

# Aetna Advantage Plans for Individuals, Families and the Self-Employed\*

Florida

## A Guide to Understanding Your Choices and Selecting a Quality Health Insurance Plan

\*In Florida, the self-employed can purchase a guaranteed issue group insurance plan under small group reform.

We want you to know<sup>SM</sup>



# Aetna makes it easy for you to choose a health insurance plan

## They say that nothing is more important than your health.

They're right. And that's what makes health insurance such an essential part of your life — even if you're not on an employer's group insurance plan. In fact, especially if you're not on a group plan, you need to take charge of your health...and your health insurance needs.

At Aetna\*, we're here to help. Perhaps you've just left a group plan. Or you're looking for an option other than COBRA.

You may want to switch from your current individual health insurance. Or you're not currently insured. Maybe you've just received another big rate increase and you're looking for something more affordable. Whatever your situation, you should know that Aetna offers a variety of quality health insurance plans for Floridians and their families.

So, are you a new graduate or a newlywed? Self-employed or between jobs? An empty nester or early retiree? Wherever you are in life, we make it easy for you to understand your choices and select a quality health

insurance plan. We'll guide you through the process and help you choose the right health insurance for your personal needs.

## Why Aetna?

When you choose Aetna as your health insurance provider, you're gaining a lot of advantages. Among them:

### Easy to understand.

Yes, insurance can be simple. We provide you with straightforward language and easy-to-understand benefits.

### Easy to choose.

We'll guide you and help you select from plans designed to fit your personal situation. Aetna's participating provider network offers you a wide selection of physicians and hospitals.

### Easy to afford.

Because we offer a variety of premium payment options, you choose how much to spend: in premiums versus out-of-pocket expenses.

### Easy to manage.

Thanks to easy-to-use Web-based tools, you can get valuable health and benefits-related information, quickly locate Aetna network physicians in your area, and manage your account — right online!

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna company that offers, underwrites, or administers insurance coverage is Aetna Life Insurance Company.

## Have questions?

Just call your insurance broker

See the attached business card.

Visit [www.aetna.com/members/individual.html](http://www.aetna.com/members/individual.html)







## How to use this booklet

When we say we're going to make health insurance easy for you, we mean it. This booklet will walk you through the information you need to make a smart decision. Here are the steps you might want to take:

- 1) Read about Aetna's health insurance plans for individuals, starting on page 3.
- 2) What's going on in your life right now? The answer can help you choose a plan, starting on page 4. (If you just want to cut to the chase, the at-a-glance plan comparison chart on page 11 can help you quickly determine your health insurance priorities.)
- 3) Review each plan's specific features, and determine which ones are most important to you, starting on page 12.
- 4) Follow the enrollment instructions on page 16, then complete and mail the enclosed enrollment form or apply online.

# Aetna's Florida Network Map

**Here are the Florida counties where  
Aetna Advantage Plans are offered:**

## AREA 1

Alachua Baker Clay	Duval Flagler Marion	Nassau Saint Johns
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## AREA 2

Brevard Indian River Lake	Orange Osceola	Seminole Volusia
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## AREA 3

Charlotte Hernando Hillsborough	Lee Manatee Pasco	Pinellas Polk Sarasota
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## AREA 4

Broward	Miami-Dade	Palm Beach
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**The products offered in areas 1-4 are:**

Point of Service 1500  
Point of Service 2500  
Point of Service 5000  
Point of Service 1500 Value  
Point of Service 2500 Value  
Managed Choice Open Access 2750 HDP1  
Point of Service 5000 HDP2

## AREA 5

Columbia	Sumter	Suwannee
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## AREA 6

Collier Escambia	Holmes Okaloosa	Santa Rosa Walton
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## AREA 7

