

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

underwritten by Aetna Life Insurance Company

Texas

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



We want you to know[®]



Choose the Aetna Advantage plan that best fits your needs

We offer a variety of Aetna Advantage health coverage plans in Texas. Your Aetna Advantage plan choices are:

PPO Plans

With the Texas PPO health insurance plans, 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.

Preventative and Hospital Care Plans

The Preventative and Hospital Care Plans are ideal for individuals that are primarily looking for affordability when selecting a coverage option. This plan provides inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges in lieu of hospitalization. In addition, these plans provide coverage for preventive care including annual GYN exam, well child care and physical exam every 24 months. The deductible on the Preventative and Hospital Care Plan applies to most covered expenses. NOTE: This plan provides limited benefits only and does not constitute a comprehensive health insurance plan. As such, it may not cover all the expenses associated with your health care needs.

High-Deductible PPO Plans (HSA-Compatible)

With the Texas High-Deductible PPO health insurance plans, you'll pay lower premiums in exchange for higher annual deductibles — at least \$3,000 for individuals and \$6,000 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 make contributions 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.

Child Only Coverage

All of the Advantage plans in Texas are available for Child only. That is, you may choose to enroll your child even if no other family member enrolls.

Coverage includes immunizations, well child visits, emergency room and dental preventive services (if dental is selected).

Note that if one of the HSA plans is selected for Child only enrollment, an HSA account is not available for the child.

Participating Dental Network (PDN) Max Plan

With the Aetna Advantage Dental PDN 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 benefit from negotiated fees.

Things You Need to Know to Enroll

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)
- Under age 25 unmarried dependant children of the subscriber or enrolling spouse.
- 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 Texas 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.

Premium and Coverage Level

- **You may be enrolled in your selected plan at the standard premium charge.**
- ***You may be enrolled in your selected plan at a higher premium, based on medical information.***
- **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 premium rates are guaranteed not to increase for 6 months from your effective date. Final rates are subject to underwriting review.

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 any of the following circumstances:

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

**Have Questions?
Call your broker.**

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. If you don't have Internet access, just call your broker and ask for a directory of providers.

All You Need to Know About Easy-Pay

Simple Automatic Payments via Electronic Funds Transfer (EFT)

Simple registration

- Complete the payment section of the Aetna Advantage Plans application. Initial payment can be made with EFT. Your payment will be deducted upon approval of the application.

Terminating EFT

- 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 on EFT Accounts

- To process an EFT refund (placing money back in member's checking account), Aetna will require at least 5 days after the withdrawal was made to ensure valid payment.

Invoices for EFT Accounts

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

Rejected EFT 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 for EFT

- 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 account (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.

Aetna's Texas Service Area*

Below are the Texas counties where Aetna Advantage Plans are offered:

AREA 1

Aransas	Collingsworth	Hemphill	Nueces	Starr
Armstrong	Dallam	Hidalgo	Ochiltree	Swisher
Bee	Deaf Smith	Hutchinson	Oldham	Victoria
Briscoe	Donley	Jackson	Parmer	Wheeler
Calhoun	Duval	Jim Wells	Potter	Willacy
Cameron	Gray	Kleberg	Randall	
Carson	Hall	Lipscomb	Roberts	
Castro	Hansford	Live Oak	San Patricio	
Childress	Hartley	Moore	Sherman	

AREA 2

Anderson	Culberson	Howard	Motley	Stonewall
Andrews	Dawson	Hudspeth	Nacogdoches	Sutton
Angelina	Dickens	Irion	Nolan	Terrell
Archer	Eastland	Jack	Panola	Terry
Bailey	Falls	Jasper	Pecos	Throckmorton
Baylor	Fisher	(Brookeland)	Polk	Trinity
Borden	Floyd	Jeff Davis	Presidio	Upton
Bowie	Foard	Kent	Reagan	Val Verde
Brewster	Gaines	King	Reeves	Ward
Callahan	Garza	Knox	Runnels	Wilbarger
Cass	Glasscock	Lamb	Rusk	Winkler
Clay	Hale	Leon	Sabine	Yoakum
Cochran	Hardeman	Limestone	San Augustine	Young
Coke	Haskell	Loving	Schleicher	
Concho	Henderson	Lynn	Scurry	
Cottle	(other than	Martin	Shackelford	
Crane	Mabank)	Mcculloch	Shelby	
Crockett	Hockley	Menard	Stephens	
Crosby	Houston	Mitchell	Sterling	

