

A world of information right at your fingertips

Small Business Solutions

FOR BUSINESSES WITH 50 OR FEWER ELIGIBLE EMPLOYEES



Health, dental, vision,
pharmacy, life and
disability insurance

#Health/dental benefits plans and health/dental insurance plans, life insurance and disability insurance plans are offered, underwritten or administered by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna).

We want you to know[®]



Choice. Simplicity. With Aetna, it's

In the world of small business, there's nothing more critical to your company's success than the health and well-being of your employees. At Aetna,⁺ we are committed to putting the member at the center of everything we do — with a new generation of consumer-friendly health care benefits and insurance plans and related programs designed to give your employees the product choices, tools and information they need to lead healthier, more productive lives.



ty. Affordability. yours.

Recently there's been significant publicity about "consumer-directed" health plans. At Aetna, we believe these plans are defined by putting consumers in the center of the health care equation, with the insurer and health care practitioner playing the supporting roles.

Consumer-directed plans increase flexibility, control and choice for the employer and the employee. Aetna recognizes the challenges of rising health care costs and the demands of running a successful small business. We are working with small businesses to establish innovative, realistic and practical ways to continue providing quality coverage at affordable prices.

At Aetna Small Group, we are betting heavily on the consumer, which is why we offer easy-to-understand, flexible, affordable consumer choice plans. We're committed to investing in tools, education and technology to help consumers make clear, informed decisions.

Our portfolio of health, dental, pharmacy, life and disability insurance products is designed to help your employees stay healthy and productive through all stages of life.

From the National Medical Excellence Program[®], our transplant and complex care program, to our disease management and vision programs, Aetna offers solutions for your small business.

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Aetna understands small business — especially when it comes to the daily challenges of controlling costs, keeping things simple, and providing employee choice in health care benefits and insurance.

Employers and their employees have been depending on Aetna for years. Now we're offering the next generation of consumer choice products that address small business challenges for providing choice, simplicity and affordability.

Choice

Aetna offers health plan designs with a large network for small employers in Florida. Employers can now empower their employees by giving them freedom to choose health care benefits and insurance that align with their individual lifestyles.

Simplicity

Straightforward and easy-to-understand benefits. That's what Aetna provides to small employers and their employees. Member experiences will be enriched through user-friendly technology and online tools such as the Aetna Navigator® self-service website and our DocFind® online provider directory.

Affordability

With Aetna's consumer choice plan designs, employers and their employees now have the option of how much to invest in monthly premiums versus out-of-pocket expenses. This puts consumers in the center of the health care equation.

Designed with small businesses in mind, Aetna is proud to offer its Aetna Product Suite, providing choice, simplicity and affordability.

Through Aetna's website (www.aetna.com) members have access to health information, resources and services designed to help them better manage their health.



Technology solutions

Aetna Navigator — The power to help members manage their health

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

Aetna Navigator is a valuable online resource for personalized benefits and health information. Once registered for Aetna Navigator, members can:

- Review who is covered under their plan.
- Check claims status and view Claim Explanation of Benefits (EOB) statements.
- Estimate the costs of common health care services to better plan their expenses.
- Research the price of a drug and learn if there are less-costly alternatives.*
- Find health care professionals and facilities that participate in their plan.
- Request member ID cards.
- Print temporary member identification needed for a health care visit.
- View credible health information and news and more!

Estimate the Cost of Care tools

Aetna's suite of interactive Web-based cost tools is designed to help members estimate the costs of health care services so they can plan for and take better charge of their health care expenses. Members have access to cost estimates for medical procedures, office visits, medical tests and diseases and conditions. They may also have access to two other cost tools depending on their Aetna coverage. Members enrolled in an Aetna Dental[®] PPO or PPO Max plan can access the dental procedures cost tool. Those with prescription drug coverage can use the prescription drug cost tool.

Aetna Navigator is ready 24/7! Aetna members can go to www.aetna.com and select Aetna Navigator. If they haven't already, encourage them to register today by clicking on the Register Now! link.

DocFind

DocFind has a new look for 2008!

Finding a participating doctor has never been easier with our DocFind online provider directory. Members can search for participating physicians, hospitals, pharmacies, dentists and eyewear providers.

Searches for provider information are now even easier with consolidated screens — enter all search criteria on one page instead of several, and with fewer “clicks.” Search criteria or sort results can easily be changed from the summary page.

Members can now easily access Navigator's registration page, or can quickly log into Navigator to obtain provider demographic, cost and quality information.

DocFind also allows members to search by zip code, miles willing to travel, city and state or county and state. Narrow the search by specialty, hospital affiliation and/or languages spoken — all with a few clicks of a mouse. When members find the provider they want, we can also help them get there with a map and driving directions.

Best of all, DocFind is updated regularly and is available 24 hours a day, 7 days a week.

To request a paper directory, contact your broker or Aetna.

Aetna IntelliHealth[®] website

Our award-winning health information website, www.intelihealth.com, is a premier provider of online consumer-based health, wellness and disease-specific information. In addition, members can search a drug database and register for condition-specific e-mails.

Aetna Voice Advantage[®]

The system enables employees to conduct many tasks by phone, such as checking claims, changing doctors and requesting ID cards.

Plan for Your HealthSM

Plan for Your Health is a public education campaign focused on helping consumers understand the connection between health benefits and financial planning — particularly for women. The campaign's website, PlanforYourHealth.com, makes it easy for consumers to access credible tools and information, empowering them to make better health benefits and financial decisions to meet their present and future needs. The site includes:

- Useful tips on navigating health benefits in relation to overall financial well-being.
- Tools to figure out how important life changes will affect health benefits options.
- Information on choosing the best health benefits options for women and their families.

*If offered by their plan.

Special programs

Our special programs* offer a wealth of features that complement our standard medical and dental coverage — including substantial savings on products and educational materials geared toward employees' special health needs. Read on to discover the many ways we can help employers and their employees stay healthy.

Aetna Natural Products and ServicesSM program — Reduced rates on alternative therapies for members, including visits to acupuncturists, chiropractors, massage therapists and nutritional counselors. Save on many health-related products, including aromatherapy and natural body care, through the Natural Products program. Members can also save on over-the-counter vitamins and nutritional and herbal supplements through the Vitamin AdvantageTM program.

Dental discount program — There's more than one way to achieve a healthy smile. Through our discount program with Epic Industries, members will enjoy access to savings on oral health care products designed to help fight cavities. Epic dental products contain xylitol — a natural sweetener that helps reduce bacteria and fight tooth decay. Members can take advantage of discounts on Epic xylitol products such as gum, mints, toothpaste, mouthwash and sweeteners — to help keep their teeth and their smile the best they can be. For more information visit www.epicdental.com/aetna.

Eye care savings program — Aetna VisionSM Discounts** gives members special savings on eye exams (not covered under their base medical plan), contacts, frames, lenses and other eye care accessories. They'll have many locations to choose from, including Target Optical[®], participating Sears Optical[®] and Pearle Vision[®] locations, plus our newest addition — LensCrafters[®]. Members also have a broad range of independent optometrist and ophthalmologist offices at their service.

Members also receive:

- A mail-order contact lens replacement program.
- Discount off the surgeon's fee for LASIK eye surgery.
- 20-percent discount off retail prices on vision-related items when purchased at a participating location.
- Access to Aetna Navigator, our online resource for checking claims status and locating eye care professionals quickly ... and easily.