Bradford Levy	Putnam	Union
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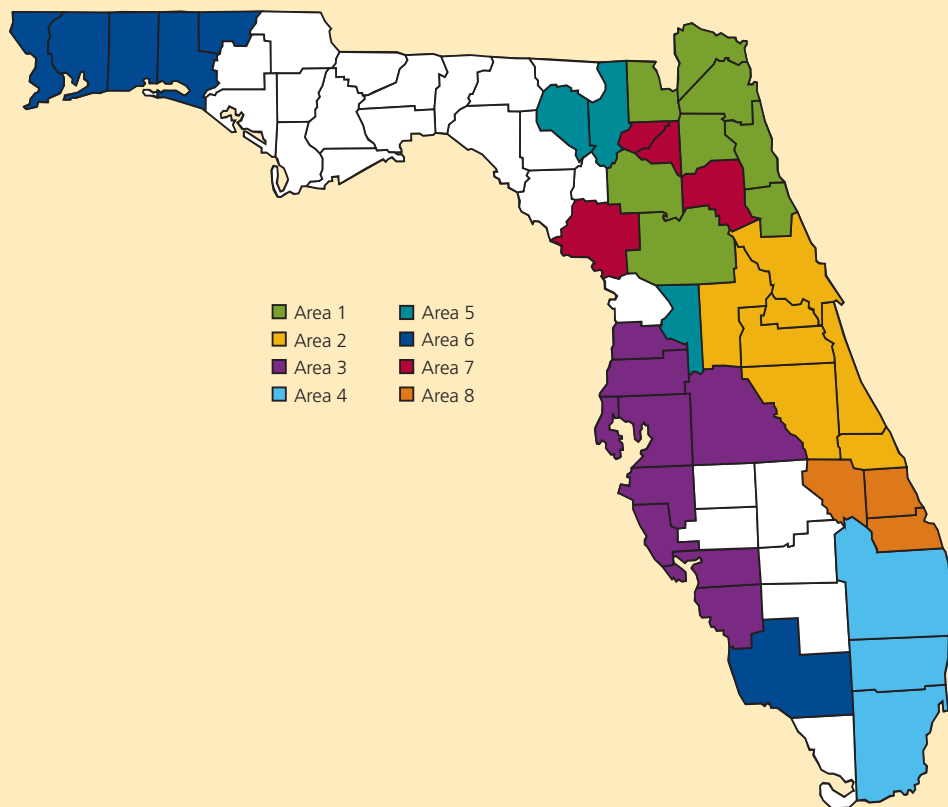
## AREA 8

Martin	Okeechobee	Saint Lucie
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**The products offered in areas 5-8 are:**

Managed Choice Open Access 1500  
Managed Choice Open Access 2500  
Managed Choice Open Access 5000  
Managed Choice Open Access 1500 Value  
Managed Choice Open Access 2500 Value  
Managed Choice Open Access 2750 HDP1  
Managed Choice Open Access 5000 HDP2

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



# Choose the Aetna Advantage plan that best fits your needs

We offer six types of Aetna Advantage health insurance plans in Florida. All of these plans give you the freedom to go directly to any physician, hospital, or specialist for covered services.

Your Aetna Advantage plan choices are:

## Florida Managed Choice

With the Florida Managed Choice insurance plan, you can visit any doctor or hospital you choose. (Your out-of-pocket costs will be lower if you select a provider from Aetna's wide network of participating physicians and hospitals.) In addition, there are no claim forms to fill out when you visit a network provider, and no referrals are required to see a specialist.

## Florida Managed Choice Value

In addition to the plan features described above, the Florida Managed Choice Value insurance plan offers you one more: lower premiums. (That's the "Value" part) In exchange for lower premiums, doctor's office visits are covered only after you've reached an annual deductible payment. There is no coverage for prescription drugs, but a discount drug card is available.

## Florida High-Deductible Managed Choice (HSA Compatible)

With the Florida High-Deductible Managed Choice insurance plan, you'll pay lower premiums in exchange for higher annual deductibles — at least \$2,750 for individuals and \$5,500 for families. A key advantage of this plan is that it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds. What does "tax-advantaged" mean? It means you or an eligible family member

can contribute to your HSA tax-free. Those dollars earn interest tax-free.

And when you make withdrawals to pay for qualified health care expenses, they're tax-free, too.

An HSA has other advantages as well. Among them:

- You own your HSA, so even if you change jobs or health insurance plans, the money in your account is yours to keep.
- Any money remaining in your HSA at the end of the year rolls over to the next year. You don't lose it.
- You can withdraw money directly from your HSA to cover qualified expenses. Or, you can allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

## Florida POS

This health insurance plan offers the freedom to seek health care when needed as well as the flexibility to access care in or out of network. In addition, there are no claim forms to fill out when you visit a network provider, and no referrals are required to see a specialist.

