AARP® Essential Premier Health Insurance Plans for Individuals, Families and the Self-Employed, Insured by Aetna

New provisions effective September 23, 2010

This information is an addition to the printed materials you received.

The federal health care reform legislation, known as the Patient Protection and Affordable Care Act, was signed into law on March 23, 2010, by President Obama.

The following health care reform changes are effective on September 23, 2010:

- Dependent children up to age 26 are allowed coverage.
- Annual dollar limits for essential benefits will no longer be allowed (for example, the ambulance benefit will no longer have a per-trip maximum).
- Plans will now have an unlimited lifetime maximum.
- Copay and coinsurance obligations will be removed for in-network preventive services (that is, the $200 physical exam maximum will be eliminated).
- Dependent children (under 19 years of age) can no longer be denied because of a pre-existing condition.

Some previously printed materials do not reflect these changes. However, the new provisions **are in effect** for plans with an effective date on or after September 23, 2010. Your AARP Essential Premier Health Insurance Plan, insured by Aetna, **complies** with the new federal health care reform legislation.

Please note, in addition to health care reform changes, plans that cover only children are no longer available.

If you have any questions, please talk to your broker or call 1-866-660-4119.

AARP®
Essential Premier Health Insurance
insured by Aetna®

49.03.324.1 (8/10)

AARP® Essential Premier Health Insurance

A guide to understanding your choices and selecting an insurance plan

Arizona

AARP℠ | Health

Essential Premier Health Insurance

insured by Aetna®

13.02.316.1-AZ (01/09) B

How to use this guide

Here's how to use this guide to select and apply for the right AARP Essential Premier Health Insurance plan*, insured by Aetna, for you:

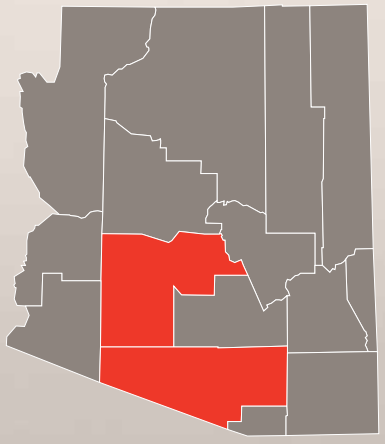
* AARP Essential Premier Health Insurance plans are medically underwritten by Aetna, and you may be declined coverage in accordance with your health condition.

AARP Essential Premier Health Insurance Plan is the name of the plan provided for AARP members by Aetna Life Insurance Company (Aetna). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

‡ AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

1. Is AARP® Essential Premier Health Insurance available in your area?

Arizona network map



Covered* counties are shaded in grey and red and listed below. Aexcel® Specialist Physician Network areas are shaded only in red. For more information, see plan details on pages 8-9.

* Networks may not be available in all ZIP codes and/or counties. Networks are subject to change.

** Aexcel Specialist Physician Network information can be found on page 7.

Network Counties

Apache
Cochise
Coconino
Gila
Graham
Greenlee
La Paz
Mohave
Navajo
Pinal
Santa Cruz
Yavapai
Yuma

Aexcel® Network Counties**

Maricopa
Pima

2. The many advantages of AARP® Essential Premier Health Insurance

Welcome to AARP Essential Premier Health Insurance, insured by Aetna

This Premier-level, major medical health insurance plan is similar to plans offered by many companies to their employees. It offers many advantages to you, including:

Family coverage

The plan offers you and your family quality coverage at an excellent value. You can apply for coverage for yourself, your spouse or domestic partner, and children and grandchildren. Coverage can include prescription drugs, doctor visits, hospitalization and upfront preventive care.

Choice

Choose from a wide range of health insurance plans, with different price and coverage levels. You can select from three (3) options: robust Premier PPO plans; High Deductible plans with tax-advantaged health savings accounts; or more affordable Preventive and Hospital Care plans.

Tax advantages

Our High Deductible plans are compatible with tax-advantaged Health Savings Accounts (HSAs). You can contribute money to your HSA tax free. That money earns interest tax free. And qualified withdrawals for medical expenses are tax free, too.

Coverage when you travel

Like to travel? You're covered by a nationwide network of doctors and hospitals that accept Aetna's negotiated fees. There is even reimbursable coverage for health care services when you travel internationally.

