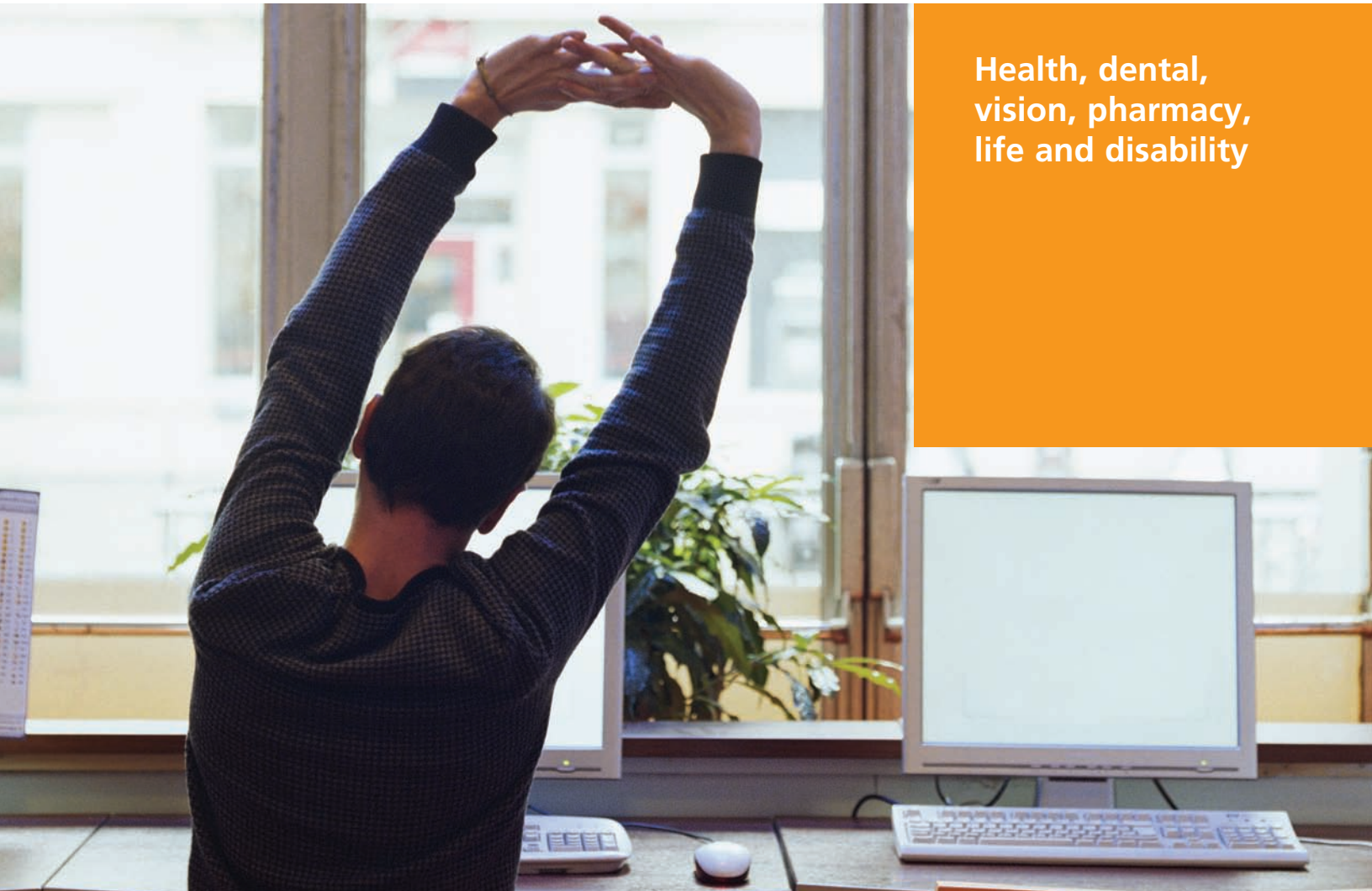


# A world of information right at your fingertips

## Small Business Solutions

FOR BUSINESSES WITH 2 TO 50 ELIGIBLE EMPLOYEES



Health, dental,  
vision, pharmacy,  
life and disability

Texas

Plans effective November 1, 2008

We want you to know<sup>®</sup>



Recently there's been significant publicity about "consumer-directed" health plans. At Aetna, we believe these plans are defined by putting consumers in the center of the health care equation, with the insurer and health care practitioner playing the supporting roles.

Consumer-directed plans increase flexibility, control and choice for the employer and the employee. Aetna recognizes the challenges of rising health care costs and the demands of running a successful small business. We are working with small businesses to establish innovative, realistic and practical ways to continue providing quality coverage at affordable prices.

At Aetna Small Group,\* we are betting heavily on the consumer, which is why we offer easy-to-understand, flexible, affordable consumer choice plans. We're committed to investing in tools, education and technology to help consumers make clear, informed decisions.



\*Aetna Small Group refers to an internal business unit of Aetna.

Aetna is the brand name for products and services provided by one or more of the Aetna group of subsidiary companies, which are not financially dependent upon each other's products. Health/Dental benefits, health/dental insurance, life and disability insurance plans/policies are offered by Aetna Health Inc., Aetna Dental Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna).

In the world of small business, there's nothing more critical to a company's success than the health and well-being of its 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 benefits and insurance and related programs designed to give employees the product choices, tools and information they need to lead healthier, more productive lives.

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Our portfolio of health, dental, pharmacy, life and disability insurance benefits products is designed to help employees stay healthy and productive through all stages of life.

From the National Medical Excellence Program<sup>®</sup>, our transplant and complex care program, to our disease management and vision programs, Aetna offers solutions for small businesses.

# Choice. Simplicity. Affordability. With Aetna. It's yours.



Aetna understands small business — especially when it comes to the daily challenges of controlling costs, keeping things simple and providing employee choice in health care benefits and insurance.

Employers and their employees have been depending on Aetna for years. Now we're offering the next generation of consumer choice products that address small business challenges for providing choice, simplicity and affordability.

## Choice

Aetna offers 24 health plan designs with a large network for small business employers in Texas. Employers can now empower their employees by giving them freedom to choose health care benefits and insurance that align with their individual lifestyles.

## Simplicity

Straightforward and easy-to-understand benefits. That's what Aetna provides to small business employers and their employees. Member experiences will be enriched through user-friendly technology and online tools such as the Aetna Navigator<sup>®</sup> self-service website and our DocFind<sup>®</sup> online provider directory.

## Affordability

With Aetna's consumer choice plan designs, employers and their employees now have the option of how much to invest in monthly premiums versus out-of-pocket expenses. This puts consumers in the center of the health care equation.

**Designed with small businesses in mind, Aetna is proud to offer its Aetna Product Suite, providing choice, simplicity and affordability.**

# Technology solutions

Through Aetna's website ([www.aetna.com](http://www.aetna.com)) members have access to health information, resources and services designed to help them better manage their health.

## Aetna Navigator — The power to help members manage their health

It's easy and convenient for Aetna members to manage their health benefits. Anytime — day or night — wherever they have Internet access, members can log in to Aetna Navigator, Aetna's secure member website. Members who register on the site can check the status of their claims, contact Aetna Member Services, estimate the costs of health care services and much more!

Aetna Navigator is a valuable online resource for personalized benefits and health information. Once registered for Aetna Navigator, members can:

- Review who is covered under their plan.
- Check claim status and view Claim Explanation of Benefits (EOB) statements.
- Estimate the costs of common health care services to better plan their expenses.
- Research the price of a drug and learn if there are less-costly alternatives.\*
- Find health care professionals and facilities that participate in their plan.
- Request member ID cards.
- Print temporary member identification needed for a health care visit.
- View credible health information and news and more!

\*If offered by their plan.

## Estimate the Cost of Care tools

Aetna's suite of interactive Web-based cost tools is designed to help members estimate the costs of health care services so they can plan for and take better charge of their health care expenses. Members have access to cost estimates for medical procedures, office visits, medical tests and diseases and conditions. They may also have access to two other cost tools depending on their Aetna coverage. Members enrolled in an Aetna Dental Preferred Provider Benefits Plan (PPO) or Preferred Provider Benefits Plan (PPO Max) can access the dental procedures cost tool. And the prescription drugs cost tool is available to those with a medical plan.

**Aetna Navigator is ready 24/7!** Aetna members can go to [www.aetna.com](http://www.aetna.com) and select Aetna Navigator. If they haven't already, encourage them to register today by clicking on the Register Now! link.

## Personal Health Record — Help employees make history!

Staying aware of all the health information available today can be overwhelming. But engaging your employees in their own health is easier with our Personal Health Record because it:

- Creates a more complete picture of health — claims information is prefilled and automatically updates. Your employees can find their health history at any time. They can even add more information, such as over-the-counter medications and family health history, and print a summary to share with their doctors.
- Stays current with medical guidelines and technology — our patented CareEngine® system compares current evidence-based information with all available member data. This helps identify gaps in care and gives your employees a better chance to stay healthy.

## DocFind

Finding a participating doctor has never been easier with our DocFind online provider directory. Members can search for participating physicians, hospitals, pharmacies, dentists 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. Best of all, DocFind is updated regularly and is available 24 hours a day, 7 days a week.

To request a paper directory, contact your broker or Aetna.

## Aetna IntelliHealth® Website

Our award-winning health information website, [www.intelihealth.com](http://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.

## Aetna Voice Advantage®

The system enables employees to conduct many tasks by phone, such as checking claims, changing doctors and requesting ID cards.

## Plan for Your Health<sup>SM</sup>

Plan for Your Health is a public education campaign focused on helping consumers understand the connection between health benefits and financial planning — particularly for women. The campaign's website, [PlanforYourHealth.com](http://PlanforYourHealth.com), makes it easy for consumers to access credible tools and information, empowering them to make better health benefits and financial decisions to meet their present and future needs. The site includes:

- Useful tips on navigating health benefits and insurance in relation to overall financial well-being.
- Tools to figure out how important life changes will affect health benefits and insurance options.
- Information on choosing the best health benefits and insurance options for women and their families.



# Special programs

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 employers and their employees stay healthy.

Aetna Natural Products and Services<sup>SM</sup> program, Aetna Vision<sup>SM</sup>, Aetna Fitness<sup>SM</sup> and similar discount programs are rate-access programs and may be in addition to any plan benefits. Discount and other similar health programs offered hereunder are not insurance and program features are not guaranteed under the plan contract and may be discontinued at any time. Program providers are solely responsible for the products and services provided hereunder. Aetna does not endorse any vendor, product or service associated with these programs. It is not necessary to be a member of an Aetna plan to access the program's participating providers.

**Dental discount program** — There's more than one way to achieve a healthy smile. Through our discount program with Epic Industries, members will enjoy access to savings on oral health care products designed to help fight cavities. Epic dental products contain xylitol — a natural sweetener that helps reduce bacteria and fight tooth decay. Members can take advantage of discounts on Epic xylitol products such as gum, mints, toothpaste, mouthwash and sweeteners — to help keep their teeth and their smile, the best they can be. For more information visit [www.epicdental.com/aetna](http://www.epicdental.com/aetna).

**Aetna Hearing<sup>SM</sup> discount program** — Aetna has teamed with HearPO<sup>®</sup>,<sup>†</sup> a national hearing benefits provider that offers members discounts on hearing exams and hearing aid services, as well as savings on the latest styles and technologies of hearing aids.