Aetna FitnessSM program — Members can enjoy special membership rates at participating fitness clubs contracted with GlobalFitTM, as well as discounts on certain home exercise equipment and videos. Plus members may even try out the facility before joining.***

Weight management discount program — Aetna members and their eligible family members can access discounts on Jenny Craig[®] programs and products to help them improve or maintain their health through discounted memberships, one-on-one weight loss counseling, menu planning and motivational materials.

Healthy Outlook Program^{®*} — Our disease management programs offer access to case management, education and other services for members with chronic health conditions such as diabetes and chronic heart failure.

Aetna HearingSM Discounts — Aetna has teamed with HearPO[®],⁺ a national hearing benefits provider, to provide members savings on hearing exams, hearing services and hearing aids. HearPO offers members discounts on hearing exams and hearing aid services, as well as savings on the latest styles and technologies of hearing aids.

Informed Health[®] Line — Members have access to a broad range of health information — 24 hours a day, 7 days a week — over the telephone. With the Informed Health Line, members can speak directly with a registered nurse anytime, 24/7, about a wide variety of health and wellness topics. Members can also listen to our Audio Health Library, which features thousands of health topics in English and Spanish. Callers can easily transfer to a registered nurse at any time during their call.

National AdvantageTM Program — Members can lower their out-of-pocket expenses for covered medical benefits by using National Advantage Program (NAP) health care professionals and facilities. NAP offers access to contracted rates for many medical claims that currently are paid at billed charges under indemnity plans, the out-of-network portion of managed care plans or for emergency/medically necessary services not provided within the network.

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

**When purchased at a participating EyeMed provider.

***Not available at all clubs.

⁺Hear PO[®] is a registered trademark of Amplifon, Inc.



National Medical Excellence

Program® — When Aetna members face difficult or life-threatening situations such as organ transplants, Aetna's National Medical Excellence Program (NME) coordinates care and provides access to covered treatment through our Institutes of Excellence™ network. The program also coordinates specialized treatment for members with certain rare or complicated conditions and assists members who are admitted to the hospital for emergency medical care when they are traveling temporarily outside of the United States. Except for emergency medical care as described above, services under this program must be preauthorized. A listing of facilities in our Institutes of Excellence network can be found in DocFind at www.aetna.com.

Aetna Women's HealthSM

programs — Focus specifically on the health care needs of women. Programs include:

- Our Beginning RightSM maternity program, which offers information and services to expectant mothers including care coordination by obstetrical nurses experienced in preterm labor education, breastfeeding support and more. We want to make sure expectant mothers have the information needed to make informed decisions about health care while pregnant or planning a pregnancy.

Employee Assistance Program

(EAP) — A confidential program that gives employees and members of their household access to useful services and support to help them manage the everyday challenges of work and home. The EAP is available at no charge to members and their family members and includes:

- **Choice** — They'll find a range of resources to help them balance their personal and professional lives.
- **Easy access** — Small Group EAP can be reached anytime, through a single call to a toll-free number or on the Web at www.aetnaeap.com.
- **Professional assistance** — Our workplace-trained specialists provide confidential phone support, assessing needs and recommending an appropriate course of action. Employees and their household members receive three phone consultations per member in a calendar year.

Employers can also take advantage of EAP Resources:

- **Management and Human Resources assistance.** Employers get unlimited phone consultations with workplace-trained clinicians who can provide help in dealing with complex employee issues that may arise.
- **Online tools.** Employers can also get online tools and materials to encourage employees to use the EAP by visiting www.aetnaeap.com (enter your company ID: 4BALANCE and select the "Promotional Materials" link).

Connect with the power of Aetna

Aetna recognizes the challenges and demands of running a successful small business. In response to the needs of small business owners, we have developed Aetna's Resource Connection, a complimentary benefits program that connects our small business clients to a world of resources and significant discounts. Small business owners can find significant savings on goods and services that are key to building and sustaining a more profitable business.

Highlights of Aetna's Resource Connection include:

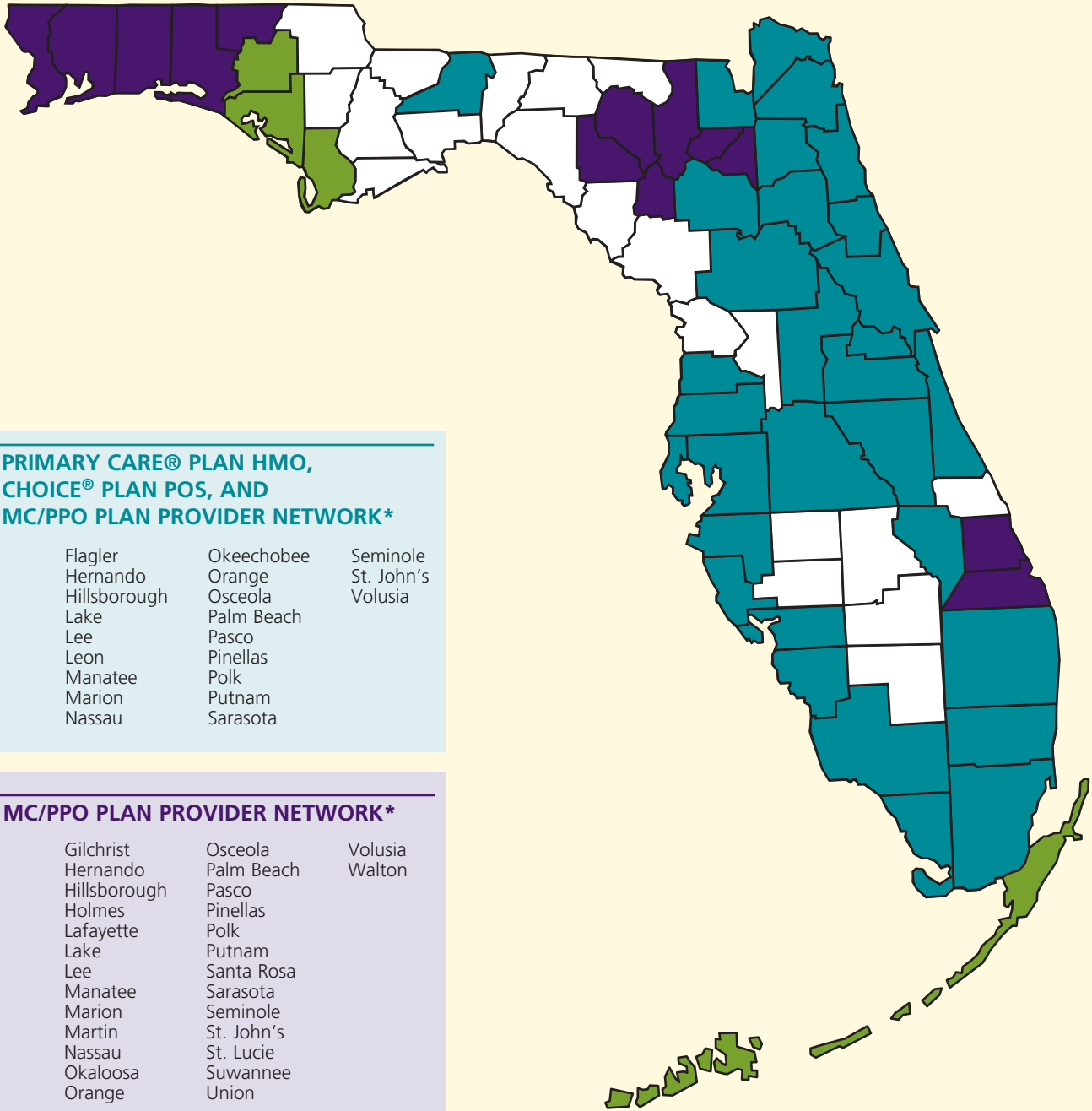
- **Finance** — programs for wealth creation and protection, such as retirement planning, pension plans and 401K plans
- **Marketing** — significant discounts from top advertising vendors; services include graphic design, website development, media planning and buying services, end-to-end direct mail and promotional goods
- **Operations** — savings on shipping rates and other business services to help employers better manage their bottom line
- **Payroll & Human Resources** — discounts on complete payroll and tax processing services
- **Staffing** — assistance with recruiting and securing top-notch employees, whether full-time or temporary assistance is needed
- **Technology** — access to consultations and discounts on hardware, software and security to help a small business run at ultimate efficiency

And there is much more!