Help with health information

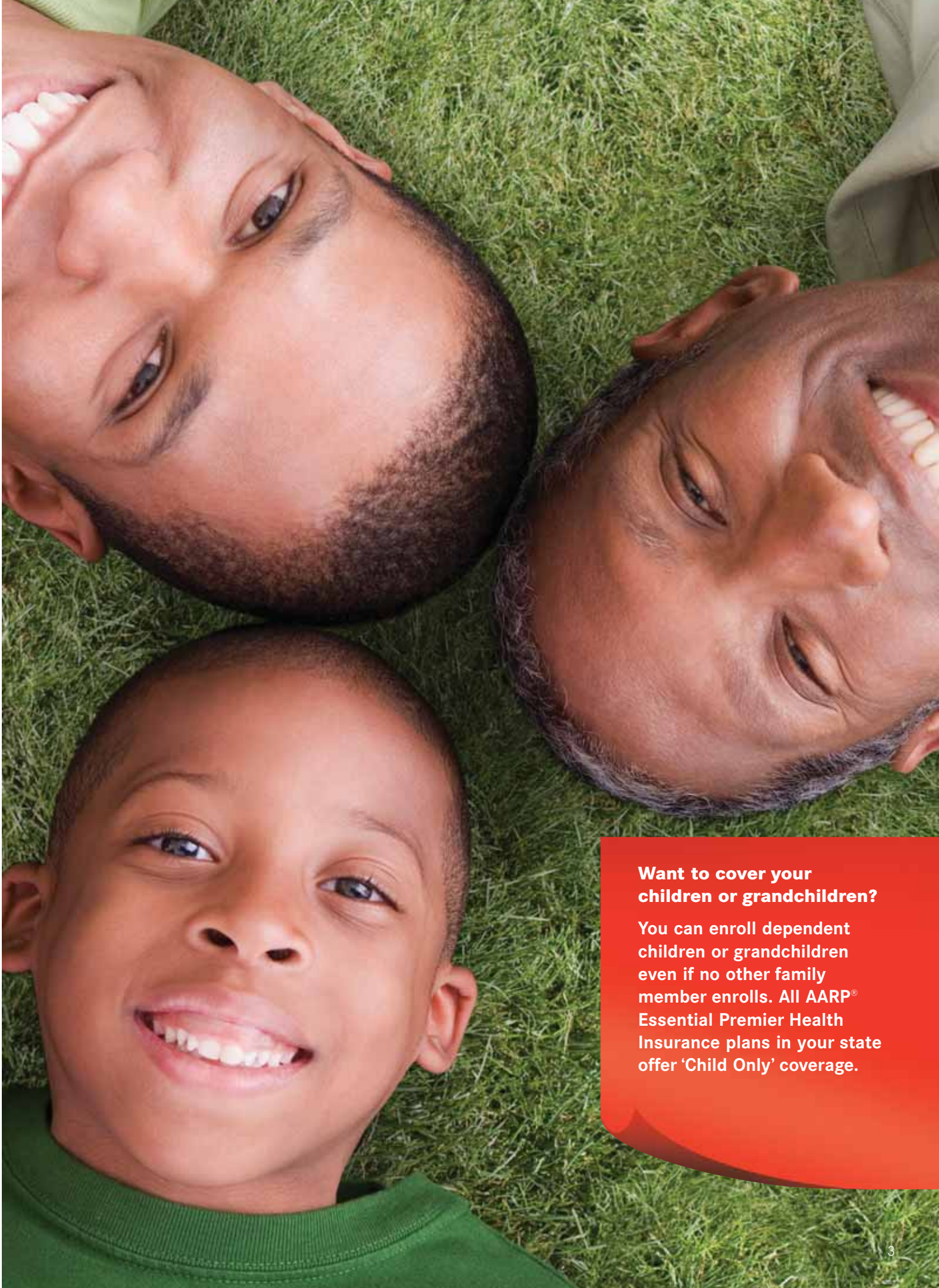
Need health information fast? We offer secure Internet access to reliable health tools and resources through Aetna Navigator®, Aetna's award-winning website for understanding and managing your health benefits. You can also call a registered nurse toll-free 24/7 through Aetna's Informed Health® Line.

Have questions or want a quote?

Call a company representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773). Ask about authorized independent insurance agents in your area.

Why Aetna?

Why did AARP select Aetna to make available health insurance for its members? Because Aetna is focused on addressing the needs of people aged 50 to 64, when insurance coverage is often unavailable or unaffordable. In addition to receiving quality, affordable coverage, eligible AARP members gain access to Aetna's innovative and personalized tools and services to help make better health care decisions.



Want to cover your children or grandchildren?

You can enroll dependent children or grandchildren even if no other family member enrolls. All AARP® Essential Premier Health Insurance plans in your state offer 'Child Only' coverage.