## Florida POS Value

In addition to the plan features described above, the Florida Managed Choice Value insurance plan offers you one more: lower premiums. (That's the "Value" part) In exchange for lower premiums, doctor's office visits are covered only after you've reached an annual deductible payment. There is no coverage for prescription drugs, but a discount drug card is available.

## Florida High-Deductible POS (HSA Compatible)

With the Florida High-Deductible POS plan, you'll pay lower premiums in exchange for higher annual deductibles — at least \$5,000 for individuals and \$10,000 for families. A key advantage of this plan is that it can be paired with a Health Savings Account (HSA), a special account that lets you pay for qualified medical expenses with tax-advantaged funds. What does "tax-advantaged" mean? It means you or an eligible family member can contribute to your HSA tax-free. Those dollars earn interest tax-free.

## Is your doctor in the network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the Aetna Advantage Plan network? Use Aetna's online DocFind® tool at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans). If you don't have Internet access, please call your insurance broker and ask for a directory of providers.

And when you make withdrawals to pay for qualified health care expenses, they're tax-free, too.

An HSA has other advantages as well. Among them:

- You own your HSA, so even if you change jobs or health insurance plans, the money in your account is yours to keep.
- Any money remaining in your HSA at the end of the year rolls over to the next year. You don't lose it.
- You can withdraw money directly from your HSA to cover qualified expenses. Or, you can allow the account to grow over time and use it to help pay for future health-related expenses — like long-term care insurance premiums, COBRA premiums and certain retiree expenses.

## Florida Dental PPO Max

With the Aetna Advantage Dental PPO Max insurance plan, you can get quality dental care by visiting a participating dentist or a non-participating dentist. Participating dentists have agreed to provide certain services at a negotiated rate—so you generally pay less out of pocket. You also have the flexibility to visit a licensed dentist who does not participate in Aetna's network.



# So, what's going on in *your* life?

Life changes. Very quickly. And as it does, so do your priorities. What was all fine and good yesterday may not be appropriate today.

The circumstances of your life can determine the type of health coverage you need. That's why Aetna Advantage Plans for Individuals have been designed to fit people in specific places in life.

So, do any of these descriptions sound like you?



**Have questions?  
Call your broker.**

## New Graduate?

**First, congratulations! Ready to conquer the world? Thinking big thoughts?** Well, one of those thoughts should be about health coverage. Since you're probably on a budget, you might want to look for an affordable policy with low monthly payments and modest out-of-pocket costs. Let us be your guide.

### Here are some options that may be right for you.

If you use only basic health care services and want to keep your monthly payments low, consider:

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POS Open Access 5000

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Managed Choice Open Access 5000

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If you visit the doctor often and don't want to pay a lot for these visits, consider:

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POS Open Access 2500

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Managed Choice Open Access 2500

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If you want a balanced mix of low cost and high coverage levels, consider:

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POS Open Access 1500 Value

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Managed Choice Open Access 1500 Value

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## Raising A Family?

Children tend to visit the doctor more than adults do. So you may be looking for health coverage with low fees for office visits, low monthly payments, and caps on your out-of-pocket expenses. And of course, you can benefit from quality preventive care for your entire family.

## Getting Married?

If you're reconsidering your health coverage needs, you're not alone. Most newlyweds are doing the same thing. Since you're probably on a pretty tight budget, you may want an affordable plan with low monthly payments — but also one that provides for quality preventive care, prescription drug coverage, and financial protection to help safeguard your assets.

### Here are some options that may be right for you.

If you use only basic health care services and want to keep your monthly payments low...

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Managed Choice Open Access 5000

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POS Open Access 5000

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Managed Choice Open Access HSA 5000

If you're looking to balance low cost and quality coverage, consider:

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POS Open Access 2500

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POS Open Access 2500 Value

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Managed Choice Open Access 2500

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Managed Choice Open Access 2500 Value

If robust coverage is more important to you than the lowest possible cost, consider:

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Managed Choice Open Access 1500

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POS Open Access 1500





Here are some plans that may suit you.

If you use only basic health care services and want to keep your monthly payments low...

- POS Open Access 5000
- Managed Choice Open Access 5000

If you don't want to pay a lot for frequent doctor visits for you and the kids, consider:

- POS Open Access 2500
- Managed Choice Open Access 2500

If robust coverage is more important to you than the lowest possible cost, consider:

- POS Open Access 1500
- Managed Choice Open Access 1500



Between Jobs?

