

AETNA AVE

Aetna Avenue® — Your Destination for Small Business Solutions®

ALASKA PLAN GUIDE



PLANS EFFECTIVE JULY 1, 2011

For businesses with 2-50 eligible employees

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Health care is a journey ...

AETNA AVENUE IS THE WAY

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

Small businesses need insurance benefits 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.

*The federal health care reform legislation known as the Patient Protection and Affordable Care Act was signed into law on March 23, 2010. A number of new reforms are effective September 23, 2010, including coverage for dependents up to age 26, elimination of lifetime benefit dollar maximums, restriction of annual dollar maximums on essential health benefits, removal of cost sharing for preventive services and elimination of pre-existing condition exclusions for dependent children under 19 years of age. Your Aetna Avenue benefit program **does comply** with the new reform legislation.*

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

CHOICE

For business owners and employees

At Aetna, we provide employers a choice of insurance benefits plans. Within these benefits programs, employers can choose specific plan designs that fit business and employee needs. And, 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)
- Traditional plans

Life plans — providing valuable protection

- Basic term life insurance

EASE

Allowing you to focus on your business

Employers want to focus on their customers and growing their business — not the 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. Our representatives are available to answer your questions and work with you when you need them.

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

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

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

- DocFind® to locate doctors in the neighborhood
- Track medical claims online
- Personal Health Record providing a complete picture of health
- Simple Steps To A Healthier Life®, an online health and wellness program
- 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

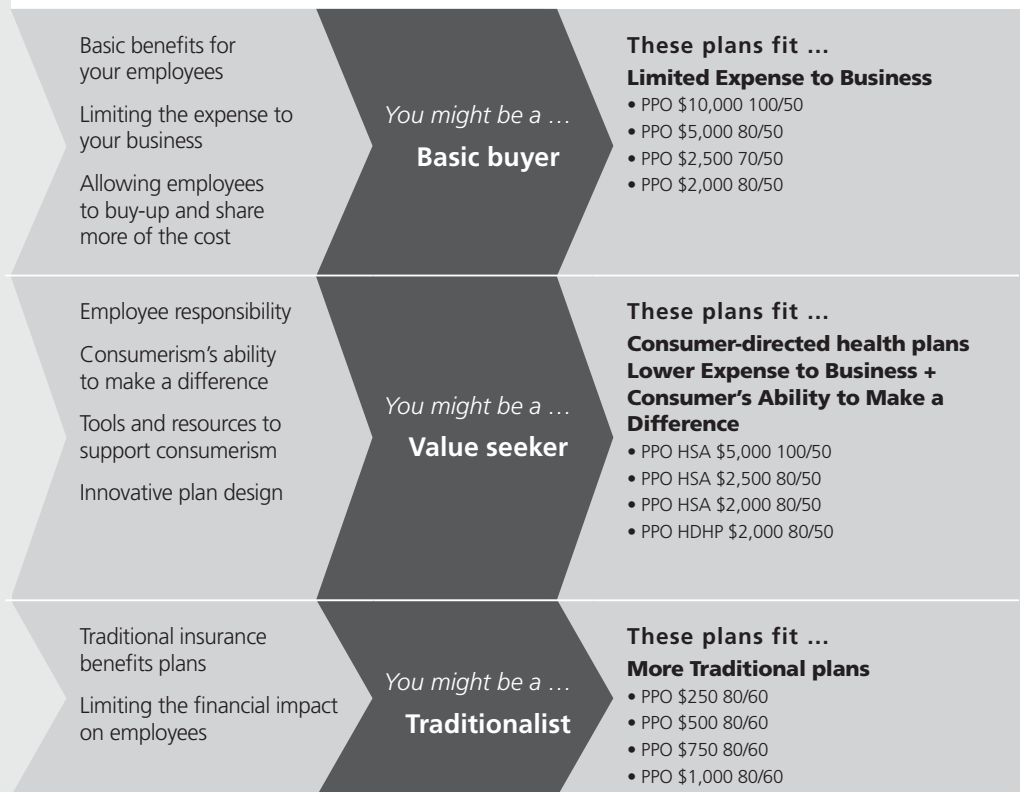
We know that small business owners' insurance benefits needs are often different than a larger employer. Aetna Avenue focuses on employers with 2 – 50 employees and our insurance benefits programs are designed to work for this size group. We'll work with you to determine the right plans for your business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

AETNA'S MARKET MAP

Guiding your small business health care journey

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

**DO
YOU
VALUE ...**





HEALTH INSURANCE BENEFITS FOR EVERY STAGE OF LIFE

YOUNG SINGLES

Consumer-directed health plans
Basic plans
Traditional plans

YOUNG SINGLES

*Includes singles and couples
without children*

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

ESTABLISHED FAMILIES

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

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



YOUNG FAMILIES

Traditional plans
Basic plans

YOUNG FAMILIES

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

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

EMPTY NESTERS

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

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



ESTABLISHED FAMILIES

Consumer-directed health plans
Traditional plans
Basic plans



EMPTY NESTERS

Consumer-directed health plans
Traditional plans
Basic plans

Aetna Avenue

MEDICAL OVERVIEW**Alaska coverage area:***

Aleutians East
 Aleutians West
 Anchorage
 Bethel
 Bristol Bay
 Denali
 Dillingham
 Fairbanks North Star
 Haines
 Juneau
 Kenai Peninsula
 Ketchikan Gateway
 Kodiak Island
 Lake And Peninsula
 Matanuska Susitna
 Nome
 North Slope
 Northwest Arctic
 Prince Wales-Ketchikan
 Sitka
 Skagway Hoonah-Angoon
 Southeast Fairbanks
 Valdez Cordova
 Wade Hampton
 Wrangell-Petersburg
 Yakutat
 Yukon Koyukuk

WHAT IS PICK-A-PLAN 3?

Pick-A-Plan 3 is Aetna Small Group's suite of plans designed specifically with small businesses in mind. These plans provide choice, flexibility and simplicity.

Pick-A-Plan 3 offers the following advantages:

Greater employee choice

Employers can offer any 3 of the 16 available plan designs.

Flexibility and affordability

Employers can create a customized benefits package from any of our plan types and plan designs. Aetna offers a variety of plans at different price points. Employers may designate a level of contribution that meets their budget.

Total freedom

Aetna offers 16 plan choices that range in price and benefits to help meet each individual employee's needs, whether they are lower premiums or lower out-of-pocket costs at the time services are received.

Easy administration

Setting up this program is simple:

1. The employer chooses up to 3 plans to offer on the Employer Application
2. The employer chooses how much to contribute
3. Each employee chooses the plan that's right for him or her

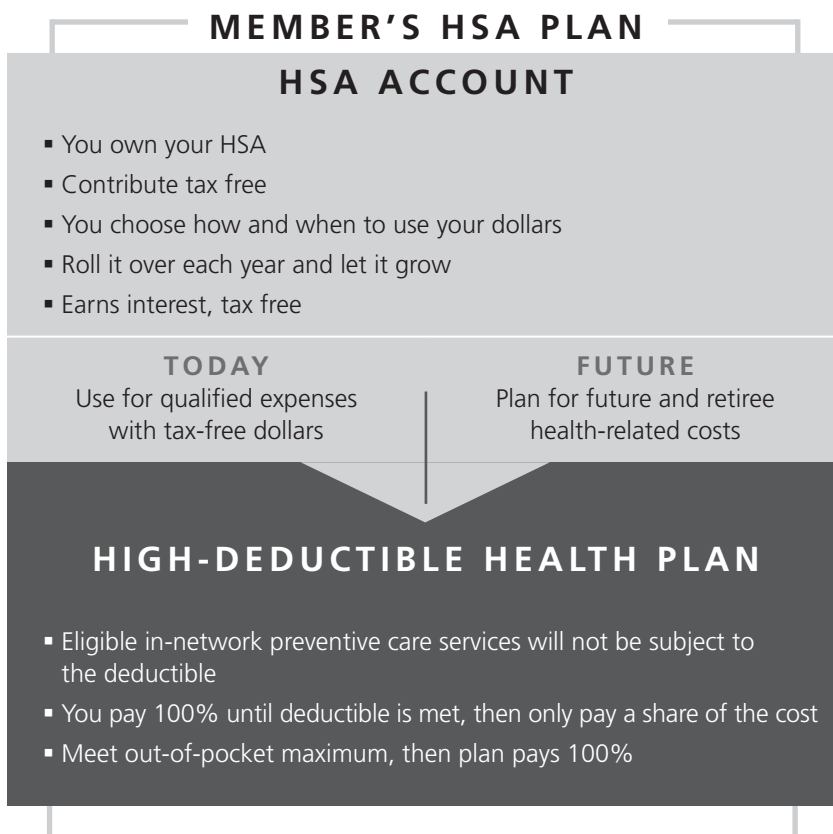
	Pick-A-Plan 3
Target audience	Every small business with 2+ enrolled employees
Plan choices	Up to 3 of the 16 available plans
Minimum participation	
2 or more enrolled employees	75% of eligible employees required
Employer contribution	50% of the employee rate that the employee chooses or \$100 defined contribution or the actual cost of the plans, whichever is less
Rating options	2-50 employees — composite

