

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetnaSM

New Jersey 2–50 Plan guide



The health of business,
well planned.

**Plans effective December 1, 2012
For businesses with 2-50 eligible employees**

www.aetna.com

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Team with Aetna for the health of your business

Introducing a new suite of products and services designed specifically for companies with 2 to 50 eligible employees.



You can count on Aetna to provide health plans that help simplify decision making and plan administration so you can focus on the health of your business.

Aetna is committed to helping employers build healthy businesses. In today's rapidly changing economy, we recognize the need for less expensive, less complex health plan choices. Now, Aetna offers a variety of newly streamlined medical and dental benefits and insurance plans to provide more affordable options and to help simplify plan selection and administration.

In this guide:

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5	Benefits for every stage of life
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Employers and their employees can benefit from...

- Affordable plan options
- Online self-service tools and capabilities
- Enhanced services for consumer-directed health plans
- 24-hour access to Employee Assistance Program services
- Preventive care covered 100%
- Aetna disease management and wellness programs

With Aetna, we know it's about...

Options

We provide a variety of health plan options to help meet your employees' needs, including medical, dental, disability and life insurance.

And, with access to a wide network of health care providers, you can be sure that employees have options in how they access their health care.

Medical plans

- Traditional plans
- Cost-sharing plans
- Consumer-directed health plans

Dental plans

- DMO®
- PPO
- PPO Max
- Freedom-of-Choice plan design
- Preventive

Life and disability plans

- Basic term life insurance
- Packaged life and disability plans

Simplicity

We know that the health of your business is your top priority. Aetna's streamlined plans and variety of services make it easier for you to focus on your business by simplifying administration and management.

Aetna makes it easy to manage health insurance benefits with simplified enrollment, billing and claims processing so you can focus on what matters most.

Trust

We work hard to provide health plan solutions you can trust. Our account executives, underwriters and customer service representatives are committed to providing small businesses and their employees with service and care they can trust.

Aetna resources are designed to fortify the health of your business

- Track medical claims and take advantage of online services with your Aetna Navigator® secure member website. It features automated enrollment, personal health records and printable temporary member ID cards.
- Get real cost and health information to help make the right care decision with an online Cost of Care Estimator.
- Manage health records online with the Personal Health Record.
- Use of the Aetna Health Connections DiseaseSM Management Program, which provides personal support to members to help them manage their conditions.
- Leverage 24/7 access to a nurse to help with personal health-related questions.
- Help members work toward health goals with wellness initiatives, such as the Simple Steps to a Healthier Life® online program.
- Take advantage of discount programs for vision, dental, and general health care that encourage use of plan offerings.

Aetna is committed to the health of your business

At Aetna, we understand that your business has unique needs. That's why we have streamlined our plan options for employers with 2 to 50 employees. We are committed to providing you with value and quality you can count on. Our variety of products and services allows you to focus on the health of your business.

Aetna's health plan options are designed with the health of your business in mind

Basic plans

- Basic benefits for your employees
- Limit the expense to your business
- Allow employees to buy up and share more of the cost
 - NJ HNOOnly CS 2.2
 - NJ HNOOnly CS 4.2
 - NJ HNOOption CS 1.2

Value plans

- Encourage employee responsibility in their health care decisions
- Tools and resources to support consumerism
- Innovative plan design
 - NJ HNOOnly HSA Compatible 2.2
 - NJ HNOOnly HSA Compatible 3.2
 - NJ HNOOption HSA Compatible 2.2

Standard plans

- Standard benefits plans
- Limit the financial impact on employees
 - NJ HNOOnly 2.2
 - NJ HNOOnly 3.2
 - NJ HNOOption 3.2

Health insurance benefits for every stage of life

For young individuals and couples without children...

- Lower monthly payments
- Modest out-of-pocket costs
- Quality preventive care
- Prescription drug coverage
- Financial protection

Cost-sharing plans

Consumer-directed health plans

For married couples and single parents with teens and college-aged children...

- Checkups and care for injuries and illness
- Preventive care and screenings that promote a healthy lifestyle
- National network of health care providers

Cost-sharing plans

Consumer-directed health plans

For married couples and single parents with young children or teens...

- Lower fees for office visits
- Lower monthly payments
- Caps on out-of-pocket expenses
- Quality preventive care for the entire family

Traditional plans

Consumer-directed health plans

For men and women 55 years of age and over with no children at home...

- Financial security
- Quality prescription drug coverage
- Hospital inpatient/outpatient services
- Emergency care

Cost-sharing plans

Consumer-directed health plans

Medical Overview

At Aetna, we are committed to putting the employee at the center of everything we do. You can count on Aetna to provide health plans that help simplify decision making and plan administration so you can focus on the health of your business.

New Jersey provider network*

All plans are available in all New Jersey counties.

Northeast Region Small Group Sales Support Center: **1-888-277-1053**

Atlantic	Middlesex
Bergen	Monmouth
Burlington	Morris
Camden	Ocean
Cape May	Passaic
Cumberland	Salem
Essex	Somerset
Gloucester	Sussex
Hudson	Union
Hunterdon	Warren
Mercer	

Plan Name	Product Description	PCP Required	Referrals Required	DocFind Plan Name
Aetna HMO	A Health Maintenance Organization (HMO) uses a network of participating providers. Each family member selects a primary care physician (PCP) participating in our network. The PCP provides routine and preventive care and helps coordinate the member's total health care. The PCP refers members to participating specialists and facilities for medically necessary specialty care. Only services provided or referred by the PCP are covered except for emergency, urgently needed care or direct access benefits, unless approved by the HMO in advance of receiving services.	Yes	Yes	HMO
Aetna Health Network OnlySM (HNOnly)	Aetna Health Network Only (HNOnly) is a health maintenance organization plan which uses a network of participating providers. Each family member may select a primary care physician (PCP) participating in the Aetna network to provide routine and preventive care and 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.	Optional	No	Aetna Health Network Only SM (Open Access)
Aetna POS	The Aetna POS plan is a two-tiered product that allows members to access care in one of two ways: 1. PCP Referred, network, or; 2. Self-Referred, network or non-network. Members have lower out of pocket costs when they use the HMO (referred) tier of the plan and follow the PCP referral process. Member cost sharing increases if members decide to self refer network or non-network.	Yes	Yes for PCP Referred care; No for Self-Referred Care	QPOS [®]

*Network subject to change.

Plan Name	Product Description	PCP Required	Referrals Required	DocFind Plan Name
Aetna Health Network OptionSM (HNOption)	Aetna Health Network Option (HNOption) 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.	Optional	No	Aetna Health Network Option SM (Open Access)
Aetna Open Access[®] Elect Choice[®] (OA EPO)	The Aetna Open Access Elect Choice [®] plan provides a network-only based managed care product with comprehensive health care benefits. Members are not required to select a PCP to coordinate their care or to obtain referrals for specialty care. Only services rendered by a network provider are covered, except for emergency or urgently needed care.	Optional	No	Elect Choice EPO [®] (Open Access)
Aetna Managed Choice[®] (MC)	Aetna's Managed Choice POS plan provides all the benefits of a managed care plan combined with the freedom to visit a doctor or hospital of choice. The plan combines cost control features with member flexibility to choose quality health care providers. MC is a POS product and members are still required to select a PCP to coordinate their care and obtain referrals for specialty care.	Yes	Yes for PCP Referred care; No for Self-Referred Care	Managed Choice POS [®]
Aetna Open Access[®] Managed Choice[®] (OA MC)	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.	Optional	No	Managed Choice POS [®] (Open Access)"
Aetna Indemnity	The Aetna 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 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.

