

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

AETNA ADVANTAGE PLANS FOR
INDIVIDUALS, FAMILIES AND THE
SELF-EMPLOYED IN PENNSYLVANIA



We want you to know[®]



Aetna Advantage plan choices

Our health insurance plans are designed to offer you quality coverage at an excellent value. Coverage can include prescription drugs, doctor visits, hospitalization and preventive care services.

Generally speaking, the lower your “premiums,” or monthly payments, the higher your “deductible,” which is the amount you pay out of pocket before the plan begins paying for expenses.

You’ll pay less by using “in-network” doctors, hospitals, pharmacies and other health care providers who participate in Aetna’s nationwide network than by using “out-of-network” doctors.

Visit **www.planforyourhealth.com** for an in-depth list of terms in this brochure and what they mean.

About HSAs

Many of our high-deductible plans are Health Savings Account (HSA) Compatible, offering you lower premiums and tax advantaged savings. An 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.

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 and Aetna Health Inc. 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.

It's easy to establish a Health Savings Account...

Simply enroll in an Aetna HSA Compatible High Deductible Health Plan and you will automatically have an HSA opened through Bank of America. You will also receive a debit card and a welcome package with additional information to get you started.

If you do not wish to set up an HSA, you can opt out by calling Bank of America – or the account will be automatically canceled after 90 days if the debit card is not activated or if you do not enroll online.

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 online
- Track HSA activity through Aetna Navigator®

Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the nationwide Aetna Advantage Plan network? Visit **www.aetna.com/docfind/custom/advplans**. Or call **1-800-694-3258** and ask for a directory of providers.

Get more from your Aetna plan

Cover just your children

Aetna Advantage Plans are also 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 a dental plan is selected).

Note: when an HSA Compatible plan is selected for child only enrollment, an HSA account is not available for the child.

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 have access to negotiated fees. Dental coverage is offered only if medical coverage is obtained.

Plan Details

1) **HMO**

Members access care through a participating Primary Care Physician, who will coordinate their health care needs

Featuring:

- Large provider networks
- No deductibles for generic drug coverage
- No claim forms
- Lower copays for provider visits

2) **First Dollar PPO plan options**

Robust coverage and lower out-of-pocket expenses with no deductibles when you choose a network provider

Featuring:

- Lower copay for in-network provider visits
- No deductible for generic prescription drugs

3) **PPO plan options**

Robust coverage and lower monthly payments balanced with a deductible...where you don't want to pay a lot for frequent doctor visits

Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels

4) **PPO High Deductible plan options**

Lower premium costs...and an HSA-compatible plan that offers tax advantaged savings

Featuring:

- 0% coinsurance in network after your deductible is met
- Lower monthly premiums, higher annual deductibles (at least \$3,000 for individuals and \$6,000 for families)
- Can be paired with a tax-advantaged Health Savings Account (HSA)

5) **PPO Value plan options**

Affordability — a balance of lower monthly premiums and quality coverage...where you want to cap the amount you'll spend on total medical expenses each year

Featuring:

- Lower monthly premiums (that's the "Value" part)
- No deductible for generic prescription drugs

6) **Preventive and Hospital Care plan options**

Affordability is one of your top priorities and you use only basic health care services...and want to keep your monthly premiums lower

Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels

7) **PPO 7500 with Unlimited Primary Care Visits plus Dental**

Medical, dental and eye care savings bundled together...at a reasonable cost

Featuring:

- One monthly payment for medical, dental and eye care savings
- Lower monthly premiums, higher annual deductibles (at least \$7,500 for individuals and \$15,000 for families)
- 100% coverage for diagnostic and preventive dental services from a preferred provider

8) Aetna Advantage Plan Including Medical and Pharmacy Calendar Year Maximums plan options

Affordability... and a wide range of benefits

Featuring:

- Access to Aetna's nationwide network
- No referral needed to see a network specialist
- No waiting period for preventive care services
- Coverage for children's immunizations
- Coverage for prescription drugs

It's important for you to know...that this plan may not cover all your health care expenses for a given year, but offers valuable protection to individuals and families at an affordable cost. This plan may be used on a short-term basis, or longer - depending on your needs.

PLUS ... THESE BENEFITS ARE INCLUDED WITH MOST OF OUR PLANS.

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist*
- No waiting period for routine physical exams
- 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*
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

* These benefits are not applicable to Preventive and Hospital Care plans

AETNA'S PENNSYLVANIA RATINGS AREAS*

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

For more information or a quote on what your rate would be, call your broker.

