollar amounts indicated are member responsibility.

The DentalFund in Plan Option 7 can be used to pay for any non-covered service, excluding Orthodontic services. Any unused portion of the Fund will roll over to the next calendar year.

Access to negotiated discounts: On the PPO plans in Plan Options 3-9, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

The DMO in Plan Option 2 can be offered with any of the PPO plans in Plan Options 4 - 6 & 9 in a Dual Option package.

All Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the PPO in Plan Option 9. Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Plan Options 2, 3 & 8.

Plan Options 3, 4 & 7: PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-Network plan payments are limited by geographic area on Plan Options 3, 4, 5, 6 and 8 to the prevailing fees at the 80th percentile and the 90th percentile on Plan Option 9.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 10.

NEW YORK AETNA SMALL GROUP DENTAL PLANS

DENTAL PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 3 – 50 Eligible Employees Available Without Medical Plan (Dental Standalone) to Groups with 3 – 50 Eligible Employees	Option 7 Consumer Directed	Plan Options 8 and 9 available 1/1/08		
		Option 8 Freedom of Choice Monthly selection between the DMO and PPO		Option 9
		DMO Plan 100/90/60	PPO \$1500 Plan 100/80/50	PPO 2000 Plan 100/80/50
MEMBER BENEFITS	DentalFund/PPO Max 100/0/0	DMO Plan 100/90/60	PPO \$1500 Plan 100/80/50	PPO 2000 Plan 100/80/50
Office Visit Copay	None	\$5**	None	None
Dental Fund	\$50 Single; \$100 Family	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	\$50; 3X Family Maximum	\$50; 3X Family Maximum
Annual Maximum Benefit	None	None	\$1,500	\$2,000
DIAGNOSTIC SERVICES				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing - single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
PREVENTIVE SERVICES				
Adult Cleaning	100%	100%	100%	100%
Child Cleaning	100%	100%	100%	100%
Sealants - per tooth	100%	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%
BASIC SERVICES				
Amalgam filling - 2 surfaces	Discounted Fee	90%	80%	80%
Resin filling - 2 surfaces, anterior	Discounted Fee	90%	80%	80%
Oral Surgery				
Extraction - exposed root or erupted tooth	Discounted Fee	90%	80%	80%
Extraction of impacted tooth - soft tissue	Discounted Fee	90%	80%	80%
MAJOR SERVICES*				
Complete upper denture	Discounted Fee	60%	50%	50%
Partial upper denture (resin base)	Discounted Fee	60%	50%	50%
Crown - Porcelain with noble metal	Discounted Fee	60%	50%	50%
Pontic - Porcelain with noble metal	Discounted Fee	60%	50%	50%
Inlay - Metallic (3 or more surfaces)	Discounted Fee	60%	50%	50%
Oral Surgery				
Removal of impacted tooth - partially bony	Discounted Fee	60%	50%	80%
Endodontic Services				
Bicuspid root canal therapy	Discounted Fee	90%	50%	80%
Molar root canal therapy	Discounted Fee	60%	50%	80%
Periodontic Services				
Scaling & root planing - per quadrant	Discounted Fee	90%	50%	80%
Osseous surgery - per quadrant	Discounted Fee	60%	50%	80%
ORTHODONTIC SERVICES*	Discounted Fee	\$2,300 copay**	Not covered	50%
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	\$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to DMO in Plan Options 2, 3 & 8 or the DentalFund in Plan Option 7.

**Dollar amounts indicated are member responsibility.

The DentalFund in Plan Option 7 can be used to pay for any non-covered service, excluding Orthodontic services. Any unused portion of the Fund will roll over to the next calendar year.

Access to negotiated discounts: On the PPO plans in Plan Options 3-9, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

The DMO in Plan Option 2 can be offered with any of the PPO plans in Plan Options 4 - 6 & 9 in a Dual Option package.

All Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the PPO in Plan Option 9. Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Plan Options 2, 3 & 8.

Plan Options 3, 4 & 7: PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-Network plan payments are limited by geographic area on Plan Options 3, 4, 5, 6 and 8 to the prevailing fees at the 80th percentile and the 90th percentile on Plan Option 9.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 10.

