

Aetna Golden Medicare Plan — Small Group HMO Options

The Aetna Golden Medicare Plan is only available to beneficiaries in certain counties*.

	Aetna Golden Medicare 1.3 Plan**	Aetna Golden Medicare 2.3 Plan **	Aetna Golden Medicare 3.3 Plan**
Annual Deductible	N/A	N/A	N/A
Annual Out-Of-Pocket Maximum (Excludes deductible)	N/A	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Primary Care Physician Office Visit	\$20 copay	\$10 copay	\$10 copay
Specialty Care Office Visit	\$30 copay	\$20 copay	\$20 copay
X-rays/Lab Tests	\$30 copay	\$20 copay	\$20 copay
Complex Radiology (Includes PET/MRI)	\$125 copay	\$125 copay	\$125 copay
Outpatient Kidney Dialysis	\$30 copay	\$20 copay	\$20 copay
Therapy (Physical, Occupational & Speech)	\$30 copay	\$20 copay	\$20 copay
Home Health Services	\$30 copay	\$20 copay	\$20 copay
Durable Medical Equipment (Medicare-covered items)	25%	25%	25%
Outpatient Surgery	\$200 copay	\$150 copay	\$150 copay
Hospital Admission	\$750 per stay	\$250 per stay	\$250 per stay
Emergency Room — Worldwide (Copay waived if admitted)	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$40 copay	\$40 copay	\$40 copay
Ambulance	\$125 copay	\$125 copay	\$125 copay
Preventive Care (Includes routine physicals, routine eye and hearing exams and immunizations)	\$0 copay	\$0 copay	\$0 copay
Chiropractic Care (Follows Medicare benefit)	\$30 copay	\$20 copay	\$20 copay
Skilled Nursing Care (Limited to 100 days per Medicare benefit period; prior hospital stay not required)	\$0 Days 1-10; \$100 Days 11-100	\$0 Days 1-10; \$100 Days 11-100	\$0 Days 1-10; \$100 Days 11-100
Mental Health/Substance Abuse — Inpatient (Limited to 190 days per lifetime in a Medicare-certified psychiatric facility; combined with IP Substance Abuse)	\$750 per stay	\$250 per stay	\$250 per stay
Hearing Aid Reimbursement	Up to \$800/36 months	Up to \$800/36 months	Up to \$800/36 months
Prescription Lens Reimbursement	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months
Dental Benefit	Discounts	Discounts	Discounts
Pharmacy Benefit			
Annual Deductible	\$0	\$0	\$0
Member Copay up to ICL+ (Generic/Preferred Brand/Non-Preferred Brand)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Member Copay during the Gap**	Generic Only: \$10 Copay	Generic Only: \$10 Copay	Generic/Preferred Brand/ Non-Preferred Brand: \$10/\$20/\$35
Member Copay at Catastrophic Level*** (Generic/Brand)	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%
Formulary	Open	Open	Open
Optional Dental Rider	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.

*The Aetna Golden Medicare Plan is available to eligible Medicare beneficiaries who reside in certain counties in AZ, CA, CT, DC, DE, FL, GA, IL, MD, ME, NJ, NV, NY, OH, OK, PA, TN, TX and VA. See our 2008 Network Service Areas for Small Groups Insert for plan availability in your area.

**Plan limitations and exclusions apply. Precertification, or prior approval of coverage, is required for certain services. For a complete description of benefits and terms, please refer to your plan documents.

