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

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

We want you to know[®]



AA.02.311.1-OK (10/09)

Aetna Advantage plan choices

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

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

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

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

About HSAs

Many of our high-deductible plans are Health Savings Account (HSA) Compatible, offering you lower premiums and tax advantaged savings. An HSA is a personal account that lets you pay for qualified medical expenses with tax advantaged funds. You or an eligible family member make contributions to your HSA tax-free, and those dollars earn interest tax-free. Then, when you make withdrawals from your account to pay for qualified health care expenses, they're tax-free, too.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

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

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

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

Why choose an Aetna HealthFund HSA?

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

Is your doctor in the Aetna network?

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

Get more from your Aetna plan

Cover just your children

Aetna Advantage Plans are also available for children only, which means you can enroll your child even if no other family member enrolls. Coverage includes immunizations, well-child visits, emergency room and dental preventive services (if a dental plan is selected).

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

Add Dental PPO Max

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

Plan Details

First Dollar Managed Choice Open Access plan options

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

Featuring:

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

Managed Choice Open Access plan options

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

Featuring:

 Health insurance coverage with lower monthly premiums and varying deductible levels

Managed Choice Open Access High Deductible plan options

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

Featuring:

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



Managed Choice Open Access Value plan options

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

Featuring:

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



Preventive and Hospital Care plan options

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

Featuring:

 Health insurance coverage with lower monthly premiums and varying deductible levels



Managed Choice Open Access 7500 with Unlimited Primary Care Visits plus Dental

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

Featuring:

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

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

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist*
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs*
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

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



AETNA'S OKLAHOMA RATINGS AREAS*

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

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

Area 1 Counties

Atoka	Latimer	Pawnee
Bryan	Lincoln	Payne
Cherokee	Mayes	Pittsburg
Choctaw	Muskogee	Pushmataha
Coal	Noble	Rogers
Craig	Nowata	Tulsa
Craig	Nowata	Tulsa
Creek	Okmulgee	Wagoner
Delaware Hughes	Osage Ottawa	Washington

Area 2 Counties

Alfalfa Beaver Beckham Blaine Caddo Canadian Carter Cimmarron Cleveland Comanche Cotton Custer Dewey Ellis Cafield	Garvin Grady Grant Harper Jackson Jefferson Johnston Kay Kingfisher Kiowa Logan Love Major	Marshall Mcclain Murray Okfuskee Oklahoma Pontotoc Pottawatomie Roger Mills Seminole Stephens Texas Tillman Washita Woods
Garfield	Major	Woodward

Area 3 Counties

Adair	Leflore	McIntosh
Haskell	Mccurtain	Sequoyah

First Dollar Managed Choice Open Access 30

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0	\$500
Family	\$0	\$1,000
Coinsurance	30% up to	50% up to
(Member's responsibility)	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$7,500	\$12,000
Family	\$15,000	\$24,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	Indudes	de du etible
	Includes o	deductible
Lifetime Maximum* per insured	\$5,00	0,000
Non-Specialist Office Visit	\$30 copay	30%
Unlimited visits		after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$40 copay	30%
Unlimited visits		after deductible
Hospital Admission	30%	50%
		after deductible
Outpatient Surgery	30%	50%
		after deductible
Urgent Care Facility	\$50 copay	30%
, , ,	1	after deductible
Emergency Room		vaived if admitted)
	1	nsurance
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar		after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered	
	Except for pregn	ancy complications
Preventive Health —	\$30 copay	30%
Routine Physical		after deductible
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays
No waiting period		
Lab/X-Ray	30%	50%
		after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*		after deductible
Physical/Occupational Therapy and	30%	50%
Chiropractic Care		after deductible
24 visits per calendar year*	Aetna will pay a m	nax. of \$25 per visit*
Home Health Care —	30%	50%
in lieu of hospital	5070	after deductible
30 visits per calendar year*		
Durable Medical Equipment	30%	50%
	50%	after deductible
Aetna will pay up to \$2000 per calendar year*		
· · · · · · · · · · · · · · · · · · ·	1	
PHARMACY		
Pharmacy Deductible	\$500	\$500
per individual	Does not ap	pply to generic
Generic	\$15 copay	\$15 copay plus 30%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand	\$40 copay	\$40 copay plus 30%
Oral Contraceptives Included	after deductible	after deductible
Non-Preferred Brand	\$60 copay	\$60 copay plus 30%
Oral Contraceptives Included	after deductible	after deductible
Calendar Year Maximum	Unlimited	Unlimited
per individual*	Grannieu	ormitticu
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Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum. **