3. A variety of plans to fit a variety of needs

In your state, there are three (3) types of AARP® Essential Premier Health Insurance plans to choose from. One of these is probably right for your situation:

A. Premier PPO Plans:

Robust coverage, competitive premiums

- An excellent combination of quality coverage and competitively priced premiums.
- The freedom to see doctors whenever you need to, with no referrals needed.
- Covers preventive care, prescription drugs, doctor visits and hospitalization.
- No claim forms to fill out when you use a network provider.
- Three (3) plan options, based on an annual deductible of $1500, $2500 or $5000.

B. High Deductible (HSA Compatible) Plans:

Tax advantages, lower premiums

- Lower monthly premiums, with a higher annual deductible.
- Covers preventive care, prescription drugs, doctor visits and hospitalization.
- Should be paired with a Health Savings Account (HSA), which lets you pay for qualified medical expenses with tax-advantaged funds.
- See "HSA advantages" on page 5 for details.
- Two (2) plan options, based on an annual deductible of $3000 or $5000.

C. Preventive and Hospital Care Plans:

Basic coverage, lower premiums

- The most affordable premiums available.
- Covers preventive care, including annual GYN exam, well-child care and physical exam.
- Covers inpatient hospital stays, plus benefits for outpatient surgery, skilled nursing or home health care.
- Two plan options, based on an annual deductible of $1250 or $3000.

Note: This plan provides limited benefits only and does not constitute a major medical health insurance plan. It may not cover all expenses associated with your health care needs.

AARP Essential Premier Health Insurance plans are medically underwritten by Aetna and you may be declined coverage in accordance with your health condition.

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

AARP Health is a collection of health related products, services and insurance programs made available by AARP. Neither AARP nor its affiliate is the insurer. AARP contracts with insurers to make coverage available to AARP members. Insurers and providers pay a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

HSA advantages

A Health Savings Account (HSA) has many tax advantages. They are:

- You or an eligible family member can contribute to your HSA tax free.
- The dollars in your account earn interest tax free.
- When you take money out to pay for qualified health care expenses (including health insurance premiums for sole proprietors) before or after the deductible is met, that's tax free, too.
- Any money you haven't used at the end of the plan year rolls over to the next year. You can allow your HSA account to grow over time and use it to help pay for future health related expenses. You never lose it.
- You own your HSA. If you change jobs or health insurance plans, the money in your account is always yours and can be used in conjunction with another health plan.
- If you are age 55 or older (until enrolled in Medicare), you can also make additional catch-up contributions to your HSA.
- NOTE: If you choose one of the HSA plans for Child Only, an HSA account is not available for the child.

About premiums, deductibles and copays…

To get a plan with a lower monthly premium, look for one with a higher annual deductible or a higher copay (what you pay for a specific product or service when care is given).

A plan with higher monthly premiums typically has a lower deductible and/or copays.

Preventive care

Preventive care is covered right from the get-go, with no deductible applied:

- Flu shots (no copay; no physical exam needed). New for 2009!
- Routine office visits, GYN exams, mammograms and physical exams.
- Routine colonoscopies. New for 2009!
- First dollar upfront preventive pharmacy coverage on High Deductible Health Plans. New for 2009!

Have questions or want a quote?

Call a company representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773). Ask about authorized independent insurance agents in your area.

4. Tips on selecting the right plan for you

Choosing a good health plan for you and your family can be confusing. Here's some help. This chart offers you some tips on selecting the right plan for your unique situation, priorities and budget. Look for what's most important to you on the left, and you'll find suggested plans on the right.

If you…	Then consider…
Need an affordable policy with lower monthly premium payments…	Premier $2500 or $5000 Preventive and Hospital Care $1250 or $3000 High Deductible $3000 or $5000
Use only basic health care services and want to keep your monthly premium payments lower…	Premier $5000 Preventive and Hospital Care $1250 or $3000
Don't want to pay a lot for frequent doctor visits…	Premier $1500
Want a balance of lower cost and quality coverage…	Premier $2500
Want to cap the amount you'll spend on total medical expenses each year…	Premier $1500
Want a plan that works with a tax-advantaged Health Savings Account *(see page 5 for an explanation of HSAs)*…	Preventive and Hospital Care $3000 High Deductible $3000 or $5000
Think robust coverage is more important than the lowest possible cost…	Premier $1500

New for 2009!

Aetna's Aexcel® Specialist Physician Network*

Aexcel is Aetna's Performance Network giving you access to high performing specialists. Aexcel-designated specialty doctors and doctor groups are part of the Aetna health care network of providers who've met industry-accepted practices for clinical performance, and have met Aetna's efficiency standards.

For 2009 coverage there are 12 specialty categories: cardiology, cardiothoracic surgery, gastroenterology, general surgery, obstetrics and gynecology, orthopedics, otolaryngology/ENT, neurology, neurosurgery, plastic surgery, urology, and vascular surgery.