**Aetna Fitness<sup>SM</sup> program** — Members can enjoy special membership rates at participating fitness clubs contracted with GlobalFit<sup>TM</sup>, as well as discounts on certain home exercise equipment and videos. Plus members may even try out the facility before joining.\*\*

**Employee Assistance Program (EAP)** — A confidential program that gives employees and members of their household access to useful services and support to help them manage the everyday challenges of work and home. The EAP is available at no charge to members and their family members and includes:

- **Choice** — They'll find a range of resources to help them balance their personal and professional lives
- **Easy access** — Small Group EAP can be reached anytime, through a single call to a toll-free number or on the Web at [www.aetnaeap.com](http://www.aetnaeap.com)
- **Professional assistance** — Our workplace-trained specialists provide confidential phone support, assessing needs and recommending an appropriate course of action. Employees and their household members receive three phone consultations per member in a calendar year.

Employers can also take advantage of EAP Resources:

- **Management and Human Resources assistance.** Employers get unlimited phone consultations with workplace-trained clinicians who can provide help in dealing with complex employee issues that may arise.
- **Online tools.** Employers can also get online tools and materials to encourage employees to use the EAP by visiting [www.aetnaeap.com](http://www.aetnaeap.com) (enter your company ID and select the "Promotional Materials" link.)

**Eye care savings program** — Aetna Vision Discounts<sup>\*\*\*</sup> gives members special savings on eye exams (not covered under their base medical plan), contacts, frames, lenses and other eye care accessories. They'll have many locations to choose from, including Target Optical<sup>®</sup>, participating Sears Optical<sup>®</sup> and Pearle Vision<sup>®</sup> locations, plus our newest addition — LensCrafters<sup>®</sup>. Members also have a broad range of independent optometrist and ophthalmologist offices at their service.

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

\*\*Not available at all clubs.

\*\*\*When purchased at a participating EyeMed provider.

<sup>†</sup>HearPO<sup>®</sup> is a registered trademark of HearPO Corp.

Check out our website at [www.aetna.com](http://www.aetna.com) today. With just a few clicks, you can receive additional product information, download brochures and more.

#### Members also receive:

- A mail-order contact lens replacement program.
- Discount off the surgeon's fee for LASIK eye surgery.
- 20% discount off retail prices on vision-related items when purchased at a participating location.
- Access to Aetna Navigator, our online resource for checking claims status and locating eye care professionals quickly ... and easily.

**Aetna Natural Products and Services program** — Reduced rates on alternative therapies for members, including visits to acupuncturists, chiropractors, massage therapists and nutritional counselors. Save on many health-related products, including aromatherapy and natural body care, through the National Products Program. Members can also save on over-the-counter vitamins and nutritional and herbal supplements through the Vitamin Advantage™ Program.

**National Medical Excellence Program**® — When Aetna members face difficult or life-threatening situations such as organ transplants, Aetna's National Medical Excellence Program (NME) coordinates care and provides access to covered treatment through our Institutes of Excellence™ network. The program also coordinates specialized treatment for members with certain rare or complicated conditions

and assists members who are admitted to the hospital for emergency medical care when they are traveling temporarily outside of the United States. Except for emergency medical care as described above, services under this program must be preauthorized. A listing of facilities in our Institutes of Excellence network can be found in DocFind at [www.aetna.com](http://www.aetna.com).

**Cancer screening programs\*** — Remind age-eligible HMO and POS members to schedule periodic cancer screenings. Reminders are for breast and cervical cancer screenings, as well as colorectal cancer screenings.

**Informed Health**® Line — members can get answers to their health questions anytime ... day or night. Our 24-hour, toll-free Informed Health Line offers access to a team of registered nurses who can provide information on a variety of health issues. Members can also listen to our audio Health Library, a recorded collection of more than 2,000 health topics in English and Spanish.

**Aetna Health Connections**SM **disease management program\*** — Our newly redesigned capabilities offer support for over 30 conditions as well as integrated care for members with multiple conditions. The program includes cutting-edge technology that helps improve patient safety, doctor communication and more.

**Aetna Women's Health**SM **programs** — Focus specifically on the health care needs of women. Programs include:

- Our Beginning Right® maternity management program, which offers information and services to expectant mothers including care coordination by obstetrical nurses experienced in preterm labor education, breastfeeding support and more. We want to make sure expectant mothers have the information needed to make informed decisions about health care while pregnant or planning a pregnancy. Members enrolled in both our medical and dental plans, as well as our Beginning Right, may receive enhanced dental benefits (additional cleaning or treatment of periodontal (gum) disease, fully covered with no deductible) during pregnancy.
- Our Breast Health Education Center, which offers information and services dedicated to breast health, including our Breast Cancer Case Management Program, confidential genetic testing for breast and ovarian cancer, our Breast Health website and more.
- Infertility case management and education.\*

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

# Provider network

Texas has an extensive provider network of physicians, specialists, hospitals and facilities:

- HMO Network = 35,491\*
- PPO Network = 48,804\*

\*According to the Aetna Enterprise Database as of August 2008. Network subject to change.

● OAMC/Preferred Provider Benefits Plan (PPO) Network

▲ OAMC/PPO/CPOS/HMO Network

<b>A</b>		<b>D</b>		<b>H</b>		<b>L</b>		<b>P</b>		<b>U</b>
Anderson ●		Dallam ●		Hale ●		La Salle ●		Palo Pinto ▲		Upshur ●
Andrews ●		Dallas ▲		Hall ●		Lamar ●		Panola ●		Upton ●
Angelina ●		Dawson ●		Hamilton ●		Lamb ●		Parker ▲		Uvalde ●
Aransas ▲		De Witt ●		Hansford ●		Lavaca ●		Parmer ●		<b>V</b>
Archer ●		Deaf Smith ●		Hardeman ▲		Lee ●		Pecos ●		Val Verde ▲
Armstrong ●		Delta ▲		Hardin ●		Leon ●		Polk ●		Van Zandt ▲
Atascosa ▲		Denton ▲		Harris ▲		Liberty ▲		Presidio ▲		Victoria ●
Austin ▲		Dickens ●		Harrison ●		Limestone ●		Potter ●		<b>W</b>
<b>B</b>		Dimmit ●		Hartley ●		Lipscomb ●		<b>R</b>		Walker ▲
Bailey ●		Donley ●		Haskell ●		Live Oak ▲		Rains ▲		Waller ▲
Bandera ●		Duval ▲		Hays ▲		Llano ●		Randall ●		Ward ▲
Bastrop ▲		<b>E</b>		Hemphill ●		Live Oak ▲		Reagan ▲		Washington ●
Baylor ●		Eastland ▲		Henderson ▲		Loving ▲		Real ●		Webb ●
Bee ▲		Ector ●		Hidalgo ●		Lynn ●		Red River ●		Wharton ▲
Bell ●		Edwards ●		Hill ▲		<b>M</b>		Reeves ▲		Wheeler ●
Bexar ▲		El Paso ▲		Hockley ●		Madison ●		Refugio ●		Wichita ●
Blanco ●		Ellis ▲		Hood ▲		Marion ●		Roberts ●		Wilbarger ●
Borden ●		Erath ▲		Hopkins ▲		Martin ●		Robertson ●		Willacy ●
Bosque ●		<b>F</b>		Houston ●		Mason ●		Rockwall ▲		Williamson ▲
Brazoria ▲		Falls ●		Howard ●		Matagorda ▲		Runnels ●		Wilson ▲
Brazos ●		Fannin ▲		Hudspeth ▲		Maverick ●		Rusk ●		Winkler ▲
Brewster ▲		Fayette ●		Hunt ▲		McCullough ▲		<b>S</b>		Wise ▲
Briscoe ●		Fisher ●		Hutchinson ●		McLennan ●		Sabine ●		Wood ●
Brooks ●		Floyd ●		<b>I</b>		McMullen ▲		San Augustine ●		<b>Y</b>
Brown ●		Foard ●		Irion ●		Medina ▲		San Jacinto ▲		Yoakum ●
Burleson ●		Fort Bend ▲		Jack ●		Menard ●		San Patricio ▲		Young ●
Burnet ●		Franklin ●		Jackson ●		Midland ●		San Saba ●		<b>Z</b>
<b>C</b>		Freestone ●		Jasper ●		Milam ●		Schleicher ●		Zapata ●
Caldwell ▲		Frio ●		Jim Hogg ●		Mills ●		Scurry ●		Zavala ●
Calhoun ●		<b>G</b>		Jeff Davis ▲		Mitchell ●		Shackelford ●		
Callahan ▲		Gaines ●		Jefferson ▲		Montague ●		Shelby ●		
Cameron ●		Galveston ▲		Jim Wells ▲		Montgomery ▲		Sherman ●		
Camp ●		Garza ●		Johnson ▲		Moore ●		Smith ●		
Carson ●		Gillespie ●		Jones ●		Morris ●		Somervell ▲		
Castro ●		Glasscock ●		<b>K</b>		Motley ▲		Starr ●		
Chambers ▲		Goliad ●		Karnes ●		<b>N</b>		Stephens ●		
Cherokee ●		Gonzales ●		Kaufman ▲		Nacogdoches ●		Sterling ●		
Childress ●		Gray ●		Kendall ▲		Navarro ▲		Stonewall ●		
Clay ●		Grayson ▲		Kenedy ●		Newton ●		Sutton ▲		
Cochran ●		Gregg ●		Kent ●		Nueces ▲		Swisher ●		
Coke ●		Grimes ▲		Kerr ●		<b>O</b>		<b>T</b>		
Coleman ●		Guadalupe ▲		Kimble ●		Ochiltree ●		Tarrant ▲		
Collin ▲				King ●		Oldham ●		Taylor ●		
Collingsworth ●				Kinney ●		Orange ▲		Terrell ▲		
Colorado ▲				Kleberg ▲				Terry ●		
Comal ▲				Knox ●				Throckmorton ●		
Comanche ●								Titus ●		
Concho ●								Tom Green ●		
Cooke ▲								Travis ▲		
Cottle ●								Trinity ●		
Crane ●								Tyler ●		
Crosby ●										
Crockett ▲										
Culberson ▲										

# Medical plan overview

## Aetna Open Access<sup>®</sup> Managed Choice<sup>®</sup> (OAMC) plan

For those who want the advantages of a managed care insurance plan while giving employees flexibility to access any providers without a referral.

- No PCP selection required (members who prefer to have their family physician coordinate their care may designate a PCP if they choose).
- No referrals required.
- Members can choose any provider from Aetna's extensive network for a covered service.
- Members may visit any out-of-network recognized provider for a covered service.
- For certain plans, members pay office visit copay each time member goes to a participating specialist or non-specialist physician.

## Aetna Choice<sup>®</sup> POS (CPOS) plan

**No need for referrals; freedom to select provider of choice.**

The Aetna Choice POS plan offers all the health plan benefits of a point-of-service plan with two easy ways to access care when members need it. Members have the freedom to visit the participating doctor or hospital of their choice for covered services. Best of all, members seeking health care do not need referrals. This plan allows members to:

- Select and visit their participating physician of primary care and pay the plan's copayment for covered benefits.
- Go directly to any specialist from within Aetna's network of providers and pay the applicable specialist copayment for covered benefits.
- Go directly to any licensed out-of-network physician, subject to payment of a deductible and coinsurance.
- Large provider networks.

## Aetna High-Deductible Open Access Managed Choice (OAMC) (HSA-Compatible)

The Aetna Open Access Managed Choice benefits plan insurance options that are compatible with a Health Savings Account (HSA) provide employers and their qualified employees with an affordable tax-advantaged 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. HSA accounts can be funded by the employer or employee and are portable.
- 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.

See pages 10 – 11 for more details on the Aetna HealthFund<sup>®</sup> Health Savings Account.