First Dollar Managed Choice Open Access 40

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0 \$0	\$500 \$1,000
Family Coinsurance	40% up to	50% up to
(Member's responsibility)	out-of-pocket max.	
(member s responsibling)	· · · · · · · · · · · · · · · · · · ·	cket max. is satisfied
Coinsurance Maximum		
Individual	\$12,500	\$12,000
Family	\$25,000	\$24,000
Out-of-Pocket Maximum		
Individual Family	\$12,500 \$25,000	\$12,500 \$25,000
Tariny	· · · ·	deductible
Lifetime Maximum* per insured		00,000
Non-Specialist Office Visit	\$40 copay	30%
Unlimited visits		after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist	450	200/
Specialist Visit Unlimited visits	\$50 copay	30% after deductible
Hospital Admission	40%	50%
		after deductible
Outpatient Surgery	40%	50%
		after deductible
Urgent Care Facility	\$50 copay	30%
		after deductible
Emergency Room	\$100 copay** (v	waived if admitted)
		binsurance
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar		after deductible
year max. Annual Pap/Mammogram		
Maternity	Not covered Except for pregnancy complication.	
Preventive Health —	\$40 copay	30%
Routine Physical	\$ 10 copuj	after deductible
Aetna will pay up to \$200 per exam*	Includes lab work and X-rays	
No waiting period		-
Lab/X-Ray	40%	50% after deductible
Skilled Nursing — in lieu of hospital	40%	50%
30 days per calendar year*	4070	after deductible
Physical/Occupational Therapy	40%	50%
and Chiropractic Care		after deductible
24 visits per calendar year*	Aetna will pay a max. of \$25 per visit*	
Home Health Care —	40%	50%
in lieu of hospital		after deductible
30 visits per calendar year*		
Durable Medical Equipment	40%	50%
Aetna will pay up to \$2000 per calendar year*		after deductible
PHARMACY	Net Arealleshie	Net Asselled
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic	\$20 copay	\$20 copay plus 30%
Oral Contraceptives Included	+20 cobay	\$20 copuy plus 50 /0
Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount Applies	
		Not covered
Non-Preferred Brand	Not covered	
-	Not covered Aetna Discount Applies	
Non-Preferred Brand		Unlimited

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

Managed Choice Open Access 1500

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual Family	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance (Member's responsibility)	20% after deductible up to	50% after deductible up to
	out-of-pocket max. \$0 once out-of-poc	out-of-pocket max. ket max. is satisfied
Coinsurance Maximum Individual Family	\$1,500 \$3,000	\$7,000 \$14,000
Out-of-Pocket Maximum		
Individual Family	\$3,000 \$6,000	\$10,000 \$20,000
Lifetime Maximum* per insured		deductible 10,000
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay deductible waived	30% after deductible
Specialist Visit	\$35 copay	30%
Unlimited visits Hospital Admission	deductible waived 20% after deductible	after deductible 50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	30% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible
Maternity	Not covered Except for pregnancy complications	
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam*	\$25 copay deductible waived	30% after deductible
No waiting period		ork and X-rays
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	20% after deductible	50% after deductible
24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*	Aetna will pay a m 20% after deductible	nax. of \$25 per visit* 50% after deductible
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	20% after deductible	50% after deductible
PHARMACY	1050	toro
Pharmacy Deductible per individual	\$250	\$250
Generic Oral Contraceptives Included	Does not ap \$15 copay deductible waived	pply to generic \$15 copay plus 30% deductible waived
	\$35 copay	\$35 copay plus 30%
Preferred Brand Oral Contraceptives Included		after deductible
Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	after deductible \$50 copay after deductible	after deductible \$50 copay plus 30% after deductible

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum. *

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Managed Choice Open Access 2500

