

**AARP® Essential Premier  
Health Insurance,**  
insured by Aetna.  
Florida

## **AARP® Essential Premier Health Insurance**

Insured by Aetna

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



Essential Premier Health Insurance  
insured by 

AARP® Essential Premier Health Insurance Plan is the name of the plan underwritten 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.

AARP Essential Premier Health Insurance plans are medically underwritten by Aetna Life Insurance Company and to the extent permitted by law you may be declined coverage in accordance with your health condition. This material is for information only. Health insurance plans contain exclusions and limitations. Information subject to change.

Policy forms issued in OK include: GR-29/GR-29N. Policy forms issued in ID include: GR-9N 10054-OC-PH 3000 01 / GR-9N 10054-OC-PH 1250 01 / GR-9N 10054-OC-HDHP 01 / GR-9N 10054-OC 01.



Essential Premier Health Insurance

insured by  Aetna®

013078544-AARPBKRTL B LFM



**AARP® Essential Premier  
Health Insurance,**  
insured by Aetna.  
Florida

<b>Your guide to AARP Essential Premier Health Insurance</b>	<b>5</b>
<b>Aexcel - Aetna's network of high-performing physicians</b>	<b>25</b>
<b>Rates in your area</b>	<b>29</b>
<b>Important disclosure information (the "fine print")</b>	<b>79</b>

49.4.300.1 A (8/12)

Visit: [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com)

# Health Care Reform – what you need to know

The Federal Health Care Reform Legislation, known as The Patient Protection and Affordable Care Act, was signed into law on March 23, 2010.

Since then, Aetna has periodically updated the AARP Essential Premier Health Plans, insured by Aetna to include any necessary changes. It is important for you to know that your Plan will always comply with all of the federal health care reform legislation.

## Women's Preventive Health Benefits – new changes effective August 1, 2012

As you may know, the legislation includes changes that are being phased in over a number of years. The latest set of changes now includes coverage of Women's Preventive Health Benefits.

As of August 1, 2012, all of the following women's health services are considered preventive and therefore generally covered at no cost share, when provided in-network:

- Well-woman visits (annual routine physical, annual routine GYN exam and prenatal visits)
- Screening for gestational diabetes
- Human Papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Contraceptive methods and counseling

If you would like to compare additional plans, or for more detailed plan information, you may also visit [www.healthcare.gov](http://www.healthcare.gov).



013078544-AARPBKREL.B.LFM-2



## Welcome to AARP® Essential Premier Health Insurance Plan, insured by Aetna.

**Nothing is more important than your health.**

That's why health insurance coverage is such an essential part of life for AARP members.

**Did you or your spouse just leave an employer's insurance plan?**

**Are you looking for something less expensive than COBRA?**

**Want to switch from your current plan?**

**AARP Essential Premier Health Insurance offers quality coverage.**

An excellent value, this plan was custom-designed exclusively for AARP members aged 50 to 64 and their dependents.

This health insurance plan is endorsed by AARP, and it is insured by Aetna.

One of the nation's leading health insurers, Aetna has been in business for over 150 years.

Many of these plans offer:

- Coverage for you, your spouse, your dependent children and/or grandchildren
- Prescription drug, doctor, hospital and preventive care coverage
- High-deductible plans compatible with tax-advantaged Health Savings Accounts (HSAs)
- Aetna's nationwide network of doctors and hospitals

**Here's what to do next:**

- Read through this guide
- Decide which plan best fits your needs
- Complete the application
- Mail it in the enclosed envelope

**Questions, want a price quote, or want to apply by phone?**

- Call a company representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773).
- Ask about speaking to an authorized independent health insurance agent\* in your area.
- You can also apply online at [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com).

Thanks for inquiring about this health insurance plan designed just for AARP members. It represents a strong combination of quality and value in health insurance.





# Your guide to AARP Essential Premier Health Insurance

Here's how to use this guide to select and apply for AARP® Essential Premier Health Insurance, insured by Aetna:

**A.**

Confirm that AARP Essential Premier Health Insurance is available in your area. Section A.

**B.**

Check out the plan's many advantages. Section B.

**C.**

Learn about the types of coverage options available to you. Section C.

**D.**

Get some helpful tips on choosing the right coverage for your unique needs. Section D.

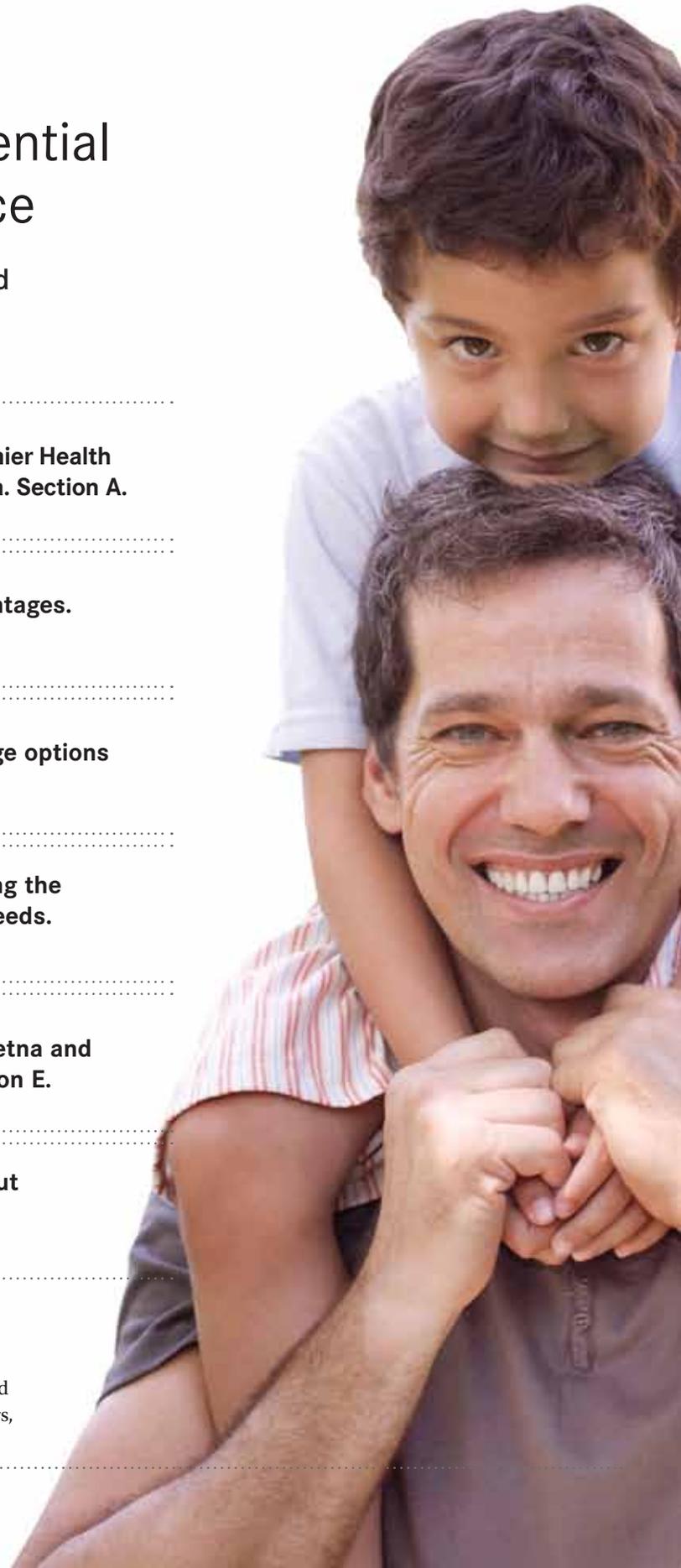
**E.**

Compare the plans insured by Aetna and their features side by side. Section E.

**F.**

Apply online, by mail, or ask about speaking to a local authorized independent agent.\* Section F.

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



# **A.** Is AARP Essential Premier Health Insurance available in your area?

Covered counties\* are shaded in grey and listed on the opposite page.



**Which doctors and hospitals are in the network?**

Visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com)

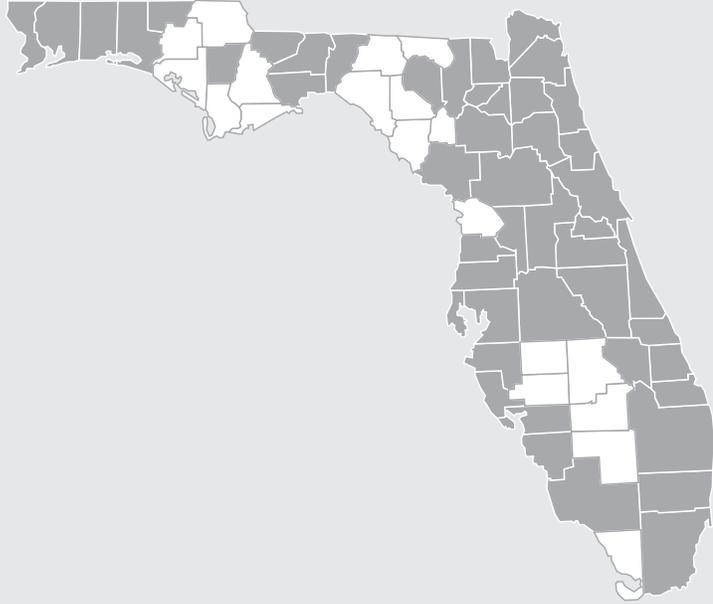
Or call a representative toll-free at

1-866-660-4081 (TTY: 1-800-232-7773)



# Network map

## Florida



### Network counties

Alachua	Hillsborough	Saint Lucie
Baker	Holmes	Santa Rosa
Bay	Indian River	Sarasota
Bradford	Jackson	Seminole
Brevard	Jefferson	Sumter
Broward	Lafayette	Suwannee
Calhoun	Lake	Taylor
Charlotte	Lee	Union
Citrus	Leon	Volusia
Clay	Levy	Wakulla
Collier	Liberty	Walton
Columbia	Madison	Washington
Dade	Manatee	
De Soto	Marion	
Dixie	Martin	
Duval	Miami-Dade	
Escambia	Monroe	
Flagler	Nassau	
Franklin	Okaloosa	
Gadsden	Okeechobee	
Gilchrist	Orange	
Glades	Osceola	
Gulf	Palm Beach	
Hamilton	Pasco	
Hardee	Pinellas	
Hendry	Polk	
Hernando	Putnam	
Highlands	Saint Johns	

## **B. The many advantages of AARP Essential Premier Health Insurance**

These health insurance plans offer many advantages to you, including:

### **Family coverage**

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

### **Choice**

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

### **Tax advantages**

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

### **Coverage when you travel**

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

### **Help with health information**

Need health information fast? Through Aetna's secure, award winning website, we offer you access to reliable health tools and resources to help you better understand and manage your health benefits. You can also call a registered nurse toll-free 24/7 through Aetna's Informed Health® Line.

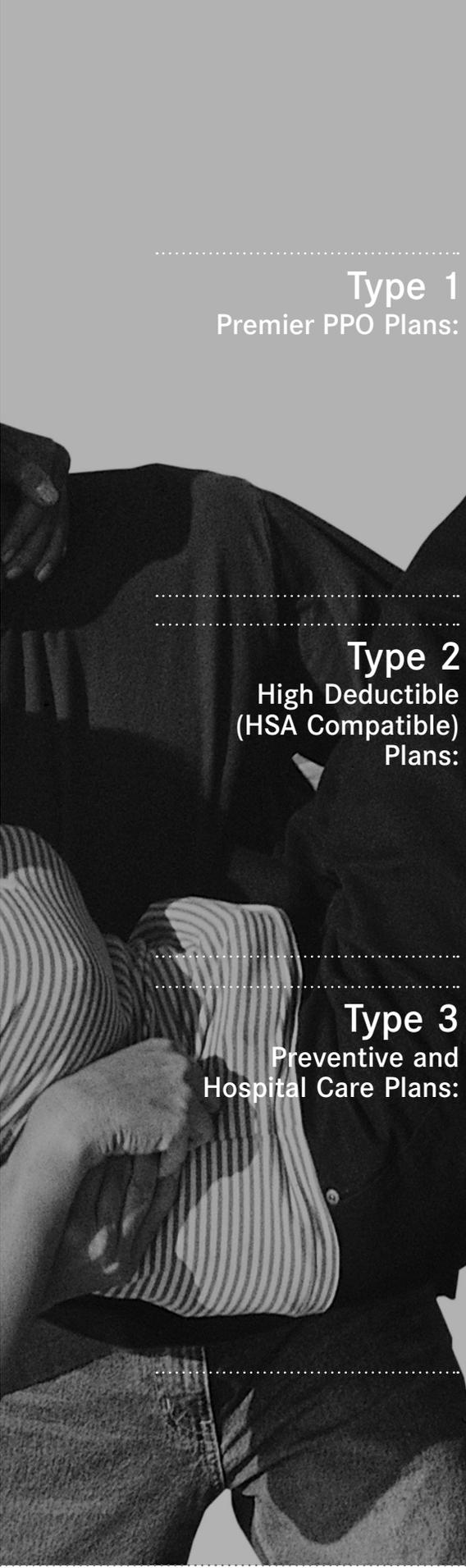
To the extent permitted by law, AARP® Essential Premier Health Insurance plans are medically underwritten by Aetna and you may be declined coverage in accordance with your health condition. If declined coverage, you may be federally eligible under the Health Insurance Portability and Accountability Act (HIPAA) or a special guaranteed issue plan under your state's laws and regulations. Health insurance plans contain exclusions and limitations.



### **Why Aetna?**

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

## C. A variety of plans to fit a variety of needs



### Type 1 Premier PPO Plans:

#### Robust coverage, competitive premiums

- An excellent combination of quality coverage and competitively priced premiums.
- The freedom to see doctors whenever you need to, with no referrals needed for covered services.
- Covers preventive care, prescription drugs, doctor visits, hospitalization and preventive medications at 100% before your deductible (no co-payment).
- No claim forms to fill out when you use a network provider.
- Three (3) plan options, based on an annual deductible of \$1500, \$2500 or \$5000.

### Type 2 High Deductible (HSA Compatible) Plans:

#### Tax advantages, lower premiums

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

### Type 3 Preventive and Hospital Care Plans:

#### Basic coverage with limited benefits, lower premiums

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

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

# HSA advantages

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

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

---

## About premiums, deductibles and copays:

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

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

---





### **Want to cover your children or grandchildren?**

You can enroll dependent children or dependent grandchildren on your AARP Essential Premier Health Insurance plan.

## Added coverage

We understand you're looking for more coverage. Aetna has answered. Check out the following benefits now available in all AARP Essential Premier plans:

- One eye exam every 12 months with no copay and no deductible when you see an in-network provider\*.
- Enhanced hospice coverage with an unlimited lifetime maximum. The Aetna Compassionate Care<sup>SM</sup> program provides additional support to members and their families who are confronting life-threatening illness and to help them access optimal care. A dedicated website provides online tools and information about advance directives and living wills, as well as tips on how to begin discussions about personal wishes at the end of life. More information can be found by visiting [www.AetnaCompassionateCareProgram.com/EOL/](http://www.AetnaCompassionateCareProgram.com/EOL/).

## Preventive care

Preventive care is covered beginning on the effective date of your policy, with no deductible applied for the following services:

- Flu shots (no copay; no physical exam needed).
- Regular office visits, routine GYN exams, and annual physical exams.
- Preventive colonoscopies and annual mammograms.
- Certain preventive medications covered on High Deductible Health Plans (no copay). Visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com) for a list of qualified medications.

\* To determine which doctors are in the network, visit Aetna DocFind by clicking on "Find a Doctor" on [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com).

## D. Tips on selecting the right plan for you

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

<b>If</b>	If you want a lower deductible and are willing to pay a higher premium...	<b>Then</b>	Premier \$ 1500 or \$2500
<b>If</b>	You use only basic health care services and want to keep your monthly premium payments lower...	<b>Then</b>	Premier \$5000 Preventive and Hospital Care \$3000* High Deductible \$5000
<b>If</b>	You don't want to pay a lot for frequent doctor visits...	<b>Then</b>	Premier \$ 1500
<b>If</b>	You want a balance of lower cost and quality coverage...	<b>Then</b>	Premier \$2500
<b>If</b>	You want to cap the amount you'll spend on total medical expenses each year...	<b>Then</b>	Premier \$ 1500
<b>If</b>	You want a plan that works with a tax-advantaged Health Savings Account...	<b>Then</b>	High Deductible \$3000 or \$5000 Preventive and Hospital Care \$3000*
<b>If</b>	You think robust coverage is more important than the amount you will pay...	<b>Then</b>	Premier \$ 1500

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

013078544-A-ARPBKRF.L B LFM-12

## **E. Compare the plans side by side**

### **Easy-to-compare benefits charts**

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

### **Have questions or want a quote?**

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

Ask about authorized independent insurance agents in your area or visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com) to Find an Agent in your area.



Which doctors and hospitals are in the network?  
Visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com)  
Or call a representative toll-free at 1-866-660-4081 (TTY: 1-800-232-7773)

**PREMIER  
\$1,500 DEDUCTIBLE PLAN**

(You pay the amounts below)

**PREMIER  
\$2,500 DEDUCTIBLE PLAN**

(You pay the amounts below)

**PREMIER  
\$5,000 DEDUCTIBLE PLAN**

(You pay the amounts below)

MEMBER BENEFITS	In-Network	Out-of-Network <sup>†</sup>	In-Network	Out-of-Network <sup>†</sup>	In-Network	Out-of-Network <sup>†</sup>
<b>Deductible</b> 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
<b>Coinsurance</b> (Member's Responsibility)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Coinsurance Maximum</b> 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
<b>Out-of-Pocket Maximum</b> (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
<b>Lifetime Maximum per Insured</b>	Unlimited		Unlimited		Unlimited	
<b>Non-Specialist Office Visit</b> 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
<b>Specialist Visit</b>	\$35 copay ded. waived	40% after deductible	\$40 copay ded. waived	40% after deductible	\$50 copay ded. waived	40% after deductible
<b>Hospital Admission</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency Room</b>	\$150 copay** (waived if admitted) after deductible		\$150 copay** (waived if admitted) after deductible		\$150 copay** (waived if admitted) after deductible	
<b>Annual Routine GYN Exam</b> Annual Pap	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health Routine Physical</b>	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible
<b>Lab / X-Ray</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Skilled Nursing</b> 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
<b>Home Health Care</b> 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
<b>PHARMACY</b>						
<b>Pharmacy Deductible</b> 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
<b>Generic</b> <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
<b>Preferred Brand</b> <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.
<b>Non-Preferred Brand</b> <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.
<b>Self Injectables</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Calendar Year Max</b> per Individual	Unlimited		Unlimited		Unlimited	

\* 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.

013078544-ARPBKRL B UFM-14

**HIGH DEDUCTIBLE \$3000 PLAN  
(HSA COMPATIBLE)**

(You pay the amounts below)

**HIGH DEDUCTIBLE \$5000 PLAN  
(HSA COMPATIBLE)**

(You pay the amounts below)

**PREVENTIVE & HOSPITAL  
\$1250 DEDUCTIBLE PLAN**

(You pay the amounts below)

**PREVENTIVE & HOSPITAL  
\$3000 DEDUCTIBLE PLAN  
(HSA COMPATIBLE)**

(You pay the amounts below)

In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000	\$1,250/\$2,500	\$2,500/\$5,000	\$3,000/\$6,000	\$6,000/\$12,000
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$0/\$0	\$6,500/\$13,000	\$0/\$0	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000/\$4,000	\$4,000/\$8,000
\$3,000/\$6,000	\$12,500/\$25,000	\$5,000/\$10,000	\$12,500/\$25,000	\$3,750/\$7,500	\$7,500/\$15,000	\$5,000/\$10,000	\$10,000/\$20,000
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered		Not covered	
0% after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered		Not covered	
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
0% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
\$0 copay after deductible		\$0 copay after deductible		\$100 copay** (waived if admitted) 20% after deductible		\$100 copay** (waived if admitted) 20% after deductible	
\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible	\$0 copay ded. waived	40% after deductible
Not covered <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>	
\$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
0% after deductible	40% after deductible	0% after deductible	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	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Integrated Medical/Rx Deductible		Integrated Medical/Rx Deductible		Not applicable		Not covered***	
\$0 copay after deductible	40% after deductible	0% after deductible	40% after deductible	\$15 copay ded. waived	\$15 copay plus 40% ded. waived	Not covered***	
\$0 copay after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered***		Not covered***	
\$0 copay after deductible	40% after deductible	0% after deductible	40% after deductible	Not covered***		Not covered***	
0% after deductible	20% after deductible	0% after deductible	20% after deductible	Not covered***		Not covered***	
Unlimited		Unlimited		Unlimited		Not applicable	

49.39.303.1 (1/11)

49.44.304.1-FLA (1/12)

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

## F. Three ways to apply\*



### Option one: Apply online

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



### Option two: Apply with an agent

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



### Option three: Apply by mail

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



### If you applied online, here’s how to check your status:

1. To check your status online, visit **www.PremierHealthCoverage.com**.
2. Click the “Apply” button.
3. Enter your AARP membership information.
4. When prompted, enter your username and password to access your account.
5. Select the “My Account” link in the upper right corner to be directed to your application’s status.

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



# Special Aetna programs to help you manage your health

## **Aetna Rx Home Delivery®**

With this optional program, you can order prescription drugs through Aetna's convenient and easy mail-order pharmacy. To learn more, visit [www.AetnaRxHomeDelivery.com](http://www.AetnaRxHomeDelivery.com).

## **Aetna Weight Management<sup>SM</sup> program**

Interested in losing weight, feeling great and saving money? If so, the Aetna Weight Management<sup>SM</sup> discount program provides you and your eligible family members with access to discounts on diet plans, weight-loss programs, meal plans and products from several different companies.

Members can meet their specific weight-loss goals and save money on a variety of programs and plans to choose from.

## **Aetna's Secure Member Website**

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

## **Informed Health® Line**

Get answers to your health questions, 24 hours a day, 7 days a week, by calling a toll-free hotline staffed by Aetna's team of registered nurses. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

## **Aetna Natural Products and Services<sup>SM</sup> program**

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

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.

# Things to know before you apply

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

- Between the ages of 50 and 64-3/4 (if you are applying as a couple, both you and your spouse or domestic partner must be under 64-3/4), and
- Under age 26 for eligible dependent,\* and
- A legal resident in a state with products offered by these plans, and
- A legal U.S. resident for at least 6 continuous months, and
- An AARP member. However, you do not need to be a member to get a quote.

## Your premium payments

Your premium payments are guaranteed not to increase for at least 12 months from your effective date, provided that there are no changes to your policy, including your area of residence, benefit plan or addition of dependents. However, if there is a change in law or regulation or a judicial decision that has an impact on the cost of providing your covered benefits under your policy, we reserve the right to change your premium rate during this guarantee period. After that, your premiums may change. Final rates are subject to a review of your health history (also known as “medical underwriting”).

## Your coverage

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

- Do not pay premiums on time, or
- Do not meet residency requirements, or any other eligibility requirements noted above, or
- Have or obtain similar coverage (duplicate coverage) from another insurance company, or

- Become ineligible for other reasons permitted by law. For more information, please see the disclosure section of this brochure.

## Medical underwriting

- To the extent permitted by law, AARP Essential Premier Health Insurance plans are medically underwritten by Aetna, and you may be declined coverage in accordance with your health condition.
- AARP Essential Premier Health Insurance plans are not guaranteed issue plans and to the extent permitted by law, require a review of your health history (called “medical underwriting”). You may be declined coverage in accordance with your health condition. Children under the age of 19 cannot be declined coverage for pre-existing conditions.
- If declined coverage you may be federally eligible under the Health Insurance Portability and Accountability Act (HIPAA) or a special guaranteed issue plan under your state’s laws and regulations.
- Applicants, enrolling spouses or domestic partners and dependents are subject to medical underwriting to determine eligibility and appropriate rate levels.
- Aetna offers various rate levels based on the known health and medical risk factors of each applicant.

## Rate levels and enrollment

After processing of your application, you may be:

- Enrolled in your selected plan at the lowest rate available (known as the standard premium charge)
- Enrolled in your selected plan at a higher premium
- Declined coverage (except for dependents under age 19)

## Duplicate coverage

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

## Pre-existing conditions

For Applicants 19 and older:

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

\* An eligible dependent is defined as under age 26 (or higher if allowed by state law) and dependent upon an AARP member for support and maintenance and is one of the following: natural child, stepchild, legally adopted child, child placed for adoption, child for whom legal guardianship has been awarded to the AARP member, or relative of the AARP member by blood or marriage.

## 10-day right to review

- Do not cancel your current insurance until you’re notified you’ve been accepted for coverage.
- Aetna will review your application to determine if you meet underwriting requirements. If you’re denied, you will be notified by mail. If approved, you’ll be sent an AARP Essential Premier Health Insurance contract and ID card.
- If, after reviewing the contract, you are not satisfied for any reason, simply return the contract to us within 10 days of your receipt. We will refund any premium you have paid, less the cost of any services paid on behalf of you or any covered dependent.
- An eligible dependent is defined as under age 26 (or higher if allowed by state law) and dependent upon an AARP member for support and maintenance and is one of the following natural child, stepchild, legally adopted child, child planned for adoption, child for who legal guardianship has been awarded to the AARP member, or relative of the AARP member by blood marriage.

## Have questions or want a quote?

Have questions or want a quote?

