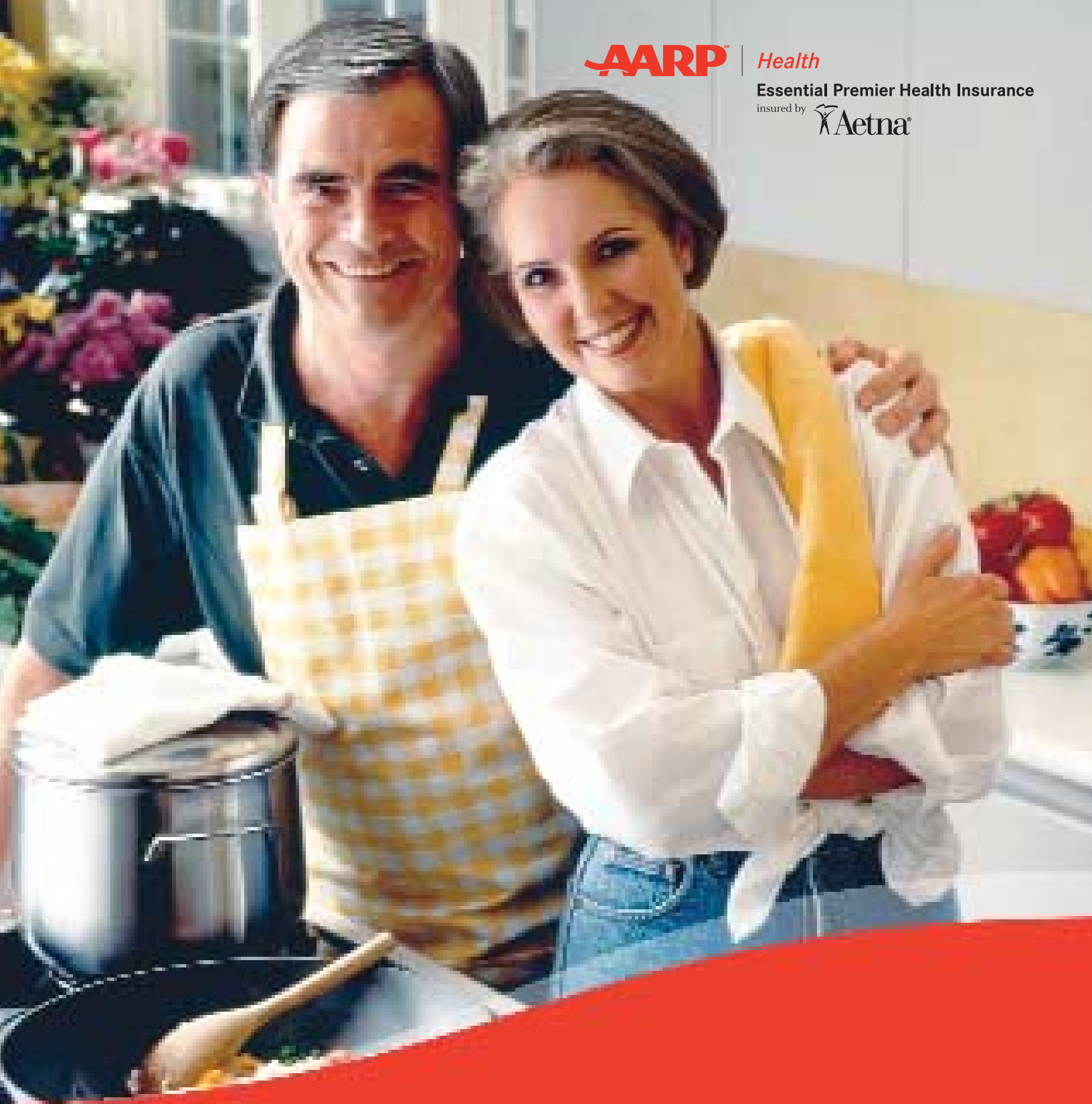




Health

Essential Premier Health Insurance

insured by



AARP[®] Essential Premier Health Insurance

A guide to understanding your choices
and to selecting an insurance plan

Pennsylvania

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



Take charge of your health

They say nothing is more important than your health.

And they're right. That's what makes health insurance coverage such an essential part of life for AARP members, especially if you're not on an employer-sponsored plan. You need to take charge of your health...and your health coverage needs.

