

# AETNA AVE

*Aetna Avenue® — Your Destination for Small Business Solutions<sup>SM</sup>*

## WASHINGTON, D.C. PLAN GUIDE



Medical, Life and Disability Plans effective February 1, 2008  
Dental Plans effective December 1, 2009

14.02.970.1-DC (11/09)



*Health care is a journey ...*

# AETNA AVENUE IS THE WAY

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As a small business owner, providing value to your customers and growing your business are your top priorities. Yet, today health care is a business issue for every entrepreneur.

Small businesses need health benefits and insurance plans that fit their workplace. Aetna Avenue provides employers with a choice of insurance benefits solutions. We know that choice, ease and reputation are as valuable to employers as they are to employees.

Aetna offers a variety of plans for small business — from medical plans, to dental, life and disability plans.

## CHOICE

### *For business owners and employees*

At Aetna, we provide employers a choice of health insurance benefits plans. Within these benefits programs, employers can choose specific plan designs that fit business and employee needs. Employees have access to a wide network of doctors and other providers ensuring that they have a choice in how they receive their health care.

**Medical plans** — supporting members on their health care journey

- Traditional plans
- Cost-sharing plans
- Consumer-directed (HSA/HRA)

**Dental, life and disability plans** — providing valuable protection

- DMO®
- PPO
- PPO Max
- Freedom-of-Choice
- Preventive
- Basic term life insurance
- Disability plans
- Packaged life and disability plans

## EASE

### *Allowing you to focus on your business*

Employers want to focus on their customers and growing their business — not the health insurance benefits program. Aetna makes sure that our plan designs are easy to set-up, administer, use and provide support to ensure your success.

**Administration** — making it work for your business

Aetna's plan designs automatically process health claim reimbursements, a password-protected website to keep track of accounts and are supported by knowledgeable service representatives. Secure and online, Aetna Enroll<sup>SM</sup> makes managing health benefits easy and eliminates time-consuming, expensive paper-based processes.

**Ready on day-one** — making it work for your employees

Once employees are members of the Aetna health benefits and health insurance plans, they'll have access to our various tools and resources to help them use the plans effectively from the start.

**Aetna Navigator®** — our online resource for employers, members and providers

- Look up rates for providers, facilities and hospitals for common services and treatment
- Track medical claims online
- Discount programs for eye, dental and other health care
- Personal Health Record providing a complete picture of health
- Temporary ID cards available for members to print as needed

## REPUTATION

### *In business it's everything*

Your reputation is important to your business. At Aetna, our reputation is just as important. With 150 years of experience, we value our name, products and services and focus on delivering the right solution for your small business — our reputation depends upon it.

Our account executives, underwriters and customer service representatives are committed to providing your small business the valuable service it deserves.

## AETNA AVENUE'S COMMITMENT TO SMALL BUSINESS EMPLOYERS

We know that small business owners' health insurance benefits needs are often different than a larger employer. Aetna Avenue focuses on employers with 2 – 50 employees and our insurance benefits programs are designed to work for this size group. We'll work with you to determine the right plans for your business and assist you through implementation.

### AETNA'S MARKET MAP

#### *Guiding your small business health care journey*

Aetna's market map is a resource for brokers and employers to help determine the right insurance benefits plan for their business. The market map asks specific questions related to the business and employee need in order to narrow the field of plan design choices.

**DO  
YOU  
VALUE ...**





## HEALTH INSURANCE BENEFITS FOR EVERY STAGE OF LIFE

### YOUNG SINGLES

Cost-sharing plans  
Consumer-directed (HSA/HRA) plans

### YOUNG SINGLES

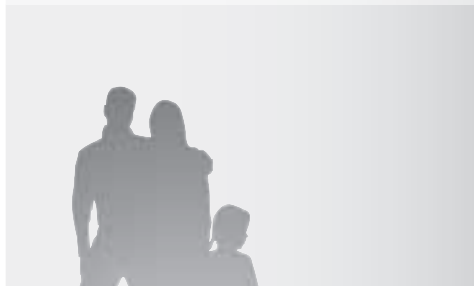
*Includes singles and couples without children*

Ready to conquer the world? Thinking big thoughts? Well, one of those thoughts should be about health coverage. Since they're probably on a budget, they might want an affordable policy with lower monthly payments and modest out-of-pocket costs that also provides for quality preventive care, prescription drug coverage and financial protection to help safeguard their assets.

### ESTABLISHED FAMILIES

*Includes married couples and single parents with teens and college-aged children*

As the children get older, the entire family's needs change. Time management is important for active parents and children. Teenagers still need checkups and care for injuries and illness, while parents need to start thinking about their own needs, like plan designs that cover preventive care and screenings and promote a healthy lifestyle. And college brings financial concerns to the forefront, as well as the need for a national network.



### YOUNG FAMILIES

Traditional plans  
Cost-sharing plans

### YOUNG FAMILIES

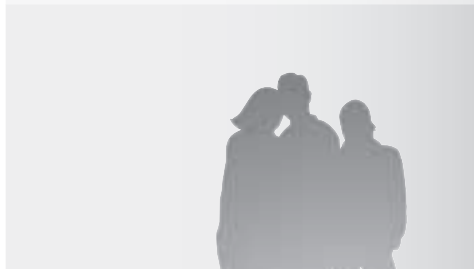
*Includes married couples and single parents with young children and teens*

Children tend to get sick more than adults — which means employees and their pediatricians get to know each other quite well. It also means they're probably looking for health coverage with lower fees for office visits, lower monthly payments and caps on their out-of-pocket expenses. And, of course, they can benefit from quality preventive care for the entire family.

### EMPTY NESTERS

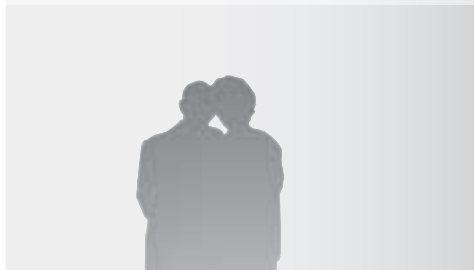
*Includes men and women age 55 and over with no children at home*

The kids are leaving home. It's a wistful time, but also an exciting one. What are the plans? Travel? Leisure? Reassessing health coverage needs? These employees are probably looking for a policy that combines financial security with quality coverage for prescriptions, hospital inpatient/outpatient services and emergency care.



### ESTABLISHED FAMILIES

Traditional plans  
Cost-sharing plans



### EMPTY NESTERS

Cost-sharing plans  
Consumer-directed (HSA/HRA) plans

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# MEDICAL OVERVIEW

## AETNA HMO NO-REFERRAL PLAN

*Flexibility and no referrals needed for participating providers.*

With this health benefits plan, members may choose how they access covered benefits. Members may go directly to any network physician from within Aetna's network of providers. Members pay the applicable primary care physician (PCP) visit copay\* when obtaining covered benefits from any participating PCP or pay the applicable specialist visit copay\* when obtaining covered benefits from any participating specialist. Members do not need a referral when visiting a participating specialist for covered services.

## AETNA POS NO-REFERRAL PLAN

*No need for referrals; freedom to select provider of choice.*

This health benefits plan offers all the health plan benefits of a point-of-service plan with two easy ways to access care when members need it. Members have the freedom to visit any participating doctor or hospital of their choice for covered services. Members pay the applicable primary care physician (PCP) visit copay\* when obtaining covered benefits from any participating PCP or pay the applicable specialist visit copay\* when obtaining covered benefits from any participating specialist. Best of all, members seeking health care do not need referrals.

## AETNA PPO PLAN

This insurance plan option offers members the freedom to go directly to any recognized provider for covered expenses, including specialists. If members choose a provider from Aetna's network of participating physicians and hospitals, out-of-pocket costs will be lower. If members choose a physician or hospital outside of the network, out-of-pocket costs will be higher. No referrals are required.

## AETNA HIGH DEDUCTIBLE PLANS (HSA-COMPATIBLE)

These insurance plan options are compatible with a Health Savings Account (HSA) provide employers and their qualified employees with an affordable tax-advantaged solution that allows them to better manage their qualified medical and dental expenses.

- Employees can build a savings fund to assist in covering their future medical and dental expenses. HSA accounts can be funded by the employer or employee and are portable.
- Fund contributions may be tax-deductible (limits apply).
- When funds are used to cover qualified out-of-pocket medical and dental expenses, they are not taxed.

\*A copayment can either be a flat dollar amount or a percentage of covered services.

## AETNA HEALTHFUND® HEALTH REIMBURSEMENT ARRANGEMENT (HRA)/HEALTH NETWORK OPTION PLAN

The HealthFund plan blends traditional health coverage with a fund benefit to help pay for eligible medical expenses. This health insurance plan offers members the freedom to seek care from any licensed health care professional without a referral, and a fund to help pay for services that are covered under the plan. Members can stretch their fund by seeking the most cost-effective care and services.

### *The HealthFund plan provides:*

- An opportunity to build the fund and apply it toward future medical expenses.
- Traditional coverage for eligible expenses over the fund amount.
- A cap that limits the total amount a member pays annually for eligible expenses.
- \$500 individual or \$1,000 family health fund included in the HealthFund HRA plan design and included in the premium.

### *How it works:*

- Use the health fund to pay for medical expenses. Unused fund balance rolls over to next year's fund balance, as long as the member remains in the plan and with his or her current employer.
- If the fund is depleted, the member pays for remaining or future expenses until the deductible is met.
- If the fund is depleted and the deductible is met, the base medical benefits plan begins — meaning the member pays a coinsurance and/or copayment for remaining covered expenses.

*Aetna Avenue***MEDICAL** OVERVIEW**AETNA INDEMNITY PLAN**

This insurance plan option is available for DC domiciled employers, who have employees located in CT, DC, DE, MD, NJ, NY, PA, and VA, but not residing in an Aetna HMO, POS and/or PPO network. It is also available to employees located outside the states above, subject to the Multi-State Solution.

Individual coordinates his or her own health care. Members can access any recognized physician or hospital for covered services. Members are responsible for paying the provider directly and submitting claims for reimbursement.

**SMALL GROUP SITUS**

Aetna Small Group benefits and rates are based on the group's headquarter location, subject to applicable small group reform laws. Eligible employees who live or work in CT, DC, DE, MD, NJ, NY, PA, and VA (the situs region) will receive the same rates and benefits as the headquarter location.

**AETNA SMALL GROUP MULTI-STATE SOLUTION**

As part of Aetna's commitment to make it easier for small businesses to do business with us, and bring more consistency across benefit offerings to employers with employees in multiple locations, Aetna offers a multi-state solution.

DC domiciled employers can extend their PPO plan to their employees in PPO network locations outside of the "situs" region. The "situs" region is comprised of the following eight states — CT, DC, DE, MD, NJ, NY, PA, and VA.

The rates and benefits will match those offered in Washington, D.C. If the out-of-situs employee resides in a non-network area, the employee will be enrolled in an indemnity plan. Plan sponsors will need to continue to meet small group underwriting guidelines, and the majority of eligible employees must be in Washington, D.C.

In all instances, extraterritorial benefits that may apply on any of the out-of-state employees will be implemented to the extent these are more comprehensive than the domiciled state benefits. These benefits will only apply to the out-of-state employees in the states where required.

For dental products, an out-of-state dental plan will be offered to employees who live and work outside the situs region defined above.

## A WAY TO MANAGE HEALTH AND HEALTH CARE EXPENSES

### HEALTH SAVINGS ACCOUNT (HSA)

The Aetna HealthFund® HSA, when coupled with a HSA-compatible high-deductible health benefits and health insurance plan, is a tax-advantaged savings account. Once enrolled, account contributions can be made by the employee and/or employer. The HSA can be used to pay for qualified expenses tax free.



## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The Aetna HealthFund HRA combines the protection of a deductible-based health plan with a health fund that pays for eligible health care services. The member cannot contribute to the HRA, and employers have control over HRA plan designs. The fund is available to an employee for qualified expenses on the plan's effective date.

*The HRA and the HSA provide members with financial support for higher out-of-pocket health care expenses. Aetna's consumer-directed health products and services give members the information and resources they need to help make informed health care decisions for themselves and their families while helping lower employers' costs.*

## COBRA ADMINISTRATION

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes that can assist employers with managing the complex billing and notification processes that are required for COBRA compliance, while also helping to save them time and money.

## SECTION 125 CAFETERIA PLANS AND SECTION 132 TRANSIT REIMBURSEMENT ACCOUNTS

Employees can reduce their taxable income, and employers can pay less in payroll taxes. There are three ways to save:

### *Premium Only Plans (POP)*

Employees can pay for their portion of the group health insurance expenses on a pretax basis.

### *Flexible Savings Account (FSA)*

FSAs give employees a chance to save for health expenses with pretax money. Health Care Spending Accounts allow employees to set aside pretax dollars to pay for out-of-pocket expenses as defined by the IRS. Dependent Care Spending Accounts allow participants to use pretax dollars to pay child or elder care expenses.

### *Transit Reimbursement Account (TRA)*

TRAs allow participants to use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work.