*Coverage area subject to change.

A WAY TO MANAGE HEALTH AND HEALTH CARE EXPENSES

HEALTH SAVINGS ACCOUNT (HSA)

The Aetna HealthFund® HSA, when coupled with a HSA-compatible high-deductible health 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.



Annual HSA contributions for 2010-2011 are \$3,050 per individual and \$6,150 per family. Maximums will be adjusted for the cost of living in future years.

For more information, refer to www.irs.gov.

Administrative fees

FEE DESCRIPTION	FEE
HSA	
Initial Set-Up	\$0
Monthly Fees	\$0
POP*	
Initial Set-Up*	\$175
Renewal	\$100
HRA and FSA**	
Initial Set-Up*	
2-25 Employees	\$350
26-50 Employees	\$450
Renewal Fee	
2-25 Employees	\$225
26-50 Employees	\$275
Monthly Fees***	\$5.25 per participant
Additional Set-Up Fee for "stacked" plans (those electing an Aetna HRA and FSA simultaneously)	\$150
Participation Fee for "stacked" participants	\$10.25 per participant
Minimum Fees	
0-25 Employees	\$25 per month minimum
26-50 Employees	\$50 per month minimum
TRA	
Annual Fee	\$350
Transit Monthly Fees	\$4.25 per participant
Parking Monthly Fees	\$3.15 per participant
FEDERAL COBRA	
Annual Fee 20-50 Employees	\$100
Monthly Fee	\$0.88 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 and fund rollover. 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.

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.

FEDERAL 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.

*Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$100 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. For FSA, the debit card is available for an additional \$1 per participant per month. Mailing reimbursement checks direct to employee homes is an additional \$1 per participant per month. Contact Aetna for further information.

***For HRA, if the employer opts out of Streamline, the fee is increased \$1.50 per participant.

Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules, and are unfunded liabilities of your employer. Fund balances are not vested benefits. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is subject to change.

Aetna reserves the right to change any of the above fees and to impose additional fees upon prior written notice.

SMALL GROUP PLANS

Aetna Plan Options	PPO \$250 80/60		PPO \$500 80/60		PPO \$750 80/60	
PCP/Referrals Required	No	N/A	No	N/A	No	N/A
Member Benefits	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Plan Coinsurance	80%	60%	80%	60%	80%	60%
Calendar Year Deductible	\$250 per member (Three member maximum)		\$500 per member (Three member maximum)		\$750 per member (Three member maximum)	
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$2,500 per member (Three member maximum)	\$6,250 per member (Three member maximum)	\$3,000 per member (Three member maximum)	\$7,500 per member (Three member maximum)	\$3,500 per member (Three member maximum)	\$8,750 per member (Three member maximum)
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Physician Office Visit ⁶	\$20 copay; ded waived	80%; ded waived	\$20 copay; ded waived	80%; ded waived	\$25 copay; ded waived	80%; ded waived
Additional Physician Services (Rendered outside of office visit)	80%	80%	80%	80%	80%	80%
Outpatient Lab & X-ray ⁶	80%	60%	80%	60%	80%	60%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	80%	60%	80%	60%	80%	60%
Chiropractic Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	60%	80%	60%	80%	60%
Acupuncture Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	60%	80%	60%	80%	60%
Physical Exams — Adults (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Well-Child Exams (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Routine GYN (Frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Mammography (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Inpatient Hospital	80%	60%	80%	60%	80%	60%
Outpatient Surgery	80%	60%	80%	60%	80%	60%
Emergency Service	80%	Paid as in-network	80%	Paid as in-network	80%	Paid as in-network
Prescription Drugs ² Retail: up to a 30-day supply; one retail copay/31-90-day supply; two-times retail copay Mail Order: 31 to 90-day supply; two-times retail copay	\$10/\$35/\$50	\$10/\$35/\$50 plus 40%	\$10/\$35/\$50	\$10/\$35/\$50 plus 40%	\$10/\$35/\$50	\$10/\$35/\$50 plus 40%
90-Day Rx Transition of Coverage (TOC) for Precertification ³	Included		Included		Included	

For footnotes, see page 11.

SMALL GROUP PLANS

Aetna Plan Options	PPO \$1,000 80/60		PPO \$1,500 80/50		PPO \$2,000 80/50	
PCP/Referrals Required	No	N/A	No	N/A	No	N/A
Member Benefits	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Plan Coinsurance	80%	60%	80%	50%	80%	50%
Calendar Year Deductible	\$1,000 per member (Three member maximum)		\$1,500 per member (Three member maximum)		\$2,000 per member (Three member maximum)	
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$3,500 per member (Three member maximum)	\$8,750 per member (Three member maximum)	\$4,000 per member (Three member maximum)	\$10,000 per member (Three member maximum)	\$4,500 per member (Three member maximum)	\$11,250 per member (Three member maximum)
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Physician Office Visit⁶	\$25 copay; ded waived	80%; ded waived	\$30 copay; ded waived	80%; ded waived	\$30 copay; ded waived	80%; ded waived
Additional Physician Services (Rendered outside of office visit)	80%	80%	80%	80%	80%	80%
Outpatient Lab & X-ray⁶	80%	60%	80%	50%	80%	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	80%	60%	80%	50%	80%	50%
Chiropractic Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	60%	80%	50%	80%	50%
Acupuncture Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	60%	80%	50%	80%	50%
Physical Exams — Adults (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Well-Child Exams (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Routine GYN (Frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Mammography (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Inpatient Hospital	80%	60%	80%	50%	80%	50%
Outpatient Surgery	80%	60%	80%	50%	80%	50%
Emergency Service	80%	Paid as in-network	80%	Paid as in-network	80%	Paid as in-network
Prescription Drugs² Retail: up to a 30-day supply; one retail copay/31-90-day supply; two-times retail copay Mail Order: 31 to 90-day supply; two-times retail copay	\$10/\$35/\$50	\$10/\$35/\$50 plus 40%	\$10/\$35/\$50	\$10/\$35/\$50 plus 50%	\$10/\$35/\$50	\$10/\$35/\$50 plus 50%
90-Day Rx Transition of Coverage (TOC) for Precertification³	Included		Included		Included	

