Take charge of your health. We're here to help.

Aetna Advantage plans for individuals, families and the self-employed

Delaware

A guide to understanding your choices and selecting a quality health insurance plan.

We want you to know®

Aetna®

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Here are your Aetna Advantage plan choices

For specifics on these health insurance plans, see the charts beginning on page 4.

All PPO Plans, PPO Value Plans, PPO High Deductible Plans and PPO First Dollar Plans include:

- Access to Aetna's nationwide network. Your out-of-pocket costs may be lower if you choose from among the many participating physicians and hospitals within this nationwide network
- Unlimited office visits to your primary care physician and specialists (copays, deductibles and coinsurance apply to PPO Value plans)
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist
- No waiting period to access preventive health (routine physicals)
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs
- Routine physicals include lab work and X-rays
- 100% coverage on in-network childhood immunizations

PPO Value Plans

- Lower monthly premiums (that's the "Value" part).
- Nominal copay for first two (2) doctor's office visits; deductible and coinsurance apply for three (3) or more.
- No deductible for generic prescription drugs.

PPO First Dollar Plans

- Freedom from deductibles when you choose an Aetna medical provider.
- Lower copay for in-network provider visits.
- No deductible for generic prescription drugs.

PPO High Deductible Plans (HSA Compatible)

- 100% coverage in network after your deductible is met
- Lower monthly premiums, high annual deductibles (at least $3,000 for individuals and $6,000 for families).
- Can be paired with a tax-advantaged Health Savings Account (HSA).

About HSAs…

A Health Savings Account, or HSA, is a personal account that lets you pay for qualified medical expenses with tax-advantaged funds. You or an eligible family member make contributions to your HSA tax-free, and those dollars earn interest tax-free. Then, when you make withdrawals from your account to pay for qualified health care expenses, they're tax-free, too.

To establish a Health Savings Account…

First enroll in an Aetna HSA-compatible High Deductible Health Plan. Then request HSA enrollment materials by calling 1-800-694-3258 or visiting **www.aetnaindividualhsa.com** to view and download the materials.

Why Choose an Aetna HealthFund HSA?

- No set-up fees
- No monthly administration fee
- No withdrawal forms required
- Convenient access to HSA funds via debit card or checkbook
- Track HSA activity through Aetna Navigator®

The HSA Investment Account allows you a number of different ways to invest for the future, complementing the interest earning HSA Cash Account.

Aetna Advantage Plans for individuals, families and the self-employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust.

In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

Looking for a lower cost plan?

Our Preventive and Hospital Care plan include:

- Preventive care
- Annual GYN exams (annual Pap/Mammogram)
- Well-child care (includes immunizations)
- Routine physical exams
- Coverage for: inpatient hospital care, outpatient surgery, skilled nursing or home health care in lieu of a hospital stay

Add Dental PPO Max

With the Aetna Advantage Dental PPO Max insurance plan, you can obtain services from either a participating or non-participating dentist. *Participating dentists have agreed to provide services at a negotiated rate for both covered services, as well as non-covered services such as cosmetic tooth whitening and orthodontic care, so you generally pay less out-of-pocket.* You also have the flexibility to visit a dentist who does not participate in Aetna's network, though you will not benefit from negotiated fees. Dental is offered only if medical coverage is obtained.

Want to cover your children only?

All Aetna Advantage plans are available for children only, which means you can enroll your child even if no other family member enrolls. Coverage includes immunizations, well-child visits, emergency room and dental preventive services (if dental is selected). Note: when an HSA Compatible plan is selected for child only enrollment, an HSA account is not available for the child.

Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Visit **www.aetna.com/docfind/custom/advplans**. *Or call* your broker *and ask for a directory of providers.*

Aetna's Delaware service areas*

Your rates will depend on the area in which your county is located.

AREA 1

New Castle	Kent	Sussex

Aexcel specialist network**

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

** For PPO Plans Only: The Aetna Performance Network® features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ENT, Neurology, Neurosurgery, Plastic Surgery, Urology, and Vascular Surgery. Aetna members in the designated counties must choose Aexcel-designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists. You'll find them by looking for the star next to the doctors' names at www.aetna.com/docfind/custom/advplans or in your printed directory.

