

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

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



We want you to know[®]

 Aetna[®]

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 upfront preventive care.

Generally speaking, the lower your “premiums,” or monthly payments, the higher your “deductible,” which is the amount you pay out of pocket before the plan begins paying for expenses. (Lower premiums also mean a higher “copay,” which is the amount you pay out-of-pocket at doctor visits, hospital stays, etc.)

The lower your deductible (some plans have no deductible at all, which means they begin paying immediately), the higher your monthly premiums will be.

You’ll pay less by using “in-network” doctors, hospitals, pharmacies and other health care providers who participate in 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 makes 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.

To establish a Health Savings Account...

First enroll in an Aetna HSA-compatible High Deductible Health Plan. Then request HSA enrollment materials by calling **1-800-694-3258** or visiting www.aetnaindividualhsa.com to view and download the materials.

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 checkbook
- 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

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 benefit from negotiated fees. Dental is offered only if medical coverage is obtained.

Cover just your children

All Aetna Advantage plans are 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 dental is selected).

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

Plan Details

1) First Dollar PPO plan options

Robust coverage and lower out-of-pocket expenses with no deductibles when you choose an Aetna medical provider

Featuring:

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

2) PPO plan options

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

Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels.

3) PPO High Deductible plan options

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

Featuring:

- 100% coverage 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)

4) PPO Value plan options

Affordability — a balance of lower monthly payments and quality coverage...and 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

5) Preventive and Hospital Care plan options

Affordability is your top priority and you use only basic health care services...and want to keep your monthly payments lower

Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels.

6) PPO 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

7) Aetna Advantage Plan including Medical & Pharmacy Calendar Year Maximums

Affordability... and a wide range of benefits

Featuring:

- Access to Aetna's nationwide network
- No referral needed to see a network specialist
- No waiting period for preventive care
- Coverage for Children's immunizations
- Coverage for prescription drugs

It's important for you to know...that this plan may not cover all your health care expenses for a given year, but offers valuable protection to individuals and families at an affordable cost. This plan may be used on a short-term basis, or longer - depending on your needs.

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

- Unlimited 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*
- Routine physicals include lab work and X-rays
- 100% coverage on in-network childhood immunizations

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

AETNA'S OHIO 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.

Aexcel-Designated Specialists[†]

The Aetna Performance Network[®] features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ENT, Neurology, Neurosurgery, Plastic Surgery, Urology, and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You'll find them by looking for the star next to the doctors' names at www.aetna.com/docfind/custom/advplans or in your printed directory.



Area 1 Aexcel Specialist Network[†]

Allen	Hardin	Putnam
Auglaize	Henry	Sandusky
Crawford	Huron**	Seneca
Defiance	Lucas	Van Wert
Erie	Mercer	Williams
Fulton	Ottawa	Wood
Hancock	Paulding	Wyandot

Area 2 Aexcel Specialist Network[†]

Ashland	Huron**	Richland
Ashtabula	Jefferson	Stark
Carroll	Lake	Summit
Columbiana	Lorain	Trumbull
Geauga	Mahoning	Tuscarawas
Harrison	Medina	Wayne
Holmes	Portage	

Area 3 Aexcel Specialist Network[†]

Adams***	Clinton	Miami
Brown	Darke	Montgomery
Butler	Greene	Preble
Champaign	Hamilton	Shelby
Clark	Highland	Warren
Clermont	Logan	

Area 4 Aexcel Specialist Network[†]

Adams***	Jackson	Noble
Athens	Knox	Perry
Belmont	Lawrence	Pickaway
Coshocton	Licking	Pike
Delaware	Madison	Ross
Fairfield	Marion	Scioto
Fayette	Meigs	Union
Franklin	Monroe	Vinton
Gallia	Morgan	Washington
Guernsey	Morrow	
Hocking	Muskingum	

Area 5 Aexcel Specialist Network[†]

Cuyahoga (Cleveland only)

Area 6 Aexcel Specialist Network[†]

Cuyahoga (except Cleveland)

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

** Huron County appears in both the Toledo/NW OH and Northeast OH service areas.

*** Adams County appears in both the Central OH and Cincinnati OH service areas.

† Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges.

1)

First Dollar PPO 30

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$0	\$5,000
Family	\$0	\$10,000
Coinsurance (Member's responsibility)	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Coinsurance Maximum		
Individual	\$7,500	\$7,500
Family	\$15,000	\$15,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$12,500
Family	\$15,000	\$25,000
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$40 copay	50% after deductible
Hospital Admission	30%	50% after deductible
Outpatient Surgery	30%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$30 copay	50% after deductible
	<i>Includes lab work and X-rays</i>	
Lab/X-Ray	30%	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	30%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	30%	50% after deductible
	<i>Aetna will pay a max. of \$25 per visit*</i>	
Home Health Care — instead of hospital 30 visits per calendar year*	30%	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	30%	50% after deductible

PHARMACY

Pharmacy Deductible	\$500	\$500
per individual	<i>Does not apply to generic</i>	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after 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.

+ 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.