SMALL GROUP PLANS

Aetna Plan Options	PPO \$2,500 70/50		PPO \$5,000 80/50		PPO \$10,000 100/50	
PCP/Referrals Required	No	N/A	No	N/A	No	N/A
Member Benefits	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Plan Coinsurance	70%	50%	80%	50%	100%	50%
Calendar Year Deductible	\$2,500 per member (Three member maximum)		\$5,000 per member (Three member maximum)		\$10,000 Individual \$10,000 Family (Embedded aggregate ⁴)	
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$5,000 per member (Three member maximum)	\$12,500 per member (Three member maximum)	\$5,000 per member (Three member maximum)	\$12,500 per member (Three member maximum)	\$0 Individual \$0 Family (Embedded aggregate ⁴)	\$10,000 Individual \$10,000 Family (Embedded aggregate ⁴)
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Physician Office Visit⁶	\$30 copay; ded waived	70%; ded waived	\$30 copay; ded waived	80%; ded waived	Primary Care: \$20 copay; ded waived Specialist: 100% after ded	Primary Care: 80%; ded waived Specialist: 80% after ded
Additional Physician Services (Rendered outside of office visit)	70%	70%	80%	80%	100%	80%
Outpatient Lab & X-ray⁶	70%	50%	80%	50%	\$20 copay; ded waived	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	70%	50%	80%	50%	100%	50%
Chiropractic Services (Limited to 12 visits per member per calendar year; IN and OON combined)	70%	50%	80%	50%	100%	50%
Acupuncture Services (Limited to 12 visits per member per calendar year; IN and OON combined)	70%	50%	80%	50%	100%	50%
Physical Exams — Adults (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Well-Child Exams (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Routine GYN (Frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Mammography (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Inpatient Hospital	70%	50%	80%	50%	100%	50%
Outpatient Surgery	70%	50%	80%	50%	100%	50%
Emergency Service	70%	Paid as in-network	80%	Paid as in-network	100%	Paid as in-network
Prescription Drugs² Retail: up to a 30-day supply; one retail copay/31-90-day supply; two-times retail copay Mail Order: 31 to 90-day supply; two-times retail copay	\$10/\$35/\$50	\$10/\$35/\$50 plus 50%	\$10/30%/50%	\$10/30%/50% plus 50%	\$20/\$40/\$60; deductible waived	\$20/\$40/\$60 plus 50%; deductible waived
90-Day Rx Transition of Coverage (TOC) for Precertification³	Included		Included		Included	

For footnotes, see page 11.

SMALL GROUP PLANS

Aetna Plan Options	PPO HSA HDHP \$1,500 80/50		PPO HSA HDHP \$2,500 80/50		PPO HSA HDHP \$5,000 100/50	
PCP/Referrals Required	No	N/A	No	N/A	No	N/A
Member Benefits	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Plan Coinsurance	80%	50%	80%	50%	100%	50%
Calendar Year Deductible	\$1,500 Individual \$3,000 Family (True Integrated Family Aggregate ⁵)		\$2,500 Individual \$5,000 Family (Embedded aggregate ⁴)		\$5,000 Individual \$10,000 Family (Embedded aggregate ⁴)	
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$1,500 Individual \$3,000 Family (True Integrated Family Aggregate ⁵)	\$10,000 Individual \$20,000 Family (True Integrated Family Aggregate ⁵)	\$2,500 Individual \$5,000 Family (Embedded aggregate ⁴)	\$12,500 Individual \$25,000 Family (Embedded aggregate ⁴)	\$500 Individual \$1,000 Family (Embedded aggregate ⁴)	\$12,500 Individual \$25,000 Family (Embedded aggregate ⁴)
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Physician Office Visit ⁶	80%	80%	80%	80%	100%	100%
Additional Physician Services (Rendered outside of office visit)	80%	80%	80%	80%	100%	100%
Outpatient Lab & X-ray ⁶	80%	50%	80%	50%	100%	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	80%	50%	80%	50%	100%	50%
Chiropractic Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	50%	80%	50%	100%	50%
Acupuncture Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	50%	80%	50%	100%	50%
Physical Exams — Adults (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Well-Child Exams (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Routine GYN (Frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Mammography (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Inpatient Hospital	80%	50%	80%	50%	100%	50%
Outpatient Surgery	80%	50%	80%	50%	100%	50%
Emergency Service	80%	Paid as in-network	80%	Paid as in-network	100%	Paid as in-network
Prescription Drugs ² Retail: up to a 30-day supply; one retail copay/31-90-day supply; two-times retail copay Mail Order: 31 to 90-day supply; two-times retail copay	\$20/\$40/\$60 after integrated medical/ Rx deductible	\$20/\$40/\$60 plus 50% after integrated medical/ Rx deductible	\$20/\$40/\$60 after integrated medical/Rx deductible	\$20/\$40/\$60 plus 50% after integrated medical/ Rx deductible	\$20/\$40/\$60 after integrated medical/ Rx deductible	\$20/\$40/\$60 plus 50% after integrated medical/ Rx deductible
90-Day Rx Transition of Coverage (TOC) for Precertification ³	Included		Included		Included	

SMALL GROUP PLANS

Aetna Plan Options	PPO HDHP \$2,000 80/50		Indemnity \$250 80%	Standard Indemnity \$300 80%	Basic Indemnity \$1,000 50%
PCP/Referrals Required	No	N/A	NA	NA	NA
Member Benefits	In-Network	Out-of-Network ¹	Out-of-Network ¹	Out-of-Network ¹	Out-of-Network ¹
Plan Coinsurance	80%	50%	80%	80%	50%
Calendar Year Deductible	\$2,000 Individual \$4,000 Family (True Integrated Family Aggregate ⁵)		\$250 per member (Two member maximum)	\$300 per member (Three member maximum)	\$1,000 per member (Three member maximum)
Calendar Year Coinsurance Maximum (Deductible and certain payments do not apply)	\$2,000 Individual \$4,000 Family (True Integrated Family Aggregate ⁵)	\$11,250 Individual \$22,500 Family (True Integrated Family Aggregate ⁵)	\$2,000 per member	\$2,000 per member	\$4,000 per member
Lifetime Maximum Benefit	Unlimited		Unlimited	Unlimited	Unlimited
Physician Office Visit ⁶	80%	80%	80%	80%	50%
Additional Physician Services (Rendered outside of office visit)	80%	80%	80%	80%	50%
Outpatient Lab & X-ray ⁶	80%	50%	80%	80%	50%
Outpatient Complex Imaging (CAT, MRI, MRA/MRS and PET Scan; precertification required)	80%	50%	80%	80%	50%
Chiropractic Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	50%	80%	80%	50%
Acupuncture Services (Limited to 12 visits per member per calendar year; IN and OON combined)	80%	50%	80%	80%	50%
Physical Exams — Adults (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Well-Child Exams (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Routine GYN (Frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Mammography (Age and frequency schedules apply)	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived	100%; ded waived
Inpatient Hospital	80%	50%	80%	80%	50%
Outpatient Surgery	80%	50%	80%	80%	50%
Emergency Service	80%	Paid as in-network	80%	80% after \$75 copay (copay waived if admitted)	50% after \$75 copay (copay waived if admitted)
Prescription Drugs ² Retail: up to a 30-day supply; one retail copay/31-90-day supply; two-times retail copay Mail Order: 31 to 90-day supply; two-times retail copay	\$20/\$40/\$60 after integrated medical/Rx deductible	\$20/\$40/\$60 after integrated medical/Rx deductible plus 50%	\$10/\$35/\$50	80% after \$200 Rx deductible per member	50% after \$200 Rx deductible per member
90-Day Rx Transition of Coverage (TOC) for Precertification ³	Included		Included	Included	Included

¹It is an amount equal to the 90th percentile of the hospital, facility or health care provider charge data from the Ingenix Incorporated Prevailing HealthCare Charges System (PHCS).

²The three Rx Tiers are Tier 1: Generic Formulary, Tier 2: Brand Formulary, Tier 3: Brand Non-Formulary. Mandatory Generic with DAW override (MG w/DAW Override): The member pays the applicable copay only, if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

³Transition of Coverage (TOC) applies to precertification and step therapy for prescription drugs. It helps members of newly enrolled groups to transition to the Aetna drug formulary by providing a 90 calendar day opportunity, beginning on the group's initial effective date, during which time precertification and step therapy will not apply to certain drugs as listed in the formulary guide. Once the 90 calendar days has expired, precertification and step therapy will apply to all drugs requiring precertification and step therapy as listed in the formulary guide. Members who have claims paid for a drug requiring precertification or step therapy during the TOC period, may continue to receive this drug after the 90 calendar days and will not be required to obtain a precertification or step therapy approval for a medical exception to this drug.