Western

Allegheny**	Elk	Somerset**
Armstrong**	Erie	Venango
Beaver**	Fayette**	Warren
Blair**	Forest	Washington**
Butler**	Greene**	Westmoreland**
Cambria**	Indiana**	Bolded counties
Cameron	Jefferson	indicate HMO & PPO
Clarion**	Lawrence**	plans available. Non
Clearfield	McKean	bolded counties are
Crawford	Mercer	PPO Only.

Central

Adams	Juniata	Tioga
Bedford	Lancaster	Union
Centre	Lebanon	York
Cumberland	Mifflin	Bolded counties
Dauphin	Montour	indicate HMO & PPO
Franklin	Perry	plans available. Non
Fulton	Potter	bolded counties are
Huntingdon	Schuylkill	PPO Only.

Southeastern

Berks	Delaware	Northampton
Bucks	Lehigh	Philadelphia
Carbon	Monroe	
Chester	Montgomery	

Northeastern

Bradford	Lycoming	Susquehanna
Clinton	Northumberland	Wayne
Columbia	Pike	Wyoming
Lackawanna	Snyder	
Luzerne	Sullivan	

* All products not available in all counties. Please refer to the county in which you reside for the available product.

** 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.

MEMBER BENEFITS	
Deductible Individual Family	 \$0 \$0
Lifetime Maximum	Unlimited
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$20 copay
Specialist Visit	\$35 copay
Hospital Admission <i>also see Maternity</i>	\$450 copay per day (5 day maximum per admission)
Outpatient Surgery	\$400 copay/visit
Urgent Care Facility	\$100 copay/visit
Emergency Room <i>waived if admitted</i>	\$150 copay/visit
Annual Routine Gyn Exam Annual Pap/Mammogram	\$30 copay (1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	\$450 copay per day (5 day maximum per admission)
Preventive Health — Routine Physical	\$20 copay
Lab/X-Ray	\$30 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	\$450 copay per day (5 day maximum per admission) (waived if a member is transferred from a hospital to a skilled nursing facility)
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$30 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$30 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contracted rate per item
PHARMACY	
Pharmacy Deductible Individual Family	\$250 \$750
	Does not apply to generic
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$25 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$35 copay after deductible
Calendar Year Maximum Individual Family	 \$2,500 \$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.

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MEMBER BENEFITS	
Deductible	
Individual	\$0
Family	\$0
Lifetime Maximum	Unlimited
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay
Specialist Visit	\$45 copay
Hospital Admission <i>also see Maternity</i>	\$550 copay per day (5 day maximum per admission)
Outpatient Surgery	\$500 copay/visit
Urgent Care Facility	\$200 copay/visit
Emergency Room <i>waived if admitted</i>	\$250 copay/visit
Annual Routine Gyn Exam Annual Pap/Mammogram	\$40 copay (1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	\$550 copay per day (5 day maximum per admission)
Preventive Health — Routine Physical	\$30 copay
Lab/X-Ray	\$40 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	\$550 copay per day (5 day maximum per admission) (waived if a member is transferred from a hospital to a skilled nursing facility)
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$40 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$40 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contracted rate per item
PHARMACY	
Pharmacy Deductible	
Individual	\$500
Family	\$1,500
	Does not apply to generic
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible
Calendar Year Maximum	
Individual	\$2,500
Family	\$5,000

Members selecting an HMO Plan are required to select a Pennsylvania Participating Primary Care Physician (PCP) and obtain services within the Pennsylvania service area, except in an emergency or urgent situation. Rates are based on the service area of your Pennsylvania PCP. For a full list of benefit coverage and exclusions refer to the plan documents.

HMO 1500

MEMBER BENEFITS	
Deductible	
Individual	\$1,500
Family	\$3,000
Coinsurance Maximum	
Individual	\$3,500
Family	\$7,000
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
	<i>Includes deductible</i>
Lifetime Maximum	\$5,000,000
Non-Specialist Office Visit	\$25 copay
General Physician, Family Practitioner, Pediatrician or Internist	
Specialist Visit	\$50 copay
Hospital Admission <i>also see Maternity</i>	30% after deductible
Outpatient Surgery	30% after deductible
Urgent Care Facility	\$50 copay/visit
Emergency Room <i>waived if admitted</i>	30% after deductible
Annual Routine Gyn Exam Annual Pap/Mammogram	\$50 copay (1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	30% after deductible
Preventive Health — Routine Physical	\$25 copay
Lab/X-Ray	\$25 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	30% after deductible
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$50 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$25 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contract rate per item
PHARMACY	
Pharmacy Deductible	
Individual	\$500
Family	\$1,500
	Does not apply to generic
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible
Calendar Year Maximum	
Individual	\$2,500
Family	\$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.