Call a representative toll-free at  
1-866-660-4081

(TTY: 1-800-232-7773).

Ask about authorized independent insurance agents in your area or visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com) to Find an Agent in your area.

# Limitations and exclusions

## Have questions or want a quote?

Have questions or want a quote?

Call a representative toll-free at  
1-866-660-4081

(TTY: 1-800-232-7773).

Ask about authorized independent insurance agents in your area or visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com) to Find an Agent in your area.

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

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

- Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies.
- Private duty nursing.
- Personal care services and home care services not stated in the plan description.
- Non-replacement fees for blood and blood products.
- Dental work or treatment, unless otherwise specified in covered services, including hospital or professional care in connection with:
  - The operation or treatment for fitting or wearing of dentures
  - Orthodontic care
  - Dental implants
  - Experimental services



- Immunizations related to foreign travel.
- The purchase, examination or fitting of hearing aids and supplies, and tinnitus maskers, unless included as a covered benefit.
- Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports, or exams for their prescription or fitting, unless these services are determined to be medically necessary.
- Inpatient admissions primarily for physical therapy unless authorized by the plan.
- Charges in connection with pregnancy care, other than for pregnancy complications.
- Treatment of sexual dysfunction not related to organic disease.
- Services to reverse a voluntary sterilization.
- In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, or cryogenic or other preservation techniques used in these or similar procedures.
- Practitioner, hospital or clinical services related to the procedure commonly referred to as “Lasik Eye Surgery,” including radial 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, for the first 12 months after the member’s effective date. Look-back period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 6 months prior to the effective date of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature of the application, then the pre-existing conditions exclusion of the plan will be waived. See the “Words To Know” section of this booklet for more information on pre-existing conditions and prior creditable coverage.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary 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.

# Words to know

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

## **COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)**

Some employers are mandated by law to offer employees who terminate employment the option to continue their health coverage for up to 18 months. The employee pays the full premium, up to 102% of the employer's cost (the extra 2% is the administration fee).

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

## **Copay**

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

## **Coinsurance**

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

## **Deductible**

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

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

A tax-advantaged financial account, with various restrictions, that helps cover current and future medical expenses.

## **Look-Back Period**

When you enroll for health insurance, you must report any medical conditions for which you have been diagnosed or treated during the "look-back" period. For example, if a health plan has a 6 month look-back period, you have to report conditions you had treated in the last 6 months. Based on your answers, you'll either be accepted, denied or accepted with a pre-existing condition "waiting period" — the time you must wait before your pre-existing conditions can be covered.

## **Out-of-Pocket Costs**

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

## **Out-of-Pocket Maximums**

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

**Pre-existing Conditions**

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

**Premium**

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

**Primary Care Physician**

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

**Prior Creditable Coverage**

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

**Referrals**

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

**Specialist**

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

**Underwriting**

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

**Have questions or want a quote?**

Have questions or want a quote?

Call a representative toll-free at  
1-866-660-4081

(TTY: 1-800-232-7773).

Ask about authorized independent insurance agents in your area or visit [www.PremierHealthCoverage.com](http://www.PremierHealthCoverage.com) to Find an Agent in your area.

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



## Aexcel<sup>®</sup> – Aetna’s network of high-performing physicians

Specialists with the Aexcel<sup>®</sup> designation  
meet standards for clinical performance  
and efficiency.

Get more information about your doctor  
before you visit.

49.39.301.1 (1/11)

49.44.309.1 A (1/12)



# The Aexcel network

## **Aexcel, Aetna's performance network, gives you access to some of the high-performing specialists.**

Specialty doctors and doctor groups with the Aexcel designation:

- Are part of the Aetna network of health care providers
- Have met industry-accepted practices for clinical performance
- Have met Aetna's efficiency standards

### **You'll find other advantages, too.**

As an AARP® Essential Premier Health Insurance member, when you visit one of these doctors, referrals are not needed.

### **Get care in 12 specialty areas.**

Visit doctors and doctor groups in these 12 areas:

- Cardiology
- Cardiothoracic Surgery
- Gastroenterology
- General Surgery
- Neurology
- Neurosurgery
- Obstetrics and Gynecology
- Orthopedics
- Otolaryngology/ENT
- Plastic Surgery
- Urology
- Vascular Surgery

Consider Aexcel-designated doctors when you need specialty care.

## **How does Aetna choose specialists for Aexcel designation?**

Aetna analyzes specialists' performance using nationally recognized standards from many groups. These include the American Heart Association, American College of Obstetricians and Gynecologists, Agency for Health Research and Quality, Society of Thoracic Surgeons, and Centers for Medicare & Medicaid Services.

### **Measurable standards**

Items tracked:

- Hospital readmission rates after 30 days
- Rates of health complications during hospital care
- Other treatments, by specialty, shown to improve outcomes

Aetna also looks at external recognition information specific to the physicians' Aexcel specialty.

### **Cost of Care**

Also reviewed are the costs of treating Aetna members in each of the 12 Aexcel areas of care. Aetna tries to include all costs — not just visits to the doctor's office.

Items reviewed are inpatient, outpatient, diagnostic, lab and pharmacy claims. The total costs of care from each doctor to the costs of other doctors in the same region are then compared.

The doctors who best meet the above standards are chosen to receive the Aexcel designation.



# Frequently asked questions

## **How can I find an Aexcel-designated doctor?**

AARP Essential Premier Health Insurance members can access Aetna's DocFind® online provider directory at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans). Aexcel-designated doctors have a blue star next to their name.

More information is available on Aetna Navigator®, your secure member website. Just log in, enter DocFind, and search for a specialist. Click on the "Provider Details" link below an Aexcel-designated specialist and then click on the "View Clinical Quality and Efficiency" tab.

You can find more information on Aexcel designation in our Understanding Aexcel brochure. It's also available online in DocFind at [www.UnderstandingAexcel.com](http://www.UnderstandingAexcel.com). Simply click on the "Learn More" section.

## **Do I need a referral to see an Aexcel-designated doctor?**

No. AARP Essential Premier Health Insurance members do not need a referral to see an Aexcel-designated doctor.

## **Will I pay extra for an Aexcel-designated specialist?**

No. In fact, by visiting an Aexcel-designated specialist, your benefits are considered in-network. Plus, doctors with the Aexcel designation have been shown to work efficiently within the health care system. That is good news for your health.

## **What if a doctor is part of a group?**

If a doctor is part of a group, we evaluate the entire group. In this case, performance-measurement results of other doctors in the group affect each individual doctor's evaluation.

Specialists are regularly reviewed for the Aexcel designation. Please check your doctor's status before making an appointment.

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



## Rates in your area

Florida

Effective 01/01/2012

49.39.301.1 (1/11)

49.44.310.1-FLA (1/12)



**Rates† listed here apply to the following counties in your state:**

Alachua	Flagler
Baker	Marion
Clay	Nassau
Duval	Saint Johns

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$736	\$736
1	\$332	\$332
2	\$217	\$217
3	\$201	\$201
4	\$185	\$185
5	\$172	\$172
6	\$161	\$161
7	\$154	\$154
8	\$150	\$150
9	\$149	\$149
10	\$153	\$153
11	\$160	\$160
12	\$169	\$169
13	\$171	\$180
14	\$183	\$193
15	\$195	\$206
16	\$206	\$220
17	\$215	\$235
18	\$220	\$241
19	\$223	\$248
20	\$216	\$244
21	\$207	\$240
22	\$193	\$230
23	\$193	\$236
24	\$195	\$244
25	\$199	\$254
26	\$206	\$265
27	\$214	\$276
28	\$222	\$286
29	\$230	\$296
30	\$237	\$303
31	\$242	\$309
32	\$246	\$314
33	\$247	\$318
34	\$249	\$322
35	\$250	\$326
36	\$252	\$331
37	\$256	\$338
38	\$261	\$347
39	\$269	\$357
40	\$279	\$368
41	\$289	\$378
42	\$301	\$389
43	\$313	\$399
44	\$325	\$409
45	\$338	\$419
46	\$351	\$429
47	\$365	\$441
48	\$378	\$452
49	\$392	\$463
50	\$407	\$473
51	\$423	\$482
52	\$442	\$490
53	\$464	\$498
54	\$489	\$506
55	\$519	\$517
56	\$549	\$530
57	\$580	\$545
58	\$611	\$562
59	\$642	\$580
60	\$673	\$599
61	\$729	\$621
62	\$792	\$642
63	\$860	\$662
64	\$934	\$681

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$597	\$597
1	\$270	\$270
2	\$176	\$176
3	\$163	\$163
4	\$150	\$150
5	\$139	\$139
6	\$131	\$131
7	\$125	\$125
8	\$121	\$121
9	\$121	\$121
10	\$124	\$124
11	\$130	\$130
12	\$137	\$137
13	\$139	\$146
14	\$149	\$156
15	\$158	\$167
16	\$167	\$179
17	\$175	\$191
18	\$179	\$196
19	\$181	\$201
20	\$175	\$198
21	\$168	\$195
22	\$157	\$187
23	\$157	\$192
24	\$158	\$198
25	\$162	\$206
26	\$167	\$215
27	\$173	\$224
28	\$180	\$232
29	\$187	\$240
30	\$193	\$246
31	\$197	\$251
32	\$199	\$255
33	\$201	\$258
34	\$202	\$261
35	\$203	\$265
36	\$204	\$269
37	\$208	\$275
38	\$212	\$282
39	\$218	\$290
40	\$226	\$299
41	\$235	\$307
42	\$244	\$316
43	\$254	\$324
44	\$264	\$332
45	\$275	\$340
46	\$285	\$349
47	\$296	\$358
48	\$307	\$367
49	\$318	\$376
50	\$330	\$384
51	\$343	\$391
52	\$359	\$398
53	\$377	\$404
54	\$397	\$411
55	\$421	\$420
56	\$446	\$430
57	\$471	\$442
58	\$496	\$456
59	\$521	\$471
60	\$546	\$487
61	\$592	\$504
62	\$643	\$521
63	\$698	\$538
64	\$758	\$553

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$391	\$391
1	\$177	\$177
2	\$115	\$115
3	\$107	\$107
4	\$98	\$98
5	\$91	\$91
6	\$86	\$86
7	\$82	\$82
8	\$80	\$80
9	\$79	\$79
10	\$81	\$81
11	\$85	\$85
12	\$90	\$90
13	\$91	\$96
14	\$97	\$102
15	\$104	\$110
16	\$110	\$117
17	\$114	\$125
18	\$117	\$128
19	\$119	\$132
20	\$115	\$130
21	\$110	\$128
22	\$103	\$122
23	\$103	\$126
24	\$104	\$130
25	\$106	\$135
26	\$109	\$141
27	\$114	\$147
28	\$118	\$152
29	\$122	\$157
30	\$126	\$161
31	\$129	\$165
32	\$131	\$167
33	\$132	\$169
34	\$132	\$171
35	\$133	\$173
36	\$134	\$176
37	\$136	\$180
38	\$139	\$185
39	\$143	\$190
40	\$148	\$196
41	\$154	\$201
42	\$160	\$207
43	\$166	\$212
44	\$173	\$217
45	\$180	\$223
46	\$187	\$228
47	\$194	\$234
48	\$201	\$240
49	\$208	\$246
50	\$216	\$252
51	\$225	\$256
52	\$235	\$261
53	\$247	\$265
54	\$260	\$269
55	\$276	\$275
56	\$292	\$282
57	\$308	\$290
58	\$325	\$299
59	\$341	\$309
60	\$358	\$319
61	\$388	\$330
62	\$421	\$341
63	\$457	\$352
64	\$496	\$362

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$400	\$400
1	\$180	\$180
2	\$118	\$118
3	\$109	\$109
4	\$101	\$101
5	\$93	\$93
6	\$87	\$87
7	\$83	\$83
8	\$81	\$81
9	\$81	\$81
10	\$83	\$83
11	\$87	\$87
12	\$92	\$92
13	\$93	\$98
14	\$100	\$105
15	\$106	\$112
16	\$112	\$120
17	\$117	\$128
18	\$120	\$131
19	\$121	\$134
20	\$117	\$133
21	\$112	\$130
22	\$105	\$125
23	\$105	\$128
24	\$106	\$133
25	\$108	\$138
26	\$112	\$144
27	\$116	\$150
28	\$121	\$155
29	\$125	\$161
30	\$129	\$165
31	\$132	\$168
32	\$133	\$171
33	\$134	\$173
34	\$135	\$175
35	\$136	\$177
36	\$137	\$180
37	\$139	\$184
38	\$142	\$189
39	\$146	\$194
40	\$151	\$200
41	\$157	\$206
42	\$163	\$211
43	\$170	\$217
44	\$177	\$222
45	\$184	\$227
46	\$191	\$233
47	\$198	\$239
48	\$205	\$245
49	\$213	\$251
50	\$221	\$257
51	\$230	\$262
52	\$240	\$266
53	\$252	\$270
54	\$266	\$275
55	\$282	\$281
56	\$298	\$288
57	\$315	\$296
58	\$332	\$305
59	\$348	\$315
60	\$365	\$325
61	\$396	\$337
62	\$430	\$349
63	\$467	\$360
64	\$507	\$370

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$279	\$279
1	\$126	\$126
2	\$82	\$82
3	\$76	\$76
4	\$70	\$70
5	\$65	\$65
6	\$61	\$61
7	\$58	\$58
8	\$57	\$57
9	\$57	\$57
10	\$58	\$58
11	\$61	\$61
12	\$64	\$64
13	\$65	\$68
14	\$69	\$73
15	\$74	\$78
16	\$78	\$83
17	\$82	\$89
18	\$84	\$91
19	\$85	\$94
20	\$82	\$93
21	\$78	\$91
22	\$73	\$87
23	\$73	\$90
24	\$74	\$93
25	\$75	\$96
26	\$78	\$100
27	\$81	\$105
28	\$84	\$109
29	\$87	\$112
30	\$90	\$115
31	\$92	\$117
32	\$93	\$119
33	\$94	\$121
34	\$94	\$122
35	\$95	\$124
36	\$95	\$126
37	\$97	\$128
38	\$99	\$132
39	\$102	\$135
40	\$106	\$139
41	\$110	\$143
42	\$114	\$147
43	\$119	\$151
44	\$123	\$155
45	\$128	\$159
46	\$133	\$163
47	\$138	\$167
48	\$143	\$171
49	\$149	\$176
50	\$154	\$179
51	\$160	\$183
52	\$168	\$186
53	\$176	\$189
54	\$186	\$192
55	\$197	\$196
56	\$208	\$201
57	\$220	\$207
58	\$231	\$213
59	\$243	\$220
60	\$255	\$227
61	\$277	\$235
62	\$300	\$243
63	\$326	\$251
64	\$354	\$258

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$500	\$500
1	\$226	\$226
2	\$147	\$147
3	\$137	\$137
4	\$126	\$126
5	\$117	\$117
6	\$109	\$109
7	\$104	\$104
8	\$102	\$102
9	\$101	\$101
10	\$104	\$104
11	\$108	\$108
12	\$115	\$115
13	\$116	\$122
14	\$124	\$131
15	\$133	\$140
16	\$140	\$149
17	\$146	\$160
18	\$150	\$164
19	\$152	\$168
20	\$146	\$166
21	\$140	\$163
22	\$131	\$156
23	\$131	\$161
24	\$132	\$166
25	\$135	\$173
26	\$140	\$180
27	\$145	\$187
28	\$151	\$194
29	\$156	\$201
30	\$161	\$206
31	\$165	\$210
32	\$167	\$213
33	\$168	\$216
34	\$169	\$218
35	\$170	\$221
36	\$171	\$225
37	\$174	\$230
38	\$177	\$236
39	\$183	\$243
40	\$189	\$250
41	\$196	\$257
42	\$204	\$264
43	\$213	\$271
44	\$221	\$278
45	\$230	\$284
46	\$239	\$292
47	\$248	\$299
48	\$257	\$307
49	\$266	\$314
50	\$276	\$321
51	\$287	\$327
52	\$300	\$333
53	\$315	\$338
54	\$332	\$344
55	\$352	\$351
56	\$373	\$360
57	\$394	\$370
58	\$415	\$382
59	\$436	\$394
60	\$457	\$407
61	\$495	\$422
62	\$538	\$436
63	\$584	\$450
64	\$634	\$463

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$399	\$399
1	\$180	\$180
2	\$117	\$117
3	\$109	\$109
4	\$100	\$100
5	\$93	\$93
6	\$87	\$87
7	\$83	\$83
8	\$81	\$81
9	\$81	\$81
10	\$83	\$83
11	\$87	\$87
12	\$92	\$92
13	\$93	\$98
14	\$99	\$104
15	\$106	\$112
16	\$112	\$119
17	\$117	\$127
18	\$119	\$131
19	\$121	\$134
20	\$117	\$132
21	\$112	\$130
22	\$105	\$125
23	\$105	\$128
24	\$106	\$132
25	\$108	\$138
26	\$111	\$144
27	\$116	\$149
28	\$120	\$155
29	\$125	\$160
30	\$129	\$164
31	\$131	\$168
32	\$133	\$170
33	\$134	\$172
34	\$135	\$174
35	\$135	\$177
36	\$137	\$180
37	\$139	\$183
38	\$142	\$188
39	\$146	\$194
40	\$151	\$199
41	\$157	\$205
42	\$163	\$211
43	\$170	\$216
44	\$176	\$222
45	\$183	\$227
46	\$190	\$233
47	\$198	\$239
48	\$205	\$245
49	\$212	\$251
50	\$220	\$256
51	\$229	\$261
52	\$240	\$266
53	\$251	\$270
54	\$265	\$275
55	\$281	\$280
56	\$298	\$287
57	\$314	\$295
58	\$331	\$305
59	\$348	\$315
60	\$365	\$325
61	\$395	\$337
62	\$429	\$348
63	\$466	\$359
64	\$506	\$369

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Lake                      Osceola  
 Orange                  Seminole

**Premier  
 \$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$719	\$719
1	\$325	\$325
2	\$212	\$212
3	\$197	\$197
4	\$181	\$181
5	\$168	\$168
6	\$157	\$157
7	\$150	\$150
8	\$146	\$146
9	\$146	\$146
10	\$149	\$149
11	\$156	\$156
12	\$165	\$165
13	\$167	\$176
14	\$179	\$188
15	\$191	\$201
16	\$201	\$215
17	\$210	\$229
18	\$215	\$236
19	\$218	\$242
20	\$211	\$238
21	\$202	\$234
22	\$189	\$225
23	\$188	\$231
24	\$190	\$239
25	\$194	\$248
26	\$201	\$259
27	\$209	\$269
28	\$217	\$280
29	\$225	\$289
30	\$232	\$296
31	\$237	\$302
32	\$240	\$307
33	\$242	\$311
34	\$243	\$314
35	\$244	\$318
36	\$246	\$324
37	\$250	\$331
38	\$255	\$339
39	\$263	\$349
40	\$272	\$359
41	\$283	\$370
42	\$294	\$380
43	\$306	\$390
44	\$318	\$399
45	\$330	\$409
46	\$343	\$420
47	\$356	\$430
48	\$369	\$441
49	\$383	\$452
50	\$397	\$462
51	\$413	\$471
52	\$432	\$479
53	\$453	\$486
54	\$478	\$495
55	\$507	\$505
56	\$536	\$517
57	\$566	\$532
58	\$596	\$549
59	\$627	\$567
60	\$657	\$585
61	\$712	\$607
62	\$774	\$627
63	\$840	\$647
64	\$912	\$666

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPKRFL B LFM-34

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$584	\$584
1	\$264	\$264
2	\$172	\$172
3	\$160	\$160
4	\$147	\$147
5	\$136	\$136
6	\$128	\$128
7	\$122	\$122
8	\$119	\$119
9	\$118	\$118
10	\$121	\$121
11	\$127	\$127
12	\$134	\$134
13	\$136	\$143
14	\$145	\$153
15	\$155	\$163
16	\$163	\$175
17	\$170	\$186
18	\$175	\$191
19	\$177	\$196
20	\$171	\$194
21	\$164	\$190
22	\$153	\$182
23	\$153	\$187
24	\$155	\$194
25	\$158	\$201
26	\$163	\$210
27	\$169	\$219
28	\$176	\$227
29	\$183	\$234
30	\$188	\$241
31	\$192	\$245
32	\$195	\$249
33	\$196	\$252
34	\$197	\$255
35	\$198	\$258
36	\$200	\$263
37	\$203	\$268
38	\$207	\$275
39	\$213	\$283
40	\$221	\$292
41	\$229	\$300
42	\$239	\$308
43	\$248	\$316
44	\$258	\$324
45	\$268	\$332
46	\$279	\$341
47	\$289	\$349
48	\$300	\$358
49	\$311	\$367
50	\$323	\$375
51	\$336	\$382
52	\$350	\$389
53	\$368	\$395
54	\$388	\$402
55	\$411	\$410
56	\$435	\$420
57	\$460	\$432
58	\$484	\$446
59	\$509	\$460
60	\$533	\$475
61	\$578	\$492
62	\$628	\$509
63	\$682	\$525
64	\$740	\$540

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$382	\$382
1	\$173	\$173
2	\$113	\$113
3	\$105	\$105
4	\$96	\$96
5	\$89	\$89
6	\$84	\$84
7	\$80	\$80
8	\$78	\$78
9	\$78	\$78
10	\$79	\$79
11	\$83	\$83
12	\$88	\$88
13	\$89	\$94
14	\$95	\$100
15	\$101	\$107
16	\$107	\$114
17	\$112	\$122
18	\$114	\$125
19	\$116	\$129
20	\$112	\$127
21	\$107	\$125
22	\$100	\$119
23	\$100	\$123
24	\$101	\$127
25	\$103	\$132
26	\$107	\$138
27	\$111	\$143
28	\$115	\$149
29	\$120	\$154
30	\$123	\$158
31	\$126	\$161
32	\$128	\$163
33	\$129	\$165
34	\$129	\$167
35	\$130	\$169
36	\$131	\$172
37	\$133	\$176
38	\$136	\$180
39	\$140	\$186
40	\$145	\$191
41	\$150	\$197
42	\$156	\$202
43	\$163	\$207
44	\$169	\$212
45	\$176	\$218
46	\$183	\$223
47	\$189	\$229
48	\$196	\$235
49	\$204	\$240
50	\$211	\$246
51	\$220	\$250
52	\$230	\$255
53	\$241	\$259
54	\$254	\$263
55	\$269	\$269
56	\$285	\$275
57	\$301	\$283
58	\$317	\$292
59	\$333	\$301
60	\$349	\$311
61	\$379	\$323
62	\$411	\$333
63	\$447	\$344
64	\$485	\$354

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## Preventive and Hospital Care \$1250 Deductible Plan

Age	Single Male	Single Female
0	\$390	\$390
1	\$176	\$176
2	\$115	\$115
3	\$107	\$107
4	\$98	\$98
5	\$91	\$91
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$81	\$81
11	\$85	\$85
12	\$90	\$90
13	\$91	\$96
14	\$97	\$102
15	\$104	\$109
16	\$109	\$117
17	\$114	\$125
18	\$117	\$128
19	\$118	\$131
20	\$114	\$129
21	\$110	\$127
22	\$102	\$122
23	\$102	\$125
24	\$103	\$130
25	\$106	\$135
26	\$109	\$140
27	\$113	\$146
28	\$118	\$152
29	\$122	\$157
30	\$126	\$161
31	\$128	\$164
32	\$130	\$167
33	\$131	\$169
34	\$132	\$171
35	\$132	\$173
36	\$134	\$176
37	\$136	\$180
38	\$139	\$184
39	\$143	\$190
40	\$148	\$195
41	\$153	\$201
42	\$160	\$206
43	\$166	\$212
44	\$173	\$217
45	\$179	\$222
46	\$186	\$228
47	\$194	\$234
48	\$201	\$240
49	\$208	\$246
50	\$216	\$251
51	\$224	\$256
52	\$234	\$260
53	\$246	\$264
54	\$260	\$269
55	\$275	\$274
56	\$291	\$281
57	\$308	\$289
58	\$324	\$298
59	\$340	\$308
60	\$357	\$318
61	\$387	\$329
62	\$420	\$341
63	\$456	\$351
64	\$495	\$362

## Preventive and Hospital Care \$3000 Deductible Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$273	\$273
1	\$123	\$123
2	\$80	\$80
3	\$75	\$75
4	\$69	\$69
5	\$64	\$64
6	\$60	\$60
7	\$57	\$57
8	\$55	\$55
9	\$55	\$55
10	\$57	\$57
11	\$59	\$59
12	\$63	\$63
13	\$63	\$67
14	\$68	\$71
15	\$72	\$76
16	\$76	\$82
17	\$80	\$87
18	\$82	\$89
19	\$83	\$92
20	\$80	\$90
21	\$77	\$89
22	\$71	\$85
23	\$71	\$88
24	\$72	\$91
25	\$74	\$94
26	\$76	\$98
27	\$79	\$102
28	\$82	\$106
29	\$85	\$109
30	\$88	\$112
31	\$90	\$115
32	\$91	\$116
33	\$92	\$118
34	\$92	\$119
35	\$93	\$121
36	\$93	\$123
37	\$95	\$125
38	\$97	\$129
39	\$100	\$132
40	\$103	\$136
41	\$107	\$140
42	\$111	\$144
43	\$116	\$148
44	\$121	\$151
45	\$125	\$155
46	\$130	\$159
47	\$135	\$163
48	\$140	\$167
49	\$145	\$171
50	\$151	\$175
51	\$157	\$179
52	\$164	\$182
53	\$172	\$184
54	\$181	\$188
55	\$192	\$191
56	\$203	\$196
57	\$215	\$202
58	\$226	\$208
59	\$238	\$215
60	\$249	\$222
61	\$270	\$230
62	\$293	\$238
63	\$318	\$245
64	\$346	\$252

