

# AETNA AVE

*Aetna Avenue® — Your Destination for Small Business Solutions®*

## NORTH CAROLINA PLAN GUIDE



**PLANS EFFECTIVE MAY 1, 2010**

For businesses with 50 or fewer eligible employees

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*Health care is a journey ...*

## **AETNA AVENUE** IS THE WAY

### **IN THIS GUIDE:**

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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

- Consumer-directed health plans (CDHP)
- HSA-compatible plans
- Traditional plans

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

- PPO
- PPO Max
- Indemnity
- Consumer-directed plan
- Basic term life insurance
- 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, provide 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**<sup>®</sup> — our online resource for employers, members and providers

- Look up rates for providers, facilities and hospitals for common services and treatments
- Track medical claims online
- Discount programs for eye, dental and other health care
- Simple Steps To A Healthier Life<sup>®</sup>, an online health and wellness program
- 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 ...**





**YOUNG SINGLES**

Consumer-directed health plans  
Traditional deductible plans with higher deductibles/cost sharing

**HEALTH INSURANCE BENEFITS FOR EVERY STAGE OF LIFE**



**YOUNG FAMILIES**

Traditional plans  
Consumer-directed health 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.



**ESTABLISHED FAMILIES**

Consumer-directed health plans  
Traditional deductible plans with higher deductibles/cost sharing

**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.



**EMPTY NESTERS**

Consumer-directed health plans  
HSA-compatible plans

NORTH CAROLINA PROVIDER NETWORK\*

County	Aetna POS Open Access & HMO Open Access	Aetna Managed Choice Open Access
Alamance	•	•
Alexander	•	•
Alleghany		•
Anson	•	•
Ashe		•
Avery		•
Beaufort		•
Bertie		•
Bladen		•
Brunswick	•	•
Buncombe		•
Burke	•	•
Cabarrus	•	•
Caldwell	•	•
Camden		•
Carteret		•
Caswell		•
Catawba	•	•
Chatham	•	•
Cherokee		•
Chowan		•
Clay		•
Cleveland	•	•
Columbus		•
Craven		•
Cumberland	•	•
Currituck		•
Dare		•
Davidson	•	•
Davie	•	•
Duplin		•
Durham	•	•
Edgecombe		•
Forsyth	•	•

County	Aetna POS Open Access & HMO Open Access	Aetna Managed Choice Open Access
Franklin	•	•
Gaston	•	•
Gates		•
Graham		•
Granville	•	•
Greene		•
Guilford	•	•
Halifax		•
Harnett	•	•
Haywood		•
Henderson		•
Hertford		•
Hoke		•
Hyde		•
Iredell	•	•
Jackson		•
Johnston	•	•
Jones		•
Lee	•	•
Lenoir		•
Lincoln	•	•
Macon		•
Madison		•
Martin		•
McDowell		•
Mecklenburg	•	•
Mitchell		•
Montgomery		•
Moore		•
Nash	•	•
New Hanover	•	•
Northampton		•
Onslow		•
Orange	•	•

County	Aetna POS Open Access & HMO Open Access	Aetna Managed Choice Open Access
Pamlico		•
Pasquotank		•
Pender		•
Perquimans		•
Person		•
Pitt		•
Polk		•
Randolph	•	•
Richmond		•
Robeson		•
Rockingham	•	•
Rowan	•	•
Rutherford		•
Sampson	•	•
Scotland		•
Stanly	•	•
Stokes	•	•
Surry	•	•
Swain		•
Transylvania		•
Tyrrell		•
Union	•	•
Vance	•	•
Wake	•	•
Warren	•	•
Washington		•
Watauga		•
Wayne		•
Wilkes	•	•
Wilson	•	•
Yadkin	•	•
Yancey		•

\*Network information subject to change.

Product Name	Product Description	PCP Required	Referrals Required	Network
<b>Aetna Choice® POS</b> (POS OA)	Choice® POS (CPOS) is a two-tiered product that allows members to access care in or out of network. Members have lower out of pocket costs when they use the in-network tier of the plan. Member cost sharing increases if members decide to go out of network. Members may go to their PCP or directly to a participating specialist without a referral. It is their choice, each time they seek care.	No	No	Aetna Choice® POS (Open Access)
<b>Open Access HMO</b> (HMO OA)	A Health Maintenance Organization (HMO) uses a network of participating providers. Each family member may select a primary care physician (PCP) participating in our network to provide routine and preventive care and can help coordinate the member's total health care. Members never need a referral when visiting a participating specialist for covered services. Only services rendered by a participating provider are covered, except for emergency or urgently needed care.	No	No	HMO (Open Access)
<b>Open Access Managed Choice® MC OA</b>	Managed Choice® members can access any recognized provider for covered services without a referral. Each time members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs.	No	No	Managed Choice® POS (Open Access)
<b>Indemnity</b>	This indemnity plan option is available for employees who live outside the plan's network service area. Members coordinate their own health care and may access any recognized provider for covered services without a referral.	No	No	N/A

Aetna Avenue

## MEDICAL OVERVIEW

### WHY HEALTH AND WELLNESS MATTER

- Chronic diseases cost businesses more than \$1 trillion in lost productivity.<sup>1</sup>
- U.S. companies lose nearly \$63 billion in lost work and productivity each year due to employee injuries and illnesses.<sup>2</sup>

True value in a health plan comes from how it helps your employees get healthy when they need medical care and helps them stay healthy before they need care. When you offer your employees Aetna health benefits and health insurance plans, benefits like Aetna's Wellness On Us<sup>SM</sup> provides affordable access to the preventive care that helps them stay healthy.

### WELLNESS ON US<sup>SM</sup>

Wellness for employees means a healthier business for employers. Now employees can get in-network preventive care for \$0! Our small business health benefits and insurance plans in North Carolina now include \$0 copay in-network for preventive care. It's one more way for us to help employees get a step closer to better health.

#### See what employees can get for \$0:

Immunizations	\$0 copay
Routine vision exams	\$0 copay
Routine physicals	\$0 copay
Child wellness visits	\$0 copay
Routine mammogram	\$0 copay
Routine ob/gyn visits	\$0 copay

<sup>1</sup>"An Unhealthy America: The Economic Burden of Chronic Disease," The Milken Institute, October 2007.

<sup>2</sup>Journal of Occupational and Environmental Medicine, July 2007.

## AETNA HIGH-DEDUCTIBLE HSA-COMPATIBLE PLANS

Aetna high-deductible HSA-compatible plans are compatible with a Health Savings Account (HSA). HSA-compatible plans provide integrated medical and pharmacy benefits. Preventive care services are waived from the deductible.

HSAs 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).

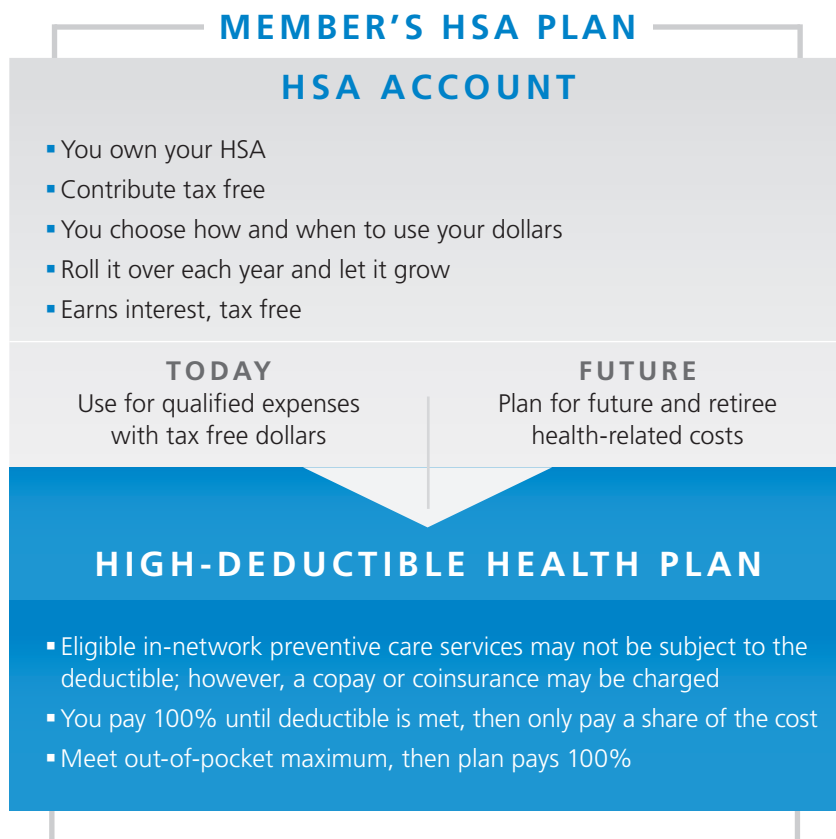
When funds are used to cover qualified out-of-pocket medical and dental expenses, they are not taxed.

*Note: Employers and employees should consult with their tax advisor to determine eligibility requirements and tax advantages for participation in the HSA plan.*

## HEALTH SAVINGS ACCOUNT (HSA)

*No set-up or administrative fees*

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.