It is completely at the discretion of the employer or employee whether or not to establish an HSA.

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

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.

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.

Member's HSA Plan

HSA Account

- You own your HSA
- Contribute tax free
- You choose how and when to use your dollars
- Roll it over each year and let it grow
- Earns interest, tax free

Today

- Use for qualified expenses with tax-free dollars

Future

- Plan for future and retiree health-related costs

High-deductible health plan

- Eligible in-network preventive care services will not be subject to the deductible
- You pay 100% until deductible is met, then only pay a share of the cost
- Meet out-of-pocket maximum, then plan pays 100%

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.

COBRA administration

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes that can help employers manage the complex billing and notification processes 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.

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	
1–25 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	
1–25 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
COBRA	
Annual Fee	
20–50 Employees	\$100
Per employee per month	
20 – 50 Employees	\$0.88
Initial notice fee	\$1.50 per notice (includes notices at time of implementation and during ongoing administration)

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

**Nondiscrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$100 fee. Nondiscrimination testing only available for FSA and POP products.

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

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

Consumer Directed - Health Network Only (HNOOnly) HSA Compatible Plan Options

Plan Options	NJ HNOOnly HSA Compatible 2.2**	NJ HNOOnly HSA Compatible 3.2**
Member Benefits	Network	Network
Member Coinsurance	0% after deductible	0% after deductible
Benefit Year Deductible¹	\$2,000 individual \$4,000 Family	\$2,500 individual \$5,000 family
Benefit Year Maximum Out-of-Pocket²	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay, deductible waived	\$0 copay, deductible waived
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	\$0 copay, deductible waived
Glasses and Contact Lens Reimbursement	\$100/24 month period	\$100/24 month period
Aetna VisionSM Discounts Program	Included	Included
Primary Physician Office Visit	\$30 copay after deductible	\$30 copay after deductible
Specialist Office Visit	\$50 copay after deductible	\$50 copay after deductible
Outpatient Services - Lab	\$15 copay after deductible	\$15 copay after deductible
Outpatient Services - X-ray	\$50 copay after deductible	\$50 copay after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30% after deductible	50% after deductible
Chiropractic Services (30 visits per benefit year.)	\$10 copay after deductible	\$10 copay after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per benefit year.)	\$20 copay after deductible	\$20 copay after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per benefit year.)	\$20 copay after deductible	\$20 copay after deductible
Durable Medical Equipment (\$2,500 Benefit Year Maximum.)	50% after deductible	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$400 copay per day, 5 day copay maximum per admission, after deductible	\$500 copay per day, 5 day copay maximum per admission, after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$200 copay after deductible	\$250 copay after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$200 copay after deductible	\$250 copay after deductible
Emergency Room	30% after deductible	50% after deductible
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%
Retail or Mail Order: 31-90-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum \$250/50% to a per script maximum of \$300 RX 3: 50%	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum \$250/50% to a per script maximum of \$300 RX 3: 50%
Optional Features:	Benefit Year: Plans are available on a calendar or plan year basis. Employer will elect one of two funding options: (i) Funding 50% or less or (ii) funding more than 50% of the single subscriber deductible per benefit year. Employer changes, requested during the year or upon renewal of the plan, to the elected funding option will be administered as a benefits plan change.	

See pages 33-34 for Important Plan Provisions.

Consumer Directed - Health Network Option (HNOption) HSA Compatible Plan Options

Plan Options	NJ HNOption HSA Compatible 2.2**	
Member Benefits	Network	Non-Network ³
Member Coinsurance	0% after deductible	50% after deductible
Benefit Year Deductible¹	\$2,000 individual \$4,000 Family	\$4,000 individual \$8,000 Family
Benefit Year Maximum Out-of-Pocket²	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay, deductible waived	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay after deductible	50% after deductible
Specialist Office Visit	\$50 copay after deductible	50% after deductible
Outpatient Services - Lab	\$15 copay after deductible	50% after deductible
Outpatient Services - X-ray	\$50 copay after deductible	50% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30% after deductible	50% after deductible
Chiropractic Services (30 visits per benefit year. Network and non-network combined.)	\$10 copay after deductible	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per benefit year. Network and non-network combined.)	\$20 copay after deductible	50% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per benefit year. Network and non-network combined.)	\$20 copay after deductible	50% after deductible
Durable Medical Equipment (\$2,500 Benefit Year Maximum. Network and non-network combined.)	50% after deductible	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$400 copay per day, 5 day copay maximum per admission, after deductible	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$200 copay after deductible	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$200 copay after deductible	50% after deductible. Maximum benefit of \$2,000 per member per benefit year.
Emergency Room	30% after deductible	30% after deductible
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.

Optional Features:

Benefit Year: Plans are available on a calendar or plan year basis.

Employer will elect one of two funding options: (i) Funding 50% or less or (ii) funding more than 50% of the single subscriber deductible per benefit year. Employer changes, requested during the year or upon renewal of the plan, to the elected funding option will be administered as a benefits plan change.

See pages 33-34 for Important Plan Provisions.

Consumer Directed - Health Network Option (HNOption) HSA Compatible Plan Options

Plan Options	NJ HNOption HSA Compatible 3.2**	
Member Benefits	Network	Non-Network ³
Member Coinsurance	0% after deductible	50% after deductible
Benefit Year Deductible¹	\$2,500 individual \$5,000 Family	\$5,000 individual \$10,000 Family
Benefit Year Maximum Out-of-Pocket²	\$5,000 individual \$10,000 Family	\$10,000 individual \$20,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay, deductible waived	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay after deductible	50% after deductible
Specialist Office Visit	\$50 copay after deductible	50% after deductible
Outpatient Services - Lab	\$15 copay after deductible	50% after deductible
Outpatient Services - X-ray	\$50 copay after deductible	50% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	50% after deductible	50% after deductible
Chiropractic Services (30 visits per benefit year. Network and non-network combined.)	\$10 copay after deductible	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per benefit year. Network and non-network combined.)	\$20 copay after deductible	50% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per benefit year. Network and non-network combined.)	\$20 copay after deductible	50% after deductible
Durable Medical Equipment (\$2,500 Benefit Year Maximum. Network and non-network combined.)	50% after deductible	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$500 copay per day, 5 day copay maximum per admission, after deductible	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$250 copay after deductible	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$250 copay after deductible	50% after deductible. Maximum benefit of \$2,000 per member per benefit year.
Emergency Room	50% after deductible	50% after deductible
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX cost-shares will apply after integrated medical/pharmacy deductible is met: RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.