## TRADITIONAL HMO NO-REFERRAL PLAN OPTIONS

Plan Options	DC HMO NO-REFERRAL 1.2+, **	DC HMO NO-REFERRAL 2.2+, **	DC HMO NO-REFERRAL 3.2+, **
<b>MEMBER BENEFITS</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
	No Referral Needed	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	N/A	N/A	N/A
<b>Calendar Year Deductible</b>	N/A	N/A	N/A
<b>Calendar Year Out-of-Pocket Maximum*</b> (Prescription drugs, including self-injectables, do not apply toward the Out-of-Pocket Maximum.)	\$1,000 per member \$2,000 family	\$1,000 per member \$2,000 family	\$1,500 per member \$3,000 family
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply.)	\$10 Copay	\$15 Copay	\$20 Copay
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per 365 days.)	\$20 Copay	\$35 Copay	\$40 Copay
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year.)	\$0 Copay	\$0 Copay	\$0 Copay
<b>Primary Physician Office Visit</b>	\$10 Copay	\$15 Copay	\$20 Copay
<b>Specialist Office Visit</b>	\$20 Copay	\$35 Copay	\$40 Copay
<b>Outpatient Services - Lab</b>	\$0 Copay	\$0 Copay	\$0 Copay
<b>Outpatient Services - X-ray</b>	\$20 Copay	\$35 Copay	\$40 Copay
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay	\$100 Copay	\$100 Copay
<b>Chiropractic Services</b> (20 visits per calendar year.)	\$20 Copay	\$35 Copay	\$40 Copay
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	\$20 Copay	\$35 Copay	\$40 Copay
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum.)	50%	50%	50%
<b>Inpatient Hospital</b>	\$0 Copay per admission	\$250 Copay per admission	\$250 Copay per day, 5 day copay maximum per admission
<b>Outpatient Surgery</b>	\$0 Copay	\$100 Copay	\$100 Copay
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay	\$100 Copay	\$100 Copay
<b>Urgent Care</b>	\$20 Copay	\$35 Copay	\$40 Copay
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year.)	\$0 Copay per admission	\$250 Copay per admission	\$250 Copay per day, 5 day copay maximum per admission
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year.)	\$0 Copay per admission	\$250 Copay per admission	\$250 Copay per day, 5 day copay maximum per admission
<b>Routine Eye Exam</b> (Age and frequency schedules apply.)	\$20 Copay	\$35 Copay	\$40 Copay
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Included	Included
<b>PRESCRIPTION DRUGS</b>			
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	\$3,000 per member \$6,000 family	\$3,000 per member \$6,000 family	\$3,000 per member \$6,000 family
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$20/\$30	\$15/\$35/\$50	\$20/\$40/\$60
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$40/\$60	\$30/\$70/\$100	\$40/\$80/\$120
<b>Calendar Year Deductible - Prescription Drugs</b>	N/A	N/A	N/A
<b>Contraceptives and Diabetic Supplies</b>	Included	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20%	20%	20%

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum. The family pharmacy out-of-pocket maximum can be met in the same way for covered prescription drugs, including self-injectables.

\*\*"No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# TRADITIONAL POS NO-REFERRAL PLAN OPTIONS

Plan Options	DC POS 1.2 NO-REFERRAL <sup>+,**</sup>		DC POS 2.2 NO-REFERRAL <sup>+,**</sup>	
MEMBER BENEFITS	In-Network	Out-of-Network ***	In-Network	Out-of-Network ***
	No Referral Needed	No Referral Needed	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	N/A	30% after deductible	N/A	30% after deductible
<b>Calendar Year Deductible*</b>	N/A	\$500 per member \$1,000 family	N/A	\$750 per member \$1,500 family
<b>Calendar Year Out-of-Pocket Maximum*</b> (Deductible applies to the Out-of-Pocket Maximum. Prescription drugs, including self-injectables, do not apply toward the Out-of-Pocket Maximum.)	\$1,000 per member \$2,000 family	\$2,000 per member \$4,000 family	\$1,500 per member \$3,000 family	\$3,000 per member \$6,000 family
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	\$10 Copay	30% after deductible	\$20 Copay	30% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per 365 days. In-network and out-of-network combined.)	\$20 Copay	0%; deductible waived	\$40 Copay	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	\$0 Copay	0%; deductible waived	\$0 Copay	0%; deductible waived
<b>Primary Physician Office Visit</b>	\$10 Copay	30% after deductible	\$20 Copay	30% after deductible
<b>Specialist Office Visit</b>	\$20 Copay	30% after deductible	\$40 Copay	30% after deductible
<b>Outpatient Services - Lab</b>	\$0 Copay	30% after deductible	\$0 Copay	30% after deductible
<b>Outpatient Services - X-ray</b>	\$20 Copay	30% after deductible	\$40 Copay	30% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay	30% after deductible	\$100 Copay	30% after deductible
<b>Chiropractic Services</b> (Limited to 20 visits per calendar year. In-network and out-of-network combined.)	\$20 Copay	30% after deductible	\$40 Copay	30% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	\$20 Copay	30% after deductible	\$40 Copay	30% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50%	50% after deductible	50%	50% after deductible
<b>Inpatient Hospital</b>	\$250 Copay per admission	30% after deductible	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Outpatient Surgery</b>	\$100 Copay	\$100 Copay plus 30% after deductible	\$100 Copay	\$100 Copay plus 30% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
<b>Urgent Care</b>	\$20 Copay	30% after deductible	\$40 Copay	30% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$250 Copay per admission	30% after deductible	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$250 Copay per admission	30% after deductible	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Routine Eye Exam</b> (Age and frequency schedules apply.)	\$20 Copay	Not Covered	\$40 Copay	Not Covered
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>				
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum *</b>	\$3,000 per member \$6,000 family	Not Covered	\$3,000 per member \$6,000 family	Not Covered
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$20/\$30	Not Covered	\$20/\$40/\$60	Not Covered
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$40/\$60	Not Covered	\$40/\$80/\$120	Not Covered
<b>Calendar Year Deductible - Prescription Drugs</b>	N/A	N/A	N/A	N/A
<b>Contraceptives and Diabetic Supplies</b>	Included	Not Covered	Included	Not Covered
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20%	Not Covered	20%	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum. The family pharmacy out-of-pocket maximum can be met in the same way for covered prescription drugs, including self-injectables.

\*\*\*No Referral” Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

\*\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna’s Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as “recognized” charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna’s Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# TRADITIONAL PPO PLAN OPTIONS

Plan Options	DC PPO 1.2*		DC PPO 2.2*	
MEMBER BENEFITS	In-Network	Out-of-Network**	In-Network	Out-of-Network**
	No Referral Needed	No Referral Needed	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	N/A	30% after deductible	N/A	30% after deductible
<b>Calendar Year Deductible*</b>	N/A	\$500 per member \$1,000 family	N/A	\$750 per member \$1,500 family
<b>Calendar Year Out-of-Pocket Maximum*</b> (Deductible applies to the Out-of-Pocket Maximum. Prescription drugs, including self-injectables, do not apply toward the Out-of-Pocket Maximum.)	\$1,000 per member \$2,000 family	\$2,000 per member \$4,000 family	\$1,000 per member \$2,000 family	\$2,000 per member \$4,000 family
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	\$10 Copay	30% after deductible	\$15 Copay	30% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per calendar year. In-network and out-of-network combined.)	\$0 Copay	0%; deductible waived	\$0 Copay	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	\$0 Copay	0%; deductible waived	\$0 Copay	0%; deductible waived
<b>Primary Physician Office Visit</b>	\$10 Copay	30% after deductible	\$15 Copay	30% after deductible
<b>Specialist Office Visit</b>	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Outpatient Services - Lab</b>	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Outpatient Services - X-ray</b>	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay	30% after deductible	\$100 Copay	30% after deductible
<b>Chiropractic Services</b> (20 visits per calendar year. In-network and out-of-network combined.)	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50%	50% after deductible	50%	50% after deductible
<b>Inpatient Hospital</b>	\$0 Copay per admission	30% after deductible	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Outpatient Surgery</b>	\$0 Copay	30% after deductible	\$100 Copay	\$100 Copay plus 30% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
<b>Urgent Care</b>	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$0 Copay per admission	30% after deductible	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$0 Copay per admission	30% after deductible	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Routine Eye Exam</b> (One exam per 24 months. In-network and out-of-network combined.)	\$20 Copay	30% after deductible	\$35 Copay	30% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>				
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum *</b>	\$3,000 per member/\$6,000 family In-network and out-of-network combined		\$3,000 per member/\$6,000 family In-network and out-of-network combined	
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$20/\$30	\$10/\$20/\$30 plus 20%	\$15/\$35/\$50	\$15/\$35/\$50 plus 20%
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$40/\$60	Not Covered	\$30/\$70/\$100	Not Covered
<b>Calendar Year Deductible - Prescription Drugs</b>	N/A	N/A	N/A	N/A
<b>Contraceptives and Diabetic Supplies</b>	Included	Included	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20%	Not Covered	20%	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum. The family pharmacy out-of-pocket maximum can be met in the same way for covered prescription drugs, including self-injectables.

\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# TRADITIONAL PPO PLAN OPTIONS

Plan Options	DC PPO 3.2*	
MEMBER BENEFITS	In-Network	Out-of-Network **
	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	N/A	30% after deductible
<b>Calendar Year Deductible*</b>	N/A	\$1,000 per member \$2,000 family
<b>Calendar Year Out-of-Pocket Maximum*</b> (Deductible applies to the Out-of-Pocket Maximum. Prescription drugs, including self-injectables, do not apply toward the Out-of-Pocket Maximum.)	\$1,500 per member \$3,000 family	\$3,000 per member \$6,000 family
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	\$20 Copay	30% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per calendar year. In-network and out-of-network combined.)	\$0 Copay	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	\$0 Copay	0%; deductible waived
<b>Primary Physician Office Visit</b>	\$20 Copay	30% after deductible
<b>Specialist Office Visit</b>	\$40 Copay	30% after deductible
<b>Outpatient Services - Lab</b>	\$40 Copay	30% after deductible
<b>Outpatient Services - X-ray</b>	\$40 Copay	30% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay	30% after deductible
<b>Chiropractic Services</b> (20 visits per calendar year. In-network and out-of-network combined.)	\$40 Copay	30% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	\$40 Copay	30% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50%	50% after deductible
<b>Inpatient Hospital</b>	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Outpatient Surgery</b>	\$100 Copay	\$100 Copay plus 30% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay	\$100 Copay
<b>Urgent Care</b>	\$40 Copay	30% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$250 Copay per day, 5 day copay maximum per admission	\$250 Copay per day, 5 day copay maximum per admission, plus 30% after deductible
<b>Routine Eye Exam</b> (One exam per 24 months. In-network and out-of-network combined.)	\$40 Copay	30% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	\$3,000 per member/\$6,000 family In-network and out-of-network combined	
<b>Prescription Drugs - Retail: 30-day supply</b>	\$20/\$40/\$60	\$20/\$40/\$60 plus 20%
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$40/\$80/\$120	Not Covered
<b>Calendar Year Deductible - Prescription Drugs</b>	N/A	N/A
<b>Contraceptives and Diabetic Supplies</b>	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20%	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum. The family pharmacy out-of-pocket maximum can be met in the same way for covered prescription drugs, including self-injectables.

\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

## CONSUMER-DIRECTED HMO HSA-COMPATIBLE OPTIONS

Plan Options	DC HMO HSA-COMPATIBLE NO-REFERRAL PLAN 1.2 <sup>+</sup> ,**	DC HMO HSA-COMPATIBLE NO-REFERRAL PLAN 2.2 <sup>+</sup> ,**	DC HMO HSA-COMPATIBLE NO-REFERRAL PLAN 3.2 <sup>+</sup> ,**
<b>MEMBER BENEFITS</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
	No Referral Needed	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	0% after deductible	0% after deductible	0% after deductible
<b>Calendar Year Deductible - Medical and Prescription Drugs*</b> (All covered prescription drug and medical expenses, except in-network preventive care services, apply to the deductible.)	\$1,200 individual \$2,400 family	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family
<b>Calendar Year Out-of-Pocket Maximum*</b> (All amounts paid as deductible, copayments, or coinsurance for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$2,400 individual \$4,800 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply.)	0%; deductible waived	0%; deductible waived	0%; deductible waived
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per 365 days.)	0%; deductible waived	0%; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year.)	0%; deductible waived	0%; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	0% after deductible	0% after deductible	\$20 Copay after deductible
<b>Specialist Office Visit</b>	0% after deductible	0% after deductible	\$30 Copay after deductible
<b>Outpatient Services - Lab</b>	0% after deductible	0% after deductible	0% after deductible
<b>Outpatient Services - X-ray</b>	0% after deductible	0% after deductible	\$30 Copay after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	0% after deductible	\$100 Copay after deductible
<b>Chiropractic Services</b> (20 visits per calendar year.)	0% after deductible	0% after deductible	\$30 Copay after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	0% after deductible	0% after deductible	\$30 Copay after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum.)	0% after deductible	0% after deductible	0% after deductible
<b>Inpatient Hospital</b>	0% after deductible	0% after deductible	\$250 Copay per admission after deductible
<b>Outpatient Surgery</b>	0% after deductible	0% after deductible	\$100 Copay after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	0% after deductible	0% after deductible	\$100 Copay after deductible
<b>Urgent Care</b>	0% after deductible	0% after deductible	\$30 Copay after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year.)	0% after deductible	0% after deductible	\$250 Copay per admission after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year.)	0% after deductible	0% after deductible	\$250 Copay per admission after deductible
<b>Routine Eye Exam</b> (Age and frequency schedules apply.)	0%; deductible waived	0%; deductible waived	\$30 Copay; deductible waived
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Included	Included
<b>PRESCRIPTION DRUGS</b>			
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	Integrated medical/pharmacy out-of-pocket maximum	Integrated medical/pharmacy out-of-pocket maximum	Integrated medical/pharmacy out-of-pocket maximum
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$15/\$30 after integrated deductible	\$10/\$15/\$30 after integrated deductible	\$10/\$15/\$30 after integrated deductible
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$30/\$60 after integrated deductible	\$20/\$30/\$60 after integrated deductible	\$20/\$30/\$60 after integrated deductible
<b>Calendar Year Deductible - Prescription Drugs*</b>	Integrated medical/pharmacy deductible	Integrated medical/pharmacy deductible	Integrated medical/pharmacy deductible
<b>Contraceptives and Diabetic Supplies</b>	Included	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20% after integrated deductible	20% after integrated deductible	20% after integrated deductible