PPO FIRST DOLLAR PLAN OPTIONS

	PPO First Dollar 25		PPO First Dollar 35	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**
Deductible Individual Family	$0 $0	$5,000 $10,000	$0 $0	$7,000 $14,000
Coinsurance (Member's responsibility)	25% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	35% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied		*$0 once out-of-pocket max. is satisfied*	
Coinsurance Maximum Individual Family	$6,000 $12,000	$5,000 $10,000	$7,500 $15,000	$5,500 $11,000
Out-of-Pocket Maximum Individual Family	$6,000 $12,000	$10,000 $20,000	$7,500 $15,000	$12,500 $25,000
	Includes deductible		*Includes deductible*	
Lifetime Maximum* per insured	$5,000,000		$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$25 copay	50% after deductible	$35 copay	50% after deductible
Specialist Visit *Unlimited visits*	$35 copay	50% after deductible	$45 copay	50% after deductible
Hospital Admission	25%	50% after deductible	35%	50% after deductible
Outpatient Surgery	25%	50% after deductible	35%	50% after deductible
Urgent Care Facility	$50 copay	50% after deductible	$50 copay	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 25% coinsurance		$100 copay** (waived if admitted) 35% coinsurance	
Annual Routine Gyn Exam *No waiting period,* *No calendar year max.* Annual Pap/Mammogram	$0 copay	50% after deductible	$0 copay	50% after deductible
Maternity	Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* *No waiting period*	$25 copay	50% after deductible	$35 copay	50% after deductible
	Includes lab work and X-rays		*Includes lab work and X-rays*	
Lab/X-Ray	25%	50% after deductible	35%	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	25%	50% after deductible	35%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care *24 visits per calendar year**	25%	50% after deductible	35%	50% after deductible
	Aetna will pay a max. of $25 per visit		*Aetna will pay a max. of $25 per visit*	
Home Health Care — in lieu of hospital *30 visits per calendar year**	25%	50% after deductible	35%	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2,000 per calendar year**	25%	50% after deductible	35%	50% after deductible
PHARMACY				
Pharmacy Deductible per individual	$250	$250	$500	$500
	Does not apply to generic		*Does not apply to generic*	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$35 copay after deductible	$35 copay plus 50% after deductible	$35 copay after deductible	$35 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$50 copay after deductible	$50 copay plus 50% after deductible	$50 copay after deductible	$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	$5,000	$5,000	$5,000	$5,000

* Maximum applies to combined in and out-of-network benefits.

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

\+ Payment for out-of-network facility covered expenses is determined based on Aetna's 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.

PPO PLAN OPTIONS

	PPO 1500		PPO 2500		PPO 5000	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**
Deductible Individual Family	$1,500	$3,000	$2,500 $5,000	$5,000 $10,000	$5,000 $10,000	$10,000 $20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied		*$0 once out-of-pocket max. is satisfied*		*$0 once out-of-pocket max. is satisfied*	
Coinsurance Maximum Individual Family	$1,500 $3,000	$7,000 $14,000	$2,500 $5,000	$5,000 $10,000	$2,500 $5,000	$2,500 $5,000
Out-of-Pocket Maximum Individual Family	$3,000 $6,000	$10,000 $20,000	$5,000 $10,000	$10,000 $20,000	$7,500 $15,000	$12,500 $25,000
	Includes deductible		*Includes deductible*		*Includes deductible*	
Lifetime Maximum* per insured	$5,000,000		$5,000,000		$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	$25 copay deductible waived	50% after deductible	$30 copay deductible waived	50% after deductible	$40 copay deductible waived	50% after deductible
Specialist Visit *Unlimited visits*	$35 copay deductible waived	50% after deductible	$40 copay deductible waived	50% after deductible	$50 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible	$50 copay deductible waived	50% after deductible	$50 copay deductible waived	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible		$100 copay** (waived if admitted) 20% coinsurance after deductible		$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period,* *no calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible	$0 copay deductible waived	50% after deductible	$0 copay deductible waived	50% after deductible
Maternity *$2,000 copayment*	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 per exam* *No waiting period*	$25 copay deductible waived	50% after deductible	$30 copay deductible waived	50% after deductible	$40 copay deductible waived	50% after deductible
	Includes lab work and X-rays		*Includes lab work and X-rays*		*Includes lab work and X-rays*	
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care *24 visits per calendar year**	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	Aetna will pay a max. of $25 per visit		*Aetna will pay a max. of $25 per visit*		*Aetna will pay a max. of $25 per visit*	
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2,000* *per calendar year**	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY						
Pharmacy Deductible per individual	$250	$250	$500	$500	$500	$500
	Does not apply to generic		*Does not apply to generic*		*Does not apply to generic*	
Generic *Oral Contraceptives Included*	$15 copay deductible waived	$15 copay plus 50% deductible waived	$15 copay deductible waived	$15 copay plus 50% deductible waived	$15 copay deductible waived	$15 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$35 copay after deductible	$35 copay plus 50% after deductible	$35 copay after deductible	$35 copay plus 50% after deductible	$35 copay after deductible	$35 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	$50 copay after deductible	$50 copay plus 50% after deductible	$50 copay after deductible	$50 copay plus 50% after deductible	$50 copay after deductible	$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000