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$488	\$488
1	\$220	\$220
2	\$144	\$144
3	\$133	\$133
4	\$123	\$123
5	\$114	\$114
6	\$107	\$107
7	\$102	\$102
8	\$99	\$99
9	\$99	\$99
10	\$101	\$101
11	\$106	\$106
12	\$112	\$112
13	\$114	\$119
14	\$122	\$128
15	\$129	\$137
16	\$137	\$146
17	\$143	\$156
18	\$146	\$160
19	\$148	\$164
20	\$143	\$162
21	\$137	\$159
22	\$128	\$153
23	\$128	\$157
24	\$129	\$162
25	\$132	\$169
26	\$136	\$176
27	\$142	\$183
28	\$147	\$190
29	\$153	\$196
30	\$157	\$201
31	\$161	\$205
32	\$163	\$208
33	\$164	\$211
34	\$165	\$213
35	\$166	\$216
36	\$167	\$220
37	\$170	\$225
38	\$173	\$230
39	\$179	\$237
40	\$185	\$244
41	\$192	\$251
42	\$200	\$258
43	\$208	\$265
44	\$216	\$271
45	\$224	\$278
46	\$233	\$285
47	\$242	\$292
48	\$251	\$300
49	\$260	\$307
50	\$270	\$314
51	\$281	\$320
52	\$293	\$325
53	\$308	\$330
54	\$325	\$336
55	\$344	\$343
56	\$364	\$351
57	\$385	\$361
58	\$405	\$373
59	\$426	\$385
60	\$446	\$398
61	\$484	\$412
62	\$525	\$426
63	\$571	\$439
64	\$619	\$452

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$390	\$390
1	\$176	\$176
2	\$115	\$115
3	\$107	\$107
4	\$98	\$98
5	\$91	\$91
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$81	\$81
11	\$85	\$85
12	\$90	\$90
13	\$91	\$95
14	\$97	\$102
15	\$103	\$109
16	\$109	\$117
17	\$114	\$124
18	\$117	\$128
19	\$118	\$131
20	\$114	\$129
21	\$109	\$127
22	\$102	\$122
23	\$102	\$125
24	\$103	\$129
25	\$105	\$135
26	\$109	\$140
27	\$113	\$146
28	\$118	\$152
29	\$122	\$157
30	\$126	\$161
31	\$128	\$164
32	\$130	\$166
33	\$131	\$168
34	\$132	\$170
35	\$132	\$173
36	\$133	\$175
37	\$135	\$179
38	\$138	\$184
39	\$142	\$189
40	\$147	\$195
41	\$153	\$200
42	\$159	\$206
43	\$166	\$211
44	\$172	\$216
45	\$179	\$222
46	\$186	\$227
47	\$193	\$233
48	\$200	\$239
49	\$208	\$245
50	\$215	\$251
51	\$224	\$255
52	\$234	\$260
53	\$246	\$264
54	\$259	\$268
55	\$275	\$274
56	\$291	\$280
57	\$307	\$288
58	\$323	\$297
59	\$340	\$307
60	\$356	\$317
61	\$386	\$329
62	\$419	\$340
63	\$455	\$351
64	\$494	\$361

\*Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Charlotte	Manatee	Sarasota
Hillsborough	Pinellas	
Lee	Polk	

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$729	\$729
1	\$329	\$329
2	\$215	\$215
3	\$199	\$199
4	\$183	\$183
5	\$170	\$170
6	\$160	\$160
7	\$152	\$152
8	\$148	\$148
9	\$148	\$148
10	\$151	\$151
11	\$158	\$158
12	\$168	\$168
13	\$170	\$178
14	\$181	\$191
15	\$193	\$204
16	\$204	\$218
17	\$213	\$233
18	\$218	\$239
19	\$221	\$245
20	\$214	\$242
21	\$205	\$238
22	\$191	\$228
23	\$191	\$234
24	\$193	\$242
25	\$197	\$252
26	\$204	\$262
27	\$212	\$273
28	\$220	\$284
29	\$228	\$293
30	\$235	\$300
31	\$240	\$307
32	\$243	\$311
33	\$245	\$315
34	\$246	\$319
35	\$247	\$323
36	\$249	\$328
37	\$253	\$335
38	\$259	\$344
39	\$267	\$354
40	\$276	\$364
41	\$286	\$375
42	\$298	\$385
43	\$310	\$395
44	\$322	\$405
45	\$335	\$415
46	\$348	\$425
47	\$361	\$436
48	\$375	\$448
49	\$388	\$459
50	\$403	\$469
51	\$419	\$478
52	\$438	\$486
53	\$459	\$493
54	\$485	\$502
55	\$514	\$512
56	\$544	\$525
57	\$574	\$540
58	\$605	\$556
59	\$635	\$575
60	\$666	\$594
61	\$722	\$615
62	\$784	\$636
63	\$852	\$656
64	\$925	\$675

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPKRFL B LFM-38

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$592	\$592
1	\$267	\$267
2	\$174	\$174
3	\$162	\$162
4	\$149	\$149
5	\$138	\$138
6	\$130	\$130
7	\$123	\$123
8	\$120	\$120
9	\$120	\$120
10	\$123	\$123
11	\$128	\$128
12	\$136	\$136
13	\$138	\$145
14	\$147	\$155
15	\$157	\$166
16	\$166	\$177
17	\$173	\$189
18	\$177	\$194
19	\$179	\$199
20	\$173	\$196
21	\$166	\$193
22	\$155	\$185
23	\$155	\$190
24	\$157	\$197
25	\$160	\$204
26	\$165	\$213
27	\$172	\$222
28	\$179	\$230
29	\$185	\$238
30	\$191	\$244
31	\$195	\$249
32	\$197	\$253
33	\$199	\$256
34	\$200	\$259
35	\$201	\$262
36	\$203	\$266
37	\$206	\$272
38	\$210	\$279
39	\$216	\$287
40	\$224	\$296
41	\$233	\$304
42	\$242	\$313
43	\$252	\$321
44	\$262	\$329
45	\$272	\$337
46	\$283	\$345
47	\$293	\$354
48	\$304	\$363
49	\$315	\$372
50	\$327	\$381
51	\$340	\$388
52	\$355	\$394
53	\$373	\$400
54	\$393	\$407
55	\$417	\$416
56	\$442	\$426
57	\$466	\$438
58	\$491	\$452
59	\$516	\$467
60	\$541	\$482
61	\$587	\$499
62	\$637	\$516
63	\$692	\$533
64	\$751	\$548

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$388	\$388
1	\$175	\$175
2	\$114	\$114
3	\$106	\$106
4	\$98	\$98
5	\$90	\$90
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$80	\$80
11	\$84	\$84
12	\$89	\$89
13	\$90	\$95
14	\$97	\$101
15	\$103	\$108
16	\$109	\$116
17	\$113	\$124
18	\$116	\$127
19	\$118	\$130
20	\$114	\$129
21	\$109	\$126
22	\$102	\$121
23	\$102	\$125
24	\$103	\$129
25	\$105	\$134
26	\$108	\$139
27	\$113	\$145
28	\$117	\$151
29	\$121	\$156
30	\$125	\$160
31	\$128	\$163
32	\$129	\$165
33	\$130	\$168
34	\$131	\$169
35	\$132	\$172
36	\$133	\$175
37	\$135	\$178
38	\$138	\$183
39	\$142	\$188
40	\$147	\$194
41	\$152	\$199
42	\$158	\$205
43	\$165	\$210
44	\$171	\$215
45	\$178	\$221
46	\$185	\$226
47	\$192	\$232
48	\$199	\$238
49	\$206	\$244
50	\$214	\$249
51	\$223	\$254
52	\$233	\$258
53	\$244	\$262
54	\$258	\$267
55	\$273	\$272
56	\$289	\$279
57	\$305	\$287
58	\$322	\$296
59	\$338	\$306
60	\$354	\$316
61	\$384	\$327
62	\$417	\$338
63	\$453	\$349
64	\$492	\$359

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$396	\$396
1	\$179	\$179
2	\$117	\$117
3	\$108	\$108
4	\$100	\$100
5	\$92	\$92
6	\$87	\$87
7	\$83	\$83
8	\$80	\$80
9	\$80	\$80
10	\$82	\$82
11	\$86	\$86
12	\$91	\$91
13	\$92	\$97
14	\$99	\$104
15	\$105	\$111
16	\$111	\$118
17	\$116	\$126
18	\$119	\$130
19	\$120	\$133
20	\$116	\$131
21	\$111	\$129
22	\$104	\$124
23	\$104	\$127
24	\$105	\$131
25	\$107	\$137
26	\$111	\$142
27	\$115	\$148
28	\$120	\$154
29	\$124	\$159
30	\$128	\$163
31	\$130	\$166
32	\$132	\$169
33	\$133	\$171
34	\$134	\$173
35	\$134	\$175
36	\$135	\$178
37	\$138	\$182
38	\$141	\$187
39	\$145	\$192
40	\$150	\$198
41	\$156	\$204
42	\$162	\$209
43	\$168	\$214
44	\$175	\$220
45	\$182	\$225
46	\$189	\$231
47	\$196	\$237
48	\$203	\$243
49	\$211	\$249
50	\$219	\$255
51	\$228	\$259
52	\$238	\$264
53	\$249	\$268
54	\$263	\$272
55	\$279	\$278
56	\$295	\$285
57	\$312	\$293
58	\$328	\$302
59	\$345	\$312
60	\$362	\$322
61	\$392	\$334
62	\$426	\$345
63	\$463	\$356
64	\$502	\$367

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$276	\$276
1	\$125	\$125
2	\$81	\$81
3	\$76	\$76
4	\$70	\$70
5	\$65	\$65
6	\$61	\$61
7	\$58	\$58
8	\$56	\$56
9	\$56	\$56
10	\$57	\$57
11	\$60	\$60
12	\$64	\$64
13	\$64	\$68
14	\$69	\$72
15	\$73	\$77
16	\$77	\$83
17	\$81	\$88
18	\$83	\$91
19	\$84	\$93
20	\$81	\$92
21	\$78	\$90
22	\$73	\$86
23	\$72	\$89
24	\$73	\$92
25	\$75	\$95
26	\$77	\$99
27	\$80	\$104
28	\$83	\$108
29	\$87	\$111
30	\$89	\$114
31	\$91	\$116
32	\$92	\$118
33	\$93	\$119
34	\$93	\$121
35	\$94	\$122
36	\$95	\$124
37	\$96	\$127
38	\$98	\$130
39	\$101	\$134
40	\$105	\$138
41	\$109	\$142
42	\$113	\$146
43	\$118	\$150
44	\$122	\$153
45	\$127	\$157
46	\$132	\$161
47	\$137	\$165
48	\$142	\$170
49	\$147	\$174
50	\$153	\$178
51	\$159	\$181
52	\$166	\$184
53	\$174	\$187
54	\$184	\$190
55	\$195	\$194
56	\$206	\$199
57	\$218	\$205
58	\$229	\$211
59	\$241	\$218
60	\$253	\$225
61	\$274	\$233
62	\$297	\$241
63	\$323	\$249
64	\$351	\$256

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$495	\$495
1	\$224	\$224
2	\$146	\$146
3	\$135	\$135
4	\$125	\$125
5	\$116	\$116
6	\$108	\$108
7	\$103	\$103
8	\$101	\$101
9	\$100	\$100
10	\$103	\$103
11	\$107	\$107
12	\$114	\$114
13	\$115	\$121
14	\$123	\$130
15	\$131	\$139
16	\$139	\$148
17	\$145	\$158
18	\$148	\$162
19	\$150	\$167
20	\$145	\$164
21	\$139	\$161
22	\$130	\$155
23	\$130	\$159
24	\$131	\$164
25	\$134	\$171
26	\$138	\$178
27	\$144	\$186
28	\$150	\$193
29	\$155	\$199
30	\$160	\$204
31	\$163	\$208
32	\$165	\$211
33	\$166	\$214
34	\$167	\$216
35	\$168	\$219
36	\$169	\$223
37	\$172	\$228
38	\$176	\$234
39	\$181	\$240
40	\$187	\$247
41	\$195	\$255
42	\$202	\$262
43	\$211	\$268
44	\$219	\$275
45	\$228	\$282
46	\$236	\$289
47	\$245	\$296
48	\$254	\$304
49	\$264	\$311
50	\$274	\$318
51	\$285	\$324
52	\$297	\$330
53	\$312	\$335
54	\$329	\$341
55	\$349	\$348
56	\$369	\$356
57	\$390	\$366
58	\$411	\$378
59	\$432	\$390
60	\$452	\$403
61	\$491	\$418
62	\$533	\$432
63	\$579	\$446
64	\$628	\$458

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$395	\$395
1	\$178	\$178
2	\$116	\$116
3	\$108	\$108
4	\$99	\$99
5	\$92	\$92
6	\$86	\$86
7	\$82	\$82
8	\$80	\$80
9	\$80	\$80
10	\$82	\$82
11	\$86	\$86
12	\$91	\$91
13	\$92	\$97
14	\$98	\$103
15	\$105	\$111
16	\$111	\$118
17	\$115	\$126
18	\$118	\$129
19	\$120	\$133
20	\$116	\$131
21	\$111	\$129
22	\$104	\$123
23	\$104	\$127
24	\$105	\$131
25	\$107	\$136
26	\$110	\$142
27	\$115	\$148
28	\$119	\$154
29	\$124	\$159
30	\$127	\$163
31	\$130	\$166
32	\$132	\$169
33	\$133	\$171
34	\$133	\$173
35	\$134	\$175
36	\$135	\$178
37	\$137	\$182
38	\$140	\$186
39	\$144	\$192
40	\$150	\$197
41	\$155	\$203
42	\$162	\$209
43	\$168	\$214
44	\$175	\$219
45	\$182	\$225
46	\$189	\$231
47	\$196	\$237
48	\$203	\$243
49	\$210	\$249
50	\$218	\$254
51	\$227	\$259
52	\$237	\$263
53	\$249	\$267
54	\$263	\$272
55	\$279	\$278
56	\$295	\$284
57	\$311	\$292
58	\$328	\$302
59	\$344	\$312
60	\$361	\$322
61	\$392	\$333
62	\$425	\$345
63	\$462	\$356
64	\$501	\$366

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Broward                      Miami-Dade  
 Dade                              Palm Beach

**Premier  
 \$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$797	\$797
1	\$360	\$360
2	\$235	\$235
3	\$218	\$218
4	\$201	\$201
5	\$186	\$186
6	\$175	\$175
7	\$166	\$166
8	\$162	\$162
9	\$162	\$162
10	\$166	\$166
11	\$173	\$173
12	\$183	\$183
13	\$186	\$195
14	\$198	\$209
15	\$211	\$223
16	\$223	\$238
17	\$233	\$254
18	\$239	\$261
19	\$242	\$268
20	\$234	\$264
21	\$224	\$260
22	\$209	\$249
23	\$209	\$256
24	\$211	\$265
25	\$216	\$275
26	\$223	\$287
27	\$231	\$299
28	\$241	\$310
29	\$250	\$320
30	\$257	\$329
31	\$262	\$335
32	\$266	\$340
33	\$268	\$345
34	\$269	\$348
35	\$271	\$353
36	\$273	\$359
37	\$277	\$367
38	\$283	\$376
39	\$291	\$387
40	\$302	\$398
41	\$313	\$410
42	\$326	\$421
43	\$339	\$432
44	\$352	\$443
45	\$366	\$454
46	\$381	\$465
47	\$395	\$477
48	\$410	\$490
49	\$425	\$502
50	\$441	\$513
51	\$458	\$522
52	\$479	\$531
53	\$502	\$539
54	\$530	\$549
55	\$562	\$560
56	\$595	\$574
57	\$628	\$590
58	\$661	\$609
59	\$695	\$629
60	\$729	\$649
61	\$790	\$673
62	\$858	\$695
63	\$932	\$717
64	\$1,011	\$738

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPBRFL B LFM-42

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$647	\$647
1	\$292	\$292
2	\$191	\$191
3	\$177	\$177
4	\$163	\$163
5	\$151	\$151
6	\$142	\$142
7	\$135	\$135
8	\$132	\$132
9	\$131	\$131
10	\$134	\$134
11	\$140	\$140
12	\$149	\$149
13	\$151	\$158
14	\$161	\$169
15	\$172	\$181
16	\$181	\$194
17	\$189	\$207
18	\$194	\$212
19	\$196	\$218
20	\$190	\$215
21	\$182	\$211
22	\$170	\$202
23	\$170	\$208
24	\$171	\$215
25	\$175	\$223
26	\$181	\$233
27	\$188	\$243
28	\$195	\$252
29	\$203	\$260
30	\$209	\$267
31	\$213	\$272
32	\$216	\$276
33	\$218	\$280
34	\$219	\$283
35	\$220	\$287
36	\$222	\$291
37	\$225	\$298
38	\$230	\$305
39	\$237	\$314
40	\$245	\$323
41	\$254	\$333
42	\$265	\$342
43	\$275	\$351
44	\$286	\$359
45	\$298	\$368
46	\$309	\$378
47	\$321	\$388
48	\$333	\$397
49	\$345	\$407
50	\$358	\$416
51	\$372	\$424
52	\$389	\$431
53	\$408	\$438
54	\$430	\$445
55	\$456	\$455
56	\$483	\$466
57	\$510	\$479
58	\$537	\$494
59	\$564	\$510
60	\$591	\$527
61	\$641	\$546
62	\$696	\$565
63	\$756	\$582
64	\$821	\$599

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$424	\$424
1	\$191	\$191
2	\$125	\$125
3	\$116	\$116
4	\$107	\$107
5	\$99	\$99
6	\$93	\$93
7	\$88	\$88
8	\$86	\$86
9	\$86	\$86
10	\$88	\$88
11	\$92	\$92
12	\$97	\$97
13	\$99	\$104
14	\$106	\$111
15	\$112	\$119
16	\$119	\$127
17	\$124	\$135
18	\$127	\$139
19	\$129	\$143
20	\$124	\$141
21	\$119	\$138
22	\$111	\$132
23	\$111	\$136
24	\$112	\$141
25	\$115	\$146
26	\$118	\$153
27	\$123	\$159
28	\$128	\$165
29	\$133	\$170
30	\$137	\$175
31	\$140	\$178
32	\$141	\$181
33	\$143	\$183
34	\$143	\$185
35	\$144	\$188
36	\$145	\$191
37	\$147	\$195
38	\$151	\$200
39	\$155	\$206
40	\$160	\$212
41	\$167	\$218
42	\$173	\$224
43	\$180	\$230
44	\$187	\$235
45	\$195	\$241
46	\$202	\$247
47	\$210	\$254
48	\$218	\$260
49	\$226	\$267
50	\$234	\$273
51	\$244	\$278
52	\$255	\$282
53	\$267	\$287
54	\$282	\$292
55	\$299	\$298
56	\$316	\$305
57	\$334	\$314
58	\$352	\$324
59	\$370	\$334
60	\$387	\$345
61	\$420	\$358
62	\$456	\$370
63	\$495	\$381
64	\$538	\$393

\*Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$433	\$433
1	\$195	\$195
2	\$128	\$128
3	\$118	\$118
4	\$109	\$109
5	\$101	\$101
6	\$95	\$95
7	\$90	\$90
8	\$88	\$88
9	\$88	\$88
10	\$90	\$90
11	\$94	\$94
12	\$100	\$100
13	\$101	\$106
14	\$108	\$113
15	\$115	\$121
16	\$121	\$129
17	\$126	\$138
18	\$130	\$142
19	\$131	\$146
20	\$127	\$144
21	\$122	\$141
22	\$114	\$135
23	\$114	\$139
24	\$115	\$144
25	\$117	\$149
26	\$121	\$156
27	\$126	\$162
28	\$131	\$168
29	\$136	\$174
30	\$140	\$178
31	\$142	\$182
32	\$144	\$185
33	\$146	\$187
34	\$146	\$189
35	\$147	\$192
36	\$148	\$195
37	\$150	\$199
38	\$154	\$204
39	\$158	\$210
40	\$164	\$216
41	\$170	\$223
42	\$177	\$229
43	\$184	\$235
44	\$191	\$240
45	\$199	\$246
46	\$207	\$253
47	\$215	\$259
48	\$222	\$266
49	\$231	\$272
50	\$239	\$278
51	\$249	\$284
52	\$260	\$288
53	\$273	\$293
54	\$288	\$298
55	\$305	\$304
56	\$323	\$312
57	\$341	\$320
58	\$359	\$330
59	\$377	\$341
60	\$396	\$353
61	\$429	\$365
62	\$466	\$378
63	\$506	\$390
64	\$549	\$401

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$302	\$302
1	\$136	\$136
2	\$89	\$89
3	\$83	\$83
4	\$76	\$76
5	\$71	\$71
6	\$66	\$66
7	\$63	\$63
8	\$61	\$61
9	\$61	\$61
10	\$63	\$63
11	\$66	\$66
12	\$70	\$70
13	\$70	\$74
14	\$75	\$79
15	\$80	\$85
16	\$85	\$90
17	\$88	\$96
18	\$91	\$99
19	\$92	\$102
20	\$89	\$100
21	\$85	\$99
22	\$79	\$94
23	\$79	\$97
24	\$80	\$100
25	\$82	\$104
26	\$84	\$109
27	\$88	\$113
28	\$91	\$118
29	\$95	\$121
30	\$97	\$125
31	\$99	\$127
32	\$101	\$129
33	\$102	\$131
34	\$102	\$132
35	\$103	\$134
36	\$103	\$136
37	\$105	\$139
38	\$107	\$143
39	\$111	\$147
40	\$114	\$151
41	\$119	\$155
42	\$124	\$160
43	\$129	\$164
44	\$134	\$168
45	\$139	\$172
46	\$144	\$176
47	\$150	\$181
48	\$155	\$186
49	\$161	\$190
50	\$167	\$194
51	\$174	\$198
52	\$181	\$201
53	\$190	\$204
54	\$201	\$208
55	\$213	\$212
56	\$226	\$218
57	\$238	\$224
58	\$251	\$231
59	\$263	\$238
60	\$276	\$246
61	\$300	\$255
62	\$325	\$264
63	\$353	\$272
64	\$383	\$280

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$541	\$541
1	\$244	\$244
2	\$159	\$159
3	\$148	\$148
4	\$136	\$136
5	\$126	\$126
6	\$119	\$119
7	\$113	\$113
8	\$110	\$110
9	\$110	\$110
10	\$112	\$112
11	\$117	\$117
12	\$125	\$125
13	\$126	\$132
14	\$135	\$142
15	\$144	\$152
16	\$152	\$162
17	\$158	\$173
18	\$162	\$177
19	\$164	\$182
20	\$159	\$180
21	\$152	\$176
22	\$142	\$169
23	\$142	\$174
24	\$143	\$180
25	\$146	\$187
26	\$151	\$195
27	\$157	\$203
28	\$164	\$211
29	\$169	\$217
30	\$174	\$223
31	\$178	\$228
32	\$181	\$231
33	\$182	\$234
34	\$183	\$237
35	\$184	\$240
36	\$185	\$244
37	\$188	\$249
38	\$192	\$255
39	\$198	\$263
40	\$205	\$271
41	\$213	\$278
42	\$221	\$286
43	\$230	\$293
44	\$239	\$301
45	\$249	\$308
46	\$259	\$316
47	\$268	\$324
48	\$278	\$332
49	\$288	\$341
50	\$299	\$348
51	\$311	\$355
52	\$325	\$361
53	\$341	\$366
54	\$360	\$373
55	\$382	\$380
56	\$404	\$390
57	\$426	\$401
58	\$449	\$413
59	\$472	\$427
60	\$495	\$441
61	\$537	\$457
62	\$583	\$472
63	\$633	\$487
64	\$687	\$501

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$432	\$432
1	\$195	\$195
2	\$127	\$127
3	\$118	\$118
4	\$109	\$109
5	\$101	\$101
6	\$95	\$95
7	\$90	\$90
8	\$88	\$88
9	\$88	\$88
10	\$90	\$90
11	\$94	\$94
12	\$99	\$99
13	\$101	\$106
14	\$108	\$113
15	\$115	\$121
16	\$121	\$129
17	\$126	\$138
18	\$129	\$142
19	\$131	\$145
20	\$127	\$143
21	\$121	\$141
22	\$113	\$135
23	\$113	\$139
24	\$114	\$144
25	\$117	\$149
26	\$121	\$155
27	\$125	\$162
28	\$130	\$168
29	\$135	\$174
30	\$139	\$178
31	\$142	\$182
32	\$144	\$184
33	\$145	\$187
34	\$146	\$189
35	\$147	\$191
36	\$148	\$195
37	\$150	\$199
38	\$153	\$204
39	\$158	\$210
40	\$164	\$216
41	\$170	\$222
42	\$177	\$228
43	\$184	\$234
44	\$191	\$240
45	\$199	\$246
46	\$206	\$252
47	\$214	\$259
48	\$222	\$265
49	\$230	\$272
50	\$239	\$278
51	\$248	\$283
52	\$259	\$288
53	\$272	\$292
54	\$287	\$297
55	\$305	\$304
56	\$322	\$311
57	\$340	\$320
58	\$358	\$330
59	\$377	\$341
60	\$395	\$352
61	\$428	\$365
62	\$465	\$377
63	\$505	\$389
64	\$548	\$400