## Administrative fees

FEE DESCRIPTION	FEE
<b>HSA</b>	
Initial Set-Up	\$0
Monthly Fees	\$0
<b>POP*</b>	
Initial Set-Up**	\$150
Renewal	\$75
<b>HRA and FSA***</b>	
Initial Set-Up**, <sup>††</sup>	
2 – 25 Employees	\$350
26 – 50 Employees	\$450
Renewal Fee	50% of the initial set-up fee
Monthly Fees <sup>†</sup>	\$5.00 per participant
Additional Set-Up Fee for “stacked” plans (those electing an Aetna HRA and FSA simultaneously)	\$150
Participation Fee for “stacked” participants	\$9.75 per participant
<b>Minimum Fees</b>	
0 – 25 Employees	\$10 per month minimum
26 – 50 Employees	\$50 per month minimum
<b>TRA</b>	
Annual Fee	\$350
Transit Monthly Fees	\$4.25 per participant
Parking Monthly Fees	\$3.15 per participant
<b>COBRA</b>	
Annual Fee 20 – 50 Employees	\$50
Monthly Fee	\$0.85 per employee

## 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.

\*First year POP fees waived with the purchase of medical with 5-plus enrolled employees.

\*\*Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$75 fee. Non-discrimination testing only available for FSA and POP products.

\*\*\*Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact Aetna for further information.

<sup>†</sup>For HRA, if the employer opts out of Streamline, the fee is increased \$1.50 per participant.

<sup>††</sup>The initial set-up fee for HRA is waived.

Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information subject to change. Aetna reserves the right to change any of the above fees and to impose additional fees upon prior written notice.

# TRADITIONAL DEDUCTIBLE & COINSURANCE PLANS

North Carolina (2-50 Employees)	Plan 1011	Plan 1012
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000
<b>Plan/Calendar Year</b>	Plan Year	Plan Year
<b>IN-NETWORK SERVICES</b>		
<b>Coinsurance</b>	80%	80%
<b>Annual Deductible: Individual/Family</b>	\$500/\$1,000	\$1,000/\$2,000
<b>Type of Deductible</b>	Embedded	Embedded
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$3,000/\$6,000	\$3,000/\$6,000
<b>Wellness On Us<sup>SM</sup></b>		
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	\$0, ded waived	\$0, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	\$0, ded waived	\$0, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	\$0, ded waived	\$0, ded waived
<b>Physician Services</b>		
<b>Primary Care Physician Office visit</b>	\$20, ded waived	\$20, ded waived
<b>Specialist Office Visit</b>	\$50, ded waived	\$50, ded waived
<b>Mental Health Outpatient<sup>1</sup></b>	\$50, ded waived	\$50, ded waived
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	\$50, ded waived	\$50, ded waived
<b>Inpatient Services</b>		
<b>Hospital Inpatient</b>	80%, ded applies	80%, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	80%, ded applies	80%, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	80%, ded applies	80%, ded applies
<b>Outpatient/Other Services</b>		
<b>Diagnostic Lab</b>	\$0, ded waived	\$0, ded waived
<b>Diagnostic X-ray</b>	80%, ded applies	80%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	80%, ded applies	80%, ded applies
<b>Outpatient Surgery</b>	80%, ded applies	80%, ded applies
<b>Emergency Room</b> (Coplay waived if admitted)	\$150, ded waived	\$150, ded waived
<b>Urgent Care</b>	\$75, ded waived	\$75, ded waived
<b>Ambulance</b> (emergency transport)	80%, ded applies	80%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	\$50, ded waived	\$50, ded waived
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	\$50, ded waived	\$50, ded waived
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	80%, ded applies	80%, ded applies
<b>Pharmacy</b>		
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	\$10 / \$35 / \$60 / 25%	\$10 / \$35 / \$60 / 25%
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	\$4,000	\$4,000
<b>OUT-OF-NETWORK (OON) SERVICES (POS/MC/Ind only – OON services do NOT apply to HMO plans)</b>		
<b>Coinsurance</b>	60%	60%
<b>Annual Deductible: Individual/Family</b>	\$1,000/\$2,000	\$2,000/\$4,000
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$3,000/\$6,000	\$4,000/\$8,000
<b>Emergency Room</b>	Paid as In-Network Benefits	Paid as In-Network Benefits
<b>Ambulance</b> (emergency transport)		
<b>All Other Services</b>	60%, ded applies	60%, ded applies
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	N/A	70% after Copay
<b>PLAN OPTIONS AVAILABLE</b>		
<b>HMO Open Access Available</b>		
<b>POS Open Access Available</b>	X	X
<b>MC Open Access Available</b>		X

For endnotes, see page 16.

# TRADITIONAL DEDUCTIBLE & COINSURANCE PLANS

North Carolina (2-50 Employees)	Plan 1013	Plan 1014
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000
<b>Plan/Calendar Year</b>	Plan Year	Plan Year
<b>IN-NETWORK SERVICES</b>		
<b>Coinsurance</b>	80%	70%
<b>Annual Deductible: Individual/Family</b>	\$2,000/\$4,000	\$2,000/\$4,000
<b>Type of Deductible</b>	Embedded	Embedded
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$2,000/\$4,000	\$4,000/\$8,000
<b>Wellness On Us<sup>SM</sup></b>		
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	\$0, ded waived	\$0, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	\$0, ded waived	\$0, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	\$0, ded waived	\$0, ded waived
<b>Physician Services</b>		
<b>Primary Care Physician Office visit</b>	\$25, ded waived	\$30, ded waived
<b>Specialist Office Visit</b>	\$50, ded waived	\$60, ded waived
<b>Mental Health Outpatient<sup>1</sup></b>	\$50, ded waived	\$60, ded waived
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	\$50, ded waived	\$60, ded waived
<b>Inpatient Services</b>		
<b>Hospital Inpatient</b>	80%, ded applies	70%, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	80%, ded applies	70%, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	80%, ded applies	70%, ded applies
<b>Outpatient/Other Services</b>		
<b>Diagnostic Lab</b>	\$0, ded waived	\$0, ded waived
<b>Diagnostic X-ray</b>	80%, ded applies	70%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	80%, ded applies	70%, ded applies
<b>Outpatient Surgery</b>	80%, ded applies	70%, ded applies
<b>Emergency Room</b> (Copay waived if admitted)	\$200, ded waived	\$200, ded waived
<b>Urgent Care</b>	\$75, ded waived	\$75, ded waived
<b>Ambulance</b> (emergency transport)	80%, ded applies	70%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	\$50, ded waived	\$60, ded waived
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	\$50, ded waived	\$60, ded waived
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	80%, ded applies	70%, ded applies
<b>Pharmacy</b>		
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	\$10 / \$45 / \$65 / 25%	\$15 / \$45 / \$70 / 25%
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	\$4,000	\$4,000
<b>OUT-OF-NETWORK (OON) SERVICES (POS/MC/Ind only – OON services do NOT apply to HMO plans)</b>		
<b>Coinsurance</b>	60%	50%
<b>Annual Deductible: Individual/Family</b>	\$2,000/\$4,000	\$2,500/\$5,000
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$4,000/\$8,000	\$6,000/\$12,000
<b>Emergency Room</b>	Paid as In-Network Benefits	Paid as In-Network Benefits
<b>Ambulance</b> (emergency transport)		
<b>All Other Services</b>	60%, ded applies	50%, ded applies
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	N/A	N/A
<b>PLAN OPTIONS AVAILABLE</b>		
<b>HMO Open Access Available</b>	X	
<b>POS Open Access Available</b>	X	X
<b>MC Open Access Available</b>		

For endnotes, see page 16.

## TRADITIONAL DEDUCTIBLE & COINSURANCE PLANS

North Carolina (2-50 Employees)	Plan 1015	Plan 1016	Plan 1017
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000	\$5,000,000
<b>Plan/Calendar Year</b>	Plan Year	Plan Year	Plan Year
<b>IN-NETWORK SERVICES</b>			
<b>Coinsurance</b>	60%	50%	50%
<b>Annual Deductible: Individual/Family</b>	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$3,000/\$6,000	\$5,000/\$10,000	\$4,000/\$8,000
<b>Wellness On Us<sup>SM</sup></b>			
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Physician Services</b>			
<b>Primary Care Physician Office visit</b>	\$30, ded waived	\$30, ded waived	\$30, ded waived
<b>Specialist Office Visit</b>	\$60, ded waived	\$60, ded waived	\$60, ded waived
<b>Mental Health Outpatient<sup>1</sup></b>	\$60, ded waived	\$60, ded waived	\$60, ded waived
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	\$60, ded waived	\$60, ded waived	\$60, ded waived
<b>Inpatient Services</b>			
<b>Hospital Inpatient</b>	60%, ded applies	50%, ded applies	50%, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	60%, ded applies	50%, ded applies	50%, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	60%, ded applies	50%, ded applies	50%, ded applies
<b>Outpatient/Other Services</b>			
<b>Diagnostic Lab</b>	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Diagnostic X-ray</b>	60%, ded applies	50%, ded applies	50%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	50%, ded applies	50%, ded applies	50%, ded applies
<b>Outpatient Surgery</b>	60%, ded applies	50%, ded applies	50%, ded applies
<b>Emergency Room</b> (Copay waived if admitted)	\$250, ded waived	\$300, ded waived	50%, ded applies
<b>Urgent Care</b>	\$75, ded waived	\$75, ded waived	\$75, ded waived
<b>Ambulance</b> (emergency transport)	60%, ded applies	50%, ded applies	50%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	\$60, ded waived	\$60, ded waived	\$60, ded waived
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	\$60, ded waived	\$60, ded waived	\$60, ded waived
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	60%, ded applies	50%, ded applies	50%, ded applies
<b>Pharmacy</b>			
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	\$15 / \$45 / \$70 / 25%	\$15 / \$45 / \$70 / 25%	\$15 / \$45 / \$70 / 25%
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	\$4,000	\$4,000	\$4,000
<b>OUT-OF-NETWORK (OON) SERVICES</b> (POS/MC/Ind only – OON services do NOT apply to HMO plans)			
<b>Coinsurance</b>	50%	Out-of-Network Benefits do not apply to plans limited to only HMO options	Out-of-Network Benefits do not apply to plans limited to only HMO options
<b>Annual Deductible: Individual/Family</b>	\$3,000/\$6,000		
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$6,000/\$12,000		
<b>Emergency Room</b>	Paid as In-Network Benefits		
<b>Ambulance</b> (emergency transport)			
<b>All Other Services</b>	50%, ded applies		
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	70% after Copay		
<b>PLAN OPTIONS AVAILABLE</b>			
<b>HMO Open Access Available</b>		X	X
<b>POS Open Access Available</b>	X		
<b>MC Open Access Available</b>	X		

For endnotes, see page 16.