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
,		
Coinsurance (Member's responsibility)	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
Coincurso Menimum	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum	¢2.500	tr 000
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
		deductible
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit	\$30 copay	30%
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	\$40 copay	30%
Unlimited visits	deductible waived	after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
e aspacient surgery	after deductible	after deductible
Urgent Care Facility		30%
Orgent Care Facility	\$50 copay deductible waived	after deductible
	deductible waived	arter deductible
Emergency Room		vaived if admitted) e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		covered
		ancy complications
Preventive Health —	\$30 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab work and X-rays	
	mendades ides in	on ana na ju
	200/	F00/
	20%	50%
Lab/X-Ray	after deductible	after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital	after deductible 20%	after deductible 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year*	after deductible 20% after deductible	after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy	after deductible 20% after deductible 20%	after deductible 50% after deductible 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	after deductible 20% after deductible 20% after deductible <i>Aetna will pay a m</i>	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible 20% after deductible 20% Aetna will pay a m 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*	after deductible 20% after deductible 20% Aetna will pay a m 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible	after deductible 50% after deductible 50% after deductible hax. of \$25 per visit 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per	after deductible 20% after deductible 20% after deductible Aetna will pay a n 20% after deductible 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	after deductible 20% after deductible 20% after deductible Aetna will pay a n 20% after deductible 20%	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50%
No waiting period Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	after deductible 50% after deductible 50% after deductible tax. of \$25 per visit 50% after deductible 50% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible \$500	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50% after deductible \$500
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible \$500 Does not ap	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50% after deductible \$500 ply to generic
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Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived	after deductible 50% after deductible 50% after deductible nax. of \$25 per visit 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay	after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived \$35 copay plus 30%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible	after deductible 50% after deductible 50% after deductible atter deductible 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived \$35 copay plus 30% after deductible
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Vala Contraceptives Included Non-Preferred Brand	after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible \$50 copay	after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible \$500 \$15 copay plus 30% deductible waived \$35 copay plus 30%
Lab/X-Ray Skilled Nursing — in lieu of hospital 30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Oral Contraceptives Included	after deductible 20% after deductible 20% after deductible Aetna will pay a m 20% after deductible 20% after deductible \$500 Does not ap \$15 copay deductible waived \$35 copay after deductible	after deductible 50% after deductible 50% after deductible atter deductible 50% after deductible 50% after deductible \$500 ply to generic \$15 copay plus 30% deductible waived \$35 copay plus 30% after deductible

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

Managed Choice Open Access 5000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance (Member's responsibility)	20% after deductible up to	50% after deductible up to
(member s responsibility)	out-of-pocket max.	out-of-pocket max.
	· · · · · · · · · · · · · · · · · · ·	cket max. is satisfied
Coinsurance Maximum	+	
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
		deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit	\$40 copay	30%
Unlimited visits	deductible waived	after deductible
General Physician, Family Practitioner, Pediatrician or Internist		
Specialist Visit	\$50 copay	30%
Unlimited visits	deductible waived	after deductible
Hospital Admission	20%	50%
-	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
	deductible waived	after deductible
Emergency Room	\$100 copay** (w	vaived if admitted)
	20% coinsurance after deductib	
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max.		
Annual Pap/Mammogram	Net	
Maternity	Not covered Except for pregnancy complications	
Preventive Health —	\$40 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	20%	50% after deductible
and Chiropractic Care 24 visits per calendar year*	after deductible	arter deductible
24 visits per calendar year	Aetna will pay a m	nax. of \$25 per visit*
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	20%	50%
Aetna will pay up to \$2000 per calendar year*	after deductible	after deductible
PHARMACY	1	
Pharmacy Deductible	\$500	\$500
per individual		\$500
·	Does not ap	pply to generic
Generic	\$15 copay	\$15 copay plus 30%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand	\$35 copay	\$35 copay plus 30%
Oral Contraceptives Included	after deductible	after deductible
Non-Preferred Brand	\$50 copay after deductible	\$50 copay plus 30% after deductible
Oral Contraceptives Included Calendar Year Maximum		
calendar Year Maximum per individual*	Unlimited	Unlimited
per mannada		

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Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum. **

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Managed Choice Open Access High Deductible 3000 (HSA Compatible)

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MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	0% after	30% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$0	\$6,500
Family	\$0	\$13,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$12,500
Family	\$6,000	\$25,000
	Includes	deductible
Lifetime Maximum* per insured	\$5,00	00,000
Non-Specialist Office Visit	0%	30%
Unlimited visits	after deductible	after deductible
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	0%	30%
Unlimited visits	after deductible	after deductible
Hospital Admission	0%	30%
	after deductible	after deductible
Outpatient Surgery	0% after deductible	30% after deductible
Urgent Care Encility	0%	30%
Urgent Care Facility	after deductible	after deductible
Emergency Room		er deductible
Emergency Room		
Annual Routine Gyn Exam No waiting period, no calendar	\$0 copay deductible waived	30% after deductible
year max. Annual Pap/Mammogram	deductible walved	
Maternity	Not covered Except for pregnancy complications	
Materinty		
Preventive Health —	\$20 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
No waiting period	Includes lab W	ork and X-rays
Lab/X-Ray	0%	30%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital	0%	30%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy and Chiropractic Care	0% after deductible	30% after deductible
24 visits per calendar year*		
	Aetna will pay a n	nax. of \$25 per visit*
Home Health Care —	0%	30%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	0%	30%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible per individual	Integrated Medi	cal/Rx Deductible
	0% after Medical/	30% after Medical
·		Rx deductible
Generic Oral Contraceptives Included	Rx deductible	
Generic Oral Contraceptives Included		30% after Medical
Generic	Rx deductible 0% after Medical/ Rx deductible	30% after Medical/ Rx deductible
Generic Oral Contraceptives Included Preferred Brand	0% after Medical/	Rx deductible
Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	
Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	0% after Medical/ Rx deductible 0% after Medical/	Rx deductible 30% after Medical