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

\*\*"No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# CONSUMER-DIRECTED POS HSA-COMPATIBLE OPTIONS

Plan Options	DC POS HSA-COMPATIBLE NO-REFERRAL PLAN 1.2 <sup>+</sup> ,**		DC POS HSA-COMPATIBLE NO-REFERRAL PLAN 2.2 <sup>+</sup> ,**	
	In-Network	Out-of-Network***	In-Network	Out-of-Network***
<b>MEMBER BENEFITS</b>				
	No Referral Needed	No Referral Needed	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Calendar Year Deductible - Medical and Prescription Drugs*</b> (All covered prescription drug and medical expenses, except in-network and certain out-of-network preventive care services, apply to the deductible.)	\$1,200 individual/\$2,400 family In-network and out-of-network combined		\$1,200 individual/\$2,400 family In-network and out-of-network combined	
<b>Calendar Year Out-of-Pocket Maximum*</b> (All amounts paid as deductible, copayments, or coinsurance for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$2,400 individual/\$4,800 family In-network and out-of-network combined		\$2,400 individual/\$4,800 family In-network and out-of-network combined	
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	0%; deductible waived	20% after deductible	0%; deductible waived	20% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per 365 days. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	0% after deductible	20% after deductible	\$20 Copay after deductible	20% after deductible
<b>Specialist Office Visit</b>	0% after deductible	20% after deductible	\$30 Copay after deductible	20% after deductible
<b>Outpatient Services - Lab</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Outpatient Services - X-ray</b>	0% after deductible	20% after deductible	\$30 Copay after deductible	20% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	0% after deductible	20% after deductible	\$100 Copay after deductible	20% after deductible
<b>Chiropractic Services</b> (Limited to 20 visits per calendar year. In-network and out-of-network combined.)	0% after deductible	20% after deductible	\$30 Copay after deductible	20% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	0% after deductible	20% after deductible	\$30 Copay after deductible	20% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Inpatient Hospital</b>	0% after deductible	20% after deductible	\$250 Copay per admission after deductible	20% after deductible
<b>Outpatient Surgery</b>	0% after deductible	20% after deductible	\$100 Copay after deductible	20% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	0% after deductible	0% after deductible	\$100 Copay after deductible	\$100 Copay after deductible
<b>Urgent Care</b>	0% after deductible	20% after deductible	\$30 Copay after deductible	20% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	0% after deductible	20% after deductible	\$250 Copay per admission after deductible	20% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	0% after deductible	20% after deductible	\$250 Copay per admission after deductible	20% after deductible
<b>Routine Eye Exam</b> (Age and frequency schedules apply.)	0%; deductible waived	Not Covered	\$30 Copay; deductible waived	Not Covered
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>				
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	Integrated medical/pharmacy out-of-pocket maximum	Not Covered	Integrated medical/pharmacy out-of-pocket maximum	Not Covered
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$15/\$30 after integrated deductible	Not Covered	\$10/\$15/\$30 after integrated deductible	Not Covered
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$30/\$60 after integrated deductible	Not Covered	\$20/\$30/\$60 after integrated deductible	Not Covered
<b>Calendar Year Deductible - Prescription Drugs*</b>	Integrated medical/pharmacy deductible	Not Covered	Integrated medical/pharmacy deductible	Not Covered
<b>Contraceptives and Diabetic Supplies</b>	Included	Not Covered	Included	Not Covered
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20% after integrated deductible	Not Covered	20% after integrated deductible	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

\*\*\*"No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

\*\*\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# CONSUMER-DIRECTED PPO HSA-COMPATIBLE OPTIONS

Plan Options	DC PPO HSA-COMPATIBLE PLAN 1.2*	
MEMBER BENEFITS	In-Network	Out-of-Network**
	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	0% after deductible	20% after deductible
<b>Calendar Year Deductible - Medical and Prescription Drugs*</b> (All covered prescription drug and medical expenses, except in-network and certain out-of-network preventive care services, apply to the deductible.)	\$1,200 individual/\$2,400 family In-network and out-of-network combined	
<b>Calendar Year Out-of-Pocket Maximum*</b> (All amounts paid as deductible, copayments, or coinsurance for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$2,400 individual/\$4,800 family In-network and out-of-network combined	
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	0%; deductible waived	20% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	\$20 Copay after deductible	20% after deductible
<b>Specialist Office Visit</b>	\$30 Copay after deductible	20% after deductible
<b>Outpatient Services - Lab</b>	0% after deductible	20% after deductible
<b>Outpatient Services - X-ray</b>	0% after deductible	20% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay after deductible	\$100 Copay plus 20% after deductible
<b>Chiropractic Services</b> (20 visits per calendar year. In-network and out-of-network combined.)	\$30 Copay after deductible	20% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	\$30 Copay after deductible	20% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50% after deductible	50% after deductible
<b>Inpatient Hospital</b>	\$250 Copay per admission after deductible	\$250 Copay per admission plus 20% after deductible
<b>Outpatient Surgery</b>	\$100 Copay after deductible	\$100 Copay plus 20% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay after deductible	\$100 Copay after deductible
<b>Urgent Care</b>	\$30 Copay after deductible	20% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$250 Copay per admission after deductible	\$250 Copay per admission plus 20% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$250 Copay per admission after deductible	\$250 Copay per admission plus 20% after deductible
<b>Routine Eye Exam</b> (One exam per 24 months. In-network and out-of-network combined.)	0%; deductible waived	20% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	Integrated medical/pharmacy out-of-pocket maximum	
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$20/\$30 after integrated deductible	\$10/\$20/\$30 plus 20% after integrated deductible
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$40/\$60 after integrated deductible	Not Covered
<b>Calendar Year Deductible - Prescription Drugs*</b>	Integrated medical/pharmacy deductible	
<b>Contraceptives and Diabetic Supplies</b>	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20% after integrated deductible	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# CONSUMER-DIRECTED PPO HSA-COMPATIBLE OPTIONS

Plan Options	DC PPO HSA-COMPATIBLE PLAN 2.2*	
MEMBER BENEFITS	In-Network	Out-of-Network**
	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	10% after deductible	30% after deductible
<b>Calendar Year Deductible - Medical and Prescription Drugs*</b> (All covered prescription drug and medical expenses, except in-network and certain out-of-network preventive care services, apply to the deductible.)	\$2,000 individual/\$4,000 family In-network and out-of-network combined	
<b>Calendar Year Out-of-Pocket Maximum*</b> (All amounts paid as deductible, copayments, or coinsurance for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$4,000 individual/\$8,000 family In-network and out-of-network combined	
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	0%; deductible waived	30% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	10% after deductible	30% after deductible
<b>Specialist Office Visit</b>	10% after deductible	30% after deductible
<b>Outpatient Services - Lab</b>	10% after deductible	30% after deductible
<b>Outpatient Services - X-ray</b>	10% after deductible	30% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	10% after deductible	30% after deductible
<b>Chiropractic Services</b> (20 visits per calendar year. In-network and out-of-network combined.)	10% after deductible	30% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	10% after deductible	30% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50% after deductible	50% after deductible
<b>Inpatient Hospital</b>	10% after deductible	30% after deductible
<b>Outpatient Surgery</b>	10% after deductible	30% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	10% after deductible	10% after deductible
<b>Urgent Care</b>	10% after deductible	30% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	10% after deductible	30% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	10% after deductible	30% after deductible
<b>Routine Eye Exam</b> (One exam per 24 months. In-network and out-of-network combined.)	0%; deductible waived	30% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	Integrated medical/pharmacy out-of-pocket maximum	
<b>Prescription Drugs - Retail: 30-day supply</b>	\$10/\$20/\$30 after integrated deductible	\$10/\$20/\$30 plus 20% after integrated deductible
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$20/\$40/\$60 after integrated deductible	Not Covered
<b>Calendar Year Deductible - Prescription Drugs*</b>	Integrated medical/pharmacy deductible	
<b>Contraceptives and Diabetic Supplies</b>	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20% after integrated deductible	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# CONSUMER-DIRECTED PPO HSA-COMPATIBLE OPTIONS

Plan Options	DC PPO HSA-COMPATIBLE PLAN 3.2*	
MEMBER BENEFITS	In-Network	Out-of-Network**
	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	20% after deductible	40% after deductible
<b>Calendar Year Deductible - Medical and Prescription Drugs*</b> (All covered prescription drug and medical expenses, except in-network and certain out-of-network preventive care services, apply to the deductible.)	\$1,500 individual/\$3,000 family In-network and out-of-network combined	
<b>Calendar Year Out-of-Pocket Maximum*</b> (All amounts paid as deductible, copayments, or coinsurance for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$3,000 individual/\$6,000 family In-network and out-of-network combined	
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	0%; deductible waived	40% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	20% after deductible	40% after deductible
<b>Specialist Office Visit</b>	20% after deductible	40% after deductible
<b>Outpatient Services - Lab</b>	20% after deductible	40% after deductible
<b>Outpatient Services - X-ray</b>	20% after deductible	40% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	20% after deductible	40% after deductible
<b>Chiropractic Services</b> (20 visits per calendar year. In-network and out-of-network combined.)	20% after deductible	40% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	20% after deductible	40% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50% after deductible	50% after deductible
<b>Inpatient Hospital</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible
<b>Emergency Room</b>	20% after deductible	20% after deductible
<b>Urgent Care</b>	20% after deductible	40% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	20% after deductible	40% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	20% after deductible	40% after deductible
<b>Routine Eye Exam</b> (One exam per 24 months. In-network and out-of-network combined.)	0%; deductible waived	40% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	Integrated medical/pharmacy out-of-pocket maximum	
<b>Prescription Drugs - Retail: 30-day supply</b>	20% after integrated deductible	40% after integrated deductible
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	20% after integrated deductible	Not Covered
<b>Calendar Year Deductible - Prescription Drugs*</b>	Integrated medical/pharmacy deductible	
<b>Contraceptives and Diabetic Supplies</b>	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20% after integrated deductible	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.  
Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

CONSUMER-DIRECTED HEALTH NETWORK OPTION AHF HRA		
Plan Options	DC HEALTH NETWORK OPTION AHF HRA 1.2*,**	
MEMBER BENEFITS	In-Network	Out-of-Network***
	No Referral Needed	No Referral Needed
<b>HealthFund Amount</b> (Per plan year. Fund changes between tiers requires a life status change qualifying event.)	\$500 Individual/\$1,000 Family; In-network and out-of-network combined	
<b>HealthFund Coinsurance</b> (Percentage at which the Fund will reimburse.)	100%	
<b>HealthFund Administration</b>	The Fund will be used to pay for the member's responsibility, including the deductible and coinsurance. Once the deductible is met, the underlying medical plan provides coverage and if a Fund balance still exists, the Fund will pay the member's responsibility (i.e., the member's share of copay or coinsurance) until the Plan Year Out-of-Pocket Maximum has been reached or the Fund has been exhausted, whichever comes first. Preventive services, prescription drug benefit and self-injectables will be subject to the medical and pharmacy plan provisions and will not be eligible for reimbursement by the Fund.	
<b>HealthFund Rollover</b>	Any remaining HealthFund benefit amount at the end of the plan year is rolled over into next year's HealthFund benefit amount.	
<b>Member Coinsurance</b>	0% after deductible	20% after deductible
<b>Plan Year Deductible *</b>	\$2,000 Individual/\$4,000 Family In-network and out-of-network combined. All covered expenses, except in-network preventive services, out-of-network routine OB/GYN, out-of-network mammography and prescription drug benefits, including self-injectables, apply to the deductible.	
<b>Plan Year Out-of-Pocket Maximum*</b>	\$4,000 Individual/\$8,000 Family In-network and out-of-network combined. All amounts paid as deductible, copayment and coinsurance for covered services and supplies, except prescription drug benefits and self-injectables, apply toward the Out-of-Pocket Maximum.	
<b>Lifetime Maximum Benefit</b>	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	0%; deductible waived	20% after deductible
<b>Routine GYN Exams</b> (Limited to one exam and pap smear per 365 days. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per 365 days. In-network and out-of-network combined.)	0%; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	\$20 Copay after deductible	20% after deductible
<b>Specialist Office Visit</b>	\$30 Copay after deductible	20% after deductible
<b>Outpatient Services - Lab</b>	0% after deductible	20% after deductible
<b>Outpatient Services - X-ray</b>	0% after deductible	20% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay after deductible	\$100 Copay plus 20% after deductible
<b>Chiropractic Services</b> (20 visits per plan year. In-network and out-of-network combined.)	\$30 Copay after deductible	20% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	\$30 Copay after deductible	20% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Plan Year Maximum. In-network and out-of-network combined.)	50% after deductible	50% after deductible
<b>Inpatient Hospital</b>	\$300 Copay per admission after deductible	\$300 Copay per admission plus 20% after deductible
<b>Outpatient Surgery</b>	\$100 Copay after deductible	\$100 Copay plus 20% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay after deductible	\$100 Copay after deductible
<b>Urgent Care</b>	\$30 Copay after deductible	20% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per plan year. In-network and out-of-network combined.)	\$300 Copay per admission after deductible	\$300 Copay per admission plus 20% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per plan year; Rehab: Max. of 60 days per plan year. In-network and out-of-network combined.)	\$300 Copay per admission after deductible	\$300 Copay per admission plus 20% after deductible
<b>Routine Eye Exam</b> (One exam per 24 months. In-network and out-of-network combined.)	0%; deductible waived	20% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Not Covered
PRESCRIPTION DRUGS		
<b>Prescription Drug - Plan Year Out-of-Pocket Maximum*</b>	N/A	N/A
<b>Prescription Drugs - Retail: 30-day supply</b>	\$15/\$35/\$50	Not Covered
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$30/\$70/\$100	Not Covered
<b>Plan Year Deductible - Prescription Drugs*</b>	N/A	N/A
<b>Contraceptives and Diabetic Supplies</b>	Included	Not Covered
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20%	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year. The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the plan year.