# 100% PLANS

North Carolina (2-50 Employees)	Plan 1021	Plan 1022	Plan 1023
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000	\$5,000,000
<b>Plan/Calendar Year</b>	Plan Year	Plan Year	Plan Year
<b>IN-NETWORK SERVICES</b>			
<b>Coinsurance</b>	100%	100%	100%
<b>Annual Deductible: Individual/Family</b> (*deductible applies to OOP)	\$1,000/\$2,000*	\$2,500/\$5,000*	\$5,000/\$10,000*
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>Annual Out-of-Pocket (OOP): Individual/Family</b>	\$1,000/\$2,000	\$2,500/\$5,000	\$5,000/\$10,000
<b>Wellness On Us<sup>SM</sup></b>			
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Physician Services</b>			
<b>Primary Care Physician Office visit</b>	\$20, ded waived	\$30, ded waived	\$35, ded waived
<b>Specialist Office Visit</b>	\$50, ded waived	\$60, ded waived	100%, ded applies
<b>Mental Health Outpatient<sup>1</sup></b>	\$50, ded waived	\$60, ded waived	100%, ded applies
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	\$50, ded waived	\$60, ded waived	100%, ded applies
<b>Inpatient Services</b>			
<b>Hospital Inpatient</b>	100%, ded applies	100%, ded applies	100%, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	100%, ded applies	100%, ded applies	100%, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	100%, ded applies	100%, ded applies	100%, ded applies
<b>Outpatient/Other Services</b>			
<b>Diagnostic Lab</b>	\$0, ded waived	\$0, ded waived	100%, ded applies
<b>Diagnostic X-ray</b>	100%, ded applies	100%, ded applies	100%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	100%, ded applies	100%, ded applies	100%, ded applies
<b>Outpatient Surgery</b>	100%, ded applies	100%, ded applies	100%, ded applies
<b>Emergency Room</b> (Copay waived if admitted)	\$150, ded waived	\$250, ded waived	100%, ded applies
<b>Urgent Care</b>	\$75, ded waived	\$75, ded waived	100%, ded applies
<b>Ambulance</b> (emergency transport)	100%, ded applies	100%, ded applies	100%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	\$50, ded waived	\$60, ded waived	100%, ded applies
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	\$50, ded waived	\$60, ded waived	100%, ded applies
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	100%, ded applies	100%, ded applies	100%, ded applies
<b>Pharmacy</b>			
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	\$10 / \$35 / \$60 / 25%	\$15 / \$45 / \$70 / 25%	\$10 / \$45 / \$65 / 25%
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	\$4,000	\$4,000	\$4,000
<b>OUT-OF-NETWORK (OON) SERVICES</b> (POS/MC/Ind only – OON services do NOT apply to HMO plans)			
<b>Coinsurance</b>	70%	70%	Out-of-Network Benefits do not apply to plans limited to only HMO options
<b>Annual Deductible: Individual/Family</b>	\$2,000/\$4,000	\$3,000/\$6,000	
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$5,000/\$10,000	\$7,000/\$14,000	
<b>Emergency Room</b>	Paid as In-Network Benefits	Paid as In-Network Benefits	
<b>Ambulance</b> (emergency transport)			
<b>All Other Services</b>	70%, ded applies	70%, ded applies	
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)		70% after Copay	
<b>PLAN OPTIONS AVAILABLE</b>			
<b>HMO Open Access Available</b>			X
<b>POS Open Access Available</b>	X	X	
<b>MC Open Access Available</b>		X	

For endnotes, see page 16.

# SIMPLY SAVINGS PLANS

North Carolina (2-50 Employees)	Plan 1024	Plan 1031	Plan 1032	Plan 1033
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>Plan/Calendar Year</b>	Plan Year	Plan Year	Plan Year	Plan Year
<b>IN-NETWORK SERVICES</b>				
<b>Coinsurance</b>	100%	70%	60%	50%
<b>Annual Deductible: Individual/Family</b> (*deductible applies to OOP)	\$10,000/\$10,000*	\$2,500/\$5,000	\$3,000/\$6,000	\$2,000/\$4,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded	Embedded
<b>Annual Out-of-Pocket (OOP): Individual/Family</b>	\$10,000/\$10,000	\$3,000/\$6,000	\$4,000/\$8,000	\$3,000/\$6,000
<b>Wellness On Us<sup>SM</sup></b>				
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	\$0, ded waived	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	\$0, ded waived	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	\$0, ded waived	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Physician Services</b>				
<b>Primary Care Physician Office visit</b>	\$35, ded waived	\$30, ded waived	\$30, ded waived	\$20, ded waived
<b>Specialist Office Visit</b>	100%, ded applies	\$60, ded waived	\$60, ded waived	50%, ded applies
<b>Mental Health Outpatient<sup>1</sup></b>	100%, ded applies	\$60, ded waived	\$60, ded waived	50%, ded applies
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	100%, ded applies	\$60, ded waived	\$60, ded waived	50%, ded applies
<b>Inpatient Services</b>				
<b>Hospital Inpatient</b>	100%, ded applies	70% after \$1,000/admit, ded applies	60% after \$1,000/admit, ded applies	80% after \$500/admit, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	100%, ded applies	70% after \$1,000/admit, ded applies	60% after \$1,000/admit, ded applies	80% after \$500/admit, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	100%, ded applies	70% after \$1,000/admit, ded applies	60% after \$1,000/admit, ded applies	80% after \$500/admit, ded applies
<b>Outpatient/Other Services</b>				
<b>Diagnostic Lab</b>	100%, ded applies	\$0, ded waived	\$0, ded waived	50%, ded applies
<b>Diagnostic X-ray</b>	100%, ded applies	70%, ded applies	60%, ded applies	50%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	100%, ded applies	50%, ded applies	50%, ded applies	50%, ded applies
<b>Outpatient Surgery</b>	100%, ded applies	70% after \$500, ded applies	60% after \$500, ded applies	80% after \$250, ded applies
<b>Emergency Room</b> (Copay waived if admitted)	100%, ded applies	\$250, ded waived	\$250, ded waived	50%, ded applies
<b>Urgent Care</b>	100%, ded applies	\$75, ded waived	\$75, ded waived	50%, ded applies
<b>Ambulance</b> (emergency transport)	100%, ded applies	70%, ded applies	60%, ded applies	80%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	100%, ded applies	\$60, ded waived	\$60, ded waived	50%, ded applies
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	100%, ded applies	\$60, ded waived	\$60, ded waived	50%, ded applies
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	100%, ded applies	70%, ded applies	60%, ded applies	50%, ded applies
<b>Pharmacy</b>				
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	\$15 / \$45 / \$70 / 25%	\$10 / \$45 / \$65 / 25%	\$15 / \$45 / \$70 / 25%	\$15 / \$45 / \$70 / 25%
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	\$4,000	\$4,000	\$4,000	\$4,000
<b>OUT-OF-NETWORK (OON) SERVICES (POS/MC/Ind only – OON services do NOT apply to HMO plans)</b>				
<b>Coinsurance</b>	70%	50%	Out-of-Network Benefits do not apply to plans limited to only HMO options	Out-of-Network Benefits do not apply to plans limited to only HMO options
<b>Annual Deductible: Individual/Family</b>	\$10,000/\$10,000	\$3,000/\$6,000		
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$15,000/\$30,000	\$4,000/\$8,000		
<b>Emergency Room</b>	Paid as In-Network Benefits	Paid as In-Network Benefits		
<b>Ambulance</b> (emergency transport)				
<b>All Other Services</b>	70%, ded applies	50%, ded applies		
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	N/A	N/A		
<b>PLAN OPTIONS AVAILABLE</b>				
<b>HMO Open Access Available</b>	X	X	X	X
<b>POS Open Access Available</b>	X	X		
<b>MC Open Access Available</b>				

For endnotes, see page 16.