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Citrus                      Sumter  
Columbia                  Suwannee

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$761	\$761
1	\$343	\$343
2	\$224	\$224
3	\$208	\$208
4	\$191	\$191
5	\$178	\$178
6	\$167	\$167
7	\$159	\$159
8	\$155	\$155
9	\$154	\$154
10	\$158	\$158
11	\$165	\$165
12	\$175	\$175
13	\$177	\$186
14	\$189	\$199
15	\$202	\$213
16	\$213	\$228
17	\$222	\$243
18	\$228	\$249
19	\$231	\$256
20	\$223	\$252
21	\$214	\$248
22	\$200	\$238
23	\$199	\$244
24	\$201	\$253
25	\$206	\$263
26	\$213	\$274
27	\$221	\$285
28	\$230	\$296
29	\$238	\$306
30	\$245	\$314
31	\$250	\$320
32	\$254	\$325
33	\$256	\$329
34	\$257	\$333
35	\$258	\$337
36	\$260	\$342
37	\$264	\$350
38	\$270	\$359
39	\$278	\$369
40	\$288	\$380
41	\$299	\$391
42	\$311	\$402
43	\$323	\$412
44	\$336	\$422
45	\$350	\$433
46	\$363	\$444
47	\$377	\$455
48	\$391	\$467
49	\$405	\$479
50	\$420	\$489
51	\$437	\$498
52	\$457	\$507
53	\$479	\$515
54	\$506	\$524
55	\$536	\$534
56	\$568	\$548
57	\$599	\$563
58	\$631	\$581
59	\$663	\$600
60	\$695	\$620
61	\$754	\$642
62	\$819	\$664
63	\$889	\$685
64	\$965	\$704

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPBKRL B LFM-46

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$618	\$618
1	\$279	\$279
2	\$182	\$182
3	\$169	\$169
4	\$155	\$155
5	\$144	\$144
6	\$135	\$135
7	\$129	\$129
8	\$126	\$126
9	\$125	\$125
10	\$128	\$128
11	\$134	\$134
12	\$142	\$142
13	\$144	\$151
14	\$154	\$162
15	\$164	\$173
16	\$173	\$185
17	\$180	\$197
18	\$185	\$202
19	\$187	\$208
20	\$181	\$205
21	\$173	\$201
22	\$162	\$193
23	\$162	\$198
24	\$164	\$205
25	\$167	\$213
26	\$173	\$222
27	\$179	\$231
28	\$187	\$240
29	\$193	\$248
30	\$199	\$255
31	\$203	\$260
32	\$206	\$264
33	\$208	\$267
34	\$209	\$270
35	\$210	\$273
36	\$211	\$278
37	\$215	\$284
38	\$219	\$291
39	\$226	\$300
40	\$234	\$309
41	\$243	\$318
42	\$252	\$326
43	\$263	\$335
44	\$273	\$343
45	\$284	\$352
46	\$295	\$360
47	\$306	\$370
48	\$317	\$379
49	\$329	\$389
50	\$341	\$397
51	\$355	\$405
52	\$371	\$411
53	\$389	\$418
54	\$411	\$425
55	\$435	\$434
56	\$461	\$445
57	\$487	\$457
58	\$512	\$472
59	\$538	\$487
60	\$564	\$503
61	\$612	\$521
62	\$665	\$539
63	\$722	\$556
64	\$784	\$572

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$404	\$404
1	\$183	\$183
2	\$119	\$119
3	\$111	\$111
4	\$102	\$102
5	\$94	\$94
6	\$89	\$89
7	\$84	\$84
8	\$82	\$82
9	\$82	\$82
10	\$84	\$84
11	\$88	\$88
12	\$93	\$93
13	\$94	\$99
14	\$101	\$106
15	\$107	\$113
16	\$113	\$121
17	\$118	\$129
18	\$121	\$133
19	\$123	\$136
20	\$119	\$134
21	\$114	\$132
22	\$106	\$126
23	\$106	\$130
24	\$107	\$134
25	\$109	\$140
26	\$113	\$146
27	\$117	\$152
28	\$122	\$157
29	\$127	\$162
30	\$130	\$167
31	\$133	\$170
32	\$135	\$173
33	\$136	\$175
34	\$137	\$177
35	\$137	\$179
36	\$138	\$182
37	\$141	\$186
38	\$144	\$191
39	\$148	\$196
40	\$153	\$202
41	\$159	\$208
42	\$165	\$214
43	\$172	\$219
44	\$179	\$225
45	\$186	\$230
46	\$193	\$236
47	\$201	\$242
48	\$208	\$248
49	\$215	\$254
50	\$224	\$260
51	\$233	\$265
52	\$243	\$269
53	\$255	\$274
54	\$269	\$278
55	\$285	\$284
56	\$302	\$291
57	\$319	\$299
58	\$336	\$309
59	\$353	\$319
60	\$370	\$329
61	\$401	\$341
62	\$435	\$353
63	\$473	\$364
64	\$513	\$375

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$413	\$413
1	\$187	\$187
2	\$122	\$122
3	\$113	\$113
4	\$104	\$104
5	\$96	\$96
6	\$90	\$90
7	\$86	\$86
8	\$84	\$84
9	\$84	\$84
10	\$86	\$86
11	\$90	\$90
12	\$95	\$95
13	\$96	\$101
14	\$103	\$108
15	\$110	\$116
16	\$116	\$124
17	\$121	\$132
18	\$124	\$135
19	\$125	\$139
20	\$121	\$137
21	\$116	\$135
22	\$108	\$129
23	\$108	\$133
24	\$109	\$137
25	\$112	\$143
26	\$115	\$149
27	\$120	\$155
28	\$125	\$161
29	\$129	\$166
30	\$133	\$170
31	\$136	\$174
32	\$138	\$176
33	\$139	\$179
34	\$140	\$181
35	\$140	\$183
36	\$141	\$186
37	\$144	\$190
38	\$147	\$195
39	\$151	\$201
40	\$156	\$206
41	\$162	\$212
42	\$169	\$218
43	\$176	\$224
44	\$183	\$229
45	\$190	\$235
46	\$197	\$241
47	\$205	\$247
48	\$212	\$254
49	\$220	\$260
50	\$228	\$266
51	\$238	\$271
52	\$248	\$275
53	\$260	\$279
54	\$275	\$284
55	\$291	\$290
56	\$308	\$297
57	\$325	\$306
58	\$343	\$315
59	\$360	\$326
60	\$378	\$336
61	\$409	\$349
62	\$445	\$360
63	\$483	\$372
64	\$524	\$383

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$288	\$288
1	\$130	\$130
2	\$85	\$85
3	\$79	\$79
4	\$73	\$73
5	\$67	\$67
6	\$63	\$63
7	\$60	\$60
8	\$59	\$59
9	\$59	\$59
10	\$60	\$60
11	\$63	\$63
12	\$66	\$66
13	\$67	\$71
14	\$72	\$75
15	\$76	\$81
16	\$81	\$86
17	\$84	\$92
18	\$86	\$95
19	\$87	\$97
20	\$85	\$96
21	\$81	\$94
22	\$76	\$90
23	\$76	\$93
24	\$76	\$96
25	\$78	\$100
26	\$81	\$104
27	\$84	\$108
28	\$87	\$112
29	\$90	\$116
30	\$93	\$119
31	\$95	\$121
32	\$96	\$123
33	\$97	\$125
34	\$97	\$126
35	\$98	\$128
36	\$99	\$130
37	\$100	\$133
38	\$102	\$136
39	\$105	\$140
40	\$109	\$144
41	\$113	\$148
42	\$118	\$152
43	\$123	\$156
44	\$128	\$160
45	\$133	\$164
46	\$138	\$168
47	\$143	\$173
48	\$148	\$177
49	\$154	\$181
50	\$159	\$185
51	\$166	\$189
52	\$173	\$192
53	\$182	\$195
54	\$192	\$198
55	\$203	\$203
56	\$215	\$208
57	\$227	\$214
58	\$239	\$220
59	\$251	\$227
60	\$264	\$235
61	\$286	\$243
62	\$310	\$252
63	\$337	\$260
64	\$366	\$267

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$517	\$517
1	\$233	\$233
2	\$152	\$152
3	\$141	\$141
4	\$130	\$130
5	\$121	\$121
6	\$113	\$113
7	\$108	\$108
8	\$105	\$105
9	\$105	\$105
10	\$107	\$107
11	\$112	\$112
12	\$119	\$119
13	\$120	\$126
14	\$129	\$135
15	\$137	\$145
16	\$145	\$155
17	\$151	\$165
18	\$155	\$169
19	\$157	\$174
20	\$151	\$171
21	\$145	\$168
22	\$136	\$161
23	\$135	\$166
24	\$137	\$172
25	\$140	\$178
26	\$144	\$186
27	\$150	\$194
28	\$156	\$201
29	\$162	\$208
30	\$166	\$213
31	\$170	\$217
32	\$172	\$221
33	\$174	\$223
34	\$175	\$226
35	\$175	\$229
36	\$177	\$233
37	\$179	\$238
38	\$183	\$244
39	\$189	\$251
40	\$196	\$258
41	\$203	\$266
42	\$211	\$273
43	\$220	\$280
44	\$228	\$287
45	\$238	\$294
46	\$247	\$302
47	\$256	\$309
48	\$265	\$317
49	\$275	\$325
50	\$286	\$332
51	\$297	\$339
52	\$310	\$344
53	\$326	\$350
54	\$343	\$356
55	\$364	\$363
56	\$386	\$372
57	\$407	\$382
58	\$429	\$394
59	\$450	\$407
60	\$472	\$421
61	\$512	\$436
62	\$556	\$451
63	\$604	\$465
64	\$655	\$478

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$412	\$412
1	\$186	\$186
2	\$121	\$121
3	\$113	\$113
4	\$104	\$104
5	\$96	\$96
6	\$90	\$90
7	\$86	\$86
8	\$84	\$84
9	\$84	\$84
10	\$86	\$86
11	\$89	\$89
12	\$95	\$95
13	\$96	\$101
14	\$103	\$108
15	\$109	\$115
16	\$115	\$123
17	\$120	\$132
18	\$123	\$135
19	\$125	\$139
20	\$121	\$137
21	\$116	\$134
22	\$108	\$129
23	\$108	\$132
24	\$109	\$137
25	\$112	\$142
26	\$115	\$148
27	\$120	\$155
28	\$125	\$160
29	\$129	\$166
30	\$133	\$170
31	\$136	\$173
32	\$138	\$176
33	\$139	\$178
34	\$139	\$180
35	\$140	\$183
36	\$141	\$186
37	\$143	\$190
38	\$146	\$195
39	\$151	\$200
40	\$156	\$206
41	\$162	\$212
42	\$169	\$218
43	\$175	\$223
44	\$182	\$229
45	\$190	\$235
46	\$197	\$241
47	\$204	\$247
48	\$212	\$253
49	\$220	\$259
50	\$228	\$265
51	\$237	\$270
52	\$248	\$275
53	\$260	\$279
54	\$274	\$284
55	\$291	\$290
56	\$308	\$297
57	\$325	\$305
58	\$342	\$315
59	\$359	\$325
60	\$377	\$336
61	\$409	\$348
62	\$444	\$360
63	\$482	\$371
64	\$523	\$382

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Collier	Monroe
Escambia	Okaloosa
Holmes	Santa Rosa
Lee	Walton

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$811	\$811
1	\$366	\$366
2	\$239	\$239
3	\$222	\$222
4	\$204	\$204
5	\$189	\$189
6	\$178	\$178
7	\$169	\$169
8	\$165	\$165
9	\$165	\$165
10	\$168	\$168
11	\$176	\$176
12	\$187	\$187
13	\$189	\$198
14	\$202	\$212
15	\$215	\$227
16	\$227	\$243
17	\$237	\$259
18	\$243	\$266
19	\$246	\$273
20	\$238	\$269
21	\$228	\$264
22	\$213	\$254
23	\$213	\$261
24	\$215	\$269
25	\$219	\$280
26	\$227	\$292
27	\$235	\$304
28	\$245	\$316
29	\$254	\$326
30	\$261	\$334
31	\$267	\$341
32	\$271	\$346
33	\$273	\$351
34	\$274	\$355
35	\$275	\$359
36	\$278	\$365
37	\$282	\$373
38	\$288	\$383
39	\$297	\$394
40	\$307	\$405
41	\$319	\$417
42	\$332	\$428
43	\$345	\$440
44	\$359	\$450
45	\$373	\$462
46	\$387	\$473
47	\$402	\$486
48	\$417	\$498
49	\$432	\$510
50	\$448	\$522
51	\$466	\$531
52	\$487	\$540
53	\$511	\$549
54	\$539	\$558
55	\$572	\$570
56	\$605	\$584
57	\$639	\$600
58	\$673	\$619
59	\$707	\$640
60	\$741	\$661
61	\$804	\$684
62	\$873	\$708
63	\$948	\$730
64	\$1,029	\$751

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPKRFL B LFM-50

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$658	\$658
1	\$297	\$297
2	\$194	\$194
3	\$180	\$180
4	\$166	\$166
5	\$154	\$154
6	\$144	\$144
7	\$137	\$137
8	\$134	\$134
9	\$134	\$134
10	\$137	\$137
11	\$143	\$143
12	\$151	\$151
13	\$153	\$161
14	\$164	\$172
15	\$175	\$184
16	\$184	\$197
17	\$192	\$210
18	\$197	\$216
19	\$200	\$222
20	\$193	\$218
21	\$185	\$215
22	\$173	\$206
23	\$173	\$212
24	\$174	\$219
25	\$178	\$227
26	\$184	\$237
27	\$191	\$247
28	\$199	\$256
29	\$206	\$265
30	\$212	\$271
31	\$217	\$277
32	\$220	\$281
33	\$221	\$285
34	\$222	\$288
35	\$224	\$292
36	\$225	\$296
37	\$229	\$303
38	\$234	\$311
39	\$241	\$320
40	\$249	\$329
41	\$259	\$339
42	\$269	\$348
43	\$280	\$357
44	\$291	\$366
45	\$303	\$375
46	\$315	\$384
47	\$326	\$394
48	\$338	\$404
49	\$351	\$414
50	\$364	\$423
51	\$379	\$432
52	\$395	\$439
53	\$415	\$446
54	\$438	\$453
55	\$464	\$463
56	\$491	\$474
57	\$519	\$487
58	\$546	\$503
59	\$574	\$519
60	\$602	\$536
61	\$653	\$556
62	\$709	\$575
63	\$770	\$593
64	\$835	\$610

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$431	\$431
1	\$195	\$195
2	\$127	\$127
3	\$118	\$118
4	\$109	\$109
5	\$101	\$101
6	\$94	\$94
7	\$90	\$90
8	\$88	\$88
9	\$87	\$87
10	\$90	\$90
11	\$94	\$94
12	\$99	\$99
13	\$100	\$106
14	\$107	\$113
15	\$114	\$121
16	\$121	\$129
17	\$126	\$138
18	\$129	\$141
19	\$131	\$145
20	\$126	\$143
21	\$121	\$141
22	\$113	\$135
23	\$113	\$139
24	\$114	\$143
25	\$117	\$149
26	\$120	\$155
27	\$125	\$162
28	\$130	\$168
29	\$135	\$173
30	\$139	\$178
31	\$142	\$181
32	\$144	\$184
33	\$145	\$186
34	\$146	\$189
35	\$146	\$191
36	\$148	\$194
37	\$150	\$198
38	\$153	\$203
39	\$158	\$209
40	\$163	\$216
41	\$170	\$222
42	\$176	\$228
43	\$183	\$234
44	\$191	\$240
45	\$198	\$245
46	\$206	\$252
47	\$214	\$258
48	\$222	\$265
49	\$230	\$271
50	\$238	\$277
51	\$248	\$283
52	\$259	\$287
53	\$272	\$292
54	\$287	\$297
55	\$304	\$303
56	\$322	\$310
57	\$340	\$319
58	\$358	\$329
59	\$376	\$340
60	\$394	\$351
61	\$427	\$364
62	\$464	\$376
63	\$504	\$388
64	\$547	\$399

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$440	\$440
1	\$199	\$199
2	\$130	\$130
3	\$120	\$120
4	\$111	\$111
5	\$103	\$103
6	\$96	\$96
7	\$92	\$92
8	\$90	\$90
9	\$89	\$89
10	\$91	\$91
11	\$96	\$96
12	\$101	\$101
13	\$103	\$108
14	\$110	\$115
15	\$117	\$123
16	\$123	\$132
17	\$129	\$141
18	\$132	\$144
19	\$134	\$148
20	\$129	\$146
21	\$124	\$144
22	\$116	\$138
23	\$116	\$142
24	\$117	\$146
25	\$119	\$152
26	\$123	\$159
27	\$128	\$165
28	\$133	\$171
29	\$138	\$177
30	\$142	\$182
31	\$145	\$185
32	\$147	\$188
33	\$148	\$190
34	\$149	\$193
35	\$150	\$195
36	\$151	\$198
37	\$153	\$203
38	\$156	\$208
39	\$161	\$214
40	\$167	\$220
41	\$173	\$227
42	\$180	\$233
43	\$187	\$239
44	\$195	\$245
45	\$202	\$251
46	\$210	\$257
47	\$218	\$264
48	\$226	\$271
49	\$235	\$277
50	\$243	\$283
51	\$253	\$289
52	\$265	\$293
53	\$278	\$298
54	\$293	\$303
55	\$311	\$309
56	\$329	\$317
57	\$347	\$326
58	\$365	\$336
59	\$384	\$347
60	\$403	\$359
61	\$437	\$372
62	\$474	\$384
63	\$515	\$396
64	\$559	\$408

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$308	\$308
1	\$139	\$139
2	\$91	\$91
3	\$84	\$84
4	\$77	\$77
5	\$72	\$72
6	\$67	\$67
7	\$64	\$64
8	\$62	\$62
9	\$62	\$62
10	\$64	\$64
11	\$67	\$67
12	\$71	\$71
13	\$72	\$75
14	\$77	\$80
15	\$82	\$86
16	\$86	\$92
17	\$90	\$98
18	\$92	\$101
19	\$93	\$103
20	\$90	\$102
21	\$86	\$100
22	\$81	\$96
23	\$81	\$99
24	\$81	\$102
25	\$83	\$106
26	\$86	\$111
27	\$89	\$115
28	\$93	\$120
29	\$96	\$124
30	\$99	\$127
31	\$101	\$129
32	\$103	\$131
33	\$103	\$133
34	\$104	\$134
35	\$104	\$136
36	\$105	\$138
37	\$107	\$141
38	\$109	\$145
39	\$112	\$149
40	\$116	\$154
41	\$121	\$158
42	\$126	\$162
43	\$131	\$167
44	\$136	\$171
45	\$141	\$175
46	\$147	\$179
47	\$152	\$184
48	\$158	\$189
49	\$164	\$193
50	\$170	\$198
51	\$177	\$202
52	\$185	\$205
53	\$194	\$208
54	\$204	\$212
55	\$217	\$216
56	\$229	\$221
57	\$242	\$228
58	\$255	\$235
59	\$268	\$243
60	\$281	\$250
61	\$305	\$260
62	\$331	\$268
63	\$359	\$277
64	\$390	\$285

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$551	\$551
1	\$249	\$249
2	\$162	\$162
3	\$151	\$151
4	\$139	\$139
5	\$129	\$129
6	\$121	\$121
7	\$115	\$115
8	\$112	\$112
9	\$112	\$112
10	\$114	\$114
11	\$120	\$120
12	\$127	\$127
13	\$128	\$135
14	\$137	\$144
15	\$146	\$154
16	\$154	\$165
17	\$161	\$176
18	\$165	\$181
19	\$167	\$185
20	\$161	\$183
21	\$155	\$180
22	\$145	\$172
23	\$144	\$177
24	\$146	\$183
25	\$149	\$190
26	\$154	\$198
27	\$160	\$206
28	\$166	\$214
29	\$172	\$221
30	\$178	\$227
31	\$181	\$232
32	\$184	\$235
33	\$185	\$238
34	\$186	\$241
35	\$187	\$244
36	\$189	\$248
37	\$191	\$253
38	\$196	\$260
39	\$201	\$267
40	\$208	\$275
41	\$217	\$283
42	\$225	\$291
43	\$234	\$298
44	\$244	\$306
45	\$253	\$314
46	\$263	\$322
47	\$273	\$330
48	\$283	\$338
49	\$293	\$347
50	\$304	\$354
51	\$317	\$361
52	\$331	\$367
53	\$347	\$373
54	\$366	\$379
55	\$388	\$387
56	\$411	\$397
57	\$434	\$408
58	\$457	\$421
59	\$480	\$434
60	\$503	\$449
61	\$546	\$465
62	\$593	\$481
63	\$644	\$496
64	\$699	\$510

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$440	\$440
1	\$199	\$199
2	\$129	\$129
3	\$120	\$120
4	\$111	\$111
5	\$103	\$103
6	\$96	\$96
7	\$92	\$92
8	\$89	\$89
9	\$89	\$89
10	\$91	\$91
11	\$95	\$95
12	\$101	\$101
13	\$102	\$108
14	\$109	\$115
15	\$117	\$123
16	\$123	\$132
17	\$128	\$140
18	\$132	\$144
19	\$133	\$148
20	\$129	\$146
21	\$124	\$143
22	\$115	\$137
23	\$115	\$141
24	\$116	\$146
25	\$119	\$152
26	\$123	\$158
27	\$128	\$165
28	\$133	\$171
29	\$138	\$177
30	\$142	\$181
31	\$145	\$185
32	\$147	\$188
33	\$148	\$190
34	\$149	\$192
35	\$149	\$195
36	\$150	\$198
37	\$153	\$202
38	\$156	\$207
39	\$161	\$213
40	\$166	\$220
41	\$173	\$226
42	\$180	\$232
43	\$187	\$238
44	\$194	\$244
45	\$202	\$250
46	\$210	\$257
47	\$218	\$263
48	\$226	\$270
49	\$234	\$277
50	\$243	\$283
51	\$253	\$288
52	\$264	\$293
53	\$277	\$297
54	\$292	\$303
55	\$310	\$309
56	\$328	\$316
57	\$346	\$325
58	\$365	\$336
59	\$383	\$347
60	\$402	\$358
61	\$436	\$371
62	\$473	\$384
63	\$514	\$396
64	\$558	\$407

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Bradford Putnam  
 Gilchrist Union  
 Levy

**Premier  
 \$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$793	\$793
1	\$358	\$358
2	\$234	\$234
3	\$217	\$217
4	\$200	\$200
5	\$185	\$185
6	\$174	\$174
7	\$166	\$166
8	\$161	\$161
9	\$161	\$161
10	\$165	\$165
11	\$172	\$172
12	\$182	\$182
13	\$185	\$194
14	\$198	\$208
15	\$210	\$222
16	\$222	\$237
17	\$232	\$253
18	\$238	\$260
19	\$241	\$267
20	\$232	\$263
21	\$223	\$259
22	\$208	\$248
23	\$208	\$255
24	\$210	\$263
25	\$215	\$274
26	\$222	\$285
27	\$230	\$297
28	\$240	\$309
29	\$248	\$319
30	\$256	\$327
31	\$261	\$334
32	\$265	\$339
33	\$267	\$343
34	\$268	\$347
35	\$269	\$351
36	\$272	\$357
37	\$276	\$365
38	\$282	\$374
39	\$290	\$385
40	\$300	\$396
41	\$312	\$408
42	\$324	\$419
43	\$337	\$430
44	\$351	\$441
45	\$365	\$452
46	\$379	\$463
47	\$393	\$475
48	\$408	\$487
49	\$423	\$499
50	\$438	\$510
51	\$456	\$520
52	\$476	\$528
53	\$500	\$537
54	\$527	\$546
55	\$559	\$557
56	\$592	\$571
57	\$625	\$587
58	\$658	\$606
59	\$692	\$626
60	\$725	\$646
61	\$786	\$669
62	\$854	\$692
63	\$927	\$714
64	\$1,006	\$735

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPKRFL B LFM-54

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$644	\$644
1	\$291	\$291
2	\$190	\$190
3	\$176	\$176
4	\$162	\$162
5	\$150	\$150
6	\$141	\$141
7	\$134	\$134
8	\$131	\$131
9	\$131	\$131
10	\$134	\$134
11	\$140	\$140
12	\$148	\$148
13	\$150	\$158
14	\$160	\$169
15	\$171	\$180
16	\$180	\$193
17	\$188	\$206
18	\$193	\$211
19	\$195	\$217
20	\$189	\$214
21	\$181	\$210
22	\$169	\$201
23	\$169	\$207
24	\$171	\$214
25	\$174	\$222
26	\$180	\$232
27	\$187	\$241
28	\$195	\$251
29	\$202	\$259
30	\$208	\$265
31	\$212	\$271
32	\$215	\$275
33	\$217	\$278
34	\$218	\$282
35	\$219	\$285
36	\$220	\$290
37	\$224	\$296
38	\$229	\$304
39	\$235	\$313
40	\$244	\$322
41	\$253	\$331
42	\$263	\$340
43	\$274	\$349
44	\$285	\$358
45	\$296	\$367
46	\$308	\$376
47	\$319	\$386
48	\$331	\$396
49	\$343	\$405
50	\$356	\$414
51	\$370	\$422
52	\$387	\$429
53	\$406	\$436
54	\$428	\$443
55	\$454	\$452
56	\$481	\$464
57	\$507	\$477
58	\$534	\$492
59	\$561	\$508
60	\$589	\$525
61	\$638	\$543
62	\$693	\$562
63	\$753	\$580
64	\$817	\$596