Whether you're an early retiree, empty nester or even self-employed, we're here to help. Aetna, one of the nation's most recognized and respected health insurers for decades, has developed the AARP Essential Premier Health Insurance Plans exclusively for AARP members, providing some outstanding ways to help keep yourself and your family in good health.

Perhaps you've just left a group plan. Or you're looking for an option other than COBRA. You may want to switch from your current individual health insurance coverage. Or you're not currently insured. Maybe you're just looking for something more affordable.

Whatever your situation, you should learn about AARP Essential Premier Health Insurance, insured by Aetna. This custom-designed health insurance plan for individuals offers you and your family a better value — with the quality coverage you need — for a better life.

**Have questions?
Or want a quote?**

Call toll free
1-866-660-4081

We're here to help!



Coverage for a better life

Why did AARP choose Aetna as one of its health benefits insurers for AARP members? Because there are so many advantages for you. With over 150 years of experience, Aetna offers an outstanding combination of quality coverage and affordable rates, as well as innovative technologies to help you make more informed health care decisions.

Aetna's diverse offerings provide AARP members a wider range of health insurance plans, with different price points and coverage levels. With AARP Essential Premier Health Insurance, you can choose from quality "Premier" plans or affordable "Preventive and Hospital Care" plans. You can even apply for coverage for not only yourself, but your spouse or domestic partner, children and grandchildren as well.

Tax advantages, too

If you value tax savings, you may consider "High Deductible" plans compatible with Health Savings Accounts (HSAs). These "tax-advantaged" plans allow you or eligible family members to make contributions to your HSA tax-free. Those contributions earn interest tax-free, and your withdrawals for medical expenses (including health insurance premiums for sole proprietors) are tax-free as well.

Make informed choices

Aetna prides itself on being upfront and honest about provider pricing and quality, showing you online the actual negotiated rates paid to network doctors and other health care providers. The company also provides online clinical and quality efficiency ratings for physicians, specialists and hospitals in its network. This allows you to make informed choices about who provides your medical care. (Cost and quality information is not available in all areas.)

You're covered wherever you go

Do you travel? Wherever you go, throughout all 50 states, a nationwide network of doctors and hospitals has you covered. This is important to any AARP member who's interested in vacationing and traveling within the U.S.

Online help and information

Other important member benefits include Internet access to reliable health information and Aetna Navigator™, a secure, award-winning website for understanding and managing your health benefits.

It's easy to apply by mail or online

We make it easy for you to apply for an AARP Essential Premier Health Insurance plan:

- **Complete and mail the enclosed application with one form of payment selected, in the envelope provided.**
- **Call toll-free at 1-866-660-4081** if you have questions, would like to discuss your own unique situation, or want a rate quote.
- **Get a quote and apply online, if you wish, by visiting www.aarphealthcare.com/aetna**
- **Then:**
 1. Choose your state.
 2. Use the helpful information and tools to choose the best plan for you.
 3. Click "Get A Quote."
 4. Apply online and use a check or credit card for payment. (Or mail the enclosed application with one form of payment selected.)
 5. Track the status of your application by clicking the site's Apps tab.



**Have questions?
Or want a quote?**

Call toll free
1-866-660-4081

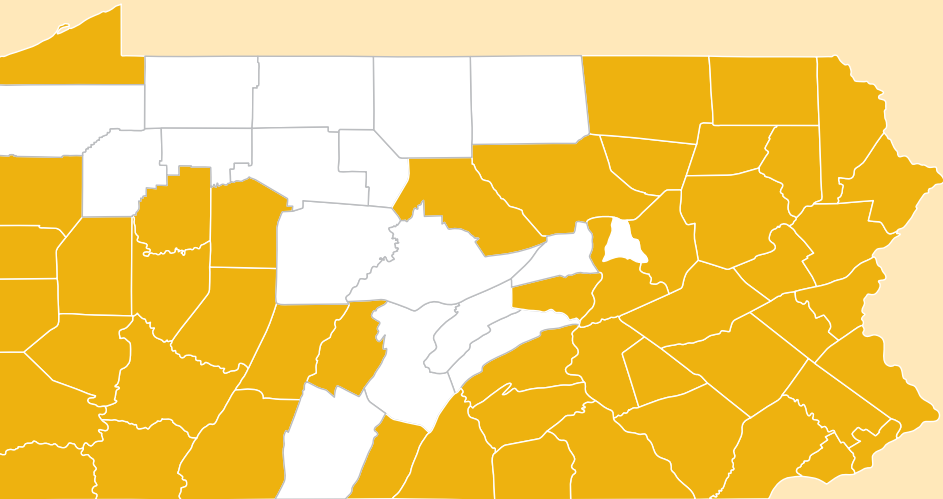
We're here to help!