AREA 3

Austin	Fannin	Hood	Mclennan	Smith
Brazoria	Fort Bend	Hopkins	Midland	Somervell
Camp	Franklin	Hunt	Montague	Tarrant
Chambers	Freestone	Jasper	Montgomery	Titus
Cherokee	Galveston	(other than	Morris	Tom Green
Collin	Grayson	Brookeland)	Navarro	Tyler
Colorado	Gregg	Jefferson	Newton	Upshur
Cooke	Grimes	Johnson	Orange	Van Zandt
Dallas	Hardin	Kaufman	Palo Pinto	Walker
Delta	Harris	Lamar	Parker	Waller
Denton	Harrison	Liberty	Rains	Wharton
Ector	Henderson	Lubbock	Red River	Wichita
Ellis	(Mabank)	Marion	Rockwall	Wise
Erath	Hill	Matagorda	San Jacinto	Wood

AREA 4

Atascosa	Coleman	Guadalupe	Lavaca	San Saba
Bandera	Comal	Hamilton	Lee	Taylor
Bastrop	Comanche	Hays	Llano	Travis
Bell	Coryell	Jim Hogg	Madison	Uvalde
Bexar	De Witt	Jones	Mason	Washington
Blanco	Dimmit	Karnes	Maverick	Webb
Bosque	Edwards	Kendall	Mcmullen	Williamson
Brazos	El Paso	Kenedy	Medina	Wilson
Brooks	Fayette	Kerr	Milam	Zapata
Brown	Frio	Kimble	Mills	Zavala
Burleson	Gillespie	Kinney	Real	
Burnet	Goliad	La Salle	Refugio	
Caldwell	Gonzales	Lampasas	Robertson	

*Networks may not be available in all zip codes ore counties and are subject to change.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	PPO 500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Member Coinsurance	20% after deductible	50% after deductible
Coinsurance Maximum		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Out-of-Pocket Maximum**		
Individual	\$2,000	\$2,500
Family	\$4,000	\$5,000
Lifetime Maximum*	\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$25 Copay not subject to deductible	30% after deductible
Specialist Visit**	\$25 Copay not subject to deductible	30% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	30% after deductible
Preventive Health (Annual Physical**) (\$200 per calendar year*)	\$25 Copay not subject to deductible	30% after deductible
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 (24 visits per calendar year*)	20% after deductible	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
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
PHARMACY BENEFITS		
Pharmacy Deductible per Individual (does not apply to generic)*	\$250 (does not apply to generic)	\$250 (does not apply to generic)
Generic (Oral Contraceptives Included)	\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

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

** Maternity and pregnancy related expenses are not covered, except for complications of pregnancy.

+ 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 or supplies were received from a Preferred Provider.

PPO 1000		PPO 1500	
In-Network	Out-of-Network*	In-Network	Out-of-Network*
\$1,000	\$2,000	\$1,500	\$3,000
\$2,000	\$4,000	\$3,000	\$6,000
20% after deductible	50% after deductible	20% after deductible	50% after deductible
\$1,500	\$1,500	\$1,500	\$1,500
\$3,000	\$3,000	\$3,000	\$3,000
\$2,500	\$3,500	\$3,000	\$4,500
\$5,000	\$7,000	\$6,000	\$9,000
\$5,000,000 per member lifetime		\$5,000,000 per member lifetime	
\$20 Copay not subject to deductible	30% after deductible	\$25 Copay not subject to deductible	30% after deductible
\$30 Copay not subject to deductible	30% after deductible	\$35 Copay not subject to deductible	30% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
\$100 Copay (waived if admitted) coinsurance 20%		\$100 Copay (waived if admitted) 20% after deductible	
No Copay not subject to deductible	30% after deductible	No Copay not subject to deductible	30% after deductible
\$20 Copay not subject to deductible	30% after deductible	\$25 Copay not subject to deductible	30% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible	20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible
\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)	\$250 (does not apply to generic)
\$15 copay not subject to deductible	\$15 copay plus 30% not subject to deductible	\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible
\$25/\$40 Copay after deductible	\$25/\$40 copay plus 30% after deductible	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
\$5,000	\$5,000	\$5,000	\$5,000

++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	PPO 2500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Member Coinsurance	20% after deductible	50% after deductible
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum**		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
Lifetime Maximum*	\$5,000,000 per member lifetime	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	\$30 Copay not subject to deductible	30% after deductible
Specialist Visit**	\$40 Copay not subject to deductible	30% after deductible
Hospital Admission**	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 Copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	30% after deductible
Preventive Health (Annual Physical**) (\$200 per calendar year*)	\$30 Copay not subject to deductible	30% after deductible
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 (24 visits per calendar year*)	20% after deductible	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
Durable Medical Equipment (\$2,000 per calendar year*)	20% after deductible	50% after deductible
PHARMACY BENEFITS		
Pharmacy Deductible per Individual (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 30% not subject to deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