Aetna Golden Medicare 4.3 Plan**	Aetna Golden Medicare 5.3 Plan **	Aetna Golden Medicare 6.3 Plan**	Aetna Golden Medicare 7.3 Plan **
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
Unlimited	Unlimited	Unlimited	Unlimited
\$5 copay	\$5 copay	\$5 copay	\$5 copay
\$15 copay	\$15 copay	\$10 copay	\$10 copay
\$15 copay	\$15 copay	\$0 copay	\$0 copay
\$125 copay	\$125 copay	\$0 copay	\$0 copay
\$15 copay	\$15 copay	\$10 copay	\$10 copay
\$15 copay	\$15 copay	\$10 copay	\$10 copay
\$15 copay	\$15 copay	\$0 copay	\$0 copay
25%	25%	0%	0%
\$150 copay	\$150 copay	\$0 copay	\$0 copay
\$0 per stay	\$0 per stay	\$0 per stay	\$0 per stay
\$50 copay	\$50 copay	\$50 copay	\$50 copay
\$40 copay	\$40 copay	\$35 copay	\$35 copay
\$125 copay	\$125 copay	\$50 copay	\$50 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$15 copay	\$15 copay	\$10 copay	\$10 copay
\$0 Days 1-10; \$100 Days 11-100	\$0 Days 1-10; \$100 Days 11-100	\$0 Days 1-20; \$20 Days 21-100	\$0 Days 1-20; \$20 Days 21-100
\$0 per stay	\$0 per stay	\$0 per stay	\$0 per stay
Up to \$800/36 months	Up to \$800/36 months	Up to \$500/36 months	Up to \$500/36 months
Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months
Discounts	Discounts	Discounts	Discounts
\$0	\$0	\$0	\$0
\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Generic Only: \$10 Copay	Generic/Preferred Brand/ Non-Preferred Brand: \$10/\$20/\$35	Generic Only: \$10 Copay	Generic/Preferred Brand/ Non-Preferred Brand: \$10/\$20/\$35
Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%
Open	Open	Open	Open
For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.

*Initial Coverage Limit (ICL) occurs when total drug costs reach \$2,510 (includes the amount paid by Aetna AND the member).

**Gap coverage level occurs from ICL until Catastrophic coverage level begins.

***Catastrophic coverage level begins when member true out-of-pocket (TrOOP) spending reaches \$4,050 (amount the member paid toward his/her drug cost, including any deductible and copays).

NOTE: For a summary of Limitations and Exclusions, refer to page 7 in the Small Business Solutions Medicare Brochure.

NOT FOR DISTRIBUTION TO MEDICARE BENEFICIARIES.

Benefits coverage is provided by Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Illinois Inc. and/or Aetna Life Insurance Company, which are Medicare Advantage organizations with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year. The Aetna Medicare Open Plan does not require a contracted network and providers are not required to accept Medicare Private Fee for Service plans.

Medicare Advantage Private Fee for Service plans work differently than a Medicare supplement plan. Members' doctors or hospitals must agree to accept the plan's terms and conditions prior to providing healthcare services to the member, with the exception of emergencies. If the doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to the member, except in emergencies. Providers can find the plan's terms and conditions on our website at: http://www.aetna.com/members/medicare/data/terms_conditions.pdf.

This material is for informational purposes only. Not all health 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. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Discount programs provide access to discounted prices and are not insured benefits.

While this material is believed to be accurate as of the print date, it is subject to change.

We want you to know[®]



Aetna Golden Choice Plan — Small Group PPO Options

The Aetna Golden Choice Plan is only available to beneficiaries in certain counties*.