You don't need a referral to visit an Aexcel-designated doctor in any of the 12 categories. Your out-of-pocket costs will also be lower, because your benefits are considered in-network. If you choose a non-designated specialist in any of 12 categories, your out-of-pocket expenses will be higher because your claim will be reimbursed at the out-of-network level.

Prospective AARP® Essential Premier Health Insurance members can search our DocFind® online doctor directory at **www.aetna.com/docfind/custom/advplans**. Aexcel-designated doctors have a blue star next to their name. You can find more information on Aexcel designation in our Understanding Aexcel brochure. Simply click on the "Learn More" section.

* Aexcel designation is only a guide for choosing a physician. Members should confer with their existing physicians before making a decision. Designations have risk of error and should not be the sole basis for selecting a doctor. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage.

5. Compare the plans side by side

Easy-to-compare benefits charts

On the next two pages you'll see all the major features and benefits of each plan in chart form, making it easy to choose the plan that's right for you.

Which doctors and hospitals are in the network?

Visit www.aarphealthcare.com/aetna

Or call a company representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773).

Please see page 4 for more plan information or call 1-866-660-4081 with specific plan questions.

	1 PREMIER $1500 DEDUCTIBLE PLAN (You pay the amounts below)		2 PREMIER $2500 DEDUCTIBLE PLAN (You pay the amounts below)		3 PREMIER $5000 DEDUCTIBLE PLAN (You pay the amounts below)	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**
Deductible Individual / Family	$1,500/$3,000	$3,000/$6,000	$2,500/$5,000	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000	$2,500/$5,000	$2,500/$5,000	$2,500/$5,000
Out-of-Pocket Maximum *(Includes Deductible)* Individual / Family	$3,000/$6,000	$4,500/$9,000	$5,000/$10,000	$7,500/$15,000	$7,500/$15,000	$12,500/$25,000
Lifetime Maximum* per Insured	$5,000,000		$5,000,000		$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	$25 copay ded. waived	40% after deductible	$30 copay ded. waived	40% after deductible	$40 copay ded. waived	40% after deductible
Specialist Visit	$35 copay ded. waived	40% after deductible	$40 copay ded. waived	40% after deductible	$50 copay ded. waived	40% after deductible
Hospital Admission	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	$100 copay** (waived if admitted) 20% after deductible		$100 copay** (waived if admitted) 20% after deductible		$100 copay** (waived if admitted) 20% after deductible	
Annual Routine GYN Exam Annual Pap	$35 copay ded. waived	40% after deductible	$40 copay ded. waived	40% after deductible	$50 copay ded. waived	40% after deductible
Maternity	Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*	
Preventive Health Routine Physical *Aetna will pay up to $200.*	$25 copay ded. waived	40% after deductible	$30 copay ded. waived	40% after deductible	$40 copay ded. waived	40% after deductible
Lab / X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Skilled Nursing In lieu of hospital *30 days per calendar year**	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physical / Occupational Therapy *24 visits per calendar year* – Aetna will pay a max. of $25 per visit*	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Home Health Care In lieu of hospital *30 visits per calendar year**	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment *Aetna will pay up to $2,000 per calendar year**	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
PHARMACY						
Pharmacy Deductible Individual / Family	$250/$500 NA to generic	$250/$500 NA to generic	$500/$1,000 NA to generic	$500/$1,000 NA to generic	$500/$1,000 NA to generic	$500/$1,000 NA to generic
Generic *Oral Contraceptives Included*	$15 copay ded. waived	$15 copay plus 40% ded. waived	$15 copay ded. waived	$15 copay plus 40% ded. waived	$15 copay ded. waived	$15 copay plus 40% ded. waived
Preferred Brand *Oral Contraceptives Included*	$25 copay after deductible	$25 copay plus 40% after ded.	$25 copay after deductible	$25 copay plus 40% after ded.	$25 copay after deductible	$25 copay plus 40% after ded.
Non-Preferred Brand *Oral Contraceptives Included*	$40 copay after deductible	$40 copay plus 40% after ded.	$40 copay after deductible	$40 copay plus 40% after ded.	$40 copay after deductible	$40 copay plus 40% after ded.
Calendar Year Maximum per Individual*	$5,000		$5,000		$5,000	

* Maximum applies to combined in-and out-of-network benefits. For a full list of benefit coverage and exclusions refer to plan documents.

** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket max.

*** Aetna discount available.

4 HIGH DEDUCTIBLE $3000 PLAN (HSA COMPATIBLE) (You pay the amounts below)		5 HIGH DEDUCTIBLE $5000 PLAN (HSA COMPATIBLE) (You pay the amounts below)		6 PREV AND HOSP CARE $1250 DEDUCTIBLE PLAN (You pay the amounts below)		7 PREV AND HOSP CARE $3000 DEDUCTIBLE PLAN (HSA COMPATIBLE) (You pay the amounts below)	
In-Network	**Out-of-Network⁺**	**In-Network**	**Out-of-Network⁺**	**In-Network**	**Out-of-Network⁺**	**In-Network**	**Out-of-Network⁺**
$3,000/$6,000	$6,000/$12,000	$5,000/$10,000	$10,000/$20,000	$1,250/$2,500	$2,500/$5,000	$3,000/$6,000	$6,000/$12,000
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
$0/$0	$6,500/$13,000	$0/$0	$2,500/$5,000	$2,500/$5,000	$5,000/$10,000	$2,000/$4,000	$4,000/$8,000
$3,000/$6,000	$12,500/$25,000	$5,000/$10,000	$12,500/$25,000	$3,750/$7,500	$7,500/$15,000	$5,000/$10,000	$10,000/$20,000
$5,000,000		$5,000,000		$5,000,000		$5,000,000	
0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	$100 copay** (waived if admitted) 20% after deductible		$100 copay** (waived if admitted) 20% after deductible	
$0 copay ded. waived	40% after deductible	$0 copay ded. waived	40% after deductible	$0 copay ded. waived	40% after deductible	$0 copay ded. waived	40% after deductible
Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*	
$20 copay ded. waived	40% after deductible	$25 copay ded. waived	40% after deductible	$25 copay ded. waived	40% after deductible	$35 copay ded. waived	40% after deductible
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after ded. preoperative w/covered surgery only	40% after ded.	20% after ded. preoperative w/covered surgery only	40% after ded.
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered	Not covered	Not covered	Not covered
Integrated Medical/Rx Deductible		Integrated Medical/Rx Deductible		Not applicable	Not applicable	Not covered***	Not covered***
$0 copay after medical ded.	40% after med. ded.	0% after med. ded.	40% after med. ded.	$15 copay ded. waived	$15 copay plus 40% ded. waived	Not covered***	Not covered***
$0 copay after medical ded.	40% after med. ded.	0% after med. ded.	40% after med. ded.	Not covered***	Not covered***	Not covered***	Not covered***
$0 copay after medical ded.	40% after med. ded.	0% after med. ded.	40% after med. ded.	Not covered***	Not covered***	Not covered***	Not covered***
$5,000		$5,000		$5,000		Not applicable	Not applicable

+ Payment for out-of-network facility covered expenses is determined based on the Aetna Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

6. Three ways to apply*

Option One: Apply Online

1. Visit **www.aarphealthcare.com/aetna**.
2. Enter and submit your state, ZIP code and birth date.
3. Use the helpful information and tools to choose the best plan for you. (Or call toll free 1-866-660-4081 (TTY: 1-800-232-7773) if you would like to talk to a company representative.)
4. Click "Get a Quote" to find out your plan's approximate cost.
5. Complete the online application and use a check or credit card for payment.

Option Two: Apply by Mail

1. Fully complete the application included with this booklet. Be sure to indicate which payment method you will use.
2. Use the Rate Guide included with this booklet to find out how much your plan may cost.
3. Use the envelope provided to mail the completed application with your payment.

Option Three: Apply with an Agent

(An authorized independent insurance agent in your area)

1. Call 1-866-660-4081 toll free and ask your company representative if there's an authorized independent agent available in your area.
2. Meet with the agent in person or by phone.
3. The agent will help you complete the application.

After You Apply: Check the Status

1. Visit **www.aarphealthcare.com/aetna**.
2. Click the "Apply" button.
3. Enter your AARP membership information.
4. When prompted, enter your username and password to access your account.
5. Select the 'My Account' link in the upper right corner to be directed to your application's status.

* AARP Essential Premier Health Insurance plans are medically underwritten by Aetna, and you may be declined coverage in accordance with your health condition.

Special Aetna programs to help you manage your health

AARP® Essential Premier Health Insurance plans come with Aetna programs* offering special savings and services.

Aetna Rx Home Delivery®

With this optional program, you can order prescription drugs through Aetna's convenient and easy mail-order pharmacy. To learn more, visit **www.AetnaRxHomeDelivery.com**.

Aetna Weight Management℠ program†

You and eligible family members can save on weight-loss programs and products from Jenny Craig®. Start with a FREE 30-day trial membership. Then choose the 6-month or 12-month program that's right for you. You also receive one-on-one weight loss consultations, personalized menu planning, tailored activity planning, and much more.

Aetna Navigator® website

It's easy and convenient to look up health information and manage your health benefits. Any time day or night, log on to the secure Aetna Navigator website. Check the status of claims, estimate the costs of health care services, and much more.