⁴Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible.

⁵There is no individual deductible or coinsurance maximum to satisfy within the family deductible/coinsurance maximum. Once the family deductible/coinsurance maximum is met, all family members will be considered as having met their deductible/coinsurance maximum for the remainder of the calendar year.

⁶Copay related to Preventive Care services will be waived.

The dollar amount indicates what the member is required to pay and percentage coinsurance amounts indicate what Aetna is required to pay. Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify for certain services such as outpatient complex imaging and non-emergency hospital care. All services are subject to deductible, unless noted otherwise.

Amounts over allowable charges, failure to precertify penalty, copay, payments for emergency/urgent care services, Rx (including self-injectables) and DME do not apply towards the PPO Coinsurance Maximums and continue to be payable after the maximum is reached. Note: On HSA HDHP plans only amounts over allowable charges and failure to precertify penalty do not apply toward the PPO Out-of-Pocket maximum and continue to be payable after the maximum is reached.

For a summary list of Limitations and Exclusions, refer to pages 20-21.

Aetna Avenue

LIFE OVERVIEW**LIFE INSURANCE**

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

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

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

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

Giving you (and your employees) what you want

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

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

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

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

Optional dependent life — This feature allows employees to add optional additional coverage for eligible spouses and children for employers with 10 or more employees. This employee-paid benefit enables employees to cover their spouses and dependent children.

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 package and provides employees and their families with the same coverage as a typical accidental death and dismemberment plan — and then some. This includes extra features at no additional cost to you, 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

TERM LIFE PLAN OPTIONS

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

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

Aetna Avenue

SMALL GROUP UNDERWRITING GUIDELINES

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. 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.

ALASKA UNDERWRITING GUIDELINES		(EFFECTIVE 7/1/2011)
Affiliated, Associated or Multiple Companies	<p>Employers who have more than one business with different Tax Identification Numbers (TINs) may be eligible to enroll as one group if the following are met:</p> <ul style="list-style-type: none"> ▪ One owner has controlling interest of all business to be included; or ▪ The owner files (or is eligible to file) an Affiliations Schedule, IRS Form 851, a combined tax return for all companies to be included. If they are eligible but choose not to file Form 851, please indicate as such. A copy of the latest filed tax return must be provided; and ▪ All businesses filed under one combined tax return must be enrolled as one group. For example, if the employer has three businesses and files all three under one combined tax return, then all three businesses must be enrolled for coverage. If the request is for only 2 of the 3 businesses to be enrolled, the group will be considered a carve out, will not be Guarantee Issue, and could be declined. ▪ The enrolling business (the group that is being used as the policy name) as well as the other businesses to be combined must have the minimum number of employees required by the state. ▪ There are 50 or fewer employees in the combined employer groups. ▪ A completed Common Ownership form is submitted. ▪ Businesses with equal controlling interest may be considered, if the owners of the company designate an individual to act on behalf of all the groups. ▪ Underwriting reserves the right to final underwriting review, and may consider common ownership on a case-by-case underwriting exception. <p>Example: One owner has controlling interest of all companies to be included:</p> <p>Company 1 — Jim owns 75% and Jack owns 25%</p> <p>Company 2 — Jim owns 55% and Jack owns 45%</p> <p>Both companies can be written as one group since Jim has controlling interest in both.</p>	
Benefit Waiting Period	<ul style="list-style-type: none"> ▪ Benefit waiting periods must be consistently applied to all employees, including newly hired key employees. ▪ The benefit waiting period for future employees may be 0, 30, 60, 90, 120, or 180 days. ▪ Aetna does not have a date of hire BWP. ▪ The eligibility date will be the first day of the policy month following the waiting period. <p>Example:</p> <p>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.</p> <ul style="list-style-type: none"> ▪ A reduction of the benefit waiting period (example: from 1st of the month following 120 days to 1st of the month following 90 days) may only be done on the group's anniversary date. ▪ An increase in the benefit waiting period (example: from 1st of the month following 90 days to 1st of the month following 120 days) may be requested once in a 12 month period and may be requested either on or off the anniversary date. ▪ Two benefit waiting periods may be selected and must be consistently applied within a class of employees as defined by the employer. ▪ 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 and consistently applied to all employees. ▪ Changes to the benefit waiting period can only occur one time in 12 months or on the group's anniversary date. ▪ No retroactive benefit waiting period changes will be allowed. 	
Boroughs, Townships, and Municipalities	<p>Boroughs — The U.S. state of Alaska is not divided into counties, as are 48 other states, but it is divided into boroughs.</p> <p>Townships — A township is generally a small unit that has the status and powers of local government.</p> <p>Municipality — A municipality is an administrative entity composed of a clearly defined territory and its population, and commonly denotes a city, town, or village. A municipality is typically governed by a mayor and city council, or municipal council. In most countries a municipality is the smallest administrative subdivision to have its own democratically elected officials.</p> <p>Underwriting Requirements</p> <ul style="list-style-type: none"> ▪ QWTS ▪ W2 — Elected or Appointed officials and Trustees "may" be eligible for group coverage based on the charter or legislation. If so, they may not be on the QWTS rather they may be paid via W2. In that case, obtain a copy of their prior year W2. ▪ If elected officials are to be covered request a copy of the charter or contract indicating which classes or employees are to be covered, the minimum hours required to work per week to be eligible for coverage, and confirmation that coverage will be offered to all employees meeting the minimum number and participation will be maintained. 	

Carve Outs	<ul style="list-style-type: none"> ▪ The general types of carve outs that could be considered by Aetna include: Alaska Branch Location and Management/Non-Management, Salary, Union vs. Non-Union. ▪ Aetna must enroll and maintain a minimum of 8 employees who reside within Aetna's Alaska Network Service Area. ▪ Employers may request to carve out a specific class of employees for coverage, subject to underwriting approval which can be declined, even if the standard participation requirements are met.
Case Submission Dates	<ul style="list-style-type: none"> ▪ In order for Aetna to honor the requested effective date for 2 to 50 eligible employees, all completed paperwork submissions must be received no later than the end of the business day 10 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.
Census Data	<ul style="list-style-type: none"> ▪ Census data must be provided for all eligible employees, including COBRA eligible employees. ▪ Include the name, date of birth, date of hire, gender, dependent status, and residence zip code (when multi-site/multi-state). ▪ COBRA eligible employees should be included on the census and noted as COBRA.
Composite Rating	<p>Composite Rating for New Business:</p> <ul style="list-style-type: none"> ▪ Employer may offer a maximum of 3 plan options. ▪ At least 1 person must enroll in each plan for it to be offered to new hires. ▪ The composite rate for each plan will be determined based on the <u>census quoted</u>. ▪ Upon final enrollment, the composite rate for each plan will be processed based upon the <u>enrolled employees</u>. ▪ If the rates vary by more than 5%, the new business composite rates will be adjusted. <p>Composite Rating for Renewing Business:</p> <ul style="list-style-type: none"> ▪ Renewal rates will be based on the enrollment at the time the renewal is processed. ▪ Only the plans available after the initial enrollment will be rated for the renewal. ▪ If the Employer wants to move to a richer plan or select the Pick-A-Plan 3 option they will be subject to underwriting.
Deductible Credit	<ul style="list-style-type: none"> ▪ Employees who are eligible and want to receive credit for deductible paid to prior Company should submit a copy of the Explanation of Benefits to Aetna. They may do this either at the initial small group submission or with their first claim.
Definition of a Small Group Employer	<p>"Small employer" means the following:</p> <ul style="list-style-type: none"> ▪ An employer that employed an average of at least two but not more than 50 employees on the business days during the preceding calendar year and that employs at least two employees on the first day of a health benefit plan year; ▪ All persons treated as a single employer under 26 U. S. C. 414(b), (c), (m), or (o) must be treated as one employer.
Dependent Eligibility	<p>Eligible dependents include an employee's spouse. 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.</p> <ul style="list-style-type: none"> - Domestic Partners are eligible. - Dependent children, as defined in plan documents in accordance with state and federal law, are eligible for medical and dental coverage up to age 26. - Grandchildren are eligible by court order. - For dependent life, dependents are eligible from 14 days to up to their 19th birthday, or to up to their 23rd birthday, if in school. - Dependents are not eligible for AD&D or Disability coverage. - For Medical and Dental, dependents must enroll in the same benefits as the employee (participation is not required). - 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&D and Disability guidelines under Product Specifications. - Individuals cannot be covered as an employee and dependent under the same plan - Children eligible for coverage through both parents cannot be covered by both parents under the same plan.
Effective Date	<ul style="list-style-type: none"> ▪ Groups with no prior coverage may request either the 1st or the 15th of the month effective dates. ▪ The effective date requested by the employer may be up to 60 days in advance. ▪ When replacing an employer-sponsored group plan, the effective date must coincide with the premium date of the other carrier, without regard to the grace period. <ul style="list-style-type: none"> — For example, if the other plan has a premium date of the 1st, the Aetna plan will be effective on the 1st and not the 15th.
Electronic Funds Transfer	<ul style="list-style-type: none"> ▪ Payment for the first month's premium at new business can be processed via an Electronic Funds Transfer. ▪ This does not apply to future premium payments.
Employee Eligibility	<p>An eligible employee means either of the following:</p> <ul style="list-style-type: none"> ▪ An eligible employee means an employee who works on a full-time basis, with a normal work week of 30 or more hours. The term eligible employee includes a sole proprietor, a partner of a partnership, or an independent contractor if the sole proprietor, partner, or contractor is included as an employee under a health care insurance plan of a small employer, but does not include an employee who works on a part-time, temporary, or substitute basis; ▪ Employees reported on the IRS 1099 form who meet our standard criteria for determining 1099 status, see 1099 employee section ▪ Union employees, even if currently covered under the union plan <p>Employees not considered eligible are:</p> <ul style="list-style-type: none"> ▪ Part-time, temporary or substitute employees <p>Retirees</p> <ul style="list-style-type: none"> ▪ Coverage is not available for retirees. <p>COBRA</p> <ul style="list-style-type: none"> ▪ COBRA eligible enrollees are required to be included on the census. ▪ Health questions must be answered. ▪ COBRA qualifying event, length, start and end date must be provided. <p><i>Please note: Retirees, COBRA Continuees are not to be included for the 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, retirees, or COBRA can be included for coverage, subject to normal guidelines.</i></p>