While you're lining up your next career move, you may want more affordable health coverage with low monthly costs — but also that covers you for hospital stays and emergencies. There may be better alternatives than COBRA, and we're here to help guide you through them.

Here are options that may be right for you.

If you use only basic health care services and want to keep your monthly payments low...

- POS Open Access 5000
- Managed Choice Open Access 5000

If you're seeking a balance of low cost and quality coverage, consider:

- POS Open Access 2500
- POS Open Access 2500 Value
- Managed Choice Open Access 2500
- Managed Choice Open Access 2500 Value

If you want a plan that works with an HSA, consider\*:

- Managed Choice Open Access HSA 2750
- Managed Choice Open Access HSA 5000
- POS Open Access HSA 5000

\* For information on HSAs, please refer to page 3.



## Self-Employed\*?

**If you're on your own, you've probably discovered by now that health coverage isn't cheap.**

But you know it's necessary to protect yourself and your business. Since you're footing the bill, affordability is likely a priority. We offer plans that provide quality hospitalization and prescription drug coverage, with monthly payments that won't consume your profits.

### **Here are some options you may want to consider.**

If you use only basic health care services and want to keep your monthly payments low, consider:

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POS Open Access 5000

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Managed Choice Open Access 5000

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If you want to cap the amount you'll spend on total medical expenses each year, consider:

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POS Open Access 2500

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POS Open Access 2500 Value

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Managed Choice Open Access 2500

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Managed Choice Open Access 2500 Value

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If robust coverage is more important to you than the lowest possible cost, consider:

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POS Open Access 1500

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Managed Choice Open Access 1500

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If you want a plan that works with an HSA, consider\*\*:

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Managed Choice Open Access HSA 2750

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Managed Choice Open Access HSA 5000

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POS Open Access HSA 5000

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\* In Florida, the self-employed can purchase a guaranteed issue group insurance plan under small group reform.

\*\* For information on HSAs, please refer to page 3.



## Early Retiree?

**Congratulations! It may be time for travel, leisure, maybe even starting a business.** You may need guidance and affordable health coverage for you and your spouse, focusing on both your health needs and your financial security. Looking for coverage for prescriptions, hospital inpatient/outpatient services and emergency care?

### **Here are options that may suit you.**

If you use only basic health care services and want to keep your monthly payments low, consider:

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POS Open Access 5000

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Managed Choice Open Access 5000

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## Empty Nester?

**When the kids leave home, you have endless adventures before you. What are your plans? Travel? Leisure? Reassessing your health coverage needs? We can help with the latter. You may be looking for a policy that combines financial security with quality coverage, such as prescription coverage, hospital inpatient/outpatient service and emergency care, from a plan that will follow you in your travels.**

### Here are options you may want to consider.

If you use only basic health care services and want to keep your monthly payments low...

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POS Open Access 5000

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Managed Choice Open Access 5000

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If you want to cap the amount you'll spend on total medical expenses each year, consider:

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POS Open Access 2500

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POS Open Access 2500 Value

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Managed Choice Open Access 2500

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Managed Choice Open Access 2500 Value

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If robust coverage is more important to you than the lowest possible cost, consider:

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POS Open Access 1500

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Managed Choice Open Access 1500

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If you want a plan that works with an HSA, consider\*:

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Managed Choice Open Access HSA 2750

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POS Open Access HSA 5000

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\* For information on HSAs, please refer to page 3.

If you want to cap the amount you'll spend on total medical expenses each year, consider:

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POS Open Access 2500

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POS Open Access 2500 Value

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Managed Choice Open Access 2500

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Managed Choice Open Access 2500 Value

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If robust coverage is more important to you than the lowest possible cost, consider:

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POS Open Access 1500

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Managed Choice Open Access 1500

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If you want a plan that works with an HSA, consider\*:

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Managed Choice Open Access HSA 2750

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Managed Choice Open Access HSA 5000