Optional Features:

Benefit Year: Plans are available on a calendar or plan year basis.

Employer will elect one of two funding options: (i) Funding 50% or less or (ii) funding more than 50% of the single subscriber deductible per benefit year. Employer changes, requested during the year or upon renewal of the plan, to the elected funding option will be administered as a benefits plan change.

See pages 33-34 for Important Plan Provisions.

Consumer Directed - Open Access Elect Choice (OA EPO) HSA Compatible Plan Option

Plan Options	NJ OA EPO HSA Compatible 1.2**
Member Benefits	Network
Member Coinsurance	0% after deductible
Benefit Year Deductible¹	\$2,500 individual \$5,000 family
Benefit Year Maximum Out-of-Pocket²	\$5,000 individual \$10,000 family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay, deductible waived
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived
Glasses and Contact Lens Reimbursement	\$100/24 month period
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$30 copay after deductible
Specialist Office Visit	\$50 copay after deductible
Outpatient Services - Lab	\$15 copay after deductible
Outpatient Services - X-ray	\$50 copay after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	50% after deductible
Chiropractic Services (30 visits per benefit year.)	\$10 copay after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per benefit year.)	\$20 copay after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per benefit year.)	\$20 copay after deductible
Durable Medical Equipment (\$2,500 Benefit Year Maximum.)	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$500 copay per day, 5 day copay maximum per admission, after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$250 copay after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$250 copay after deductible
Emergency Room	50% after deductible
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)	
Prescription Drugs: 30-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: \$10/\$40/\$75
Retail or Mail Order: 31-90-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: \$20/\$80/\$150
Optional Features:	Benefit Year: Plans are available on a calendar or plan year basis. Employer will elect one of two funding options: (i) funding 50% or less or (ii) funding more than 50% of the single subscriber deductible per benefit year. Employer changes, requested during the year or upon renewal of the plan, to the elected funding option will be administered as a benefits plan change.

Consumer Directed - Open Access Managed Choice (OA MC) HSA Compatible Plan Option

Plan Options	NJ OA MC HSA Compatible 1.2**	
Member Benefits	Network	Non-Network ³
Member Coinsurance	0% after deductible	50% after deductible
Benefit Year Deductible¹	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
Benefit Year Maximum Out-of-Pocket²	\$4,000 individual \$8,000 family	\$8,000 individual \$16,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay, deductible waived	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months. Network and non-network combined.)	\$0 copay, deductible waived	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay after deductible	50% after deductible
Specialist Office Visit	\$50 copay after deductible	50% after deductible
Outpatient Services - Lab	\$15 copay after deductible	50% after deductible
Outpatient Services - X-ray	\$50 copay after deductible	50% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30% after deductible	50% after deductible
Chiropractic Services (30 visits per benefit year. Network and non-network combined.)	\$10 copay after deductible	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per benefit year. Network and non-network combined.)	\$20 copay after deductible	50% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per benefit year. Network and non-network combined.)	\$20 copay after deductible	50% after deductible
Durable Medical Equipment (\$2,500 Benefit Year Maximum. Network and non-network combined.)	50% after deductible	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$400 copay per day, 5 day copay maximum per admission, after deductible	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$200 copay after deductible	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$200 copay after deductible	50% after deductible. Maximum benefit of \$2,000 per member per benefit year.
Emergency Room	30% after deductible	30% after deductible
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: \$10/\$40/\$75	RX cost-shares will apply after integrated medical/pharmacy deductible is met: 50%
Retail or Mail Order: 31-90-day supply	RX cost-shares will apply after integrated medical/pharmacy deductible is met: \$20/\$80/\$150	RX cost-shares will apply after integrated medical/pharmacy deductible is met: 50%
Optional Features:	<p>Benefit Year: Plans are available on a calendar or plan year basis.</p> <p>Employer will elect one of two funding options: (i) funding 50% or less or (ii) funding more than 50% of the single subscriber deductible per benefit year. Employer changes, requested during the year or upon renewal of the plan, to the elected funding option will be administered as a benefits plan change.</p>	

Cost-Sharing (CS) - Health Network Only (HNOnly) Plan Options

Plan Options	NJ HNOnly CS 2.2**	NJ HNOnly CS 3.2**
Member Benefits	Network	Network
Member Coinsurance	30% after deductible	40% after deductible
Calendar Year Deductible¹	\$1,500 per member \$3,000 family	\$2,000 per member \$4,000 family
Calendar Year Maximum Out-of-Pocket²	\$3,000 per member \$6,000 family	\$5,000 per member \$10,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay, deductible waived	\$0 copay, deductible waived
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	\$0 copay, deductible waived
Glasses and Contact Lens Reimbursement	\$100/24 month period	\$100/24 month period
Aetna VisionSM Discounts Program	Included	Included
Primary Physician Office Visit	\$20 copay, deductible waived	\$30 copay, deductible waived
Specialist Office Visit	\$40 copay, deductible waived	\$50 copay, deductible waived
Outpatient Services - Lab	\$0 copay, deductible waived	\$0 copay, deductible waived
Outpatient Services - X-ray	\$40 copay, deductible waived	\$50 copay, deductible waived
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30%, deductible waived	40%, deductible waived
Chiropractic Services (30 visits per calendar year.)	\$10 copay, deductible waived	\$10 copay, deductible waived
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay, deductible waived	\$20 copay, deductible waived
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay, deductible waived	\$20 copay, deductible waived
Durable Medical Equipment (\$2,500 Calendar Year Maximum.)	50%, deductible waived	50%, deductible waived
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	30% after deductible	40% after deductible
Outpatient Surgery: Hospital Outpatient Facility	30% after deductible	40% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	30% after deductible	40% after deductible
Emergency Room	30%, deductible waived	40%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$15/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%	RX 1: \$20/\$80/\$150 RX 2: \$15/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%
Optional Features:	Referral Option: NJ HMO CS 2.2	Referral Option: NJ HMO CS 3.2

Cost-Sharing (CS) - Health Network Only (HNOnly) Plan Options

Plan Options	NJ HNOnly CS 4.2**
Member Benefits	Network
Member Coinsurance	50% after deductible
Calendar Year Deductible¹	\$2,500 per member \$5,000 Family
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 Family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay, deductible waived
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived
Glasses and Contact Lens Reimbursement	\$100/24 month period
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$30 copay, deductible waived
Specialist Office Visit	\$50 copay, deductible waived
Outpatient Services - Lab	\$0 copay, deductible waived
Outpatient Services - X-ray	\$50 copay, deductible waived
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	50%, deductible waived
Chiropractic Services (30 visits per calendar year.)	\$10 copay, deductible waived
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay, deductible waived
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay, deductible waived
Durable Medical Equipment (\$2,500 Calendar Year Maximum.)	50%, deductible waived
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	50% after deductible
Emergency Room	50%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)	
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$15/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%
Optional Features:	Referral Option: NJ HMO CS 4.2

See pages 33-34 for Important Plan Provisions.