Access the Aetna website at <http://www.aetna.com/employer/arc.html> for more information.

Provider network

Florida Network* Map Key



AETNA PRIMARY CARE® PLAN HMO, AETNA CHOICE® PLAN POS, AND AETNA MC/PPO PLAN PROVIDER NETWORK*

Alachua	Flagler	Okeechobee	Seminole
Baker	Hernando	Orange	St. John's
Brevard	Hillsborough	Osceola	Volusia
Broward	Lake	Palm Beach	
Charlotte	Lee	Pasco	
Clay	Leon	Pinellas	
Collier	Manatee	Polk	
Dade	Marion	Putnam	
Dubal	Nassau	Sarasota	

AETNA MC/PPO PLAN PROVIDER NETWORK*

Alachua	Gilchrist	Osceola	Volusia
Baker	Hernando	Palm Beach	Walton
Bradford	Hillsborough	Pasco	
Brevard	Holmes	Pinellas	
Broward	Lafayette	Polk	
Charlotte	Lake	Putnam	
Clay	Lee	Santa Rosa	
Collier	Manatee	Sarasota	
Columbia	Marion	Seminole	
Dade	Martin	St. John's	
Duval	Nassau	St. Lucie	
Escambia	Okaloosa	Suwannee	
Flagler	Orange	Union	

AETNA PPO PLAN PROVIDER NETWORK*

Bay
Gulf
Monroe
Washington

- HMO/POS/MC/PPO plans are available in these counties
- Only the MC/PPO plans are available in these counties
- Only the PPO plans are available in these counties

*Network subject to change.

Product overview

Top-performing medical specialists are now within your reach

Aetna members have access to Aexcel®-designated specialists, some of the top-performing doctors* in 12 areas of specialty care, at no additional cost. Aexcel-designated specialists have demonstrated cost-effectiveness in the delivery of care and have met certain defined measures of clinical performance and cost-efficiency. Visiting an Aexcel-designated specialist may help members achieve a balance of quality and cost effectiveness in their health care. To locate an Aexcel-designated specialist, visit our DocFind online provider directory at www.aetna.com. Or refer to the printed Aetna directory. When using DocFind, members should select their current health plan (not listed under the Aexcel plans) in Step 3 of a Standard Search. Aexcel-designated physicians are uniquely identified for your convenience. Just look for the stars!

*Performance is evaluated based upon a combination of certain limited clinical performance measures and cost-efficiency. Aexcel is available in certain counties in Florida.

Aetna Primary Care® plan HMO Open Access

Flexibility and no referrals needed for participating providers.

With this health benefits plan, members may choose how they access covered benefits. Members can visit a Primary Care Physician (PCP) and pay a lower copay or go directly to any participating physician and pay a higher copay. Members never need a referral when visiting a participating specialist for covered services.

The Aetna Primary Care plan HMO Open Access provides:

- Flexibility — there's no referral needed from PCP to visit participating providers.
- No claim forms.
- Emergency care coverage anywhere, anytime, 24 hours a day.
- Large provider networks.

Aetna Choice® plan POS Open Access

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

The Aetna Choice plan POS Open Access offers all the health benefits of a point-of-service plan with two easy ways to access care when members need it. Members have the freedom to visit the participating doctor or hospital of their choice for covered services. Best of all, members seeking health care do not need referrals. This plan allows members to:

- Select and visit their participating PCP and pay the plan's copayment for covered benefits.
- Go directly to any network physician from within Aetna's network of providers and pay the applicable specialist copayment for covered benefits.
- Go directly to any licensed out-of-network physician, subject to payment of a deductible and coinsurance.
- Large provider networks.



Consumer-directed health plans (CDHP)

Consumer-directed health plans increase flexibility, control and choice for the employer and the employee by putting consumers in the center of the health care equation. Aetna offers these insurance plan options.

Managed Choice® Open Access plan

For those who want the advantages of a managed care insurance plan while giving employees flexibility to access any providers without a referral.

- No PCP selection required (MC members who prefer to have their family physician coordinate their care may designate a PCP if they choose).
- No referrals required.
- Members can choose any provider from Aetna's extensive network for a covered service.
- Members may visit any out-of-network recognized provider for a covered service.
- For certain plans, members pay office visit copay each time member goes to a participating specialist or non-specialist physician.
- Members share more of the cost of care through deductible and coinsurance.

Aetna PPO plan

The Aetna PPO insurance plan offers members the freedom to go directly to any recognized provider for covered expenses, including specialists. No referrals are required.

- Emergency care coverage anywhere, anytime, 24 hours a day.
- Large provider network.
- No claim forms in-network.
- 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.
- Members share more of the cost of care through deductible and coinsurance.

Aetna high-deductible plans (HSA-compatible)

The Aetna insurance options that 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.

See page 9 for more details on the Aetna HealthFund Health Savings Account.

A way to manage health and health care expenses

Why choose an Aetna HealthFund HSA?

- > No set-up fees
- > No monthly administration fee
- > No withdrawal forms required
- > Convenient access to HSA funds via debit card or checkbook
- > Track HSA activity through Aetna Navigator
- > 8 investment options available

What makes Aetna's Small Group high-deductible health plans (HDHP) unique?

Our HDHPs include an **embedded deductible** which means lower out-of-pocket costs!

What is an embedded deductible?

Unlike most HDHPs, with an Aetna HDHP each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible.

Most HDHPs in today's marketplace do not include embedded deductibles, thereby requiring enrolled members to satisfy the entire family deductible before plan coinsurance applies.

The Aetna HealthFund® Health Savings Account (HSA) and HSA-compatible high-deductible health insurance plans

Aetna offers powerful resources and information to help members take control of their health care and make the most of their benefit dollars. The Aetna HealthFund HSA, when coupled with an HSA-compatible high-deductible health insurance plan, is a tax-advantaged savings account. Once enrolled, the HSA can be used to pay for qualified expenses (e.g., medical, dental and prescription drug).

The Aetna HealthFund HSA product is available to employers with 50 or fewer employees. Aetna will administer both the HSA-compatible high-deductible health insurance plan and the HSA.