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POS Open Access HSA 5000

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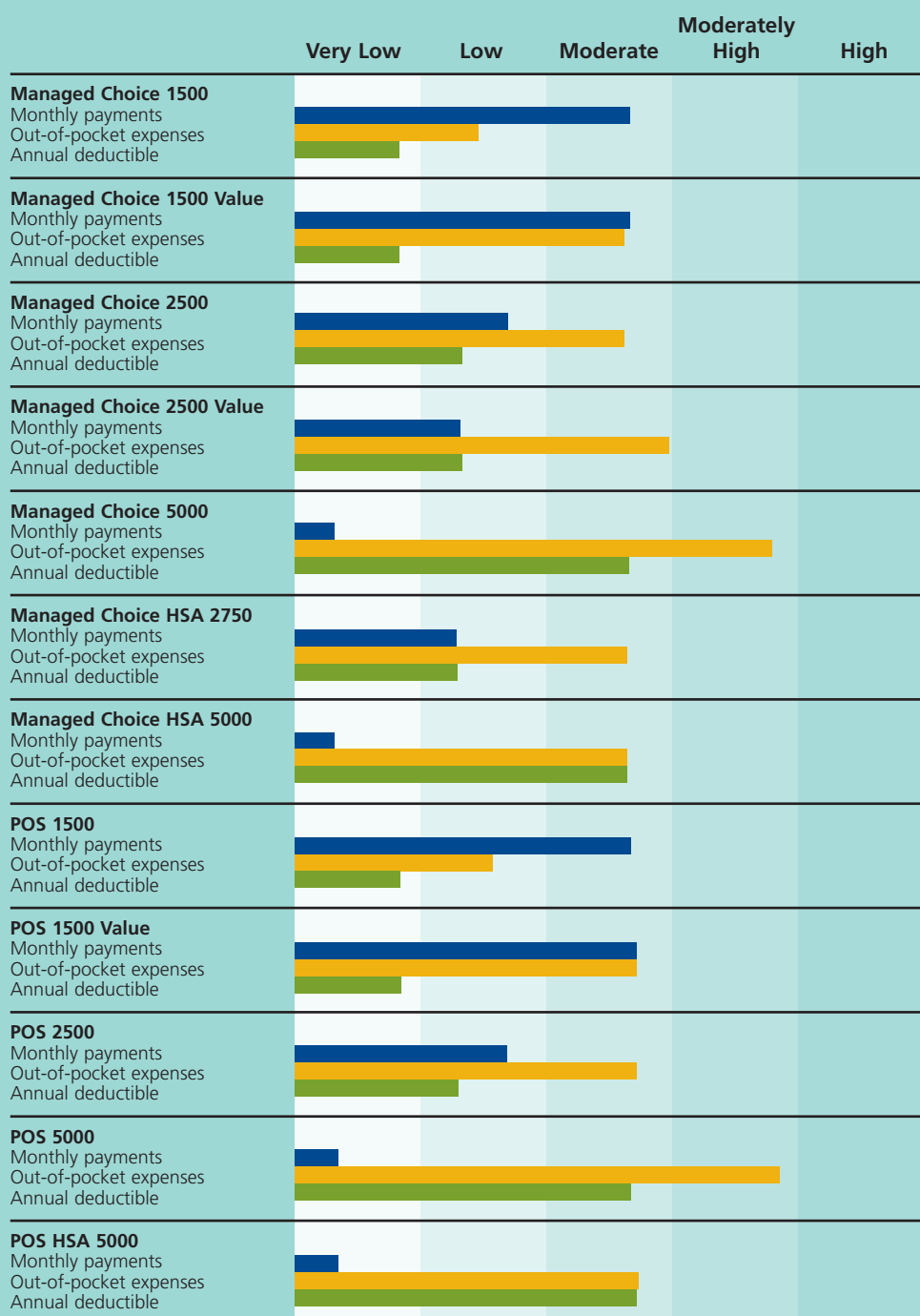
## An at-a-glance comparison of Aetna's plans

Which one of our health insurance plans is right for you? A lot depends on your priorities. Do you want to keep your payments, or "premiums," as low as possible? Or are you willing to pay a little more each month to help minimize your out-of-pocket costs for services?





## FEATURES/BENEFITS COMPARISON\*



This chart gives you a quick, at-a-glance look at all of Aetna's Advantage Plans for individuals in Florida. It will help you determine your priorities and compare three key features across all the plans:

- Your payments, or premiums
- What you can expect to pay out of your pocket for services and treatment such as office visits and lab procedures (as opposed to what the plan pays for)
- Your annual deductible — that is, how much you'll pay out of pocket before the plan begins covering your expenses.

\*\*Feature/Benefits Comparison is based on analysis of Aetna Advantage Plans with 12/15/05 effective dates. For more information on benefit levels, please refer to the benefit pages and/or the plan design documents.