PPO 5000	
In-Network	Out-of-Network*
\$5,000 \$10,000	\$10,000 \$20,000
20% after deductible	50% after deductible
\$2,500 \$5,000	\$2,500 \$5,000
\$7,500 \$15,000	\$12,500 \$25,000
\$5,000,000 per member lifetime	
\$40 Copay not subject to deductible	30% after deductible
\$50 Copay not subject to deductible	30% after deductible
20% after deductible	50% after deductible
20% after deductible	50% after deductible
\$100 Copay (waived if admitted) 20% after deductible	
No Copay not subject to deductible	30% after deductible
\$40 Copay not subject to deductible	30% after deductible
20% after deductible	50% after deductible
20% after deductible	50% after deductible
20% after deductible (Aetna will pay a maximum of \$25 per visit)	50% after deductible
20% after deductible	50% after deductible
20% after deductible	50% after deductible
\$500 (does not apply to generic)	\$500 (does not apply to generic)
\$15 Copay not subject to deductible	\$15 Copay plus 30% not subject to deductible
\$25/\$40 Copay after deductible	\$25/\$40 Copay plus 30% after deductible
\$5,000	\$5,000

* 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 or supplies were received from a Preferred Provider.

++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	PPO High Deductible 3000 (HSA Compatible)	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance (Member's Responsibility)	0% after deductible	50% after deductible
Coinsurance Maximum		
Individual	\$0	\$6,500
Family	\$0	\$13,000
Out of Pocket Maximum ⁺⁺		
Individual	\$3,000	\$12,500
Family	\$6,000	\$25,000
Lifetime Maximum *	\$5,000,000	\$5,000,000
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrician or Internist)	0% after deductible	50% after deductible
Specialist Visit	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Emergency Room	0% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	No Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Annual*) (\$ 200 max. benefit)	\$20 Copay not subject to deductible	50% after deductible
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care (\$25 Max–24 visits per calendar year*)	0% after deductible	50% after deductible
Home Health Care (In lieu of Hospital) (30 visits per calendar year*)	0% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year *)	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
Generic (Oral Contraceptives Included)	0% after Medical/Rx deductible	30% after Medical/Rx deductible
Preferred Brand/Non-Preferred Brand (Oral Contraceptives Included)	0% after Medical/Rx deductible	30% after Medical/Rx deductible
Calendar Year Maximum per Individual*	\$5,000	\$5,000

PPO High Deductible 5000 (HSA Compatible)	
In-Network	Out-of-Network ⁺
\$5,000 \$10,000	\$10,000 \$20,000
0% after deductible	50% after deductible
\$0 \$0	\$2,500 \$5,000
\$5,000 \$10,000	\$12,500 \$25,000
\$5,000,000	\$5,000,000
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
No Copay not subject to deductible	50% after deductible
Not covered	Not covered
\$25 Copay not subject to deductible	30% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
0% after deductible	50% after deductible
Integrated Medical/ Rx Deductible	Integrated Medical/ Rx Deductible
0% after Medical/Rx deductible	30% after Medical/Rx deductible
0% after Medical/Rx deductible	30% after Medical/Rx deductible
\$5,000	\$5,000

* 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 or supplies were received from a Preferred Provider.

++ No deductible, copayment or coinsurance applies to eligible dependent children to age 18 for childhood immunizations.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

	Preventative and Hospital Care 1250	
MEMBER BENEFITS	In-Network	Out-of-Network+
Deductible		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Member Coinsurance	20%	50%
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$3,750	\$7,500
Family	\$7,500	\$15,000
Lifetime Maximum *	\$5,000,000	
Non-specialist Office Visit (General Physician, Family Practitioner, Pediatrican or Internist)	Not Covered	Not Covered
Specialist Visit	Not Covered	Not Covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$100 copay (waived if admitted) 20% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay not subject to deductible	50% after deductible
Maternity	Not covered	Not covered
Preventive Health (Physical – every 24 months*) (\$200 per exam)	\$25 copay not subject to deductible	50% after deductible
Lab/X-Ray	Not Covered	Not Covered
Skilled Nursing (In lieu of Hospital) (30 days per calendar year*)	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care	Not Covered	Not Covered
Home Health Care (30 visits per calendar year*)	20% after deductible	50% after deductible
Durable Medical Equipment (\$2000 per calendar year*)	Not Covered Except for Diabetic Supplies	
PHARMACY		
Pharmacy Deductible per Individual (does not apply to generic)*	Not Applicable	Not Applicable
Generic (Oral Contraceptives Included)	Not Covered**	Not Covered**
Preferred Brand/ Non-Preferred Brand (Oral Contraceptives Included)	Not Covered**	Not Covered**
Calendar Year Maximum per Individual*	Not Covered**	Not Covered**