HMO 2500

MEMBER BENEFITS	
Deductible	
Individual	\$2,500
Family	\$5,000
Coinsurance Maximum	
Individual	\$5,000
Family	\$10,000
Out-of-Pocket Maximum	
Individual	\$7,500
Family	\$15,000
	<i>Includes deductible</i>
Lifetime Maximum	\$5,000,000
Non-Specialist Office Visit	\$30 copay
General Physician, Family Practitioner, Pediatrician or Internist	
Specialist Visit	\$50 copay
Hospital Admission <i>also see Maternity</i>	30% after deductible
Outpatient Surgery	30% after deductible
Urgent Care Facility	\$50 copay/visit
Emergency Room <i>waived if admitted</i>	30% after deductible
Annual Routine Gyn Exam Annual Pap/Mammogram	\$50 copay (1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	30% after deductible
Preventive Health — Routine Physical	\$30 copay
Lab/X-Ray	\$30 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	30% after deductible
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$50 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$30 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contract rate per item
PHARMACY	
Pharmacy Deductible	
Individual	\$500
Family	\$1,500
	Does not apply to generic
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible
Calendar Year Maximum	
Individual	\$2,500
Family	\$5,000

Members selecting an HMO Plan are required to select a Pennsylvania Participating Primary Care Physician (PCP) and obtain services within the Pennsylvania service area, except in an emergency or urgent situation. Rates are based on the service area of your Pennsylvania PCP. For a full list of benefit coverage and exclusions refer to the plan documents.

HMO 5000

MEMBER BENEFITS

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance Maximum	
Individual	\$7,500
Family	\$15,000
Out-of-Pocket Maximum	
Individual	\$12,500
Family	\$25,000
	<i>Includes deductible</i>
Lifetime Maximum	\$5,000,000
Non-Specialist Office Visit	\$40 copay
General Physician, Family Practitioner, Pediatrician or Internist	
Specialist Visit	\$50 copay
Hospital Admission <i>also see Maternity</i>	30% after deductible
Outpatient Surgery	30% after deductible
Urgent Care Facility	\$50 copay/visit
Emergency Room <i>waived if admitted</i>	30% after deductible
Annual Routine Gyn Exam	\$50 copay
Annual Pap/Mammogram	(1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	30% after deductible
Preventive Health — Routine Physical	\$40 copay
Lab/X-Ray	\$40 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	30% after deductible
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$50 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$40 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contract rate per item

PHARMACY

Pharmacy Deductible	
Individual	\$500
Family	\$1,500
	Does not apply to generic
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible
Calendar Year Maximum	
Individual	\$2,500
Family	\$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.

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0	\$5,000
Family	\$0	\$10,000
Coinsurance (Member's responsibility)	25% 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	\$6,000	\$5,000
Family	\$12,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$6,000	\$10,000
Family	\$12,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$35 copay	50% after deductible
Hospital Admission	25%	50% after deductible
Outpatient Surgery	25%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 25% coinsurance	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 copay	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	25%	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	25%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	25%	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	25%	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	25%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$5,000	\$5,000

Members selecting an HMO Plan are required to select a Pennsylvania Participating Primary Care Physician (PCP) and obtain services within the Pennsylvania service area, except in an emergency or urgent situation. Rates are based on the service area of your Pennsylvania PCP. For a full list of benefit coverage and exclusions refer to the plan documents.

First Dollar PPO 35

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$0	\$7,000
Family	\$0	\$14,000
Coinsurance (Member's responsibility)	35% 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	\$7,500	\$5,500
Family	\$15,000	\$11,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$45 copay	50% after deductible
Hospital Admission	35%	50% after deductible
Outpatient Surgery	35%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 35% coinsurance	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$35 copay	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	35%	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	35%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	35%	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	35%	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	35%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after 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.