Informed Health® Line

Get answers to your health questions, 24 hours a day, 7 days a week, by calling a toll-free hotline staffed by Aetna's team of registered nurses.

Aetna Natural Products and Services℠ program

You and eligible family members can get reduced rates on acupuncture, chiropractic care, massage therapy and diet counseling. This program also offers discounts on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.

Have questions or want a quote?

Call a company representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773). Ask about authorized independent insurance agents in your area.

* Discount and other similar health programs offered above 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. Availability varies by plan. Call 1-866-660-4081 for details.

Neither AARP nor Aetna endorses any vendor, product or service associated with these programs. It is not necessary to be a member of an AARP plan to access the program participating providers.

† Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases. Additional weekly food discounts will grow throughout the year, based on active participation.

Things to know before you apply

To qualify for an AARP® Essential Premier Health Insurance plan, you must be:

- Between the ages of 50 and 64-3/4 (if you are applying as a couple, both you and your spouse or domestic partner must be under 64-3/4), and
- Under age 19 for eligible dependent* children; between ages 19 and 25 for unmarried eligible dependent children with proof of full-time student status, and
- A legal resident in a state with products offered by these plans, and
- A legal U.S. resident for at least 6 continuous months, and
- An AARP member. However, you do not need to be a member to get a quote.

Your premium payments

Your premium payments are guaranteed not to increase for 6 months from your effective date. After that, your premiums may change. Final rates are subject to a review of your health history (also known as an "underwriting review").

Your coverage

Your coverage will remain in effect as long as you pay the required premiums on time, and as long as you maintain AARP membership eligibility. Your coverage will end, for example, if you:

- Do not pay premiums on time, or
- Do not meet residency requirements, or any other eligibility requirements noted above, or
- Have or obtain similar coverage (duplicate coverage) from another insurance company, or
- Become ineligible for other reasons permitted by law. For more information, see the Disclosure Document included with this brochure.

Medical underwriting

- AARP Essential Premier Health Insurance plans are medically underwritten by Aetna, and you may be declined coverage depending on your health condition.
- AARP Essential Premier Health Insurance plans are not guaranteed issue plans and require a review of your health history (called "medical underwriting").
- Some people may be federally eligible under the Health Insurance Portability and Accountability Act (HIPAA) for a special guaranteed issue plan under Arizona laws and regulations.
- All applicants, enrolling spouses or domestic partners and dependents are subject to medical underwriting to determine eligibility and appropriate rate levels.
- Aetna offers various rate levels based on the known health and medical risk factors of each applicant.

Rate levels and enrollment

After processing of your application, you may be:

- Enrolled in your selected plan at the standard premium charge (lowest rate available), or
- Enrolled in your selected plan at a higher rate, based on medical findings, or
- Declined coverage, based on significant medical risk factors.

Duplicate coverage

If you currently have major medical coverage through another insurer, you must agree to discontinue that coverage before or on the effective date of your AARP Essential Premier Health Insurance Plan. Do not cancel your current insurance until you are notified you have been accepted for coverage.