NEW YORK AETNA SMALL GROUP DENTAL PLANS

DENTAL PLAN OPTIONS

V2, V3, V4 — Available With or Without an Aetna Medical Plan to Groups with 3 – 50 Eligible Employees.	Voluntary Option V2 DMO	Voluntary Option V3 Freedom of Choice Monthly selection between the DMO and PPO Max		Voluntary Option V4 PPO Max
MEMBER BENEFITS	DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40	PPO Max Plan 100/80/50
Office Visit Copay	\$10	\$10	N/A	N/A
Dental Fund	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	\$75; 3X Family Maximum	\$75; 3X Family Maximum
Annual Maximum Benefit	Unlimited	Unlimited	\$1,000	\$1,500
DIAGNOSTIC SERVICES				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing — single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
PREVENTIVE SERVICES				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants — per tooth	100%	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%
BASIC SERVICES				
Amalgam filling — 2 surfaces	80%	90%	70%	80%
Resin filling — 2 surfaces anterior	80%	90%	70%	80%
Oral Surgery				
Extraction – exposed root or erupted tooth	80%	90%	70%	80%
Extraction of impacted tooth —soft tissue	80%	90%	70%	80%
MAJOR SERVICES*				
Complete upper denture	50%	60%	40%	50%
Partial upper denture (resin base)	50%	60%	40%	50%
Crown — Porcelain with noble metal	50%	60%	40%	50%
Pontic — Porcelain with noble metal	50%	60%	40%	50%
Inlay — Metallic (3 or more surfaces)	50%	60%	40%	50%
Oral Surgery				
Removal of impacted tooth — partially bony	50%	60%	40%	50%
Endodontic Services				
Bicuspid root canal therapy	80%	90%	40%	50%
Molar root canal therapy	50%	60%	40%	50%
Periodontic Services				
Scaling & root planing — per quadrant	80%	90%	40%	50%
Osseous surgery — per quadrant	50%	60%	40%	50%
ORTHODONTIC SERVICES*				
Orthodontic Lifetime Maximum	\$2,400 copay	\$2,400 copay	Not covered	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Voluntary Plan Options V2 & V3.

Access to negotiated discounts: On the PPO plans in Voluntary Plan Options V3 & V4, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Voluntary Options V2 & V3.

Voluntary Plan Options V3 & V4: PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Voluntary Plan Options V2-V4 cannot be sold with any other dental option and must be the only plan sold.

Orthodontic coverage is available in Plan Options V2 & V3, only to groups with 10 or more eligibles and for dependent children only. Minimum of 5 must enroll for Orthodontic coverage.

If there is a lapse in coverage, members may not re-enroll in the plan for a period of 24 months from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the Coverage Waiting Period.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 10.

OUT-OF-STATE DENTAL PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees. Available Without an Aetna Medical Plan to Groups with 3 – 50 Eligible Employees. Voluntary Plan: Available With or Without an Aetna Medical Plan to Groups with 3 – 50 Eligible Employees.	Low Option No Ortho	Low Option Ortho	Medium Option No Ortho	Medium Option Ortho	High Option No Ortho	High Option Ortho	Voluntary Out-of-State Option** No Ortho	Voluntary Out-of-State Option** Ortho
MEMBER BENEFITS	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000	\$1,000	\$1,000
DIAGNOSTIC SERVICES								
Oral Exams								
Periodic oral exam	100%	100%	100%	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%	100%	100%	100%
X-rays								
Bitewing — single film	100%	100%	100%	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%	100%	100%	100%
PREVENTIVE SERVICES								
Adult cleaning	100%	100%	100%	100%	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%	100%	100%	100%	100%
Sealants — per tooth	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%	100%	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%	100%	100%	100%	100%
BASIC SERVICES								
Amalgam filling — 2 surfaces	80%	80%	80%	80%	80%	80%	80%	80%
Resin filling — 2 surfaces, Anterior	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery								
Extraction — Exposed root or erupted tooth	80%	80%	80%	80%	80%	80%	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%	80%	80%	80%	80%	80%	80%
MAJOR SERVICES*								
Complete upper denture	50%	50%	50%	50%	50%	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%	50%	50%	50%	50%	50%
Crown — Porcelain with noble metal	50%	50%	50%	50%	50%	50%	50%	50%
Pontic — Porcelain with noble metal	50%	50%	50%	50%	50%	50%	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	50%	50%	50%	50%	50%	50%
Oral Surgery								
Removal of impacted tooth — partially bony	50%	50%	50%	50%	50%	50%	50%	50%
Endodontic Services								
Bicuspid root canal therapy	50%	50%	50%	50%	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%	50%	50%	50%	50%
Periodontic Services								
Scaling & root planing — per quadrant	50%	50%	50%	50%	50%	50%	50%	50%
Osseous surgery — per quadrant	50%	50%	50%	50%	50%	50%	50%	50%
ORTHODONTIC SERVICES*	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	50%
Orthodontic Lifetime Maximum	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	\$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services.