# HIGH-Deductible Health Plans

North Carolina (2-50 Employees)	Plan 1041 (HDHP)	Plan 1042 (HDHP)	Plan 1043 (HDHP)	Plan 1044 (HDHP)
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<b>Plan/Calendar Year</b>	Calendar Year	Calendar Year	Calendar Year	Calendar Year
<b>IN-NETWORK SERVICES</b>				
<b>Coinsurance</b>	100%	80%	80%	100%
<b>Annual Deductible: Individual/Family</b> (*deductible applies to OOP)	\$3,000/\$6,000*	\$2,500/\$5,000*	\$3,000/\$6,000*	\$5,950/\$11,900*
<b>Type of Deductible</b>	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded
<b>Annual Out-of-Pocket (OOP): Individual/Family</b>	\$3,000/\$6,000	\$3,500/\$7,000	\$5,500/\$11,000	\$5,950/\$11,900
<b>Wellness On Us<sup>SM</sup></b>				
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	\$0, ded waived	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	\$0, ded waived	\$0, ded waived	\$0, ded waived	\$0, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	\$0, ded applies	80%, ded applies	80%, ded applies	\$0, ded applies
<b>Physician Services</b>				
<b>Primary Care Physician Office visit</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Specialist Office Visit</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Mental Health Outpatient<sup>1</sup></b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Inpatient Services</b>				
<b>Hospital Inpatient</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Outpatient/Other Services</b>				
<b>Diagnostic Lab</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Diagnostic X-ray</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Outpatient Surgery</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Emergency Room</b> (Copay waived if admitted)	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Urgent Care</b>	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Ambulance</b> (emergency transport)	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	100%, ded applies	80%, ded applies	80%, ded applies	100%, ded applies
<b>Pharmacy</b>				
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	0%, ded applies	\$5/\$40/\$60/25%, ded applies	\$5/\$40/\$60/25%, ded applies	0%, ded applies
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	Pharmacy integrated with Medical OOP	Pharmacy integrated with Medical OOP	Pharmacy integrated with Medical OOP	Pharmacy integrated with Medical OOP
<b>OUT-OF-NETWORK (OON) SERVICES (POS/MC/Ind only – OON services do NOT apply to HMO plans)</b>				
<b>Coinsurance</b>	70%	50%	Out-of-Network Benefits do not apply to plans limited to only HMO options	Out-of-Network Benefits do not apply to plans limited to only HMO options
<b>Annual Deductible: Individual/Family</b>	\$3,000/\$6,000	\$3,000/\$6,000		
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$5,000/\$10,000	\$5,000/\$10,000		
<b>Emergency Room</b>	Paid as In-Network Benefits	Paid as In-Network Benefits		
<b>Ambulance</b> (emergency transport)				
<b>All Other Services</b>	70%, ded applies	50%, ded applies		
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	N/A	70% after Copay		
<b>PLAN OPTIONS AVAILABLE</b>				
<b>HMO Open Access Available</b>			X	X
<b>POS Open Access Available</b>	X	X		
<b>MC Open Access Available</b>		X		

For endnotes, see page 16.

<b>INDEMNITY PLAN</b>	
<b>North Carolina</b> (2-50 Employees)	<b>Plan 1080</b>
<b>Lifetime Maximum</b>	\$5,000,000
<b>Plan/Calendar Year</b>	Calendar Year
<b>IN-NETWORK SERVICES</b>	
<b>Coinsurance</b>	80%
<b>Annual Deductible: Individual/Family</b>	\$500/\$1,500
<b>Type of Deductible</b>	3X
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	\$7,000/\$21,000
<b>Wellness On Us<sup>SM</sup></b>	
<b>Preventive Care</b> (including annual Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	80%, ded waived
<b>Well-Child Care</b> (Age/Frequency schedules apply, includes coverage for immunizations)	80%, ded waived
<b>Vision Screening Services</b> (1 time every 24 months)	80%, ded waived
<b>Physician Services</b>	
<b>Primary Care Physician Office visit</b>	80%, ded applies
<b>Specialist Office Visit</b>	80%, ded applies
<b>Mental Health Outpatient<sup>1</sup></b>	80%, ded applies
<b>Substance Abuse Rehabilitation Outpatient<sup>2</sup></b>	80%, ded applies
<b>Inpatient Services</b>	
<b>Hospital Inpatient</b>	80%, ded applies
<b>Mental Health Inpatient<sup>1</sup></b>	80%, ded applies
<b>Substance Abuse Rehabilitation Inpatient<sup>2</sup></b>	80%, ded applies
<b>Outpatient/Other Services</b>	
<b>Diagnostic Lab</b>	80%, ded applies
<b>Diagnostic X-ray</b>	80%, ded applies
<b>Diagnostic Complex Imaging</b> (CAT, MRI, MRA/MRS and PET scans)	80%, ded applies
<b>Outpatient Surgery</b>	80%, ded applies
<b>Emergency Room</b> (Copoly waived if admitted)	80%, ded applies
<b>Urgent Care</b>	80%, ded applies
<b>Ambulance</b> (emergency transport)	80%, ded applies
<b>Chiropractic Services</b> (20 visits per year)	80%, ded applies
<b>Outpatient Rehabilitative Therapy</b> (30 visits per year)	80%, ded applies
<b>Durable Medical Equipment</b> (\$5,000 maximum per year)	80%, ded applies
<b>Pharmacy</b>	
<b>Retail Pharmacy Copay</b> <b>Mail-Order Drugs (MOD)</b> (Available at 2X copay for a 31-90 day supply)	\$10 / \$35 / \$60 / 25%
<b>Maximum Out-of-Pocket per Year</b> (Family is 2X individual)	N/A
<b>OUT-OF-NETWORK (OON) SERVICES</b> (POS/MC/Ind only – OON services do NOT apply to HMO plans)	
<b>Coinsurance</b>	Same as In-Network Benefits
<b>Annual Deductible: Individual/Family</b>	
<b>Annual Out-of-Pocket (OOP): Individual/Family</b> (*deductible applies to OOP)	
<b>Emergency Room</b>	
<b>Ambulance</b> (emergency transport)	
<b>All Other Services</b>	
<b>MC Plans Retail Pharmacy</b> (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	
<b>PLAN OPTIONS AVAILABLE</b>	
<b>HMO Open Access Available</b>	
<b>POS Open Access Available</b>	
<b>MC Open Access Available</b>	(Indemnity only)

For endnotes, see page 16.

## ENDNOTES

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<sup>1</sup>Inpatient Non-Serious Mental Illness is limited to 30 days per year. Outpatient Non-Serious Mental Illness is limited to 20 visits per year. Biologically based or Serious Mental Illness (inpatient and outpatient) is treated as any other illness.

<sup>2</sup>Substance Abuse Rehabilitation inpatient and outpatient care is limited to \$8,000 per year combined maximum and \$16,000 lifetime combined maximum.

NOTE: Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care. For a summary list of Limitations and Exclusions, refer to page 34.

Payment for out-of-network benefits is based upon Aetna's allowable fee schedule. Payment for other out-of-network care is determined based upon the negotiated charge that would apply if such services or supplies were received from an in-network provider. These Mandatory Generics with a Dispensed as Written override applies to HSA-compatible plans 1042 and 1044.

PLAN VALUE	\$	\$\$	\$\$\$	\$\$\$\$
HMO OA 1024 (Simply Savings)				
POS OA 1024 (Simply Savings)				
HMO OA 1044 (HSA-compatible plan)				
HMO OA 1043 (HSA-compatible plan)				
HMO OA 1023 (100% plan)				
POS OA 1042 (HSA-compatible plan)				
HMO OA 1017 (Traditional Plan)				
HMO OA 1033 (Simply Savings)				
HMO OA 1032 (Simply Savings)				
HMO OA 1016 (Traditional plan)				
HMO OA 1031 (Simply Savings)				
POS OA 1041 (HSA-compatible plan)				
POS OA 1031 (Simply Savings)				
POS OA 1015 (Traditional plan)				
POS OA 1014 (Traditional plan)				
HMO OA 1013 (Traditional plan)				
POS OA 1013 (Traditional plan)				
MC OA 1042 (HSA-compatible plan)				
POS OA 1022 (100% plan)				
POS OA 1012 (Traditional plan)				
POS OA 1011 (Traditional plan)				
MC OA 1015 (Traditional plan)				
POS OA 1021 (100% plan)				
MC OA 1022 (100% plan)				
MC OA 1012 (Traditional plan)				
IND 1080 (Indemnity Plan)				

*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 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.

*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.

*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 Aetna 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.

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

\*DMI may not be available in all states.

### *Scheduled Indemnity Plan*

Members can choose any licensed dentist for services and pay deductibles and coinsurance up to an annual maximum. Members can be balance billed and may be required to file claims.

### *Consumer-directed — Aetna DentalFund® plan*

The Aetna DentalFund plan is one of the first dental plans to combine a dental fund benefit with a base dental plan. The paid premium covers both the fund benefit and the traditional benefits of the dental plan. The plan combines the Fund with a PPO Max plan where preventive care is paid through the dental plan. Your employees can use their funds to pay for basic and major services received from any licensed dentist. If any dental fund dollars are not used during the year, they can be rolled over and added to the following year's dental fund balance.