\*\*\*No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

\*\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: For a summary list of Limitations and Exclusions, refer to pages 38-39. Please refer to Aetna's Producer World web site at [www.aetna.com](http://www.aetna.com) for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

# HMO AND PPO COST-SHARING PLANS

Plan Options	DC HMO COST SHARING NO-REFERRAL PLAN 1.2*, **	DC PPO COST SHARING PLAN 1.2*	
<b>MEMBER BENEFITS</b>	<b>In-Network</b>	<b>In-Network</b>	<b>Out-of-Network***</b>
	No Referral Needed	No Referral Needed	No Referral Needed
<b>Member Coinsurance</b>	N/A	N/A	20% after deductible
<b>Calendar Year Deductible*</b>	\$1,200 per member \$2,400 family	\$1,200 per member \$2,400 family	\$1,200 per member \$2,400 family
<b>Calendar Year Out-of-Pocket Maximum*</b> (Deductible applies to the Out-of-Pocket Maximum. Prescription drugs, including self-injectables, do not apply toward the Out-of-Pocket Maximum.)	\$2,400 per member \$4,800 family	\$2,400 per member \$4,800 family	\$2,400 per member \$4,800 family
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	\$2,000,000
<b>Well-Baby/Child and Adult Physical Exams</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	\$20 Copay; deductible waived	\$0 Copay; deductible waived	20% after deductible
<b>Routine GYN Exams</b> (HMO Cost-Sharing: Limited to one exam and pap smear per 365 days. PPO Cost-Sharing: Limited to one exam and pap smear per calendar year. In-network and out-of-network combined.)	\$30 Copay; deductible waived	\$0 Copay; deductible waived	0%; deductible waived
<b>Routine Mammograms</b> (Limited to one mammogram per calendar year. In-network and out-of-network combined.)	\$0 Copay; deductible waived	\$0 Copay; deductible waived	0%; deductible waived
<b>Primary Physician Office Visit</b>	\$20 Copay after deductible	\$20 Copay after deductible	20% after deductible
<b>Specialist Office Visit</b>	\$30 Copay after deductible	\$30 Copay after deductible	20% after deductible
<b>Outpatient Services - Lab</b>	\$0 Copay; deductible waived	\$0 Copay after deductible	20% after deductible
<b>Outpatient Services - X-ray</b>	\$30 Copay after deductible	\$0 Copay after deductible	20% after deductible
<b>Outpatient Complex Imaging</b> (MRA/MRS, MRI, PET and CAT Scans)	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay plus 20% after deductible
<b>Chiropractic Services</b> (20 visits per calendar year. In-network and out-of-network combined.)	\$30 Copay after deductible	\$30 Copay after deductible	20% after deductible
<b>Outpatient Physical, Occupational, Speech Therapy</b> (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	\$30 Copay after deductible	\$30 Copay after deductible	20% after deductible
<b>Durable Medical Equipment</b> (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50% after deductible	50% after deductible	50% after deductible
<b>Inpatient Hospital</b>	\$300 Copay per admission after deductible	\$300 Copay per admission after deductible	\$300 Copay per admission plus 20% after deductible
<b>Outpatient Surgery</b>	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay plus 20% after deductible
<b>Emergency Room</b> (Copay waived if admitted.)	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay after deductible
<b>Urgent Care</b>	\$30 Copay after deductible	\$30 Copay after deductible	20% after deductible
<b>Mental Health – Inpatient</b> (Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$300 Copay per admission after deductible	\$300 Copay per admission after deductible	\$300 Copay per admission plus 20% after deductible
<b>Substance Abuse – Inpatient</b> (Detox: Max. of 12 days per calendar year; Rehab: Max. of 60 days per calendar year. In-network and out-of-network combined.)	\$300 Copay per admission after deductible	\$300 Copay per admission after deductible	\$300 Copay per admission plus 20% after deductible
<b>Routine Eye Exam</b> (Age and frequency schedules apply. In-network and out-of-network combined.)	\$30 Copay; deductible waived	\$0 Copay; deductible waived	20% after deductible
<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Included	Included	Not Covered
<b>PRESCRIPTION DRUGS</b>			
<b>Prescription Drug - Calendar Year Out-of-Pocket Maximum*</b>	\$3,000 per member \$6,000 family	\$3,000 per member/\$6,000 family In-network and out-of-network combined	
<b>Prescription Drugs - Retail: 30-day supply</b>	\$15/\$35/\$50	\$15/\$35/\$50	\$15/\$35/\$50 plus 20%
<b>Prescription Drugs - Mail Order: 31-90 day supply</b>	\$30/\$70/\$100	\$30/\$70/\$100	Not Covered
<b>Calendar Year Deductible - Prescription Drugs*</b>	N/A	N/A	N/A
<b>Contraceptives and Diabetic Supplies</b>	Included	Included	Included
<b>Self-Injectables</b> (Excluding Insulin) Up to 90-day supply	20%	20%	Not Covered

\*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

\*\*Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. Once the family out-of-pocket maximum is met, all family members will be considered as having met their out-of-pocket maximum for the remainder of the calendar year. No one family member may contribute more than the individual out-of-pocket maximum amount to the family out-of-pocket maximum. The family pharmacy out-of-pocket maximum can be met in the same way for covered prescription drugs, including self-injectables.

\*\*\*No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

\*\*\*\*Non-Participating Provider payments for facility charges are determined based upon Aetna's Allowable Fee Schedule. Non-Participating Provider payments for other charges are determined based upon the negotiated charge that would apply if such services or supplies were received from a Participating Provider. These charges are referred to in plan documents as "recognized" charges.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

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Aetna Avenue

**DENTAL** OVERVIEW**AETNA DENTAL® PLANS**

Small business decision makers can choose from a variety of plan design options that help you offer a dental benefits and dental insurance plan that's just right for your employees.

*The Mouth Matters<sup>SM</sup>*

Research shows that more than 90 percent of all medical illnesses are detectable in the mouth and that 75 percent of people over the age of 35 have periodontal (gum) disease.<sup>1</sup> Untreated oral diseases can have a big impact on the quality of life. This means that a dentist may be the first health care provider to diagnose a health problem.

Aetna Dental/Medical Integration<sup>SM</sup> (DMI) program,\* available at no additional charge to plan sponsors that have both medical and dental coverages with Aetna, focuses on those who are pregnant or have diabetes, coronary artery disease (heart disease) or cerebrovascular disease (stroke) and have not had a recent dental visit. We proactively educate those at-risk members about the impact oral health care can have on their condition. Our member outreach has been proven to successfully motivate those at-risk members who do not normally seek dental care to visit the dentist. Once at the dentist, these at-risk members will receive enhanced dental benefits including an extra cleaning and full coverage for certain periodontal services.

*The Dental Maintenance Organization (DMO®)*

Members select a primary care dentist to coordinate their care from the available managed dental network. Each family member may choose a different primary care dentist and may switch dentists at any time via Aetna Navigator or with a call to Member Services. If specialty care is needed, a member's primary care dentist can refer the member to a participating specialist. However, members may visit orthodontists without a referral. There are virtually no claim forms to file, and benefits are not subject to deductibles or annual maximums.

*Preferred Provider Organization (PPO) plan*

Members can choose a dentist who participates in the network or choose a licensed dentist who does not. Participating dentists have agreed to offer our members services at a negotiated rate and will not balance-bill members.

<sup>1</sup> The professional entity, Academy of General Dentistry, 2007.

\*DMI may not be available in all states.

### *PPO Max plan*

While the PPO Max dental insurance plan uses the PPO network, when members use out-of-network dentists the service will be covered based on the PPO fee schedule, rather than the reasonable and customary charge. The member will share in more of the costs and may be balance-billed. This plan offers members a quality dental insurance plan with a significantly lower premium that encourages in-network usage.

### *Freedom-of-Choice plan design option*

Get maximum flexibility with our two-in-one dental plan design option. The Freedom-of-Choice plan design provides the administrative ease of one plan, yet members get to choose between the DMO and PPO Max plans on a monthly basis. One blended rate is paid. Members may switch between the plans on a monthly basis by calling Member Services. Plan changes must be made by the 15th of the month to be effective the following month.

### *Dual Option\* plan*

In the Dual Option plan design the DMO may be packaged with any one of the PPO plans. Employees may choose between the DMO and PPO offerings at annual enrollment.

### *Voluntary Dental option*

The Voluntary Dental option provides a solution to meet the individual needs of members in the face of rising health care costs. Administration is easy, and members benefit from lower group rates and the convenience of payroll deductions. Employers choose how the plan is funded. It can be entirely member-paid or employers can contribute up to 50 percent.

\*Dual Option does not apply to Voluntary Dental plans.

## AETNA SMALL GROUP DENTAL PLANS

Available With an Aetna Medical Plan to Groups with 2 - 50 Eligible Employees Available Without Medical Plan (Dental Standalone) to Groups with 3 - 50 Eligible Employees	<b>Option 2 DMO Access</b>	<b>Option 3 Freedom-of-Choice — Monthly selection between the DMO and PPO Max</b>		<b>Option 4 PPO Max 1500</b>
	Plan 42	DMO Plan 100/90/60	PPO Max Plan 100/70/40	PPO Max Plan 100/80/50
<b>Office Visit Copay</b>	\$10	\$5	N/A	N/A
<b>Dental Fund</b>	N/A	N/A	N/A	N/A
<b>Annual Deductible per Member</b> <small>(does not apply to Diagnostic &amp; Preventive Services)</small>	None	None	\$50; 3X Family Maximum	\$50; 3X Family Maximum
<b>Annual Maximum Benefit</b>	Unlimited	Unlimited	\$1,000	\$1,500
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
<b>Periodic oral exam</b>	No Charge	100%	100%	100%
<b>Comprehensive oral exam</b>	No Charge	100%	100%	100%
<b>Problem-focused oral exam</b>	No Charge	100%	100%	100%
<b>X-rays</b>				
<b>Bitewing - single film</b>	No Charge	100%	100%	100%
<b>Complete series</b>	No Charge	100%	100%	100%
<b>Preventive Services</b>				
<b>Adult Cleaning</b>	No Charge	100%	100%	100%
<b>Child Cleaning</b>	No Charge	100%	100%	100%
<b>Sealants - per tooth</b>	\$10	100%	100%	100%
<b>Fluoride application - with cleaning</b>	No Charge	100%	100%	100%
<b>Space maintainers</b>	\$100	100%	100%	100%
<b>Basic Services</b>				
<b>Amalgam filling - 2 surfaces</b>	\$32	90%	70%	80%
<b>Resin filling - 2 surfaces, anterior</b>	\$55	90%	70%	80%
<b>Oral Surgery</b>				
<b>Extraction - exposed root or erupted tooth</b>	\$30	90%	70%	80%
<b>Extraction of impacted tooth - soft tissue</b>	\$80	90%	70%	80%
<b>*Major Services</b>				
<b>Complete upper denture</b>	\$500	60%	40%	50%
<b>Partial upper denture</b> <small>(resin base)</small>	\$513	60%	40%	50%
<b>Crown - Porcelain with noble metal<sup>1</sup></b>	\$488	60%	40%	50%
<b>Pontic - Porcelain with noble metal<sup>1</sup></b>	\$488	60%	40%	50%
<b>Inlay - Metallic</b> <small>(3 or more surfaces)</small>	\$463	60%	40%	50%
<b>Oral Surgery</b>				
<b>Removal of impacted tooth - partially bony</b>	\$175**	60%	40%	50%
<b>Endodontic Services</b>				
<b>Bicuspid root canal therapy</b>	\$195	90%	40%	50%
<b>Molar root canal therapy</b>	\$435**	60%	40%	50%
<b>Periodontic Services</b>				
<b>Scaling &amp; root planing - per quadrant</b>	\$65	90%	40%	50%
<b>Osseous surgery - per quadrant</b>	\$445**	60%	40%	50%
<b>*Orthodontic Services</b>	\$2,300 copay	\$2,300 copay	Not covered	Not covered
<b>Orthodontic Lifetime Maximum</b>	Does not apply	Does not apply	Does not apply	Does not apply

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the Basic Dental Rider in Plan Option 1; DMO in Plan Options 2 & 3 or on the PPO in Plan Options 6 & 8.

\*\*Specialist procedures are not covered by the plan when performed by a participating Specialist. However, the service is available to the member at a discount. Fixed dollar amounts on the DMO in Plan Options 2 & 3 including office visit and ortho copays are the member's responsibility.

<sup>1</sup>There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Plan Option 2.

Access to negotiated discounts; On the PPO plans in Plan Options 3-8, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Plan Options 2 & 3 and the PPO in Plan Option 5.

Plan Options 3, 4, & 6 - 8 ; PPO Max Non-Preferred (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.

The DentalFund in Plan Option 6 can be used to pay for any non-covered service. Any unused portion of the Fund will roll over to the next calendar year.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who participate in the Aetna Dental Access Network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the Dentist participates in both the Aetna Dental Access Network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access Network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 40.