	Aetna Golden Choice 1.3 Plan**		Aetna Golden Choice 2.3 Plan**	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible	N/A	\$500	N/A	\$350
Annual Out-Of-Pocket Maximum (Excludes deductible)	N/A	\$5,000	N/A	\$3,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Office Visit	\$20 copay	30%	\$10 copay	20%
Specialty Care Office Visit	\$30 copay	30%	\$20 copay	20%
X-rays/Lab Tests	\$30 copay	30%	\$20 copay	20%
Complex Radiology (Includes PET/MRI)	\$125	30%	\$125	20%
Outpatient Kidney Dialysis	\$30 copay	30%	\$20 copay	20%
Therapy (Physical, Occupational & Speech)	\$30 copay	30%	\$20 copay	20%
Home Health Services	\$30 copay	30%	\$20 copay	20%
Durable Medical Equipment (Medicare-covered items)	25%	30%	25%	30%
Outpatient Surgery	\$200 copay	30%	\$150 copay	20%
Hospital Admission	\$750 per stay	30%	\$250 per stay	20%
Emergency Room — Worldwide (Copay waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$40 copay	\$50 copay	\$40 copay	\$50 copay
Ambulance	\$125 copay	30%	\$125 copay	20%
Preventive Care (Includes routine physicals, routine eye and hearing exams and immunizations)	\$0 copay	30%	\$0 copay	20%
Chiropractic Care (Follows Medicare benefit)	\$30 copay	30%	\$20	20%
Skilled Nursing Care (Limited to 100 days per Medicare benefit period; prior hospital stay not required)	\$0 Days 1-10; \$100 Days 11-100	30%	\$0 Days 1-10; \$100 Days 11-100	20%
Mental Health/Substance Abuse — Inpatient (Limited to 190 days per lifetime in a Medicare-certified psychiatric facility; combined with IP Substance Abuse)	\$750 per stay	30%	\$250 per stay	20%
Hearing Aid Reimbursement	Up to \$800/36 months	N/A	Up to \$800/36 months	N/A
Prescription Lens Reimbursement	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months
Pharmacy Benefit				
Annual Deductible	\$0	Members must use network pharmacies except for limited circumstances.	\$0	Members must use network pharmacies except for limited circumstances.
Member Copay up to ICL+ (Generic/ Preferred Brand/Non-Preferred Brand)	\$10/\$20/\$35		Generic Only: \$10 Copay	
Member Copay during the Gap**	Generic Only: \$10 Copay		Greater of \$2.25 or 5%/\$5.60 or 5%	
Member Copay at Catastrophic Level*** (Generic/Brand)	Greater of \$2.25 or 5%/\$5.60 or 5%		Open	
Formulary	Open		Open	
Optional Dental Rider	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	50%	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	50%

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**Plan limitations and exclusions apply. Precertification, or prior approval of coverage, is recommended for certain services. For a complete description of benefits and terms, please refer to your plan documents.

Aetna Golden Choice 3.3 Plan**		Aetna Golden Choice 4.3 Plan**		Aetna Golden Choice 5.3 Plan**	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
N/A	\$250	N/A	\$250	N/A	\$250
N/A	\$2,500	N/A	\$2,500	N/A	\$2,500
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
\$10 copay	20%	\$5 copay	20%	\$5 copay	20%
\$20 copay	20%	\$15 copay	20%	\$15 copay	20%
\$20 copay	20%	\$15 copay	20%	\$15 copay	20%
\$125	20%	\$125	20%	\$150	20%
\$20 copay	20%	\$15 copay	20%	\$15 copay	20%
\$20 copay	20%	\$15 copay	20%	\$15 copay	20%
\$20 copay	20%	\$15 copay	20%	\$15 copay	20%
25%	30%	25%	30%	25%	30%
\$150 copay	20%	\$150 copay	20%	\$150 copay	20%
\$250 per stay	20%	\$0 per stay	20%	\$0 per stay	20%
\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
\$40 copay	\$50 copay	\$40 copay	\$50 copay	\$40 copay	\$50 copay
\$125 copay	20%	\$125 copay	20%	\$125 copay	20%
\$0 copay	20%	\$0 copay	20%	\$0 copay	20%
\$20 copay	20%	\$15 copay	20%	\$15 copay	20%
\$0 Days 1-10; \$100 Days 11-100	20%	\$0 Days 1-10; \$100 Days 11-100	20%	\$0 Days 1-10; \$100 Days 11-100	20%
\$250 per stay	20%	\$0 per stay	20%	\$0 per stay	20%
Up to \$800/36 months	N/A	Up to \$800/36 months	N/A	Up to \$800/36 months	N/A
Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months
\$0	Members must use network pharmacies except for limited circumstances.	\$0	Members must use network pharmacies except for limited circumstances.	\$0	Members must use network pharmacies except for limited circumstances.
\$10/\$20/\$35		\$10/\$20/\$35			
Generic/Preferred Brand/Non-Preferred Brand: \$10/\$20/\$35		Generic Only: \$10 Copay			
Greater of \$2.25 or 5%/\$5.60 or 5%		Greater of \$2.25 or 5%/\$5.60 or 5%			
Open		Open		Open	
For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	50%	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	50%	For an additional premium of \$14. The Aetna Advantage Dental Plan is available and allows members to select an Aetna network dentist to receive dental services such as oral exams, cleanings and emergency exams for a \$5 copay per visit, as well as diagnostic procedures, such as x-rays, restorative care, periodontic care and oral surgery. This plan also provides other dental services at reduced fees.	50%

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**Gap coverage level occurs from ICL until Catastrophic coverage level begins.