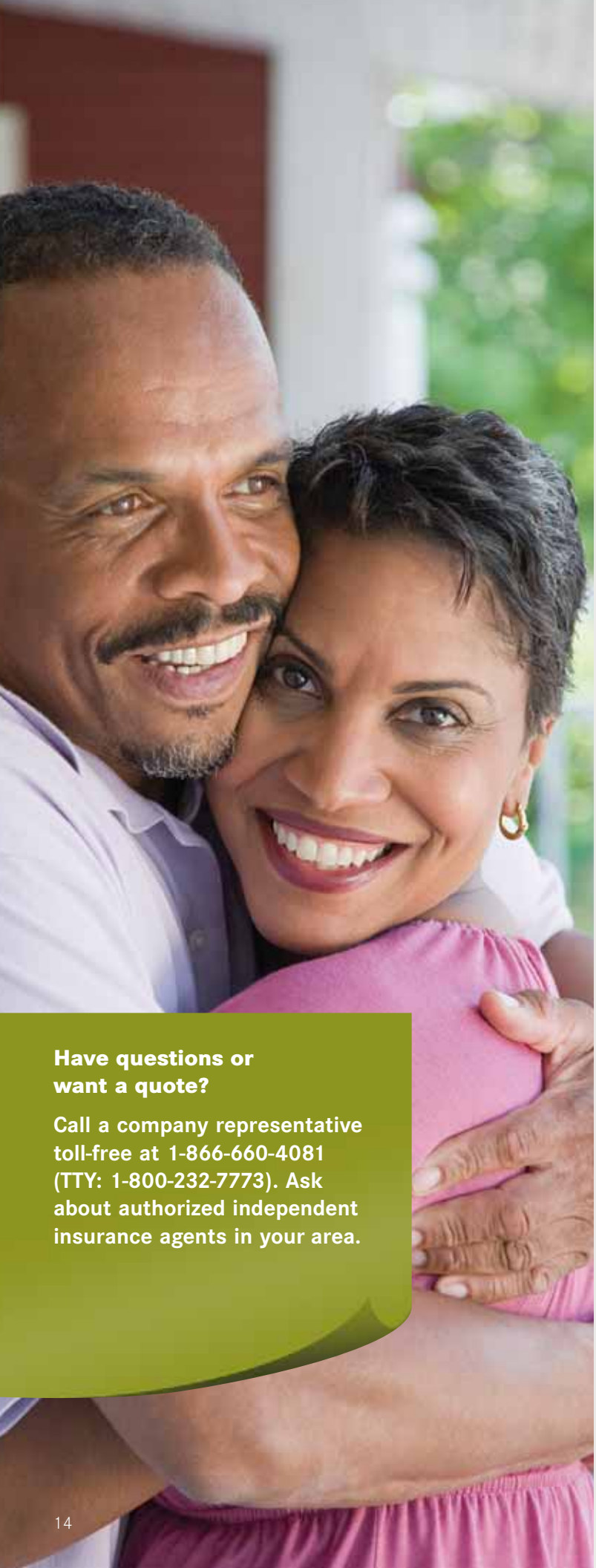
Pre-existing conditions

- During the first 12 months after your effective date of coverage, no coverage will be provided for treatment of a pre-existing condition unless you have prior creditable coverage. A “pre-existing condition” is any physical or mental condition you’ve been diagnosed or treated for before the date your coverage begins. “Prior creditable coverage” is a person’s prior medical coverage as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See the Words To Know section of this booklet for more information on creditable coverage.
- You are considered to have prior creditable coverage if the difference between the prior coverage termination date and signature date on your application is NOT greater than 63 days.
- Prior creditable coverage does not guarantee acceptance into the AARP Essential Premier Health Insurance plan, insured by Aetna.
- Plans are medically underwritten, and you must submit a completed application.
- If you have prior creditable coverage within 63 days immediately before the signature date on your application, then the pre-existing conditions exclusion of the plan will be waived.

* An eligible dependent is defined as an unmarried person age 0 through age 18, and through age 24 (subject to state mandates) if a full time student and is primarily dependent upon an AARP member for support and maintenance and is one of the following: natural child, stepchild, legally adopted child, child placed for adoption, child for whom legal guardianship has been awarded to the AARP member, or relative of the AARP member by blood or marriage.

Have questions or want a quote?

Call a company representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773). Ask about authorized independent insurance agents in your area.



Have questions or want a quote?

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Limitations and exclusions

The health insurance plans in this booklet do not cover all health care expenses, and they include exclusions and limitations. Refer to plan documents to determine which health care services are covered and to what extent.

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

- Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies.
- Private duty nursing.
- Personal care services and home care services not stated in the plan description.
- Non-replacement fees for blood and blood products.
- Dental work or treatment, unless otherwise specified in covered services, including hospital or professional care in connection with:
  - The operation or treatment for fitting or wearing of dentures
  - Orthodontic care
  - Dental implants
  - Experimental services
- Immunizations related to foreign travel.
- The purchase, examination or fitting of hearing aids and supplies, and tinnitus maskers, unless included as a covered benefit.
- Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports, or exams for their prescription or fitting, unless these services are determined to be medically necessary.

- Inpatient admissions primarily for physical therapy unless authorized by the plan.
- Charges in connection with pregnancy care, other than for pregnancy complications.
- Treatment of sexual dysfunction not related to organic disease.
- Services to reverse a voluntary sterilization.
- In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, or cryogenic or other preservation techniques used in these or similar procedures.
- Practitioner, hospital or clinical services related to the procedure commonly referred to as "Lasik Eye Surgery," including radial keratomy, myopi keratomileusis, and surgery that involved corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error.
- Nonmedical ancillary services such as vocational rehabilitation, employment, counseling, or educational therapy.
- Services that are not medically necessary.
- Medical expenses for a pre-existing condition, for the first 12 months after the member's effective date. Look-back period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature of the application, then the pre-existing conditions exclusion of the plan will be waived. See the "Words To Know" section of this booklet for more information on pre-existing conditions and prior creditable coverage.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regiments and supplements, appetite suppressants and other medication: 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.