* Maximum applies to combined in and out-of-network benefits.

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

\+ Payment for out-of-network facility covered expenses is determined based on Aetna's 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.

++ Optional maternity coverage available, call your broker or 1-800-MyHealth for information or a quote.

PPO HIGH DEDUCTIBLE PLAN OPTIONS

	PPO High Deductible 1500 (HSA Compatible)	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**
Deductible Individual	$1,500	$3,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual	$0	$9,500
Out-of-Pocket Maximum Individual	$1,500	$12,500
	Includes deductible	
Lifetime Maximum* per insured	$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit *Unlimited visits*	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	$0 copay after deductible	
Annual Routine Gyn Exam *No waiting period, No calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible
Maternity	Not covered *Except for pregnancy complications*	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* *No waiting period*	$20 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care *24 visits per calendar year**	0% after deductible	50% after deductible
	Aetna will pay a max. of $25 per visit	
Home Health Care — in lieu of hospital *30 visits per calendar year**	0% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2,000 per calendar year**	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Non-Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Calendar Year Maximum per individual*	$5,000	$5,000

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

	PPO High Deductible 3000 (HSA Compatible)		PPO High Deductible 5000 (HSA Compatible)	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**
Deductible Individual Family	$3,000 $6,000	$6,000 $12,000	$5,000 $10,000	$10,000 $20,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied		*$0 once out-of-pocket max. is satisfied*	
Coinsurance Maximum Individual Family	$0 $0	$6,500 $13,000	$0 $0	$2,500 $5,000
Out-of-Pocket Maximum Individual Family	$3,000 $6,000	$12,500 $25,000	$5,000 $10,000	$12,500 $25,000
	Includes deductible		*Includes deductible*	
Lifetime Maximum* per insured	$5,000,000		$5,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Specialist Visit *Unlimited visits*	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Room	$0 copay after deductible		$0 copay after deductible	
Annual Routine Gyn Exam *No waiting period,* *No calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible	$0 copay deductible waived	50% after deductible
Maternity	Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* *No waiting period*	$20 copay deductible waived	50% after deductible	$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays		*Includes lab work and X-rays*	
Lab/X-Ray	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care *24 visits per calendar year**	0% after deductible	50% after deductible	0% after deductible	50% after deductible
	Aetna will pay a max. of $25 per visit		*Aetna will pay a max. of $25 per visit*	
Home Health Care — in lieu of hospital *30 visits per calendar year**	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2,000 per calendar year**	0% after deductible	50% after deductible	0% after deductible	50% after deductible
PHARMACY				
Pharmacy Deductible per individual	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Non-Preferred Brand *Oral Contraceptives Included*	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible	0% after Medical/ Rx deductible	50% after Medical/ Rx deductible
Calendar Year Maximum per individual*	$5,000	$5,000	$5,000	$5,000

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

If affordability is your top priority, the **Value plans** are the plans for you! These plans feature health care benefit coverage with lower monthly premiums and varying deductible levels.