AETNA SMALL GROUP DENTAL PLANS					
Available With an Aetna Medical Plan to Groups with 2 - 50 Eligible Employees Available Without Medical Plan (Dental Standalone) to Groups with 3 - 50 Eligible Employees	Option 5 Active PPO Plan		Option 6 Consumer Directed	Option 7 PPO Max 1000	Option 8 Preventive Care
	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/40	DentalFund/PPO Max 100/0/0	PPO Max Plan 100/70/40	PPO Max Plan 100/0/0
<b>Office Visit Copay</b>	N/A	N/A	None	N/A	N/A
<b>Dental Fund</b>	N/A	N/A	\$50 Single; \$100 Family	N/A	N/A
<b>Annual Deductible per Member</b> (does not apply to Diagnostic & Preventive Services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	None	\$50; 3X Family Maximum	None
<b>Annual Maximum Benefit</b>	\$1,500	\$1,000	Unlimited	\$1,000	Unlimited
<b>Diagnostic Services</b>					
<b>Oral Exams</b>					
<b>Periodic oral exam</b>	100%	80%	100%	100%	100%
<b>Comprehensive oral exam</b>	100%	80%	100%	100%	100%
<b>Problem-focused oral exam</b>	100%	80%	100%	100%	100%
<b>X-rays</b>					
<b>Bitewing - single film</b>	100%	80%	100%	100%	100%
<b>Complete series</b>	100%	80%	100%	100%	100%
<b>Preventive Services</b>					
<b>Adult Cleaning</b>	100%	80%	100%	100%	100%
<b>Child Cleaning</b>	100%	80%	100%	100%	100%
<b>Sealants - per tooth</b>	100%	80%	100%	100%	100%
<b>Fluoride application - with cleaning</b>	100%	80%	100%	100%	100%
<b>Space maintainers</b>	100%	80%	100%	100%	100%
<b>Basic Services</b>					
<b>Amalgam filling - 2 surfaces</b>	80%	60%	Discounted Fee	70%	Discount
<b>Resin filling - 2 surfaces, anterior</b>	80%	60%	Discounted Fee	70%	Discount
<b>Oral Surgery</b>					
<b>Extraction - exposed root or erupted tooth</b>	80%	60%	Discounted Fee	70%	Discount
<b>Extraction of impacted tooth - soft tissue</b>	80%	60%	Discounted Fee	70%	Discount
<b>*Major Services</b>					
<b>Complete upper denture</b>	50%	40%	Discounted Fee	40%	Discount
<b>Partial upper denture (resin base)</b>	50%	40%	Discounted Fee	40%	Discount
<b>Crown - Porcelain with noble metal<sup>1</sup></b>	50%	40%	Discounted Fee	40%	Discount
<b>Pontic - Porcelain with noble metal<sup>1</sup></b>	50%	40%	Discounted Fee	40%	Discount
<b>Inlay - Metallic (3 or more surfaces)</b>	50%	40%	Discounted Fee	40%	Discount
<b>Oral Surgery</b>					
<b>Removal of impacted tooth - partially bony</b>	50%	40%	Discounted Fee	40%	Discount
<b>Endodontic Services</b>					
<b>Bicuspid root canal therapy</b>	80%	60%	Discounted Fee	40%	Discount
<b>Molar root canal therapy</b>	50%	40%	Discounted Fee	40%	Discount
<b>Periodontic Services</b>					
<b>Scaling &amp; root planing - per quadrant</b>	80%	60%	Discounted Fee	40%	Discount
<b>Osseous surgery - per quadrant</b>	50%	40%	Discounted Fee	40%	Discount
<b>*Orthodontic Services</b>					
<b>Orthodontic Lifetime Maximum</b>	\$1,000	\$1,000	Does not apply	Does not apply	Does not apply

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the Basic Dental Rider in Plan Option 1; DMO in Plan Options 2 & 3 or on the PPO in Plan Options 6 & 8.

\*\*Specialist procedures are not covered by the plan when performed by a participating Specialist. However, the service is available to the member at a discount.

Fixed dollar amounts on the DMO in Plan Options 2 & 3 including office visit and ortho copays are the member's responsibility.

<sup>1</sup>There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Plan Option 2.

Access to negotiated discounts; On the PPO plans in Plan Options 3-8, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Plan Options 2 & 3 and the PPO in Plan Option 5.

Plan Options 3, 4, & 6 - 8 ; PPO Max Non-Preferred (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.

The DentalFund in Plan Option 6 can be used to pay for any non-covered service. Any unused portion of the Fund will roll over to the next calendar year.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who participate in the Aetna Dental Access Network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the Dentist participates in both the Aetna Dental Access Network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access Network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 40.

## AETNA SMALL GROUP VOLUNTARY DENTAL PLANS

Available With or Without an Aetna Medical Plan to Groups with 3 - 50 Eligible Employees	Voluntary Option 2 DMO Access	Voluntary Option 3 Freedom-of-Choice — Monthly selection between the DMO and PPO Max	
	Plan 42	DMO Plan 100/90/60	PPO Max Plan 100/70/40
<b>Office Visit Copay</b>	\$15	\$10	N/A
<b>Dental Fund</b>	N/A	N/A	N/A
<b>Annual Deductible per Member</b> (does not apply to Diagnostic & Preventive Services)	None	None	\$75; 3X Family Maximum
<b>Annual Maximum Benefit</b>	Unlimited	None	\$1,000
<b>Diagnostic Services</b>			
<b>Oral Exams</b>			
<b>Periodic oral exam</b>	No Charge	100%	100%
<b>Comprehensive oral exam</b>	No Charge	100%	100%
<b>Problem-focused oral exam</b>	No Charge	100%	100%
<b>X-rays</b>			
<b>Bitewing - single film</b>	No Charge	100%	100%
<b>Complete series</b>	No Charge	100%	100%
<b>Preventive Services</b>			
<b>Adult Cleaning</b>	No Charge	100%	100%
<b>Child Cleaning</b>	No Charge	100%	100%
<b>Sealants - per tooth</b>	\$10	100%	100%
<b>Fluoride application - with cleaning</b>	No Charge	100%	100%
<b>Space maintainers</b>	\$100	100%	100%
<b>Basic Services</b>			
<b>Amalgam fillings</b>	\$32	90%	70%
<b>Resin fillings, anterior</b>	\$55	90%	70%
<b>Oral Surgery</b>			
<b>Extraction - exposed root or erupted tooth</b>	\$30	90%	70%
<b>Extraction of impacted tooth - soft tissue</b>	\$80	90%	70%
<b>*Major Services</b>			
<b>Complete upper denture</b>	\$500	60%	40%
<b>Partial upper denture (resin base)</b>	\$513	60%	40%
<b>Crown - Porcelain with noble metal<sup>1</sup></b>	\$488	60%	40%
<b>Pontic - Porcelain with noble metal<sup>1</sup></b>	\$488	60%	40%
<b>Inlay - Metallic (3 or more surfaces)</b>	\$463	60%	40%
<b>Oral Surgery</b>			
<b>Removal of impacted tooth - partially bony</b>	\$175**	60%	40%
<b>Endodontic Services</b>			
<b>Bicuspid root canal therapy</b>	\$195	90%	40%
<b>Molar root canal therapy</b>	\$435**	60%	40%
<b>Periodontic Services</b>			
<b>Scaling &amp; root planing - per quadrant</b>	1.07 in	90%	40%
<b>Osseous surgery - per quadrant</b>	\$445**	60%	40%
<b>*Orthodontic Services</b>			
<b>Orthodontic Lifetime Maximum</b>	Does not apply	Does not apply	Does not apply

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Voluntary Plan Options 2 & 3 or the PPO in Voluntary Plan Option 5.

\*\*Specialist procedures are not covered by the plan when performed by a participating Specialist. However, the service is available to the member at a discount.

Fixed dollar amounts on the DMO in Plan Options 2 & 3 including office visit and ortho copays are the member's responsibility.

<sup>1</sup>There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Voluntary Plan Option 2.

Access to negotiated discounts; On the PPO plans in Voluntary Plan Options 3, 4 & 5, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Voluntary Plan Options 2 & 3.

Voluntary Plan Options 3, 4 & 5; PPO Max Non-Preferred (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.

All voluntary plans require a minimum of 3 to enroll. Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the Coverage Waiting Period.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who participate in the Aetna Dental Access Network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the Dentist participates in both the Aetna Dental Access Network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access Network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 40.

## AETNA SMALL GROUP VOLUNTARY DENTAL PLANS

Available With or Without an Aetna Medical Plan to Groups with 3 - 50 Eligible Employees	Voluntary Option 4 PPO Max	Voluntary Option 5 Preventive Care
	PPO Max Plan 100/80/50	PPO Max Plan 100/0/0
Office Visit Copay	N/A	N/A
Dental Fund	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	\$75; 3X Family Maximum	None
Annual Maximum Benefit	\$1,500	Unlimited
<b>Diagnostic Services</b>		
<b>Oral Exams</b>		
Periodic oral exam	100%	100%
Comprehensive oral exam	100%	100%
Problem-focused oral exam	100%	100%
<b>X-rays</b>		
Bitewing - single film	100%	100%
Complete series	100%	100%
<b>Preventive Services</b>		
Adult Cleaning	100%	100%
Child Cleaning	100%	100%
Sealants - per tooth	100%	100%
Fluoride application - with cleaning	100%	100%
Space maintainers	100%	100%
<b>Basic Services</b>		
Amalgam fillings	80%	Discount
Resin fillings, anterior	80%	Discount
<b>Oral Surgery</b>		
Extraction - exposed root or erupted tooth	80%	Discount
Extraction of impacted tooth - soft tissue	80%	Discount
<b>*Major Services</b>		
Complete upper denture	50%	Discount
Partial upper denture (resin base)	50%	Discount
Crown - Porcelain with noble metal <sup>1</sup>	50%	Discount
Pontic - Porcelain with noble metal <sup>1</sup>	50%	Discount
Inlay - Metallic (3 or more surfaces)	50%	Discount
<b>Oral Surgery</b>		
Removal of impacted tooth - partially bony	50%	Discount
<b>Endodontic Services</b>		
Bicuspid root canal therapy	50%	Discount
Molar root canal therapy	50%	Discount
<b>Periodontic Services</b>		
Scaling & root planing - per quadrant	50%	Discount
Osseous surgery - per quadrant	50%	Discount
*Orthodontic Services	Not covered	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Voluntary Plan Options 2 & 3 or the PPO in Voluntary Plan Option 5.

\*\*Specialist procedures are not covered by the plan when performed by a participating Specialist. However, the service is available to the member at a discount.

Fixed dollar amounts on the DMO in Plan Options 2 & 3 including office visit and ortho copays are the member's responsibility.

<sup>1</sup>There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Voluntary Plan Option 2.

Access to negotiated discounts; On the PPO plans in Voluntary Plan Options 3, 4 & 5, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Voluntary Plan Options 2 & 3.

Voluntary Plan Options 3, 4 & 5; PPO Max Non-Preferred (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.

All voluntary plans require a minimum of 3 to enroll. Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the Coverage Waiting Period.

DMO Access: Apart from the DMO network and DMO plan of benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who participate in the Aetna Dental Access Network and have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the Dentist participates in both the Aetna Dental Access Network and the Aetna DMO network, DMO benefits take precedence over all other discounts including discounts through the Aetna Dental Access network.

Aetna Dental Access Network is not insurance or a benefits plan. It only provides access to discounted fees for dental services obtained from providers who participate in the Aetna Dental Access network. Members are solely responsible for all charges incurred using this access, and are expected to make payment to the provider at the time of treatment.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 40.

## SMALL GROUP OUT-OF-STATE PPO DENTAL PLANS

Available With an Aetna Medical Plan to Groups with 2 - 50 Eligible Employees Available Without Medical Plan (Dental Standalone) to Groups with 3 - 50 Eligible Employees	Low Option No Ortho	Low Option Ortho	Medium Option No Ortho	Medium Option Ortho
	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
<b>Office Visit Copay</b>	N/A	N/A	N/A	N/A
<b>Annual Deductible per Member</b> (Does not apply to Diagnostic & Preventive services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum
<b>Annual Maximum Benefit</b>	\$1,000	\$1,000	\$1,500	\$1,500
<b>Diagnostic Services</b>				
<b>Oral Exams</b>				
<b>Periodic oral exam</b>	100%	100%	100%	100%
<b>Comprehensive oral exam</b>	100%	100%	100%	100%
<b>Problem-focused oral exam</b>	100%	100%	100%	100%
<b>X-rays</b>				
<b>Bitewing - single film</b>	100%	100%	100%	100%
<b>Complete series</b>	100%	100%	100%	100%
<b>Preventive Services</b>				
<b>Adult Cleaning</b>	100%	100%	100%	100%
<b>Child Cleaning</b>	100%	100%	100%	100%
<b>Sealants - per tooth</b>	100%	100%	100%	100%
<b>Fluoride application - with cleaning</b>	100%	100%	100%	100%
<b>Space maintainers</b>	100%	100%	100%	100%
<b>Basic Services</b>				
<b>Amalgam filling - 2 surfaces</b>	80%	80%	80%	80%
<b>Resin filling - 2 surfaces, anterior</b>	80%	80%	80%	80%
<b>Oral Surgery</b>				
<b>Extraction - exposed root or erupted tooth</b>	80%	80%	80%	80%
<b>Extraction of impacted tooth - soft tissue</b>	80%	80%	80%	80%
<b>*Major Services</b>				
<b>Complete upper denture</b>	50%	50%	50%	50%
<b>Partial upper denture (resin base)</b>	50%	50%	50%	50%
<b>Crown - Porcelain with noble metal</b>	50%	50%	50%	50%
<b>Pontic - Porcelain with noble metal</b>	50%	50%	50%	50%
<b>Inlay - Metallic (3 or more surfaces)</b>	50%	50%	50%	50%
<b>Oral Surgery</b>				
<b>Removal of impacted tooth - partially bony</b>	50%	50%	50%	50%
<b>Endodontic Services</b>				
<b>Bicuspid root canal therapy</b>	50%	50%	50%	50%
<b>Molar root canal therapy</b>	50%	50%	50%	50%
<b>Periodontic Services</b>				
<b>Scaling &amp; root planing - per quadrant</b>	50%	50%	50%	50%
<b>Osseous surgery - per quadrant</b>	50%	50%	50%	50%
<b>*Orthodontic Services</b>				
<b>Orthodontic Lifetime Maximum</b>	Does not apply	\$1,000	Does not apply	\$1,000

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Access to negotiated discounts; On all PPO Max plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.  
PPO Max Non-Preferred (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. Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.  
Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 40. For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Massachusetts, Montana, North Carolina, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, Wyoming.