How to establish a Health Savings Account

- Enroll in an Aetna HSA-compatible high-deductible health plan (HDHP).
- Sign up for the Aetna HealthFund HSA. Members can do this at anytime once enrolled in the health insurance plan.
- Once enrolled in the HSA, account holders receive an HSA Welcome Kit.
- The employer, employee or an eligible family member — or any combination — may make HSA contributions up to the annual limit at anytime throughout the year.
- Employers may make contributions to the account through regular payroll deductions, in a lump sum amount or via periodic contributions.
- Account contributions by the employer and/or employee may be tax-deductible (limits apply).





2008 annual HSA contributions are limited to \$2,900 per individual/\$5,800 per family. Maximums will be adjusted annually for the cost of living.

How to use the account

- Account holders will be provided with an Aetna HSA Visa® Debit Card. The account holder may also request a checkbook, for a fee.
- Use the HSA debit card for instant access to HSA dollars to pay for qualified out-of-pocket expenses quickly and easily.
- Members can also have the option to pay expenses out-of-pocket and let their HSA grow and earn interest for future qualified expenses, including certain retiree health expenses.
- HSA account holders whose HSA balance reaches \$2,000 will have the HSA Investment Services available to them.
- Money left over in the account rolls over to the next year.
- If members have HSA questions, they are directed to contact Aetna Member Services.

Online resources

- Secure, personalized online services
- Track HSA activity and monitor savings growth.
- Find a doctor, estimate the cost of care and compare hospitals.
- Research health topics and medications.

Aetna gives members the information and resources needed to help them take a more active role in their health care and spend their health care dollars more effectively.

- Members can log on to our secure Aetna Navigator member website at www.aetna.com for personalized health and benefits information. View the HSA account balance, account summary and activity online. Perform self-service functions for the HSA-Compatible HDHP like ordering ID cards or checking eligibility or claims status.
- Once registered on Aetna Navigator, members can access Estimate the Cost of Care, a suite of online decision support tools to help compare estimated in-network and out-of-network costs for health care services in the area.

Compare costs on:

- > *Medical procedures* — such as arthroscopy and colonoscopy.
- > *Office visits* — such as routine physicals and emergency room visits.
- > *Medical tests* — such as lab tests, X-rays, MRI and other tests.
- > *Diseases and conditions* — for services associated with specific diseases and conditions such as asthma, diabetes, pregnancy, heart disease and high blood pressure.
- The Hospital Comparison tool lets the member compare area hospitals on measures that are important to his or her care.
- Search the Aetna IntelliHealth website for credible health and wellness information and helpful interactive features. Or go to Healthwise® Knowledgebase, where the member can research clinical information on thousands of health topics and medications.
- Access up-to-date information on preferred health care providers through the DocFind online directory — including important credentials like education, board certification and languages spoken. Need a paper directory? Members can contact their employer or Aetna Member Services.

Consumers looking for easy access, simplicity and a one-stop-shop can now have it all with Aetna!

Lower your taxes by helping your employees

Section 125 Cafeteria Plans and Section 132 Transit Reimbursement Accounts

Give yourself and your employees these tax advantages.

Take a step toward savings today!
Contact your Aetna representative or broker.

Savings for everyone

Plan sponsors can help their employees save money while saving themselves money as well. Employees can reduce their taxable income and plan sponsors can pay less in payroll taxes. There are three ways to save:

- Premium Only Plan (POP)
- Flexible Spending Account (FSA)
- Transit Reimbursement Account (TRA)

Tax-advantaged options

Aetna POP

Employees can pay for their portion of the group health insurance expenses on a pretax basis. As health care premiums change, employees' elections can be adjusted. Available as a standalone POP or included with an Aetna FSA.

Aetna FSA

FSAs give employees a chance to save for health expenses with pretax money. This pretax arrangement also helps lower your payroll taxes.

Established by IRS Code Section 125, these plans allow employers to offer employees the ability to pay for a variety of health care and dependent care expenses with pretax dollars. This includes items not paid in full or not covered by health insurance (e.g., over-the-counter drugs, eyeglasses, contact lenses, dental care, deductibles, coinsurance and more).

Health Care Spending Account

Participants estimate what their health care expenses will be for the coming year and set aside pretax dollars to pay for any out-of-pocket health care expenses, as defined by the IRS.

Dependent Care Spending Account

Participants use pretax dollars to pay child or elder care expenses. Married people who file taxes individually may contribute up to \$2,500 a year; single or married people who file taxes jointly may contribute up to \$5,000 a year.

Aetna TRA

Established by IRS Code Section 132, participants can use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work. They can set aside up to \$115 per month for mass transportation and \$220 per month for parking (totaling \$4,020 annually as of 2008).

Advantages for employers

- Reduces FICA, unemployment, and workers' compensation taxes.
- Helps to recruit new employees and reduce turnover.
- Provides ongoing annual savings.
- Enhances employee benefits package.
- Typically pays for itself with tax savings.

Advantages for employees

- Reduces taxable income while increasing spendable income.
- Offers convenience — funds are available for health care expenses as they are incurred.
- Allows employee to pay for other types of benefits and services with pretax dollars.

Easy to understand, set up and use

We offer:

- Automatic processing of Aetna health claim reimbursements.
- A password-protected website to keep track of accounts.
- Direct deposit of reimbursements.
- Dedicated and knowledgeable service representatives.

The example below shows that while savings will vary from employer to employer, one thing is certain — the more dollars your employees plan for and put away, the more you will save.

Number of Employees		Average Employee Salary Reduction Per Month		
		\$75	\$135	\$200
10	Employer Saves	\$900	\$1,620	\$2,400
	Employees Save	\$3,150	\$5,670	\$8,400
	Total Savings	\$4,050	\$7,290	\$10,800
25	Employer Saves	\$2,250	\$4,050	\$6,000
	Employees Save	\$7,875	\$14,175	\$21,000
	Total Savings	\$10,125	\$18,225	\$27,000

Assumes 10% combined and corporate taxes (FICA, workers and unemployment compensation) and 25% State and Federal Taxes.



Aetna Dental® plans

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

The Dental Maintenance Organization (DMO®) plan

Offered as a coinsurance and fixed copay plan with two different coverage levels, depending upon the plan option. Members select a primary care dentist to coordinate their care. 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 may 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.

PPO plan

Members have the choice of using a dentist who participates in Aetna's network or choosing a licensed dentist who is not in the network. Participating dentists have agreed to offer members services at a negotiated rate and will not balance bill members.

PPO Max plan

The PPO Max plan uses the same PPO network. When members use out-of-network dentists, however, the service will be covered based on the PPO fee schedule in that geographic area, rather than the reasonable-and-customary charge. This means that the member will share in more of the costs and will be balance billed. This plan design offers members a quality plan with a significantly lower premium that encourages in-network usage.

Freedom-of-Choice plan design

Get maximum flexibility with our two-in-one dental plan design. The Freedom-of-Choice plan design provides the administrative ease of one plan, yet members get to choose between the DMO and PPO 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 design

In the Dual Option plan design the DMO must 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. No matter what the budget is, employers can now afford to offer their employees the luxury of choice. Administration is easy and members benefit from low group rates and the convenience of payroll deductions. With the Voluntary Dental option, employers choose how the plan is funded. It can be entirely member paid or employers can contribute up to 49 percent.

Aetna Life and Disability plans

Aetna offers a wide range of flat-dollar insurance options for basic employee term life insurance as well as disability health plan benefit solutions. Aetna's affordable life insurance options enable members to establish financial protection for themselves and their families. Members can also benefit from Aetna's Packaged Life and Disability products.