	PPO VALUE PLAN OPTION			
	PPO Value 2500* **		**PPO Value 7500**	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**
Deductible Individual Family	$2,500 $5,000	$5,000 $10,000	$7,500 $15,000	$10,000 $20,000
Coinsurance (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied		*$0 once out-of-pocket max. is satisfied*	
Coinsurance Maximum Individual Family	$2,500 $5,000	$5,000 $10,000	$5,000 $10,000	$2,500 $10,000
Out-of-Pocket Maximum Individual Family	$5,000 $10,000	$10,000 $20,000	$12,500 $25,000	$12,500 $25,000
	Includes deductible		*Includes deductible*	
Lifetime Maximum* per insured	$1,000,000		$1,000,000	
Non-Specialist Office Visit *Unlimited visits* General Physician, Family Practitioner, Pediatrician or Internist	Visit 1-2 $30 copay, deductible waived. Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.	50% after deductible	Visit 1-2 $30 copay, deductible waived. Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.	50% after deductible
Specialist Visit *Unlimited visits*	Visit 1-2 $30 copay, deductible waived. Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.	50% after deductible	Visit 1-2 $30 copay, deductible waived. Visit 3+ 30% after deductible. Specialist and Non Specialist share visit max.	50% after deductible
Hospital Admission	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Urgent Care Facility	$50 copay deductible waived	50% after deductible	$50 copay deductible waived	50% after deductible
Emergency Room	$100 copay** (waived if admitted) 30% coinsurance after deductible		$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period,* *No calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible	$0 copay deductible waived	50% after deductible
Maternity	Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* *No waiting period*	$50 copay deductible waived	50% after deductible	$50 copay deductible waived	50% after deductible
	Includes lab work and X-rays		*Includes lab work and X-rays*	
Lab/X-Ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital *30 days per calendar year**	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care *24 visits per calendar year**	30% after deductible	50% after deductible	30% after deductible	50% after deductible
	Aetna will pay a max. of $25 per visit max.		*Aetna will pay a max. of $25 per visit*	
Home Health Care — in lieu of hospital *30 visits per calendar year**	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Durable Medical Equipment *Aetna will pay up to $2,000 per calendar year**	30% after deductible	50% after deductible	30% after deductible	50% after deductible
PHARMACY				
Pharmacy Deductible per individual	$500	$500	$500	$500
	Does not apply to generic		*Does not apply to generic*	
Generic *Oral Contraceptives Included*	$20 copay deductible waived	$20 copay plus 50% deductible waived	$20 copay deductible waived	$20 copay plus 50% deductible waived
Preferred Brand *Oral Contraceptives Included*	$40 copay after deductible	$40 copay plus 50% after deductible	$40 copay after deductible	$40 copay plus 50% after deductible
Non-Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna discount applies*	Not covered	Not covered *Aetna discount applies*	Not covered
Calendar Year Maximum per individual*	$5,000	$5,000	$5,000	$5,000

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
*** Brokers: please see broker information about commissions for these plans.
\+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

If affordability is your top priority, the **Preventive and Hospital Care plans** are the plans for you! These plans feature health care benefit coverage with lower monthly premiums and varying deductible levels.

PREVENTIVE AND HOSPITAL PLAN OPTIONS

	Preventive and Hospital Care 1250***		Preventive and Hospital Care 3000 (HSA Compatible)***	
MEMBER BENEFITS	**In-Network**	**Out-of-Network+**	**In-Network**	**Out-of-Network+**
Deductible Individual Family	$1,250 $2,500	$2,500 $5,000	$3,000 $6,000	$6,000 $12,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	$0 once out-of-pocket max. is satisfied		*$0 once out-of-pocket max. is satisfied*	
Coinsurance Maximum Individual Family	$3,000 $6,000	$7,500 $15,000	$2,000 $4,000	$4,000 $8,000
Out-of-Pocket Maximum Individual Family	$4,250 $8,500	$10,000 $20,000 *Includes deductible*	$5,000 $10,000	$10,000 $20,000 *Includes deductible*
Lifetime Maximum* per insured	$1,000,000		$1,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered	Not covered	Not covered
Specialist Visit	Not covered	Not covered	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care Facility	Not covered	Not covered	Not covered	Not covered
Emergency Room	$100 copay** (waived if admitted) 20% coinsurance after deductible		$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam *No waiting period,* *No calendar year max.* Annual Pap/Mammogram	$0 copay deductible waived	50% after deductible	$0 copay deductible waived	50% after deductible
Maternity	Not covered *Except for pregnancy complications*		Not covered *Except for pregnancy complications*	
Preventive Health — Routine Physical *Aetna will pay up to $200 per exam* *No waiting period*	$25 copay deductible waived *Includes lab work and X-rays*	50% after deductible	$35 copay deductible waived *Includes lab work and X-rays*	50% after deductible
Lab/X-Ray	Not covered++	Not covered++	Not covered++	Not covered++
Skilled Nursing — in lieu of hospital *30 days per calendar year**	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	Not covered	Not covered	Not covered	Not covered
Home Health Care — in lieu of hospital *30 visits per calendar year**	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment	Not covered	Not covered	Not covered	Not covered
PHARMACY				
Pharmacy Deductible per individual	Not applicable	Not applicable	Not applicable	Not applicable
Generic *Oral Contraceptives Included*	$15 copay	$15 copay plus 50%	Not covered *Aetna discount applies*	Not covered
Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna discount applies*	Not covered	Not covered *Aetna discount applies*	Not covered
Non-Preferred Brand *Oral Contraceptives Included*	Not covered *Aetna discount applies*	Not covered	Not covered *Aetna discount applies*	Not covered
Calendar Year Maximum per individual*	$5,000	$5,000	Not applicable	Not applicable