### *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 low 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.

## 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 1	Option 2	Option 3	Option 4 Consumer Directed	Voluntary Option
	Per Schedule	PPO Plan 100/80/50	PPO 1500 Plan 100/80/50	DentalFund/PPO Max 100/0/0	PPO Plan 100/80/50
<b>Office Visit Copay</b>	N/A	N/A	N/A	N/A	N/A
<b>Dental Fund</b>	N/A	N/A	N/A	\$50 Single; \$100 Family	N/A
<b>Annual Deductible per Member</b> (Does not apply to Diagnostic & Preventive Services)	\$75; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	None	\$75; 3X Family Maximum
<b>Annual Maximum Benefit</b>	\$1,000	\$1,000	\$1,500	Unlimited	\$1,000
<b>DIAGNOSTIC SERVICES</b>					
<b>Oral Exams</b>					
<b>Periodic oral exam</b>	\$13	100%	100%	100%	100%
<b>Comprehensive oral exam</b>	\$22	100%	100%	100%	100%
<b>Problem-focused oral exam</b>	\$43	100%	100%	100%	100%
<b>X-rays</b>					
<b>Bitewing - single film</b>	\$7	100%	100%	100%	100%
<b>Complete series</b>	\$41	100%	100%	100%	100%
<b>PREVENTIVE SERVICES</b>					
<b>Adult Cleaning</b>	\$29	100%	100%	100%	100%
<b>Child Cleaning</b>	\$22	100%	100%	100%	100%
<b>Sealants - per tooth</b>	\$18	100%	100%	100%	100%
<b>Fluoride application - with cleaning</b>	\$27	100%	100%	100%	100%
<b>Space maintainers</b>	\$60	100%	100%	100%	100%
<b>BASIC SERVICES</b>					
<b>Amalgam filling - 2 surfaces</b>	\$29	80%	80%	Discounted Fee	80%
<b>Resin filling - 2 surfaces, anterior</b>	\$33	80%	80%	Discounted Fee	80%
<b>Oral Surgery</b>					
<b>Extraction - exposed root or erupted tooth</b>	\$19	80%	80%	Discounted Fee	80%
<b>Extraction of impacted tooth - soft tissue</b>	\$51	80%	80%	Discounted Fee	80%
<b>*MAJOR SERVICES</b>					
<b>Complete upper denture</b>	\$220	50%	50%	Discounted Fee	50%
<b>Partial upper denture (resin base)</b>	\$180	50%	50%	Discounted Fee	50%
<b>Crown - Porcelain with noble metal</b>	\$180	50%	50%	Discounted Fee	50%
<b>Pontic - Porcelain with noble metal</b>	\$170	50%	50%	Discounted Fee	50%
<b>Inlay - Metallic (3 or more surfaces)</b>	\$177	50%	50%	Discounted Fee	50%
<b>Oral Surgery</b>					
<b>Removal of impacted tooth - partially bony</b>	\$66	50%	50%	Discounted Fee	50%
<b>Endodontic Services</b>					
<b>Bicuspid root canal therapy</b>	\$140	50%	80%	Discounted Fee	50%
<b>Molar root canal therapy</b>	\$167	50%	50%	Discounted Fee	50%
<b>Periodontic Services</b>					
<b>Scaling &amp; root planing - per quadrant</b>	\$39	50%	80%	Discounted Fee	50%
<b>Osseous surgery - per quadrant</b>	\$183	50%	50%	Discounted Fee	50%
<b>*ORTHODONTIC SERVICES</b>					
<b>Orthodontic Lifetime Maximum</b>	Does not apply	\$1,000	\$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. Does not apply to the DentalFund in Plan Option 4.

Access to negotiated discounts; On the PPO 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.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services in Plan Option 3.

Plan Option 4; 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 to dependent children only.

Voluntary Plan Option 1; 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.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears in the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 35.

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

	PPO 1000	PPO 1500	Voluntary PPO 1000
Dental Plan	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A
Annual Deductible per Member (Does not apply to Diagnostic & Preventive Services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$75; 3X Family Maximum
Annual Maximum Benefit	\$1,000	\$1,500	\$1,000
<b>DIAGNOSTIC SERVICES</b>			
<b>Oral Exams</b>			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
<b>X-rays</b>			
Bitewing - single film	100%	100%	100%
Complete series	100%	100%	100%
<b>PREVENTIVE SERVICES</b>			
Adult Cleaning	100%	100%	100%
Child Cleaning	100%	100%	100%
Sealants - per tooth	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%
Space maintainers	100%	100%	100%
<b>BASIC SERVICES</b>			
Amalgam filling - 2 surfaces	80%	80%	80%
Resin filling - 2 surfaces, anterior	80%	80%	80%
<b>Oral Surgery</b>			
Extraction - exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth - soft tissue	80%	80%	80%
<b>*MAJOR SERVICES</b>			
Complete upper denture	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%
Crown - Porcelain with noble metal	50%	50%	50%
Pontic - Porcelain with noble metal	50%	50%	50%
Inlay - Metallic (3 or more surfaces)	50%	50%	50%
<b>Oral Surgery</b>			
Removal of impacted tooth - partially bony	50%	50%	50%
<b>Endodontic Services</b>			
Bicuspid root canal therapy	50%	50%	50%
Molar root canal therapy	50%	50%	50%
<b>Periodontic Services</b>			
Scaling & root planing - per quadrant	50%	50%	50%
Osseous surgery - per quadrant	50%	50%	50%
<b>*ORTHODONTIC SERVICES</b>			
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$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.

OOS Voluntary: 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.

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 35. 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 benefits 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 benefits 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 package 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

Finding disability insurance or benefits 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

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 35.

## TERM LIFE PLAN OPTIONS

	2 - 9 Employees	10 - 50 Employees
<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>Guaranteed Issue</b>	\$20,000	10-25 employees \$75,000 26-50 employees \$100,000
<b>Disability 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>Conversion</b>	Included	Included
<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 period	Passenger restraint and airbag, education benefit for your child and/or spouse, child care, repatriation of remains, coma, Total Disability, 365-day covered loss period
<b>OPTIONAL DEPENDENT TERM LIFE</b>		
<b>Spouse Amount</b>	Not Available	\$5,000
<b>Child Amount</b>	Not Available	\$2,000

Life and Disability products are underwritten or administered by Aetna Life Insurance Company.

## DISABILITY PLAN OPTIONS

SHORT TERM BENEFITS	Plan Option 1	Plan Option 2
<b>Plan Amount</b>	Choice of flat \$100 increments to a maximum of \$500 weekly	Choice of flat \$100 increments to a maximum of \$500 weekly
<b>Benefits Start – Accident</b>	1 day	8 days
<b>Benefits Start – Illness</b>	8 days	8 days
<b>Maximum Benefit Period</b>	26 weeks	26 weeks
<b>Maternity Benefit</b>	Maternity treated same as any other disability but is subject to pre-existing . If pregnant before the effective date, the pregnancy is not covered unless she has prior creditable coverage.	Maternity treated same as any other disability but is subject to pre-existing . If pregnant before the effective date, the pregnancy is not covered unless she has prior creditable coverage.
<b>Pre-Existing Conditions Rule</b>	3/12	3/12
<b>Actively at Work Rule</b>	Applies	Applies
<b>Other Income Offset Integration</b>	N/A	N/A
<b>Definition of Disability</b>	Earnings Loss of 20% or more	Earnings Loss of 20% or more

Life and Disability products are underwritten or administered by Aetna Life Insurance Company.

## PACKAGED LIFE AND DISABILITY PLAN OPTIONS

TERM LIFE PLAN OPTIONS	Low Option	Low Option 2	Medium Option	Medium Option 2	High Option
<b>Benefit</b>	Flat \$10,000	Flat \$15,000	Flat \$20,000	Flat \$25,000	Flat \$50,000
<b>Guaranteed Issue</b> 2-9 Lives 10-50 Lives	\$10,000 \$10,000	\$15,000 \$15,000	\$20,000 \$20,000	\$20,000 \$25,000	\$20,000 \$50,000
<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	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	Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
<b>Disability Provision</b>	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60
<b>Accelerated Death Benefit</b>	Up to 75% of Life Amount for terminal illness	Up to 75% of Life Amount for terminal illness	Up to 75% of Life Amount for terminal illness	Up to 75% of Life Amount for terminal illness	Up to 75% of Life Amount for terminal illness
<b>Conversion</b>	Included	Included	Included	Included	Included
<b>Dependent Life</b>	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
<b>AD&amp;D ULTRA®</b>					
<b>AD&amp;D Ultra®</b>	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
<b>AD&amp;D Ultra 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 period				
<b>DISABILITY PLAN OPTIONS</b>					
<b>Monthly Benefit</b>	Flat \$500; No offsets	Flat \$1,000; Offsets are Workers' Compensation, any State Disability Plan and Primary and Family Social Security benefits			
<b>Elimination Period</b>	30 days	30 days	30 days	30 days	30 days
<b>Definition of Disability</b>	Own Occupation: Earnings loss of 20% or more	Own Occupation: Earnings loss of 20% or more	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
<b>Benefit Duration</b>	24 months	24 months	24 months	24 months	60 months
<b>Pre-Existing Condition Limitation</b>	3/12	3/12	3/12	3/12	3/12
<b>Types of Disability</b>	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
<b>Separate Periods of Disability</b>	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter
<b>Mental Health/ Substance Abuse</b>	24 months	24 months	24 months	24 months	24 months
<b>Waiver of Premium</b>	Included	Included	Included	Included	Included
<b>OTHER PLAN PROVISIONS</b>					
<b>Eligibility</b>	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees
<b>Rate Guarantee</b>	1 year	1 year	1 year	1 year	1 year
<b>Rates PEPM</b>	\$8.00	\$10.00	\$15.00	\$16.00	\$27.00

Aetna Avenue

# SMALL GROUP UNDERWRITING GUIDELINES

For Businesses 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 the Regional Underwriting Manager except where Head 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.