Underwriting guidelines

For groups with 50 or fewer eligible employees

This material is intended for brokers and agents and is for informational purposes only. It is not intended to be all inclusive. Other policies and guidelines may apply.

Note: State and Federal Legislation/Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules. Exceptions to Underwriting Rules require approval of Head Regional Underwriter except where Chief Underwriter approval is indicated. This information is the property of Aetna and its affiliates ("Aetna"), and may only be used or transmitted with respect to Aetna products and procedures, as specifically authorized by Aetna, in writing.

Census Data	<ul style="list-style-type: none"> ■ Census data must be provided on all eligibles, including COBRA eligible employees. Include name, age/date of birth, date of hire, gender, dependent status, and residence zip code (when multi-site/multi-state). ■ Retirees are eligible in accordance with the Medicare-Retiree Underwriting guidelines.
Case Submission Dates	<ul style="list-style-type: none"> ■ Groups with 3 or fewer enrolled must have all completed paperwork into Aetna Underwriting 30 calendar days prior to the requested effective date. If not received by this date, the effective date will be moved to the next available effective date. ■ Groups with 4 or more enrolled must have all completed paperwork into Aetna Underwriting 5 business days prior to the requested effective date. If not received by this date, the effective date will be moved to the next available effective date.
Dependent Eligibility	<ul style="list-style-type: none"> ■ Eligible dependents include an employee's spouse and unmarried children up to their 19th birthday. Unmarried child(ren) includes natural, stepchildren, foster, legally adopted children, proposed adoptive children, and a child under court order. Coverage for dependent children may be extended until the end of the calendar year in which the child attains age 25, when the child is dependent upon the employee for support and either resides with the employee or attends school on a regular basis. ■ Domestic Partners are not considered eligible dependents. ■ Dependents must enroll in the same benefit option as the employee. ■ 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. ■ If both husband and wife work for the same company, they may enroll together or separately. ■ Dependents are not eligible for AD&D or Disability coverage. ■ For dependent life, dependents are eligible from 14 days to up to their 19th birthday, or to up to their 23rd birthday, if in school. ■ For Medical and Dental, dependents must enroll in the same benefits as the employee (participation not required). ■ Employees may select coverage for eligible dependents under the Dental plan even if they selected Single coverage under the Medical Plan. See product-specific Life/AD&D and Disability guidelines under Product Availability below.
Dual Option/ Triple Option	<ul style="list-style-type: none"> ■ Allows employers to offer more than one Aetna medical plan to employees. ■ Dual Option – the group must have 5 or more eligible employees and may offer any combination of two plans. ■ Triple Option – the group must have 10 enrolled employees and may offer any combination of three plans. ■ One person must enroll in each of the plans when a dual or triple option plan is offered. ■ Dental, Life and Disability products must be offered on a full or primary replacement basis. No other employer-sponsored plans may be offered.
Effective Date	<ul style="list-style-type: none"> ■ The effective date must be the 1st or the 15th of a calendar month. ■ The effective date requested by the employer may be up to 60 days in advance.
Employee Eligibility	<ul style="list-style-type: none"> ■ Eligible employees are those employees who are permanent and work on a full-time basis with a normal work week of at least 25 hours, and who have met any authorized waiting period requirements. An employer may not set eligibility rules that would require an employee to work more than 25 hours a week to obtain small group coverage. As long as the employee meets the 25 hour per week standard, they are considered full-time for purposes of coverage and vice versa. ■ This includes a self-employed individual, a sole proprietor, a partner of a partnership, or an independent contractor, if they are actively engaged on a full-time basis in the small employer's business and included as employees under a health care plan contract of a small employer. ■ Part-time, temporary, or substitute employees are not eligible. ■ 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. While they must be included in the count in determining whether or not the group is a small employer, the employer may carve out union employees as an excluded class. ■ Employees are eligible to enroll in the dental plan even if they do not select medical coverage. Likewise, employees may enroll in the medical plan even if they do not elect dental. <p>Retirees</p> <ul style="list-style-type: none"> ■ Retiree coverage is not available except for any county, municipality, community college or district school board which requires the provision of coverage to retirees and their dependents. ■ Medicare-Retiree coverage is available for Medicare-eligible retirees and/or active Medicare eligibles in accordance with the Medicare-Retiree Underwriting Guidelines. ■ Retirees are not eligible for Life or Disability coverage. ■ Medicare-eligible retirees who are enrolled in an Aetna Medicare Plan are eligible to enroll in Dental; refer to Medicare-Retiree Underwriting guidelines for details. <p>COBRA/mini-COBRA continues</p> <ul style="list-style-type: none"> ■ COBRA eligible enrollees are required to be included on the census for medical and dental (not eligible for Life or Disability). ■ Mini-COBRA eligible enrollees are required to be included on the census for medical (not eligible for Life, Disability or Dental). ■ Health questions must be answered. ■ COBRA/mini-COBRA qualifying event, length, start and end date must be provided. ■ Mini-COBRA continues are not eligible for Life, Disability or Dental. <p>Note: COBRA/mini-COBRA continues are not to be included for purposes of counting employees to determine the size of the group. Once the size of the group has been determined and it is determined that the law is applicable to the group, COBRA/mini-COBRA continues can be included for coverage, subject to normal underwriting guidelines.</p>