**For the voluntary Out-of-State option: If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the Coverage Waiting Period.

Access to negotiated discounts: On all PPO Max plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only. Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

For a summary list of Limitations and Exclusions, refer to page 10. For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Massachusetts, Montana, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, Wyoming.

Aetna Life and Disability Insurance

Small Business decision makers can choose from a selection of affordable life and disability benefit solutions to meet their employees' needs. We also provide extra value through a variety of services for their employees.

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

Life insurance

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

- Flexibility
- Added value
- Cost-efficiency
- Expert support

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

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

Giving you (and your employees) what you want

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

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

- **Accelerated death benefit** — Also called the “living benefit,” the accelerated death benefit provides payment to terminally ill employees or spouses. This payment can be up to 75 percent of the life insurance benefit.
- **Premium waiver provision** — Employee coverage may stay in effect up to age 65 without premium payments if an employee becomes permanently and totally disabled while insured due to an illness or injury prior to age 60.
- **Optional dependent life** — This feature allows employees to add optional additional coverage for eligible spouses and children for employers with 10 or more employees. This employee-paid benefit enables employees to cover their spouses and dependent children.

Our fresh approach to life

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

AD&D Ultra®

AD&D Ultra is standardly included with our small group life and disability package and provides employees and their families with the same coverage as a typical accidental death and dismemberment policy — and then some. It includes extra no-cost features, such as coverage for education or child-care expenses that make this protection even more valuable.

Benefits include:

- Death
- Dismemberment
- Loss of Sight
- Loss of Speech
- Loss of Hearing
- Third Degree Burns
- Paralysis
- Exposure and Disappearance
- Passenger Restraint & Airbag
- Education Benefit for Dependent Child and/or Spouse
- Child Care Benefit
- Coma Benefit
- Repatriation of Remains Benefit
- Total Disability Benefit

Disability

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

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

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

Integrated health and disability

With our integrated health and disability program, we can link medical and disability data to help anticipate concerns, take action and get your employees back to work sooner:

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

NOTE: For a summary list of Limitations and Exclusions, refer to page 10.



TERM LIFE BENEFITS

AETNA SMALL GROUP BASIC EMPLOYEE TERM LIFE PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees

Available With an Aetna Dental Plan to Groups with 10 – 50 Eligible Employees

Available Standalone (Without Medical or Dental Plans) to Groups with 26 – 50 Eligible Employees

	2 – 9 Employees	10 – 50 Employees
Basic Life Schedule	Flat \$10,000, \$15,000, \$20,000, \$50,000	Flat \$10,000, \$15,000, \$20,000, \$50,000, \$75,000, \$100,000, \$125,000
Class Schedules	Not Available	Up to 3 classes (with a minimum requirement of 3 employees in each class) — the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class
Premium Waiver Provision	Premium Waiver 60	Premium Waiver 60
Age Reduction Schedule	Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
Accelerated Death Benefit	Up to 75% of Life Amount for terminal illness	Up to 75% of Life Amount for terminal illness
Guaranteed Issue	\$20,000	10-25 employees \$75,000 26-50 employees \$100,000
Participation Requirements	100%	100% on non-contributory plans; 75% on contributory plans
Contribution Requirements	100% Employer Contribution	Minimum 50% Employer Contribution
AD&D ULTRA®		
AD&D Schedule	Matches Life Benefit	Matches Life Benefit
Additional Features	Passenger restraint and airbag, education benefit for your child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss	Passenger restraint, education benefit for your child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss
OPTIONAL DEPENDENT TERM LIFE		
Spouse Amount	Not Available	\$5,000
Child Amount	Not Available	\$2,000