NORTH CAROLINA SMALL GROUP UNDERWRITING GUIDELINES	
<b>Census Data</b>	<ul style="list-style-type: none"> <li>▪ Census data must be provided on all eligibles, including COBRA eligible and North Carolina State Continuation employees. Include name, date of birth, date of hire, gender, dependent status, and residence zip code.</li> <li>▪ Retirees are not eligible.</li> <li>▪ COBRA/Continuation eligibles should be included on the census and noted as COBRA/Continuation.</li> </ul>
<b>Case Submission Dates</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</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 age 19 who are dependent upon the employee for support. Unmarried child(ren) includes natural, stepchildren, foster, legally adopted children, proposed adoptive children, and a child under court order. Health coverage may be continued to age 23 if the child is unmarried, attending school on a regular basis and dependent solely upon the employee for support and maintenance.</li> <li>▪ Domestic Partners are not considered eligible dependents.</li> <li>▪ If both husband and wife work for the same company they may enroll together or separately. Children can only be covered under one parent’s plan.</li> <li>▪ For dependent life, dependents are eligible from 14 days to age 19, or to age 23 if in school.</li> <li>▪ Dependents are not eligible for AD&amp;D or Disability coverage.</li> <li>▪ For Medical and Dental, dependents must enroll in the same benefits as the employee (participation is not required).</li> <li>▪ Employees may select coverage for eligible dependents under the Dental plan even if they select single coverage under the Medical Plan. See product-specific Life/AD&amp;D and Disability guidelines under Product Specifications.</li> </ul>
<b>Dual Option/Triple Option</b>	<ul style="list-style-type: none"> <li>▪ Allows employers to offer up to three Aetna medical plans to employees.</li> <li>▪ Employees who choose to enroll in the richer plan are responsible for the difference in premium.</li> <li>▪ The plans are priced based on the full census of the group so actual enrollment in each plan will not cause the rates to change, however, if the sold case has a different overall census than the quote they will need to be re-rated (i.e., a case quoted with 20 employees but sold with 17 employees would need to be re-rated with the new census).</li> <li>▪ The group must have 10 or more eligible employees. All employees will be rated in each plan.</li> <li>▪ One person must enroll in each plan.</li> <li>▪ Dental, Life and Disability products must be offered on a full or primary replacement basis. No other employer-sponsored plans may be offered.</li> </ul>
<b>Effective Date</b>	<ul style="list-style-type: none"> <li>▪ The effective date must 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>Employee Eligibility</b>	<ul style="list-style-type: none"> <li>▪ An employee who works for a small employer on a full-time basis, with a normal work week of 30 or more hours, including a sole proprietor, partner of a partnership or an independent contractor if included as an employee under a health benefit plan of the small employer.</li> <li>▪ Part time, temporary, substitute, or seasonal employees are not considered eligible employees.</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. 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.</li> <li>▪ Employees are eligible to enroll in the dental plan even if they do not select medical coverage and vice versa.</li> </ul> <p><b>Retirees</b></p> <ul style="list-style-type: none"> <li>▪ Retiree coverage is not available.</li> </ul> <p><b>COBRA/North Carolina State continuees</b></p> <ul style="list-style-type: none"> <li>▪ COBRA/State eligible continuees are required to be included on the census for medical and dental (if applicable), however are not eligible for Life or Disability.</li> <li>▪ Health questions must be answered.</li> <li>▪ COBRA/State continuees qualifying event, length, start and end date must be provided.</li> </ul> <p>Note: COBRA/State continuees are not to be included for purpose 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/State continuees can be included for coverage subject to normal underwriting guidelines.</p>
<b>Employer Eligibility</b>	<ul style="list-style-type: none"> <li>▪ A small employer is any individual actively engaged in business that, on at least 50% of its working days during the preceding calendar quarter, employed no more than 50 (1-50) eligible employees, the majority of whom were employed within North Carolina, and is not formed primarily for purposes other than buying health insurance and in which a bona fide employer-employee relationships exists. This includes a "self-employed" individual. Companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of taxation by the state, shall be considered one employer.</li> <li>▪ Groups that do not meet the above definition of a small employer are not eligible for coverage.</li> <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>▪ Taft Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms and closed groups are not eligible.</li> <li>▪ Dental and Disability have ineligible industries which are listed separately under Product Specifications.</li> <li>▪ The Dental ineligible industry list does not apply when dental is sold in combination with medical.</li> </ul>
<b>Initial Premium Check</b>	<ul style="list-style-type: none"> <li>▪ The initial premium check should be in the amount of the first month's premium and drawn on a company check.</li> <li>▪ The initial premium check is not a binder check.</li> <li>▪ 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.</li> </ul>
<b>Live/Work</b>	<ul style="list-style-type: none"> <li>▪ Live/work applies to all plans (Medical, Dental, Life and Disability).</li> <li>▪ Product availability is determined by the business location.</li> <li>▪ Individuals residing outside the network area who live within 60 miles of the business location are eligible for the POS/MC plan. The employer zip code is used to determine the rates as long as the employee's residence zip code is within 60 miles of the business location.</li> <li>▪ Individuals residing outside the POS/MC area and not within 60 miles of the business location will be issued an Indemnity plan.</li> <li>▪ Live/Work does not apply to individuals working from home.</li> </ul>
<b>Newly Formed Business</b> (less than 3 months)	<p>The following documentation must be provided for consideration:</p> <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Employer Identification Number/Federal Tax ID Number; and</li> <li>▪ Quarterly Wage and Tax statement. If not available, when will one be filed; and</li> <li>▪ The most recent two consecutive weeks worth of payroll records which includes hours worked, taxes withheld, check number and wages earned; or</li> <li>▪ 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?</li> </ul>
<b>Plan Change Ancillary Additions</b>	<ul style="list-style-type: none"> <li>▪ Packaged Life/Disability must be requested 30 days prior to the desired effective date.</li> <li>▪ Dental plans must be requested 30 days prior to the desired effective date.</li> <li>▪ The future renewal date of the ancillary products will be the same as the medical plan renewal date.</li> <li>▪ Non packaged plan changes are available upon renewal.</li> </ul>
<b>Replacing Other Group Coverage</b>	<ul style="list-style-type: none"> <li>▪ Provide a copy of the current billing statement that includes the account summary.</li> <li>▪ The employer should be told not to cancel any existing medical coverage until they have been notified of approval from the Aetna Underwriting unit.</li> </ul>