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$422	\$422
1	\$190	\$190
2	\$124	\$124
3	\$115	\$115
4	\$106	\$106
5	\$98	\$98
6	\$92	\$92
7	\$88	\$88
8	\$86	\$86
9	\$86	\$86
10	\$88	\$88
11	\$92	\$92
12	\$97	\$97
13	\$98	\$103
14	\$105	\$110
15	\$112	\$118
16	\$118	\$126
17	\$123	\$135
18	\$126	\$138
19	\$128	\$142
20	\$124	\$140
21	\$118	\$137
22	\$111	\$132
23	\$111	\$136
24	\$112	\$140
25	\$114	\$146
26	\$118	\$152
27	\$122	\$158
28	\$127	\$164
29	\$132	\$169
30	\$136	\$174
31	\$139	\$177
32	\$141	\$180
33	\$142	\$182
34	\$142	\$184
35	\$143	\$187
36	\$144	\$190
37	\$147	\$194
38	\$150	\$199
39	\$154	\$205
40	\$160	\$211
41	\$166	\$217
42	\$172	\$223
43	\$179	\$229
44	\$187	\$234
45	\$194	\$240
46	\$201	\$246
47	\$209	\$253
48	\$217	\$259
49	\$225	\$265
50	\$233	\$271
51	\$243	\$276
52	\$253	\$281
53	\$266	\$285
54	\$280	\$290
55	\$297	\$296
56	\$315	\$304
57	\$332	\$312
58	\$350	\$322
59	\$368	\$333
60	\$386	\$344
61	\$418	\$356
62	\$454	\$368
63	\$493	\$380
64	\$535	\$391

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$431	\$431
1	\$195	\$195
2	\$127	\$127
3	\$118	\$118
4	\$108	\$108
5	\$101	\$101
6	\$94	\$94
7	\$90	\$90
8	\$88	\$88
9	\$87	\$87
10	\$89	\$89
11	\$93	\$93
12	\$99	\$99
13	\$100	\$105
14	\$107	\$113
15	\$114	\$121
16	\$121	\$129
17	\$126	\$138
18	\$129	\$141
19	\$131	\$145
20	\$126	\$143
21	\$121	\$140
22	\$113	\$135
23	\$113	\$138
24	\$114	\$143
25	\$117	\$149
26	\$120	\$155
27	\$125	\$161
28	\$130	\$168
29	\$135	\$173
30	\$139	\$178
31	\$142	\$181
32	\$144	\$184
33	\$145	\$186
34	\$146	\$188
35	\$146	\$191
36	\$147	\$194
37	\$150	\$198
38	\$153	\$203
39	\$158	\$209
40	\$163	\$215
41	\$169	\$222
42	\$176	\$228
43	\$183	\$233
44	\$190	\$239
45	\$198	\$245
46	\$206	\$251
47	\$214	\$258
48	\$221	\$265
49	\$229	\$271
50	\$238	\$277
51	\$248	\$282
52	\$259	\$287
53	\$271	\$291
54	\$286	\$296
55	\$304	\$303
56	\$321	\$310
57	\$339	\$319
58	\$357	\$329
59	\$376	\$340
60	\$394	\$351
61	\$427	\$364
62	\$464	\$376
63	\$503	\$388
64	\$547	\$399

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$301	\$301
1	\$136	\$136
2	\$89	\$89
3	\$82	\$82
4	\$76	\$76
5	\$70	\$70
6	\$66	\$66
7	\$63	\$63
8	\$61	\$61
9	\$61	\$61
10	\$62	\$62
11	\$65	\$65
12	\$69	\$69
13	\$70	\$74
14	\$75	\$79
15	\$80	\$84
16	\$84	\$90
17	\$88	\$96
18	\$90	\$99
19	\$91	\$101
20	\$88	\$100
21	\$84	\$98
22	\$79	\$94
23	\$79	\$97
24	\$80	\$100
25	\$81	\$104
26	\$84	\$108
27	\$87	\$113
28	\$91	\$117
29	\$94	\$121
30	\$97	\$124
31	\$99	\$126
32	\$100	\$128
33	\$101	\$130
34	\$102	\$131
35	\$102	\$133
36	\$103	\$135
37	\$104	\$138
38	\$107	\$142
39	\$110	\$146
40	\$114	\$150
41	\$118	\$155
42	\$123	\$159
43	\$128	\$163
44	\$133	\$167
45	\$138	\$171
46	\$144	\$176
47	\$149	\$180
48	\$155	\$185
49	\$160	\$189
50	\$166	\$193
51	\$173	\$197
52	\$181	\$200
53	\$190	\$203
54	\$200	\$207
55	\$212	\$211
56	\$224	\$217
57	\$237	\$223
58	\$250	\$230
59	\$262	\$237
60	\$275	\$245
61	\$298	\$254
62	\$324	\$262
63	\$351	\$271
64	\$382	\$279

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$539	\$539
1	\$243	\$243
2	\$159	\$159
3	\$147	\$147
4	\$136	\$136
5	\$126	\$126
6	\$118	\$118
7	\$112	\$112
8	\$109	\$109
9	\$109	\$109
10	\$112	\$112
11	\$117	\$117
12	\$124	\$124
13	\$126	\$132
14	\$134	\$141
15	\$143	\$151
16	\$151	\$161
17	\$157	\$172
18	\$161	\$177
19	\$163	\$181
20	\$158	\$179
21	\$151	\$176
22	\$141	\$168
23	\$141	\$173
24	\$143	\$179
25	\$146	\$186
26	\$151	\$194
27	\$156	\$202
28	\$163	\$210
29	\$169	\$216
30	\$174	\$222
31	\$177	\$227
32	\$180	\$230
33	\$181	\$233
34	\$182	\$236
35	\$183	\$239
36	\$184	\$243
37	\$187	\$248
38	\$191	\$254
39	\$197	\$262
40	\$204	\$269
41	\$212	\$277
42	\$220	\$285
43	\$229	\$292
44	\$238	\$299
45	\$248	\$307
46	\$257	\$314
47	\$267	\$323
48	\$277	\$331
49	\$287	\$339
50	\$298	\$346
51	\$310	\$353
52	\$324	\$359
53	\$340	\$365
54	\$358	\$371
55	\$380	\$378
56	\$402	\$388
57	\$424	\$399
58	\$447	\$411
59	\$470	\$425
60	\$492	\$439
61	\$534	\$455
62	\$580	\$470
63	\$630	\$485
64	\$683	\$499

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$430	\$430
1	\$194	\$194
2	\$127	\$127
3	\$118	\$118
4	\$108	\$108
5	\$100	\$100
6	\$94	\$94
7	\$90	\$90
8	\$87	\$87
9	\$87	\$87
10	\$89	\$89
11	\$93	\$93
12	\$99	\$99
13	\$100	\$105
14	\$107	\$113
15	\$114	\$120
16	\$120	\$129
17	\$126	\$137
18	\$129	\$141
19	\$130	\$145
20	\$126	\$143
21	\$121	\$140
22	\$113	\$134
23	\$113	\$138
24	\$114	\$143
25	\$116	\$148
26	\$120	\$155
27	\$125	\$161
28	\$130	\$167
29	\$135	\$173
30	\$139	\$177
31	\$142	\$181
32	\$143	\$184
33	\$145	\$186
34	\$145	\$188
35	\$146	\$190
36	\$147	\$194
37	\$149	\$198
38	\$153	\$203
39	\$157	\$209
40	\$163	\$215
41	\$169	\$221
42	\$176	\$227
43	\$183	\$233
44	\$190	\$239
45	\$198	\$245
46	\$205	\$251
47	\$213	\$257
48	\$221	\$264
49	\$229	\$271
50	\$238	\$276
51	\$247	\$282
52	\$258	\$286
53	\$271	\$291
54	\$286	\$296
55	\$303	\$302
56	\$321	\$309
57	\$339	\$318
58	\$357	\$328
59	\$375	\$339
60	\$393	\$350
61	\$426	\$363
62	\$463	\$375
63	\$502	\$387
64	\$545	\$398

\*Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Martin  
Okeechobee  
Saint Lucie

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$907	\$907
1	\$410	\$410
2	\$267	\$267
3	\$248	\$248
4	\$228	\$228
5	\$212	\$212
6	\$199	\$199
7	\$189	\$189
8	\$184	\$184
9	\$184	\$184
10	\$188	\$188
11	\$197	\$197
12	\$209	\$209
13	\$211	\$222
14	\$226	\$237
15	\$241	\$254
16	\$254	\$271
17	\$265	\$290
18	\$272	\$297
19	\$275	\$305
20	\$266	\$301
21	\$255	\$296
22	\$238	\$284
23	\$238	\$291
24	\$240	\$301
25	\$245	\$313
26	\$253	\$326
27	\$263	\$340
28	\$274	\$353
29	\$284	\$364
30	\$292	\$374
31	\$299	\$382
32	\$303	\$387
33	\$305	\$392
34	\$306	\$397
35	\$308	\$402
36	\$311	\$408
37	\$315	\$417
38	\$322	\$428
39	\$332	\$440
40	\$343	\$453
41	\$357	\$467
42	\$371	\$479
43	\$386	\$492
44	\$401	\$504
45	\$417	\$516
46	\$433	\$530
47	\$450	\$543
48	\$466	\$557
49	\$483	\$571
50	\$501	\$583
51	\$522	\$595
52	\$545	\$604
53	\$572	\$614
54	\$603	\$624
55	\$640	\$637
56	\$677	\$653
57	\$715	\$672
58	\$753	\$693
59	\$791	\$715
60	\$829	\$739
61	\$899	\$766
62	\$976	\$792
63	\$1,060	\$816
64	\$1,151	\$840

013078544-AARPBKRL B LFM-58

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$737	\$737
1	\$333	\$333
2	\$217	\$217
3	\$201	\$201
4	\$185	\$185
5	\$172	\$172
6	\$161	\$161
7	\$154	\$154
8	\$150	\$150
9	\$149	\$149
10	\$153	\$153
11	\$160	\$160
12	\$169	\$169
13	\$172	\$180
14	\$183	\$193
15	\$195	\$206
16	\$206	\$220
17	\$215	\$235
18	\$221	\$241
19	\$223	\$248
20	\$216	\$244
21	\$207	\$240
22	\$193	\$230
23	\$193	\$237
24	\$195	\$245
25	\$199	\$254
26	\$206	\$265
27	\$214	\$276
28	\$222	\$287
29	\$231	\$296
30	\$237	\$304
31	\$242	\$310
32	\$246	\$315
33	\$248	\$318
34	\$249	\$322
35	\$250	\$326
36	\$252	\$332
37	\$256	\$339
38	\$262	\$348
39	\$269	\$358
40	\$279	\$368
41	\$290	\$379
42	\$301	\$389
43	\$313	\$399
44	\$326	\$409
45	\$339	\$419
46	\$352	\$430
47	\$365	\$441
48	\$379	\$452
49	\$392	\$463
50	\$407	\$474
51	\$423	\$483
52	\$442	\$491
53	\$464	\$498
54	\$490	\$507
55	\$519	\$517
56	\$550	\$530
57	\$580	\$545
58	\$611	\$562
59	\$642	\$581
60	\$673	\$600
61	\$730	\$622
62	\$793	\$643
63	\$861	\$663
64	\$934	\$682

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$482	\$482
1	\$218	\$218
2	\$142	\$142
3	\$132	\$132
4	\$121	\$121
5	\$113	\$113
6	\$106	\$106
7	\$101	\$101
8	\$98	\$98
9	\$98	\$98
10	\$100	\$100
11	\$105	\$105
12	\$111	\$111
13	\$112	\$118
14	\$120	\$126
15	\$128	\$135
16	\$135	\$144
17	\$141	\$154
18	\$144	\$158
19	\$146	\$162
20	\$141	\$160
21	\$136	\$157
22	\$127	\$151
23	\$127	\$155
24	\$128	\$160
25	\$131	\$167
26	\$135	\$174
27	\$140	\$181
28	\$146	\$188
29	\$151	\$194
30	\$155	\$199
31	\$159	\$203
32	\$161	\$206
33	\$162	\$209
34	\$163	\$211
35	\$164	\$214
36	\$165	\$217
37	\$168	\$222
38	\$171	\$228
39	\$176	\$234
40	\$183	\$241
41	\$190	\$248
42	\$197	\$255
43	\$205	\$261
44	\$213	\$268
45	\$222	\$275
46	\$230	\$282
47	\$239	\$289
48	\$248	\$296
49	\$257	\$304
50	\$267	\$310
51	\$277	\$316
52	\$290	\$321
53	\$304	\$326
54	\$321	\$332
55	\$340	\$339
56	\$360	\$347
57	\$380	\$357
58	\$400	\$368
59	\$421	\$380
60	\$441	\$393
61	\$478	\$407
62	\$519	\$421
63	\$564	\$434
64	\$612	\$447

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$493	\$493
1	\$222	\$222
2	\$145	\$145
3	\$135	\$135
4	\$124	\$124
5	\$115	\$115
6	\$108	\$108
7	\$103	\$103
8	\$100	\$100
9	\$100	\$100
10	\$102	\$102
11	\$107	\$107
12	\$113	\$113
13	\$115	\$121
14	\$123	\$129
15	\$131	\$138
16	\$138	\$147
17	\$144	\$157
18	\$148	\$161
19	\$149	\$166
20	\$144	\$163
21	\$138	\$161
22	\$129	\$154
23	\$129	\$158
24	\$130	\$164
25	\$133	\$170
26	\$138	\$177
27	\$143	\$185
28	\$149	\$192
29	\$154	\$198
30	\$159	\$203
31	\$162	\$207
32	\$164	\$210
33	\$166	\$213
34	\$166	\$215
35	\$167	\$218
36	\$169	\$222
37	\$171	\$227
38	\$175	\$232
39	\$180	\$239
40	\$186	\$246
41	\$194	\$253
42	\$201	\$260
43	\$210	\$267
44	\$218	\$274
45	\$226	\$280
46	\$235	\$288
47	\$244	\$295
48	\$253	\$303
49	\$262	\$310
50	\$272	\$317
51	\$283	\$323
52	\$296	\$328
53	\$311	\$333
54	\$328	\$339
55	\$347	\$346
56	\$368	\$355
57	\$388	\$365
58	\$409	\$376
59	\$430	\$389
60	\$450	\$401
61	\$488	\$416
62	\$530	\$430
63	\$576	\$443
64	\$625	\$456

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$344	\$344
1	\$155	\$155
2	\$101	\$101
3	\$94	\$94
4	\$87	\$87
5	\$80	\$80
6	\$75	\$75
7	\$72	\$72
8	\$70	\$70
9	\$70	\$70
10	\$71	\$71
11	\$75	\$75
12	\$79	\$79
13	\$80	\$84
14	\$86	\$90
15	\$91	\$96
16	\$96	\$103
17	\$100	\$110
18	\$103	\$113
19	\$104	\$116
20	\$101	\$114
21	\$97	\$112
22	\$90	\$108
23	\$90	\$111
24	\$91	\$114
25	\$93	\$119
26	\$96	\$124
27	\$100	\$129
28	\$104	\$134
29	\$108	\$138
30	\$111	\$142
31	\$113	\$145
32	\$115	\$147
33	\$116	\$149
34	\$116	\$150
35	\$117	\$152
36	\$118	\$155
37	\$119	\$158
38	\$122	\$162
39	\$126	\$167
40	\$130	\$172
41	\$135	\$177
42	\$141	\$182
43	\$146	\$186
44	\$152	\$191
45	\$158	\$196
46	\$164	\$201
47	\$171	\$206
48	\$177	\$211
49	\$183	\$216
50	\$190	\$221
51	\$198	\$225
52	\$207	\$229
53	\$217	\$233
54	\$229	\$237
55	\$243	\$242
56	\$257	\$248
57	\$271	\$255
58	\$285	\$263
59	\$300	\$271
60	\$314	\$280
61	\$341	\$290
62	\$370	\$300
63	\$402	\$310
64	\$436	\$319

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$616	\$616
1	\$278	\$278
2	\$181	\$181
3	\$168	\$168
4	\$155	\$155
5	\$144	\$144
6	\$135	\$135
7	\$129	\$129
8	\$125	\$125
9	\$125	\$125
10	\$128	\$128
11	\$134	\$134
12	\$142	\$142
13	\$144	\$151
14	\$153	\$161
15	\$163	\$172
16	\$173	\$184
17	\$180	\$197
18	\$185	\$202
19	\$187	\$207
20	\$181	\$204
21	\$173	\$201
22	\$162	\$193
23	\$162	\$198
24	\$163	\$205
25	\$167	\$213
26	\$172	\$222
27	\$179	\$231
28	\$186	\$240
29	\$193	\$248
30	\$199	\$254
31	\$203	\$259
32	\$206	\$263
33	\$207	\$266
34	\$208	\$269
35	\$209	\$273
36	\$211	\$277
37	\$214	\$283
38	\$219	\$291
39	\$225	\$299
40	\$233	\$308
41	\$242	\$317
42	\$252	\$325
43	\$262	\$334
44	\$272	\$342
45	\$283	\$351
46	\$294	\$360
47	\$305	\$369
48	\$317	\$378
49	\$328	\$388
50	\$341	\$396
51	\$354	\$404
52	\$370	\$410
53	\$388	\$417
54	\$410	\$424
55	\$434	\$433
56	\$460	\$444
57	\$485	\$456
58	\$511	\$470
59	\$537	\$486
60	\$563	\$502
61	\$611	\$520
62	\$663	\$538
63	\$720	\$555
64	\$782	\$571

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$492	\$492
1	\$222	\$222
2	\$145	\$145
3	\$134	\$134
4	\$124	\$124
5	\$115	\$115
6	\$108	\$108
7	\$103	\$103
8	\$100	\$100
9	\$100	\$100
10	\$102	\$102
11	\$107	\$107
12	\$113	\$113
13	\$115	\$120
14	\$122	\$129
15	\$130	\$138
16	\$138	\$147
17	\$144	\$157
18	\$147	\$161
19	\$149	\$165
20	\$144	\$163
21	\$138	\$160
22	\$129	\$154
23	\$129	\$158
24	\$130	\$163
25	\$133	\$170
26	\$137	\$177
27	\$143	\$184
28	\$149	\$191
29	\$154	\$198
30	\$158	\$203
31	\$162	\$207
32	\$164	\$210
33	\$165	\$213
34	\$166	\$215
35	\$167	\$218
36	\$168	\$221
37	\$171	\$226
38	\$175	\$232
39	\$180	\$239
40	\$186	\$246
41	\$193	\$253
42	\$201	\$260
43	\$209	\$266
44	\$217	\$273
45	\$226	\$280
46	\$235	\$287
47	\$244	\$294
48	\$253	\$302
49	\$262	\$309
50	\$272	\$316
51	\$283	\$322
52	\$295	\$328
53	\$310	\$333
54	\$327	\$338
55	\$347	\$345
56	\$367	\$354
57	\$387	\$364
58	\$408	\$375
59	\$429	\$388
60	\$449	\$401
61	\$487	\$415
62	\$529	\$429
63	\$575	\$443
64	\$624	\$455

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Calhoun	Highlands
Gadsden	Jefferson
Hardee	Liberty
Hendry	Wakulla

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$730	\$730
1	\$330	\$330
2	\$215	\$215
3	\$200	\$200
4	\$184	\$184
5	\$171	\$171
6	\$160	\$160
7	\$152	\$152
8	\$148	\$148
9	\$148	\$148
10	\$152	\$152
11	\$159	\$159
12	\$168	\$168
13	\$170	\$179
14	\$182	\$191
15	\$194	\$204
16	\$205	\$218
17	\$213	\$233
18	\$219	\$239
19	\$221	\$246
20	\$214	\$242
21	\$205	\$238
22	\$192	\$228
23	\$192	\$235
24	\$193	\$243
25	\$198	\$252
26	\$204	\$263
27	\$212	\$274
28	\$221	\$284
29	\$229	\$293
30	\$235	\$301
31	\$240	\$307
32	\$244	\$312
33	\$246	\$316
34	\$247	\$319
35	\$248	\$323
36	\$250	\$329
37	\$254	\$336
38	\$259	\$345
39	\$267	\$355
40	\$276	\$365
41	\$287	\$376
42	\$299	\$386
43	\$311	\$396
44	\$323	\$406
45	\$336	\$416
46	\$349	\$426
47	\$362	\$437
48	\$375	\$449
49	\$389	\$460
50	\$404	\$470
51	\$420	\$479
52	\$439	\$487
53	\$460	\$494
54	\$486	\$503
55	\$515	\$513
56	\$545	\$526
57	\$575	\$541
58	\$606	\$558
59	\$637	\$576
60	\$668	\$595
61	\$724	\$616
62	\$786	\$637
63	\$854	\$657
64	\$927	\$676

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$593	\$593
1	\$268	\$268
2	\$175	\$175
3	\$162	\$162
4	\$149	\$149
5	\$138	\$138
6	\$130	\$130
7	\$124	\$124
8	\$121	\$121
9	\$120	\$120
10	\$123	\$123
11	\$129	\$129
12	\$136	\$136
13	\$138	\$145
14	\$148	\$155
15	\$157	\$166
16	\$166	\$177
17	\$173	\$189
18	\$178	\$194
19	\$180	\$200
20	\$174	\$197
21	\$167	\$193
22	\$156	\$185
23	\$156	\$191
24	\$157	\$197
25	\$160	\$205
26	\$166	\$213
27	\$172	\$222
28	\$179	\$231
29	\$186	\$238
30	\$191	\$244
31	\$195	\$249
32	\$198	\$253
33	\$199	\$256
34	\$200	\$259
35	\$201	\$263
36	\$203	\$267
37	\$206	\$273
38	\$211	\$280
39	\$217	\$288
40	\$224	\$296
41	\$233	\$305
42	\$242	\$313
43	\$252	\$321
44	\$262	\$329
45	\$273	\$338
46	\$283	\$346
47	\$294	\$355
48	\$305	\$364
49	\$316	\$373
50	\$328	\$381
51	\$341	\$389
52	\$356	\$395
53	\$374	\$401
54	\$394	\$408
55	\$418	\$417
56	\$443	\$427
57	\$467	\$439
58	\$492	\$453
59	\$517	\$468
60	\$542	\$483
61	\$588	\$500
62	\$638	\$517
63	\$693	\$534
64	\$752	\$549

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$388	\$388
1	\$175	\$175
2	\$114	\$114
3	\$106	\$106
4	\$98	\$98
5	\$91	\$91
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$81	\$81
11	\$84	\$84
12	\$89	\$89
13	\$90	\$95
14	\$97	\$102
15	\$103	\$109
16	\$109	\$116
17	\$113	\$124
18	\$116	\$127
19	\$118	\$131
20	\$114	\$129
21	\$109	\$127
22	\$102	\$121
23	\$102	\$125
24	\$103	\$129
25	\$105	\$134
26	\$109	\$140
27	\$113	\$146
28	\$117	\$151
29	\$122	\$156
30	\$125	\$160
31	\$128	\$163
32	\$130	\$166
33	\$131	\$168
34	\$131	\$170
35	\$132	\$172
36	\$133	\$175
37	\$135	\$179
38	\$138	\$183
39	\$142	\$189
40	\$147	\$194
41	\$153	\$200
42	\$159	\$205
43	\$165	\$210
44	\$172	\$216
45	\$179	\$221
46	\$186	\$227
47	\$193	\$233
48	\$200	\$239
49	\$207	\$244
50	\$215	\$250
51	\$223	\$255
52	\$233	\$259
53	\$245	\$263
54	\$258	\$267
55	\$274	\$273
56	\$290	\$280
57	\$306	\$288
58	\$322	\$297
59	\$339	\$306
60	\$355	\$316
61	\$385	\$328
62	\$418	\$339
63	\$454	\$350
64	\$493	\$360

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$397	\$397
1	\$179	\$179
2	\$117	\$117
3	\$108	\$108
4	\$100	\$100
5	\$93	\$93
6	\$87	\$87
7	\$83	\$83
8	\$81	\$81
9	\$80	\$80
10	\$82	\$82
11	\$86	\$86
12	\$91	\$91
13	\$92	\$97
14	\$99	\$104
15	\$105	\$111
16	\$111	\$119
17	\$116	\$127
18	\$119	\$130
19	\$120	\$133
20	\$116	\$132
21	\$111	\$129
22	\$104	\$124
23	\$104	\$127
24	\$105	\$132
25	\$107	\$137
26	\$111	\$143
27	\$115	\$149
28	\$120	\$154
29	\$124	\$159
30	\$128	\$164
31	\$131	\$167
32	\$132	\$169
33	\$133	\$171
34	\$134	\$173
35	\$135	\$176
36	\$136	\$179
37	\$138	\$182
38	\$141	\$187
39	\$145	\$193
40	\$150	\$198
41	\$156	\$204
42	\$162	\$210
43	\$169	\$215
44	\$175	\$220
45	\$182	\$226
46	\$189	\$232
47	\$197	\$238
48	\$204	\$244
49	\$211	\$250
50	\$219	\$255
51	\$228	\$260
52	\$238	\$264
53	\$250	\$268
54	\$264	\$273
55	\$280	\$279
56	\$296	\$286
57	\$312	\$294
58	\$329	\$303
59	\$346	\$313
60	\$363	\$323
61	\$393	\$335
62	\$427	\$346
63	\$464	\$357
64	\$503	\$367