ALASKA PLAN GUIDE

Employer Contribution	<p><i>Single Choice Medical</i></p> <ul style="list-style-type: none"> ▪ The employer must contribute at least 50% of the employee rate. ▪ Coverage may be denied based upon inadequate contributions. <p><i>Pick-A-Plan 3 (Medical)</i></p> <ul style="list-style-type: none"> ▪ The employer must contribute 50% of the employee only rate of whichever plan the employee selects, or ▪ The employer may choose to offer a Defined Contribution of at least \$100 or the actual cost of the plan, whichever is less. ▪ Coverage may be denied based upon inadequate contributions. <p><i>Term Life</i></p> <ul style="list-style-type: none"> ▪ Employers with less than 10 eligible lives: Employer must contribute 100% of the cost of the plan. ▪ Employers with 10-50 eligible lives: Employer must contribute at least 50% of the cost of the plan (excluding Optional Dependent Life). ▪ Pick-A-Plan 3 is not available. ▪ Coverage may be denied based upon inadequate contributions.
Deductible Funding	<ul style="list-style-type: none"> ▪ Effective 10/1/11, plan sponsors will be asked to sign an attestation form certifying whether any underlying plan or third party arrangement is being used to subsidize the deductible. If the plan sponsor certifies to Aetna that 50% or more of the network deductible is funded/subsidized/reimbursed, an adjustment of 10% will be made to the plan.
Employer Eligibility	<ul style="list-style-type: none"> ▪ All Aetna plans can be offered to sole proprietors, partnerships or corporations. ▪ Employers (Companies/Organizations) must not be formed solely for the purpose of obtaining health coverage. ▪ Non Guaranteed Associations, Taft Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms and closed groups (groups that restrict eligibility through criteria other than employment) and groups where no employee/employer relationship exists are not eligible for Small Group coverage. ▪ Life products have ineligible industries which are listed separately under Product Specifications.
Employers leaving an Aetna PEO	<ul style="list-style-type: none"> ▪ Employers leaving a PEO that is not currently insured with Aetna will be required to complete the Aetna PEO form. Underwriting will determine eligibility based upon this completed form.
Employers Replacing Other Group Coverage	<ul style="list-style-type: none"> ▪ A copy of the most recent billing statement that includes the employee listing must be submitted. ▪ The employer should be told not to cancel any existing medical coverage until they have been notified of approval from the Aetna Underwriting unit.
Holding Companies	<ul style="list-style-type: none"> ▪ Holding company — A holding company is a company that owns part, all, or a majority of other companies' outstanding stock. It usually refers to a company which does not produce goods or services itself; rather its only purpose is owning shares of other companies. Holding companies allow the reduction of risk for the owners and can allow the ownership and control of a number of different companies. ▪ Parent Company — A parent company is a holding company that owns enough voting stock in another firm (subsidiary) to control management and operations by influencing or electing its board of directors. A parent company could simply be a company that wholly owns another company. <p>Example</p> <ul style="list-style-type: none"> ▪ Bank A is the holding company (allows the smaller banks to raise more capital than a traditional bank). ▪ Bank A (the holding company) has no ownership; it is simply an umbrella company for the 3 Bank B locations. ▪ Bank B has 3 locations and all under one TIN. ▪ Bank A (the holding company) is under a separate TIN ▪ The holding company and banks have no ownership because the owners are all stockholders and bank employees or bank executives. ▪ There are no articles of incorporation only stock certificates. ▪ Bank B is the only group enrolling. Bank A is listed as an associated company with no employees and the group is not to be enrolled. ▪ Documentation needed: QWTS for Bank B which should include all 3 locations.
Initial Premium Check	<ul style="list-style-type: none"> ▪ The initial premium check should be in the amount of the first month's premium and drawn on a company check payable to Aetna. ▪ The initial premium check is not a binder check. Final premium will be determined upon underwriting review. ▪ 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.
Late Entrants	<ul style="list-style-type: none"> ▪ An employee or dependent who enrolls for coverage more than 31 days from the date first eligible or 31 days of the qualifying event is considered a late enrollee. ▪ Applicants without a qualifying life event (i.e. marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are subject to the Late Entrant guidelines as noted below. ▪ Voluntary cancellation of coverage is NOT a qualifying event. For example, if a spouse is covered through his/her employer and voluntarily cancels the coverage, it is not a qualifying event to be added to the other spouse's plan. The spouse who cancelled the coverage must wait until the next plan anniversary date to be eligible to be added. <p><i>Medical</i></p> <ul style="list-style-type: none"> ▪ Late applicants without a qualifying event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are not allowed and must wait for the group's next renewal date to enroll. <p><i>Life</i></p> <ul style="list-style-type: none"> ▪ Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date. ▪ The applicant will be required to complete an individual health statement/questionnaire and provide Evidence of Insurability (EOI). ▪ 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.