Cost-Sharing (CS) - Health Network Option (HNOption) Plan Options

Plan Options	NJ HNOption CS 1.2**	
	Network	Non-Network ³
Member Benefits	Network	Non-Network ³
Member Coinsurance	20% after deductible	40% after deductible
Calendar Year Deductible¹	\$1,500 per member \$3,000 family	\$3,000 per member \$6,000 family
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 family	\$10,000 individual \$20,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay, deductible waived	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay, deductible waived	40% after deductible
Specialist Office Visit	\$50 copay, deductible waived	40% after deductible
Outpatient Services - Lab	\$0 copay, deductible waived	40% after deductible
Outpatient Services - X-ray	\$50 copay, deductible waived	40% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	20%, deductible waived	40% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$10 copay, deductible waived	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay, deductible waived	40% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay, deductible waived	40% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. Network and non-network combined.)	50%, deductible waived	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	20% after deductible	40% after deductible
Outpatient Surgery: Hospital Outpatient Facility	20% after deductible	40% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	20% after deductible	40% after deductible. Maximum benefit of \$2,000 per member per calendar year.
Emergency Room	20%, deductible waived	20%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Optional Features:	None	None

Cost-Sharing (CS) - Health Network Option (HNOption) Plan Options

Plan Options	NJ HNOption CS 2.2**	
	Network	Non-Network ³
Member Benefits	Network	Non-Network ³
Member Coinsurance	30% after deductible	50% after deductible
Calendar Year Deductible¹	\$2,500 per member \$5,000 family	\$5,000 per member \$10,000 family
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 family	\$10,000 individual \$20,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay, deductible waived	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay, deductible waived	50% after deductible
Specialist Office Visit	\$50 copay, deductible waived	50% after deductible
Outpatient Services - Lab	\$0 copay, deductible waived	50% after deductible
Outpatient Services - X-ray	\$50 copay, deductible waived	50% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30%, deductible waived	50% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$10 copay, deductible waived	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay, deductible waived	50% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay, deductible waived	50% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. Network and non-network combined.)	50%, deductible waived	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	30% after deductible	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	30% after deductible	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	30% after deductible	50% after deductible. Maximum benefit of \$2,000 per member per calendar year.
Emergency Room	30%, deductible waived	30%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Optional Features:	None	None

See pages 33-34 for Important Plan Provisions.

Cost-Sharing (CS) - Open Access Elect Choice (OA EPO) Plan Option

Plan Options	NJ OA EPO CS 1.2+*
Member Benefits	Network
Member Coinsurance	30% after deductible
Calendar Year Deductible¹	\$1,500 per member \$3,000 Family
Calendar Year Maximum Out-of-Pocket²	\$3,000 per member \$6,000 Family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay, deductible waived
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived
Glasses and Contact Lens Reimbursement	\$100/24 month period
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$20 copay, deductible waived
Specialist Office Visit	\$40 copay, deductible waived
Outpatient Services - Lab	\$0 copay, deductible waived
Outpatient Services - X-ray	\$40 copay, deductible waived
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30%, deductible waived
Chiropractic Services (30 visits per calendar year.)	\$10 copay, deductible waived
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay, deductible waived
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay, deductible waived
Durable Medical Equipment (\$2,500 Calendar Year Maximum.)	50%, deductible waived
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	30% after deductible
Outpatient Surgery: Hospital Outpatient Facility	30% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	30% after deductible
Emergency Room	30%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)	
Prescription Drugs: 30-day supply	\$10/\$40/\$75
Retail or Mail Order: 31-90-day supply	\$20/\$80/\$150
Optional Features:	None

Cost-Sharing (CS) - Open Access Managed Choice (OA MC) Plan Option

Plan Options	NJ OA MC CS 1.2**	
Member Benefits	Network	Non-Network ³
Member Coinsurance	20% after deductible	40% after deductible
Calendar Year Deductible¹	\$1,500 per member \$3,000 family	\$3,000 per member \$6,000 family
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 family	\$10,000 individual \$20,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay, deductible waived	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay, deductible waived	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay, deductible waived	40% after deductible
Specialist Office Visit	\$50 copay, deductible waived	40% after deductible
Outpatient Services - Lab	\$0 copay, deductible waived	40% after deductible
Outpatient Services - X-ray	\$50 copay, deductible waived	40% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	20%, deductible waived	40% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$10 copay, deductible waived	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay, deductible waived	40% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay, deductible waived	40% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. Network and non-network combined.)	50%, deductible waived	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	20% after deductible	40% after deductible
Outpatient Surgery: Hospital Outpatient Facility	20% after deductible	40% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	20% after deductible	40% after deductible. Maximum benefit of \$2,000 per member per calendar year.
Emergency Room	20%, deductible waived	20%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	\$10/\$40/\$75	50%
Retail or Mail Order: 31-90-day supply	\$20/\$80/\$150	50%
Optional Features:	None	None

Traditional - Health Network Only (HNOnly) Plan Options

Plan Options	NJ HNOnly 2.2**	NJ HNOnly 3.2**
Member Benefits	Network	Network
Member Coinsurance	0%	30%
Calendar Year Deductible	N/A	N/A
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 family	\$5,000 per member \$10,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay	\$0 copay
Routine Eye Exam (One exam per 24 months.)	\$0 copay	\$0 copay
Glasses and Contact Lens Reimbursement	\$100/24 month period	\$100/24 month period
Aetna VisionSM Discounts Program	Included	Included
Primary Physician Office Visit	\$25 copay	\$30 copay
Specialist Office Visit	\$50 copay	\$50 copay
Outpatient Services - Lab	\$0 copay	\$0 copay
Outpatient Services - X-ray	\$50 copay	\$50 copay
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30%	30%
Chiropractic Services (30 visits per calendar year.)	\$10 copay	\$10 copay
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay	\$20 copay
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum.)	50%	50%
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$500 copay per day, 5 day copay maximum per admission	30%
Outpatient Surgery: Hospital Outpatient Facility	\$500 copay	30%
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$250 copay	30%
Emergency Room	30%	30%
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%
Optional Features:	Referral Option: NJ HMO 2.2	Referral Option: NJ HMO 3.2

Traditional - Health Network Only (HNOOnly) Plan Options

Plan Options	NJ HNOOnly 4.2**
Member Benefits	Network
Member Coinsurance	50%
Calendar Year Deductible	N/A
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 Family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay
Routine Eye Exam (One exam per 24 months.)	\$0 copay
Glasses and Contact Lens Reimbursement	\$100/24 month period
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$30 copay
Specialist Office Visit	\$50 copay
Outpatient Services - Lab	\$0 copay
Outpatient Services - X-ray	\$50 copay
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	50%
Chiropractic Services (30 visits per calendar year.)	\$10 copay
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum.)	50%
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	50%
Outpatient Surgery: Hospital Outpatient Facility	50%
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	50%
Emergency Room	50%
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)	
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%
Optional Features:	Referral Option: NJ HMO 4.2

See pages 33-34 for Important Plan Provisions.