**NORTH CAROLINA PLAN GUIDE**

<p><b>Tax Information</b></p>	<ul style="list-style-type: none"> <li>■ A copy of the most recent Quarterly Wage and Tax Statement (QWTS) must be provided for all groups. The QWTS must contain the names and wages of all employees of the employer group.             <ul style="list-style-type: none"> <li>– Employees who have terminated, work part-time or are newly hired should be noted accordingly on the QWTS.</li> <li>– Any hand written comments added to the QWTS must be signed and dated by the employer. This may be requested at the discretion of the underwriter.</li> <li>– Newly hired employees not listed on this form must provide a copy of the first and last payroll stub for each employee.</li> </ul> </li> <li>■ 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.</li> <li>■ Proprietors, Partners or Officers of the business who do not appear on the QWTS must submit one of the following identified documents:             <table border="1" data-bbox="332 409 1409 882" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Sole Proprietor</td> <td style="padding: 2px;">IRS Form 1040 along with Schedule C (Form 1040)</td> </tr> <tr> <td style="padding: 2px;">Franchise</td> <td style="padding: 2px;">IRS Form 1040 along with Schedule SE (Form 1040)</td> </tr> <tr> <td style="padding: 2px;">Limited Liability Company (operating as a Sole Proprietor)</td> <td style="padding: 2px;">IRS Form 1040 along with Schedule F (Form 1040) IRS 1040 along with Schedule K-1 (Form 1065)</td> </tr> <tr> <td style="padding: 2px;">Partner</td> <td style="padding: 2px;">IRS Form 1065 Schedule K-1</td> </tr> <tr> <td style="padding: 2px;">Partnership</td> <td style="padding: 2px;">IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)</td> </tr> <tr> <td style="padding: 2px;">Limited Liability Partnership</td> <td style="padding: 2px;">Partnership agreement — eligible partners must be listed on agreement</td> </tr> <tr> <td style="padding: 2px;">Corporate Officer</td> <td style="padding: 2px;">IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)</td> </tr> <tr> <td style="padding: 2px;">Limited Liability Company (operating as C Corp)</td> <td style="padding: 2px;">IRS Form 1120 W (C-Corp &amp; Personal Service Corp)</td> </tr> <tr> <td style="padding: 2px;">C-Corporation</td> <td style="padding: 2px;">1040 ES (Estimated Tax) (S-Corp)</td> </tr> <tr> <td style="padding: 2px;">Personal Service Corporation</td> <td style="padding: 2px;">IRS Form 8832 (Entity classification as a corporation)</td> </tr> <tr> <td style="padding: 2px;">S-Corporation</td> <td style="padding: 2px;">W2 Articles of Incorporation — corporate officers must be listed</td> </tr> </table> </li> </ul>	Sole Proprietor	IRS Form 1040 along with Schedule C (Form 1040)	Franchise	IRS Form 1040 along with Schedule SE (Form 1040)	Limited Liability Company (operating as a Sole Proprietor)	IRS Form 1040 along with Schedule F (Form 1040) IRS 1040 along with Schedule K-1 (Form 1065)	Partner	IRS Form 1065 Schedule K-1	Partnership	IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)	Limited Liability Partnership	Partnership agreement — eligible partners must be listed on agreement	Corporate Officer	IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)	Limited Liability Company (operating as C Corp)	IRS Form 1120 W (C-Corp & Personal Service Corp)	C-Corporation	1040 ES (Estimated Tax) (S-Corp)	Personal Service Corporation	IRS Form 8832 (Entity classification as a corporation)	S-Corporation	W2 Articles of Incorporation — corporate officers must be listed
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<p><b>Two or more companies</b></p>	<p>Single employer groups with multiple Employer Tax ID Numbers may be considered together as long as:</p> <ul style="list-style-type: none"> <li>■ There are 50 or fewer employees in the combined employer groups.</li> <li>■ One owner controls the majority of each separate business. For example:             <ul style="list-style-type: none"> <li>– Business 1 – John owns 75% and Mike owns 25%</li> <li>– Business 2 – John owns 55% and Mike owns 45%</li> <li>– Both businesses can be written as one group since John has controlling interest in both companies.</li> </ul> </li> <li>■ 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.</li> <li>■ A copy of current 1120 S (Schedule K-1 Form) must be provided; and</li> <li>■ A copy of most recent Quarterly Wage and Tax Statement for all companies must be provided; and</li> <li>■ A letter from the plan sponsor stating that they are a single employer under IRS and not a MEWA under ERISA. The Employer should consult with their counsel to be sure they qualify as one group.</li> <li>■ 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.</li> </ul>																						
<p><b>Waiting Period</b></p>	<ul style="list-style-type: none"> <li>■ 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.</li> <li>■ Two benefit waiting periods may be selected and must be consistently applied within a class of employees.</li> <li>■ The benefit waiting period for future employees may be 0, 30, 60, or 90 days exact.</li> <li>■ Employees must be added to the group coverage no later than 90 days after their first day of employment.</li> <li>■ A change to the benefit waiting period may only be made on the case anniversary date.</li> <li>■ No retro active changes will be allowed.</li> <li>■ Benefit waiting periods must be consistently applied to all employees, including newly hired key employees.</li> <li>■ For new hires, the eligibility date will be the first day of the policy month following the waiting period not to exceed 90 calendar days. Examples:             <ul style="list-style-type: none"> <li>– Group A – effective date is July 1st; employees will be issued an effective date of the 1st of the month following the chosen waiting period.</li> <li>– Group B – effective date is July 15th, employees will be issued an effective date of the 15th of the month following the chosen waiting period.</li> <li>– Group C – effective date is July 1st, 90 days exact. Employee hired April 18. The effective date is July 17.</li> </ul> </li> </ul>																						

PRODUCT SPECIFICATIONS				
	Medical	Dental	Life/AD&D Packaged Life & Disability	Disability
<b>Product Availability</b>	<ul style="list-style-type: none"> <li>1 life self-employed individuals — 1 life eligible plans only.</li> <li>2 to 50 eligibles — all products may be written standalone or with ancillary coverages as noted in the following columns.</li> <li>Only non-occupational injuries and disease will be covered. 24 hour coverage is available for owners, officers and partners.</li> </ul>	<ul style="list-style-type: none"> <li>1 life Dental not available.</li> <li>2 eligibles employees                             <ul style="list-style-type: none"> <li>Standard — all plans if packaged with Medical</li> <li>Voluntary — not available</li> </ul> </li> <li>3 to 50 eligibles employees                             <ul style="list-style-type: none"> <li>Standard and Voluntary plans</li> <li>Standalone dental</li> <li>Voluntary Dual Option plans are not permitted</li> </ul> </li> <li>Orthodontic coverage is available to dependent children only for groups of 10 or more eligible employees with a minimum of 5 enrolled employees for both Standard and Voluntary plans.</li> </ul>	<ul style="list-style-type: none"> <li>1 life Life not available.</li> <li>2-9 eligibles If packaged with Medical.</li> <li>10-25 eligibles If packaged with Medical or Dental.</li> <li>26-50 eligible employees on a standalone basis</li> </ul> <p><b>Packaged Life and Disability</b></p> <ul style="list-style-type: none"> <li>2-50 eligible employees, if packaged with Medical.</li> <li>10-50 eligible employees on a standalone basis.</li> </ul> <p><b>Life and Packaged Life</b></p> <ul style="list-style-type: none"> <li>A plan sponsor cannot purchase both the Disability and packaged Life and Disability plan.</li> </ul>	<ul style="list-style-type: none"> <li>1 life Disability not available.</li> <li>2-9 eligibles If packaged with Medical.</li> <li>10-25 eligibles If packaged with Medical or Dental.</li> <li>26-50 eligibles on a standalone basis.</li> <li>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.</li> <li>A plan sponsor cannot purchase both Disability and Packaged Life and Disability plans.</li> <li>Employees may elect Disability coverage even if they do not elect medical coverage.</li> <li>Available to employees only.</li> </ul>
<b>Excluded Class/Carve Outs</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Management carve outs are not permitted.</li> </ul>	<ul style="list-style-type: none"> <li>Union employees, if packaged with Medical.</li> </ul>	<ul style="list-style-type: none"> <li>Union employees, if packaged with Medical.</li> </ul>	<ul style="list-style-type: none"> <li>Union employees, if packaged with Medical.</li> </ul>
<b>Employer Contribution</b>	<ul style="list-style-type: none"> <li>2 to 50 eligibles 50% of the employee only cost or 50% of the total cost of the plan.</li> <li>Coverage can be denied based on inadequate contributions.</li> </ul>	<p><b>Standard</b></p> <ul style="list-style-type: none"> <li>2 to 50 eligibles 25% of the total cost of the plan or 50% of the cost of employee only coverage.</li> </ul> <p><b>Voluntary</b></p> <ul style="list-style-type: none"> <li>Employer contribution of less than 50% of the cost of the employee only coverage.</li> <li>Employee-pay-all plans are permitted.</li> </ul> <p><b>Standard and Voluntary</b></p> <ul style="list-style-type: none"> <li>Coverage can be denied based on inadequate contributions.</li> </ul>	<ul style="list-style-type: none"> <li>2 to 9 eligibles 100% of the total cost.</li> <li>10 to 50 eligibles At least 50% of the total cost (excluding Optional Dependent Term Life).</li> <li>Coverage can be denied based on inadequate contributions.</li> </ul>	<ul style="list-style-type: none"> <li>2 to 9 eligibles 100% of the total cost.</li> <li>10 to 50 eligibles At least 50% of total cost of the plan.</li> <li>Coverage can be denied based on inadequate contributions.</li> </ul>
<b>Out-of-state employees</b> (residing outside North Carolina)	<ul style="list-style-type: none"> <li>Out-of-state employees must be enrolled in an out-of-state PPO plan if available, otherwise an Indemnity plan.</li> </ul>	<ul style="list-style-type: none"> <li>Out-of-state (OOS) employees must be enrolled in an OOS PPO Dental plan if available, otherwise an Indemnity Dental plan.</li> <li>OOS PPO dental is not available in the following states: AR, AK, HI, ID, ME, MT, ND, NH, NM, SD, VT, WY.</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable.</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable.</li> </ul>

	Medical	Dental	Life/AD&D Packaged Life & Disability	Disability
Participation	<ul style="list-style-type: none"> <li>Non-contributory plans, 1 to 50 eligibles.</li> <li>100% participation is required, excluding valid waivers.*</li> </ul> <p><b>Contributory Plans</b></p> <ul style="list-style-type: none"> <li>1 to 3 eligibles 100% of eligibles must enroll excluding valid waivers*, rounded to the nearest whole number.</li> <li>4 to 50 eligibles 75% of eligibles must enroll, excluding valid waivers* rounded to the nearest whole number. Example: 12 minus 3 valid waivers = 9 9 x 75% = 6.75 = 7 must enroll</li> <li>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.</li> <li>Proof of other coverage is needed only for the percentage needed to meet participation.</li> <li>Dependent participation is not required.</li> <li>Coverage can be denied based on inadequate participation.</li> </ul>	<ul style="list-style-type: none"> <li>For non-contributory plans, 100% participation is required, excluding those with other qualifying dental coverage.</li> </ul> <p><b>Standard</b></p> <ul style="list-style-type: none"> <li>2 to 3 eligibles 100% participation is required excluding those with other qualifying dental coverage. Example: 3 eligibles, 1 spousal dental 3 minus 1 = 2 x 100% = 2 must enroll</li> <li>4 to 50 eligibles 75% participation is required excluding those with other qualifying dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan.</li> </ul> <p><b>Voluntary Dental</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Standalone Dental</b></p> <ul style="list-style-type: none"> <li>75% participation excluding those with other qualifying existing dental coverage. A minimum of 50% of total eligible employees must enroll in the Dental plan.</li> </ul> <p><b>Voluntary and Standalone</b></p> <ul style="list-style-type: none"> <li>Employees may select coverage for eligible dependents under the dental plan even if they elected single coverage on the medical plan or vice versa.</li> <li>Coverage can be denied based on inadequate participation.</li> </ul>	<ul style="list-style-type: none"> <li>For non-contributory plans, 100% participation is required.</li> <li>2 to 9 eligibles 100% participation is required.</li> <li>10 to 50 eligibles 75% participation is required.</li> <li>COBRA continuees are not eligible for Life.</li> <li>Employees may elect Life insurance even if they do not elect medical coverage and the group must meet the required participation percentage. If not, then Life will be declined for the group. Example: 9 employees 3 waiving medical 9 must enroll for life</li> <li>Coverage can be denied based on inadequate participation.</li> </ul>	<ul style="list-style-type: none"> <li>For non-contributory plans, 100% participation is required.</li> <li>2 to 9 employees 100% participation is required.</li> <li>10 to 50 employees 75% participation is required.</li> <li>COBRA continuees are not eligible for Disability.</li> <li>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</li> <li>Coverage can be denied based on inadequate participation.</li> </ul>