* Maximum applies to combined in and out-of-network benefits.
** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
*** Brokers: please see broker information about commissions for these plans.
\+ Payment for out-of-network facility covered expenses is determined based on Aetna's 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.
++ Coverage will be provided for Lab/X-rays related to surgery.

	AETNA ADVANTAGE PLAN OPTIONS INDIVIDUAL DENTAL PPO MAX PLAN	
MEMBER BENEFITS	**PREFERRED**	**NONPREFERRED**
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	$25; $75 family maximum	$25; $75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% deductible waived	50% deductible waived
Comprehensive oral exam	100% deductible waived	50% deductible waived
Problem-focused oral exam	100% deductible waived	50% deductible waived
X-rays		
Bitewing — single film	100% deductible waived	50% deductible waived
Complete series	100% deductible waived	50% deductible waived
PREVENTIVE SERVICES		
Adult cleaning	100% deductible waived	50% deductible waived
Child cleaning	100% deductible waived	50% deductible waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% deductible waived	50% deductible waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after deductible	50% after deductible
Resin fillings — 2 surfaces	Discount	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	Discount	Not covered
Extraction of impacted tooth — soft tissue	Discount	Not covered
MAJOR SERVICES		
Complete upper denture	Discount	Not covered
Partial upper denture (resin based)	Discount	Not covered
Crown — Porcelain with noble metal	Discount	Not covered
Pontic — Porcelain with noble metal	Discount	Not covered
Inlay — Metallic (3 or more surfaces)	Discount	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	Discount	Not covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Discount	Not covered
Osseous surgery — per quadrant	Discount	Not covered
ORTHODONTIC SERVICES	Discount	Not covered

Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist at any time.
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.
Above list of covered services is representative. A summary of exclusions is listed on page 24. For a full list of benefit coverage and exclusions refer to the plan documents.
All products not available in all counties. Please refer to the county list.

Aetna Advantage plan programs to help you be well

Aetna Advantage Plans include special programs[1] with a wealth of features to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. These programs are value added and are NOT insurance. Here are a few of the ways we can help you be well.

Fitness Program

With our Fitness program, eligible Aetna members and their families can enjoy preferred rates* on fitness club memberships at over 2,000 fitness clubs within the GlobalFit™ network. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching** services.

1 Availability varies by plan. Talk with your Aetna representative for details.
* At some clubs, participation in this program may be restricted to new club members.
** Provided by WellCall, Inc. through GlobalFit.

Want to save on dental expenses?

Vital Savings by Aetna® is a discount program that provides you with dental savings. This is not insurance. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today, visit **www.vitalsavings.com** or call **1-877-698-4825**.

Aetna Weight Management℠ Program

The Weight Management Program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products. Start with a FREE 30-day trial membership[2]; then choose either a 6-month[2] or 12-month[2] program[3] that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

Aetna Natural Products and Services℠ program

Eligible Aetna members and their families can access complementary health care products and services at reduced rates through the Aetna Natural Products and Services program. Members can save on acupuncture, chiropractic care, massage therapy and dietetic counseling as well as on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.

Eyecare Savings

Aetna Vision℠ Discounts program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Aetna Natural Products and Services℠ program, Eyecare Savings, Fitness 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 participating providers.

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

Informed Health® Line

Get answers 24/7 to your health questions via a toll-free hotline staffed by a team of registered nurses.

Hearing Discount Program

Aetna's Hearing℠ Discounts help Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Rx Home Delivery®

With this optional program, order prescription medications through our convenient and easy-to-use mail order pharmacy. To learn more or obtain order forms, visit www.AetnaRxHomeDelivery.com.

Aetna Navigator®

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!

Our new Aetna Navigator Health Information Guide provides you with a starting point to find answers about health care, types of treatment, cost of services and more. It provides links to some of the tools, programs and health content on Aetna Navigator that can help you make more informed decisions - before, during and after you receive medical care.