Traditional - Health Network Option (HNOption) Plan Options

Plan Options	NJ HNOption 1.2**	
Member Benefits	Network	Non-Network ³
Member Coinsurance	0%	30% after deductible
Calendar Year Deductible¹	N/A	\$1,500 per member \$3,000 Family
Calendar Year Maximum Out-of-Pocket²	\$2,500 per member \$5,000 family	\$6,000 per member \$12,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$20 copay	30% after deductible
Specialist Office Visit	\$40 copay	30% after deductible
Outpatient Services - Lab	\$0 copay	30% after deductible
Outpatient Services - X-ray	\$40 copay	30% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	20%	30% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$10 copay	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	30% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	30% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. Network and non-network combined.)	50%	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$250 copay per day, 5 day copay maximum per admission	30% after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$250 copay	30% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$125 copay	30% after deductible. Maximum benefit of \$2,000 per member per calendar year.
Emergency Room	20%	20%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Optional Features:	None	None

See pages 33-34 for Important Plan Provisions.

Traditional - Health Network Option (HNOption) Plan Options

Plan Options	NJ HNOption 2.2**	
	Network	Non-Network ³
Member Benefits	Network	Non-Network ³
Member Coinsurance	0%	50% after deductible
Calendar Year Deductible¹	N/A	\$1,500 per member \$3,000 Family
Calendar Year Maximum Out-of-Pocket²	\$3,500 per member \$7,000 family	\$7,500 per member \$15,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay	50% after deductible
Specialist Office Visit	\$50 copay	50% after deductible
Outpatient Services - Lab	\$0 copay	50% after deductible
Outpatient Services - X-ray	\$50 copay	50% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30%	50% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$10 copay	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	50% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	50% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. Network and non-network combined.)	50%	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$500 copay per day, 5 day copay maximum per admission	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$500 copay	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$250 copay	50% after deductible. Maximum benefit of \$2,000 per member per calendar year.
Emergency Room	30%	30%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Optional Features:	None	None

Traditional - Health Network Option (HNOption) Plan Options

Plan Options	NJ HNOption 3.2+*	
Member Benefits	Network	Non-Network ³
Member Coinsurance	40%	50% after deductible
Calendar Year Deductible¹	N/A	\$5,000 per member \$10,000 family
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 family	\$10,000 per member \$20,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam (One exam per 24 months.)	\$0 copay	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period. Network and non-network combined.	
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$30 copay	50% after deductible
Specialist Office Visit	\$50 copay	50% after deductible
Outpatient Services - Lab	\$0 copay	50% after deductible
Outpatient Services - X-ray	\$50 copay	50% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	40%	50% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$10 copay	25% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	50% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	50% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. Network and non-network combined.)	50%	50% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	40%	50% after deductible
Outpatient Surgery: Hospital Outpatient Facility	40%	50% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	40%	50% after deductible. Maximum benefit of \$2,000 per member per calendar year.
Emergency Room	40%	40%, deductible waived
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Optional Features:	None	None

Traditional – Open Access Elect Choice (OA EPO) Plan Option

Plan Options	NJ OA EPO 1.2**
Member Benefits	Network
Member Coinsurance	0%
Calendar Year Deductible	N/A
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 Family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay
Routine Eye Exam (One exam per 24 months.)	\$0 copay
Glasses and Contact Lens Reimbursement	\$100/24 month period
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$25 copay
Specialist Office Visit	\$50 copay
Outpatient Services - Lab	\$0 copay
Outpatient Services - X-ray	\$50 copay
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	30%
Chiropractic Services (30 visits per calendar year.)	\$10 copay
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum.)	50%
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$500 copay per day, 5 day copay maximum per admission
Outpatient Surgery: Hospital Outpatient Facility	\$500 copay
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$250 copay
Emergency Room	30%
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)	
Prescription Drugs: 30-day supply	\$10/\$40/\$75
Retail or Mail Order: 31-90-day supply	\$20/\$80/\$150
Optional Features:	None

Traditional - Health Network Only (HNOOnly) Plan Option - Standard Health Benefit Options

Plan Options	NJ SEH HNOOnly 1.2+*
Member Benefits	Network
Member Coinsurance	0%
Calendar Year Deductible	N/A
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 Family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$0 copay
Routine Eye Exam	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$50 copay
Specialist Office Visit	\$50 copay
Outpatient Services - Lab	\$15 copay
Outpatient Services - X-ray	\$50 copay
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	\$50 copay
Chiropractic Services (30 visits per calendar year.)	\$20 copay
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay
Durable Medical Equipment (Unlimited Calendar Year Maximum.)	\$0 copay
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$400 copay per day, 5 day copay maximum per admission; \$4,000 calendar year copay maximum
Outpatient Surgery: Hospital Outpatient Facility	\$50 copay
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$50 copay
Emergency Room (Copay waived if admitted.)	\$100 copay
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)	
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 3: 50%
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 3: 50%
Optional Features:	Referral Option: NJ SEH HMO 1.2

Traditional – POS Plan Option – Standard Health Benefit Options

Plan Options	NJ SEH POS 1.2**	
Member Benefits	Network	Non-Network ³
Member Coinsurance	0%	30% after deductible
Calendar Year Deductible¹	N/A	\$2,500 per member \$5,000 family
Calendar Year Maximum Out-of-Pocket²	\$5,000 per member \$10,000 family	\$5,000 per member \$10,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$0 copay	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam	Not Covered	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered	Not Covered
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$50 copay	30% after deductible
Specialist Office Visit	\$50 copay	30% after deductible
Outpatient Services - Lab	\$15 copay	30% after deductible
Outpatient Services - X-ray	\$50 copay	30% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	\$50 copay	30% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$20 copay	30% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	30% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay	30% after deductible
Durable Medical Equipment (Unlimited Calendar Year Maximum. Network and non-network combined.)	\$0 copay	30% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	\$400 copay per day, 5 day copay maximum per admission; \$4,000 calendar year copay maximum	30% after deductible
Outpatient Surgery: Hospital Outpatient Facility	\$50 copay	30% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	\$50 copay	30% after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay
Prescription Drugs (Includes Specialty Care Drugs and 90 Day Transition of Coverage (TOC) for Prior Authorization*)		
Prescription Drugs: 30-day supply	RX 1: \$10/\$40/\$75 RX 2: \$15/50% to a per script maximum of \$125/50% to a per script maximum of \$150 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Retail or Mail Order: 31-90-day supply	RX 1: \$20/\$80/\$150 RX 2: \$30/50% to a per script maximum of \$250/50% to a per script maximum of \$300 RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.	RX 1 & 2: Not Covered RX 4: Not Covered under RX Plan. Subject to Non-Network Medical Deductible and Coinsurance.
Optional Features:	None	None

Traditional – Open Access Elect Choice (OA EPO) Plan Option – Standard Health Benefit Options