	Managed Choice Open Access 1500		Managed Choice Open Access 2500		Managed Choice Open Access 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,500/\$15,000	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family, Practitioner, Pediatrician or Internist)	\$25 copay not subject to deductible	50% after deductible	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Specialist Visit	\$35 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible	\$50 copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not Covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 copay not subject to deductible	50% after deductible	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% deductible	50% after deductible	20% deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY						
Pharmacy Deductible	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible	\$15 copay not subject to deductible	\$15 copay plus 50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	\$25 copay plus 50% after deductible	\$25 copay after deductible	\$25 copay plus 50% after deductible	\$25 copay after deductible	\$25 copay plus 50% after deductible
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay after deductible	\$40 copay plus 50% after deductible	\$40 copay after deductible	\$40 copay plus 50% after deductible	\$40 copay after deductible	\$40 copay plus 50% after deductible
Self-Injectables	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

\* Maximum applies to combined in and out of network benefits

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.



	Managed Choice Open Access 1500 Value		Managed Choice Open Access 2500 Value	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>	In-Network	Out-of-Network <sup>+</sup>
Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospital Admission	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	0% not subject to deductible	50% after deductible	0% not subject to deductible	50% after deductible
Lab/X-Ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	30% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible	30% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible
Home Health Care (30 visits per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible
PHARMACY				
Pharmacy Deductible	Not covered**	Not covered**	Not covered**	Not covered**
Generic (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**
Preferred Brand Name	Not covered**	Not covered**	Not covered**	Not covered**
Non-Preferred Brand (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**
Self-Injectables	Not covered**	Not covered**	Not covered**	Not covered**
Calendar Year Maximum per Individual	Not covered**	Not covered**	Not covered**	Not covered**

\* Maximum applies to combined in and out of network benefits

\*\* Discount card available

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

	Managed Choice Open Access HSA 2750**		Managed Choice Open Access HSA 5000*	
MEMBER BENEFITS	In-Network	Out-of-Network**	In-Network	Out-of-Network**
Deductible Individual/Family	\$2,750/\$5,500	\$5,500/\$11,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum**	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Specialist Visit	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Hospital Admission	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency Room	\$150 copay after deductible	\$150 copay after deductible (waived if admitted)	0% after deductible	0% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	0% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year**)	\$25 copay not subject to deductible	50% after deductible	\$25 copay not subject to deductible	0% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year**)	20% after deductible	50% after deductible	0%	0%
Physical/Occupational Therapy (24 visits per calendar year**)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible	0% after deductible (Aetna will pay a maximum of \$25 per visit)	0% after deductible
Home Health Care (30 visits per calendar year**)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment (\$2,000 per calendar year**)	20% after deductible	50% after deductible	0% after deductible	0% after deductible
PHARMACY				
Pharmacy Deductible	Integrated Medical/RX Deductible	Integrated Medical/RX Deductible	Not covered***	Not covered***
Generic (Oral Contraceptives Included)	\$15 after deductible	\$15 after deductible	Not covered***	Not covered***
Preferred Brand Name	\$25 after deductible	\$25 after deductible	Not covered***	Not covered***
Non-Preferred Brand (Oral Contraceptives Included)	\$40 after deductible	\$40 after deductible	Not covered***	Not covered***
Self-Injectables	20% after deductible	20% after deductible	Not covered***	Not covered***
Calendar Year Maximum per Individual**	Unlimited	Unlimited	Not covered***	Not covered***

\* Consult with your tax advisor to determine eligibility requirements and tax advantages for participation in the HSA plan.

\*\* Maximum applies to combined in and out of network benefits

\*\*\* Discount card available

+ All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

++ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents.



	POS Open Access 1500		POS Open Access 2500		POS Open Access 5000	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$7,500/\$15,000	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 copay not subject to deductible	50% after deductible	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Specialist Visit	\$35 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible	\$50 copay not subject to deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	\$25 copay not subject to deductible	50% after deductible	\$30 copay not subject to deductible	50% after deductible	\$40 copay not subject to deductible	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PHARMACY						
Pharmacy Deductible	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)	\$500 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 copay not subject to deductible	50% not subject to deductible	\$15 copay not subject to deductible	50% not subject to deductible	\$15 copay not subject to deductible	50% not subject to deductible
Preferred Brand Name	\$25 copay after deductible	50% after deductible	\$25 copay after deductible	50% after deductible	\$25 copay after deductible	50% after deductible
Non-Preferred Brand Name (Oral Contraceptives Included)	\$40 copay after deductible	50% after deductible	\$40 copay after deductible	50% after deductible	\$40 copay after deductible	50% after deductible
Self-Injectables	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Calendar Year Maximum per Individual*	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

\* Maximum applies to combined in and out of network benefits

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.