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance (Member's responsibility)	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	
Coinsurance Maximum		
Individual	\$1,500	\$7,000
Family	\$3,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$35 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$5,000	\$5,000

+ 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 2500

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (Member's responsibility)	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	
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$40 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$30 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after 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.

PPO 5000

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$5,000	\$10,000
Family	\$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.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$40 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$40 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$5,000	\$5,000

⁺ 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.

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
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	\$6,500
Family	\$0	\$13,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$12,500
Family	\$6,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit <i>Unlimited visits</i>	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 <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$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 <i>30 days per calendar year*</i>	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	0% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	0% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/Rx Deductible	
Generic <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	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.

PPO High Deductible 5000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$5,000	\$10,000
Family	\$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 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$0	\$2,500
Family	\$0	\$5,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$12,500
Family	\$10,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit <i>Unlimited visits</i>	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 <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 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 <i>30 days per calendar year*</i>	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	0% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	0% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/Rx Deductible	
Generic <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Calendar Year Maximum per individual*	\$5,000	\$5,000

+ 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.

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance (Member's responsibility)	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	
Coinsurance Maximum		
Individual	\$1,500	\$7,000
Family	\$3,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-2 \$30 copay, deductible waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Specialist Visit <i>Unlimited visits</i>	Visits 1-2 \$30 copay, deductible waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$50 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	30% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	30% after deductible	50% after deductible
	<i>Aetna will pay up to \$25 per visit max.*</i>	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
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.

*** Brokers: please see broker information about commissions for these plans.

PPO Value 2500***

MEMBER BENEFITS	In-Network	Out-of-Network⁺
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-2 \$30 copay, deductible waived; Visit + 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Specialist Visit <i>Unlimited visits</i>	Visits 1-2 \$30 copay, deductible waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$50 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	30% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	30% after deductible	50% after deductible
	<i>Aetna will pay a max. of \$25 per visit*</i>	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
Generic <i>Oral Contraceptives Included</i>	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Calendar Year Maximum per individual*	\$5,000	\$5,000

+ 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.

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Coinsurance (Member's responsibility)	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	
Coinsurance Maximum		
Individual	\$3,000	\$7,500
Family	\$6,000	\$15,000
Out-of-Pocket Maximum		
Individual	\$4,250	\$10,000
Family	\$8,500	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
Specialist Visit <i>Unlimited visits</i>	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	Not covered	Not covered
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	Not covered	Not covered
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	Not covered**	Not covered**
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	\$15 copay	\$15 copay plus 50%
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Calendar Year Maximum per individual*	\$5000	\$5000

* 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.

Preventive and Hospital Care 3000 (HSA Compatible)***

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$3,000	\$6,000
Family	\$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.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
Specialist Visit <i>Unlimited visits</i>	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$35 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	Not covered	Not covered
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	Not covered	Not covered
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	Not covered ⁺⁺	Not covered ⁺⁺
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Calendar Year Maximum per individual*	Not Applicable	Not Applicable

+ 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.

++ Coverage is provided for expenses for scalp hair prosthesis worn for hair loss resulting from alopecia areata, due to an autoimmune disease.

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 max.	\$25; \$75 family max.
Annual Maximum Benefit	Unlimited	Unlimited
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% ded. waived	50% ded. waived
Comprehensive oral exam	100% ded. waived	50% ded. waived
Problem-focused oral exam	100% ded. waived	50% ded. waived
X-rays		
Bitewing — single film	100% ded. waived	50% ded. waived
Complete series	100% ded. waived	50% ded. waived
PREVENTIVE SERVICES		
Adult cleaning	100% ded. waived	50% ded. waived
Child cleaning	100% ded. waived	50% ded. waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% ded. waived	50% ded. waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after ded.	50% after ded.
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.

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 later in this brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$7,500	\$10,000
Family	\$15,000	\$20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	20% after deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$30 copay deductible waived	50% after deductible
	Includes lab and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	Aetna will pay up to \$25 per visit max.*	
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered <i>Aetna Discount Applies</i>	Not covered
Calendar Year Maximum per individual*	Unlimited	Unlimited

* 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.

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$750	\$1,500
Family	\$1,500	\$3,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$4,250	\$8,500
Family	\$8,500	\$17,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Calendar Year Maximum* per insured	\$50,000 ⁺⁺	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay 20% after deductible	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$50 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$2,500 ⁺⁺	\$2,500 ⁺⁺

* 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 1500 with Medical \$50K CYM

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Calendar Year Maximum* per insured	\$50,000 ⁺⁺	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay 20% after deductible	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$50 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$2,500 ⁺⁺	\$2,500 ⁺⁺

++ Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually. As with other Aetna plans, members are responsible for billed charges upon reaching any plan limits, at which point they may or may not receive Aetna's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider.