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

Managed Choice Open Access High Deductible 5000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network*	
Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$20,000	
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	30% after deductible up to out-of-pocket max. ket max. is satisfied	
Coinsurance Maximum			
Individual Family	\$0 \$0	\$2,500 \$5,000	
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$12,500 \$25,000	
	Includes o	leductible	
Lifetime Maximum* per insured	\$5,00	0,000	
Non-Specialist Office Visit Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	30% after deductible	
Specialist Visit Unlimited visits	0% after deductible	30% after deductible	
Hospital Admission	0% after deductible	30% after deductible	
Outpatient Surgery	0% after deductible	30% after deductible	
Urgent Care Facility	0% after deductible	30% after deductible	
Emergency Room	\$0 copay after deductible		
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	30% after deductible	
Maternity	Not covered Except for pregnancy complications		
Preventive Health — Routine Physical	\$25 copay deductible waived	30% after deductible	
Aetna will pay up to \$200 per exam* No waiting period	Includes lab w	ork and X-rays	
Lab/X-Ray	0% after deductible	30% after deductible	
Skilled Nursing — in lieu of hospital 30 days per calendar year*	0% after deductible	30% after deductible	
Physical/Occupational Therapy and Chiropractic Care	0% after deductible	30% after deductible	
24 visits per calendar year*	Aetna will pay a max. of \$25 per visit*		
Home Health Care — in lieu of hospital 30 visits per calendar year*	0% after deductible	30% after deductible	
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	0% after deductible	30% after deductible	
PHARMACY			
Pharmacy Deductible per individual		cal/Rx Deductible	
Generic Oral Contraceptives Included	0% after Medical/ Rx deductible	30% after Medical/ Rx deductible	
Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	30% after Medical/ Rx deductible	
Non-Preferred Brand Oral Contraceptives Included	0% after Medical/ Rx deductible	30% after Medical/ Rx deductible	
Calendar Year Maximum per individual*	Unlimited	Unlimited	

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum. **



Managed Choice Open Access Value 2500

Specialist and Non Specialist share visit max.after, 3+ visits 50% coinsurance after deductible. Specialist visit max.Specialist Visit Unlimited visitsVisit 1-2 530 copay, deductible vaived. Visit 3+ 30% after deductible. Specialist and Non Specialist and Primary share visits after deductibleUnput the distribution30% after deductible30% after deductibleUrgent Care Facility\$50 copay deductible waived30% after deductibleAnnual Routine Gyn Exam No waiting period\$00 copay after deductible30% after deductible	1/	value 2000		
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Family \$5,000 \$10,000 Coinsurance (Member's responsibility) 30% after deductible up to out-of-pocket max. 50% after deductible up to out-of-pocket max. Coinsurance Maximum Individual \$2,500 \$10,000 Family \$2,500 \$10,000 Out-of-Pocket Maximum Individual \$2,500 \$10,000 Family \$5,000 \$10,000 Non-Specialist Office Visit Unlimited visits Visit 1-2 \$30 copay, deductible wave Visit 1-2 \$30, consurance. There- are visits. Specialist Visit Visit 1-2 \$30 copay, deductible visits Visit 1-2 \$30 copay, deductible Specialist and Non share visits. Specialist Visit Visit 1-2 \$30 copay, deductible visits Visit 1-2 \$30 copay, deductible Specialist and Non share visits. Specialist Visit Visit 1-2 \$30 copay, deductible vaived Visit 1-2 \$30 copay, deductible vaived. Visit 1-2 \$30 copay, vaived, plus 30% coinsurance after deductible vaived. Outpatient Surgery 30% after deductible 30% after deductible 30% after deductible Outpatient Surgery 30% after deductible 30% after deductible 30% after deductible Outpatient Surgery 30% after deductible 30% after deductible 30% after deductible		\$2.500	\$5,000	
(Member's responsibility) deductible up to out-of-pocket max. is satisfied So once out-of-pocket max. So once out-of-pocket max. Individual \$2,500 \$5,000 Family \$2,000 \$10,000 So once out-of-pocket max. Satisfied Family \$2,000 \$10,000 Family \$2,000 \$10,000 Family \$1,000,000 \$20,000 Individual \$1,000,000 \$20,000 Non-Specialist Office Visit Visit 1-2 \$30,000 corps, deductible Unlimited visits Specialist and Non after 34-wists 50% corps, deductible Specialist Visit Visit 1-2 \$30,000 share wisits corps, deductible corps, deductible Specialist Visit Visit 1-2 \$30,000 share wisits corps, deductible corps, deductible Specialist Admission 30% after deductible after deductible after deductible Outpatient Surgery 30% after deductible after deductible after deductible Outpatient Surgery 30% after deductible after deductible after deductible Outpatient Surgery				
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Applies Calendar Year Maximum \$5,000 \$5,000			NOT COVERED	
Calendar Year Maximum \$5,000 \$5,000				
per individual*			\$5,000	
	per individual*			