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$277	\$277
1	\$125	\$125
2	\$82	\$82
3	\$76	\$76
4	\$70	\$70
5	\$65	\$65
6	\$61	\$61
7	\$58	\$58
8	\$56	\$56
9	\$56	\$56
10	\$58	\$58
11	\$60	\$60
12	\$64	\$64
13	\$65	\$68
14	\$69	\$72
15	\$73	\$78
16	\$78	\$83
17	\$81	\$88
18	\$83	\$91
19	\$84	\$93
20	\$81	\$92
21	\$78	\$90
22	\$73	\$87
23	\$73	\$89
24	\$73	\$92
25	\$75	\$96
26	\$77	\$100
27	\$80	\$104
28	\$84	\$108
29	\$87	\$111
30	\$89	\$114
31	\$91	\$116
32	\$92	\$118
33	\$93	\$120
34	\$94	\$121
35	\$94	\$123
36	\$95	\$125
37	\$96	\$127
38	\$98	\$131
39	\$101	\$134
40	\$105	\$138
41	\$109	\$142
42	\$113	\$146
43	\$118	\$150
44	\$122	\$154
45	\$127	\$158
46	\$132	\$162
47	\$137	\$166
48	\$142	\$170
49	\$148	\$174
50	\$153	\$178
51	\$159	\$181
52	\$166	\$184
53	\$175	\$187
54	\$184	\$191
55	\$195	\$195
56	\$207	\$199
57	\$218	\$205
58	\$230	\$211
59	\$241	\$218
60	\$253	\$226
61	\$275	\$234
62	\$298	\$242
63	\$324	\$249
64	\$351	\$256

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$496	\$496
1	\$224	\$224
2	\$146	\$146
3	\$136	\$136
4	\$125	\$125
5	\$116	\$116
6	\$109	\$109
7	\$104	\$104
8	\$101	\$101
9	\$101	\$101
10	\$103	\$103
11	\$108	\$108
12	\$114	\$114
13	\$116	\$121
14	\$124	\$130
15	\$132	\$139
16	\$139	\$148
17	\$145	\$158
18	\$149	\$163
19	\$150	\$167
20	\$145	\$164
21	\$139	\$162
22	\$130	\$155
23	\$130	\$159
24	\$131	\$165
25	\$134	\$171
26	\$139	\$179
27	\$144	\$186
28	\$150	\$193
29	\$155	\$199
30	\$160	\$205
31	\$163	\$209
32	\$166	\$212
33	\$167	\$214
34	\$168	\$217
35	\$168	\$220
36	\$170	\$223
37	\$172	\$228
38	\$176	\$234
39	\$181	\$241
40	\$188	\$248
41	\$195	\$255
42	\$203	\$262
43	\$211	\$269
44	\$219	\$276
45	\$228	\$282
46	\$237	\$290
47	\$246	\$297
48	\$255	\$305
49	\$264	\$312
50	\$274	\$319
51	\$285	\$325
52	\$298	\$330
53	\$313	\$336
54	\$330	\$341
55	\$350	\$349
56	\$370	\$357
57	\$391	\$367
58	\$412	\$379
59	\$432	\$391
60	\$453	\$404
61	\$492	\$419
62	\$534	\$433
63	\$580	\$446
64	\$629	\$459

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$396	\$396
1	\$179	\$179
2	\$117	\$117
3	\$108	\$108
4	\$100	\$100
5	\$92	\$92
6	\$87	\$87
7	\$83	\$83
8	\$80	\$80
9	\$80	\$80
10	\$82	\$82
11	\$86	\$86
12	\$91	\$91
13	\$92	\$97
14	\$99	\$104
15	\$105	\$111
16	\$111	\$118
17	\$116	\$126
18	\$119	\$130
19	\$120	\$133
20	\$116	\$131
21	\$111	\$129
22	\$104	\$124
23	\$104	\$127
24	\$105	\$132
25	\$107	\$137
26	\$111	\$142
27	\$115	\$148
28	\$120	\$154
29	\$124	\$159
30	\$128	\$163
31	\$130	\$166
32	\$132	\$169
33	\$133	\$171
34	\$134	\$173
35	\$134	\$175
36	\$136	\$178
37	\$138	\$182
38	\$141	\$187
39	\$145	\$192
40	\$150	\$198
41	\$156	\$204
42	\$162	\$209
43	\$168	\$215
44	\$175	\$220
45	\$182	\$225
46	\$189	\$231
47	\$196	\$237
48	\$203	\$243
49	\$211	\$249
50	\$219	\$255
51	\$228	\$259
52	\$238	\$264
53	\$250	\$268
54	\$263	\$272
55	\$279	\$278
56	\$295	\$285
57	\$312	\$293
58	\$328	\$302
59	\$345	\$312
60	\$362	\$322
61	\$392	\$334
62	\$426	\$345
63	\$463	\$356
64	\$502	\$367

\*Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Leon

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$659	\$659
1	\$298	\$298
2	\$194	\$194
3	\$180	\$180
4	\$166	\$166
5	\$154	\$154
6	\$144	\$144
7	\$138	\$138
8	\$134	\$134
9	\$134	\$134
10	\$137	\$137
11	\$143	\$143
12	\$152	\$152
13	\$154	\$161
14	\$164	\$173
15	\$175	\$184
16	\$185	\$197
17	\$193	\$210
18	\$197	\$216
19	\$200	\$222
20	\$193	\$219
21	\$185	\$215
22	\$173	\$206
23	\$173	\$212
24	\$175	\$219
25	\$178	\$228
26	\$184	\$237
27	\$191	\$247
28	\$199	\$256
29	\$206	\$265
30	\$212	\$272
31	\$217	\$277
32	\$220	\$281
33	\$222	\$285
34	\$223	\$288
35	\$224	\$292
36	\$226	\$297
37	\$229	\$303
38	\$234	\$311
39	\$241	\$320
40	\$249	\$329
41	\$259	\$339
42	\$269	\$348
43	\$280	\$357
44	\$291	\$366
45	\$303	\$375
46	\$315	\$385
47	\$327	\$395
48	\$339	\$405
49	\$351	\$415
50	\$364	\$424
51	\$379	\$432
52	\$396	\$439
53	\$415	\$446
54	\$438	\$454
55	\$465	\$463
56	\$492	\$474
57	\$519	\$488
58	\$547	\$503
59	\$575	\$520
60	\$602	\$537
61	\$653	\$556
62	\$709	\$575
63	\$770	\$593
64	\$836	\$610

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPBKRL B LFM-66

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$535	\$535
1	\$242	\$242
2	\$158	\$158
3	\$146	\$146
4	\$135	\$135
5	\$125	\$125
6	\$117	\$117
7	\$112	\$112
8	\$109	\$109
9	\$109	\$109
10	\$111	\$111
11	\$116	\$116
12	\$123	\$123
13	\$125	\$131
14	\$133	\$140
15	\$142	\$150
16	\$150	\$160
17	\$156	\$171
18	\$160	\$175
19	\$162	\$180
20	\$157	\$177
21	\$150	\$174
22	\$140	\$167
23	\$140	\$172
24	\$142	\$178
25	\$145	\$185
26	\$149	\$193
27	\$155	\$201
28	\$162	\$208
29	\$168	\$215
30	\$172	\$221
31	\$176	\$225
32	\$179	\$228
33	\$180	\$231
34	\$181	\$234
35	\$182	\$237
36	\$183	\$241
37	\$186	\$246
38	\$190	\$252
39	\$196	\$260
40	\$203	\$267
41	\$210	\$275
42	\$219	\$283
43	\$228	\$290
44	\$237	\$297
45	\$246	\$305
46	\$256	\$312
47	\$265	\$320
48	\$275	\$329
49	\$285	\$337
50	\$296	\$344
51	\$308	\$351
52	\$321	\$356
53	\$337	\$362
54	\$356	\$368
55	\$377	\$376
56	\$399	\$385
57	\$422	\$396
58	\$444	\$409
59	\$467	\$422
60	\$489	\$436
61	\$530	\$452
62	\$576	\$467
63	\$625	\$482
64	\$679	\$496

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$350	\$350
1	\$158	\$158
2	\$103	\$103
3	\$96	\$96
4	\$88	\$88
5	\$82	\$82
6	\$77	\$77
7	\$73	\$73
8	\$71	\$71
9	\$71	\$71
10	\$73	\$73
11	\$76	\$76
12	\$81	\$81
13	\$82	\$86
14	\$87	\$92
15	\$93	\$98
16	\$98	\$105
17	\$102	\$112
18	\$105	\$115
19	\$106	\$118
20	\$103	\$116
21	\$98	\$114
22	\$92	\$110
23	\$92	\$113
24	\$93	\$116
25	\$95	\$121
26	\$98	\$126
27	\$102	\$131
28	\$106	\$136
29	\$110	\$141
30	\$113	\$144
31	\$115	\$147
32	\$117	\$150
33	\$118	\$151
34	\$118	\$153
35	\$119	\$155
36	\$120	\$158
37	\$122	\$161
38	\$124	\$165
39	\$128	\$170
40	\$133	\$175
41	\$138	\$180
42	\$143	\$185
43	\$149	\$190
44	\$155	\$195
45	\$161	\$199
46	\$167	\$205
47	\$174	\$210
48	\$180	\$215
49	\$187	\$221
50	\$194	\$225
51	\$202	\$230
52	\$210	\$233
53	\$221	\$237
54	\$233	\$241
55	\$247	\$246
56	\$262	\$252
57	\$276	\$259
58	\$291	\$268
59	\$306	\$276
60	\$320	\$285
61	\$347	\$296
62	\$377	\$306
63	\$410	\$315
64	\$445	\$325

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$358	\$358
1	\$162	\$162
2	\$105	\$105
3	\$98	\$98
4	\$90	\$90
5	\$84	\$84
6	\$78	\$78
7	\$75	\$75
8	\$73	\$73
9	\$73	\$73
10	\$74	\$74
11	\$78	\$78
12	\$82	\$82
13	\$83	\$88
14	\$89	\$94
15	\$95	\$100
16	\$100	\$107
17	\$105	\$114
18	\$107	\$117
19	\$109	\$120
20	\$105	\$119
21	\$101	\$117
22	\$94	\$112
23	\$94	\$115
24	\$95	\$119
25	\$97	\$124
26	\$100	\$129
27	\$104	\$134
28	\$108	\$139
29	\$112	\$144
30	\$115	\$148
31	\$118	\$151
32	\$119	\$153
33	\$120	\$155
34	\$121	\$156
35	\$121	\$158
36	\$123	\$161
37	\$124	\$165
38	\$127	\$169
39	\$131	\$174
40	\$135	\$179
41	\$141	\$184
42	\$146	\$189
43	\$152	\$194
44	\$158	\$199
45	\$165	\$204
46	\$171	\$209
47	\$177	\$214
48	\$184	\$220
49	\$191	\$225
50	\$198	\$230
51	\$206	\$235
52	\$215	\$238
53	\$226	\$242
54	\$238	\$246
55	\$252	\$251
56	\$267	\$258
57	\$282	\$265
58	\$297	\$273
59	\$312	\$282
60	\$327	\$292
61	\$355	\$302
62	\$385	\$312
63	\$418	\$322
64	\$454	\$331

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$250	\$250
1	\$113	\$113
2	\$74	\$74
3	\$68	\$68
4	\$63	\$63
5	\$58	\$58
6	\$55	\$55
7	\$52	\$52
8	\$51	\$51
9	\$51	\$51
10	\$52	\$52
11	\$54	\$54
12	\$57	\$57
13	\$58	\$61
14	\$62	\$65
15	\$66	\$70
16	\$70	\$75
17	\$73	\$80
18	\$75	\$82
19	\$76	\$84
20	\$73	\$83
21	\$70	\$81
22	\$66	\$78
23	\$66	\$80
24	\$66	\$83
25	\$68	\$86
26	\$70	\$90
27	\$73	\$94
28	\$75	\$97
29	\$78	\$100
30	\$81	\$103
31	\$82	\$105
32	\$83	\$107
33	\$84	\$108
34	\$84	\$109
35	\$85	\$111
36	\$86	\$113
37	\$87	\$115
38	\$89	\$118
39	\$91	\$121
40	\$95	\$125
41	\$98	\$129
42	\$102	\$132
43	\$106	\$135
44	\$111	\$139
45	\$115	\$142
46	\$119	\$146
47	\$124	\$150
48	\$128	\$153
49	\$133	\$157
50	\$138	\$161
51	\$144	\$164
52	\$150	\$166
53	\$158	\$169
54	\$166	\$172
55	\$176	\$176
56	\$186	\$180
57	\$197	\$185
58	\$207	\$191
59	\$218	\$197
60	\$228	\$204
61	\$248	\$211
62	\$269	\$218
63	\$292	\$225
64	\$317	\$231

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$448	\$448
1	\$202	\$202
2	\$132	\$132
3	\$122	\$122
4	\$113	\$113
5	\$104	\$104
6	\$98	\$98
7	\$93	\$93
8	\$91	\$91
9	\$91	\$91
10	\$93	\$93
11	\$97	\$97
12	\$103	\$103
13	\$104	\$110
14	\$111	\$117
15	\$119	\$125
16	\$125	\$134
17	\$131	\$143
18	\$134	\$147
19	\$136	\$151
20	\$131	\$148
21	\$126	\$146
22	\$117	\$140
23	\$117	\$144
24	\$119	\$149
25	\$121	\$155
26	\$125	\$161
27	\$130	\$168
28	\$135	\$174
29	\$140	\$180
30	\$144	\$185
31	\$147	\$188
32	\$149	\$191
33	\$151	\$193
34	\$151	\$196
35	\$152	\$198
36	\$153	\$202
37	\$155	\$206
38	\$159	\$211
39	\$164	\$217
40	\$169	\$224
41	\$176	\$230
42	\$183	\$236
43	\$190	\$243
44	\$198	\$249
45	\$206	\$255
46	\$214	\$261
47	\$222	\$268
48	\$230	\$275
49	\$238	\$282
50	\$247	\$288
51	\$257	\$293
52	\$269	\$298
53	\$282	\$303
54	\$298	\$308
55	\$316	\$314
56	\$334	\$322
57	\$353	\$331
58	\$371	\$342
59	\$390	\$353
60	\$409	\$365
61	\$444	\$378
62	\$482	\$391
63	\$523	\$403
64	\$568	\$415

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$357	\$357
1	\$161	\$161
2	\$105	\$105
3	\$98	\$98
4	\$90	\$90
5	\$83	\$83
6	\$78	\$78
7	\$75	\$75
8	\$73	\$73
9	\$72	\$72
10	\$74	\$74
11	\$78	\$78
12	\$82	\$82
13	\$83	\$87
14	\$89	\$94
15	\$95	\$100
16	\$100	\$107
17	\$104	\$114
18	\$107	\$117
19	\$108	\$120
20	\$105	\$118
21	\$100	\$116
22	\$94	\$112
23	\$94	\$115
24	\$95	\$119
25	\$97	\$123
26	\$100	\$129
27	\$104	\$134
28	\$108	\$139
29	\$112	\$144
30	\$115	\$147
31	\$118	\$150
32	\$119	\$153
33	\$120	\$154
34	\$121	\$156
35	\$121	\$158
36	\$122	\$161
37	\$124	\$164
38	\$127	\$169
39	\$131	\$173
40	\$135	\$179
41	\$140	\$184
42	\$146	\$189
43	\$152	\$194
44	\$158	\$198
45	\$164	\$203
46	\$171	\$209
47	\$177	\$214
48	\$184	\$219
49	\$190	\$225
50	\$197	\$230
51	\$205	\$234
52	\$215	\$238
53	\$225	\$242
54	\$238	\$246
55	\$252	\$251
56	\$267	\$257
57	\$281	\$264
58	\$296	\$273
59	\$311	\$282
60	\$327	\$291
61	\$354	\$301
62	\$384	\$312
63	\$417	\$322
64	\$453	\$331

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Brevard  
 Indian River  
 Volusia

**Premier  
 \$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$719	\$719
1	\$325	\$325
2	\$212	\$212
3	\$197	\$197
4	\$181	\$181
5	\$168	\$168
6	\$157	\$157
7	\$150	\$150
8	\$146	\$146
9	\$146	\$146
10	\$149	\$149
11	\$156	\$156
12	\$165	\$165
13	\$167	\$176
14	\$179	\$188
15	\$191	\$201
16	\$201	\$215
17	\$210	\$229
18	\$215	\$236
19	\$218	\$242
20	\$211	\$238
21	\$202	\$234
22	\$189	\$225
23	\$188	\$231
24	\$190	\$239
25	\$194	\$248
26	\$201	\$259
27	\$209	\$269
28	\$217	\$280
29	\$225	\$289
30	\$232	\$296
31	\$237	\$302
32	\$240	\$307
33	\$242	\$311
34	\$243	\$314
35	\$244	\$318
36	\$246	\$324
37	\$250	\$331
38	\$255	\$339
39	\$263	\$349
40	\$272	\$359
41	\$283	\$370
42	\$294	\$380
43	\$306	\$390
44	\$318	\$399
45	\$330	\$409
46	\$343	\$420
47	\$356	\$430
48	\$369	\$441
49	\$383	\$452
50	\$397	\$462
51	\$413	\$471
52	\$432	\$479
53	\$453	\$486
54	\$478	\$495
55	\$507	\$505
56	\$536	\$517
57	\$566	\$532
58	\$596	\$549
59	\$627	\$567
60	\$657	\$585
61	\$712	\$607
62	\$774	\$627
63	\$840	\$647
64	\$912	\$666

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPBKRL B LFM-70

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$584	\$584
1	\$264	\$264
2	\$172	\$172
3	\$160	\$160
4	\$147	\$147
5	\$136	\$136
6	\$128	\$128
7	\$122	\$122
8	\$119	\$119
9	\$118	\$118
10	\$121	\$121
11	\$127	\$127
12	\$134	\$134
13	\$136	\$143
14	\$145	\$153
15	\$155	\$163
16	\$163	\$175
17	\$170	\$186
18	\$175	\$191
19	\$177	\$196
20	\$171	\$194
21	\$164	\$190
22	\$153	\$182
23	\$153	\$187
24	\$155	\$194
25	\$158	\$201
26	\$163	\$210
27	\$169	\$219
28	\$176	\$227
29	\$183	\$234
30	\$188	\$241
31	\$192	\$245
32	\$195	\$249
33	\$196	\$252
34	\$197	\$255
35	\$198	\$258
36	\$200	\$263
37	\$203	\$268
38	\$207	\$275
39	\$213	\$283
40	\$221	\$292
41	\$229	\$300
42	\$239	\$308
43	\$248	\$316
44	\$258	\$324
45	\$268	\$332
46	\$279	\$341
47	\$289	\$349
48	\$300	\$358
49	\$311	\$367
50	\$323	\$375
51	\$336	\$382
52	\$350	\$389
53	\$368	\$395
54	\$388	\$402
55	\$411	\$410
56	\$435	\$420
57	\$460	\$432
58	\$484	\$446
59	\$509	\$460
60	\$533	\$475
61	\$578	\$492
62	\$628	\$509
63	\$682	\$525
64	\$740	\$540

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$382	\$382
1	\$173	\$173
2	\$113	\$113
3	\$105	\$105
4	\$96	\$96
5	\$89	\$89
6	\$84	\$84
7	\$80	\$80
8	\$78	\$78
9	\$78	\$78
10	\$79	\$79
11	\$83	\$83
12	\$88	\$88
13	\$89	\$94
14	\$95	\$100
15	\$101	\$107
16	\$107	\$114
17	\$112	\$122
18	\$114	\$125
19	\$116	\$129
20	\$112	\$127
21	\$107	\$125
22	\$100	\$119
23	\$100	\$123
24	\$101	\$127
25	\$103	\$132
26	\$107	\$138
27	\$111	\$143
28	\$115	\$149
29	\$120	\$154
30	\$123	\$158
31	\$126	\$161
32	\$128	\$163
33	\$129	\$165
34	\$129	\$167
35	\$130	\$169
36	\$131	\$172
37	\$133	\$176
38	\$136	\$180
39	\$140	\$186
40	\$145	\$191
41	\$150	\$197
42	\$156	\$202
43	\$163	\$207
44	\$169	\$212
45	\$176	\$218
46	\$183	\$223
47	\$189	\$229
48	\$196	\$235
49	\$204	\$240
50	\$211	\$246
51	\$220	\$250
52	\$230	\$255
53	\$241	\$259
54	\$254	\$263
55	\$269	\$269
56	\$285	\$275
57	\$301	\$283
58	\$317	\$292
59	\$333	\$301
60	\$349	\$311
61	\$379	\$323
62	\$411	\$333
63	\$447	\$344
64	\$485	\$354

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$390	\$390
1	\$176	\$176
2	\$115	\$115
3	\$107	\$107
4	\$98	\$98
5	\$91	\$91
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$81	\$81
11	\$85	\$85
12	\$90	\$90
13	\$91	\$96
14	\$97	\$102
15	\$104	\$109
16	\$109	\$117
17	\$114	\$125
18	\$117	\$128
19	\$118	\$131
20	\$114	\$129
21	\$110	\$127
22	\$102	\$122
23	\$102	\$125
24	\$103	\$130
25	\$106	\$135
26	\$109	\$140
27	\$113	\$146
28	\$118	\$152
29	\$122	\$157
30	\$126	\$161
31	\$128	\$164
32	\$130	\$167
33	\$131	\$169
34	\$132	\$171
35	\$132	\$173
36	\$134	\$176
37	\$136	\$180
38	\$139	\$184
39	\$143	\$190
40	\$148	\$195
41	\$153	\$201
42	\$160	\$206
43	\$166	\$212
44	\$173	\$217
45	\$179	\$222
46	\$186	\$228
47	\$194	\$234
48	\$201	\$240
49	\$208	\$246
50	\$216	\$251
51	\$224	\$256
52	\$234	\$260
53	\$246	\$264
54	\$260	\$269
55	\$275	\$274
56	\$291	\$281
57	\$308	\$289
58	\$324	\$298
59	\$340	\$308
60	\$357	\$318
61	\$387	\$329
62	\$420	\$341
63	\$456	\$351
64	\$495	\$362

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$273	\$273
1	\$123	\$123
2	\$80	\$80
3	\$75	\$75
4	\$69	\$69
5	\$64	\$64
6	\$60	\$60
7	\$57	\$57
8	\$55	\$55
9	\$55	\$55
10	\$57	\$57
11	\$59	\$59
12	\$63	\$63
13	\$63	\$67
14	\$68	\$71
15	\$72	\$76
16	\$76	\$82
17	\$80	\$87
18	\$82	\$89
19	\$83	\$92
20	\$80	\$90
21	\$77	\$89
22	\$71	\$85
23	\$71	\$88
24	\$72	\$91
25	\$74	\$94
26	\$76	\$98
27	\$79	\$102
28	\$82	\$106
29	\$85	\$109
30	\$88	\$112
31	\$90	\$115
32	\$91	\$116
33	\$92	\$118
34	\$92	\$119
35	\$93	\$121
36	\$93	\$123
37	\$95	\$125
38	\$97	\$129
39	\$100	\$132
40	\$103	\$136
41	\$107	\$140
42	\$111	\$144
43	\$116	\$148
44	\$121	\$151
45	\$125	\$155
46	\$130	\$159
47	\$135	\$163
48	\$140	\$167
49	\$145	\$171
50	\$151	\$175
51	\$157	\$179
52	\$164	\$182
53	\$172	\$184
54	\$181	\$188
55	\$192	\$191
56	\$203	\$196
57	\$215	\$202
58	\$226	\$208
59	\$238	\$215
60	\$249	\$222
61	\$270	\$230
62	\$293	\$238
63	\$318	\$245
64	\$346	\$252

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$488	\$488
1	\$220	\$220
2	\$144	\$144
3	\$133	\$133
4	\$123	\$123
5	\$114	\$114
6	\$107	\$107
7	\$102	\$102
8	\$99	\$99
9	\$99	\$99
10	\$101	\$101
11	\$106	\$106
12	\$112	\$112
13	\$114	\$119
14	\$122	\$128
15	\$129	\$137
16	\$137	\$146
17	\$143	\$156
18	\$146	\$160
19	\$148	\$164
20	\$143	\$162
21	\$137	\$159
22	\$128	\$153
23	\$128	\$157
24	\$129	\$162
25	\$132	\$169
26	\$136	\$176
27	\$142	\$183
28	\$147	\$190
29	\$153	\$196
30	\$157	\$201
31	\$161	\$205
32	\$163	\$208
33	\$164	\$211
34	\$165	\$213
35	\$166	\$216
36	\$167	\$220
37	\$170	\$225
38	\$173	\$230
39	\$179	\$237
40	\$185	\$244
41	\$192	\$251
42	\$200	\$258
43	\$208	\$265
44	\$216	\$271
45	\$224	\$278
46	\$233	\$285
47	\$242	\$292
48	\$251	\$300
49	\$260	\$307
50	\$270	\$314
51	\$281	\$320
52	\$293	\$325
53	\$308	\$330
54	\$325	\$336
55	\$344	\$343
56	\$364	\$351
57	\$385	\$361
58	\$405	\$373
59	\$426	\$385
60	\$446	\$398
61	\$484	\$412
62	\$525	\$426
63	\$571	\$439
64	\$619	\$452

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$390	\$390
1	\$176	\$176
2	\$115	\$115
3	\$107	\$107
4	\$98	\$98
5	\$91	\$91
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$81	\$81
11	\$85	\$85
12	\$90	\$90
13	\$91	\$95
14	\$97	\$102
15	\$103	\$109
16	\$109	\$117
17	\$114	\$124
18	\$117	\$128
19	\$118	\$131
20	\$114	\$129
21	\$109	\$127
22	\$102	\$122
23	\$102	\$125
24	\$103	\$129
25	\$105	\$135
26	\$109	\$140
27	\$113	\$146
28	\$118	\$152
29	\$122	\$157
30	\$126	\$161
31	\$128	\$164
32	\$130	\$166
33	\$131	\$168
34	\$132	\$170
35	\$132	\$173
36	\$133	\$175
37	\$135	\$179
38	\$138	\$184
39	\$142	\$189
40	\$147	\$195
41	\$153	\$200
42	\$159	\$206
43	\$166	\$211
44	\$172	\$216
45	\$179	\$222
46	\$186	\$227
47	\$193	\$233
48	\$200	\$239
49	\$208	\$245
50	\$215	\$251
51	\$224	\$255
52	\$234	\$260
53	\$246	\$264
54	\$259	\$268
55	\$275	\$274
56	\$291	\$280
57	\$307	\$288
58	\$323	\$297
59	\$340	\$307
60	\$356	\$317
61	\$386	\$329
62	\$419	\$340
63	\$455	\$351
64	\$494	\$361

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Rates† listed here apply to the following counties in your state:**

Hernando  
Pasco  
Polk

**Premier  
\$1500 Deductible Plan**

Age	Single Male	Single Female
0	\$729	\$729
1	\$329	\$329
2	\$215	\$215
3	\$199	\$199
4	\$183	\$183
5	\$170	\$170
6	\$160	\$160
7	\$152	\$152
8	\$148	\$148
9	\$148	\$148
10	\$151	\$151
11	\$158	\$158
12	\$168	\$168
13	\$170	\$178
14	\$181	\$191
15	\$193	\$204
16	\$204	\$218
17	\$213	\$233
18	\$218	\$239
19	\$221	\$245
20	\$214	\$242
21	\$205	\$238
22	\$191	\$228
23	\$191	\$234
24	\$193	\$242
25	\$197	\$252
26	\$204	\$262
27	\$212	\$273
28	\$220	\$284
29	\$228	\$293
30	\$235	\$300
31	\$240	\$307
32	\$243	\$311
33	\$245	\$315
34	\$246	\$319
35	\$247	\$323
36	\$249	\$328
37	\$253	\$335
38	\$259	\$344
39	\$267	\$354
40	\$276	\$364
41	\$286	\$375
42	\$298	\$385
43	\$310	\$395
44	\$322	\$405
45	\$335	\$415
46	\$348	\$425
47	\$361	\$436
48	\$375	\$448
49	\$388	\$459
50	\$403	\$469
51	\$419	\$478
52	\$438	\$486
53	\$459	\$493
54	\$485	\$502
55	\$514	\$512
56	\$544	\$525
57	\$574	\$540
58	\$605	\$556
59	\$635	\$575
60	\$666	\$594
61	\$722	\$615
62	\$784	\$636
63	\$852	\$656
64	\$925	\$675

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

Your rates are guaranteed not to increase for 12 months from your effective date.

† Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations. Your rates may also be higher based on your or any covered family member’s medical history, Aetna’s underwriting guidelines and any optional benefits selected.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual’s rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

013078544-AARPBKRL B LFM-74

## Premier \$2500 Deductible Plan

Age	Single Male	Single Female
0	\$592	\$592
1	\$267	\$267
2	\$174	\$174
3	\$162	\$162
4	\$149	\$149
5	\$138	\$138
6	\$130	\$130
7	\$123	\$123
8	\$120	\$120
9	\$120	\$120
10	\$123	\$123
11	\$128	\$128
12	\$136	\$136
13	\$138	\$145
14	\$147	\$155
15	\$157	\$166
16	\$166	\$177
17	\$173	\$189
18	\$177	\$194
19	\$179	\$199
20	\$173	\$196
21	\$166	\$193
22	\$155	\$185
23	\$155	\$190
24	\$157	\$197
25	\$160	\$204
26	\$165	\$213
27	\$172	\$222
28	\$179	\$230
29	\$185	\$238
30	\$191	\$244
31	\$195	\$249
32	\$197	\$253
33	\$199	\$256
34	\$200	\$259
35	\$201	\$262
36	\$203	\$266
37	\$206	\$272
38	\$210	\$279
39	\$216	\$287
40	\$224	\$296
41	\$233	\$304
42	\$242	\$313
43	\$252	\$321
44	\$262	\$329
45	\$272	\$337
46	\$283	\$345
47	\$293	\$354
48	\$304	\$363
49	\$315	\$372
50	\$327	\$381
51	\$340	\$388
52	\$355	\$394
53	\$373	\$400
54	\$393	\$407
55	\$417	\$416
56	\$442	\$426
57	\$466	\$438
58	\$491	\$452
59	\$516	\$467
60	\$541	\$482
61	\$587	\$499
62	\$637	\$516
63	\$692	\$533
64	\$751	\$548

## Premier \$5000 Deductible Plan

Age	Single Male	Single Female
0	\$388	\$388
1	\$175	\$175
2	\$114	\$114
3	\$106	\$106
4	\$98	\$98
5	\$90	\$90
6	\$85	\$85
7	\$81	\$81
8	\$79	\$79
9	\$79	\$79
10	\$80	\$80
11	\$84	\$84
12	\$89	\$89
13	\$90	\$95
14	\$97	\$101
15	\$103	\$108
16	\$109	\$116
17	\$113	\$124
18	\$116	\$127
19	\$118	\$130
20	\$114	\$129
21	\$109	\$126
22	\$102	\$121
23	\$102	\$125
24	\$103	\$129
25	\$105	\$134
26	\$108	\$139
27	\$113	\$145
28	\$117	\$151
29	\$121	\$156
30	\$125	\$160
31	\$128	\$163
32	\$129	\$165
33	\$130	\$168
34	\$131	\$169
35	\$132	\$172
36	\$133	\$175
37	\$135	\$178
38	\$138	\$183
39	\$142	\$188
40	\$147	\$194
41	\$152	\$199
42	\$158	\$205
43	\$165	\$210
44	\$171	\$215
45	\$178	\$221
46	\$185	\$226
47	\$192	\$232
48	\$199	\$238
49	\$206	\$244
50	\$214	\$249
51	\$223	\$254
52	\$233	\$258
53	\$244	\$262
54	\$258	\$267
55	\$273	\$272
56	\$289	\$279
57	\$305	\$287
58	\$322	\$296
59	\$338	\$306
60	\$354	\$316
61	\$384	\$327
62	\$417	\$338
63	\$453	\$349
64	\$492	\$359

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

**Preventive and Hospital Care  
\$1250 Deductible Plan**

Age	Single Male	Single Female
0	\$396	\$396
1	\$179	\$179
2	\$117	\$117
3	\$108	\$108
4	\$100	\$100
5	\$92	\$92
6	\$87	\$87
7	\$83	\$83
8	\$80	\$80
9	\$80	\$80
10	\$82	\$82
11	\$86	\$86
12	\$91	\$91
13	\$92	\$97
14	\$99	\$104
15	\$105	\$111
16	\$111	\$118
17	\$116	\$126
18	\$119	\$130
19	\$120	\$133
20	\$116	\$131
21	\$111	\$129
22	\$104	\$124
23	\$104	\$127
24	\$105	\$131
25	\$107	\$137
26	\$111	\$142
27	\$115	\$148
28	\$120	\$154
29	\$124	\$159
30	\$128	\$163
31	\$130	\$166
32	\$132	\$169
33	\$133	\$171
34	\$134	\$173
35	\$134	\$175
36	\$135	\$178
37	\$138	\$182
38	\$141	\$187
39	\$145	\$192
40	\$150	\$198
41	\$156	\$204
42	\$162	\$209
43	\$168	\$214
44	\$175	\$220
45	\$182	\$225
46	\$189	\$231
47	\$196	\$237
48	\$203	\$243
49	\$211	\$249
50	\$219	\$255
51	\$228	\$259
52	\$238	\$264
53	\$249	\$268
54	\$263	\$272
55	\$279	\$278
56	\$295	\$285
57	\$312	\$293
58	\$328	\$302
59	\$345	\$312
60	\$362	\$322
61	\$392	\$334
62	\$426	\$345
63	\$463	\$356
64	\$502	\$367

**Preventive and Hospital Care  
\$3000 Deductible Plan (HSA Compatible)**

Age	Single Male	Single Female
0	\$276	\$276
1	\$125	\$125
2	\$81	\$81
3	\$76	\$76
4	\$70	\$70
5	\$65	\$65
6	\$61	\$61
7	\$58	\$58
8	\$56	\$56
9	\$56	\$56
10	\$57	\$57
11	\$60	\$60
12	\$64	\$64
13	\$64	\$68
14	\$69	\$72
15	\$73	\$77
16	\$77	\$83
17	\$81	\$88
18	\$83	\$91
19	\$84	\$93
20	\$81	\$92
21	\$78	\$90
22	\$73	\$86
23	\$72	\$89
24	\$73	\$92
25	\$75	\$95
26	\$77	\$99
27	\$80	\$104
28	\$83	\$108
29	\$87	\$111
30	\$89	\$114
31	\$91	\$116
32	\$92	\$118
33	\$93	\$119
34	\$93	\$121
35	\$94	\$122
36	\$95	\$124
37	\$96	\$127
38	\$98	\$130
39	\$101	\$134
40	\$105	\$138
41	\$109	\$142
42	\$113	\$146
43	\$118	\$150
44	\$122	\$153
45	\$127	\$157
46	\$132	\$161
47	\$137	\$165
48	\$142	\$170
49	\$147	\$174
50	\$153	\$178
51	\$159	\$181
52	\$166	\$184
53	\$174	\$187
54	\$184	\$190
55	\$195	\$194
56	\$206	\$199
57	\$218	\$205
58	\$229	\$211
59	\$241	\$218
60	\$253	\$225
61	\$274	\$233
62	\$297	\$241
63	\$323	\$249
64	\$351	\$256

<sup>†</sup>Rates are subject to increase upon underwriting review where permitted by law.  
Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.  
Male and female rates are available where allowed by law.

## High Deductible \$3000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$495	\$495
1	\$224	\$224
2	\$146	\$146
3	\$135	\$135
4	\$125	\$125
5	\$116	\$116
6	\$108	\$108
7	\$103	\$103
8	\$101	\$101
9	\$100	\$100
10	\$103	\$103
11	\$107	\$107
12	\$114	\$114
13	\$115	\$121
14	\$123	\$130
15	\$131	\$139
16	\$139	\$148
17	\$145	\$158
18	\$148	\$162
19	\$150	\$167
20	\$145	\$164
21	\$139	\$161
22	\$130	\$155
23	\$130	\$159
24	\$131	\$164
25	\$134	\$171
26	\$138	\$178
27	\$144	\$186
28	\$150	\$193
29	\$155	\$199
30	\$160	\$204
31	\$163	\$208
32	\$165	\$211
33	\$166	\$214
34	\$167	\$216
35	\$168	\$219
36	\$169	\$223
37	\$172	\$228
38	\$176	\$234
39	\$181	\$240
40	\$187	\$247
41	\$195	\$255
42	\$202	\$262
43	\$211	\$268
44	\$219	\$275
45	\$228	\$282
46	\$236	\$289
47	\$245	\$296
48	\$254	\$304
49	\$264	\$311
50	\$274	\$318
51	\$285	\$324
52	\$297	\$330
53	\$312	\$335
54	\$329	\$341
55	\$349	\$348
56	\$369	\$356
57	\$390	\$366
58	\$411	\$378
59	\$432	\$390
60	\$452	\$403
61	\$491	\$418
62	\$533	\$432
63	\$579	\$446
64	\$628	\$458

## High Deductible \$5000 Plan (HSA Compatible)

Age	Single Male	Single Female
0	\$395	\$395
1	\$178	\$178
2	\$116	\$116
3	\$108	\$108
4	\$99	\$99
5	\$92	\$92
6	\$86	\$86
7	\$82	\$82
8	\$80	\$80
9	\$80	\$80
10	\$82	\$82
11	\$86	\$86
12	\$91	\$91
13	\$92	\$97
14	\$98	\$103
15	\$105	\$111
16	\$111	\$118
17	\$115	\$126
18	\$118	\$129
19	\$120	\$133
20	\$116	\$131
21	\$111	\$129
22	\$104	\$123
23	\$104	\$127
24	\$105	\$131
25	\$107	\$136
26	\$110	\$142
27	\$115	\$148
28	\$119	\$154
29	\$124	\$159
30	\$127	\$163
31	\$130	\$166
32	\$132	\$169
33	\$133	\$171
34	\$133	\$173
35	\$134	\$175
36	\$135	\$178
37	\$137	\$182
38	\$140	\$186
39	\$144	\$192
40	\$150	\$197
41	\$155	\$203
42	\$162	\$209
43	\$168	\$214
44	\$175	\$219
45	\$182	\$225
46	\$189	\$231
47	\$196	\$237
48	\$203	\$243
49	\$210	\$249
50	\$218	\$254
51	\$227	\$259
52	\$237	\$263
53	\$249	\$267
54	\$263	\$272
55	\$279	\$278
56	\$295	\$284
57	\$311	\$292
58	\$328	\$302
59	\$344	\$312
60	\$361	\$322
61	\$392	\$333
62	\$425	\$345
63	\$462	\$356
64	\$501	\$366

<sup>1</sup>Rates are subject to increase upon underwriting review where permitted by law.

Premium rates for a Couple, Parent/Child, and Family contracts will be determined by adding together each individual's rate based on their age, gender and underwriting adjustment.

Male and female rates are available where allowed by law.

To the extent permitted by law, AARP Essential Premier Health Insurance plans are medically underwritten by Aetna and you may be declined coverage in accordance with your health condition. If declined coverage, you may be federally eligible under the Health Insurance Portability and Accountability Act (HIPAA) for a special guaranteed issue plan under your state's laws and regulations.

AARP endorses these plans. Aetna Life Insurance Company plays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purposes of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

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

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

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

Upon request, we will provide you with rates at a different rate level. This material is for information only. Health insurance plans contain exclusions and limitations. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location. Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations based on your medical history, Aetna's underwriting guidelines and any optional benefits selected. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Information is believed to be accurate as of the production date; however, it is subject to change.

## Important disclosure information



49.39.301.1 (1/11)

49.44.311.1 (1/11)

# Disclosures

This health care coverage may not cover all your health care expenses. Read your coverage documents 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 1-866-660-4081.

## Plan Benefits

The plan you choose is underwritten or administered by Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-888-982-3862. Covered services include most types of treatment provided by primary care physicians, specialists and hospitals. However, a health plan excludes and/or includes limits on coverage for some services, including but not limited to, cosmetic surgery and experimental procedures. In addition, in order to be covered, all services, including the location (type of facility), duration and costs of services, must be medically necessary as defined below and as determined by Aetna. The information that follows provides general information regarding Aetna health plans. For a complete description of the benefits available to you, including procedures to follow, exclusions and limitations, refer to your specific plan documents, which may include the Booklet certificate, Group Agreement, Group Insurance Certificate, Group Policy and any applicable riders and amendments to your plan.

## Member Cost Sharing

Cost sharing refers to the portion of medical services that you pay out of your own pocket.

Refer to your plan documents to see which of the of the following cost-sharing provisions apply to your plan:

- Copay — This may be a flat fee that you pay directly to the health care provider at the time of service.
- Coinsurance — This is a percentage of the fees that you must pay toward the cost of some covered medical expenses. Your health care provider will bill you for this amount.
- Calendar Year Deductible — The amount of covered medical expenses you pay each calendar year before benefits are paid. There is a calendar-year deductible that applies to each person.
- Inpatient Hospital Deductible — The amount of covered inpatient hospital expenses you pay for each hospital confinement before benefits are paid. This deductible is in addition to any other copayments or deductibles under your plan.
- Emergency Room Deductible — The amount of covered hospital emergency room expenses you pay each year before benefits are paid. A separate hospital emergency room deductible applies to each visit by a person to a hospital emergency room unless the person is admitted to the hospital as an inpatient within 24 hours after a visit to a hospital emergency room.

The applicability and amount of each copay and deductible listed above will be described in your plan documents.

## Your Primary Care Physician

Check your plan documents to see if your plan requires you to select a primary care physician (PCP). If a PCP is required, you must choose a doctor from the Aetna network. You can look up network doctors in a printed Aetna Physician Directory, or visit our DocFind® directory at [www.aetna.com](http://www.aetna.com). If you do not have Internet access and would like a printed directory, please contact Member Services at the toll-free number on your ID card and request a copy.

You may choose a different PCP for each member of your family. When you enroll, indicate the name of the PCP you have chosen on your enrollment form. Or, call Member Services after you enroll to tell us your selection. The name of your PCP will appear on your Aetna ID card. You may change your selected PCP at any time. If you change your PCP, you will receive a new ID card.

Your PCP can provide primary health care services as well as coordinate your overall care. You should consult your PCP when you are sick or injured to help determine the care that is needed. If your plan requires referrals, your PCP should issue a referral to a participating specialist or facility for certain services. (See Referral Policy for details.)

## Referral Policy

Check your plan documents to see if your plan requires PCP referrals for specialty care. If referrals are required, you must see your PCP first before visiting a specialist or other outpatient provider for nonemergency or nonurgent care. Your PCP will issue a referral for the services needed.

If you do not get a referral when a referral is required, you may have to pay the bill yourself, or the service will be treated as nonreferred if your plan includes out-of-network benefits. Some services may also require prior approval by us. See the Precertification section and your plan documents for details.

The following points are important to remember regarding referrals:

- The referral is how your PCP arranges for you to be covered at the in-network benefit level for necessary, appropriate specialty care and followup treatment.
  - You should discuss the referral with your PCP to understand what specialist services are being recommended and why.
  - If the specialist recommends any additional treatments or tests beyond those referred by the PCP, you may need to get another referral from your PCP before receiving the services.
  - Except in emergencies, all inpatient hospital services require a prior referral from your PCP and prior authorization by Aetna.
  - Referrals are valid for one year as long as you remain an eligible member of the plan; the first visit must be within 90 days of the referral issue date.
- In plans without out-of-network benefits, coverage for services from nonparticipating providers requires prior authorization by Aetna in addition to a special nonparticipating referral from the PCP. When properly authorized, these services are fully covered, less the applicable cost sharing.
  - The referral (and a precertification, if required) provides that, except for applicable cost sharing (that is, copays, coinsurance and/or deductibles), you will not have to pay the charges for covered expenses, as long as the individual seeking care is a member at the time the services are provided.

## Direct Access Ob/Gyn Program

This program allows female members to visit without a referral any participating obstetrician or gynecologist for a routine breast exam, mammogram and a Pap smear, and for obstetric or gynecologic problems. Obstetricians and gynecologists may also refer a woman directly to other participating providers for covered obstetric or gynecologic services. All health plan preauthorization and coordination requirements also apply. If your Ob/Gyn is part of an Independent Practice Association (IPA), a Physician Medical Group (PMG), an Integrated Delivery System (IDS) or a similar organization, your care must be coordinated through the IPA, the PMG or similar organization and that organization may have different referral policies.

# Disclosures (Continued)

## Precertification

Some health care services, like hospitalization and certain outpatient surgery, require “precertification.” This means the service must be approved by Aetna before it will be covered under the plan. Check your plan documents for a complete list of services that require this approval.

When reviewing a precertification request, we will verify your eligibility and make sure the service is a covered expense under your plan. We also check the cost-effectiveness of the service and we may communicate with your doctor if necessary. If you qualify, we may enroll you in one of our case management programs and have a nurse call to make sure you understand your upcoming procedure. When you visit a doctor, hospital or other provider that participates in the Aetna network, someone at the provider’s office will contact Aetna on your behalf to get the approval.

If your plan allows you to go outside the Aetna network of providers, you will have to get that approval yourself. In this case, it is your responsibility to make sure the service is precertified, so be sure to talk to your doctor about it. If you do not get proper authorization for out-of-network services, you may have to pay for the service yourself.

You cannot request precertification after the service is performed. To precertify services, call the number shown on your Aetna ID card. In plans that do not have out-of-network benefits, coverage for services from nonparticipating providers requires prior authorization by Aetna in addition to a special nonparticipating referral from the PCP. When properly authorized, these services are fully covered, less the applicable cost sharing.

## Health Care Provider Network

All hospitals may not be considered Aetna participating providers for all the services that you need. Your physician can contact Aetna to identify a participating facility for your specific needs. Certain PCPs are affiliated with IDSs, IPAs or other provider groups. If you select one of these PCPs, you will generally be referred to specialists and hospitals within that system, association or group (“organization”). However, if your medical needs extend beyond the scope of the affiliated providers, you may request coverage for services provided by Aetna network providers that are not affiliated with the organization. In order to be covered, services provided by network providers that are not affiliated with the organization may require prior authorization from Aetna and/or the IDS or other provider groups. You should note that other health care providers (e.g. specialists) may be affiliated with other providers through organizations.

For up-to-date information about how to locate inpatient and outpatient services, partial hospitalization and other behavioral health care services, please visit our DocFind directory at [www.aetna.com](http://www.aetna.com). If you do not have Internet access and would like a printed provider directory, please contact Member Services at the toll-free number on your Aetna ID card and request a copy.

## Advance Directives

There are three types of advance directives:

- Durable power of attorney — appoints someone you trust to make medical decisions for you.
- Living will — spells out the type and extent of care you want to receive.
- Do-not-resuscitate order — states that you don't want to be given CPR if your heart stops or be intubated if you stop breathing.

You can create an advance directive in several ways:

- Get an advance medical directive form from a health care professional. Certain laws require health care facilities that receive Medicare and Medicaid funds to ask all patients at the time they are admitted if they have an advance directive. You don't need an advance directive to receive care. But we are required by law to give you the chance to create one.
- Ask for an advance directive form at state or local offices on aging, bar associations, legal service programs, or your local health department.
- Work with a lawyer to write an advance directive.
- Create an advance directive using computer software designed for this purpose.
- If you are not satisfied with the way Aetna handles advance directives, you can file a complaint with your Medicare State Certification Agency. Visit [www.medicare.gov](http://www.medicare.gov) for information on specific state agencies or call 1-800-MEDICARE (1-800-633-4227) (TTY/TDD: 1-877-486-2048).

Source: American Academy of Family Physicians. Advanced Directives and Do Not Resuscitate Orders. January 2009. Available at <http://familydoctor.org/003.xml?printxml>. Accessed February 20, 2009.

## Transplants and Other Complex Conditions

Our National Medical Excellence Program® and other specialty programs help you access covered services for transplants and certain other complex medical conditions at participating facilities experienced in performing these services. Depending on the terms of your plan of benefits, you may be limited to only those facilities participating in these programs when needing a transplant or other complex condition covered.

Note: There are exceptions depending on state requirements.

## Emergency Care

If you need emergency care, you are covered 24 hours a day, 7 days a week, anywhere in the world. An emergency medical condition is one manifesting itself by acute symptoms of sufficient severity such that a prudent person, who possesses average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in serious jeopardy to the person's health, or with respect to a pregnant woman, the health of the woman and her unborn child. Whether you are in or out of an Aetna service area, we simply ask that you follow the guidelines below when you believe you need emergency care.

- Call the local emergency hotline (ex. 911) or go to the nearest emergency facility. If a delay would not be detrimental to your health, call your doctor or PCP. Notify your doctor or PCP as soon as possible after receiving treatment.
- If you are admitted to an inpatient facility, you or a family member or friend on your behalf should notify your doctor, PCP or Aetna as soon as possible.

# Disclosures (Continued)

## **What to do outside your Aetna service area**

If you are traveling outside your Aetna service area or if you are a student who is away at school, you are covered for emergency and urgently needed care. Urgent care may be obtained from a private practice physician, a walk-in clinic, an urgent care center or an emergency facility. Certain conditions, such as bleeding, severe vomiting or fever, are considered “urgent care” outside your Aetna service area and are covered in any of the above settings.

If, after reviewing information submitted to us by the provider that supplied care, the nature of the urgent or emergency problem does not qualify for coverage, we may ask you for more information to qualify the coverage. We will send you an Emergency Room Notification Report to complete, or a Member Services representative can take this information by telephone.

## **After-Hours Care**

You may call your provider’s office 24 hours a day, 7 days a week if you have medical questions or concerns. You may also consider visiting participating Urgent Care facilities. See your plan documents for cost-sharing provisions for urgent care services.

## **Prescription Drugs**

If your plan covers outpatient prescription drugs, your plan may include a preferred drug list (also known as a “drug formulary”). The preferred drug list includes prescription drugs that, depending on your prescription drug benefits plan, are covered on a preferred basis. Many drugs, including many of those listed on the preferred drug list, are subject to rebate arrangements between Aetna and the manufacturer of the drugs. Such rebates are not reflected in and do not reduce the amount you pay to your pharmacy for a prescription drug. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage of the cost of a drug or a deductible, it is possible for your cost to be higher for a preferred drug than it would for a nonpreferred drug. For information regarding how medications are reviewed and selected for the preferred drug list, please refer to [www.aetna.com](http://www.aetna.com) or the Aetna Preferred Drug (Formulary) Guide. Printed Preferred Drug Guide information will be provided upon request or, if applicable, annually for current members and upon enrollment for new members. For more information, call Member Services at the toll-free number on your ID card. The medications listed on the preferred drug list are subject to change in accordance with applicable state law.