## Top-performing medical specialists are now within your reach

Aetna members have access to Aexcel®-designated specialists, some of the top performing doctors\* in 12 areas of specialty care at no additional cost. Aexcel-designated specialists have demonstrated cost-effectiveness in the delivery of care and have met certain defined measures of clinical performance and cost-efficiency. Visiting an Aexcel-designated specialist may help members achieve a balance of quality and cost-effectiveness in their health care.

To locate an Aexcel-designated\*\* specialist, visit our DocFind online provider directory at [www.aetna.com](http://www.aetna.com). Or refer to the printed Aetna directory. When using DocFind, members should select their current health plan (not listed under the Aexcel plans) in Step 3 of a Standard Search. Aexcel-designated physicians are uniquely identified for your convenience. Just look for the stars!

### Aetna Preferred Provider Benefits plan (PPO)

The Aetna Preferred Provider Benefits plan insurance offers members the freedom to go directly to any recognized provider for covered services, including specialists. No referrals are required.

- Emergency care coverage anywhere, anytime, 24 hours a day.
- Large provider network.
- No claim forms in-network.
- If members choose a provider from Aetna's 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.

### Aetna HMO Plus plan

This health benefits plan values the role of the physician of primary care to serve as the coordinator of the member's health care. For preferred services and supplies, the member must elect a physician of primary care. Members seeking health care have the flexibility to access care in or out of the network. Except for certain direct access benefits, members self-referring to network Specialists or seeking out-of-network care will share more of the cost of care through a deductible and coinsurance.

#### The Aetna HMO Plus plan provides:

- Flexibility to self-refer. Physician of primary care election is required to access preferred benefits.
- No lifetime dollar maximums in-network.
- Large provider networks.
- For preferred services and supplies, members are encouraged to choose a physician of primary care from Aetna's network of participating providers.
- Members visit a physician of primary care for routine care or for injury or illness; members pay applicable copay each time covered benefits are accessed within the network with a physician of primary care referral.
- Members may visit any out-of-network licensed provider, without a physician of primary care referral for a covered benefit; members share the cost of care through deductible/coinsurance.

### Aetna Indemnity plan

This insurance plan option is available for employees who live outside of the network plan's service area.

- Individual coordinates his or her own health care.
- No PCP required.
- No referral required.
- Members can access any recognized physician or hospital for covered services.
- Employer may offer a Preferred Provider Benefits plan to in-area employees and the Indemnity plan to out-of-area employees.
- Deductibles and coinsurance apply.
- Annual and lifetime maximums may apply.
- No network providers.
- Members are responsible for paying provider directly and submitting claims for reimbursement.

\*Performance is evaluated based upon a combination of certain limited clinical performance measures and cost-efficiency.

\*\*Aexcel is available in certain counties in Texas.

# A way to manage health and health care expenses

**Annual HSA contributions for 2009 are \$3,000 per individual/\$5,950 per family. Maximums will be adjusted for the cost of living in future years.**

## **An innovative array of products and services for today's employees and employers**

While reducing costs is a major objective, consumerism focuses on helping consumers make better choices about their health care. It's about asking questions and learning about options and alternatives. It transforms the once passive "user" of health care to an informed, active, engaged "consumer" of health care. Aetna remains committed to this important new direction in health benefits. The Aetna HealthFund® family of consumer-directed health care products and services offers flexibility, choice and convenience for employers and employees.

### **Health Savings Account (HSA)**

The Aetna HealthFund HSA, when coupled with a HSA-compatible high-deductible health benefits and health insurance plan, is a tax-advantaged savings account. Once enrolled, account contributions can be made by the employee and/or employer. The HSA can be used to pay for qualified expenses tax free.

### **Health Reimbursement Arrangement (HRA)**

The Aetna HealthFund HRA combines the protection of a deductible-based health plan with a health fund that pays for eligible health care services. The member cannot contribute to the HRA, and employers have control over HRA plan designs and fund rollover. The fund is available to an employee for qualified expenses on the plan's effective date.

*The philosophies behind the HRA and the HSA are the same — to provide members with financial support for higher out-of-pocket health care expenses. Aetna's consumer-directed health products and services give members the information and resources they need to help them make informed health care decisions for themselves and their families while helping lower employers' costs.*

### **COBRA Administration**

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes that can assist employers with managing the complex billing and notification processes that are required for COBRA compliance, while also helping to save them time and money.

### **Section 125 Cafeteria Plans and Section 132 Transit Reimbursement Accounts**

Employers can help their employees save money while saving themselves money as well. Employees can reduce their taxable income, and employers can pay less in payroll taxes. There are three ways to save:

#### **Premium Only Plans (POP)**

Employees can pay for their portion of the group health insurance expenses on a pretax basis.

#### **Flexible Savings Account (FSA)**

FSAs give employees a chance to save for health expenses with pretax money. Health Care Spending Accounts allow employees to set aside pretax dollars to pay for out-of-pocket expenses as defined by the IRS. Dependent Care Spending Accounts allow participants to use pretax dollars to pay child or elder care expenses.

#### **Transit Reimbursement Account (TRA)**

TRAs allow participants to use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work.

# Administrative fees

Aetna auto adjudication (“Streamline”) is a paperless claims submission solution for Aetna Health FSAs and HRAs that reduces the paperwork burden for participants.

Visit **Producer World®** or contact your Aetna representative for more information.

FEE DESCRIPTION	FEE
<b>HSA</b>	
Initial Set-Up	\$0
Monthly Fees	\$0
<b>POP</b>	
Initial Set-Up*	\$150
Renewal	\$75
<b>HRA and FSA**</b>	
Initial Set-Up*	
2 – 25 Employees	\$350
26 – 50 Employees	\$450
51 – 100 Employees	\$550
101 – 150 Employees	\$650
151 – 200 Employees	\$750
201 – 299 Employees	\$4.00 per employee
Renewal Fee	50% of the initial set-up fee
Monthly Fees***	\$5.00 per participant
Additional Set-Up Fee for “stacked” plans (those electing an Aetna HRA and FSA simultaneously)	\$150
Participation Fee for “stacked” participants	\$9.75 per participant
<b>Minimum Fees</b>	
0 – 25 Employees	\$10 per month minimum
26 – 299 Employees	\$50 per month minimum
<b>TRA</b>	
Annual Fee	\$350
Transit Monthly Fees	\$4.25 per participant
Parking Monthly Fees	\$3.15 per participant
<b>COBRA</b>	
Annual Fee, 20-50 employees	\$50
Monthly Fee	\$0.85 per employee

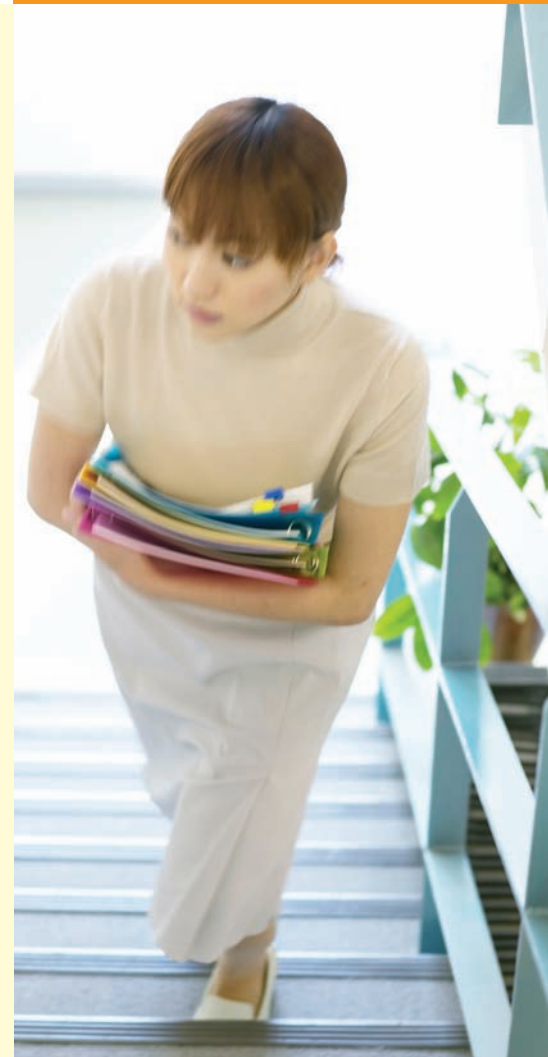
\*Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$75 fee. Non-discrimination testing only available for FSA and POP products.

\*\*Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact Aetna for further information.

\*\*\*For HRA, if the employer opts out of Streamline, the fee is increased \$1.50 per participant.

Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules.

Aetna reserves the right to change any of the above fees and to impose additional fees upon prior written notice.



**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx OAMC 500-08		Tx OAMC 1000-08		Tx OAMC 1500-08	
	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No	No	No
Network	Managed Choice	N/A	Managed Choice	N/A	Managed Choice	N/A
<b>MEMBER BENEFITS</b>						
Member Coinsurance (Applies to most services)	20%	40%	20%	40%	20%	40%
Calendar-Year Deductible**	\$500 Individual 3 Individuals per Family	\$1,000 Individual 3 Individuals per Family	\$1,000 Individual 3 Individuals per Family	\$2,000 Individual 3 Individuals per Family	\$1,500 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family
Coinsurance Maximum*** (Deductible and certain payments do not apply)	\$2,500 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family	\$6,000 Individual 3 Individuals per Family	\$3,500 Individual 3 Individuals per Family	\$7,000 Individual 3 Individuals per Family
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	\$20 copay Deductible waived	40%	\$25 copay Deductible waived	40%	\$30 copay Deductible waived	40%
Specialist Office Visit Copay	\$30 copay Deductible waived	40%	\$35 copay Deductible waived	40%	\$40 copay Deductible waived	40%
Outpatient — Lab	\$0 copay Deductible waived	40%	\$0 copay Deductible waived	40%	\$0 copay Deductible waived	40%
Outpatient — X-ray	\$20 copay Deductible waived	40%	\$25 copay Deductible waived	40%	\$30 copay Deductible waived	40%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	20%	40%	20%	40%	20%	40%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic (Professional Charges)	20%	40%	20%	40%	20%	40%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Preferred & Non-Preferred combined	50%	50%	50%	50%	50%	50%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$20 copay Deductible waived	40%	\$25 copay Deductible waived	40%	\$30 copay Deductible waived	40%
Routine GYN (Frequency schedules apply)	\$30 copay Deductible waived	40%	\$35 copay Deductible waived	40%	\$40 copay Deductible waived	40%
Inpatient Hospital	20%	40%	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%	20%	40%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	20% after \$150 Copay; Deductible waived	Paid as In-Network	20% after \$150 Copay, deductible waived	Paid as In-Network	20% after \$150 Copay, deductible waived	Paid as In-Network
Urgent Care	\$50 copay Deductible waived	40%	\$75 copay Deductible waived	40%	\$75 copay Deductible waived	40%
Prescription Drugs: Retail 30-day supply; Mail Order Delivery: 3X retail copay, (90 day supply available)	\$15/\$35/\$50	\$15/\$35/\$50 + 30%	\$15/\$35/\$50	\$15/\$35/\$50 + 30%	\$15/\$40/\$60	\$15/\$40/\$60 + 30%