Preventative and Hospital Care 3000 (HSA-Compatible)	
In-Network	Out-of-Network ⁺
\$3,000 \$6,000	\$6,000 \$12,000
20% after deductible	50% after deductible
\$2,000 \$4,000	\$4,000 \$8,000
\$5,000 \$10,000	\$10,000 \$20,000
\$5,000,000	
Not Covered	Not Covered
Not Covered	Not Covered
20% after deductible	50% after deductible
20% after deductible	50% after deductible
\$100 copay (waived if admitted) 20% after deductible	
\$0 Copay not subject to deductible	50% after deductible
Not covered	Not covered
\$35 copay not subject to deductible	50% after deductible
Not Covered	Not Covered
20% after deductible	50% after deductible
Not Covered	Not Covered
20% after deductible	50% after deductible
Not Covered Except for Diabetic Supplies	
Not Applicable	Not Applicable
Not Covered**	Not Covered**
Not Covered**	Not Covered**
Not Covered**	Not Covered**

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

** Aetna Discount 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 or supplies were received from a Preferred Provider.

A summary of exclusions is listed on pages 19-20. For a full list of benefit coverage and exclusions refer to the plan documents.

TEXAS AETNA ADVANTAGE PLAN OPTIONS

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

NONPREFERRED
\$25; \$75 family maximum
Unlimited
100% not subject to ded
100% not subject to ded
100% not subject to ded
100% not subject to ded
100% not subject to ded
100% not subject to ded
100% not subject to ded
Not Covered
100% not subject to ded
Not Covered
100% after ded
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered
Not Covered

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

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.

A summary of exclusions is listed on page 21.

Services and supplies noted as available at a "discount" are not insurance. For these services, Aetna participating dentists have agreed to charge you a negotiated rate, which you pay directly to the dentist.

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 insurance 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.

Aetna Natural Products and Services ProgramSM, Vision One[®], Fitness and similar discount programs are rateaccess programs and may be in addition to any plan benefits. Discount and other similar health programs offered hereunder are not insurance, and program features are not guaranteed under the plan contract and may be discontinued at any time. Program providers are solely responsible for the products and services provided hereunder. Aetna does not endorse any vendor, product or service associated with these programs. It is not necessary to be a member of an Aetna plan to access the program participating providers.

Fitness Program.

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

Aetna's Weight Management Discount Program

The Weight Management Discount Program from Aetna can help you achieve your weight loss goals and develop a balanced approach to your active lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig[®] weight loss programs and products. Start with a FREE 30-day trial membership**; then choose either a 6** or 12-month** program*** that's right for you. You also receive individual weight loss consultations, personalized menu planning, tailored activity planning, motivational materials and much more.

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.

Looking for a way 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-MY-VITAL (1-877-698-4825).

Aetna Natural Products and Services ProgramSM

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

Informed Health[®] Line.

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

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.

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 NavigatorTM

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

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

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

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

+ Vision One[®] is a registered trademark of Cole Vision Corporation. 18

Texas Limitations & Exclusions

Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their 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) purchased.

Aetna PPO Plans where applicable

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.
- Cosmetic surgery.
- Custodial care.
- Dental care and dental x-rays (unless the optional dental plan is purchased).
- Donor egg retrieval.
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial).
- Home births.
- Outpatient speech therapy except following surgery, injury or non-congenital organic disease.
- 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.
- Medical expenses for a pre-existing condition are not covered for the first 365 days 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 of coverage. If the applicant had prior creditable coverage within 63 days immediately before the signature on the application, then the pre-existing conditions exclusion of the plan will be waived.
- Nonmedically 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.
- Special or private duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.
- Rehabilitation and detoxification services related to chemical dependency or substance abuse
- Weight control services including surgical procedures, medical treatments and other services and supplies primarily intended to control weight or treat obesity
- Maternity care and delivery charges

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.
- 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'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.

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. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care of guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is subject to change. Health and dental insurance plans contain exclusions and limitations.

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

We want you to know[®]