Employer Eligibility	<ul style="list-style-type: none"> ■ Any person, sole proprietor, self-employed individual, independent contractor, firm, corporation, partnership or association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year. A sole proprietor, an independent contractor, or a self-employed individual is considered a small employer only if all of the conditions and criteria established in this section are met. ■ Medical plans can be offered to sole proprietors, partnerships or corporations. ■ Organizations must not be formed solely for the purpose of obtaining health coverage. ■ Taft Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms and closed groups are not eligible. ■ Dental and Disability have ineligible industries which are listed separately. The Dental ineligible industry list does not apply when dental is sold in combination with medical. 										
Tax Documentation	<ul style="list-style-type: none"> ■ The employer must submit a copy of the most recent 941 and payroll summary (Employer's Quarterly Federal Tax Return) or UCT-6 (Unemployment Compensation Tax) that must contain the names, salaries, etc., of all employees of the employer group. <ul style="list-style-type: none"> > Employees who have terminated or work part-time should be noted accordingly on this form. The underwriter may request the employer to initial and date any handwritten comments or notations to the enrollment documentation. > For any employee(s) not listed on this form, the employer must provide a copy of the first and last payroll stub for each such employee along with a letter verifying the number of hours worked. ■ Churches must provide Form 941, including a copy of the payroll records, with employee names, wages and hours, which must match the totals on Form 941. ■ Non-profit groups may provide payroll documents as long as they also submit the appropriate form detailing their non-profit status. ■ Proprietors, Partners or Officers of the business who do not appear on the quarterly statement must submit one of the following: <table border="1" data-bbox="378 753 1477 959" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">C-Corporation</td> <td style="padding: 2px;">W2</td> </tr> <tr> <td style="padding: 2px;">S-Corporation</td> <td style="padding: 2px;">IRS Form 1120 S Schedule K-1 along with Schedule E (Form1040)</td> </tr> <tr> <td style="padding: 2px;">Partnership</td> <td style="padding: 2px;">IRS Form 1065 Schedule K-1; or IRS Form 1120 S Schedule K-1 along with Schedule E (Form1040)</td> </tr> <tr> <td style="padding: 2px;">Limited Liability Company (LLC)</td> <td style="padding: 2px;">May file as either C Corporation or Partnership</td> </tr> <tr> <td style="padding: 2px;">Sole Proprietor</td> <td style="padding: 2px;">IRS Schedule SE and Schedule C filed with Form 1040; or IRS Form 1040 Schedule F or K-1</td> </tr> </table> 	C-Corporation	W2	S-Corporation	IRS Form 1120 S Schedule K-1 along with Schedule E (Form1040)	Partnership	IRS Form 1065 Schedule K-1; or IRS Form 1120 S Schedule K-1 along with Schedule E (Form1040)	Limited Liability Company (LLC)	May file as either C Corporation or Partnership	Sole Proprietor	IRS Schedule SE and Schedule C filed with Form 1040; or IRS Form 1040 Schedule F or K-1
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S-Corporation	IRS Form 1120 S Schedule K-1 along with Schedule E (Form1040)										
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Limited Liability Company (LLC)	May file as either C Corporation or Partnership										
Sole Proprietor	IRS Schedule SE and Schedule C filed with Form 1040; or IRS Form 1040 Schedule F or K-1										
Initial Premium Check	<ul style="list-style-type: none"> ■ The initial premium check should be in the amount of the first month's premium. ■ The initial premium check is not a binder check. ■ If the request for coverage is withdrawn or denied due to business ineligibility, participation and/or contributions not met, the premium will be returned to the employer. 										
Newly Formed Business (less than 3 months)	<p>The following documentation must be provided for consideration:</p> <ul style="list-style-type: none"> ■ Business License (not a professional license). If not available, provide a copy of the Partnership Agreement or Articles of Organization, or Articles of Incorporation; and ■ Employer Identification Number/Federal Tax ID Number; and ■ The most recent two consecutive weeks worth of payroll records which includes hours worked, taxes withheld and wages earned; or ■ A letter from Certified Public Accountant listing the names of all employees (full and part-time), the number of hours worked each week, dates of hire, and weekly salary. Have payroll records been established? If not, when? Will a quarterly wage and tax statement be filed? If so, when? 										
Plan Change Ancillary Additions	<ul style="list-style-type: none"> ■ Packaged Life/Disability must be requested 30 days prior to the desired effective date. ■ Dental plans must be requested 30 days prior to the desired effective date. ■ The future renewal date of the ancillary products will be the same as the medical plan renewal date. ■ Non-packaged plans are only available upon renewal. 										
Replacing Other Group Coverage	<ul style="list-style-type: none"> ■ Provide a copy of the current billing statement that includes the account summary. ■ The employer should be told not to cancel any existing medical coverage until they have been notified of approval from the Aetna Underwriting unit. 										
Two or More Companies	<p>Single employer groups with multiple Employer Tax ID Numbers will be considered together as long as:</p> <ul style="list-style-type: none"> ■ There are 50 or fewer employees in the combined employer groups. ■ One owner controls the majority of each separate business. For example: <ul style="list-style-type: none"> > Business 1 – John owns 75% and Mike owns 25%. > Business 2 – John owns 55% and Mike owns 45%. > Both businesses can be written as one group since John has controlling interest in both companies. ■ Businesses with equal controlling interest may be considered, if the owners of the company designate one individual to act on behalf of all the groups. ■ A copy of current 1120 S (Schedule K-1 Form) must be provided; and ■ A copy of most recent Quarterly Wage and Tax Statement for all companies must be provided; and ■ The two or more groups may have different Standard Industrial Classification Codes (SIC); however, rates will be based on the SIC code for the group with the majority of employees. 										
Waiting Period	<ul style="list-style-type: none"> ■ At initial submission of the group, the benefit waiting period may be waived upon the employer's request. This should be checked on the Employer Application. ■ A single benefit waiting period is allowed for future employees. ■ The benefit waiting period may be 0, 30, 60, 90, 120, 150, 180 or 365 days. ■ A change to the benefit waiting period may only be made on the case anniversary date. ■ For new hires, the eligibility date will be the first day of the policy month following the waiting period. 										

PRODUCT SPECIFICATIONS

	Medical	Dental	Life/AD&D Packaged Life/Disability	Disability
Product Availability	<ul style="list-style-type: none"> 2 to 50 eligibles — May be written stand-alone or with ancillary coverages as noted in the following columns. Only non-occupational injuries and disease will be covered. 	<ul style="list-style-type: none"> 2 eligible employees — <ul style="list-style-type: none"> > Standard — all plans if packaged with Medical. > Voluntary — not available. 3 to 50 eligible employees — <ul style="list-style-type: none"> > Standard and Voluntary plans are available. > Standalone available. Orthodontic coverage is available for groups of 10 or more eligible employees with a minimum of 5 enrolled for both Standard and Voluntary plans. 	<ul style="list-style-type: none"> 2 to 9 eligibles — If packaged with Medical. 10 to 25 eligibles — If packaged with Medical or Dental. 26 to 50 eligible employees on a standalone basis. A plan sponsor cannot purchase both Life and Packaged Life and Disability plans. <p><i>Packaged Life and Disability</i></p> <ul style="list-style-type: none"> 2 to 50 eligible employees if packaged with Medical. 10 to 50 eligible employees on a standalone basis. A plan sponsor cannot purchase both the Disability and packaged Life and Disability plan. 	<ul style="list-style-type: none"> 2 to 9 eligibles — If packaged with Medical. 10 to 25 eligibles — If packaged with Medical or Dental. 26 to 50 eligibles on a standalone basis. A plan sponsor cannot purchase both Disability and Packaged Life and Disability plans. Groups are ineligible for coverage if 60% or more of eligible employees or 60% or more of eligible payroll are for employees over 50 years old. Employees may elect Disability coverage even if they do not elect Medical coverage. Available to employees only.
Excluded Class/Carve Outs	<ul style="list-style-type: none"> Union employees are the only class of employees that may be excluded. However, union employees are included in the total count of eligible employees in determining the case size. Management carve-outs are not permitted. 	Not allowed	Not allowed	Not allowed
Employer Contribution	<ul style="list-style-type: none"> 2 to 50 eligibles — 50% of the employee-only cost or 50% of the total cost. Coverage can be denied based on inadequate contributions. <p>Value Pick Plans — For groups of 4 or more enrolled employees; 25% of employee premium or \$50 per employee, whichever is less.</p>	<p>Standard Dental</p> <ul style="list-style-type: none"> 2 to 50 eligibles — 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. <p>Voluntary Dental</p> <ul style="list-style-type: none"> Employer contribution of less than 50% of the cost of the employee-only coverage. Employee-Pay-All plans are permitted. 	<ul style="list-style-type: none"> 2 to 9 eligibles — 100% of the total cost. 10 to 50 eligibles — 50% of the total cost (excluding Optional Dependent Term Life). Coverage can be denied based on inadequate contributions. 	<ul style="list-style-type: none"> 2 to 9 eligibles — 100% of the total cost. 10 to 50 eligibles — 50% of total cost of the plan. Coverage can be denied based on inadequate contributions.