Members will also have access to their own Personal Health Record***, a single, secure place where they can view their medical history and add other health information that's important to them.

For more information on any of these programs, please visit us online at www.aetna.com.

*** The Aetna Personal Health Record should not be used as the sole source of information about your health conditions or medical treatment.

Things you need to know to enroll

To qualify for an Aetna Advantage Plan, you must be:

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4.)
- Under age 24 for dependent children
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least six (6) continuous months.

Your premium payments

Your rates are guaranteed not to increase for 12 months from your effective date once you've been accepted for coverage. After that, your premiums may change. Final rates are subject to underwriting review.

Your coverage

Your coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Becoming a resident of a state or location in which Aetna Advantage plans are not available.
- Obtaining duplicate coverage
- For other reasons permissible by law

Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may be federally eligible under the Health Insurance Portability Accountability ACT (HIPAA), for a special guaranteed issue plan under Delaware laws and regulations.

All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.

We offer various premium rate levels based on the known and predicted medical risk factors of each applicant.

Levels of coverage and enrollment

- You may be enrolled in your selected plan at the standard premium charge.
- You may be enrolled in your selected plan at a higher rate, based on medical findings.
- You may be declined coverage based on significant medical risk factors.

Duplicate coverage

If you are currently covered by another carrier, you must agree to discontinue the other coverage before or on the effective date of the Aetna Advantage Plan. Do not cancel your current insurance until you are notified that you have been accepted for coverage.

Pre-existing conditions

During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.

A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within six (6) months preceding the effective date of coverage.

All You Need to Know About Easy-Pay

Simple Automatic Payments via Electronic Funds Transfer (EFT)

Registration: Complete the payment section of the Aetna Advantage Plans enrollment form. Select the EFT option to approve the automatic withdrawal of your initial premium and all subsequent premium payments.

Invoices: You will not receive a paper invoice when you are enrolled in EFT. Payments will appear on your bank statement as "Aetna Autodebit Coverage."

Terminating: To terminate EFT, you will need to provide Aetna with 10 days written notice prior to the date your next EFT payment will be deducted. Without this written notice, your bank account may be debited for the next month's premium. You will then need to contact Aetna to have funds placed back in the checking account.

Refunds: To process an EFT refund (placing money back in member's checking account), Aetna will require at least five (5) days after the withdrawal was made to ensure valid payment.

Rejected transactions: If the EFT payment rejects for any reason, Aetna will automatically terminate the EFT and send you a letter saying you will receive paper invoices. Processing time to reinstate EFT will be 30–60 days. If an EFT payment is rejected, you will need to pay that payment by paper check or credit card.

Timing: Payments for Cycle 1 accounts (1st of the month effective date) will be taken from your bank account between the 3rd and the 10th of the month the premium is due. Payments for Cycle 2 accounts (15th of the month effective date) will be taken from your bank account between the 18th and 23rd of the month the premium is due.

Limitations and Exclusions

Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. You should refer to your 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). Services and supplies that are generally not covered include, but are not limited to:

- 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
- Donor egg retrieval
- Weight control services including surgical procedures, medical treatments and other services and supplies primarily intended to control weight or treat obesity
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- Charges in connection with pregnancy care
- 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
- Medical expenses for a pre-existing condition are not covered 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 six (6) months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature on the application, then the pre-existing conditions exclusion of the plan will be waived.
- 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 or counseling
- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Mental Health services for PPO plans not covered except for severe biologically based mental or nervous disorders
- Chemical dependency and substance abuse not covered except for severe biologically based mental or nervous disorders.

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 plan documents.

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance. *Negotiated rates for cosmetic procedures available when a participating dentist is accessed.*
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost or stolen appliances and certain damaged appliances
- Services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- All other limitations and exclusions in your plan documents.

10-day right to review

Do not cancel your current insurance until you are notified that you have been accepted for coverage. We'll review your application to determine if you meet underwriting requirements. If you're denied, you'll be notified by mail. If you're approved, you'll be sent an Aetna Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges) less the cost of any services paid on behalf of you or any covered dependent.

If you need this material translated into another language, please call Member Services at 1-866-565-1236.

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health/Dental insurance plans contain exclusions and limitations. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. 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 health insurance 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 makers 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. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. Material subject to change.

The Vital Savings by Aetna® program (the "Program") is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.

For more information about Aetna plans, refer to www.aetna.com.

Want a quote?
Call your broker.

We want you to know®

Aetna®

www.aetna.com

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