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Coinsurance maximum. Certain member cost sharing elements including deductible, copays, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Coinsurance maximum. Once 3 individual members of a family each satisfy their Coinsurance maximum separately, all family members will be considered as having met their Coinsurance maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx OAMC 2000-08		Tx OAMC 2500-08		Tx OAMC 3500-08	
	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No	No	No
Network	Managed Choice	N/A	Managed Choice	N/A	Managed Choice	N/A
<b>MEMBER BENEFITS</b>						
Member Coinsurance (Applies to most services)	20%	50%	30%	50%	30%	50%
Calendar-Year Deductible**	\$2,000 Individual 3 Individuals per Family	\$4,000 Individual 3 Individuals per Family	\$2,500 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$3,500 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family
Coinsurance Maximum*** (Deductible and certain payments do not apply)	\$4,000 Individual 3 Individuals per Family	\$8,000 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$10,000 Individual 3 Individuals per Family	\$7,000 Individual 3 Individuals per Family	\$10,000 Individual 3 Individuals per Family
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	\$35 copay Deductible waived	50%	\$40 copay Deductible waived	50%	\$40 copay Deductible waived	50%
Specialist Office Visit Copay	\$45 copay Deductible waived	50%	\$50 copay Deductible waived	50%	\$50 copay Deductible waived	50%
Outpatient — Lab	\$0 copay Deductible waived	50%	\$0 copay Deductible waived	50%	\$0 copay Deductible waived	50%
Outpatient — X-ray	\$35 copay Deductible waived	50%	\$40 copay Deductible waived	50%	\$40 copay Deductible waived	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	20%	50%	30%	50%	30%	50%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic (Professional Charges)	20%	50%	30%	50%	30%	50%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Preferred & Non-Preferred combined	50%	50%	50%	50%	50%	50%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$35 copay Deductible waived	50%	\$40 copay Deductible waived	50%	\$40 copay Deductible waived	50%
Routine GYN (Frequency schedules apply)	\$45 copay Deductible waived	50%	\$50 copay Deductible waived	50%	\$50 copay Deductible waived	50%
Inpatient Hospital	20%	50%	30%	50%	30%	50%
Outpatient Surgery	20%	50%	30%	50%	30%	50%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	20% after \$200 Copay, deductible waived	Paid as In-Network	30% after \$200 Copay, deductible waived	Paid as In-Network	30% after \$200 Copay, deductible waived	Paid as In-Network
Urgent Care	\$75 copay Deductible waived	50%	\$100 copay Deductible waived	50%	\$100 copay Deductible waived	50%
Prescription Drugs: Retail 30-day supply; Mail Order Delivery: 3X retail copay, (90 day supply available)	\$15/\$40/\$60	\$15/\$40/\$60 + 30%	\$15/\$40/\$60	\$15/\$40/\$60 + 30%	\$15/\$40/\$60	\$15/\$40/\$60 + 30%

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Coinsurance maximum. Certain member cost sharing elements including deductible, copays, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Coinsurance maximum. Once 3 individual members of a family each satisfy their Coinsurance maximum separately, all family members will be considered as having met their Coinsurance maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx OAMC1000 100%-08		Tx OAMC 2000 100%-08		Tx OAMC 3000 100%-08	
	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No	No	No
Network	Managed Choice	N/A	Managed Choice	N/A	Managed Choice	N/A
<b>MEMBER BENEFITS</b>						
Member Coinsurance (Applies to most services)	0%	30%	0%	30%	0%	30%
Calendar-Year Deductible**	\$1,000 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family	\$2,000 Individual 3 Individuals per Family	\$4,000 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family
Coinsurance Maximum*** (Deductible and certain payments do not apply)	N/A	\$5,000 Individual 3 Individuals per Family	N/A	\$6,000 Individual 3 Individuals per Family	N/A	\$7,000 Individual 3 Individuals per Family
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	\$30 copay Deductible waived	30%	\$30 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Specialist Office Visit Copay	\$40 copay Deductible waived	30%	\$40 copay Deductible waived	30%	\$35 copay Deductible waived	30%
Outpatient — Lab	0% Deductible waived	30%	0% Deductible waived	30%	0% copay Deductible waived	30%
Outpatient — X-ray	\$30 copay Deductible waived	30%	\$30 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	0%	30%	0%	30%	0%	30%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic (Professional Charges)	0%	30%	0%	30%	0%	30%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Preferred & Non-Preferred combined	0%	30%	0%	30%	0%	30%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$30 copay Deductible waived	30%	\$30 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Routine GYN (Frequency schedules apply)	\$40 copay Deductible waived	30%	\$40 copay Deductible waived	30%	\$35 copay Deductible waived	30%
Inpatient Hospital	0%	30%	0%	30%	0%	30%
Outpatient Surgery	0%	30%	0%	30%	0%	30%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	\$150 copay Deductible waived	Paid as In-Network	\$200 copay Deductible waived	Paid as In-Network	\$250 copay Deductible waived	Paid as In-Network
Urgent Care	\$75 copay Deductible waived	30%	\$75 copay Deductible waived	30%	\$75 copay Deductible waived	30%
Prescription Drugs: Retail 30-day supply; Mail Order Delivery: 3X retail copay, (90 day supply available)	\$15/\$40/\$60	\$15/\$40/\$60 + 30%	\$15/\$40/\$60	\$15/\$40/\$60 + 30%	\$15/\$40/\$60	\$15/\$40/\$60 + 30%

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Coinsurance maximum. Certain member cost sharing elements including deductible, copays, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Coinsurance maximum. Once 3 individual members of a family each satisfy their Coinsurance maximum separately, all family members will be considered as having met their Coinsurance maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx OAMC 4000 100%-08		Tx OAMC 5000 100%-08	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No
Network	Managed Choice	N/A	Managed Choice	N/A
<b>MEMBER BENEFITS</b>				
Member Coinsurance (Applies to most services)	0%	30%	0%	30%
Calendar-Year Deductible**	\$4,000 Individual 3 Individuals per Family	\$6,000 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$6,000 Individual 3 Individuals per Family
Coinsurance Maximum*** (Deductible and certain payments do not apply)	N/A	\$8,000 Individual 3 Individuals per Family	N/A	\$8,000 Individual 3 Individuals per Family
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	\$25 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Specialist Office Visit Copay	\$40 copay Deductible waived	30%	\$40 copay Deductible waived	30%
Outpatient — Lab	0% Deductible waived	30%	0% Deductible waived	30%
Outpatient — X-ray	\$25 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	0%	30%	0%	30%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic (Professional Charges)	0%	30%	0%	30%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Preferred & Non-Preferred combined	0%	30%	0%	30%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$25 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Routine GYN (Frequency schedules apply)	\$40 copay Deductible waived	30%	\$40 copay Deductible waived	30%
Inpatient Hospital	0%	30%	0%	30%
Outpatient Surgery	0%	30%	0%	30%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	\$250 copay Deductible waived	Paid as In-Network	\$250 copay Deductible waived	Paid as In-Network
Urgent Care	\$75 copay Deductible waived	30%	\$75 copay Deductible waived	30%
Prescription Drugs: Retail 30-day supply; Mail Order Delivery: 3X retail copay, (90 day supply available)	\$15/\$40/\$60	\$15/\$40/\$60 + 30%	\$15/\$40/\$60	\$15/\$40/\$60 + 30%

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Coinsurance maximum. Certain member cost sharing elements including deductible, copays, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Coinsurance maximum. Once 3 individual members of a family each satisfy their Coinsurance maximum separately, all family members will be considered as having met their Coinsurance maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx HMO 30 Plus-08		Tx CPOS 1500 100%-08		Tx CPOS 2500 100%-08	
	Network/Referred	Non-Network / Non-Referred	Network	Non-Network	Network	Non-Network
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized	N/A	Recognized
Referrals Required	Yes	No	No	No	No	No
Network	HMO	N/A	HMO	N/A	HMO	N/A
<b>MEMBER BENEFITS</b>						
Member Coinsurance (Applies to most services)	N/A	30%	0%	30%	0%	30%
Calendar-Year Deductible**	N/A	\$4,000 Individual 3 Individuals per Family	\$1,500 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family	\$2,500 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family
Out of Pocket Maximum*** (Deductible and certain payments do not apply)	\$4,000 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$1,500 Individual 3 Individuals per Family	\$6,000 Individual 3 Individuals per Family	\$1,500 Individual 3 Individuals per Family	\$10,000 Individual 3 Individuals per Family
Lifetime Maximum Benefit	Unlimited	\$2,000,000	\$5,000,000		\$5,000,000	
Primary Care Physician Office Visit (office hours) Copay/Coinsurance	\$30 copay	30%	\$35 copay Deductible waived	30%	\$35 copay Deductible waived	30%
Specialist Office Visit Copay	\$50 copay	30%	\$45 copay Deductible waived	30%	\$45 copay Deductible waived	30%
Outpatient — Lab	\$0 copay	30%	0% Deductible waived	30%	0% Deductible waived	30%
Outpatient — X-ray	\$30 copay	30%	\$35 copay Deductible waived	30%	\$35 copay Deductible waived	30%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	\$250 copay	30%	0%	30%	0%	30%
Outpatient Physical, Occupational, Speech Therapy, (Professional Charges)	\$50 copay	30%	0%	30%	0%	30%
			20 visits per year PT/OT combined; 20 visits ST; Network and OON combined		20 visits per year PT/OT combined; 20 visits ST; Network and OON combined	
Durable Medical Equipment \$2500 per calendar year maximum, Net and OON combined	50%	50%	0%	30%	0%	30%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$30 copay	30%	\$35 copay Deductible waived	30%	\$35 copay Deductible waived	30%
Routine GYN (Frequency schedules apply)	\$50 copay	30%	\$45 copay Deductible waived	30%	\$45 copay Deductible waived	30%
Inpatient Hospital	\$500 per day; 5 day maximum	30%	0%	30%	0%	30%
Outpatient Surgery	\$300 copay	30%	0%	30%	0%	30%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	\$250 copay	Paid as In-Network	\$200 Copay, deductible waived	Paid as In-Network	\$250 Copay, deductible waived	Paid as In-Network
Urgent Care	\$75 copay	30%	\$75 copay Deductible waived	30%	\$75 copay Deductible waived	30%
Prescription Drugs: (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply; Mail Order: three times retail copay, (31 to 90 day supply available)	\$15/\$35/\$50	\$15/\$35/\$50 + 30%	\$15/\$40/\$60	Not covered	\$15/\$40/\$60	Not covered