	Medical	Dental	Life/AD&D and Packaged Life/Disability	Disability
Out-of-State Employees (residing outside Florida)	Out-of-state employees must be enrolled in a MC/PPO plan if available, otherwise an indemnity plan.	Employees must be enrolled in an OUT-OF-STATE PPO Dental plan if available, otherwise an indemnity Dental plan.	Not applicable	Not applicable
Participation	<ul style="list-style-type: none"> ■ For non-contributory plans, 100% participation is required, excluding valid waivers.* ■ For contributory plans, 2 to 3 eligibles — 100% of eligibles must enroll, excluding valid waivers.* ■ 4 to 50 eligibles, 70% eligibles must enroll, excluding valid waivers. Round to the nearest whole number. > Example: 12 minus 3 valid waivers = 9 9 x 70% = 6.30 = 6 must enroll ■ ValuePick Plans — 4 or more enrolled; participation is 50% of the eligible employees excluding valid waivers. ■ All employees waiving coverage must complete the waiver section and provide proof of other coverage by submitting the name and group number of the carrier. Proof of other coverage is needed to determine that participation requirements have been met. ■ Dependent participation is not required. ■ Coverage can be denied based on inadequate participation. 	<ul style="list-style-type: none"> ■ For non-contributory plans, 100% participation is required, excluding those with other qualifying dental coverage. ■ Standard > 2 to 3 eligible employees — 100% participation is required, excluding those with other qualifying existing dental coverage. > 4 to 50 eligible employees — 70% 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. ■ Voluntary 3 to 50 eligible employees — 25% participation, excluding those with other qualifying existing dental coverage or a minimum of 3 enrollees (5 enrollees for orthodontia coverage) whichever is greater is required. ■ Standalone Dental 70% participation is required excluding those with other qualifying 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 elected single coverage on the medical plan or vice versa. ■ Coverage can be denied based on inadequate participation. 	<ul style="list-style-type: none"> ■ For non-contributory plans, 100% participation is required. ■ 2 to 9 eligibles — 100% participation is required. ■ 10 to 50 eligibles — 70% participation is required. ■ COBRA continuees are not eligible for Life. ■ Employees may elect Life or Packaged Life/Disability even if they do not elect medical coverage and the group must meet the required participation percentage. If not, then Life or Packaged Life/Disability will be declined for the group. > Example: 9 employees 3 waiving medical 9 must enroll for Life or Packaged Life/Disability ■ Coverage can be denied based on inadequate participation. 	<ul style="list-style-type: none"> ■ For non-contributory plans, 100% participation is required. ■ For contributory plans, 2 to 9 employees 100% participation is required. ■ 10 to 50 employees — 70% participation is required. ■ COBRA continuees are not eligible for Disability. ■ Employees may elect Disability coverage even if they do not elect medical coverage and the group must meet the required participation percentage. If not, then Disability will be declined for the group. > Example: 9 employees 3 waiving medical 9 must enroll for Disability ■ Coverage can be denied based on inadequate participation.

*Valid waivers include spousal/parental group coverage, Medicare/Medicaid, Champus/ChampVA, Military coverage, Retiree coverage, or Association coverage (for doctors/lawyers covered under an association who want to cover their employees). Individual coverage is not a valid waiver.

	Medical	Dental	Life/AD&D and Packaged Life/Disability	Disability
Medical Underwriting	<ul style="list-style-type: none"> ■ A group that is wholly domiciled within the state with 1 to 50 eligibles, including COBRA and mini-COBRA eligibles cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions. ■ Employees residing outside the state will not be denied based on medical conditions; however, may have rates adjusted to the maximum allowed in that state. 	Not applicable	<ul style="list-style-type: none"> ■ All timely entrants will be issued the Guaranteed Issue amount unless reinstatement or restoration of coverage is requested. ■ Employees wishing to obtain insurance amounts above the Guaranteed Issue amounts will be required to submit Evidence of Insurability (EOI), which means they must complete an individual health statement and may have to submit to medical evidence. 	<ul style="list-style-type: none"> ■ All timely entrants will be issued the Guaranteed Issue amount unless reinstatement or restoration of coverage is requested and/or they are late entrants.
Late Applicants	<ul style="list-style-type: none"> ■ An employee or dependent who enrolls for coverage more than 31 days from the date first eligible or 31 days of the qualifying event is considered a late enrollee. Applicants without a qualifying life event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are subject to the Late Entrant guidelines as noted below. ■ Voluntary cancellation of coverage is NOT a qualifying event. For example, if a spouse is covered through his/her employer and voluntarily cancels the coverage, it is not a qualifying event to be added to the other spouse's plan. The spouse who cancelled the coverage must wait until the next plan anniversary date to be eligible to be added. ■ Life late enrollee example: Group has \$50,000 life with \$20,000 guarantee issue limit. Late enrollee enrolling for \$50,000 would not automatically get the \$20,000. Since the applicant is late, he or she must medically qualify for the entire \$50,000. <p>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.</p>	<ul style="list-style-type: none"> ■ An employee or dependent may enroll at any time; however, coverage is limited to Preventive & Diagnostic Services for the first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics). ■ Late Entrant provision does not apply to enrollees less than age 5. 	<ul style="list-style-type: none"> ■ 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. ■ The applicant will be required to complete an individual health statement/questionnaire and provide EOI. 	<ul style="list-style-type: none"> ■ 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. ■ The applicant will be required to complete an individual health statement/questionnaire and provide Evidence of Insurability (EOI).

	Medical	Dental	Life/AD&D and Packaged Life/Disability	Disability
Standard Industrial Classification Code (SIC)	<ul style="list-style-type: none"> ■ All industries are eligible. ■ The employer should provide the SIC code (four digit number) or NAIC state code (6 digit code) filed with the state on the business tax return and/or the Workers' Compensation form. 	<ul style="list-style-type: none"> ■ The following industries are not eligible when Dental is sold standalone or packaged only with Life. ■ This list does not apply when Dental is sold in combination with Medical. <p>0761-0783 Seasonal Employees</p> <p>3911-3915 Jewelry Manufacturing</p> <p>4111-4121 Passenger Transportation</p> <p>5271 Mobile Home Dealers</p> <p>5511-5599 Auto dealerships</p> <p>5800-5899 Restaurants</p> <p>6500-6799 Real Estate</p> <p>7000-7099 Hotels</p> <p>7221 Photo Studios</p> <p>7231-7241 Beauty & Barber Shops</p> <p>7251-7299 Repairs, Cleaning, Personal Svc</p> <p>7319 Advertising, Miscellaneous</p> <p>7331-7338 Direct Mailing, Secretarial</p> <p>7361-7363 Employment Agencies</p> <p>7379 Miscellaneous Computer Services</p> <p>7381-7382 Security Sys, Armored Cars</p> <p>7384 Photofinishing Labs</p> <p>7389 Miscellaneous Business Services</p> <p>7631 Watch, Clock & Jewelry Repair</p> <p>7692-7699 Miscellaneous Repair</p> <p>7800-7999 Amusement, Recreation & Entertainment</p> <p>8000-8059 Medical Groups</p> <p>8071-8099 Medical Groups</p> <p>8100-8199 Legal</p> <p>8211-8299 Schools, Libraries, Education</p> <p>8300-8499 Social Services — Museums, Art Galleries, Botanical Gardens</p> <p>8400-8499 Museum/Art Galleries, Botanical Gardens</p> <p>8600-8699 Associations & Trusts</p> <p>8700-8799 Engineering & Mgmt Services</p> <p>8800-8899 Service — Private Households</p> <p>8999 Miscellaneous Services</p> <p>9721 International Affairs</p>	<ul style="list-style-type: none"> ■ Basic Life Term Life — All industries are eligible. ■ Packaged Life/Disability — The following industries are not eligible: <p>1000-1499 Mining</p> <p>2892-2899 Explosives, Bombs & Pyrotechnics</p> <p>3291-3292 Asbestos Products</p> <p>3310-3329 Primary Metal Industries</p> <p>3480-3489 Fire Arms & Ammunition</p> <p>5921 Liquor Stores</p> <p>6211 Security Brokers</p> <p>6531 Real Estate — Agents</p> <p>7381 Service — Detective Service</p> <p>7500-7599 Automotive Repairs/Serv</p> <p>7800-7999 Motion Picture/Amusement & Rec</p> <p>8010-8043 Doctors Offices/Clinics</p> <p>8600-8699 Membership Assoc</p> <p>8800-8899 Service — Private Households</p> <p>9999 Non-classified Establishments</p>	<ul style="list-style-type: none"> ■ See Life column for the industries that are not eligible.