10-day right to review

- Do not cancel your current insurance until you're notified you've been accepted for coverage.
- Aetna will review your application to determine if you meet underwriting requirements. If you're denied, you will be notified by mail. If approved, you'll be sent an AARP Essential Premier Health Insurance contract and ID card.
- If, after reviewing the contract, you are not satisfied for any reason, simply return the contract to us within 10 days of your receipt. We will refund any premium you have paid, less the cost of any services paid on behalf of you or any covered dependent.

Glossary–Words To Know

Here are definitions of some commonly used health insurance terms. They may help you make more informed decisions about your health care coverage. (For more terms, please visit www.planforyourhealth.com.)

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)
Some employers are mandated by law to offer terminated employees the option to continue their health coverage for up to 18 months. The employee pays the full premium, up to 102% of the employer's cost (the extra 2% is the administration fee). You have 63 days to enroll, and when you do, coverage is retroactive.

COBRA covers ALL members of your family from the date of your termination, so if your spouse or domestic partner has a pre-existing condition that a new, cheaper policy might not cover, you can elect to keep COBRA for him or her. If you're considering COBRA, be sure to get more information from your employer.

Copay
After you've met your annual deductible amount, this is the fixed dollar amount you pay for a specific medical service, product or prescription drug. For example, a plan might state your copay for a doctor office visit is $25, while the insurance company pays the rest of the cost.

Coinsurance
Similar to a copayment, with one exception: the amount you pay for covered medical services is expressed as a percentage instead of a dollar amount. So, for example, if your plan's hospitalization coinsurance is 20%, it means you'll pay 20% of total hospital fees while the insurance company pays the other 80%.

Deductible
The amount you pay for covered services in a specified time period before the plan will pay benefits. For a plan requiring a $1,000 annual deductible, for instance, you'll pay $1,000 out of your pocket for medical expenses each year before the insurance company starts paying for anything. (Typically, the higher your deductible, the lower your monthly premium).

HSA (Health Savings Account)
A tax-advantaged financial account, with various restrictions, that helps cover current and future medical expenses.

Lifetime Maximum
The total dollar amount of benefits you may receive, or the limited number of particular services you may receive, over the term of the policy.

Look-Back Period
When you enroll for health insurance, you must report any medical conditions for which you have been diagnosed or treated during the "look-back" period. For example, if a health plan has a five-year look-back period, you have to report conditions you had treated in the last five years. Based on your answers, you'll either be accepted, denied or accepted with a pre-existing condition "waiting period" — the time you must wait before your pre-existing conditions can be covered.

Out-of-Pocket Costs
Premiums, copayments, deductibles, coinsurance or other fees you're required to pay outside of your health benefits plan.

Out-of-Pocket Maximums
After you meet your annual deductible, this is the most coinsurance dollars you'll have to pay in a single year.

Pre-existing Conditions
Any physical or mental condition you've been diagnosed or treated for before the date your health coverage begins.

Premium
The fee you pay, usually monthly, to an insurance company to be covered by a health insurance plan.

Primary Care Physician
A doctor who provides, coordinates or arranges for care to patients, and takes continuing responsibility for providing a patient's care.

Prior Creditable Coverage
A person's prior medical coverage, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This coverage includes: health coverage issued on a group or individual basis; Medicare; Medicaid; health care for members of the uniformed services; a program of the Indian Health Service; a state health benefits risk pool; the Federal Employees' Health Benefit Plan (FEHBP); a public health plan (any plan established by a State, the government of the United States, or any subdivision of a State or of the government of the United States, or a foreign country); any health benefit plan under Section 5(e) of the Peace Corps Act; and the State Children's Health Insurance Program (SCHIP).

Referrals
A doctor's and/or health plan's recommendation for you to receive care from a different physician, specialist or facility.

Specialist
A doctor who has completed an approved residency, passed an examination given by a medical specialty board, and has been certified as a specialist in a medical area.

Underwriting
The process insurance companies use to evaluate the costs of insuring you and determining if you're eligible for coverage. It can involve asking medical questions or requiring health exams. If you're eligible for coverage, your rate level (and your premiums) will be based on this underwriting.

AARP Essential Premier Health Insurance plans are medically underwritten by Aetna and you may be declined coverage in accordance with your health condition.

AARP Health is a collection of health related products, services and insurance programs available through AARP. Neither AARP nor its affiliate is the insurer. AARP contracts with insurers to make coverage available to AARP members.

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

AARP endorses these plans. Aetna Life Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are for the general purposes of AARP and its members.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

If you need this material translated into another language, please call 1-866-660-4081 (TTY: 1-800-232-7773).

Si usted necesita este documento en otro idioma, por favor llame al 1-866-660-4081.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health insurance plans contain exclusions and limitations.

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are NOT insured benefits. Information subject to change.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc. that operates through mail order.

AARP Health

Essential Premier Health Insurance

insured by Aetna

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