## SMALL GROUP OUT-OF-STATE PPO VOLUNTARY DENTAL PLANS

Available With or Without an Aetna Medical Plan to Groups with 3 - 50 Eligible Employees	Option 1 No Ortho	Option 1 Ortho
	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A
Annual Deductible per Member (Does not apply to Diagnostic & Preventive services)	\$75; 3X Family Maximum	\$75; 3X Family Maximum
Annual Maximum Benefit	\$1,000	\$1,000
	v4	v4
<b>Diagnostic Services</b>		
<b>Oral Exams</b>		
Periodic oral exam	100%	100%
Comprehensive oral exam	100%	100%
Problem-focused oral exam	100%	100%
<b>X-rays</b>		
Bitewing - single film	100%	100%
Complete series	100%	100%
<b>Preventive Services</b>		
Adult Cleaning	100%	100%
Child Cleaning	100%	100%
Sealants - per tooth	100%	100%
Fluoride application - with cleaning	100%	100%
Space maintainers	100%	100%
<b>Basic Services</b>		
Amalgam filling - 2 surfaces	80%	80%
Resin filling - 2 surfaces, anterior	80%	80%
<b>Oral Surgery</b>		
Extraction - exposed root or erupted tooth	80%	80%
Extraction of impacted tooth - soft tissue	80%	80%
<b>*Major Services</b>		
Complete upper denture	50%	50%
Partial upper denture (resin base)	50%	50%
Crown - Porcelain with noble metal	50%	50%
Pontic - Porcelain with noble metal	50%	50%
Inlay - Metallic (3 or more surfaces)	50%	50%
<b>Oral Surgery</b>		
Removal of impacted tooth - partially bony	50%	50%
<b>Endodontic Services</b>		
Bicuspid root canal therapy	50%	50%
Molar root canal therapy	50%	50%
<b>Periodontic Services</b>		
Scaling & root planing - per quadrant	50%	50%
Osseous surgery - per quadrant	50%	50%
<b>*Orthodontic Services</b>		
Orthodontic Lifetime Maximum	Does not apply	\$1,000

\*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Access to negotiated discounts; On all PPO Max plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.

PPO Max Non-Preferred (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. Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 40. For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Massachusetts, Montana, North Carolina, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, Wyoming.

*Aetna Avenue***LIFE AND DISABILITY OVERVIEW**

Aetna Life Insurance Company (Aetna) Small Group packaged life and disability insurance or benefits plans include a range of flat-dollar insurance options bundled together in one monthly per-employee rate. These products are easy to understand and offer affordable benefits to help your employees protect their families in the event of illness, injury or death. You'll benefit from streamlined plan installation, administration and claims processing, and all of the benefits of our standalone life and disability products for small groups. Or, simply choose from our portfolio of group basic term life and disability insurance plans.

**LIFE INSURANCE**

We know that life insurance is an important part of the benefits package you offer your employees. That's why our products and programs are designed to meet your needs for:

- Flexibility
- Added value
- Cost-efficiency
- Experienced support

We help you give employees what they're looking for in lifestyle protection, through our selected group life insurance options. And we look beyond the benefit payout to include useful enhancements through the *Aetna Life Essentials*<sup>SM</sup> program.

So what's the bottom line? A portfolio of value-packed products and programs to attract and retain workers — while making the most of the benefit dollars you spend.

***Giving you (and your employees) what you want***

Employees are looking for cost-efficient plan features and value-added programs that help them make better decisions for themselves and their dependents.

*Our life insurance plans come with a variety of features including:*

***Accelerated death benefit*** — Also called the "living benefit," the accelerated death benefit provides payment to terminally ill employees or spouses. This payment can be up to 75 percent of the life insurance benefit.

***Premium waiver provision*** — Employee coverage may stay in effect up to age 65 without premium payments if an employee becomes permanently and totally disabled while insured due to an illness or injury prior to age 60.

***Optional dependent life*** — This feature allows employees to add optional additional coverage for eligible spouses and children for employers with 10 or more employees.

***Our fresh approach to life***

With *Aetna Life Essentials*, your employees have access to programs during their active lives to help promote healthy, fulfilling lifestyles. In addition, Aetna Life Essentials provides for critical caring and support resources for often-overlooked needs during the end of one's life. And we also include value for beneficiaries and their loved ones well beyond the financial support from a death benefit.

## AD&D ULTRA®

AD&D Ultra is standardly included with our small group life and disability insurance or benefits plans and provides employees and their families with the same coverage as a typical accidental death and dismemberment plan — and then some. It includes extra, no-cost features, such as coverage for education or child-care expenses that make this protection even more valuable.

Benefits include:

- Death
- Dismemberment
- Loss of Sight
- Loss of Speech
- Loss of Hearing
- Third-Degree Burns
- Paralysis
- Exposure and Disappearance
- Passenger Restraint and Airbag
- Education Benefit for Dependent Child and/or Spouse
- Child Care Benefit
- Coma Benefit
- Repatriation of Remains Benefit
- Total Disability Benefit

## DISABILITY INSURANCE

Disability insurance is standardly included with our small group life and disability package. Finding disability insurance or benefits plans for you and your employees isn't difficult. Many companies offer them. The challenge is finding the right plan ... one that will meet the distinct needs of your business. Aetna understands this.

Our in-depth approach to disability helps give us a clear understanding of what you and your employees need ... and then helps meet those needs. You'll get the right resources, the right support and the right care for your employees at the right time:

- Our clinically based disability model ensures claims and duration guidelines are fact-based with objective benchmarks.
- We offer a holistic approach that takes the whole person into account.
- We give you 24-hour access to claim information.
- We provide return-to-work programs to help ensure employees are back to work as soon as it's medically safe to do so.
- We employ vocational rehabilitation and ergonomic specialists who can help restore employees back to health and productive employment.

## INTEGRATED HEALTH AND DISABILITY

Integrated health and disability is standardly included with our small group life and disability insurance or benefits plans. With our Integrated Health and Disability program, we can link medical and disability data to help anticipate concerns, take action and get your employees back to work sooner:

- Predictive modeling identifies medical members most likely to experience a disability, potentially preventing a disability from occurring or minimizing the impact for better outcomes.
- Health Insurance Portability and Accountability Act (HIPAA)-compliant so medical and disability staff can share clinical information and work jointly with the employee to help address medical and disability issues.
- Referrals between health case managers and their disability counterparts help ensure better consistency and integration.
- The Integrated Health and Disability program is available at no additional cost when a member has both medical and disability coverage from Aetna.

For a summary list of Limitations and Exclusions, refer to page 41.

<b>TERM LIFE PLAN OPTIONS</b>		
	<b>2-9 Employees</b>	<b>10-50 Employees</b>
<b>Basic Life Schedule</b>	Flat \$10,000, \$15,000, \$20,000, \$50,000	Flat \$10,000, \$15,000, \$20,000, \$50,000, \$75,000, \$100,000, \$125,000
<b>Class Schedules</b>	Not Available	Up to 3 classes (with a minimum requirement of 3 employees in each class) — the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class even if only 2 classes are offered
<b>Premium Waiver Provision</b>	Premium Waiver 60	Premium Waiver 60
<b>Age Reduction Schedule</b>	Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75	Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
<b>Accelerated Death Benefit</b>	Up to 75% of Life Amount for terminal illness	Up to 75% of Life Amount for terminal illness
<b>Guaranteed Issue</b>	\$20,000	10-25 employees \$75,000 26-50 employees \$100,000
<b>Participation Requirements</b>	100%	100% on non-contributory plans; With Medical — 70% on contributory plans Standalone (26-50) — 75% on contributory plans
<b>Contribution Requirements</b>	100% Employer Contribution	Minimum 50% Employer Contribution
<b>AD&amp;D ULTRA®</b>		
<b>AD&amp;D Schedule</b>	Matches Life Benefit	Matches Life Benefit
<b>Additional Features</b>	Passenger restraint and airbag, education benefit for your child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss	Passenger restraint and airbag, education benefit for your child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss
<b>OPTIONAL DEPENDENT TERM LIFE</b>		
<b>Spouse Amount</b>	Not Available	\$5,000
<b>Child Amount</b>	Not Available	\$2,000

Available With an Aetna Medical Plan to Groups with 2-50 Eligible Employees  
 Available With an Aetna Dental Plan to Groups with 10-50 Eligible Employees  
 Available Standalone (Without Medical or Dental Plans) to Groups with 26-50 Eligible Employees

## PACKAGED LIFE AND DISABILITY PLAN OPTIONS

Basic Life Plan Design	Low Option	Medium Option	High Option
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed Issue 2-9 Lives 10-50 Lives	\$10,000 \$10,000	\$20,000 \$20,000	\$20,000 \$50,000
Reduction Schedule	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75
Disability Provision	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60
Conversion	Included	Included	Included
Accelerated Death Benefit	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration
Dependent Life	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
<b>AD&amp;D ULTRA</b>			
AD&D Ultra®	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
AD&D Ultra® Additional Features	Seat Belt/Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss		
<b>DISABILITY PLAN DESIGN</b>			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; offsets are Workers' Compensation, any State Disability Plan and Primary and Family Social Security benefits if applicable	
Elimination Period	30 days	30 days	30 days
Definition of Disability	Own Occupation: Earnings loss of 20% or more.	Own Occupation: Earnings loss of 20% or more.	First 24 months of benefits: Own Occupation Earnings Loss of 20% or more; Any reasonable occupation thereafter: 40% earnings loss.
Benefit Duration	24 months	24 months	60 months
Pre-Existing Condition Limitation	3/12	3/12	3/12
Types of Disability	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
Separate Periods of Disability	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter
Mental Health/ Substance Abuse	Duration same as all other conditions	Duration same as all other conditions	24 months
Waiver of Premium	Included	Included	Included
<b>OTHER PLAN PROVISIONS</b>			
Employer Contribution	2-9 Lives – 100% employer paid 10+ Lives – 50-100% employer paid	2-9 Lives – 100% employer paid 10+ Lives – 50-100% employer paid	2-9 Lives – 100% employer paid 10+ Lives – 50-100% employer paid
Minimum Participation	2-9 Lives – 100% 10+ Lives – 75%	2-9 Lives – 100% 10+ Lives – 75%	2-9 Lives – 100% 10+ Lives – 75%
Eligibility	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees
Class Schedules	2-9 Lives: Not Available; 10-50 Lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) – the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class even if only two classes are offered.		
Rate Guarantee	1 year	1 year	1 year
Rates PEPM	\$8.00	\$15.00	\$27.00

## Aetna Avenue

# SMALL GROUP UNDERWRITING GUIDELINES

## WASHINGTON, D.C. UNDERWRITING GUIDELINES

This list is meant to be informative and is not intended to be all inclusive. Other policies and guidelines may apply.

ELIGIBLE GROUPS	
<b>Participation</b>	<p><b>Medical</b></p> <ul style="list-style-type: none"> <li>▪ Groups with 2 to 50 eligible employees – 75% of the eligibles must participate, excluding those with qualifying existing spousal coverage, governmental (Medicare, Medicaid or Champus/Tricare) or union coverage. Example: 22 employees, 2 covered under spouse; 22 minus 2 = 20 x 75% = 15 must enroll</li> <li>▪ A minimum of two (2) employees must enroll.</li> <li>▪ 100% participation is required for non-contributory plans. That means 100% of all employees must enroll.</li> <li>▪ Dependent participation is not required.</li> <li>▪ Employees waiving coverage under the plans as specified above must complete the waiver section of the Employee Application and provide proof of other coverage by providing a copy of the ID card.</li> <li>▪ Coverage can be denied based on inadequate participation.</li> </ul>
<b>Employer Contributions</b>	Coverage can be denied if the employer contributes less than 50% of the employee's annual premium.
<b>Employer Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Medical plans can be offered to sole proprietorships, partnerships or corporations.</li> <li>▪ Organizations must not be formed solely for the purpose of obtaining health coverage.</li> <li>▪ Associations, Taft Hartley groups, Professional Employers Organizations (PEOs)/employee leasing firms and other groups where no employer/employee relationship exists, are not eligible for Small Group coverage.</li> </ul>
<b>Employee Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Eligible employees are those employees and active owners who are permanent and work on a full-time basis, as defined by the employer and who meet any authorized waiting period requirements. Aetna's minimum acceptable hours per week is 30 hours.</li> <li>▪ This includes a sole proprietor or partner of a partnership, if included as an employee under the health benefit plan of a small employer.</li> <li>▪ Coverage must be extended to all employees meeting the above conditions, unless they belong to a union class excluded as the result of a collective bargaining arrangement.</li> <li>▪ Employees/individuals not eligible for coverage include 1099 contractors, temporary, seasonal, substitute, uncompensated employees, volunteers, early retirees (&lt;65 years of age), inactive owners, shareholder only, officer who is not active, managing member who is not active, investor only, silent partner.</li> <li>▪ Medicare Retiree coverage is available for Medicare-eligible retirees and/or active Medicare-eligible employees in accordance with Aetna's Medicare Underwriting Guidelines.</li> </ul>
<b>Dependent Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 23, including full-time students).</li> <li>▪ Domestic partners may be covered as an eligible dependent if the employer elects this designation at contract effective or renewal date. Specifically, at the contract change date the employer may elect to cover same-sex and opposite-sex domestic partners as a dependent.</li> <li>▪ Individuals cannot be covered as an employee and dependent under the same plan. Children, eligible for coverage through both parents, cannot be covered by both parents under the same plan.</li> <li>▪ Dependents must enroll in same benefit option as the employee.</li> </ul>
<b>Out-of-Situs Employees</b>	<ul style="list-style-type: none"> <li>▪ For groups with 50% or less employees that work and reside outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC, these employees can enroll in the headquartered state PPO (or Indemnity Plan if PPO network is not available).</li> <li>▪ If more than 50% of the group's employees work and reside outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC, Aetna will decline coverage for these employees. However, if the group is headquartered in DC or VA, then NC, SC and TN employees can enroll in the headquartered state PPO Plan (or Indemnity Plan if PPO is not available).</li> </ul>
<b>Option Sales</b>	It is strongly recommended that Aetna be the sole carrier for groups with 2-19 eligible employees.