<p>Life — Basic Term</p>	<p><i>Open Enrollments are prohibited.</i></p> <p><i>Job Classifications (Position) Schedules</i> Varying levels of coverage based on job classifications are available for groups with 10 or more lives. Up to three separate classes are allowed (with a minimum requirement of 3 employees in each class). Items such as probationary periods must be applied consistently within a class of employee. The benefit for the class with the richest benefit must not be greater than five times the benefit of the class with the lowest benefit. For example, a schedule may be structured as follows:</p> <table border="1"> <thead> <tr> <th>Position/Job Class</th> <th>Basic Term Life Amount</th> </tr> </thead> <tbody> <tr> <td>Executives</td> <td>\$50,000</td> </tr> <tr> <td>Managers, Supervisors</td> <td>\$20,000</td> </tr> <tr> <td>All Other Employees</td> <td>\$10,000</td> </tr> </tbody> </table> <p><i>Guaranteed Issue Coverage</i> Aetna provides certain amounts of life insurance without requiring an employee to answer any medical questions. These insurance amounts are called "Guarantee Issue." Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability, which means they must complete a medical questionnaire and may be required to submit to a medical exam. Depending on the customer's size, life insurance amounts are Guaranteed Issue up to the maximums listed below:</p> <table border="1"> <thead> <tr> <th>Case Size</th> <th>Basic Term Life Amount</th> </tr> </thead> <tbody> <tr> <td>2-9 Eligible lives</td> <td>\$20,000</td> </tr> <tr> <td>10-25 Eligible lives</td> <td>\$75,000</td> </tr> <tr> <td>25-50 Eligible lives</td> <td>\$100,000</td> </tr> </tbody> </table> <p><i>Evidence of Insurability (EOI)</i> EOI is required when one or more of the following conditions exist: 1) Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit. 2) New coverage is requested during the renewal period. 3) Coverage is requested outside of the employer's renewal period due to qualifying life event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.)</p> <p><i>Actively at Work</i> 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.</p> <p><i>Continuity of Coverage (No Loss/No Gain)</i> The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers. If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable.</p> <p><i>Ineligible Industries Life/AD&D</i> — All industries are eligible except for standalone for groups of 26+</p> <table border="1"> <thead> <tr> <th>SIC Range</th> <th>SIC Description</th> <th>SIC Range</th> <th>SIC Description</th> </tr> </thead> <tbody> <tr> <td>1000-1499</td> <td>Mining</td> <td>7381</td> <td>Service — Detective</td> </tr> <tr> <td>2892-2899</td> <td>Explosives, Bombs & Pyrotechnics</td> <td>7500-7599</td> <td>Auto Repair & Service</td> </tr> <tr> <td>3291-3292</td> <td>Asbestos Products</td> <td>7800-7999</td> <td>Motion Picture, Amusement, Recreation</td> </tr> <tr> <td>3310-3329</td> <td>Primary Metal Industries</td> <td>8010-8043</td> <td>Medical Doctors/Clinics</td> </tr> <tr> <td>3480-3489</td> <td>Fire Arms/Ammunitions</td> <td>8600-8699</td> <td>Membership Associations</td> </tr> <tr> <td>5921</td> <td>Liquor Stores</td> <td>8800-8899</td> <td>Service — Private Household</td> </tr> <tr> <td>6211</td> <td>Security Brokers</td> <td>9999</td> <td>Non Classified Establishment</td> </tr> <tr> <td>6531</td> <td>Real Estate - Agents</td> <td></td> <td></td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Executives	\$50,000	Managers, Supervisors	\$20,000	All Other Employees	\$10,000	Case Size	Basic Term Life Amount	2-9 Eligible lives	\$20,000	10-25 Eligible lives	\$75,000	25-50 Eligible lives	\$100,000	SIC Range	SIC Description	SIC Range	SIC Description	1000-1499	Mining	7381	Service — Detective	2892-2899	Explosives, Bombs & Pyrotechnics	7500-7599	Auto Repair & Service	3291-3292	Asbestos Products	7800-7999	Motion Picture, Amusement, Recreation	3310-3329	Primary Metal Industries	8010-8043	Medical Doctors/Clinics	3480-3489	Fire Arms/Ammunitions	8600-8699	Membership Associations	5921	Liquor Stores	8800-8899	Service — Private Household	6211	Security Brokers	9999	Non Classified Establishment	6531	Real Estate - Agents		
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6531	Real Estate - Agents																																																				
<p>Medical</p>	<ul style="list-style-type: none"> ▪ An Alaska small employer subject to Guarantee Issue cannot be declined based upon medical conditions or claims experience; however, group rates will be adjusted for medical conditions of eligible employees and their dependents and COBRA enrollees. This rate up can range from a 1.000 to 2.0700. ▪ All eligible employees, COBRA enrollees applying for Medical coverage are required to complete the individual health questionnaire section of the Employee enrollment form for groups of 2-50. Failure to do so may result in a maximum 2.0700 RAF (risk adjustment factor) determination. ▪ Eligible employees must complete the waiver section of the employee application for either the employee and/or their dependents when declining coverage. The health questionnaire does not need to be completed for those individuals who are declining Medical or Life at the Guarantee Issue amount. ▪ Final rates based upon final enrollment. 																																																				
<p>Newly Formed Business</p>	<p>Newly formed businesses may be considered <i>at the discretion of the underwriter</i> if the following are provided:</p> <ul style="list-style-type: none"> ▪ Business License (not a professional license). If not available, provide a copy of the Partnership Agreement or Articles of Organization, or Articles of Incorporation; and ▪ Employer Identification Number/Federal Tax I.D. Number; and ▪ Quarterly Wage Tax Statement 1004-3A. If not available advise when one will be filed; and ▪ The most recent two consecutive weeks worth of payroll records which include number of hours worked, taxes withheld, wages earned; or <p>Groups that are not subject to Guarantee Issue may be declined.</p>																																																				
<p>Option Sales Alongside other Carriers</p>	<p><i>Medical</i></p> <ul style="list-style-type: none"> ▪ Standard participation of 75% must be met in order for a group to qualify for coverage for all plans. <p><i>Life</i></p> <ul style="list-style-type: none"> ▪ Not applicable 																																																				
<p>Out of Area Within Alaska</p>	<p><i>Medical</i></p> <ul style="list-style-type: none"> ▪ Employees residing outside of an Aetna Network Service Area will be in the PPO plan. ▪ If in a Non-PPO area benefits will be paid as Out of Network. <p><i>Life</i></p> <ul style="list-style-type: none"> ▪ Not Applicable 																																																				