Pennsylvania map

Here are the counties in Pennsylvania where AARP Essential Premier Health Insurance is available.*

Counties:



Adams	Elk	Montgomery
Allegheny	Erie	Montour
Armstrong	Fayette	Northampton
Beaver	Forest	Northumberland
Bedford	Franklin	Perry
Berks	Fulton	Philadelphia
Blair	Greene	Pike
Bradford	Huntingdon	Potter
Bucks	Indiana	Schuylkill
Butler	Jefferson	Snyder
Cambria	Juniata	Somerset
Cameron	Lackawanna	Sullivan
Carbon	Lancaster	Susquehanna
Centre	Lawrence	Tioga
Chester	Lebanon	Union
Clarion	Lehigh	Venango
Clearfield	Luzerne	Warren
Clinton	Lycoming	Washington
Columbia	Mckean	Wayne
Crawford	Mercer	Westmoreland
Cumberland	Mifflin	Wyoming
Dauphin	Monroe	York
Delaware		

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

FOR MORE INFORMATION
See plan details on pages 8-9

- PREMIER
- \$1500 DEDUCTIBLE PLAN
 - \$2500 DEDUCTIBLE PLAN
 - \$5000 DEDUCTIBLE PLAN
- PREVENTIVE AND HOSPITAL CARE
- \$1250 DEDUCTIBLE PLAN
 - \$3000 DEDUCTIBLE PLAN (HSA COMPATIBLE)
- HIGH DEDUCTIBLE
- \$3000 PLAN (HSA COMPATIBLE)
 - \$5000 PLAN (HSA COMPATIBLE)

Tips on selecting AARP Essential Premier Health Insurance

Looking for a few pointers on selecting a plan? As you're evaluating health insurance coverage, here are some tips to help you choose the right plan for your unique situation and priorities.

This chart may be a good starting point for you. Look for your priority on the left, and match it up with some suggested plans on the right. (You'll find descriptions of all these plans on the next page.)

If you...	Consider...
Need an affordable policy with low monthly payments...	<ul style="list-style-type: none">• Premier \$2500 or \$5000• High Deductible \$3000 or \$5000• Preventive and Hospital Care \$1250 or \$3000
Use only basic health care services and want to keep your monthly payments low...	<ul style="list-style-type: none">• Premier \$5000• Preventive and Hospital Care \$1250 or \$3000
Don't want to pay a lot for frequent doctor visits...	<ul style="list-style-type: none">• Premier \$1500
Want a balance of lower cost and quality coverage...	<ul style="list-style-type: none">• Premier \$1500 or \$2500
Want to cap the amount you'll spend on total medical expenses each year...	<ul style="list-style-type: none">• Premier \$1500
Want a plan that works with a tax-advantaged Health Savings Account (see page 7 for an explanation of HSAs)...	<ul style="list-style-type: none">• High Deductible \$3000 or \$5000• Preventive and Hospital Care \$3000
Think robust coverage is more important than the lowest possible cost...	<ul style="list-style-type: none">• Premier \$1500

A few things to keep in mind

- 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. (Lower premiums also mean a higher "copay," which is the amount you pay out-of-pocket at doctor visits, hospital stays, etc.)
- The lower your deductible the higher your monthly premiums will be.
- You'll pay less by using "in-network" doctors, hospitals, pharmacies and other health care providers who participate in the plan's vast nationwide network than by using "out-of-network" doctors.
- If any of the terminology in this brochure is confusing to you, visit www.planforyourhealth.com, or see the Glossary on page 16 for an in-depth list of terms and what they mean.
- AARP Essential Premier Health Insurance plans, insured by Aetna, are medically underwritten. See page 12 for details.

Is your doctor in the network?

Which local physicians, hospitals and pharmacies participate in the health plan's network?