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Out of Pocket maximums. Certain member cost sharing elements including Deductible, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Out of Pocket maximum. Once 3 individual members of a family each satisfy their Out of Pocket maximum separately, all family members will be considered as having met their Out of Pocket maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx CPOS 3500 100%-08		Tx CPOS 5000 100%-08		Tx HMO Family Plus-08	
	Network	Non-Network	Network	Non-Network	Network/Referred	Non-Network/Non-Referred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No	Yes	No
Network	HMO	N/A	HMO	N/A	HMO	N/A
<b>MEMBER BENEFITS</b>						
Member Coinsurance (Applies to most services)	0%	30%	0%	30%	0%	30%
Calendar-Year Deductible**	\$3,500 Individual 3 Individuals per Family	\$6,000 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$6,000 Individual 3 Individuals per Family	\$10,000 Individual \$10,000 Family*	\$20,000 Individual \$20,000 Family*
Out of Pocket Maximum*** (Deductible and certain payments do not apply)	\$1,500 Individual 3 Individuals per Family	\$12,000 Individual 3 Individuals per Family	\$1,500 Individual 3 Individuals per Family	\$12,000 Individual 3 Individuals per Family	\$2,500 Individual \$2,500 Family*	\$20,000 Individual \$20,000 Family*
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Primary Care Physician Office Visit (office hours) Copay/Coinsurance	\$35 copay Deductible waived	30%	\$35 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Specialist Office Visit Copay	\$45 copay Deductible waived	30%	\$45 copay Deductible waived	30%	0%	30%
Outpatient — Lab	0% Deductible waived	30%	0% Deductible waived	30%	0%	30%
Outpatient — X-ray	\$35 copay Deductible waived	30%	\$35 copay Deductible waived	30%	0%	30%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	0%	30%	0%	30%	0%	30%
Outpatient Physical, Occupational, Speech Therapy, (Professional Charges)	0%	30%	0%	30%	0%	30%
Durable Medical Equipment \$2500 per calendar year maximum, Net and OON combined	0%	30%	0%	30%	0%	30%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$35 copay Deductible waived	30%	\$35 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Routine GYN (Frequency schedules apply)	\$45 copay Deductible waived	30%	\$45 copay Deductible waived	30%	\$25 copay Deductible waived	30%
Inpatient Hospital	0%	30%	0%	30%	0%	30%
Outpatient Surgery	0%	30%	0%	30%	0%	30%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	\$250 Copay, deductible waived	Paid as In-Network	\$250 Copay, deductible waived	Paid as In-Network	\$250 Copay, deductible waived	Paid as In-Network
Urgent Care	\$75 copay Deductible waived	30%	\$75 copay Deductible waived	30%	0%	30%
Prescription Drugs: (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply; Mail Order: three times retail copay, (31 to 90 day supply available)	\$15/\$40/\$60	Not covered	\$15/\$40/\$60	Not covered	\$15 copay for Generic meds Member pays 100% for Brand	Not covered

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Out of Pocket maximums. Certain member cost sharing elements including Deductible, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Out of Pocket maximum. Once 3 individual members of a family each satisfy their Out of Pocket maximum separately, all family members will be considered as having met their Out of Pocket maximum for the remainder of the calendar year.

\*The Family Deductible and Out-of-Pocket maximum on the HMO Family Plus plan can be met by a combination of Family members or by any single Individual within the family. Once the Family Deductible or Out-of-Pocket maximum is met, all family members will be considered as having met their Deductible or Out-of-Pocket maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx Limited Benefit 50/50-08		Tx OAMC Basic 1500-08	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No
Network	Managed Choice	N/A	Managed Choice	N/A
<b>MEMBER BENEFITS</b>				
Member Coinsurance (Applies to most services)	50%	50%	20%	50%
Calendar-Year Deductible**	\$1,500 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family	\$1,500 Individual 3 Individuals per Family	\$3,000 Individual 3 Individuals per Family
Coinsurance Maximum*** (Deductible and certain payments do not apply)	\$5,000 Individual 3 Individuals per Family	\$10,000 Individual 3 Individuals per Family	\$5,000 Individual 3 Individuals per Family	\$10,000 Individual 3 Individuals per Family
Lifetime Maximum Benefit	\$5,000,000 Lifetime Maximum Benefit \$25,000 Annual Maximum Benefit		\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	50%	50%	\$35 - Deductible waived (3 visits per year, specialist & non-specialist combined at copay; additional visits subject to D&C)	50%
Specialist Office Visit Copay	50%	50%	See non-Specialist office visit	50%
Outpatient — Lab	50%	50%	20% (\$500 max benefit lab, x-ray & complex combined; Net & non-Net combined)	50% (\$500 max benefit lab, x-ray & complex combined; Net & non-Net combined)
Outpatient — X-ray	50%	50%	20% (\$500 max benefit lab, x-ray & complex combined; Net & non-Net combined)	50% (\$500 max benefit lab, x-ray & complex combined; Net & non-Net combined)
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	50%	50%	20% (\$500 max benefit lab, x-ray & complex combined; Net & non-Net combined)	50% (\$500 max benefit lab, x-ray & complex combined; Net & non-Net combined)
Outpatient Physical, Occupational, Speech Therapy, (Professional Charges)	50%	50%	See non-Specialist office visit	50%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Net and OON combined	50%	50%	Not covered	Not covered
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$35 copay Deductible waived	50%	See non-Specialist office visit	50%
Routine GYN (Frequency schedules apply)	\$35 copay Deductible waived	50%	See non-Specialist office visit	50%
Inpatient Hospital	50%	50%	20%	50%
Outpatient Surgery	50%	50%	20%	50%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	50%	Paid as In-Network	20%	Paid as In-Network
Urgent Care	50%	50%	20%	50%
Prescription Drugs: Retail 30-day supply; Mail Order Delivery: 3X retail copay, (90 day supply available)	\$15 copay for Generic meds Member pays 100% for Brand	\$15 copay + 30% for Generic meds Member pays 100% for Brand	\$15 copay for Generic meds Member pays 100% for Brand	\$15 copay + 30% for Generic meds Member pays 100% for Brand

Note: The Limited Benefit 50/50 and OAMC Basic 1500 plans may not cover mental health, substance abuse rehabilitation, DME and other medical services. Refer to the Limitations and Exclusions section of the plan documents for a complete list of exclusions.

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Coinsurance maximum. Certain member cost sharing elements including deductible, copays, pharmacy and penalties do not apply toward the Coinsurance maximum. Once 3 individual members of a family each satisfy their Coinsurance maximum separately, all family members will be considered as having met their Coinsurance maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx PPO 1000-08	
	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized
Referrals Required	No	No
Network	PPO	N/A
<b>MEMBER BENEFITS</b>		
Member Coinsurance (Applies to most services)	20%	40%
Calendar-Year Deductible**	\$1,000 3 member maximum	\$2,000 3 member maximum
Coinsurance Maximum*** (Deductible and certain payments do not apply)	\$3,000 3 member maximum	\$6,000 3 member maximum
Lifetime Maximum Benefit	\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	\$30 copay Deductible waived	40%
Specialist Office Visit Copay	\$40 copay Deductible waived	40%
Outpatient — Lab	0% Deductible waived	40%
Outpatient — X-ray	\$30 copay Deductible waived	40%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	20%	40%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic (Professional Charges)	20%	40%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Net and OON combined	50%	50%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$30 copay Deductible waived	40%
Routine GYN (Frequency schedules apply)	\$40 copay Deductible waived	40%
Inpatient Hospital	20%	40%
Outpatient Surgery	20%	40%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	20% after \$150 Copay, deductible waived	Paid as In-Network
Urgent Care	\$75 copay Deductible waived	40%
Prescription Drugs: (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply; Mail Order: three times retail copay, (31 to 90 day supply available)	\$15/\$35/\$50	Not covered

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once 3 individual members of a family each satisfy their Deductible amount separately, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Coinsurance maximum. Certain member cost sharing elements including deductible, copays, DME, pharmacy, mental health, substance abuse and penalties do not apply toward the Coinsurance maximum. Once 3 individual members of a family each satisfy their Coinsurance maximum separately, all family members will be considered as having met their Coinsurance maximum for the remainder of the calendar year.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Tx OAMC 3000 100% HSA-08		Tx OAMC 4000 100% HSA-08		Tx OAMC 5000 100% HSA-08	
	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
Out-of-Network Reimbursement Basis*	N/A	Recognized	N/A	Recognized	N/A	Recognized
Referrals Required	No	No	No	No	No	No
Network	Managed Choice	N/A	Managed Choice	N/A	Managed Choice	N/A
<b>MEMBER BENEFITS</b>						
Member Coinsurance (Applies to most services)	0%	30%	0%	30%	0%	30%
Calendar-Year Deductible**	\$3,000 per member \$6,000 family	\$6,000 per member \$12,000 family	\$4,000 per member \$8,000 family	\$8,000 per member \$16,000 family	\$5,000 per member \$10,000 family	\$8,000 per member \$16,000 family
Out of Pocket Maximum***	\$4,000 per member \$8,000 family	\$12,000 per member \$24,000 family	\$5,000 per member \$10,000 family	\$16,000 per member \$32,000 family	\$5,000 per member \$10,000 family	\$16,000 per member \$32,000 family
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	0%	30%	0%	30%	0%	30%
Specialist Office Visit Copay	0%	30%	0%	30%	0%	30%
Outpatient — Lab	0%	30%	0%	30%	0%	30%
Outpatient — X-ray	0%	30%	0%	30%	0%	30%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	0%	30%	0%	30%	0%	30%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic (Professional Charges)	0%	30%	0%	30%	0%	30%
	20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined		20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined	
Durable Medical Equipment \$2500 per calendar year maximum, Net and OON combined	0%	30%	0%	30%	0%	30%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	\$0 copay Deductible waived	30%	\$0 copay Deductible waived	30%	\$0 copay Deductible waived	30%
Routine GYN (Frequency schedules apply)	\$0 copay Deductible waived	30%	\$0 copay Deductible waived	30%	\$0 copay Deductible waived	30%
Inpatient Hospital	0%	30%	0%	30%	0%	30%
Outpatient Surgery	0%	30%	0%	30%	0%	30%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	0%	Paid as In-Network	0%	Paid as In-Network	0%	Paid as In-Network
Urgent Care	0%	30%	0%	30%	0%	30%
Prescription Drugs: Retail 30-day supply; Mail Order Delivery: 3X retail copay, (90 day supply available)	\$10/\$30/\$50 after Integrated Medical Deductible	\$10/\$30/\$50 + 30% after Integrated Medical Deductible	\$10/\$30/\$50 after Integrated Medical Deductible	\$10/\$30/\$50 + 30% after Integrated Medical Deductible	0% after Integrated Medical Deductible	0% after Integrated Medical Deductible

\*Payment for Non-Preferred facility care is determined based upon Aetna’s Allowable Fee Schedule. Payment for other Non-Preferred care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider. These charges are referred to in your plan documents as “recognized” charges.

\*\*Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. Expenses accumulate separately toward the preferred and non-preferred deductibles. No one family member may contribute more than the Individual Deductible amount toward the Family Deductible.

\*\*\*All covered expenses accumulate separately toward the preferred and non-preferred Out of Pocket maximum. Once the Family Out of Pocket maximum is met, all family members will be considered as having met their Out of Pocket maximum for the remainder of the calendar year. The Out of Pocket maximum for HSA compatible plans includes all expenses resulting from the application of coinsurance percentage, deductibles, and copays (except any penalty amounts). No one family member may contribute more than the Individual Out of Pocket Maximum toward the Family Out of Pocket Maximum.

For a summary list of Limitations and Exclusions, see pages 36-37.

**TEXAS MEDICAL PLANS**

AETNA PLAN OPTIONS	Indemnity
Out-of-Network Reimbursement Basis*	N/A
Referrals Required	N/A
Network	N/A
<b>MEMBER BENEFITS**</b>	
Member Coinsurance (Applies to most services)	30%
Calendar-Year Deductible*	\$1,000 3 member maximum
Coinsurance Maximum (Deductible and certain payments do not apply)	\$3,000***† 3 member maximum
Lifetime Maximum Benefit	\$5,000,000
Nonspecialist (Primary Physician) Office Visit (office hours) Copay/Coinsurance	30%
Specialist Office Visit Copay	30%
Outpatient — Lab	30%
Outpatient — X-ray	30%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scans)	40%
Outpatient Physical, Occupational, Speech Therapy, Chiropractic* (Professional Charges)	30% 20 visits per year Chiro/PT/OT combined; 20 visits ST; Preferred & Non-Preferred combined
Durable Medical Equipment \$2500 per calendar year maximum, Net and OON combined	50%
Routine Physical Exams — Adults and Well Child (Age and frequency schedules apply)	30%
Routine GYN (Frequency schedules apply)	30%
Inpatient Hospital	30%
Outpatient Surgery	30%
Emergency Room (Copay waived if admitted; non-emergency use of ER is not covered)	30%
Urgent Care	30%
Prescription Drugs: (Generic formulary/brand formulary/nonformulary) Retail: per 30-day supply; Mail Order: three times retail copay, (31 to 90 day supply available)	\$15/\$40/\$60 \$100 per member Rx deductible applicable to brand name medication

\*Not Covered.