ALASKA PLAN GUIDE

<p>Out of State Employees</p>	<p>Medical</p> <ul style="list-style-type: none"> ▪ Employees residing outside of Alaska. ▪ Employers must have at least 51% of their employees residing in Alaska to be considered Guarantee Issue. ▪ Out-of-state employees that live/work in an out-of-state network area will receive Alaska rates and products (inclusive of any required extraterritorial benefits). ▪ Out-of-state employees that do not reside in an out-of-state network area will receive the Alaska Indemnity products (inclusive of any required extraterritorial benefits). ▪ Out of State employees who reside in an area with a PPO only network must enroll in the Alaska PPO plan. ▪ Out of State employees who reside in an Indemnity only network must enroll in the Alaska Indemnity plan. <p>Network Availability for Out-of-State</p> <ul style="list-style-type: none"> ▪ No PPO is available in the following states: AL, ID, MN, MT, ND, NM, RI, WI, and WY. ▪ No Indemnity or PPO products are available in HI or VT. ▪ Louisiana employees need to be rated independently and installed on a separate Louisiana contract. <p>Life</p> <ul style="list-style-type: none"> ▪ Out of State employees are eligible for the Basic Term Life depending on the option selected by the Employer.
<p>Participation</p>	<p>Medical</p> <ul style="list-style-type: none"> ▪ For Non Contributory plans, 100% participation is required. All employees, excluding those with coverage through another employer's plan, must enroll. ▪ Employers with 2-9 eligible employees: 100% of eligible, excluding those with coverage through another employer's plan, must participate. ▪ Employers with 10-50 eligible employees: 75% of eligible (rounded), excluding those with coverage through another employer's plan, must participate. ▪ Employees waiving due to individual, governmental (Alaska Native, Medicare, Champus) or spousal coverage may be required to provide proof of their other coverage by providing a copy of their insurance card if the group does not appear to be meeting the standard participation guidelines (75%). ▪ Individual coverage is considered a valid waiver and will not count towards the participation. Copies of ID cards may be requested for confirmation. ▪ All employees waiving coverage must complete Section B and the waiver section of the application. ▪ If the coverage is not from a qualifying group plan, the employee may not be considered a valid waiver and will count toward the minimum participation requirement. <p>Life</p> <ul style="list-style-type: none"> ▪ For Non Contributory plans, 100% participation is required. ▪ Groups with less than 10 eligible employees, 100% participation is required. ▪ Groups with 10-50 eligible employees, 75% participation is required if the plans are at least partially contributory. <p><i>Please note: Retirees, COBRA Continues are not to be included for the 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, retirees, or COBRA can be included for coverage, subject to normal guidelines.</i></p>
<p>Partially Self-Funded Deductible Plans/ Section 105 plans</p>	<ul style="list-style-type: none"> ▪ Employers offering partially self-funding or insuring of the deductible must enroll in one of Aetna's designated plans, be it in a wraparound, addition, or companion capacity.
<p>Pick-A-Plan 3</p>	<ul style="list-style-type: none"> ▪ Pick-A-Plan 3 allows employers to offer up to three Aetna plans to their employees with standard participation and contribution guidelines. ▪ The plans, when rated, are 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). ▪ One person must enroll in each plan and remain enrolled for the plans to remain active at renewal. ▪ Groups of 2-50 will be composite rated. <p>Carve Outs</p> <ul style="list-style-type: none"> ▪ Allowed (See Carve Out Section) <p>1099 Employees</p> <ul style="list-style-type: none"> ▪ Subject to Underwriting Approval (See 1099 Employee Section)
<p>Plan Change Ancillary Additions (Life)</p>	<ul style="list-style-type: none"> ▪ Employers may request Plan Changes up to the renewal date for changes that are to be effective on the renewal date. ▪ Employers must request Plan Changes off of the renewal date at least 2 weeks prior to the desired effective date. ▪ The future renewal date of the ancillary products will be the same as the medical plan renewal date.
<p>Plan Changes — Employees</p>	<ul style="list-style-type: none"> ▪ Employees are not eligible to change plans until the group's open enrollment period which is upon their annual renewal (except for qualified Special Enrollment events).
<p>Plan Changes — Employer</p>	<ul style="list-style-type: none"> ▪ After the first 30 days of enrollment, Employers may request a change in medical benefits 6 months after the original effective date. ▪ Upgrades are only allowed once in a twelve month rolling period and are subject to medical underwriting. ▪ Upgrades may be declined based upon underwriting review. ▪ The requests for changes must be submitted to Aetna Small Group Underwriting 30 days prior to the requested effective date. ▪ Late requests will be moved to the next applicable effective date pending underwriting approval.

Product Availability	<p>Medical</p> <ul style="list-style-type: none"> ▪ Pick-A-Plan 3 allows each employee the option to choose their medical product from a selection of product offerings selected by the employer. ▪ Requests to add more products to the group's contract are subject to medical underwriting. ▪ Carve Outs: Allowed (See Carve Out section) ▪ Pick-A-Plan 3: Allowed (See Pick-A-Plan 3 section) ▪ 1099 Employees: Allowed (See 1099 Employee Section) <p>Life</p> <ul style="list-style-type: none"> ▪ Employers with 2-9 eligible employees, Life must be sold with medical and cannot be sold on a Standalone basis. ▪ Employers with 10-25 eligible employees, Basic Term Life is available packaged with Medical. ▪ Employers with 26-50 eligible employees, Basic Term Life is available either packaged with Medical or on a standalone basis. ▪ Employees may elect Life coverage even if they do not elect Medical coverage or vice versa. ▪ Employers with less than 10 eligible employees, certain plan differences apply. ▪ Carve Outs: Not allowed ▪ Pick-A-Plan 3 — Not Available ▪ 1099 Employees: Allowed 						
Rate Guarantee	<ul style="list-style-type: none"> ▪ Medical rates are guaranteed for one year (12 months). ▪ Life rates are guaranteed for 2 years (24 months). 						
Renewal Benefit Changes	<ul style="list-style-type: none"> ▪ Requests for plan changes to be effective on the renewal date must be submitted prior to the renewal date. ▪ Requests for plan changes to be effective off of the renewal date must be submitted within 30 days of the requested effective date. ▪ The effective date for the plan change will be based upon notification receipt (this will be the date the email or fax was sent to Aetna). 						
Signature Dates	<ul style="list-style-type: none"> ▪ The Aetna Employer Application and all employee applications must be signed and dated prior to and within sixty (60) days of the requested effective date. ▪ All employee applications must be completed by the employee himself/herself. 						
Spin Off Groups (current Aetna customers leaving an Aetna group only)	<ul style="list-style-type: none"> ▪ Aetna will consider the group guarantee issue with the following: <ul style="list-style-type: none"> – A letter from the group or broker indicating the group is enrolling as a spin off. Letter needs to include the name of the group they are spinning off from. – Ownership documents showing that the spin off company is a newly formed separate entity. – A minimum of 2 weeks payroll. If the group that is spinning off has been in business longer than 2 weeks, payroll will be required for the amount of time in business up to a maximum of 6 consecutive weeks. – Medical claims will be requested and used along with the health information included on the employee application in order to provide an accurate RAF. 						
Tax Documentation	<ul style="list-style-type: none"> ▪ When a company is Doing Business as (DBA), a copy of the Filed Assumed Name Certificate or Business Name Registration (Fictitious Name or DBA) should be provided. ▪ Non-profit groups may provide payroll documents as long as they also submit the appropriate form detailing their non-profit status. ▪ The employer must submit a copy of the most recently filed 1004-3A (Quarterly Wage Tax Statement) which must contain the names, salaries, and withholdings for all employees of the employer group along with a signature of the company representative. ▪ In the event that a 1004-3A is not available because the employer was not in business during the preceding calendar quarter or the employer has outsourced payroll functions, a copy of the payroll documentation from the company or the company's payroll administrator or employee leasing company; organization documents, or other reasonable proof must be provided. ▪ When a 1004-3A or payroll records are submitted: <ul style="list-style-type: none"> – Employees who have terminated, work part-time or are newly-hired should be noted accordingly on the document. – Any handwritten comments added to the document must be signed and dated by the employer. – For newly-hired employees not listed on the document the employer must provide at least 2 weeks of payroll (which includes hours worked, wages earned, and taxes withheld) or a letter from the employer verifying the names of all employees and numbers of hours worked. – Churches must provide Form 941 including a copy of the payroll records with employee names, wages and hours which must match the totals on Form 941. – Other documentation may be requested by Underwriting upon receipt and review of sold case documents for final underwriting approval and installation. – Altered legal documentation will not be accepted. – Proprietors, Partners or Officers of the business who do not appear on the 1004-3A or payroll must submit one of the following identified documents along with a completed and signed Proof of Eligibility Form <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> Sole Proprietor Franchise Limited Liability Company (operating as a Sole Proprietor) </td> <td style="padding: 5px;"> IRS Schedule SE and Schedule C filed with Form 1040C; or IRS Form 1040; Schedule F or K1 </td> </tr> <tr> <td style="padding: 5px;"> Partner Partnership Limited Liability Partnership </td> <td style="padding: 5px;"> IRS Form 1065 Schedule K-1; or IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040) </td> </tr> <tr> <td style="padding: 5px;"> Corporate Officer Limited Liability Company (operating as C Corp) C-Corporation Personal Service Corporation S-Corporation </td> <td style="padding: 5px;"> Statement by Domestic Stock or Statement of Information IRS Forms 1120; IRS Form 1120 or IRS Form 1120 W (C-Corp & Personal Service Corp) IRS Form 1120 S, Schedule K1 or 1040 ES (estimated tax) (S-Corp) IRS Form 8832 (Entity classification as a corporation) </td> </tr> </table>	Sole Proprietor Franchise Limited Liability Company (operating as a Sole Proprietor)	IRS Schedule SE and Schedule C filed with Form 1040C; or IRS Form 1040; Schedule F or K1	Partner Partnership Limited Liability Partnership	IRS Form 1065 Schedule K-1; or IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)	Corporate Officer Limited Liability Company (operating as C Corp) C-Corporation Personal Service Corporation S-Corporation	Statement by Domestic Stock or Statement of Information IRS Forms 1120; IRS Form 1120 or IRS Form 1120 W (C-Corp & Personal Service Corp) IRS Form 1120 S, Schedule K1 or 1040 ES (estimated tax) (S-Corp) IRS Form 8832 (Entity classification as a corporation)
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1099 Employees	<p>1099 Employees are not defined as an eligible employee however Aetna will allow 1099 employee's to enroll subject to the following guidelines:</p> <ul style="list-style-type: none"> ▪ At new business 1099 employees must appear on the prior carrier billing statement. ▪ An Employer may only add 1099 employees to their plan either at the initial enrollment or at renewal. ▪ 1099 employees must work full time (minimum of 30 hours per week) on a year round basis. ▪ There must be an affiliation between the Employer and the Employee long enough for a Federal Tax return to be filed. ▪ The employer must agree to contribute the same amount towards the premium as they would for an employee reported on a W-2. ▪ The employer must agree to offer coverage to all future 1099 employees. ▪ No more than 25% of the group may be 1099 employees. ▪ The 1099 employee verification form must be completed and submitted along with the following documentation: <ul style="list-style-type: none"> – Letter from the Employer requesting to cover 1099 employees. – Copies of the Form 1040 Schedule C and Form 1099 Miscellaneous for the prior year. 						