Your prescription drug benefit is generally not limited to drugs listed on the preferred drug list. Medications that are not listed on the preferred drug list (nonpreferred or nonformulary drugs) may be covered subject to the limits and exclusions set forth in your plan documents.

Covered nonformulary prescription drugs may be subject to higher copayments or coinsurance under some benefit plans. Some prescription drug benefit plans may exclude from coverage certain nonformulary drugs that are not listed on the preferred drug list. If it is medically necessary for you to use such drugs, your physician, you or your authorized representative (or pharmacist in the case of antibiotics and analgesics) may contact Aetna to request coverage as a medical exception. Check your plan documents for details.

In addition, certain drugs may require precertification or step therapy before they will be covered under some prescription drug benefit plans. Step therapy is a different form of precertification that requires a trial of one or more “prerequisite-therapy” medications before a “step-therapy” medication will be covered. If it is medically necessary for you to use a medication subject to these requirements prior to completing the step therapy, your physician, you or your authorized representative can request coverage of such drug as a medical exception. In addition, some benefit plans include a mandatory generic drug cost-sharing requirement. In these plans, you may be required to pay the difference in cost between a covered brand-name drug and its generic equivalent in addition to your copayment if you obtain the brand-name drug. Nonprescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received and/or available upon enrollment) are not covered, and medical exceptions are not available for them.

Depending on the plan selected, new prescription drugs not yet reviewed for possible addition to the preferred drug list are either available at the highest copay under plans with an “open” formulary, or excluded from coverage unless a medical exception is obtained under plans that use a “closed” formulary. These new drugs may also be subject to precertification or step therapy.

Ask your treating physician(s) about specific medications. Refer to your plan documents or contact Member Services for information regarding terms, conditions and limitations of coverage. If you use the Aetna Rx Home Delivery<sup>®</sup> mail-order prescription program or the Aetna Specialty Pharmacy<sup>®</sup> specialty drug program, you will be acquiring these prescriptions through an affiliate of Aetna. Aetna Rx Home Delivery’s and Aetna Specialty Pharmacy’s cost of purchasing drugs takes into account discounts, credits and other amounts they may receive from wholesalers, manufacturers, suppliers and distributors. The negotiated charge with Aetna Rx Home Delivery, LLC and Aetna Specialty Pharmacy may be higher than the cost of purchasing drugs and providing pharmacy services.

#### **Updates to the Drug Formulary**

For up-to-date formulary information, visit [www.aetna.com/formulary/](http://www.aetna.com/formulary/) or call Member Services at the toll-free number on your Aetna ID card. If you do not have Internet access, you may contact Member Services at the toll-free number on your ID card to find out how a specific drug is covered.

# Disclosures (Continued)

## **Behavioral Health Network**

Behavioral health care services are managed by Aetna. As a result, Aetna is responsible for making initial coverage determinations and coordinating referrals to the Aetna provider network. As with other coverage determinations, you may appeal adverse behavioral health care coverage determinations in accordance with the terms of your health plan.

The type of behavioral health benefits available to you depends on the terms of your health plan and state law. If your health plan includes behavioral health services, you may be covered for mental health conditions and/or drug and alcohol abuse services, including inpatient and outpatient services, partial hospitalizations and other behavioral health services. You can determine the type of behavioral health coverage available under the terms of your plan and how to access services by calling the Aetna Member Services number listed on your ID card.

If you have an emergency, call 911 or your local emergency hotline, if available. For routine services, access covered behavioral health services available under your health plan by the following methods:

- Call the toll-free Behavioral Health number (where applicable) listed on your ID card or, if no number is listed, call the Member Services number listed on your ID card for the appropriate information.
- Where required by your plan, call your PCP for a referral to the designated behavioral health provider group.
- When applicable, an employee assistance or student assistance professional may refer you to your designated behavioral health provider group. You can access most outpatient therapy services without a referral or preauthorization. However, you should first consult Member Services to confirm that any such outpatient therapy services do not require a referral or preauthorization.

## **Behavioral Health Provider Safety Data Available**

For information about our Behavioral Health provider network safety data, visit [www.aetna.com/docfind](http://www.aetna.com/docfind) and select the “Get info on Patient Safety and Quality” link. If you do not have Internet access, you may call Member Services at the toll-free number shown on your Aetna ID card to request a printed copy of this information.

## **Behavioral Health Depression Prevention Programs**

Aetna Behavioral Health offers two prevention programs for our members: Perinatal Depression Education, Screening and Treatment Referral Program, also known as Beginning Right® Depression Program, and Identification and Referral of Adolescent Members Diagnosed With Depression Who Also Have Comorbid Substance Abuse Needs. For more information on either of these prevention programs and how to use the programs, ask Member Services for the phone number of your local Care Management Center.

## **How Aetna Pays In-Network Providers**

All the providers in our network directory are independent. They are free to contract with other health plans. Providers join our network by signing contracts with us. Or they work for organizations that have contracts with us. We pay network providers in many different ways. Sometimes we pay a rate for a specific service and sometimes for an entire course of care (for example, a flat fee for a pregnancy without complications). In certain circumstances, some providers are paid a pre-paid amount per month per Aetna member (capitation). We may also provide additional incentives to reward physicians for delivering cost-effective quality care.

We pay some network hospitals by the day (per diem) and we pay others in a different way, such as a percentage of their standard billing rates. We encourage you to ask your providers how they are paid for their services.

### How Aetna Pays Out-of-Network Providers

Some of our plans pay for services from providers who are not in our network. Many plans pay for services based on what is called the “reasonable,” “usual and customary” or “prevailing” charge. Other plans pay based on our standard fees for care received from a network provider, or based on a percentage of Medicare’s fees. **When we pay less than what your provider charges, your provider may require you to pay the difference. This is true even if you have reached your plan’s out-of-pocket maximum.** Here is how we figure out what we will pay for each type of plan.

#### Prevailing Charge Plans

*Step 1: We review the data.* We get information from Ingenix, which is owned by United HealthCare. Health plans send Ingenix copies of claims for services they received from providers. The claims include the date and place of the service, the procedure code, and the provider’s charge. Ingenix combines this information into databases that show how much providers charge for just about any service in any zip code.

*Step 2: We calculate the portion we pay.* For most of our health plans, we use the 80th percentile to calculate how much to pay for out-of-network services. Payment at the 80th percentile means 80 percent of charges in the database are the same or less for that service in a particular zip code.

If there are not enough charges (less than 9) in the databases for a service in a particular zip code, we may use “derived charge data” instead. “Derived charge data” is based on the charges for comparable procedures, multiplied by a factor that takes into account the relative complexity of the procedure that was performed. We also use derived charge data for our student health plans and Aetna Affordable Health Choices® plans.

We also may consider other factors to determine what to pay if a service is unusual or not performed often in your area. These factors can include:

- The complexity of the service
- The degree of skill needed
- The provider’s specialty
- The prevailing charge in other areas
- Aetna’s own data

*Step 3: We refer to your health plan.* We pay our portion of the prevailing charge as listed in your health plan. You pay your portion (called “coinsurance”) and any deductible. For example, your out-of-network doctor charges \$120 for an office visit. Your plan covers 70 percent of the “reasonable,” “usual and customary” or “prevailing” charge. Let’s say the prevailing charge is \$100. And let’s say you already met your deductible. Aetna would pay \$70. You would pay the other \$30. Your doctor may also bill you for the \$20 difference between the prevailing charge (\$100) and the billed charge (\$120). In this case, your doctor could bill you for a total of \$50.

*The Prevailing Charge Databases* — The New York State Attorney General (NYAG) investigated the conflicts of interest related to the ownership and use of Ingenix data. Under an agreement with the NYAG, UnitedHealth Group agreed to stop using the Ingenix databases when an independent database (not owned by a health insurer) is created. In a separate agreement with NYAG in January 2009, Aetna agreed to use this new database when it is ready. We also will work with the new database owner to create online tools to give you better information about the cost of your care when using providers outside our network.

# Disclosures (Continued)

## Fee Schedule Plans

*Step 1: We compare the provider's bill to our fee schedule and your health plan.* Your plan may say that we will pay the provider based on our fee schedule for network doctors, or a certain percentage of that fee schedule, or a certain percentage of what Medicare pays. For example, your plan may say we pay 125 percent of what we pay a network doctor for the same service.

Let's say you have your appendix removed. Our network rate for that surgery is \$1,600. We multiply \$1,600 by 125 percent to get \$2,000. We call this the "recognized" or "allowed" amount.

*Step 2: We calculate the portion we pay.* Your plan also says that you must pay "coinsurance." This is your share of the "recognized" or "allowed" amount. For example, your share may be 30 percent. In that case, we pay 70 percent of the \$2,000 allowed amount, which is \$1,400. You pay your provider your 30 percent coinsurance, which is \$600. Your provider may also ask you to pay the \$500 difference between the \$2,500 bill and the \$2,000 "recognized" or "allowed" amount. In this case, your provider could bill you \$1,100 in total.

## Exceptions

Some "prevailing charge" plans set the prevailing charge at a different percentile. For some claims (like those from hospitals and outpatient centers) we may use other information and data sources to determine the charge.

And some of our plans pay based on a different kind of fee schedule. Also, for some non-participating providers we may pay based on other contractual arrangements. Our provider claims codes and payment policies may also affect what we pay for a claim. Aetna may use computer software (including ClaimCheck®) and other tools to take into account factors such as the complexity, amount of time needed and manner of billing. The effects of these policies will be reflected in your Explanation of Benefits documents.

## How Aetna Pays for Out-of-Network Behavioral Health Benefits

We negotiate rates with psychiatrists, psychologists, counselors and other appropriately licensed and credentialed behavioral health care providers to help you save money. We refer to these providers as being "in our network."

## Technology Review

We review new medical technologies, behavioral health procedures, pharmaceuticals and devices to determine which ones should be covered by our plans. And we even look at new uses for existing technologies. To review these innovations, we may:

- Study published medical research and scientific evidence on the safety and effectiveness of medical technologies.
- Consider position statements and clinical practice guidelines from medical and government groups, including the federal Agency for Health Care Research and Quality.
- Seek input from relevant specialists and experts in the technology.
- Determine whether the technologies are experimental or investigational. You can find out more on new tests and treatments in our Clinical Policy Bulletins. See Clinical Policy Bulletins on the next page for more information.

### **Medically Necessary**

“Medically necessary” means that the service or supply is provided by a physician or other health care provider exercising prudent clinical judgment for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that provision of the service or supply is:

- In accordance with generally accepted standards of medical practice; and
- Clinically appropriate in accordance with generally accepted standards of medical practice in terms of type, frequency, extent, site and duration, and considered effective for the illness, injury or disease; and
- Not primarily for the convenience of you, or for the physician or other health care provider; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the illness, injury or disease.

For these purposes “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, or otherwise consistent with physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.

### **Clinical Policy Bulletins**

Clinical Policy Bulletins (CPBs) describe our policy determinations of whether certain services or supplies are medically necessary or experimental or investigational, based on a review of currently available clinical information. Clinical determinations in connection with individual coverage decisions are made on a case-by-case basis consistent with applicable policies.

Aetna CPBs do not constitute medical advice. Treating providers are solely responsible for medical advice and for your treatment. You should discuss any CPB related to your coverage or condition with your treating provider. While Aetna CPBs are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. You and your providers will need to consult the benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.

CPBs are regularly updated and are therefore subject to change. Aetna CPBs are available at [www.aetna.com](http://www.aetna.com) under “Members” and then “Health Coverage Information.” If you do not have Internet access, please contact Member Services at the toll-free number on your ID card for information about specific Clinical Policy Bulletins.

# Disclosures (Continued)

## **Utilization Review/Patient Management**

We have developed a patient management program to assist in determining what health care services are covered under the health plan and the extent of such coverage. The program assists you in receiving appropriate health care and maximizing coverage for those health care services. You can avoid receiving an unexpected bill with a simple call to Member Services. You can find out if your preventive care service, diagnostic test or other treatment is a covered benefit — before you receive care — just by calling the toll-free number on your ID card. In certain cases, we review your request to be sure the service or supply is consistent with established guidelines and is a covered benefit under your plan. We call this “utilization management review.”

We follow specific rules to help us make your health a top concern:

- Aetna employees are not compensated based on denials of coverage.
- We do not encourage denials of coverage. In fact, our utilization review staff is trained to focus on the risks of members not adequately using certain services.

Where such use is appropriate, our Utilization Review/Patient Management staff uses nationally recognized guidelines and resources, such as The Milliman Care Guidelines® to guide the precertification, concurrent review and retrospective review processes. To the extent certain Utilization Review/Patient Management functions are delegated to IDs, IPAs or other provider groups (“Delegates”), such Delegates utilize criteria that they deem appropriate. Utilization Review/Patient Management policies may be modified to comply with applicable state law.

Only medical professionals make decisions denying coverage for services for reasons of medical necessity. Coverage denial letters for such decisions delineate any unmet criteria, standards and guidelines, and inform the provider and you of the appeal process. For more information concerning utilization management, you may request a free copy of the criteria we use to make specific coverage decisions by contacting Member Services.

You may also visit [www.aetna.com/about/cov\\_det\\_policies.html](http://www.aetna.com/about/cov_det_policies.html) to find our Clinical Policy Bulletins and some utilization review policies. Doctors or health care professionals who have questions about your coverage can write or call our Patient Management department. The address and phone number are on your ID card.

## **Concurrent Review**

Concurrent review is a review conducted while a patient is confined on an inpatient basis. The concurrent review process assesses the necessity for continued stay, level of care, and quality of care for members receiving inpatient services. All inpatient services extending beyond the initial certification period require concurrent review.

## **Discharge Planning**

Discharge planning may be initiated at any stage of the patient management process and begins immediately upon identification of post-discharge needs during precertification or concurrent review. The discharge plan may include initiation of a variety of services/benefits that may be utilized by you upon discharge from an inpatient stay.

### **Retrospective Record Review**

Retrospective review is a review conducted after the patient has been discharged from the hospital or facility. The purpose of retrospective review is to analyze potential quality and utilization issues, initiate appropriate follow-up action based on quality or utilization issues, and review all appeals of inpatient concurrent review decisions for coverage of health care services. Our effort to manage the services provided to you includes the retrospective review of claims submitted for payment, and of medical records submitted for potential quality and utilization concerns.

### **Complaints, Appeals and External Review**

This Complaint Appeal and External Review process may not apply if your plan is self-funded. Contact your Benefits Administrator if you have any questions.

### **Filing a Complaint or Appeal**

We are committed to addressing your coverage issues, complaints and problems. If you have a coverage issue or other problem, call Member Services at the toll-free number on your ID card or e-mail us from your secure Aetna Navigator® member website. Click on “Contact Us” after you log on. You can also contact Member Services at: [www.aetna.com](http://www.aetna.com). If Member Services is unable to resolve your issue to your satisfaction, it will be forwarded to the appropriate department for handling.

If you are dissatisfied with the outcome of your initial contact, you may file an appeal. Your appeal will be decided in accordance with the procedures applicable to your plan and applicable state law. Refer to your plan documents for details regarding your plan’s appeal procedure.

### **About Coverage Decisions**

Sometimes we receive claims for services that may not be covered by your health benefits plan. It can be confusing — even to your doctors. Our job is to make coverage decisions based on your specific benefits plan. If a claim is denied, we’ll send you a letter to let you know. If you don’t agree you can file an appeal. To file an appeal, follow the directions in the letter that explains that your claim was denied. Our appeals decisions will be based on your plan provisions and any state and federal laws or regulations that apply to your plan. You can learn more about the appeal procedures for your plan from your plan documents.

### **External Review**

We established an external review process to give you the opportunity of requesting an objective and timely independent review of certain coverage denials. Once the applicable internal appeal process has been exhausted, you may request an external review of the decision for the coverage denial if: (a) you would be financially responsible for the cost of services; (b) the amount of the service(s) is more than \$500, and (c) is based on lack of medical necessity or on the experimental or investigational nature of the proposed service or supply. Standards may vary by state, and several states have external review processes that may apply to your plan.

If a request meets the requirement for an external review, an Independent Review Organization (IRO) will assign the case to an external physician reviewer with appropriate expertise for an independent decision in the area in question. After all necessary information is submitted, an external review generally will be decided within 30 calendar days of the request. Expedited reviews are available when your physician certifies that a delay in service would jeopardize your health.

# Disclosures (Continued)

Once the review is complete, the plan will abide by the decision of the external reviewer. The cost for the review will be borne by Aetna (except where state law requires you to pay a filing fee as part of a state-mandated program).

Certain states mandate external review of additional benefit or service issues; some may require a filing fee. In addition, certain states mandate the use of their own external review process for medical necessity and experimental or investigational coverage decisions. These state mandates may not apply to self-funded plans. For details about your plan's appeal process and the availability of an external review process, call the Member Services toll-free number on your ID card or visit [www.aetna.com](http://www.aetna.com) to print an external review request form, or call the Member Services toll-free number on your ID card. You also may call your state insurance or health department or consult their websites for additional information regarding state-mandated external review procedures.

## **Member Rights & Responsibilities**

You have the right to receive a copy of our Member Rights and Responsibilities Statement. This information is available to you at [www.aetna.com/about/MemberRights](http://www.aetna.com/about/MemberRights). You can also obtain a print copy by contacting Member Services at the number on your ID card.

## **Member Services**

To file a complaint or an appeal, for additional information regarding copayments and other charges, information regarding benefits, to obtain copies of plan documents, information regarding how to file a claim or for any other question, you can contact Member Services at the toll-free number on your ID card, or e-mail us from your secure Aetna Navigator member website at [www.aetna.com](http://www.aetna.com). Click on "Contact Us" after you log on.

*Spanish-speaking hotline — 1-800-533-6615*

*Multilingual hotline — 1-888-982-3862*

(140 languages are available. You must ask for an interpreter.)

### **Interpreter/Hearing Impaired**

When you require assistance from an Aetna representative, call us during regular business hours at the number on your ID card. Our representatives can:

- Answer benefits questions
- Help you get referrals
- Find care outside your area
- Advise you on how to file complaints and appeals
- Connect you to behavioral health services (if included in your plan)
- Find specific health information
- Provide information on our Quality Management program, which evaluates the ongoing quality of our services

TDD Member Services — **1-800-628-3323**  
(hearing impaired only)

### **Quality Management Programs**

We have a comprehensive quality measurement and improvement strategy, and do not view it as an isolated, departmental function. Rather, we integrate quality management and metrics into all that we do. For details on our program, goals and our progress on meeting those goals, go to [www.aetna.com/members/health\\_coverage/quality/quality.html](http://www.aetna.com/members/health_coverage/quality/quality.html). If you do not have Internet access and would like a hard copy of the information referenced here, please contact Member Services at the toll-free number on your ID card and request a copy.

### **Privacy Notice**

Aetna considers personal information to be confidential and has policies and procedures in place to protect it against unlawful use and disclosure. By “personal information,” we mean information that relates to your physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you. Personal information does not include publicly available information or information that is available or reported in a summarized or aggregate fashion but does not identify you.

When necessary or appropriate for your care or treatment, the operation of our health plans, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers), payors (health care provider organizations, employers who sponsor self-funded health plans or who share responsibility for the payment of benefits, and others who may be financially responsible for payment for the services or benefits you receive under your plan), other insurers, third party administrators, vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating network providers are also required to give you access to your medical records within a reasonable amount of time after you make a request.

# Disclosures (Continued)

Some of the ways in which personal information is used include claims payment; utilization review and management; medical necessity reviews; coordination of care and benefits; preventive health, early detection, and disease and case management; quality assessment and improvement activities; auditing and anti-fraud activities; performance measurement and outcomes assessment; health claims analysis and reporting; health services research; data and information systems management; compliance with legal and regulatory requirements; formulary management; litigation proceedings; transfer of policies or contracts to and from other insurers, HMOs and third party administrators; underwriting activities; and due diligence activities in connection with the purchase or sale of some or all of our business. We consider these activities key for the operation of our health plans. To the extent permitted by law, we use and disclose personal information as provided above without your consent. However, we recognize that you may not want to receive unsolicited marketing materials unrelated to your health benefits. We do not disclose personal information for these marketing purposes unless you consent. We also have policies addressing circumstances in which you are unable to give consent.

To request a printed copy of our Notice of Privacy Practices, which describes in greater detail our practices concerning use and disclosure of personal information, please write to:

Aetna Legal Support Services Department  
151 Farmington Avenue, W121 Hartford, CT 06156

You can also visit [www.aetna.com](http://www.aetna.com) and link directly to the Notice of Privacy Practices by selecting the "Privacy Notices" link at the bottom of the page.

## **Non-Discrimination Statement**

Aetna does not discriminate in providing access to health care services on the basis of race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin. We are required to comply with Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act, other laws applicable to recipients of federal funds, and all other applicable laws and rules.

## **Use of Race, Ethnicity and Language Data**

Aetna members have the option to provide us with race/ ethnicity and preferred language information. This information is voluntary and confidential. We collect this information to identify, research, develop, implement and/or enhance initiatives to improve health care access, delivery and outcomes for diverse members, and otherwise improve services to our members. We will maintain administrative, technical and physical safeguards to protect information concerning member race, ethnicity and language preference from inappropriate access, use or disclosure. This data will be collected, used or disclosed only in accordance with Aetna policies and applicable state and federal requirements. It is not used to determine eligibility, rating or claim payment.

For more information, please visit [www.aetna.com](http://www.aetna.com). If you do not have Internet access and would like a hard copy of the information referenced here, please contact Member Services at the toll-free number on your ID card and request a copy.

## **Health Insurance Portability and Accountability Act**

If you are enrolled in a group health plan, the following information is provided to inform you of certain provisions contained in the group health plan, and related procedures that may be utilized by you in accordance with federal law.

### **Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing to your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing to the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact your benefits administrator.

## **Request for Certificate of Creditable Coverage**

If you are a member of an insured plan sponsor or a member of a self-insured plan sponsor who have contracted with us to provide Certificates of Prior Health Coverage, you have the option to request a certificate. This applies to you if you are a terminated member, or are a member who is currently active but would like a certificate to verify your status. As a terminated member, you can request a certificate for up to 24 months following the date of your termination. As an active member, you can request a certificate at any time. To request a Certificate of Prior Health Coverage, please contact Member Services at the telephone number listed on your ID card.

## **Notice Regarding Women's Health and Cancer Rights Act**

Under this health plan, coverage will be provided to a person who is receiving benefits for a medically necessary mastectomy and who elects breast reconstruction after the mastectomy for:

- (1) reconstruction of the breast on which a mastectomy has been performed;
- (2) surgery and reconstruction of the other breast to produce a symmetrical appearance;
- (3) prostheses; and
- (4) treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Member Services number on your ID card.

# Disclosures (Continued)

## Where can I find tips and tools for staying healthy?

Aetna IntelliHealth® is your trusted, one-stop source for online health and wellness information. This helpful website is filled with valuable tips and tools, all in an easy-to-read format.

You'll find all kinds of great information on IntelliHealth.com, including: health news; a medical dictionary; a drug resource center; fitness, nutrition and weight management information; daily and weekly health-related e-mails; and much more. Check it out at [www.intelihealth.com](http://www.intelihealth.com).

## Health benefits and health insurance plans are underwritten or administered by Aetna Life Insurance Company (Aetna).

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. Information subject to change.

Aetna is committed to Accreditation by the National Committee for Quality Assurance (NCQA) as a means of demonstrating a commitment to continuous quality improvement and meeting customer expectations. A complete listing of health plans and their NCQA accreditation status can be found on the NCQA website located at [www.ncqa.org/tabid/142/Default.aspx](http://www.ncqa.org/tabid/142/Default.aspx).

To refine your search, we suggest you search these areas: **Managed Behavioral Healthcare Organizations** — for behavioral health accreditation; **Credentials Verification Organizations** — for credentialing certification; **Managed Care Organizations** — for HMO and PPO health plan accreditation; **Recognition Directory** — for physicians recognized by NCQA in the areas of heart/stroke care, diabetes care, back pain and systematic processes.

Health care providers who have been duly recognized by the NCQA Recognition Programs are annotated in the Physician Directory. Providers, in all settings, achieve recognition by submitting data that demonstrates they are providing quality care. The program constantly assesses key measures that were carefully defined and tested for their relationship to improved care; therefore, NCQA provider recognition is subject to change. For up-to-date information, please visit our DocFind® directory at [www.aetna.com](http://www.aetna.com) or, if applicable, visit the NCQA's new top-level recognition listing at [www.ncqa.org/tabid/58/Default.aspx](http://www.ncqa.org/tabid/58/Default.aspx). If you do not have access to the Internet and would like a printed physician directory, please contact Member Services at the toll-free number shown on your Aetna ID card.

**Have questions or want a quote?**

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

**Ask about authorized independent  
insurance agents in your area.**

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

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

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

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

The AARP Essential Premier Health Insurance Plan is endorsed by AARP and Aetna pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members.

Neither AARP nor its affiliate is the insurer.

AARP does not make individual recommendations for health related products, services, insurance or programs. Insurance products carrying the AARP name are intended to be competitive products and may not be the lowest priced products. You are encouraged to evaluate your needs and compare products.

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

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

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

Information is believed to be accurate as of the production date; however, it is subject to change.