\*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 Packaged Life & Disability	Disability
<b>Medical Underwriting</b>	<ul style="list-style-type: none"> <li>A North Carolina group with 1 to 50 eligibles cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions.</li> <li>Employees residing outside the state cannot be denied based on medical conditions; however, may have rates adjusted to the maximum allowed in that state.</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable.</li> </ul>	<ul style="list-style-type: none"> <li>All timely entrants will be issued the Guaranteed Issue amount unless reinstatement or restoration of coverage is requested.</li> <li>Employees wishing to obtain insurance amounts above the Guaranteed Issue amounts listed below 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.</li> </ul>	<ul style="list-style-type: none"> <li>All timely entrants will be issued the Guaranteed Issue amount unless reinstatement or restoration of coverage is requested and/or they are late entrants.</li> </ul>
<b>Late Applicants</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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 they must medically qualify for the entire \$50,000.</li> </ul>			
	<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> </ul>	<ul style="list-style-type: none"> <li>An employee or dependent may enroll at any time, however, coverage is limited to Preventive &amp; Diagnostic services for the first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).</li> <li>Late Entrant provision does not apply to enrollees less than age 5.</li> </ul>	<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 EOI.</li> </ul>	<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>

**NORTH CAROLINA PLAN GUIDE**

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<b>Standard Industrial Classification Code (SIC)</b>	<ul style="list-style-type: none"> <li>All industries are eligible</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The following industries are not eligible when Dental is sold standalone or packaged only with Life.</li> <li>This list does not apply when Dental is sold in combination with Medical.</li> </ul>	<ul style="list-style-type: none"> <li>Basic Term Life All industries are eligible.</li> <li>Packaged Life/Disability The following industries are not eligible.</li> </ul>	<ul style="list-style-type: none"> <li>See Life column for the industries are not eligible.</li> </ul>																																																																																															
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8400-8499	Museum/Art Galleries, Botanical Gardens																																																																																																		
8600-8699	Associations & Trusts																																																																																																		
8700-8799	Engineering & Mgmt Ser																																																																																																		
8800-8899	Serv-Private Households																																																																																																		
8999	Miscellaneous Services																																																																																																		
9721	International Affairs																																																																																																		
SIC Codes	SIC Description																																																																																																		
1000-1499	Mining																																																																																																		
2892-2899	Explosives, Bombs & Pyrotechnics																																																																																																		
3291-3292	Asbestos Products																																																																																																		
3310-3329	Primary Metal Ind																																																																																																		
3480-3489	Fire Arms & Ammo																																																																																																		
5921	Liquor Stores																																																																																																		
6211	Security Brokers																																																																																																		
6531	Real Estate – Agents																																																																																																		
7381	Detective Service																																																																																																		
7500-7599	Automotive Repair Ser																																																																																																		
7800-7999	Motion Picture/ Amusement & Rec																																																																																																		
8010-8043	Doctors Offices/ Clinics																																																																																																		
8600-8699	Membership Assoc																																																																																																		
8800-8899	Private Households																																																																																																		
9999	Non-classified Establishments																																																																																																		

## DENTAL ONLY

<b>Coverage Waiting Period</b>	<ul style="list-style-type: none"> <li>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).</li> <li>Virgin group (no prior coverage) — The waiting periods apply to employees at case inception as well as any future hires.</li> <li>Takeover/Replacement cases (prior coverage) — If a group’s prior coverage did not lapse more than 63 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</li> </ul>
<b>Product Packaging</b>	<ul style="list-style-type: none"> <li>No dual option available.</li> </ul>
<b>Open Enrollment</b>	<ul style="list-style-type: none"> <li>Not allowed.</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>Option Sales</b>	<ul style="list-style-type: none"> <li>Option sales alongside another Dental carrier are not allowed.</li> <li>All Dental plans must be sold on a full replacement basis.</li> </ul>

## LIFE AND DISABILITY ONLY

<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.</li> <li>Up to 3 separate classes are allowed (with a minimum requirement of 3 employees in each class).</li> <li>Items such as probationary 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 even if only 2 classes are offered. For example, a schedule may be structured as follows:</li> </ul> <table border="1"> <thead> <tr> <th>Position/Job Class</th> <th>Basic Term Life Amount</th> <th>Disability</th> <th>Packaged Life/Disability</th> </tr> </thead> <tbody> <tr> <td>Executives</td> <td>\$50,000</td> <td>Flat \$500</td> <td>High Option</td> </tr> <tr> <td>Managers/Supervisors</td> <td>\$20,000</td> <td>Flat \$300</td> <td>Medium Option</td> </tr> <tr> <td>All Other Employees</td> <td>\$10,000</td> <td>Flat \$200</td> <td>Low Option</td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Disability	Packaged Life/Disability	Executives	\$50,000	Flat \$500	High Option	Managers/Supervisors	\$20,000	Flat \$300	Medium Option	All Other Employees	\$10,000	Flat \$200	Low Option
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All Other Employees	\$10,000	Flat \$200	Low Option														
<b>Guarantee 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 provide medical records.</li> <li>On-time enrollees who do not meet the requirements of Evidence of Insurability will receive the Guaranteed Issue Life amount.</li> <li>Late enrollees must qualify for the entire amount and are not guaranteed any coverage.</li> </ul>																
<b>Actively-at-work</b>	<ul style="list-style-type: none"> <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> </ul>																
<b>Continuity of Coverage (no loss/no gain)</b>	<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>																
<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>Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit.</li> <li>Coverage is not requested within 31 days of eligibility for contributory coverage.</li> <li>New coverage is requested during the anniversary period.</li> <li>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>Reinstatement or restoration of coverage is requested.</li> </ol>																

## LIMITATIONS AND EXCLUSIONS

### MEDICAL

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

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- 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 your plan documents
- Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 365 days after the insured's enrollment date. Lookback period for determining a pre-existing condition (a condition for which diagnosis, care or treatment was recommended or received) is 180

days prior to the enrollment date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage the member has as of the enrollment date

- 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
- 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

NOTE: If the health benefit plan elected is provided through a "religious employer" (as defined in North Carolina law) and includes coverage for prescription drugs or devices, the plan may exclude coverage for prescription contraceptive drugs or devices at the request of the "religious employer." This is in accordance with North Carolina law § 58-3-178.

## 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

- 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 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 alcohol level of the 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
- 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 self-inflicted injury (while sane or insane)
- Results from you committing, or attempting to commit, a criminal act
- Is due to insurrection, rebellion or taking part in a riot or civil commotion
- Is due to war or any act of war (declared or not declared)
- Is not a non-occupational disease (STD only)
- Is not a non-occupational injury (STD only)
- Results from driving an automobile while 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.

No benefit is payable for any disability that occurs during the first 12 months of coverage and is due to a pre-existing condition for which the member was diagnosed, treated or received services, treatment, drugs or medicines three (3) months prior to coverage effective date.

\*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.

## GROUP ENROLLMENT CHECKLIST

Send all enrollment materials to:  
**Aetna Small Group Underwriting  
F602  
841 Prudential Drive  
Jacksonville, FL 32207**

For questions, call:  
**1-888-422-2128**

For Presale Quote Requests:  
**E-mail: [SESG@aetna.com](mailto:SESG@aetna.com) or  
Fax: 1-800-704-1260**

For Prescreens (Medical review  
of presale quote request):  
**E-mail: [SEPrescreen@aetna.com](mailto:SEPrescreen@aetna.com)  
Fax: 1-888-648-5015**

Name of Business: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

We want to process your request as quickly as possible. You can help by submitting all the necessary paperwork listed below.

- Employer/Company Application
- Employee Enrollment Applications/  
Waivers
- Initial Premium Check payable to  
Aetna Health Management LLC
- Copy of initial quote and census
- Copy of medical prescreen evaluation  
(if applicable)
- Copy of prior carrier bill roster if  
replacing group coverage
- Last quarterly wage and tax statement

Any missing information will result the effective date being moved forward to the next available date. This checklist may not be all inclusive. Refer to the underwriting guidelines.

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. If not received by this date, the effective date will be moved to the next available 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. If not received by this date, the effective date will be moved to the next available effective date.



# AETNA AVE

*Aetna Avenue® — Your Destination for Small Business Solutions®*

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 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. 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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