Plan Options	NJ SEH OA EPO B.2+*
Member Benefits	Network
Member Coinsurance	40% after deductible
Calendar Year Deductible¹	\$2,500 per member \$5,000 Family
Calendar Year Maximum Out-of-Pocket²	\$7,500 per member \$15,000 Family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	\$20 copay; deductible waived
Specialist Office Visit	\$20 copay; deductible waived
Outpatient Services - Lab	40% after deductible
Outpatient Services - X-ray	40% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	40% after deductible
Chiropractic Services (30 visits per calendar year.)	\$20 copay; deductible waived
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	\$20 copay; deductible waived
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	\$20 copay; deductible waived
Durable Medical Equipment (Unlimited Calendar Year Maximum.)	40% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	40% after deductible
Outpatient Surgery: Hospital Outpatient Facility	40% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	40% after deductible
Emergency Room (Copay waived if admitted.)	40% after \$100 copay and deductible
Prescription Drugs (Includes Specialty Care Drugs*)	
Prescription Drugs: Up to 90 day supply	40% after deductible
Optional Features:	None

Traditional – Managed Choice (MC) Plan Option – Standard Health Benefit Options

Plan Options	NJ SEH MC B.2+*	
Member Benefits	Network	Non-Network ³
Member Coinsurance	20% after deductible	40% after deductible
Calendar Year Deductible¹	\$2,500 per member \$5,000 family	\$5,000 per member \$10,000 family
Calendar Year Maximum Out-of-Pocket²	\$7,500 per member \$15,000 family	\$10,000 per member \$20,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply. Network and non-network combined.)	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.	
Routine Eye Exam	Not Covered	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered	Not Covered
Aetna VisionSM Discounts Program	Included	Not Covered
Primary Physician Office Visit	\$20 copay; deductible waived	40% after deductible
Specialist Office Visit	\$20 copay; deductible waived	40% after deductible
Outpatient Services - Lab	20% after deductible	40% after deductible
Outpatient Services - X-ray	20% after deductible	40% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	20% after deductible	40% after deductible
Chiropractic Services (30 visits per calendar year. Network and non-network combined.)	\$20 copay; deductible waived	40% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay; deductible waived	40% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year. Network and non-network combined.)	\$20 copay; deductible waived	40% after deductible
Durable Medical Equipment (Unlimited Calendar Year Maximum. Network and non-network combined.)	20% after deductible	40% after deductible
Inpatient Hospital (Including Inpatient Mental Health and Substance Abuse)	20% after deductible	40% after deductible
Outpatient Surgery: Hospital Outpatient Facility	20% after deductible	40% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	20% after deductible	40% after deductible
Emergency Room (Copay waived if admitted.)	20% after \$100 copay and deductible	20% after \$100 copay and deductible
Prescription Drugs (Includes Specialty Care Drugs*)		
Prescription Drugs: Up to 90 day supply		40% after Non-Network Deductible
Optional Features:	None	None

Traditional - Indemnity Plan Options - Standard Health Benefit Options

Plan Options	NJ Indemnity Plan A2.2	NJ Indemnity Plan C.2
Member Benefits	Non-Network ³	Non-Network ³
Member Coinsurance	20% after deductible for Inpatient Hospital Care; 50% after deductible for All Other Covered Charges	30% after deductible
Calendar Year Deductible¹	\$250 per member \$750 Family	\$1,000 per member \$2,000 family
Calendar Year Maximum Out-of-Pocket²	\$7,750 per member	\$4,000 per member \$8,000 Family
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$100 max/benefit year per Covered Person, \$300 max/benefit year per Family. No deductible or coinsurance applies. Refer to plan documents for details.	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam	Not Covered	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered	Not Covered
Aetna VisionSM Discounts Program	Included	Included
Primary Physician Office Visit	Not Covered	30% after deductible
Specialist Office Visit	Not Covered	30% after deductible
Outpatient Services - Lab	Only covered if needed for a planned hospital admission or surgery and if the tests are done on an outpatient basis within seven days of the planned admission or surgery. Aetna will not cover tests that are repeated after admission or before surgery, unless the admission or surgery is deferred solely due to a change in the member's health. X-ray and laboratory tests which are not performed in connection with a planned hospital admission or surgery are not covered.	30% after deductible
Outpatient Services - X-ray		30% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)		30% after deductible
Chiropractic Services (30 visits per calendar year.)	Not Covered	30% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	Covered only as part of an Inpatient Hospital confinement	30% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	Covered only as part of an Inpatient Hospital confinement	30% after deductible
Durable Medical Equipment	Not Covered	30% after deductible
Inpatient Hospital (Plan A: Inpatient Mental Health and Substance Abuse are not covered. Plans C & D: Including Inpatient Mental Health and Substance Abuse.)	Facility Charges: 20% after \$250 hospital confinement copay per day; \$1,250 maximum copay per period of confinement; \$2,500 maximum copay per Covered Person per Calendar Year; deductible waived. Physician and All Other Charges: 50% after deductible.	30% after deductible
Outpatient Surgery: Hospital Outpatient Facility	Facility Charges: 20% after deductible; Physician and All Other Charges: 50% after deductible	30% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	Facility Charges: 20% after deductible; Physician and All Other Charges: 50% after deductible	30% after deductible
Emergency Room (Copay waived if admitted.)	Not Covered unless admitted.	30% after \$100 copay and deductible
Prescription Drugs (Includes Specialty Care Drugs*)		
Prescription Drugs	20% after deductible. Prescription drugs are only covered while confined in a Hospital on an Inpatient basis only.	30% after deductible
Optional Features:	None	None

Traditional - Indemnity Plan Options - Standard Health Benefit Options

Plan Options	NJ Indemnity Plan D.2
Member Benefits	Non-Network ³
Member Coinsurance	20% after deductible
Calendar Year Deductible¹	\$500 per member \$1,000 Family
Calendar Year Maximum Out-of-Pocket²	\$2,500 per member \$5,000 family
Lifetime Maximum Benefit	Unlimited
Preventive Care	
Well Baby/Child/Adult Exams, Routine GYN Exams & Mammograms (Age and frequency schedules apply.)	\$750 max/benefit year through age 1, \$500 max/benefit year for ages 2+. No deductible or coinsurance applies. Refer to plan documents for details.
Routine Eye Exam	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered
Aetna VisionSM Discounts Program	Included
Primary Physician Office Visit	20% after deductible
Specialist Office Visit	20% after deductible
Outpatient Services - Lab	20% after deductible
Outpatient Services - X-ray	20% after deductible
Outpatient Complex Imaging (MRA/MRS, MRI, PET and CAT Scans)	20% after deductible
Chiropractic Services (30 visits per calendar year.)	20% after deductible
Outpatient Physical/Occupational Therapy (30 combined visits per calendar year.)	20% after deductible
Outpatient Cognitive/Speech Therapy (30 combined visits per calendar year.)	20% after deductible
Durable Medical Equipment	20% after deductible
Inpatient Hospital (Plan A: Inpatient Mental Health and Substance Abuse are not covered. Plans C & D: Including Inpatient Mental Health and Substance Abuse.)	20% after deductible
Outpatient Surgery: Hospital Outpatient Facility	20% after deductible
Outpatient Surgery: Ambulatory Surgical Center or Facility other than a Hospital Outpatient Facility	20% after deductible
Emergency Room (Copay waived if admitted.)	20% after \$100 copay and deductible
Prescription Drugs (Includes Specialty Care Drugs ⁴)	
Prescription Drugs	20% after deductible
Optional Features:	None