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

Managed Choice Open Access Value 5000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual	\$5,000	\$10,000
Family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance	30% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family Out-of-Pocket Maximum	\$10,000	\$5,000
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes of	deductible
Lifetime Maximum* per insured		0,000
Non-Specialist Office Visit	Visits 1-2 \$30	Visits 1-2 \$30 copay
Unlimited visits	copay, ded. waived;	deductible waived,
General Physician, Family Practitioner, Pediatrician or Internist	Visit 3+ 30% after deductible. Spec.	plus 30% coinsur- ance. Thereafter, 3+
	and non-spec share	visits 50% coinsur-
	visit max	ance after deduct-
		ible. Specialist and
		Primary share visits.
Specialist Visit Unlimited visits	Visits 1-2 \$30	Visits 1-2 \$30 copay,
Uninfilled VISILS	copay, ded. waived; Visit 3+ 30% after	deductible waived, plus 30% coinsur-
	deductible. Spec.	ance. Thereafter, 3+
	and non- spec share	visits 50% coinsur-
	visit max	ance after deduct-
		ible. Specialist and
	200/	Primary share visits.
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
	deductible waived	after deductible
Emergency Room		vaived if admitted) e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity		covered ancy complications
Preventive Health —	\$50 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		ork and X-rays
No waiting period		
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	30%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*		nax. of \$25 per visit*
Home Health Care —	30%	50%
in lieu of hospital 30 visits per calendar year*	after deductible	after deductible
Durable Medical Equipment	30%	50%
Aetna will pay up to \$2000 per	after deductible	after deductible
calendar year*		
PHARMACY		
Pharmacy Deductible	\$500	\$500
per individual		ply to generic
Generic	\$20 copay	\$20 copay plus 30%
Oral Contraceptives Included	deductible waived	deductible waived
Preferred Brand Oral Contraceptives Included	\$40 copay after deductible	\$40 copay plus 30% after deductible
Non-Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount Applies	. Steeveled
	\$5,000	\$5,000
Calendar Year Maximum	\$J,000	\$5,000

Maximum applies to combined in and out-of-network benefits. Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