AETNA SMALL GROUP PACKAGED LIFE AND DISABILITY PLAN OPTIONS

Available With an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available With an Aetna Dental Plan to Groups with 10 – 50 Eligible Employees Available Standalone (Without Medical or Dental Plans) to Groups with 10 – 50 Eligible Employees			
Basic Life Plan Design	Low Option	Medium Option	High Option
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed Issue			
2-9 Lives	\$10,000	\$20,000	\$20,000
10-50 Lives	\$10,000	\$20,000	\$50,000
Reduction Schedule	Employee's Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
Disability Provision	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60
Conversion	Included	Included	Included
Accelerated Death Benefit	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration
Dependent Life	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
AD&D Ultra®			
AD&D Schedule	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
Additional Features	Seat Belt/Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss	Seat Belt/Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss	Seat Belt/Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss
Disability Plan Design			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Offsets are Workers' Compensation, any State Disability Plan, and Primary and Family Social Security benefits.	
Elimination Period	30 days	30 days	30 days
Definition of Disability	Own Occupation: Earnings loss of 20% or more.	Own Occupation: Earnings loss of 20% or more.	First 24 months of benefits: Own Occupation: Earnings Loss of 20% or more; Any reasonable occupation thereafter: 40% earnings loss.
Benefit Duration	24 months	24 months	60 months
Pre-Existing Condition Limitation	3/12	3/12	3/12
Types of Disability	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
Separate Periods of Disability	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter
Mental Health/ Substance Abuse	Duration the same as all other conditions	Duration the same as all other conditions	24 months
Waiver of Premium	Included	Included	Included
Other Plan Provisions			
Employer Contribution	2-9 Lives – 100% employer paid 10+ Lives – 50-100% employer paid	2-9 Lives – 100% employer paid 10+ Lives – 50-100% employer paid	2-9 Lives – 100% employer paid 10+ Lives – 50-100% employer paid
Minimum Participation	2-9 Lives – 100%; 10+ Lives – 75%	2-9 Lives – 100%; 10+ Lives – 75%	2-9 Lives – 100%; 10+ Lives – 75%
Eligibility	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees
Class Schedules	2-9 Lives: Not Available; 10-50 Lives: Up to 3 classes (with a minimum requirement of 3 employees in each class)		
Rate Guarantee	1 year	1 year	1 year
Rates PEPM	\$8.00	\$15.00	\$27.00

The packaged plans described in this brochure are not intended to meet an employer's obligations under any state cash sickness program.

Limitations and exclusions

Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to the plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance.
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost, missing or stolen appliances and certain damaged appliances.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.

Specific service limitations:

- DMO Plans: Oral exams (4 per year)
- PPO Plans: Oral exams (2 routine and 2 problem-focused per year)
- All Plans:
 - > Bitewing X-rays (1 set per year)
 - > Complete series X-rays (1 set every 3 years)
 - > Cleanings (2 per year)
 - > Fluoride (1 per year; children under 16)
 - > Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)
 - > Scaling and root planing (4 quadrants every 2 years)
 - > Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in the plan documents.

AD&D Ultra

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

- A bodily or mental infirmity.
 - A disease, ptomaine or bacterial infection.*
 - Medical or surgical treatment.*
 - Suicide or attempted suicide (while sane or insane).
 - An intentionally self-inflicted injury.
 - A war or any act of war (declared or not declared).
 - Voluntary inhalation of poisonous gases.
 - Commission of or attempt to commit a felony provided that the covered person is convicted of the felony.
 - A covered person's intoxication or being under the influence of any narcotics unless administered or consumed on the advice of a physician.
 - 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

No benefits are payable if the disability:

- Is due to intentionally self-inflicted injury (while sane or insane).
- Results from person committing or attempting to commit, a felony.
- Is due to insurrection, rebellion or taking part in a riot or civil commotion.
- Is due to war or any act of war (declared or not declared).
- Results from an automobile accident caused by a person while that person is 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.

No benefit is payable for any disability that occurs during the first 12 months of coverage and is due to a pre-existing condition for which the member was diagnosed, treated or received services, treatment, drugs or medicines three (3) months prior to coverage effective date.

For more information about
Aetna's Small Business
Solutions, please contact
the Northeast Small Group
Sales Support Center at
1-888-277-1053

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Dental plan features and availability may vary by location and group size.

Not all dental/disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

For more information about Aetna plans, refer to www.aetna.com. Information is subject to change.

We want you to know[®]



www.aetna.com