Visit www.aarphealthcare.com/aetna
Or call 1-866-660-4081

Choose the plan that best fits your needs

A variety of AARP Essential Premier Health Insurance plans are available in your state. All of these plans give you the freedom to go directly to any physician, hospital or specialist for covered services.

What type of coverage do you need?

Your plan choices are:

- Premier Plans
- Preventive and Hospital Care Plans
- High Deductible (HSA Compatible) Plans

Premier Plans

Premier Plans give you:

- An excellent combination of quality coverage and affordable premiums
- The freedom to seek health care when needed, and the flexibility to access care in or out-of-network
- No claim forms to fill out when you use a network provider, and no referrals are required to see a specialist.

Premier Plans are available with three levels of annual deductibles: \$1500, \$2500 and \$5000.





Preventive and Hospital Care Plans

Our Preventive and Hospital Care Plans — available with annual deductibles of \$1250 or \$3000 — are ideal if you're primarily looking for affordability when selecting a coverage option. Instead of hospitalization, these plans provide inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges.

These plans also provide coverage for preventive care, including an annual GYN exam, well child care and physical exam. The deductible applies to most covered expenses. (NOTE: This plan provides limited benefits only and does not constitute a premier health insurance plan. It may not cover all expenses associated with your health care needs.)

High Deductible (HSA Compatible) Plans

A key advantage of a High Deductible Plan is it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds.

What does "tax-advantaged" mean? It means you or an eligible family member can contribute to your HSA tax-free. Those dollars earn interest tax-free. And when you make withdrawals to pay for qualified health care expenses, they're tax-free, too.

Dependent Coverage

All of AARP's Essential Premier Health Insurance plans in your state are available for Child Only, which means you can enroll a dependent child even if no other family member enrolls. Coverage includes immunizations, well child visits and emergency room visits. (NOTE: if you choose one of the HSA plans for Child Only, an HSA account is not available for the child.)

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.

An HSA has other advantages as well.

Among them:

- You own your HSA, so even if you change jobs or health insurance plans, the money in your account is yours to keep.
- Any money remaining in your HSA at the end of the year rolls over to the next year. Unlike flexible spending accounts, the money is yours to keep. You never lose it.
- You can withdraw money directly from your HSA to cover qualified expenses. Or, you can allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

To establish a Health Savings Account...

First apply for an HSA-compatible High Deductible Health Plan. Then request HSA application materials by calling **1-866-660-4081** or visiting **www.aarphealthcare.com/aetna** to view and download the materials.

For more information on how HSAs work, call 1-866-660-4081 or visit **www.aarphealthcare.com/aetna** now!

	PREMIER \$1500 DEDUCTIBLE PLAN		PREMIER \$2500 DEDUCTIBLE PLAN		PREMIER \$5000 DEDUCTIBLE PLAN	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual / Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance (Member's Responsibility)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,500/\$15,000	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum* per Insured	\$5,000,000		\$5,000,000		\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay ded. waived	40% after deductible	\$30 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible
Specialist Visit	\$35 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible	\$50 copay ded. waived	40% after deductible
Hospital Admission	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% after deductible		\$100 copay** (waived if admitted) 20% after deductible		\$100 copay** (waived if admitted) 20% after deductible	
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical <i>Aetna will pay up to \$200.</i>	\$25 copay ded. waived	40% after deductible	\$30 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible
Lab / X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physical / Occupational Therapy <i>24 visits per calendar year* – Aetna will pay a max. of \$25 per visit</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
PHARMACY						
Pharmacy Deductible Individual / Family	\$250/\$500 NA to generic	\$250/\$500 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic	\$500/\$1,000 NA to generic
Generic <i>Oral Contraceptives Included</i>	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	\$15 copay ded. waived	\$15 copay plus 40% ded. waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$25 copay after deductible	\$25 copay plus 40% after ded.	\$25 copay after deductible	\$25 copay plus 40% after ded.	\$25 copay after deductible	\$25 copay plus 40% after ded.
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 40% after ded.	\$40 copay after deductible	\$40 copay plus 40% after ded.	\$40 copay after deductible	\$40 copay plus 40% after ded.
Calendar Year Maximum per Individual*	\$5,000		\$5,000		\$5,000	

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

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

*** Aetna discount available.

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

+ 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.

Programs to help you manage your health

AARP Essential Premier Health Insurance plans include special programs* to complement 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.