***Catastrophic coverage level begins when member true out-of-pocket (TrOOP) spending reaches \$4,050 (amount the member paid toward his/her drug cost, including any deductible and copays).

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NOT FOR DISTRIBUTION TO MEDICARE BENEFICIARIES.

Aetna Medicare Open Plan — Small Group PFFS Options

The Aetna Medicare Open Plan will be available to beneficiaries in all 50 states and the District of Columbia. Call your broker or Aetna to find out when our PFFS plan will be available in your area.

	Aetna Open Copay 1.3 Plan*	Aetna Open Copay 2.3 Plan*	Aetna Open Coinsurance 1.3 Plan*	Aetna Open Coinsurance 2.3 Plan*
Annual Deductible	N/A	N/A	\$250	\$100
Annual Out-Of-Pocket Maximum (Includes Deductible)	N/A	N/A	\$5,000	\$2,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Office Visit	\$20 copay	\$15 copay	15%	10%
Specialty Care Office Visit	\$20 copay	\$15 copay	15%	10%
X-rays/Lab Tests	\$20 copay	\$15 copay	15%	10%
Complex Radiology (Includes PET/MRI)	\$20 copay	\$15 copay	15%	10%
Outpatient Kidney Dialysis	\$20 copay	\$15 copay	15%	10%
Therapy (Physical, Occupational & Speech)	\$20 copay	\$15 copay	15%	10%
Home Health Services	\$0 copay	\$0 copay	100%	100%
Durable Medical Equipment (Medicare-covered items)	20%	15%	15%	10%
Outpatient Surgery	\$0 copay	\$0 copay	15%	10%
Hospital Admission	\$250 per stay	\$0 copay	15%	10%
Emergency Room — Worldwide (Copay waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$20 copay	\$15 copay	\$35 copay	\$35 copay
Ambulance	\$20 copay	\$15 copay	15%	10%
Preventive Care (Includes routine physicals, routine eye and hearing exams and immunizations)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic Care (Follows Medicare benefit)	\$20 copay	\$15 copay	15%	10%
Skilled Nursing Care (Limited to 100 days per Medicare benefit period; prior hospital stay not required)	\$0 Days 1-10; \$25 Days 11-20; \$50 Days 21-100	\$0 Days 1-10; \$25 Days 11-20; \$50 Days 21-100	0% Days 1-20; 15% Days 21-100	0% Days 1-20; 15% Days 21-100
Mental Health/Substance Abuse — Inpatient (Limited to 190 days per lifetime in a Medicare-certified psychiatric facility; combined with IP Substance Abuse)	\$250 per stay	\$0 copay	15%	10%
Hearing Aid Reimbursement	Up to \$500/36 months	Up to \$500/36 months	Up to \$500/36 months	Up to \$500/36 months
Prescription Lens Reimbursement	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months	Up to \$100/24 months
Pharmacy Benefit				
Annual Deductible	\$0	\$0	\$0	\$0
Member Copay up to ICL** (Generic/Preferred Brand/Non-Preferred Brand)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Member Copay during the Gap***	Generic Only: \$10 Copay	Generic/Preferred Brand/Non-Preferred Brand: \$10/\$20/\$35	Generic Only: \$10 Copay	Generic/Preferred Brand/Non-Preferred Brand: \$10/\$20/\$35
Member Copay at Catastrophic Level* (Generic/Brand)	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%	Greater of \$2.25 or 5%/ \$5.60 or 5%
Formulary	Open	Open	Open	Open

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