\*\*Payment for out-of-network facility care is determined based upon Aetna’s allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a preferred provider. These charges are referred to in your plan documents as “reasonable” or “recognized” charges.

\*\*\*Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain approval for certain services such as non-emergency hospital care.

†Payment for Rx, mental disorders, DME, substance abuse and copayments do not apply and continue to be payable by the member after maximum is achieved. All other covered expenses accumulate separately toward the preferred and non-preferred coinsurance maximum. Three members must individually meet their coinsurance maximum before other family members will be considered to have met the maximum.

For a summary list of Limitations and Exclusions, refer to pages 36-37.

# Aetna Dental<sup>®</sup> plans

## Dental

With a variety of plan options to choose from, employers will now be able to offer employees a dental benefits and insurance plan to meet their needs, with rates that will give them a reason to smile. Choose from the dental benefits and insurance plan that works best from among six plan options consisting of various DMO, PDN and Indemnity plan designs and packages.

### The Mouth Matters<sup>SM</sup>

Research shows that more than 90 percent of all medical illnesses are detectable in the mouth. 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 an outreach program that 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. This program educates them about the impact oral health can have on their condition. For more information on enhanced dental benefits for pregnancy, please reference the Beginning Right maternity program in this brochure.

### Scheduled Indemnity plan (Option 1)

Members can choose any licensed dentist for services and pay deductibles and coinsurance up to an annual maximum. Members can be balance billed and may be required to file claims.

### Dental Maintenance Organization (DMO<sup>®</sup>) plan (Options 2 and 3)

The DMO is offered as a coinsurance plan with two different coverage levels, depending upon the plan option. 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 may 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.

### Participating Dental Network (PDN) plan (Options 3 – 7)

Members have the choice of using a dentist who participates in Aetna's network or choosing a licensed dentist who is not in the network. Participating dentists have agreed to offer members services at a negotiated rate and will not balance bill members.

### PDN Max plan

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

### Freedom-of-Choice plan design (Option 3)

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 PDN Max 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 first day of the following month.

### 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\* plan

In the Dual Option plan design the DMO may be packaged with any one of the PDN plans. Employees may choose between the DMO and PDN offerings at annual enrollment.

\*Dual Option does not apply to Voluntary Dental plans.

## Texas Aetna Small Group Dental Plans

Available with an Aetna Medical Plan to Groups with 2 - 50 Eligible Employees  
 Available without Medical Plan (Dental Standalone) to Groups with 3 - 50 Eligible Employees

	Option 1	Option 2	Option 3 Freedom-of-Choice — Monthly selection between the DMO and the PDN Max Plan	
	per schedule	DMO Plan Plan 67	DMO Plan 100/90/60	PDN Max Plan 100/70/40
Office Visit Copay	N/A	\$5	\$5	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	\$50; 3X Family Maximum	None	None	\$50; 3X Family Maximum
Annual Maximum Benefit	\$1,000	Unlimited	Unlimited	\$1,000
<b>Diagnostic Services</b>				
<i>Oral Exams</i>				
Periodic oral exam	\$13	No Charge	100%	100%
Comprehensive oral exam	\$22	No Charge	100%	100%
Problem-focused oral exam	\$43	No Charge	100%	100%
<i>X-rays</i>				
Bitewing – single film	\$7	No Charge	100%	100%
Complete series	\$41	No Charge	100%	100%
<b>Preventive Services</b>				
Adult cleaning	\$29	No Charge	100%	100%
Child cleaning	\$22	No Charge	100%	100%
Sealants – per tooth	\$18	No Charge	100%	100%
Fluoride application – with cleaning	\$27	No Charge	100%	100%
Space maintainers	\$60	\$80	100%	100%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	\$29	No Charge	90%	70%
Resin filling – 2 surfaces, anterior	\$33	No Charge	90%	70%
<i>Oral Surgery</i>				
Extraction – exposed root or erupted tooth	\$19	No Charge	90%	70%
Extraction of impacted tooth – soft tissue	\$51	\$60	90%	70%
<b>*Major Services</b>				
Complete upper denture	\$220	\$320	60%	40%
Partial upper denture (resin base)	\$180	\$320	60%	40%
Crown – Porcelain with noble metal	\$180	\$315	60%	40%
Pontic – Porcelain with noble metal	\$170	\$315	60%	40%
Inlay – Metallic (3 or more surfaces)	\$177	\$225	60%	40%
<i>Oral Surgery</i>				
Removal of impacted tooth – partially bony	\$66	\$80	60%	40%
<i>Endodontic Services</i>				
Bicuspid root canal therapy	\$140	\$180	90%	40%
Molar root canal therapy	\$167	\$300	60%	40%
<i>Periodontic Services</i>				
Scaling & root planing – per quadrant	\$39	\$60	90%	40%
Osseous surgery – per quadrant	\$183	\$375	60%	40%
<b>*Orthodontic Services</b>				
Orthodontic Lifetime Maximum	Not covered	\$2400 copay	\$2300 copay	Not covered
	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 Plan Options 2 & 3 and to the PPO in Plan Option 7.

Access to negotiated discounts: On the PDN plans in Plan Options 3-7, members are eligible to receive non-covered services at the PDN negotiated rate when visiting a participating PDN 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 Plan Options 2 & 3.

Plan Options 3, 4 & 7: PDN 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.

The DMO in Plan Option 2 can be offered with any one of the plans in Plan Options 1, 4, 5 or 6 in a Dual Option package.

Orthodontic coverage is available only to groups with 10 or more eligibles and to dependent children up to age 18 only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to pages 37–38.

## Texas Aetna Small Group Dental Plans

Available with an Aetna Medical Plan to Groups with 2 - 50 Eligible Employees  
 Available without Medical Plan (Dental Standalone) to Groups with 3 - 50 Eligible Employees

	Option 4	Option 5	Option 6	Option 7
	PDN Max Plan 100/80/50	PDN Plan 100/80/50	PDN Plan 100/80/50	PDN Max Plan — Aetna Dental Preventive Care <sup>SM</sup>
Office Visit Copay	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	None
Annual Maximum Benefit	\$1,000	\$1,500	\$2,000	Unlimited
<b>Diagnostic Services</b>				
<i>Oral Exams</i>				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
<i>X-rays</i>				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
<b>Preventive Services</b>				
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%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	80%	80%	80%	Discount
Resin filling – 2 surfaces, anterior	80%	80%	80%	Discount
<i>Oral Surgery</i>				
Extraction – exposed root or erupted tooth	80%	80%	80%	Discount
Extraction of impacted tooth – soft tissue	80%	80%	80%	Discount
<b>*Major Services</b>				
Complete upper denture	50%	50%	50%	Discount
Partial upper denture (resin base)	50%	50%	50%	Discount
Crown – Porcelain with noble metal	50%	50%	50%	Discount
Pontic – Porcelain with noble metal	50%	50%	50%	Discount
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	Discount
<i>Oral Surgery</i>				
Removal of impacted tooth – partially bony	50%	50%	50%	Discount
<i>Endodontic Services</i>				
Bicuspid root canal therapy	50%	50%	50%	Discount
Molar root canal therapy	50%	50%	50%	Discount
<i>Periodontic Services</i>				
Scaling & root planing – per quadrant	50%	50%	50%	Discount
Osseous surgery – per quadrant	50%	50%	50%	Discount
<b>*Orthodontic Services</b>				
Orthodontic Lifetime Maximum	Does not apply	\$1,000	\$1,500	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 Plan Options 2 & 3 and to the PPO in Plan Option 7.

Access to negotiated discounts: On the PDN plans in Plan Options 3-7, members are eligible to receive non-covered services at the PDN negotiated rate when visiting a participating PDN 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 Plan Options 2 & 3.

Plan Options 3, 4 & 7: PDN 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.

The DMO in Plan Option 2 can be offered with any one of the plans in Plan Options 1, 4, 5 or 6 in a Dual Option package.

Orthodontic coverage is available only to groups with 10 or more eligibles and to dependent children up to age 18 only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to pages 37–38.

**Texas Aetna Small Group Voluntary Dental Plans**

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

	Voluntary Option 1	Voluntary Option 2	Voluntary Option 3 Freedom-of-Choice — Monthly selection between the DMO and the PDN Max Plan	
	per schedule	DMO Plan Plan 67	DMO Plan 100/90/60	PDN Max Plan 100/70/40
Office Visit Copay	N/A	\$5	\$5	N/A
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	\$50; 3X Family Maximum	None	None	\$50; 3X Family Maximum
Annual Maximum Benefit	\$1,000	Unlimited	Unlimited	\$1,000
<b>Diagnostic Services</b>				
<i>Oral Exams</i>				
Periodic oral exam	\$13	No Charge	100%	100%
Comprehensive oral exam	\$22	No Charge	100%	100%
Problem-focused oral exam	\$43	No Charge	100%	100%
<i>X-rays</i>				
Bitewing – single film	\$7	No Charge	100%	100%
Complete series	\$41	No Charge	100%	100%
<b>Preventive Services</b>				
Adult cleaning	\$29	No Charge	100%	100%
Child cleaning	\$22	No Charge	100%	100%
Sealants – per tooth	\$18	No Charge	100%	100%
Fluoride application – with cleaning	\$27	No Charge	100%	100%
Space maintainers	\$60	\$80	100%	100%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	\$29	No Charge	90%	70%
Resin filling – 2 surfaces, anterior	\$33	No Charge	90%	70%
<i>Oral Surgery</i>				
Extraction – exposed root or erupted tooth	\$19	No Charge	90%	70%
Extraction of impacted tooth – soft tissue	\$51	\$60	90%	70%
<b>*Major Services</b>				
Complete upper denture	\$220	\$320	60%	40%
Partial upper denture (resin base)	\$180	\$320	60%	40%
Crown – Porcelain with noble metal	\$180	\$315	60%	40%
Pontic – Porcelain with noble metal	\$170	\$315	60%	40%
Inlay – Metallic (3 or more surfaces)	\$177	\$225	60%	40%
<i>Oral Surgery</i>				
Removal of impacted tooth – partially bony	\$66	\$80	60%	40%
<i>Endodontic Services</i>				
Bicuspid root canal therapy	\$140	\$180	90%	40%
Molar root canal therapy	\$167	\$300	60%	40%
<i>Periodontic Services</i>				
Scaling & root planing – per quadrant	\$39	\$60	90%	40%
Osseous surgery – per quadrant	\$183	\$375	60%	40%
<b>*Orthodontic Services</b>				
Orthodontic Lifetime Maximum	Not covered	\$2400 copay	\$2300 copay	Not covered
	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 2 & 3 and to the PPO in Voluntary Plan Option 6.

Access to negotiated discounts: On the PDN plans in Voluntary Plan Options 2-6, members are eligible to receive non-covered services at the pdn negotiated rate when visiting a participating pdn 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 2 & 3.

Voluntary Plan Options 3 & 6: PDN 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.

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.

Orthodontic coverage is available on the DMO in Voluntary Options 1 & 2 to groups with 10 or more eligibles and for dependent children up to age 18 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 pages 37–38.