Important Plan Provisions

¹HNOnly, HNOption, OA EPO and OA MC HSA Compatible plans:

All covered prescription drug and medical expenses, except preventive services, apply to the deductible. The Single Subscriber Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible can be met by a combination of family members or by any single individual within the family. Once the family deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. **HNOnly, SEH HNOnly, HMO, SEH HMO, HNOption, SEH POS, OA EPO, SEH OA EPO, OA MC, SEH MC and SEH Indemnity C.2 and D.2 Plans:** Once the family deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. No one family member may contribute more than the individual deductible amount to the family deductible. **All Cost-Sharing (CS) Plans:** Deductible applies only to in-network inpatient hospital-type services/outpatient surgery. **SEH Indemnity Plan A2.2:** Once three or more members in a family have incurred a combined total of Covered Charges toward their Per Member Deductible equal to the Per Covered family deductible, each member in that family will be considered to have met his or her per member Deductible for the rest of that Calendar Year. The Covered Charges that each member in a family may use toward the Per Covered family deductible may not exceed the amount of the Per Member Deductible.

²HNOnly, HNOption, OA EPO and OA MC HSA Compatible plans:

The Single Subscriber maximum out-of-pocket can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family maximum out-of-pocket can be met by a combination of family members or by any single individual within the family. Once the family maximum out-of-pocket is met, all family members will be considered as having met their maximum out-of-pocket for the remainder of the calendar year. All amounts paid as deductible, copayment and coinsurance for covered services and supplies apply toward the Maximum Out-of-Pocket. **SEH OA EPO and SEH MC:** Once the family maximum out-of-pocket is met, all family members will be considered as having met their maximum out-of-pocket for the remainder of the calendar year. No one family member may contribute more than the individual maximum out-of-pocket amount to the family maximum out-of-pocket. All amounts paid as deductible, copayment and coinsurance for covered services and supplies apply toward the Maximum Out-of-Pocket. **HNOnly, SEH HNOnly, HMO, SEH HMO, HNOption, SEH POS, OA EPO, OA MC and SEH Indemnity C.2 and D.2 Plans:** Once the family maximum out-of-pocket is met, all family members will be considered as having met their maximum out-of-pocket for the remainder of the calendar year. No one family member may contribute more than the individual maximum out-of-pocket amount to the family maximum out-of-pocket.

Prescription drugs, including Specialty Care Drugs, do not apply toward the Maximum Out-of-Pocket.

SEH Indemnity Plan A2.2: All amounts paid as deductible, copayment and coinsurance for covered services and supplies apply toward the Maximum Out-of-Pocket.

³HNOption and OA MC HSA Compatible, HNOption, SEH POS, OA MC and SEH MC plans:

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are “network” or “non-network.” We want to help you understand how much Aetna pays — and what you may have to pay — for your non-network care.

As an example, you may choose a doctor in the Aetna network. You may also choose to visit a non-network doctor. If you choose a doctor who is non-network, your Aetna health plan may pay some of that doctor’s bill.

When you choose non-network care, Aetna limits the amount it will pay. This limit is called the “allowed” amount. This amount is a standard amount based on data about what providers charge. A third-party organization compiles that data sent to it by Aetna and other insurers.

Aetna will pay the higher amount of benefits for prosthetic and orthotic appliances. It does not matter if you get this appliance from a network or non-network provider. We will pay the higher of:

- Aetna’s contracted rate with the network provider or
- the federal Medicare reimbursement schedule

Your non-network doctor or hospital sets the rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan “allows.” Your doctor may bill you for the dollar amount that Aetna doesn’t “allow.” You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the “allowed amount” counts toward your deductible or maximum out-of-pocket. To learn more about how we pay non-network benefits visit www.aetna.com. Type “how Aetna pays” in the search box.

You can avoid these extra costs by getting your care from Aetna’s broad network of health care providers. Go to www.aetna.com and click on “Find a Doctor” on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying non-network doctors and hospitals applies when you choose to get non-network care. When you have no choice, we will pay the bill as if you got network care. You pay your plan’s copayments, coinsurance and deductibles for your network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

SEH Indemnity plans:

Providers* will be paid based on either the “allowed charges” or the provider’s actual billed charges for covered services and supplies. The “allowed charge” means a standard amount based on the Prevailing Healthcare Charges System (PHCS) profile, published and available from the Ingenix, Inc., for New Jersey or other state when services or supplies are provided in such state. The maximum allowed charge shall be based on the 80th percentile of the PHCS profile.

Aetna reimburses a percentage of the allowed charges for covered services and supplies as defined in your plan. You may have to pay the difference between the provider’s billed charge and the allowed charges, plus any applicable copayment, coinsurance and deductible due under the plan. Note that any amount the provider bills you above allowed charges does not count toward your deductible or maximum out-of-pocket amounts.

*This is a partial description of benefits available; for more information, refer to the specific plan design summary. The dollar amount and percentage copayments indicate what the member is required to pay.

HNOnly, SEH HNOnly, HNOOption, OA EPO, OA MC and SEH Indemnity plans:

No Referral needed. A member will pay the primary physician office visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the specialist office visit cost-share when the member obtains covered benefits from any participating specialist.

HMO, SEH HMO, SEH POS and SEH MC plans:

Referral needed for all non-emergency, non-urgent and non-Primary Care Physician services, except direct access services.

Transition of Coverage (TOC) for Prior Authorizations helps members of new groups to transition to Aetna by providing a 90-calendar-day opportunity, beginning on the group’s initial effective date, during which time prior authorization requirements will not apply to certain drugs. Once the 90 calendar days have expired, prior authorization edits will apply to all drugs requiring prior authorization as listed in the formulary guide. Members, who have claims paid for a drug requiring prior authorization during the Transition of Coverage period, may continue to receive this drug after the 90 calendar days and will not be required to obtain a prior authorization for this drug. NOTE: TOC for Prior Authorizations does not apply to HNOOption plans with Prescription Drug Option 3, SEH POS plan with Prescription Drug Option 3, SEH OA EPO, SEH MC and SEH Indemnity plans.

The member pays the applicable copay and/or coinsurance only, if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay and/or coinsurance plus the difference between the generic price and the brand price.

Performance Drugs or Supplies for the Treatment of Erectile Dysfunction, Impotence or Sexual Dysfunction / Inadequacy are not covered under RX 1 and 2, but are covered under RX 3 & 4.

Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

*Aetna will pay benefits for prosthetic and orthotic appliances at the same reimbursement rate for such appliances under the Federal Medicare reimbursement schedule.