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Managed Choice Open Access Value 10000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible	\$10,000	\$10.000
Individual Family	\$10,000 \$20,000	\$20,000
Coinsurance	30% after	50% after
(Member's responsibility)	deductible up to	deductible up to
(·····································	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	ket max. is satisfied
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum Individual	\$12,500	\$12,500
Family	\$25,000	\$25,000
		deductible
Lifetime Maximum* per insured	\$1,00	0,000
Non-Specialist Office Visit	Visits 1-2 \$30 copay,	Visits 1-2 \$30 copa
Unlimited visits	ded. waived; Visit	deductible waived,
General Physician, Family Practitioner,	3+ 30% after	plus 30% coinsur-
Pediatrician or Internist	deductible. Spec.	ance. Thereafter, 3-
	and non- spec share visit max	visits 50% coinsur- ance after deduct-
	visit IIIdX	ible. Specialist and
		Primary share visits
Specialist Visit	Visits 1-2 \$30 copay,	Visits 1-2 \$30
Unlimited visits	ded. waived; Visit	copay, deductible
	3+ 30% after	waived, plus 30%
	deductible. Spec.	coinsurance.
	and non-spec share	Thereafter, 3+ visits
	visit max	50% coinsurance
		after deductible.
		Specialist and Primary share visits.
Hospital Admission	30%	50%
	after deductible	after deductible
Outpatient Surgery	30%	50%
o a passin o a goly	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
5 ,	deductible waived	after deductible
Emergency Room		vaived if admitted)
Annual Deutine Com France		e after deductible 30%
Annual Routine Gyn Exam No waiting period, no calendar	\$0 copay deductible waived	after deductible
year max. Annual Pap/Mammogram		arter deductible
Maternity	Not o	overed
		ancy complications
Preventive Health —	\$50 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includes lab w	ork and X-rays
No waiting period	30%	F00/
Lab/X-Ray	after deductible	50% after deductible
Skilled Nursing — in lieu of hospital	30%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	30%	50%
and Chiropractic Care	after deductible	after deductible
24 visits per calendar year*	Aetna will pay a m	nax. of \$25 per visit
Home Health Care —	30%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment	30%	50%
Aetna will pay up to \$2000 per calendar year*	after deductible	after deductible
calendar year^ PHARMACY	1	
	\$500	\$500
		ply to generic
	\$20 copay	\$20 copay plus 30%
per individual		deductible waived
per individual Generic		accounter valveu
per individual Generic Oral Contraceptives Included	deductible waived	\$40 conav nlus 200
per individual Generic Oral Contraceptives Included Preferred Brand	deductible waived \$40 copay	
per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	deductible waived	\$40 copay plus 30% after deductible Not covered
per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	deductible waived \$40 copay after deductible	after deductible
per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	deductible waived \$40 copay after deductible Not covered	
Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included Calendar Year Maximum	deductible waived \$40 copay after deductible Not covered Aetna Discount	after deductible

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

14

Preventive and Hospital Care 1250

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

- Maximum applies to combined in and out-of-network benefits. *
- ** Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- 16

Preventive and Hospital Care 3000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
		cket max. is satisfied
Coinsurance Maximum	••••••	
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum	\$ 1,000	40,000
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
lanniy		deductible
Lifotimo Maximumt por insurod		00,000
Lifetime Maximum* per insured		
Non-Specialist Office Visit	Not covered	Not covered
Unlimited visits		
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	Not covered	Not covered
Unlimited visits		
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room		vaived if admitted)
		e after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not	overed
Waternity		ancy complications
Preventive Health —		30%
	\$35 copay deductible waived	after deductible
Routine Physical Aetna will pay up to \$200 per exam*	deductible waived	
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray**	Not covered	Not covered
•		
Skilled Nursing — in lieu of hospital	20%	50%
30 days per calendar year*	after deductible	after deductible
Physical/Occupational Therapy	Not covered	Not covered
and Chiropractic Care		
24 visits per calendar year*		
Home Health Care —	20%	50%
in lieu of hospital	after deductible	after deductible
30 visits per calendar year*		
Durable Medical Equipment***	Not covered	Not covered
Aetna will pay up to \$2000 per		
calendar year*		
PHARMACY		
Pharmacy Deductible	Not Applicable	Not Applicable
per individual		er ppressie
Generic	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	or covered
e.a. contraceptives included	Applies	
Droforrod Brond		Not coupred
Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	
	Applies	
Non-Preferred Brand	Not covered	Not covered
Oral Contraceptives Included	Aetna Discount	
	Applies	
Calendar Year Maximum	Not Applicable	Not Applicable
per individual*	1	
per individual		

Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services + or supplies were received from a Preferred Provider. Except for coverage for services related to diagnosis, treatment and management

- ++ of Osteoporosis.
- +++ Coverage for Diabetic Equipment, supplies, and self management training 20% after deductible in-network and 50% after deductible out-of-network.