<b>Dual Product Option</b>	<ul style="list-style-type: none"> <li>▪ Dual option is when more than one Aetna plan is offered to members.</li> <li>▪ Groups may offer a combination of any two Medical plans. A third plan can be offered if the plan is an HSA or HRA plan.</li> </ul>
<b>Excluded Class/Carve Outs</b>	<ul style="list-style-type: none"> <li>▪ If an employer offers health benefits based on class of employee, then all eligible employees must be offered the Aetna plan(s). An eligible class of employees cannot be carved out except as provided below.</li> <li>▪ At the election of the group, union employees who have collectively bargained for their health plan may be excluded as eligible employees for the purpose of health coverage.</li> </ul>
<b>Employer Financial Conditions</b>	<ul style="list-style-type: none"> <li>▪ Current carrier bill with billing summary and employee roster is required.</li> <li>▪ Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until: (1) 12 months after the termination date and (2) payment of two months of premium in advance of issuance of the health benefit plan.</li> </ul>
<b>CASE SUBMISSION</b>	
<b>Tax Information</b>	<p>Submit a copy of the most recent Quarterly Wage &amp; Tax Statement, which must contain the names, salaries, etc., of all employees of the employer group.</p> <ul style="list-style-type: none"> <li>▪ If there are employees who have the same last name, provide a W-2 and Wage &amp; Tax Statement listing each employee.</li> <li>▪ For employees listed on the Wage &amp; Tax Statement who are not submitting a health application or waiving coverage, indicate on the Statement the reason: terminated, part-time, Medicare, COBRA, Champus/Tricare.</li> <li>▪ If there are new hires that are not listed on the Wage and Tax Statement, submit payroll information reflecting federal and state tax information. If there are new hires working less than 4 weeks that are not on payroll, submit a copy of the offer letter including name, salary, start date and scheduled work hours.</li> <li>▪ Owners, Partners or Corporate Officers not listed on the Wage &amp; Tax Statement need to complete Aetna's Small Group Proof of Eligibility Form. This form is located at <a href="http://Aetna.com/producer/smallgroup.html">Aetna.com/producer/smallgroup.html</a>.</li> </ul>
<b>Newly Formed Business (that cannot provide requested Tax Documents above)</b>	<p>Must provide the following documentation for consideration:</p> <ul style="list-style-type: none"> <li>▪ Supporting documentation of employee eligibility; for example, payroll documents showing tax withholding,</li> <li>▪ Tax ID Number, and</li> <li>▪ Copy of new business license.</li> </ul>
<b>COBRA Eligible</b>	<ul style="list-style-type: none"> <li>▪ COBRA eligibles are included in the Medical underwriting of the group.</li> <li>▪ Health information must be provided on COBRA individuals along with the rest of the group.</li> <li>▪ Date COBRA coverage began will be required at time of enrollment.</li> </ul>
<b>Rating Information</b>	<ul style="list-style-type: none"> <li>▪ A group with 2 to 50 eligibles, including COBRA eligibles, cannot be denied based on Medical conditions; however, rates may be adjusted for known Medical conditions.</li> <li>▪ All quotes are subject to change based on additional information that becomes available in the quoting process and during case submission/installation, including any change in census.</li> <li>▪ If both husband and wife work for the same company and apply under one contract, rate will be based on the oldest adult.</li> <li>▪ All rates will be quoted on a 4-tier structure: single, couple, employee plus child(ren), family.</li> </ul>
<b>Licensed, Appointed Producers</b>	<ul style="list-style-type: none"> <li>▪ Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products.</li> <li>▪ All quotes are subject to change based upon additional information that becomes available in the quoting process and during case submission/installation including any change in census.</li> </ul>
<b>Initial Premium Check</b>	<ul style="list-style-type: none"> <li>▪ An initial premium check equal to one month's premium must accompany the application. This initial check is not a binder check.</li> <li>▪ If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, the initial premium check will be returned to the employer.</li> <li>▪ Checks must be on company check stock.</li> <li>▪ If the initial premium check is returned for non-sufficient funds, coverage will be terminated retroactive to the effective date.</li> </ul>
<b>CASE INSTALLATION</b>	
<b>Effective Date</b>	<ul style="list-style-type: none"> <li>▪ The effective date will be the 1st or the 15th of the month.</li> <li>▪ The effective date requested by the employer may be up to 60 days in advance.</li> </ul>
<b>Cut Off Dates</b>	<p>Groups must have all completed paperwork into Aetna Underwriting by the 15th of the month for the 1st of the month effective dates and by the 1st of the month for 15th of the month effective date. The New Business Acknowledgement Letter must be submitted if these cut-off dates are not met.</p>
<b>Late Applicants</b>	<p>Late applicants without a qualifying Life event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are not allowed and must wait for the group's next renewal date to enroll.</p>
<b>Benefit Waiting Period</b>	<ul style="list-style-type: none"> <li>▪ It is the employer's decision whether to impose a benefit waiting period.</li> <li>▪ This must be consistently applied within a class of employees.</li> <li>▪ If there is an option sale, the waiting period must match the other carrier's waiting period. In all cases, the effective date for a new employee will coincide with the premium due date (i.e., the 1st or the 15th of the month).</li> </ul>
<b>Replacing Other Group Coverage</b>	<p>Employers should be told not to cancel any existing Medical coverage until they have been notified of approval.</p>

**DENTAL UNDERWRITING GUIDELINES (FOR 12/1/09 EFFECTIVE DATES)**

This list is meant to be informative and is not intended to be all inclusive. Other policies and guidelines may apply.

<b>Product Availability With Medical</b>	<ul style="list-style-type: none"> <li>▪ 2 Eligible Employees – Options 2-8 available with Medical. Voluntary Plans not available.</li> <li>▪ 3-50 Eligible Employees – All plans available with or without Medical.</li> </ul>
<b>Product Availability Orthodontia</b>	<ul style="list-style-type: none"> <li>▪ Available to groups with 10 or more eligible employees.</li> <li>▪ Orthodontic coverage available to dependent children only.</li> </ul>
<b>Option Sales</b>	<ul style="list-style-type: none"> <li>▪ All Dental plans must be offered on a full-replacement basis.</li> <li>▪ No other employer sponsored Dental plan can be offered.</li> </ul>
<b>Product Packaging</b>	<ul style="list-style-type: none"> <li>▪ Options 3, 6, 8 and Voluntary Plans cannot be offered with any dental plan. It must be the sole dental offering.</li> <li>▪ Option 2 (DMO) can be either sold as the only Dental option or can be packaged with Options 4, 5 or 7.</li> <li>▪ Options 4, 5 or 7 can be sold standalone or packaged with DMO as a Dual Option.</li> </ul>
<b>Employer Contributions</b>	<ul style="list-style-type: none"> <li>▪ For Standard Dental Plans employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee-only coverage. Coverage can be denied based on inadequate contributions.</li> <li>▪ For Voluntary Dental Plans, the employer must contribute less than 50% of the cost of employee-only coverage. Employee-Pay-All plans are permitted.</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>▪ Standard Plans for Groups of 2-3 Eligible Employees: <ul style="list-style-type: none"> <li>– 100% participation is required, excluding those with other qualifying existing Dental coverage.</li> <li>– A minimum of two (2) employees must enroll.</li> <li>– Employees may select coverage for eligible dependents under the Dental plan even if they selected single coverage on the Medical plan or vice-versa. Example: 3 eligibles; 1 covered under spouse Dental plan (3 minus 1 = 2 x 100% = 2 must enroll in Aetna Dental plan)</li> </ul> </li> <li>▪ Standard Plans for Groups of 4-50 Eligible Employees: <ul style="list-style-type: none"> <li>– Non-contributory plans – 100% participation is required. All employees excluding those with other qualifying existing Dental coverage must enroll.</li> <li>– Contributory plans – 75% participation is required, excluding those with other qualifying existing Dental coverage. A minimum of 50% of total eligible employees must enroll in the Dental plan. Employees may select coverage for eligible dependents under the Dental plan even if they selected single coverage on the Medical plan or vice-versa. A minimum of two (2) employees must enroll. Example 1: 6 eligibles; 2 covered under spouse Dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna Dental plan) Example 2: 5 eligibles; 2 covered under spouse Dental plan (5 minus 2 = 3 x 75% = 2.25; 3 must enroll in Aetna Dental plan because 2 would not meet the 75% test or the 50% minimum test)</li> </ul> </li> <li>▪ Voluntary Plans for Groups of 3-50 Eligible Employees: <ul style="list-style-type: none"> <li>– 25% participation, enrollees excluding those with other qualifying existing Dental coverage or a minimum of 3 enrollees whichever is greater is required. Employees may select coverage for eligible dependents under the Dental plan even if they select single coverage on the Medical plan or vice-versa. Example 1: 6 eligibles; 2 covered under spouse Dental plan (6 minus 2 = 4 x 25% = 1; 1 is below the 3 enrollee minimum so 3 must enroll in Aetna Dental plan V2-V4 to meet minimum enrollment) Example 2: 20 eligibles; 2 covered under spouse Dental plan (20 minus 2 = 18 x 25% = 4.5; 5 must enroll in Aetna Dental plan V2-V4)</li> </ul> </li> </ul>
<b>Out-of-State/Situs Employees</b>	<ul style="list-style-type: none"> <li>▪ For groups with 50% or less employees that work and reside outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC, Aetna will quote an out-of-situs plan for these employees.</li> <li>▪ If more than 50% of the group's employees work and reside outside of CT, DE, MD, NJ, NY, PA, VA and Washington, DC, Aetna will decline coverage for these employees, except for groups headquartered in DC, MD and VA, Aetna will quote an out-of-situs plan for NC, SC and TN employees.</li> </ul>
<b>Full-Time Hours</b>	Full-time hour guideline will agree with the Medical guideline for each state.
<b>Retirees</b>	<ul style="list-style-type: none"> <li>▪ Medicare eligible retirees who are enrolled in an Aetna Medicare Plan are eligible to enroll in Standard Dental Plans in accordance with these Dental Underwriting Guidelines.</li> <li>▪ Options V2-V4 are not available to retirees.</li> </ul>

<b>Open Enrollment</b>	<ul style="list-style-type: none"> <li>Open enrollments are prohibited.</li> <li>An employee or dependent can enroll at any time but is subject to the Dental Late Entrant provision if enrollment occurs other than within 31 days of first becoming eligible unless a qualifying Life event has occurred or the enrollee is less than age 5.</li> </ul>																														
<b>Late Entrants</b>	<ul style="list-style-type: none"> <li>An employee or dependent who enrolls other than within 31 days of first becoming eligible is subject to the Late Entrant provision.</li> <li>Coverage limited to Preventive &amp; Diagnostic Services for first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).</li> <li>Does not apply to enrollees less than age 5.</li> </ul>																														
<b>Coverage Waiting Period</b>	<ul style="list-style-type: none"> <li>On PPO and Indemnity plans, member must be enrolled for 1 year to be eligible for Major and Orthodontic Services.</li> <li>There is no Coverage Waiting Period on the DMO, Plan Options 6 and 8 and the Consumer-Directed Plan Option 6.</li> </ul>																														
<b>Waiting Period Waiver</b>	<p>Waiting Period is waived separately for Major or Ortho for employees who were covered by the group's immediately preceding Dental plan. To request this waiver, submit the benefit summary, roster and bill from the previous Dental plan. To waive Waiting Period for Ortho, the group's immediately preceding plan must have included Ortho coverage. To waive Waiting Period for Major Services, the group's immediately preceding group plan must have covered Major Services. Discount plans do not qualify as previous coverage.</p> <p>Example: Prior Major coverage but no Ortho coverage. New plan has both Major and Ortho coverage. The Waiting Period is waived for Major Services but not for Ortho Services.</p>																														
<b>Reinstatement</b>	<p>For Voluntary Plan Members: Members who were once enrolled then terminated their coverage by discontinuing their contributions may not re-enroll for a period of 24 months. All coverage rules will apply from the new effective date including, but not limited to, the Coverage Waiting Period.</p>																														
<b>Forms</b>	The same enrollment applications and business eligibility documents as required for new business Medical.																														
<b>Medical Underwriting</b>	None																														
<b>Excluded Class/Carve Out</b>	Not allowed																														
<b>Adding Dental</b>	<ul style="list-style-type: none"> <li>Established group adding Dental coverage must request 15 days prior to the desired effective date.</li> <li>Future renewal dates of the Dental products will be the same as the Medical Plan renewal date.</li> </ul>																														
<b>Ineligible Industries for Washington, DC</b>	<ul style="list-style-type: none"> <li>All industries are eligible for dental if Aetna's dental plan is sold in combination with a Medical plan.</li> <li>The following ineligible industry list applies only when Dental is sold standalone or packaged only with Group Insurance.</li> </ul> <table border="1" data-bbox="435 1024 1005 1457"> <thead> <tr> <th>SIC Range</th> <th>SIC Description</th> </tr> </thead> <tbody> <tr> <td>7933</td> <td>Bowling Centers</td> </tr> <tr> <td>8611</td> <td>Business Associations</td> </tr> <tr> <td>7911</td> <td>Dance Studios, Schools</td> </tr> <tr> <td>7361-7363</td> <td>Employment Agencies</td> </tr> <tr> <td>7999</td> <td>Misc Amusement and Recreation</td> </tr> <tr> <td>8699</td> <td>Misc Membership Organizations</td> </tr> <tr> <td>8999</td> <td>Misc Services</td> </tr> <tr> <td>7991</td> <td>Physical Fitness Facilities</td> </tr> <tr> <td>8811</td> <td>Private Households</td> </tr> <tr> <td>7941-7948</td> <td>Professional Sports Clubs &amp; Producers, Race Tracks</td> </tr> <tr> <td>8621-8651</td> <td>Professional Membership Organizations, Labor Unions, Civic Social &amp; Fraternal Organizations, Political Organizations</td> </tr> <tr> <td>7992-7997</td> <td>Public Golf Courses, Amusements, Membership Sports &amp; Recreation Clubs</td> </tr> <tr> <td>8661</td> <td>Religious Organizations</td> </tr> <tr> <td>7922-7929</td> <td>Theatrical Producers, Bands, Orchestras, Actors</td> </tr> </tbody> </table>	SIC Range	SIC Description	7933	Bowling Centers	8611	Business Associations	7911	Dance Studios, Schools	7361-7363	Employment Agencies	7999	Misc Amusement and Recreation	8699	Misc Membership Organizations	8999	Misc Services	7991	Physical Fitness Facilities	8811	Private Households	7941-7948	Professional Sports Clubs & Producers, Race Tracks	8621-8651	Professional Membership Organizations, Labor Unions, Civic Social & Fraternal Organizations, Political Organizations	7992-7997	Public Golf Courses, Amusements, Membership Sports & Recreation Clubs	8661	Religious Organizations	7922-7929	Theatrical Producers, Bands, Orchestras, Actors
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# UNDERWRITING GUIDELINES FOR LIFE/AD&D AND DISABILITY ONLY (FOR 4/1/07 EFFECTIVE DATES)

This list is meant to be informative and is not intended to be all inclusive. Other policies and guidelines may apply.