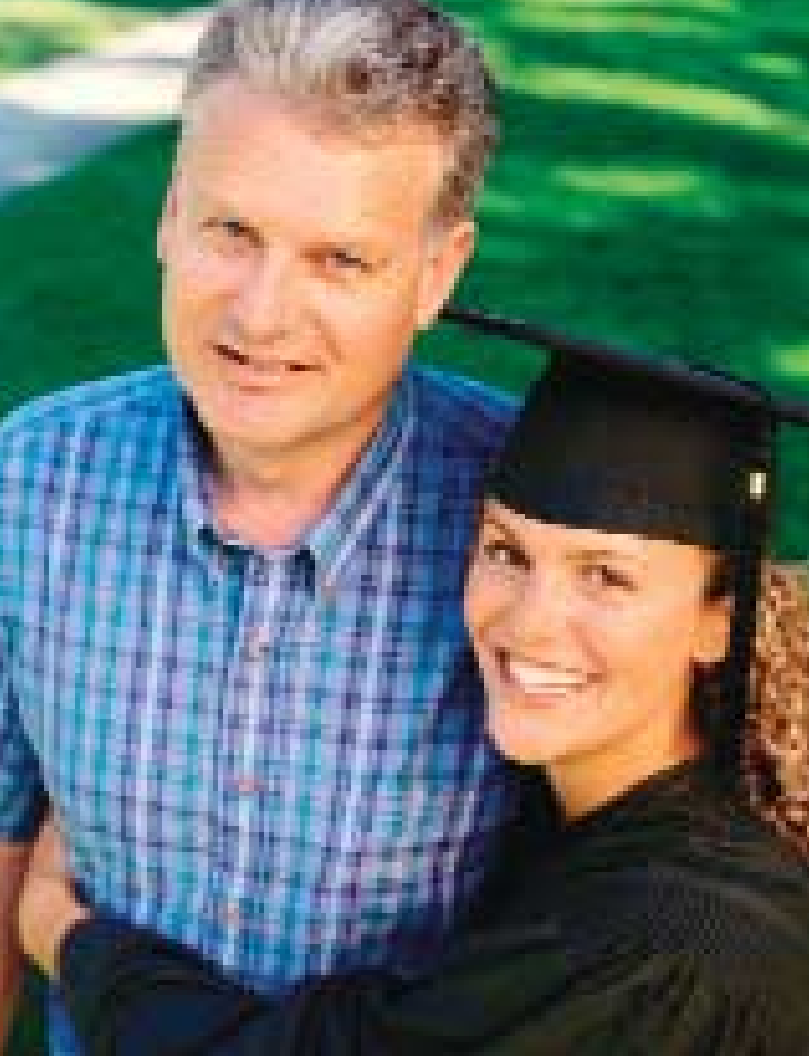
Rx Home Delivery®

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.

Weight ManagementSM 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 members and their eligible family members access to discounts on Jenny Craig® weight loss programs and products. Start with a FREE 30-day trial membership¹; then choose either a 6-month¹ or 12-month program² that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.





Navigator™

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

Informed Health® Line

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

Natural Products and ServicesSM program

Insured members and their families can access complementary health care products and services at reduced rates through the 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.

* Natural Products and ServicesSM program, Weight Management 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. Neither AARP nor Aetna endorses any vendor, product or service associated with these programs. It is not necessary to be a member of an AARP plan to access the program participating providers. Availability varies by plan. Call 1-866-660-4081 for details.

¹ Offers good at participating centers and through Jenny Direct at home only. Additional cost for all food purchases.

² Additional weekly food discounts will grow throughout the year, based on active participation.

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

Call 1-866-660-4081 or visit
www.aarphealthcare.com/aetna now!

Things you need to know to apply

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

- Between ages 50 and 64-3/4 (If applying as a couple, both you and your spouse or domestic partner must be under 64-3/4.)
- Under age 19 for eligible dependent* children; between ages 19 and 25 for unmarried eligible dependent children with proof of full-time student status
- Legal residents in a state with products offered by these plans
- Legal U.S. residents for at least 6 continuous months.

Your premium payments

Your premium payments are guaranteed not to increase for 6 months from your effective date. After that, your premiums may change. Final rates are subject to medical review, based on your health history.

Your coverage

Your coverage remains in effect as long as you pay the required premiums 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
- Residency requirements
- Obtaining duplicate coverage
- For other reasons permissible by law.