First Dollar PPO 40

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual Family	\$0 \$0	\$7,000 \$14,000
Coinsurance (Member's responsibility)	40% up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum Individual Family	\$12,500 \$25,000	\$5,500 \$11,000
Out-of-Pocket Maximum Individual Family	\$12,500 \$25,000	\$12,500 \$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$40 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	40%	50% after deductible
Outpatient Surgery	40%	50% after deductible
Urgent Care Facility	\$50 copay	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 40% coinsurance	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$40 copay	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	40%	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	40%	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	40%	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — instead of hospital 30 visits per calendar year*	40%	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	40%	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$20 copay	\$20 copay plus 50%
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
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.

2)

PPO 1500

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 out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket 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
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$35 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — instead of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
	Does not apply to generic	
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum per individual*	Unlimited	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.

PPO 2500

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

PPO 5000

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

+ 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.

3)

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 up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket 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	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit <i>Unlimited visits</i>	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	\$0 copay after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$20 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	0% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — instead of hospital 30 visits per calendar year*	0% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/Rx	
Generic <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% 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.

PPO
High Deductible 5000
(HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$0	\$2,500
Family	\$0	\$5,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$12,500
Family	\$10,000	\$25,000
	Includes deductible	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible
Specialist Visit <i>Unlimited visits</i>	0% after deductible	50% after deductible
Hospital Admission	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Emergency Room	\$0 copay after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	0% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	0% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	0% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — instead of hospital 30 visits per calendar year*	0% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	0% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	Integrated Medical/Rx	
Generic <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Calendar Year Maximum per individual*	Unlimited	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.

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,500	\$5,000
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. <i>\$0 once out-of-pocket max. is satisfied</i>
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Specialist Visit <i>Unlimited visits</i>	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$50 copay deductible waived <i>Includes lab work and X-rays</i>	50% after deductible
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — instead of hospital <i>30 days per calendar year*</i>	30% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	30% after deductible <i>Aetna will pay a max. of \$25 per visit*</i>	50% after deductible
Home Health Care — instead of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500 <i>Does not apply to generic</i>
Generic <i>Oral Contraceptives Included</i>	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered	Not covered
Calendar Year Maximum per individual*	\$5,000	\$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.

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max. <i>\$0 once out-of-pocket max. is satisfied</i>
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
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Specialist Visit <i>Unlimited visits</i>	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non-spec share visit max	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$50 copay deductible waived <i>Includes lab work and X-rays</i>	50% after deductible
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — instead of hospital <i>30 days per calendar year*</i>	30% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	30% after deductible <i>Aetna will pay a max. of \$25 per visit*</i>	50% after deductible
Home Health Care — instead of hospital <i>30 visits per calendar year*</i>	30% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500 <i>Does not apply to generic</i>
Generic <i>Oral Contraceptives Included</i>	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered	Not covered
Calendar Year Maximum per individual*	\$5,000	\$5,000

+ 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.

PPO Value 10000

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$10,000	\$10,000
Family	\$20,000	\$20,000
Coinsurance (Member's responsibility)	30% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket 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
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non- spec share visit max	50% after deductible
Specialist Visit <i>Unlimited visits</i>	Visits 1-2 \$30 copay, ded. waived; Visit 3+ 30% after deductible. Spec. and non- spec share visit max	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$50 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
Lab/X-Ray	30% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	30% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	30% after deductible	50% after deductible
	<i>Aetna will pay a max. of \$25 per visit*</i>	
Home Health Care — instead of hospital 30 visits per calendar year*	30% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	30% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
	<i>Does not apply to generic</i>	
Generic <i>Oral Contraceptives Included</i>	\$20 copay deductible waived	\$20 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$40 copay after deductible	\$40 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered	Not covered
Calendar Year Maximum per individual*	\$5,000	\$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.
 *** Brokers: please see broker information about commissions for these plans.

5)

Preventive & Hospital Care 1250***

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
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
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
Specialist Visit <i>Unlimited visits</i>	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room	\$100 copay** (waived if admitted); 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$25 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
Lab/X-Ray	Not covered	Not covered
Skilled Nursing — instead of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	Not covered	Not covered
Home Health Care — instead of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	Not covered	Not covered
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	\$15 copay	\$15 copay plus 50%
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Calendar Year Maximum per individual*	Unlimited	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.

Preventive & Hospital Care
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)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Lifetime Maximum* per insured	\$1,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
Specialist Visit <i>Unlimited visits</i>	Not covered	Not covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	Not covered	Not covered
Emergency Room	\$100 copay** (waived if admitted); 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$35 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
Lab/X-Ray	Not covered	Not covered
Skilled Nursing — instead of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	Not covered	Not covered
Home Health Care — instead of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	Not covered	Not covered
PHARMACY		
Pharmacy Deductible per individual	Not Applicable	Not Applicable
Generic <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered Aetna Discount Applies	Not covered
Calendar Year Maximum per individual*	Not Applicable	Not Applicable

* 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.
 *** Brokers: please see broker information about commissions for these plans.
 + 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.