<b>Product Availability</b>	<ul style="list-style-type: none"> <li>▪ 2 to 50 eligible employees if sold with Medical.</li> <li>▪ 10 to 50 eligible employees if sold on a standalone basis.</li> <li>▪ Must meet the qualifications of a small business. The same employer eligibility guidelines that apply to Medical will apply to Life and Disability coverage.</li> <li>▪ Life and Packaged Life/Disability are bundled with Medical at the employer level, not the employee level. Therefore, a subscriber within a given group can waive Medical coverage and still enroll in Life or the Packaged Life/Disability Plan.</li> <li>▪ Groups are ineligible for Disability coverage if 60% or more of eligible employees or 60% or more of eligible payroll are for employees over 50 years old.</li> </ul>												
<b>Employee Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Permanent full-time employees who work the minimum hours required for Medical coverage as mandated by the state are eligible for insurance on the effective date of the plan, provided they are actively at work on that date.</li> <li>▪ 1099 contractors, stockholders, partners or other outside consultants who are not active, permanent full-time employees are not eligible.</li> <li>▪ Coverage must be extended to all employees meeting the above conditions, unless they belong to a class excluded as a result of conditions pertaining to their employment, e.g., union status or job class.</li> <li>▪ Retirees are not eligible for Life or Disability coverage.</li> <li>▪ Employees who are both disabled and away from work on the date their insurance would otherwise become effective will become insured on the date they return to active full-time work one full day.</li> <li>▪ An employee can waive Medical coverage and still enroll for Life/AD&amp;D and Disability.</li> </ul>												
<b>Dependent Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Dependent children are covered from 14 days up to age 19 or up to 23 if in school.</li> <li>▪ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan.</li> <li>▪ Individuals cannot be covered as an employee and dependent under the same plan, nor may children eligible for coverage through both parents be covered by both under the same plan.</li> <li>▪ Dependents are not eligible for AD&amp;D Ultra® or Disability.</li> </ul>												
<b>Job Classification (Position) Schedules</b>	<ul style="list-style-type: none"> <li>▪ Varying levels of coverage based on job classifications are available for groups with 10 or more lives. Up to 3 separate classes are allowed, with a minimum requirement of 3 employees in each class.</li> <li>▪ Items such as waiting periods must be applied consistently within a class of employee.</li> <li>▪ The benefit for the class with the richest benefit must not be greater than five (5) times the benefit of the class with the lowest benefit. For example, a schedule may be structured as follows:</li> </ul> <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Position/Job Class</th> <th style="text-align: left;">Basic Term Life Amount</th> <th style="text-align: left;">Packaged Life/Disability</th> </tr> </thead> <tbody> <tr> <td>Executives</td> <td>\$50,000</td> <td>High Option</td> </tr> <tr> <td>Managers/Supervisors</td> <td>\$20,000</td> <td>Medium Option</td> </tr> <tr> <td>All Other Employees</td> <td>\$10,000</td> <td>Low Option</td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Packaged Life/Disability	Executives	\$50,000	High Option	Managers/Supervisors	\$20,000	Medium Option	All Other Employees	\$10,000	Low Option
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<b>Guaranteed Issue Coverage</b>	<ul style="list-style-type: none"> <li>▪ Aetna provides certain amounts of Life insurance to all timely entrants without requiring an employee to answer any Medical questions. These insurance amounts are called "Guaranteed Issue."</li> <li>▪ Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability which means they must complete a Medical questionnaire and may be required to submit to a Medical exam.</li> </ul>												
<b>Evidence of Insurability (EOI)</b>	<p>EOI is required when one or more of the following conditions exist:</p> <ol style="list-style-type: none"> <li>1) Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit.</li> <li>2) Life or Disability coverage is not requested within 31 days of eligibility for contributory coverage.</li> <li>3) New Life or Disability coverage is requested during the anniversary period.</li> <li>4) Coverage is requested outside of the employer's anniversary period due to qualifying Life event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.)</li> <li>5) Reinstatement or restoration of coverage is requested.</li> </ol>												

<p><b>Continuity of Coverage (No Loss/No Gain)</b></p>	<ul style="list-style-type: none"> <li>▪ The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers.</li> <li>▪ If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable.</li> </ul>																																
<p><b>Employer Contribution</b></p>	<ul style="list-style-type: none"> <li>▪ 2 to 9 eligible employees – 100% of the total cost of the basic Life plan (excluding Optional Dependent Term).</li> <li>▪ 10 to 50 eligible employees – at least 50% of the total cost of the plans (excluding Optional Dependent Term).</li> <li>▪ Coverage can be denied based on inadequate contributions.</li> </ul>																																
<p><b>Participation</b></p>	<ul style="list-style-type: none"> <li>▪ Employees may elect Life or Disability insurance even if they do not elect Medical coverage and the group must meet the required participation percentage. If not, then Life/Disability will be declined for the group.</li> <li>▪ 2 to 9 eligible employees             <ul style="list-style-type: none"> <li>– 100% participation is required.</li> <li>Example: 9 employees, 3 waiving Medical. All 9 must enroll for Life.</li> </ul> </li> <li>▪ 10 to 50 eligible employees             <ul style="list-style-type: none"> <li>– 75% must participate when the plan is at least partially contributory.</li> <li>– 100% participation is required for all non-contributory plans.</li> </ul> </li> </ul>																																
<p><b>Late Applicants</b></p>	<ul style="list-style-type: none"> <li>▪ Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date.</li> <li>▪ The applicant will be required to complete an individual health statement/questionnaire and provide Evidence of Insurability (EOI).</li> </ul>																																
<p><b>Out-of-State Employees</b></p>	<ul style="list-style-type: none"> <li>▪ For Life, out-of-state employees are eligible for Basic Term Life and Packaged Life/Disability.</li> </ul>																																
<p><b>Industries</b></p>	<ul style="list-style-type: none"> <li>▪ Basic Term Life only – all industries are eligible.</li> <li>▪ Disability – the following industries are not eligible for the Packaged Life and Disability plan:</li> </ul> <table border="1" data-bbox="435 827 1005 1192"> <thead> <tr> <th>SIC Range</th> <th>SIC Description</th> </tr> </thead> <tbody> <tr><td>3291-3292</td><td>Asbestos Products</td></tr> <tr><td>7500-7599</td><td>Automotive Repairs/Services</td></tr> <tr><td>8010-8043</td><td>Doctors Offices/Clinics</td></tr> <tr><td>2892-2899</td><td>Explosives, Bombs &amp; Pyrotechnics</td></tr> <tr><td>3480-3489</td><td>Fire Arms &amp; Ammunition</td></tr> <tr><td>5921</td><td>Liquor Stores</td></tr> <tr><td>8600-8699</td><td>Membership Associations</td></tr> <tr><td>1000-1499</td><td>Mining</td></tr> <tr><td>7800-7999</td><td>Motion Picture/ Amusement &amp; Recreation</td></tr> <tr><td>9999</td><td>Non-classified Establishments</td></tr> <tr><td>3310-3329</td><td>Primary Metal Industries</td></tr> <tr><td>6531</td><td>Real Estate - Agents</td></tr> <tr><td>6211</td><td>Security Brokers</td></tr> <tr><td>7381</td><td>Service - Detective Services</td></tr> <tr><td>8800-8899</td><td>Service - Private Household</td></tr> </tbody> </table>	SIC Range	SIC Description	3291-3292	Asbestos Products	7500-7599	Automotive Repairs/Services	8010-8043	Doctors Offices/Clinics	2892-2899	Explosives, Bombs & Pyrotechnics	3480-3489	Fire Arms & Ammunition	5921	Liquor Stores	8600-8699	Membership Associations	1000-1499	Mining	7800-7999	Motion Picture/ Amusement & Recreation	9999	Non-classified Establishments	3310-3329	Primary Metal Industries	6531	Real Estate - Agents	6211	Security Brokers	7381	Service - Detective Services	8800-8899	Service - Private Household
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## LIMITATIONS AND EXCLUSIONS

### AETNA HMO/POS PLANS

These 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, the plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.**

- 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
- 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)
- Hearing aids
- 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
- 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 duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

## AETNA PPO PLANS

These 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, plan documents may contain exceptions to this list based on state mandates.

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Hearing aids
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization

- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing
- Treatment of those services for or related to treatment of obesity or for diet or weight control

### *Aetna PPO plans: Pre-existing conditions exclusion provision*

These plans impose a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable. A pre-existing conditions exclusion means that if the member has a medical condition before coming to the plan, the member might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received or for which the individual took prescribed drugs within 180 days.

Generally, this period ends the day before coverage becomes effective. However, if the member was in a waiting period for coverage, the 180-day period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from the first day of coverage, or if the member was in a waiting period, from the first day of the waiting period.

If the member had prior creditable coverage within 90 days immediately before the date enrolled under the plan, then the pre-existing conditions exclusion in the plan, if any, will be waived.

If the member had no prior creditable coverage within the 90 days prior to the enrollment date (either because the member had no prior coverage or because there was more than a 90-day gap from the date the prior coverage terminated to the enrollment date), we will apply the plan's pre-existing conditions exclusion.

In order to reduce or possibly eliminate the exclusion period based on creditable coverage, the member should provide us a copy of any Certificates of Creditable Coverage. Please contact Aetna Member Services at **1-888-80-AETNA (1-888-802-3862)** for assistance in obtaining a Certificate of Creditable Coverage from the prior carrier or with any questions on the information noted above.

The pre-existing conditions exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption or placement for adoption.

**Note:** For late enrollees, coverage will be delayed until the plan's next open enrollment; the pre-existing exclusion will be applied from the individual's effective date of coverage.

## 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 the plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance.
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost, missing 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.

### *Specific service limitations:*

- DMO plans: Oral exams (4 per year)
- PPO plans: Oral exams (2 routine and 2 problem-focused per year)
  - All plans:
    - Bitewing X-rays (1 set per year)
    - Complete series X-rays (1 set every 3 years)
    - Cleanings (2 per year)
    - Fluoride (1 per year; children under 16)
    - Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)
    - Scaling & root planing (4 quadrants every 2 years)
    - Osseous surgery (1 per quadrant every 3 years)
  - All other limitations and exclusions in the plan documents.

## AD&D ULTRA

*This coverage is only for losses caused by accidents. No benefits are payable for a loss caused or contributed to by:*

- A bodily or mental infirmity
- A disease, ptomaine or bacterial infection\*
- Medical or surgical treatment\*
- Suicide or attempted suicide (while sane or insane)
- An intentionally self-inflicted injury.
- A war or any act of war (declared or not declared)
- Voluntary inhalation of poisonous gases.
- Commission of or attempt to commit a criminal act
- Use of alcohol, intoxicants or drugs, except as prescribed by a physician; an accident in which the blood level as operator of a motor vehicle meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred shall be deemed to be caused by the use of alcohol
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release
- Air or space travel; this does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo)

## DISABILITY

*No benefits are payable if the disability:*

- Is due to intentionally selfinflicted injury (while sane or insane)
- Results from you committing, or attempting to commit a felony
- Is due to war or any act of war (declared or not declared)
- Is due to insurrection, rebellion or taking part in a riot or civil commotion
- Occurs during the first 12 months of your coverage and is due to a pre-existing condition for which you were diagnosed, treated or received services, treatment, drugs or medicines three months prior to your coverage effective date
- Results from an automobile accident caused by you while you are intoxicated; ("Intoxicated" means: the blood alcohol level of the driver of the automobile meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred)

On any day during a period of disability that a person is confined in a penal or correctional institution for conviction of a criminal or other public offense, the person will not be deemed to be disabled and no benefits will be payable.

\*These do not apply if the loss is caused by an infection that results directly from the injury or surgery needed because of the injury. The injury must not be one that is excluded by the terms of the contract.

# AETNA AVE

*Aetna Avenue® — Your Destination for Small Business Solutions<sup>SM</sup>*

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/Dental benefits, health/dental insurance, life and disability insurance plans/policies contain exclusions and limitations. 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 features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health/dental services. Not all health, dental and disability 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. 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](http://www.aetna.com).



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