Medical underwriting requirements

AARP Essential Premier Health Insurance plans are not guaranteed issue plans and require medical underwriting, a review of your health history. Some individuals may be federally eligible under the Health Insurance Portability and Accountability Act (HIPAA) for a special guaranteed issue plan under Pennsylvania laws and regulations.

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

We offer various levels of coverage based on the known health medical risk factors of each applicant.

Levels of coverage and enrollment

After processing of your application, you may be:

- Enrolled in your selected plan at the standard premium rate (lowest rate available)
- Enrolled in your selected plan at a higher rate, based on medical findings
- 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 similar coverage before or on the effective date of the plan.



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 any physical or mental condition you've been diagnosed or treated for prior to the effective date of health insurance coverage (the day your coverage begins).

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

** The applicant enrolling for Individual coverage is considered to have prior creditable coverage if the lapse between the prior coverage termination date and signature date on the application is NOT greater than 63 days. Prior creditable coverage does not guarantee acceptance into the AARP Essential Premier Health Insurance Plan, insured by Aetna. Plans are medically underwritten and all applicants must submit a completed application. If the applicant has prior creditable coverage within 63 days immediately before the signature date on the application, then the pre-existing conditions exclusion of the plan will be waived.

Limitations and exclusions

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

Medical Limitations and Exclusions

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

- Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies
- Private duty nursing
- Personal care services and home care services not stated in the plan description
- Non-replacement fees for blood and blood products

Unless otherwise specified in covered services, dental work or treatment, including hospital or professional care in connection with:

- The operation or treatment for fitting or wearing of dentures
- Orthodontic care
- Dental implants
- Experimental services
- Immunizations related to foreign travel

- The purchase, examination, or fitting of hearing aids and supplies, and tinnitus maskers, unless included as a covered benefit.
- Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports, or exams for their prescription or fitting, unless these services are determined to be medically necessary.
- Inpatient admissions primarily for physical therapy unless authorized by the plan.
- Charges in connection with pregnancy care, other than for pregnancy complications
- Treatment of sexual dysfunction not related to organic disease
- Services to reverse a voluntary sterilization
- In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, or cryogenic or other preservation techniques used in these or similar procedures
- Practitioner, hospital or clinical services related to the procedure commonly referred to as “Lasik Eye Surgery” including radial keratotomy, myopi keratomileusis, and surgery that involved corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error
- Nonmedical ancillary services such as vocational rehabilitation, employment counseling, or educational therapy
- Services that are not medically necessary

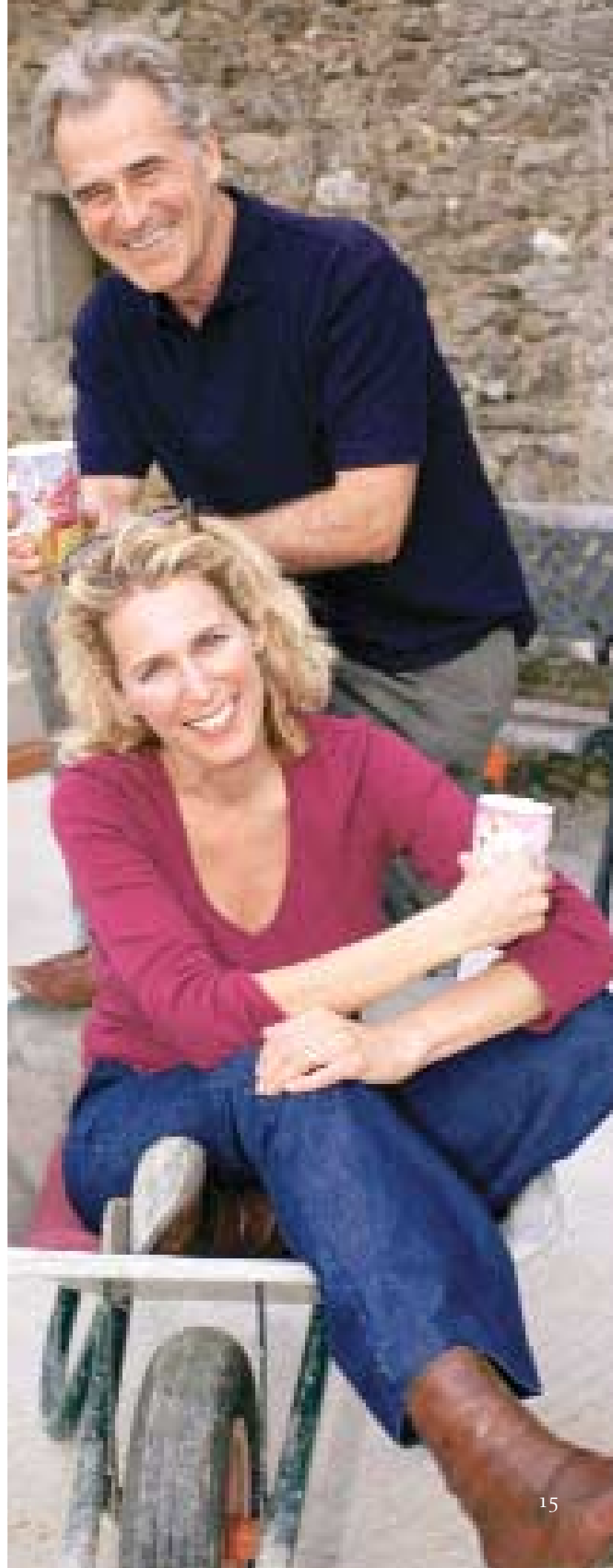
- Medical expenses for a pre-existing condition are not covered for the first 12 months after the member's effective date. Look-back period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date 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.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medication: food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