Aetna Advantage plan option
Individual Dental PPO Max plan

MEMBER BENEFITS	Preferred	NonPreferred
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% deductible waived	100% deductible waived
Comprehensive oral exam	100% deductible waived	100% deductible waived
Problem-focused oral exam	100% deductible waived	100% deductible waived
X-rays		
Bitewing — single film	100% deductible waived	100% deductible waived
Complete series	100% deductible waived	100% deductible waived
PREVENTIVE SERVICES		
Adult cleaning	100% deductible waived	100% deductible waived
Child cleaning	100% deductible waived	100% deductible waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% deductible waived	100% deductible waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after deductible	100% after deductible
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 as tooth whitening, at the PPO negotiated rate when visiting a participating PPO 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.

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.

6)

PPO 7500 with
Unlimited Primary
Care Visits plus Dental

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$7,500	\$10,000
Family	\$15,000	\$20,000
Coinsurance (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max. <i>\$0 once out-of-pocket max. is satisfied</i>
Coinsurance Maximum		
Individual	\$2,500	\$2,500
Family	\$5,000	\$5,000
Out-of-Pocket Maximum		
Individual	\$10,000	\$12,500
Family	\$20,000	\$25,000
	<i>Includes deductible</i>	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
Specialist Visit <i>Unlimited visits</i>	20% after deductible	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) 30% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam*</i>	\$30 copay deductible waived <i>Includes lab work and X-rays</i>	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible <i>Aetna will pay a max. of \$25 per visit*</i>	50% after deductible
Home Health Care — instead of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2000, per calendar year*</i>	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	N/A	N/A
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	Not covered	Not covered
Non-Preferred Brand <i>Oral Contraceptives Included</i>	Not covered	Not covered
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.
 + 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.

7)

PPO 1500 with Medical
\$50K CYM

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible <i>\$0 once out-of-pocket max. is satisfied</i>
Coinsurance Maximum		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>Includes deductible</i>	
Calendar Year Maximum** per insured	\$50,000*	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay 20% after deductible	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$50 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$25 copay deductible waived <i>Includes lab work and X-rays</i>	50% after deductible
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — instead of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year**</i>	20% after deductible <i>Aetna will pay up to \$25 per visit max</i>	50% after deductible
Home Health Care — instead of hospital 30 visits per calendar year**	20% after deductible	50% after deductible
Durable Medical Equipment	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$250	\$250
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after deductible
Calendar Year Maximum** per insured	\$2,500*	\$2,500*

- * Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually. As with other Aetna plans, members are responsible for billed charges upon reaching any plan limits, at which point they may or may not receive Aetna's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider.
 ** 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 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.

PPO 2500 with Medical
\$50K CYM

MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (Member's responsibility)	20% after deductible	50% after deductible
	\$0 once out-of-pocket max. is satisfied	
Coinsurance Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	Includes deductible	
Calendar Year Maximum** per insured	\$50,000*	
Lifetime Maximum* per insured	\$5,000,000	
Non-Specialist Office Visit <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay	50% after deductible
Specialist Visit <i>Unlimited visits</i>	\$50 copay	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay 20% after deductible	50% after deductible
Emergency Room	\$150 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$50 copay deductible waived	50% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health — Routine Physical <i>Aetna will pay up to \$200 per exam No waiting period*</i>	\$25 copay deductible waived	50% after deductible
	<i>Includes lab work and X-rays</i>	
Lab/X-Ray	20% after deductible	50% after deductible
Skilled Nursing — instead of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible
	<i>Aetna will pay a max. of \$25 per visit*</i>	
Home Health Care — instead of hospital <i>30 visits per calendar year**</i>	20% after deductible	50% after deductible
Durable Medical Equipment	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible per individual	\$500	\$500
Generic <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$60 copay after deductible	\$60 copay plus 50% after deductible
Calendar Year Maximum** per insured	\$2,500*	\$2,500*

* Once the annual maximum is reached with these plans, the member is responsible for paying all additional health care costs for the remainder of the year. However, the maximum resets annually. As with other Aetna plans, members are responsible for billed charges upon reaching any plan limits, at which point they may or may not receive Aetna's negotiated rates. They will need to discuss the amount for which they are responsible for with their provider.

** 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 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.

Aetna special programs

Aetna Advantage Plans include special programs¹ to complement our standard health insurance coverage. These programs include substantial savings on products and educational materials to help you be well. These programs are offered in addition to your Aetna Advantage plan and are NOT insurance.

Aetna VisionSM 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.



1 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 ManagementSM 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 HearingSM Discount Program

Aetna's HearingSM discount program help Aetna members and their families save on hearing exams, hearing services and hearing aids.

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.

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.)
- Under age 24 for dependent children
- 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 membership eligibility. 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 enrollment form. 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 standard premium charge.
- *You may be enrolled in your selected plan at a higher rate, based on medical findings.*
- You may be declined coverage based on significant medical risk factors.

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 special guaranteed issue plans under Ohio 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 known and predicted medical risk factors of each applicant.

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.

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 enrollment form 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.

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 creditable prior coverage.

A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. Medical expenses for a pre-existing condition are not covered for the first six months after the member's effective date. Look back period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is six 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.

- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Limited coverage for non serious mental health services

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

notes

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 through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. 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 the production date; however, it is subject to change.

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

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