	POS Open Access 1500 Value		POS Open Access 2500 Value		POS Open Access HSA 5000***	
MEMBER BENEFITS*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Out-of-Pocket Maximum Individual/Family (includes deductible)	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum*	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Specialist Visit	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Hospital Admission	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency Room	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	\$150 copay after deductible (waived if admitted)	0% after deductible	0% after deductible
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	50% after deductible	\$0 not subject to deductible	0% after deductible
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Health (Annual Physical) (\$200 per calendar year*)	0% not subject to deductible	50% after deductible	0% not subject to deductible	50% after deductible	\$25 copay not subject to deductible	0% after deductible
Lab/X-Ray	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Skilled Nursing (in lieu of hospital) (30 days per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Physical/Occupational Therapy (24 visits per calendar year*)	30% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	30% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible (Aetna will pay a maximum of \$25 per visit)	0% after deductible (Aetna will pay a maximum of \$25 per visit)	0% after deductible (Aetna will pay a maximum of \$25 per visit)
Home Health Care (30 visits per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment (\$2,000 per calendar year*)	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
<b>PHARMACY</b>						
Pharmacy Deductible	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Generic (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Preferred Brand Name	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Non-Preferred Brand Name (Oral Contraceptives Included)	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Self-Injectables	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**
Calendar Year Maximum per Individual	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**	Not covered**

\* Consult with your tax advisor to determine eligibility requirements and tax advantages for participation in the HSA plan.

\*\* Discount card available

\*\*\* Consult with your tax advisor to determine eligibility requirements and tax advantages, for participate in the HSA plan.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services were received from a Network Provider.

For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.



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

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Access to negotiated discounts: members are eligible to receive noncovered services at the PPO negotiated rate when visiting a participating PPO dentist at any time.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate.

All products not available in all counties. Please refer to the state map located on page 2 of the Aetna Advantage Brochure.



# Things You Need to Know to Enroll

## It's easy to apply!

We make it easy for you to apply for one of our Aetna Advantage Plans for Individuals.

- **Complete and mail the enclosed Enrollment Form**, along with a check for your first month's premium payment, to: Aetna Advantage Plans, F230, P.O. Box 61516, King of Prussia, PA 19406-0916.

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

- Under age 64-3/4 (both you and your spouse)
- Under age 19 for dependent children
- Between ages 19 and 23 for unmarried dependent children with proof of full-time student status
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least 6 continuous months.

### Medical underwriting requirements

- The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals can be federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for a special guaranteed issue plan under Florida laws and regulations.
- All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.
- We offer various levels of coverage based on the known and predicted medical risk factors of each applicant.

### Dental Coverage Requirements

- Dental is optional coverage to medical plans.
- Dental must be selected at time of medical enrollment and requires a 12 month commitment.

### Levels of coverage and enrollment

- You may be enrolled in your selected plan at the standard premium charge.

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

### Duplicate coverage

- If you are currently covered by another carrier, you must agree to discontinue the other coverage prior to or on the effective date of the Aetna Advantage Plan.

### Pre-existing conditions

- During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have creditable prior coverage.
- A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within 6 months preceding the effective date of coverage.

### Terms of coverage

Your rates are guaranteed not to increase for 6 months from your effective date!\*

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

- Non-payment of premiums,
- Residency requirements,
- Obtaining duplicate coverage, or
- For other reasons permissible by law.

\* Final rates are subject to underwriting review. Members who age into a new age band will receive a scheduled increase.

# Aetna Advantage Plan programs to help you be well

Aetna Advantage Plans include special programs\* with a wealth of features to complement our standard health coverage. These programs include substantial savings on products and educational materials geared toward your special health needs. Here are a few of the ways we can help you be well.

## **Fitness Program.**

Enjoy reduced membership rates at participating health clubs, as well as discounts on home exercise equipment.

## **Eyecare Savings Program.**

The Vision One\*\* discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.