This plan has a Calendar Year Maximum that limits the total amount the plan pays for your medical and pharmacy benefits in a calendar year (January 1 through December 31).

PPO 2500 with Medical \$50K CYM

MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Calendar Year Maximum* per insured	\$50,000 ⁺⁺	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay 20% after deductible	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$50 copay deductible waived	50% after deductible
Maternity	Not covered (except for pregnancy complications)	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam* No waiting period</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
Home Health Care — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after deductible
Calendar Year Maximum per individual*	\$2,500 ⁺⁺	\$2,500 ⁺⁺

* 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.

+ + Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually. As with other Aetna plans, members are responsible for billed charges upon reaching any plan limits, at which point they may or may not receive Aetna's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider.

This plan has a Calendar Year Maximum that limits the total amount the plan pays for your medical and pharmacy benefits in a calendar year (January 1 through December 31).

Aetna special programs

Aetna Advantage plans include special programs¹ to complement our standard health insurance coverage. These programs include health information programs and tools, and offer you access to substantial savings on products to help you stay healthy. These programs are offered in addition to your Aetna Advantage Plan and are NOT insurance.

Aetna VisionSM Discount Program

Aetna VisionSM discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

Aetna Natural Products and ServicesSM Discount 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 discount 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.

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



Aetna FitnessSM Discount Program

Eligible Aetna members and their families can access the GlobalFitTM national network of nearly 10,000 fitness clubs, in the United States and Canada, at preferred rates*. 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.

Aetna Weight ManagementSM Discount Program

The Weight ManagementSM discount 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.

Aetna HearingSM Discount Program

Aetna's HearingSM discount program helps Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Rx Home Delivery[®]

With this mail order delivery 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**.

Informed Health[®] Line

Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.

Aetna Navigator[®]

Register and log on to Aetna Navigator, Aetna's secure member website, to check claims status, contact Aetna Member Services, estimate the costs of health care services, and more. Our new Aetna Navigator Health Information Guide provides a starting point to find answers about health care, types of treatment, cost of services and more to help members make more informed decisions. Plus, members have access to their own Personal Health Record***, a single, secure place where they can view their medical history and add other health information.

* At some clubs, participation in this program may be restricted to new club members.

** Provided by WellCall, Inc. through GlobalFit.

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

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



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**.

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.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services.

Things you need to know

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.)
- Dependent children up to age 24
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least six continuous months

Your premium payments

For HMO Plans your premium payments are guaranteed not to increase for twelve 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.

For all other plans, 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 eligibility in the plan. 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

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 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.

Levels of coverage & enrollment

- You may be enrolled in your selected plan at the premium charge.
- *You may be enrolled in your selected plan at a higher premium, based on medical underwriting.*
- You may be declined coverage based on medical underwriting.

Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting.

Some individuals may qualify as federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for a special guaranteed issue plan under Pennsylvania laws and regulations.

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

We offer various premium rate levels based on the medical underwriting of each applicant.

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 enrollment form 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.

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 and are certain that you are keeping your Aetna Advantage Plan coverage.

Limitations & 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
- Ambulance coverage is limited to \$1,000 per trip
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- For PPO plans charges in connection with pregnancy care other than for pregnancy complications
- 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
- Non-medically 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

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 prior creditable coverage.

A pre-existing condition is an illness, disease, physical condition, or injury for which medical advice, or treatment was recommended or received and/or the use of prescription drugs of any kind within six months preceding the effective date of coverage. Services or supplies for the treatment of a pre-existing condition are not covered for the first 12 months after the member's effective date. If the member had continuous prior creditable coverage within the 63 days immediately preceding the signature on the application and meets certain other requirements, then the pre-existing condition exclusion of 12 months may not apply.

- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Mental Health in-network services for HMO is not covered. Mental Health in-network services for PPO plans is 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

notes

notes

Call your broker.



This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-888-98-AETNA (1-888-982-3862).

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 benefits and health/dental insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. 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. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Information is believed to be accurate as of production date, however, it is subject to change.

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

We want you to know[®]

www.aetna.com