Preventive and Hospital Care 5000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of pocket max.	out-of pocket max.
	\$0 once out-of-pocket max. is satisfie	
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	Includes of	leductible
Lifetime Maximum* per insured	\$1,00	0,000
Non-Specialist Office Visit	Not covered	Not covered
Unlimited visits		
General Physician, Family Practitioner,		
Pediatrician or Internist		
Specialist Visit	Not covered	Not covered
Unlimited visits		
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
e aquaticité surgery	after deductible	after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room		aived if admitted) after deductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram		
Maternity	Not a	overed
		ncy complications)
Preventive Health —	\$40 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*		
No waiting period	Includes lab w	ork and X-rays
Lab/X-Ray**	Not covered	Not covered
Skilled Nursing — in lieu of hospital	20%	
	20 /0	50%
30 days per calendar year*	after deductible	50% after deductible
30 days per calendar year* Physical/Occupational Therapy	/-	/-
Physical/Occupational Therapy	after deductible	after deductible
Physical/Occupational Therapy and Chiropractic Care	after deductible	after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	after deductible	after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	after deductible Not covered 20%	after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible Not covered	after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*	after deductible Not covered 20% after deductible	after deductible Not covered 50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment***	after deductible Not covered 20%	after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per	after deductible Not covered 20% after deductible	after deductible Not covered 50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year*	after deductible Not covered 20% after deductible	after deductible Not covered 50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY	after deductible Not covered 20% after deductible Not covered	after deductible Not covered 50% after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	after deductible Not covered 20% after deductible	after deductible Not covered 50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible Not covered 20% after deductible Not covered Not Applicable	after deductible Not covered 50% after deductible Not covered Not Applicable
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered	after deductible Not covered 50% after deductible Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered Aetna Discount	after deductible Not covered 50% after deductible Not covered Not Applicable
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered Aetna Discount Applies	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand	after deductible Not covered 20% after deductible Not covered Not covered Not Applicable Not covered Aetna Discount Applies Not covered	after deductible Not covered 50% after deductible Not covered Not Applicable
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not covered Aetha Discount Applies Not covered Aetha Discount	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not covered Aetna Discount Applies Not covered Aetna Discount Applies	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	after deductible Not covered 20% after deductible Not covered Not Applicable Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Not covered Not covered Not covered Not covered	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not Applicable Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Non-Preferred Brand Oral Contraceptives Included	after deductible Not covered 20% after deductible Not covered Not covered Not covered Not covered Aetna Discount Applies Not covered Aetna Discount Applies	after deductible Not covered 50% after deductible Not covered Not covered Not covered Not covered Not covered
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment*** Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic Oral Contraceptives Included Preferred Brand Oral Contraceptives Included Non-Preferred Brand	after deductible Not covered 20% after deductible Not covered Not covered Not Applicable Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount Applies Not covered Aetna Discount	after deductible Not covered 50% after deductible Not covered Not Applicable Not covered Not covered

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

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

Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee
Schedule. Payment for other out-of-network facility care is determined based upon the negotiated
charge that would apply if such services or supplies were received from a Preferred Provider.
 Except for coverage for services related to diagnosis, treatment and management of Osteoporosis.

+++ Except to overage to services related to unagitoss, treatment and intangement to overage/or Subedpotosi +++ Coverage for Diabetic Equipment, supplies, and self management training 20% after deductible in-network and 50% after deductible out-of-network.

Aetna Advantage Plan options Individual Dental PPO Max plan

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

Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such whitening, at the PPO negotiated rate when visiting a participating PPO dentist.

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area. Above list of covered services is representative. A summary of exclusions is listed later in this brochure. For a full list of benefit coverage and exclusions refer to the plan documents. All products not available in all counties.