DENTAL ONLY																	
Coverage Waiting Period	<ul style="list-style-type: none"> For Major and Orthodontic Services, employees must be an enrolled member of the employer's plan for 1 year before eligible (not applicable to DMO). <i>Virgin group (no prior coverage)</i> — The waiting periods apply to employees at case inception as well as any future hires. <i>Takeover/Replacement cases (prior coverage)</i> — If a group's prior coverage did not lapse more than 90 days prior, the waiting periods are waived. In order for the waiting period to be waived, the group must have had a dental plan in place that covered Major (and Ortho, if applicable) immediately preceding our takeover of the business. Example: Prior Major coverage but no Ortho coverage. Aetna plan has coverage for both Major and Ortho. The Waiting Period is waived for Major services but not for Ortho services. 																
Product Packaging	<ul style="list-style-type: none"> Does not apply to Voluntary Plans. DMO cannot be sold as standalone and must be packaged with any PPO option as Dual Option. PPO plans can be sold standalone or packaged with DMO as a Dual Option or Freedom-of-Choice. Freedom-of-Choice cannot be packaged with any other option. It must be the only sold plan. 																
Reinstatement	For Voluntary plans, 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.																
Open Enrollment	<ul style="list-style-type: none"> Not allowed. 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. 																
Option Sales	<ul style="list-style-type: none"> Option sales alongside another Dental carrier are not allowed. All Dental plans must be sold on a full replacement basis. 																
LIFE AND DISABILITY ONLY																	
Job Classification (Position) Schedules	<ul style="list-style-type: none"> 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). Items such as probationary periods must be applied consistently within a class of employee. 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 even if only 2 classes are offered. For example, a schedule may be structured as follows: <table border="1" data-bbox="407 1173 1605 1333"> <thead> <tr> <th>Position/Job Class</th> <th>Basic Term Life Amount</th> <th>Packaged Life & Disability</th> <th>Disability</th> </tr> </thead> <tbody> <tr> <td>Executives</td> <td>\$50,000</td> <td>High Option</td> <td>Flat \$500 (8/8)</td> </tr> <tr> <td>Managers, Supervisors</td> <td>\$20,000</td> <td>Medium Option</td> <td>Flat \$300 (8/8)</td> </tr> <tr> <td>All Other Employees</td> <td>\$10,000</td> <td>Low Option</td> <td>Flat \$200 (8/8)</td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Packaged Life & Disability	Disability	Executives	\$50,000	High Option	Flat \$500 (8/8)	Managers, Supervisors	\$20,000	Medium Option	Flat \$300 (8/8)	All Other Employees	\$10,000	Low Option	Flat \$200 (8/8)
Position/Job Class	Basic Term Life Amount	Packaged Life & Disability	Disability														
Executives	\$50,000	High Option	Flat \$500 (8/8)														
Managers, Supervisors	\$20,000	Medium Option	Flat \$300 (8/8)														
All Other Employees	\$10,000	Low Option	Flat \$200 (8/8)														
Guaranteed Issue Coverage	<ul style="list-style-type: none"> 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." 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 provide Medical records. On-time enrollees who do not meet the requirements of Evidence of Insurability will receive the Guaranteed Issue Life amount. Late enrollees must qualify for the entire amount and are not guaranteed any coverage. 																
Actively-at-Work	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.																
Continuity of Coverage (no loss/no gain)	<ul style="list-style-type: none"> 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. 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. 																
Evidence of Insurability (EOI)	<ul style="list-style-type: none"> EOI is required when one or more of the following conditions exist: <ol style="list-style-type: none"> Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit. Coverage is not requested within 31 days of eligibility for contributory coverage. New coverage is requested during the anniversary period. 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.). Reinstatement or restoration of coverage is requested. 																

Group enrollment checklist

Name of Business: _____

Plan Name: _____

Agent/Broker Name: _____

Send paperwork to:

Aetna Small Group Underwriting
841 Prudential Drive
Jacksonville, FL 32207

Aetna Small Group
PO Box 2510
Jacksonville, FL 32231

For presale quote requests, e-mail
AetnaQuote at SESG@aetna.com
or fax to 1-800-704-1260

Step 1

Section A — Employer/Company Application Reviewed

- Complete all pages of application in ink.
- Employer signature must be an owner or corporate officer.
- No altered applications. (New application required.)
- Applications cannot be more than 60 days old.
- Plan options indicated.
- Premium check(s) made payable to Aetna Health Management LLC. (A company check is preferred.)
- Producer information completed and signed.

Step 2

Section B — Employee Enrollment Applications Reviewed

- Completely filled out by each employee in ink.
- No alterations allowed (must be initialed and dated by eligible employee).
- Employees waiving coverage must complete the Declination/Waiver of coverage section. Proof of other coverage is needed only for the percentage needed to meet participation.

Step 3

Section C — Underwriting Requirements Reviewed

- Verify underwriting guidelines were reviewed and understood.
- Tax and wage statement included (current quarter).
- Verify employee participation requirements.
- Verify employer premium contribution requirements.
- Verify COBRA continuees' qualifying event and date are indicated.
- Out-of-state employees require proof of employment.
- Copy of prior carrier's latest billing with employee effective dates indicated.
- Other: _____

Step 4

Section D — Forms Review

- Complete, sign and date the Agent/Broker Certification section of the Employer Application.
- Review all forms for completion prior to submission.
 - Small Group Employer application.
 - Applications from all employees/dependents requesting coverage.
 - Applications from all employees/dependents declining coverage.
 - A copy of the firm's most recent quarterly tax and wage statement.
 - Copy of prior carrier's latest billing roster (if continuous coverage replacement).
 - A check for 100% of the first month's Medical, Dental and Life premiums (per the quoted rates provided) payable to "Aetna Health Management LLC." (Aetna's receipt of the check does not guarantee acceptance of the group.)

Effective dates may be the 1st or 15th of the month only.

Applications for groups with 3 or fewer enrolled employees must be received by Aetna 30 calendar days prior to the requested effective date.

Applications for groups with 4 or more enrolled employees must be received by Aetna 5 business days prior to the requested effective date.

Premier Producers have an additional 3 business days to submit all completed paperwork to Aetna Underwriting.

For more information about Aetna's Small Business Solutions, please contact your local Aetna Sales Manager or the Small Group Service Center from 8 a.m. to 5 p.m. ET at 1-888-422-2128.

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 plans and health/dental insurance plans contain exclusions and limitations.

Plan features and availability may vary by location and group size. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Programs provide access to discounted prices and are NOT insured benefits.

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 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.