## **Alternative Health Care Program.**

Receive reduced rates on visits to acupuncturists, chiropractors, massage therapists and nutrition counselors, as well as discounts on vitamins and supplements.

**Want a quote now?  
Call your broker.**

## **Informed Health® Line.**

Get 24/7 answers to your health questions via this toll-free hotline staffed by a team of registered nurses: 1-800-556-1555.

## **Aetna Rx Home Delivery®.**

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

## **Aetna Resource Connection.**

Aetna's Resource Connection provides our individual and self-employed clients with access to resources and discounts that can help them build a healthier business. Whether it's purchasing office supplies, finding an effective payroll service or upgrading your IT systems, Aetna Resource Connection can help. Simply put, we're placing the power of a Fortune 100 company in the hands of each client we serve.

## **Aetna Navigator™**

It's easy and convenient for Aetna members to manage their health benefits. Anytime – day or night – wherever they have Internet access, members can log in to Aetna Navigator, Aetna's secure member website. Members who register on the site can check the status of their claims, contact Aetna Member Services, estimate the costs of health care services, and much more!

For more information on any of these programs, please visit us online at [www.aetna.com](http://www.aetna.com).

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

\*\* Vision One is a registered trademark of Cole Managed Vision.





# Florida Limitations and Exclusions

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

## Medical Limitations and Exclusions Aetna Managed Choice Open Access and POS Open Access

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

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

therapy unless authorized by the plan.

- Charges in connection with pregnancy care, other than for pregnancy complications
  - Treatment of sexual dysfunction not related to organic disease
  - Services to reverse a voluntary sterilization
  - In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, or cryogenic or other preservation techniques used in these or similar procedures
  - Practitioner, hospital or clinical services related to radial keratotomy, myopic 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 pre-existing condition are not covered for the first 12 months after the member's effective date. Lookback 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. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage you have as of the effective date. If you have a creditable coverage HIPPA certificate indicating 18 months of creditable coverage, no pre-existing condition limitation will apply.
- Creditable coverage is considered within 63 days immediately before the date of enrollment under this plan, the pre-existing condition exclusion, if any, will be waived.
- Weight control services including surgical procedures, medical treatments, weight

control/loss programs, dietary regimens and supplements, appetite suppressants and other medication: food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of co-morbid conditions.

## Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to plan documents.

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance.
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.
- All other limitations and exclusions in your plan documents.

## 10-day right to review

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

We'll review your application to determine if you meet underwriting requirements. If you are denied, you will be notified by mail. If approved, you will be sent an Aetna Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you are not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you have paid less the cost of any services paid on behalf of you or any covered dependent.





**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna company that offers, underwrites, or administers insurance coverage is Aetna Life Insurance Company.**

**If you need this material translated into another language, please call Member Services at 1-866-565-1236. Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.**

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes. Consult the plan documents (Summary of Coverage and booklet-certificate) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. With the exception of Aetna Rx Home Delivery® service, all participating physicians, hospitals and other health care providers are independent contractors and are neither employees nor agents of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. While this material is believed to be accurate as of the print date, it is subject to change.

Information supplied by Aetna IntelliHealth® is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Informed Health® Line nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed to your doctor. Alternative health care programs, Vision One® and the Fitness Program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Aetna HealthFund HSA withdrawals are to be used for qualified expenses. Withdrawals will be made at the Account Holder's discretion. Withdrawals that are not for qualified expenses are taxable and will be subject to penalty taxes in certain circumstances.

If your plan covers outpatient prescription drugs, you plan may include a Preferred Drug List (formulary). A preferred drug list is a list of prescription drugs generally covered under your prescription drug benefits or insurance plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the Preferred Drug List. The medications listed on the Preferred Drug List are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the Preferred Drug List, and information about other pharmacy programs such as precertification, please refer to Aetna's website at [www.aetna.com](http://www.aetna.com), or the Preferred Drug List. 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.

These rebates do not reduce the amount you pay for an individual prescription drug. However, they help control the overall costs of prescription drug coverage. Your pharmacy benefit provides coverage for many drugs that are not on this list. Also, in some cases, if you need to pay a percentage of the cost of the drug or an amount to meet a deductible, your costs may be higher for a "preferred drug" than they would be for a "nonpreferred drug". You can find out more about the terms and limitations on your plan by reading your plan documents. You can also contact Member Services.