Aetna Avenue

LIMITATIONS AND EXCLUSIONS OVERVIEW

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.

MEDICAL

PPO and Indemnity

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 or rider(s) purchased.

Medical limitations and exclusions:

- 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
- Nonmedically necessary services or supplies
- Orthotics unless needed as a result of diabetes
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- 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

Pre-existing conditions exclusion provision

This plan imposes a pre-existing conditions exclusion, which may be waived in some circumstances (that is, creditable coverage) and may not be applicable to you. A pre-existing conditions exclusion means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis or treatment was recommended or received or for which the individual took prescribed drugs within 6 months. Pre-existing condition exclusion provisions are waived for any individual under the age of 19.

Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 6 months period ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 12 months from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period.

If you had less than 12 months of creditable coverage immediately before the date you enrolled, your plan's pre-existing conditions exclusion period will be reduced by the amount (that is, number of days) of that prior coverage.

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

In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any Certificates of Creditable Coverage you have. Please contact your Aetna Member Services representative at **1-888-802-3862** if you need assistance in obtaining a Certificate of Creditable Coverage from your prior carrier or if you have any questions on the information noted above.

The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment; the pre-existing exclusion will be applied from the individual's effective date of coverage.

- Genetic information will not be treated as a preexisting condition in the absence of a diagnosis of the condition related to that information.
- Phenylketonuria (PKU).

AD&D ULTRA

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

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

*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.

Register for Producer World®, our secure producer site, at <https://www.aetna.com/producer>

SUBMISSION DETAILS AND GUIDELINES

EMPLOYER INFORMATION

Employer Application

Complete all pages of the application

- Employer Signature must be of an office or corporate officer.
- Number of eligible and enrolled employees.
- Premium percentage paid by Employer.
- Indicate selected products in Section A1 — Medical Coverage Selection.
- Completed COBRA form for any employees currently eligible or enrolled on COBRA.
- Applications will not be accepted more than 60 days from the date signed.
- No altered applications (a new application will be required).

1004-3A or other applicable tax documents

- Part-time, terminated, seasonal or temporary must be indicated on this wage and tax report.
- For seasonal industries such as farming laborers or season processing fruit plants, four (4) consecutive quarters of wage and tax reports may be requested by underwriting.
- All enrolling employees must be represented on the wage and tax form or included on a payroll report.

- Out-of-state employees require proof of employment if not identified on the 1004-3A. This would be the quarterly wage and tax statement filed in that particular state where the employee is living and/or working.
- If owner, partner, or corporate officer is not listed on the 1004-3A, submit the Small Group Proof of Eligibility form signed by the employee along with the requested documents.
- If newly hired employees are not identified on the 1004-3A, submit a minimum of two weeks payroll indicating compensation and taxes withheld.

Premium Check made payable to Aetna

- A premium check on company stock for 100% of the first month's Medical and Life premiums payable to "Aetna."
- Payment for the first month's premium at new business can be processed via an Electronic Funds Transfer.
- Electronic transfer does not apply to future premium payments.

Copy of current/prior medical/life carrier's latest bill

- Include employee roster and premium summary page.
- Final rates based upon final enrollment.

EMPLOYEE INFORMATION

Employee applications completed and signed by each employee

- Any alterations must be initialed and dated by the employee.
- Individual waiver forms completely filled out for each employee and/or family member waiving coverage (to be signed by the employee).
- Employees need to sign and date the signature page prior to the requested effective date.

Group Insurance Submissions (in addition to items under Employer Information section)

- Employee Enrollment Form.
- Individual Health Statement required if selecting Life amount in excess of Guaranteed Issue Amount.
- Waiver completed for employees not electing Life.

Complete/Review Broker and General Agent information

- Complete, sign, and date the Agent/ Broker Certification section of the Employer Application.
- Review all items on this page for completion prior to submissions.
- Verify underwriting guidelines were reviewed and understood.
- Submit a copy of the Aetna quote package.
- Complete and provide the Aetna Agent Agreement, if applicable.

Avoid potential delays in getting your client approved and enrolled. Make sure your new case submissions are complete.

For more information about Aetna's Small Business Solutions, please contact your local Aetna Sales Manager or the Small Group Service Center from 8 a.m. to 5 p.m. PT

If you are working with a Total Benefit Solutions Please submit paperwork through TBS. If working direct please use address below.

Toll Free #: **1-877-249-2472**

Fax #: **1-888-258-4530**

E-mail Address: **ASGBLOR_AK@Aetna.com**

Overnight Mailing Address:
Aetna Small Group
Underwriting
4300 Centreway
Arlington, TX 76018

Mailing Address:
Aetna Small Group
Underwriting
P.O. Box 91507
Arlington, TX 76015-0007

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

In order for Aetna to honor the requested effective date, all completed paperwork submissions must be received no later than the end of the business day 10 business days prior to the requested effective date.

CONTACT INFORMATION GENERAL AGENT

BROKER SALES SUPPORT UNIT

1-877-249-2472 (phone)
1-888-258-4530 (fax)

Choose the following numbers, when prompted, to access the information you need:

- 1 – Billing & enrollment
- 2 – Claims
- 3 – Commission questions
- 4 – Licensing & appointments
- 5 – Renewal assistance
- 6 – Broker liaisons for fulfillment requests & all other questions

Broker Support
ASGBLOR_AK@aetna.com

New Business Quoting
sgquoteAKstandard@aetna.com
sgquoteAKprescreen@aetna.com

Regular Mail
P.O. Box 91507
Arlington, TX 76015-0007

Overnight Mail
4300 Centreway
Arlington, TX 76018

General Agent
Total Benefit Solutions
218 Main Street #513
Kirkland, WA 98033
quotes@tbstrust.com
1-425-897-7150 (phone)
1-877-653-2118 (fax)
www.tbsmga.com

Aetna Navigator® & Producer World®
1-800-225-3375 Monday-Friday
7:00 a.m.-9:00 p.m. ET

Choose the following numbers, when prompted, to access the information you need:

Prompt 1 (Aetna Navigator)

Prompt 3 (Producer World)

- 1 – Assistance with password or user name
- 2 – Assistance with registration
- 3 – Access assistance
- 4 – All other website technical assistance

PLAN SPONSOR SERVICES

1-877-249-7235 (phone)
1-888-258-4528 (fax)

Choose the following numbers, when prompted, to access the information you need:

- 1 – Renewals
- 2 – Claims
- 3 – Billing & enrollment

Billing

For Lockbox information, see customer bill or please contact the Plan Sponsor Services toll-free number for more information.

Enrollment

Aetna
P.O. Box 24005
Fresno, CA 93779-4005

AETNA AVE

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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 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. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. Plan features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. Discount programs provide access to discounted prices and are NOT insured benefits. **The member is responsible for the full cost of the discounted services.** Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, life 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.



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