30-day right to review

Do not cancel your current insurance until you are notified you have been accepted for coverage.

We'll review your application to determine if you meet underwriting requirements. If you are denied, you will be notified by mail. If approved, you will be sent an AARP Essential Premier Health Insurance contract and ID card.

If, after reviewing the contract, you find you are not satisfied for any reason, simply return the contract to us within 30 days. We will refund any premium you have paid less the cost of any services paid on behalf of you or any covered dependent.





Glossary

Here are a few definitions of terms used throughout this brochure. For a more in-depth list, please visit www.planforyourhealth.com.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985): Some employers are mandated by law to offer employees who have been let go the option to continue their health coverage for up to 18 months. The employee will pay the full premium, up to 102% of the employer's cost (the extra 2% is the administration fee). You have 63 days to enroll, and when you do, coverage is retroactive. Remember, COBRA covers ALL members of your family from the date of termination, so if your spouse or domestic partner has a pre-existing condition that a new, cheaper policy might not cover, you can elect to keep COBRA for him or her. If you're considering COBRA, be sure to get more information from your employer — and remember, coverage only lasts 18 months.

Coinsurance: These are costs you pay after you've met your deductible. Coinsurance is usually a percentage of medical expenses. For example, many insurance companies pay 80% of medical costs and ask you to pay the remaining 20% — that 20% is your coinsurance.

Copays: Copays are usually fixed amounts you pay for a product or service, like a \$10 copay for doctor's visits or prescription drugs. Often, copays are unlimited. For example, even if you've met your deductible, you'll still have a \$10 copay for doctor's visits.

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www.aarphealthcare.com/aetna now!

Deductible: A fixed yearly amount that you pay before the benefits of your plan policy start. Typically, the higher your deductible, the lower your monthly premium.

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

Lifetime Maximum: The total amount of benefits an individual may receive or the limited number of particular services an individual may receive over the term of the policy.

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

Out-of-Pocket Maximums: After you meet your deductible, this is the most coinsurance you can pay in a single year. Out-of-pocket maximums may or may not apply to small copay amounts.

Pre-existing Conditions: Any physical or mental condition you’ve been diagnosed or treated for prior to the effective date of health insurance coverage (the day your coverage begins).

Premium: The amount you pay for coverage, usually paid in monthly installments.

Primary Care Physician: A primary care physician provides, coordinates, or arranges for care to patients, and takes continuing responsibility for providing a patient’s care.

Referrals: The recommendation by a physician and/or health plan for a covered person to receive care from a different physician, specialist, or facility.

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

Underwriting: The process insurance companies use to evaluate the costs of insuring you and determining if you’re eligible for coverage. It can involve asking medical questions or requiring health exams. If you are eligible for coverage and multiple rate levels exist, your rate level will be assigned based on this underwriting.

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

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

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

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Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-660-4081.

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

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

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



Health

Essential Premier Health Insurance

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