**Texas Aetna Small Group Voluntary Dental Plans**

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

	Voluntary Option 4	Voluntary Option 5	Voluntary Option 6
	PDN Plan 100/80/50	PDN Plan 100/80/50	PDN Max Plan – Aetna Dental Preventive Care
Office Visit Copay	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	None
Annual Maximum Benefit	\$1,500	\$2,000	Unlimited
<b>Diagnostic Services</b>			
<i>Oral Exams</i>			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
<i>X-rays</i>			
Bitewing – single film	100%	100%	100%
Complete series	100%	100%	100%
<b>Preventive Services</b>			
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%
<b>Basic Services</b>			
Amalgam filling – 2 surfaces	80%	80%	Discount
Resin filling – 2 surfaces, anterior	80%	80%	Discount
<i>Oral Surgery</i>			
Extraction – exposed root or erupted tooth	80%	80%	Discount
Extraction of impacted tooth – soft tissue	80%	80%	Discount
<b>*Major Services</b>			
Complete upper denture	50%	50%	Discount
Partial upper denture (resin base)	50%	50%	Discount
Crown – Porcelain with noble metal	50%	50%	Discount
Pontic – Porcelain with noble metal	50%	50%	Discount
Inlay – Metallic (3 or more surfaces)	50%	50%	Discount
<i>Oral Surgery</i>			
Removal of impacted tooth – partially bony	50%	50%	Discount
<i>Endodontic Services</i>			
Bicuspid root canal therapy	50%	50%	Discount
Molar root canal therapy	50%	50%	Discount
<i>Periodontic Services</i>			
Scaling & root planing – per quadrant	50%	50%	Discount
Osseous surgery – per quadrant	50%	50%	Discount
<b>*Orthodontic Services</b>			
Orthodontic Lifetime Maximum	\$1,000	\$1,500	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 2 & 3 and to the PPO in Voluntary Plan Option 6.

Access to negotiated discounts: On the PDN plans in Voluntary Plan Options 2-6, members are eligible to receive non-covered services at the pdn negotiated rate when visiting a participating pdn 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 2 & 3.

Voluntary Plan Options 3 & 6: PDN 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.

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.

Orthodontic coverage is available on the DMO in Voluntary Options 1 & 2 to groups with 10 or more eligibles and for dependent children up to age 18 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 pages 37–38.

**Texas Out-of-State Plan Designs (Available only to employees residing outside of Texas)**

Available with an Aetna Medical Plan to Groups with 2 - 50 Eligible Employees  
 Available without Medical Plan (Dental Standalone) to Groups with 10 - 50 Eligible Employees

	Preferred Provider Benefits Plan (PPO) 1000 No Ortho	Preferred Provider Benefits Plan (PPO) 1000 No Ortho	Preferred Provider Benefits Plan (PPO) 1500 No Ortho	Preferred Provider Benefits Plan (PPO) 1500 No Ortho
	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
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	\$1,000	\$1,000	\$1,500	\$1,500
<b>Diagnostic Services</b>				
<i>Oral Exams</i>				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
<i>X-rays</i>				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
<b>Preventive Services</b>				
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%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	80%	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%	80%
<i>Oral Surgery</i>				
Extraction – exposed root or erupted tooth	80%	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%	80%
<b>*Major Services</b>				
Complete upper denture	50%	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%	50%
Crown – Porcelain with noble metal	50%	50%	50%	50%
Pontic – Porcelain with noble metal	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%
<i>Oral Surgery</i>				
Removal of impacted tooth – partially bony	50%	50%	50%	50%
<i>Endodontic Services</i>				
Bicuspid root canal therapy	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%
<i>Periodontic Services</i>				
Scaling & root planing – per quadrant	50%	50%	50%	50%
Osseous surgery – per quadrant	50%	50%	50%	50%
<b>**Orthodontic Services</b>				
Orthodontic Lifetime Maximum	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.

\*\*Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children up to age 18 only.

Access to negotiated discounts: On all Preferred Provider Benefits Plan (PPO) Max, members are eligible to receive noncovered services at the Preferred Provider Benefits Plan (PPO) negotiated rate when visiting a participating Preferred Provider Benefits Plan (PPO) dentist at any time, including during the Coverage Waiting Period.

Preferred Provider Benefits Plan (PPO) Max Nonpreferred (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.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Carolina, North Dakota, New Hampshire, New Mexico, South Dakota and Wyoming. Out-of-state employees in these states will receive a comparable Indemnity Dental Plan. The above list of covered services is representative. A full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 37–38.

**Texas Out-of-State Plan Designs (Available only to employees residing outside of Texas)**  
Available with an Aetna Medical Plan to Groups

	Preferred Provider Benefits Plan (PPO) 2000 No Ortho	Preferred Provider Benefits Plan (PPO) 2000 Ortho	Preferred Provider Benefits Plan (PPO) Voluntary 1000 No Ortho	Preferred Provider Benefits Plan (PPO) Voluntary 1000 Ortho
	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
Annual Deductible per Member does not apply to Diagnostic & Preventive Services	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$75; 3X Family Maximum	\$75; 3X Family Maximum
Annual Maximum Benefit	\$2,000	\$2,000	\$1,000	\$1,000
<b>Diagnostic Services</b>				
<i>Oral Exams</i>				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
<i>X-rays</i>				
Bitewing – single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
<b>Preventive Services</b>				
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%
<b>Basic Services</b>				
Amalgam filling – 2 surfaces	80%	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	80%	80%	80%
<i>Oral Surgery</i>				
Extraction – exposed root or erupted tooth	80%	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	80%	80%	80%
<b>*Major Services</b>				
Complete upper denture	50%	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%	50%
Crown – Porcelain with noble metal	50%	50%	50%	50%
Pontic – Porcelain with noble metal	50%	50%	50%	50%
Inlay – Metallic (3 or more surfaces)	50%	50%	50%	50%
<i>Oral Surgery</i>				
Removal of impacted tooth – partially bony	50%	50%	50%	50%
<i>Endodontic Services</i>				
Bicuspid root canal therapy	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%
<i>Periodontic Services</i>				
Scaling & root planing – per quadrant	50%	50%	50%	50%
Osseous surgery – per quadrant	50%	50%	50%	50%
<b>**Orthodontic Services</b>				
Orthodontic Lifetime Maximum	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.

\*\*Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children up to age 18 only.

OOS voluntary: 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 the 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 Preferred Provider Benefits Plan (PPO) Max, members are eligible to receive noncovered services at the Preferred Provider Benefits Plan (PPO) negotiated rate when visiting a participating Preferred Provider Benefits Plan (PPO) dentist at any time, including during the Coverage Waiting Period.

Preferred Provider Benefits Plan (PPO) Max Nonpreferred (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.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Carolina, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont and Wyoming. Out-of-state employees in these states will receive a comparable Indemnity Dental Plan. The above list of covered services is representative. A full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 37–38.

# Aetna Life and Disability Insurance

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 with valuable services at no additional cost. Employers will also benefit from streamlined plan installation, administration and claims processing. Or, if a Life solution is all they're looking for, simply choose from our portfolio of Group Basic Term Life insurance plans.

Life insurance customers have access to free investment planning services through an arrangement with Chase Bank, New York. The program is available to all beneficiaries regardless of their benefit payout and provides investment planning counseling from a Chase Financial Consultant through a toll-free number.

Aetna's Legal Reference Program\* offers free information on living wills and health care directives and access to basic will preparation services to plan members through an arrangement with ARAG, North America Inc.

## Life insurance

Life insurance is an inexpensive way to provide a death benefit for employees that will help them establish essential financial protection for themselves and their families. Aetna offers a wide range of flat dollar insurance options for basic employee term life insurance with rates guaranteed not to increase for a period of two years from the policy's effective date. Aetna Small Group life insurance plans automatically come with many value-added features including:

- **Accelerated death benefit** — Also called the “living benefit,” provides payment to terminally ill employees or spouses. The payment can be up to 50% of the life insurance benefit (minimum of \$5,000).
- **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 because of an illness or injury prior to age 60.

- **Guaranteed issue** — For Basic Term Life, coverage is individually “guaranteed issue” up to \$20,000 for groups with 2 – 9 eligible employees, \$75,000 for groups of 10 – 25 eligible employees and \$100,000 for groups of 26 – 50 eligible employees. For Packaged Life/Disability, the guaranteed issue amounts for groups of 2 – 50 eligible employees are \$10,000 for the Low Option and \$20,000 for the Medium Option. For the High Option, the guaranteed issue amount is \$20,000 for groups of 2 – 9 eligible employees and \$50,000 for groups of 10 – 50 eligible employees.
- **Optional dependent life insurance** — Ability 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 at flat amounts at employee expense.
- **Aetna Beneficiary Solutions™ program\*** — A program that provides an interest-bearing account, customized investment programs with confidential, free financial counseling through Chase Bank, New York, as well as Aetna's Legal Reference™ program for all beneficiaries.

\*For the Aetna Beneficiary Solutions Program, securities (including mutual funds and variable annuities) and investment advisory services are offered through Chase Investment Services Corp. (CISC) or affiliated broker/dealers. Annuities and insurance products are provided by various insurance companies and offered through Chase Insurance Agency, Inc. (CIA), a licensed insurance agency, doing business as Chase Insurance Agency Services, Inc. in Florida. CISC, a member of NASD/SIPC, and CIA are affiliates of JPMorgan Chase Bank, N.A. Products not available in all states. JPMorgan Chase Bank, N.A., and its affiliates do not offer legal or accounting advice to their clients. Clients are urged to consult with their own legal, accounting and tax advisors with respect to their specific situations. Aetna does not warrant or guarantee and makes no representations as to the quality of services offered by CISC. NOT A DEPOSIT. NOT FDIC INSURED. NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY. NOT GUARANTEED BY THE BANK. MAY GO DOWN IN VALUE. The Legal Reference Program is independently offered and administered by ARAG North America. Aetna does not participate in attorney selection or review, and does not monitor ARAG services, content (including web content) or network. Aetna does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG website, the services of ARAG or of any attorney in the ARAG network. Aetna does not credential or otherwise make any representations as to the quality or appropriateness of long-term care providers offering discounts to Aetna members.

## AD&D Ultra®

Accidental Death and Personal Loss Coverage, called AD&D Ultra is automatically included in all employee term life plans and as part of the streamlined Life and Disability package. AD&D Ultra provides a benefit up to the amount of group life insurance for certain accidental losses. Aetna calls it AD&D Ultra because it includes a 365-day covered loss period and fourteen standard benefit features that set the standard for accidental loss protection.

These 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

Disability insurance provides a partial 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.

Through Aetna Disability Services®, plan administration is easy and dependable:

- **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. Nurse case managers and vocational rehabilitation specialists are available to work with employees facing complex clinical and functional challenges to help achieve a positive outcome for the employee and cost-effective claim management for the employer.
- We align clinical and claim management experience with the nature and complexity of each claim to provide the right touch at the right time for the employer and their ill or injured employees.

## Packaged Life and Disability

Aetna offers a streamlined product that combines basic life, AD&D Ultra, dependent life and disability insurance coverages in one convenient package. To make it easy to choose, we've designed three alternatives that provide different levels of life and disability coverage for a set price — Low, Medium and High plans. These plans offer a range of flat dollar insurance options bundled together in one monthly per employee rate.

There are several advantages to choosing these options:

- One-stop shopping.
- Plans are designed to meet the business needs of small business owners.
- Simplified quotation process — no extra information is needed and rates are set.
- Streamlined plan installation, administration and claims processing.
- Specially designed Disability product, which is a combination of Short and Long Term Disability benefits that — at a crucial time — helps employees bridge from most employer-sponsored salary continuation to Social Security.
- The Disability portion of this product offers coverage for occupational and non-occupational injuries and illnesses.