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

18



Managed Choice Open Access 7500 with Unlimited Primary Care Visits plus Dental

- / 101(2005		
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$7,500	\$10,000
Family	\$15,000	\$20,000
Coinsurance	20% after	50% after
(Member's responsibility)	deductible up to	deductible up to
	out-of-pocket max.	out-of-pocket max.
	\$0 once out-of-poo	cket max. is satisfied
Coinsurance Maximum		
Individual	\$5,000	\$2,500
Family	\$10,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$12,500	\$12,500
Family	\$25,000	\$25,000
	Includes	deductible
Lifetime Maximum* per insured		00,000
	¢20	200/
Non-Specialist Office Visit Unlimited visits	\$30 copay deductible waived	30% after deductible
General Physician, Family Practitioner,	deductible waived	arter deductible
Pediatrician or Internist		
Specialist Visit	20%	30%
Unlimited visits	20% after deductible	after deductible
Hospital Admission	20%	50%
	after deductible	after deductible
Outpatient Surgery	20%	50%
	after deductible	after deductible
Urgent Care Facility	\$50 copay	30%
	deductible waived	after deductible
Emergency Room		vaived if admitted) eductible
Annual Routine Gyn Exam	\$0 copay	30%
No waiting period, no calendar	deductible waived	after deductible
year max. Annual Pap/Mammogram	deddedble Haired	
Maternity	Not	covered
Materinty		ancy complications
Preventive Health —	\$30 copay	30%
Routine Physical	deductible waived	after deductible
Aetna will pay up to \$200 per exam*	Includos lab v	ork and X-rays
No waiting period		ork and X-rays
Lab/X-Ray	20%	50%
	after deductible	after deductible
Skilled Nursing — in lieu of hospital		
	20%	50%
30 days per calendar year*	after deductible	after deductible
30 days per calendar year* Physical/Occupational Therapy	after deductible 20%	after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible	after deductible 50% after deductible
30 days per calendar year* Physical/Occupational Therapy	after deductible 20% after deductible	after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care	after deductible 20% after deductible	after deductible 50% after deductible
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible 20% after deductible <i>Aetna will pay a n</i>	after deductible 50% after deductible hax. of \$25 per visit*
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care —	after deductible 20% after deductible Aetna will pay a n 20%	after deductible 50% after deductible nax. of \$25 per visit* 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital	after deductible 20% after deductible Aetna will pay a n 20%	after deductible 50% after deductible nax. of \$25 per visit* 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year*	after deductible 20% after deductible Aetna will pay a n 20% after deductible	after deductible 50% after deductible nax. of \$25 per visit* 50% after deductible
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment	after deductible 20% after deductible Aetna will pay a m 20% after deductible 20%	after deductible 50% after deductible nax. of \$25 per visit* 50% after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per	after deductible 20% after deductible Aetna will pay a m 20% after deductible 20%	after deductible 50% after deductible nax. of \$25 per visit* 50% after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY	after deductible 20% after deductible Aetna will pay a n 20% after deductible 20% after deductible	after deductible 50% after deductible nax. of \$25 per visit* 50% after deductible 50% after deductible
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible	after deductible 20% after deductible Aetna will pay a m 20% after deductible 20%	after deductible 50% after deductible nax. of \$25 per visit* 50% after deductible 50%
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual	after deductible 20% after deductible <i>Aetna will pay a n</i> 20% after deductible 20% after deductible	after deductible 50% after deductible bax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable
30 days per calendar year* Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year* Home Health Care — in lieu of hospital 30 visits per calendar year* Durable Medical Equipment Aetna will pay up to \$2000 per calendar year* PHARMACY Pharmacy Deductible per individual Generic	after deductible 20% after deductible Aetna will pay a m 20% after deductible 20% after deductible Not Applicable \$15 copay	after deductible 50% after deductible ax. of \$25 per visit* 50% after deductible 50% after deductible Not Applicable \$15 copay plus 30%
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 Maximum applies to combined in and out-of-network benefits.
 Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

 Payment for out-of-network facility covered expenses is determined based on Aetnas 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.

Aetna special programs

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

Aetna Vision[™] Discount Program

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

Aetna Natural Products and ServicesSM Discount Program

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



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

Aetna FitnessSM Discount Program

Eligible Aetna members and their families can access the GlobalFit[™] national network of nearly 10,000 fitness clubs, in the United States and Canada, at preferred rates*. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching** services.

Aetna Weight Management^{s™} Discount Program

The Weight ManagementSM discount program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig[®] weight loss programs and products.

Aetna Hearing[™] Discount Program

Aetna's Hearing[™] discount program help Aetna members and their families save on hearing exams, hearing services and hearing aids.

Aetna Rx Home Delivery®

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

Informed Health® Line

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

Aetna Navigator®

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

- * At some clubs, participation in this program may be restricted to new club members.
- ** Provided by WellCall, Inc. through GlobalFit.
- *** The Aetna Personal Health Record should not be used as the sole source of information about your health conditions or medical treatment.

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

WANT TO SAVE ON DENTAL EXPENSES?

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

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

Discount programs provide access to discounted prices and are NOT insured benefits.

Things you need to know

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

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4.)
- Unmarried dependent children up to age 23
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least six continuous months

Your premium payments

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

Your coverage

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

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

EASY-PAY

Simple Automatic Payments via Electronic Funds Transfer (EFT)

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

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

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

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

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

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

Levels of coverage & enrollment

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

Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may qualify as federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for a special guaranteed issue plan through the Oklahoma State High Risk Pool, under Oklahoma laws and regulations.

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

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

10-day right to review

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

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

Duplicate coverage

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

Limitations & exclusions

Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. You should refer to your plan documents to determine which health care services are covered and to what extent.

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s). Services and supplies that are generally not covered include, but are not limited to:

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Ambulance coverage is limited to \$1,000 per trip
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- Charges in connection with pregnancy care other than for pregnancy complications
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling

PRE-EXISTING CONDITIONS

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

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

- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Chemical dependency and substance abuse not covered
- Mental health services for Managed Choice Open Access plans not covered

Dental

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

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

Call your broker.

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

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

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health/Dental insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Information is believed to be accurate as of production date, however, it is subject to change.

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



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