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.

## BASIC EMPLOYEE TERM LIFE PLAN OPTIONS

### TERM LIFE BENEFITS

Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees Available with an Aetna Dental Plan for Groups with 10 – 50 Eligible Employees Available without Medical or Dental (Life Standalone) to Groups with 10-50 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 50% of Life Amount for terminal illness	Up to 50% of Life Amount for terminal illness
Guaranteed Issue	\$20,000	10-25 - \$75,000; 26-50 - \$100,000
Participation Requirements	100%	100% on non-contributory plans; 75% on contributory plans
Contribution Requirements	100% employer contribution	Minimum 50% employer contribution (excluding Optional Dependent Term)
<b>AD&amp;D ULTRA®</b>		
AD&D Schedule	Automatically included; same as Life plan	Automatically included; same as Life plan
Additional Features	Passenger restraint & airbag, education benefit for dependent child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss	
<b>OPTIONAL DEPENDENT TERM LIFE</b>		
Spouse Amount	Not available	\$5,000
Child Amount	Not available	\$2,000

Life products are underwritten by Aetna Life Insurance Company.

## PACKAGED LIFE & DISABILITY PLAN OPTIONS

### PACKAGED LIFE & DISABILITY BENEFITS

Available with an Aetna Medical Plan to Groups with 2 – 50 Eligible Employees  
 Available with an Aetna Dental Plan for Groups with 10 – 50 Eligible Employees  
 Available without Medical or Dental (Packaged Standalone) to Groups with 10-50 Eligible Employees

	Low Option	Medium Option	High Option
<b>BASIC LIFE PLAN DESIGN</b>			
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed Issue 2 – 9 Lives 10 – 50 Lives	\$10,000 \$10,000	\$20,000 \$20,000	\$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
Accelerated Death Benefit	Up to 75% of Life Amount	Up to 75% of Life Amount	Up to 75% 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
<b>DISABILITY PLAN DESIGN</b>			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits	Flat \$1,000; Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits
Elimination Period	30 days	30 days	30 days
Definition of Disability	20% earnings loss (80% earnings test)	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

## PACKAGED DENTAL, LIFE & DISABILITY PLAN OPTIONS

Life products are underwritten by Aetna Life Insurance Company.

	Low Option	Medium Option	High Option
<b>DENTAL</b>	Per schedule	Per schedule	Per schedule
Annual Deductible Per Member (Does not apply to Diagnostic & Preventive Services)	\$50; 3x family max	\$50; 3x family max	\$50; 3x family max
Annual Maximum Benefit	\$1,000	\$1,000	\$1,000
<b>DIAGNOSTIC SERVICES</b>			
<b>Oral Exams</b>			
Periodic oral exam	\$13	\$13	\$13
Comprehensive oral exam	\$22	\$22	\$22
Problem-focused oral exam	\$43	\$43	\$43
<b>X-rays</b>			
Bitewing — single film	\$7	\$7	\$7
Complete series	\$41	\$41	\$41
<b>PREVENTIVE SERVICES</b>			
Adult cleaning	\$29	\$29	\$29
Child cleaning	\$22	\$22	\$22
Sealants — per tooth	\$18	\$18	\$18
Fluoride application — with cleaning	\$27	\$27	\$27
Space maintainers	\$60	\$60	\$60
<b>BASIC SERVICES</b>			
Amalgam filling — 2 surfaces permanent	\$29	\$29	\$29
Resin filling — 2 surfaces permanent	\$33	\$33	\$33
Simple extraction	\$19	\$19	\$19
Extraction of impacted tooth — soft tissue	\$51	\$51	\$51
<b>MAJOR SERVICES<sup>1</sup></b>			
Complete upper denture	\$220	\$220	\$220
Partial upper denture (resin base)	\$180	\$180	\$180
Crown — Porcelain with noble metal	\$180	\$180	\$180
Pontic — Porcelain with noble metal	\$170	\$170	\$170
Inlay — Metallic (3 or more surfaces)	\$177	\$177	\$177
Removal of impacted tooth — partially bony	\$66	\$66	\$66
<b>Endodontic Services</b>			
Bicuspid root canal therapy	\$140	\$140	\$140
Molar root canal therapy	\$167	\$167	\$167
<b>Periodontic Services</b>			
Scaling & root planing — per quadrant	\$39	\$39	\$39
Osseous surgery — per quadrant	\$183	\$183	\$183
<b>ORTHODONTIC SERVICES<sup>1</sup></b>			
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply

<sup>1</sup>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.

**PACKAGED DENTAL, LIFE & DISABILITY PLAN OPTIONS (CONTINUED)**

Life products are underwritten by Aetna Life Insurance Company.

	Low Option	Medium Option	High Option
<b>BASIC LIFE</b>	Per schedule	Per schedule	Per schedule
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
Accelerated Death Benefit	Up to 75% of Face Amount	Up to 75% of Face Amount	Up to 75% of Face 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
<b>DISABILITY PLAN DESIGN</b>			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits	Flat \$1,000: Only offset Workers Compensation, Statutory, Disability and Primary and Family Social Security Benefits
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 30% earnings loss.
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
<b>RATES (per employee per month)</b>	<b>Single    Family</b>	<b>Single    Family</b>	<b>Single    Family</b>
2-9 eligible employees	\$23        \$42	\$31        \$51	\$49        \$79
10-25 eligible employees	\$22        \$40	\$30        \$49	\$47        \$75
26-50 eligible employees	\$21        \$38	\$29        \$47	\$46        \$73

# Limitations and exclusions

## Medical

These plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

### **Aetna CPOS, HMO and HMO Plus, QPOS & HMO**

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.
- Cosmetic surgery.
- Custodial care.
- Dental care and dental x-rays.
- Donor egg retrieval.
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial).
- Hearing aids.
- Home births.
- Immunizations for travel or work.

- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- 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.
- Nonmedically necessary services or supplies.
- Orthotics.
- Over-the-counter medications and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies, counseling and prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are

primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

### **Aetna Open Access MC, Preferred Provider Benefits Plan (PPO) & Indemnity**

- All medical or hospital services not specifically covered, or which are limited or excluded in the plan documents.
- Charges related to any eye surgery mainly to correct refractive errors.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and X-rays.
- Donor egg retrieval.
- Experimental and investigational procedures.
- Hearing aids.
- Immunizations for travel or work.
- 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.

- Nonmedically necessary services or supplies.
- Orthotics, as specified in the plan.
- Over-the-counter medications and supplies.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling.
- Special-duty nursing.
- Those for or related to treatment of obesity or for diet or weight control.

### **Pre-existing conditions exclusion provision**

This plan imposes a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable to you. A pre-existing conditions exclusion means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received or for which the individual took prescribed drugs within 3 months.

Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 3-month period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 12 months from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period.

If you had prior creditable coverage within 63 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 63 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 63-day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion.

In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any Certificates of Creditable Coverage you have. Please contact your Aetna Member Services representative at using the number on the back of the member ID card if you need assistance in obtaining a Certificate of Creditable Coverage from your prior carrier or if you have any questions on the information noted above.

## **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)\*
- PDN and Scheduled plans: Oral exams (2 routine and 2 problem-focused per year)

\*The frequency limits for these services will not apply to the DMO plans if they are needed more frequently due to medical necessity.

#### 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 & root planing (4 quadrants every 2 years)
- > Osseous surgery (1 per quadrant every 3 years)
- > Members who do not enroll within the first 31 days of becoming eligible may be subject to a late entrant penalty.
- > The waiting period may be waived in certain situations.
- All other limitations and exclusions in the plan documents.

#### Accidental Death and Personal Loss Coverage

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 criminal act.
- Use of alcohol, intoxicants or drugs, except as prescribed by a physician. An accident in which the blood alcohol level of the operator of the 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).

#### Disability

No benefits are payable if the disability:

- Is due to intentionally self-inflicted injury (while sane or insane).
- Results from your committing or attempting to commit, a criminal act.
- Is due to participation in an insurrection or rebellion.
- Is due to war or any act of war (declared or not declared).

\*The frequency limits for these services will not apply to the DMO plans if they are needed more frequently due to medical necessity.

\*\*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.

# Group enrollment checklist

Send paperwork to:  
Aetna Small Group  
4300 Centreway Place  
Arlington, TX 76018

## Submission Date

All new cases with 2 to 50 employees are preferred to be received by Aetna on or before the 5th business day prior to the requested effective date. Cases will be accepted until the last day of the month prior to the effective date. If a cutoff deadline occurs on a weekend, all new cases sold need to be received on the preceding Friday. If incomplete information is provided or if the submission is not complete until after the cut-off date, the case could be assigned a later effective date.

## Required for New Business

### Employer Master Application

Must be completed, signed and dated by employer.

### Copy of Sold Rates and Proposal

Must be signed by the employer and attached to the new case submission statement.

### Employer Disclosure

Must be signed and dated by the employer.

### Enrollment/Change Form/Medical Questionnaire

Should be completed and signed by each employee enrolling for coverage and any continuees.

Employees waiving/declining coverage must complete the waiver section of the Enrollment/Change form. If coverage is being waived due to other coverage, the carrier name, telephone number and group number must be listed.

Copy of most recent Quarterly Wage and Tax Statement (QWTS) containing the names, salaries, etc. of all employees of the employer group.

■ The QWTS must be signed and dated by the owner or officer of the company unless filed electronically. If filed electronically, please provide a copy of the electronic validation.

■ Employees who have terminated or work part-time must be noted accordingly on the QWTS. Terminated employees must have the date of termination listed on the QWTS.

■ Newly-hired employees not listed on the QWTS must provide the first and last month's payroll stub and registry/summary for each employee.

Sole Proprietor, Partners or Corporate Officers not reported on the Quarterly Wage and Tax form must submit a completed Small Employer (2-50) Proof of Eligibility Form. Also, as identified on the form, additional supporting documentation must be submitted.

If group coverage currently exists, a copy of the most recent prior carrier bill must be provided. Individuals contained on the bill should match those listed on the wage and tax statement. If not, please indicate on the bill why they are not on the wage and tax statement.

A check for 100% of the first month's medical, dental, STD and life premiums payable to "Aetna Health Management, L.L.C." (Aetna's receipt of the check does not guarantee acceptance of the group.)

## General Information

1. If applying for Preferred Provider Benefits Plan (PPO) or Indemnity medical, please list the prior carrier individual deductible \$ \_\_\_\_\_
2. If applying for dental, does dental coverage currently exist?  
 Yes  No
3. If yes and prior plan includes Orthodontia, please provide the prior plan Ortho Max. \_\_\_\_\_
4. Please note that additional documentation may be required (Common ownership, newly formed business, etc.) \_\_\_\_\_





For more information about Aetna's Small Business Solutions, please contact your local Aetna Sales Manager or the Small Group Service Center from 8 a.m. to 5 p.m. (CST).

Toll free # **1-866-899-4379**

Fax # **1-877-362-0870**

Mailing Address

PO Box 91507

Arlington, TX 76015-0007

Overnight Mailing Address

4300 Centreway Place

Arlington, TX 76018

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 may vary by location. Plan features and availability may vary by location and group size. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. Investment services are independently offered through HealthEquity, Inc.. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Programs provide access to discounted prices and are NOT insured benefits. Plan For Your Health is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features 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. Information is subject to change. Health benefits and health insurance plans contain exclusions and limitations.

We want you to know<sup>®</sup>



[www.aetna.com](http://www.aetna.com)