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

Note: For a summary list of Limitations and Exclusions, refer to pages 66-67. Please refer to Aetna’s Producer World® website at www.aetna.com for more detailed small business benefits descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

Dental Overview

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

The Mouth MattersSM

Research suggests that serious gum disease, known as periodontitis, may be associated with many health problems. This is especially true if gum disease continues without treatment.^{1,2} Now, here's the good news. Researchers are discovering that a healthy mouth may be important to your overall health.^{1,2}

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

The Dental Maintenance Organization (DMO)[®]

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

Preferred Provider Organization (PPO) plan

Members can choose a dentist who participates in the network or choose a licensed dentist who does not. Participating dentists have agreed to offer our members covered 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 usual 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.

Aetna Dental Preventive CareSM Plan

The Preventive Care plan is a lower-cost dental plan that covers preventive and diagnostic procedures. Members pay nothing for these services and may get a discount on the network dentist's charges for non-covered services when visiting an Aetna PPO dentist. This includes orthodontic work for adults and teeth whitening.

Freedom-of-Choice plan design option

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

Dual Option^{**} plan

In the Dual Option plan design, the DMO must be packaged with any one of the PPO plans for New Jersey groups with 25 or more eligible employees. Employees may choose between the DMO and PPO offerings at annual enrollment.

Voluntary Dental option

The Voluntary Dental option provides a solution to meet the individual needs of members in the face of rising health care costs. Administration is easy, and members benefit from low group rates and the convenience of payroll deductions.

¹MayoClinic.com. "Oral health: A window to your overall health." Available online at www.mayoclinic.com/health/dental/DE00001. Accessed May 2010.

²R.C. Williams, A.H. Barnett, N. Claffey, M. Davis, R. Gadsby, M. Kellett, G.Y.H. Lip, and S. Thackray. "The potential impact of periodontal disease on general health: a consensus view." *Current Medical Research and Opinion*, Vol. 24, No. 6, 2008, 1635-1643.

*DMI may not be available in all states.

**Dual Option does not apply to Preventive and Voluntary Dental plans (3-9 size) and may apply to Voluntary groups with 10 to 24 eligible employees.

Aetna Small Group Dental Plans 2–9

	Option 2	Option 3 Freedom-of-Choice — Monthly selection between the DMO and PPO Max		Option 4
	DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40	PPO Max Plan 100/80/50
Office Visit Copay	\$5	\$5	None	None
Annual Deductible per Member (does not apply to diagnostic and preventive services)	None	None	\$50; 3X Family Maximum	\$50; 3X Family Maximum
Annual Maximum Benefit	None	None	\$1,000	\$1,500
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%
X-rays				
Bitewing — single film	100%	100%	100%	100%
Complete series	100%	100%	100%	100%
Preventive Services				
Adult cleaning	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%
Sealants — per tooth	100%	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%	100%
Space maintainers	100%	100%	100%	100%
Basic Services				
Amalgam filling — 2 surfaces	80%	90%	70%	80%
Resin filling — 2 surfaces, anterior	80%	90%	70%	80%
Oral Surgery				
Extraction — exposed root or erupted tooth	80%	90%	70%	80%
Extraction of impacted tooth — soft tissue	80%	90%	70%	80%
Major Services*				
Complete upper denture	50%	60%	40%	50%
Crown — Porcelain with noble metal ¹	50%	60%	40%	50%
Pontic — Porcelain with noble metal ¹	50%	60%	40%	50%
Inlay — Metallic (3 or more surfaces)	50%	60%	40%	50%
Oral Surgery				
Removal of impacted tooth — partially bony	50%	60%	40%	50%
Endodontic Services				
Bicuspid root canal therapy	80%	90%	40%	50%
Molar root canal therapy	50%	60%	40%	50%
Periodontic Services				
Scaling and root planing — per quadrant	80%	90%	40%	50%
Osseous surgery — per quadrant	50%	60%	40%	50%
Orthodontic Services				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

See page 45 for footnotes.

Aetna Small Group Dental Plans 2–9

	Option 5 Active PPO High-Option Plan		Option 6	Option 7.1 Preventive Dental
	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/40	PPO 1500 Plan 100/80/50	Preventive/PPO Max 100/0/0
Office Visit Copay	None	None	None	None
Annual Deductible per Member (does not apply to diagnostic and preventive services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	None
Annual Maximum Benefit	\$1,500	\$1,000	\$1,500	None
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	80%	100%	100%
Comprehensive oral exam	100%	80%	100%	100%
Problem-focused oral exam	100%	80%	100%	100%
X-rays				
Bitewing — single film	100%	80%	100%	100%
Complete series	100%	80%	100%	100%
Preventive Services				
Adult cleaning	100%	80%	100%	100%
Child cleaning	100%	80%	100%	100%
Sealants — per tooth	100%	80%	100%	100%
Fluoride application — with cleaning	100%	80%	100%	100%
Space maintainers	100%	80%	100%	100%
Basic Services				
Amalgam filling — 2 surfaces	80%	60%	80%	Not covered
Resin filling — 2 surfaces, anterior	80%	60%	80%	Not covered
Oral Surgery				
Extraction — exposed root or erupted tooth	80%	60%	80%	Not covered
Extraction of impacted tooth — soft tissue	80%	60%	80%	Not covered
Major Services*				
Complete upper denture	50%	40%	50%	Not covered
Crown — Porcelain with noble metal ¹	50%	40%	50%	Not covered
Pontic — Porcelain with noble metal ¹	50%	40%	50%	Not covered
Inlay — Metallic (3 or more surfaces)	50%	40%	50%	Not covered
Oral Surgery				
Removal of impacted tooth — partially bony	50%	40%	50%	Not covered
Endodontic Services				
Bicuspid root canal therapy	80%	60%	50%	Not covered
Molar root canal therapy	50%	40%	50%	Not covered
Periodontic Services				
Scaling and root planing — per quadrant	80%	60%	50%	Not covered
Osseous surgery — per quadrant	50%	40%	50%	Not covered
Orthodontic Services				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

See page 45 for footnotes.

Aetna Small Group Dental Plans 2–9

	Option 8 Freedom-of-Choice — Monthly selection between the DMO and PPO		Option 9	Option 10
	DMO Plan 100/90/60	PPO \$1500 Plan 100/80/50	PPO 2000 Plan 100/80/50	DMO plan 41
Office Visit Copay	\$5	None	None	\$5
Annual Deductible per Member (does not apply to diagnostic and preventive services)	None	\$50; 3X Family Maximum	\$50; 3X Family Maximum	None
Annual Maximum Benefit	None	\$1,500	\$2,000	None
Diagnostic Services				
Oral Exams				
Periodic oral exam	100%	100%	100%	No charge
Comprehensive oral exam	100%	100%	100%	No charge
Problem-focused oral exam	100%	100%	100%	No charge
X-rays				
Bitewing — single film	100%	100%	100%	No charge
Complete series	100%	100%	100%	No charge
Preventive Services				
Adult cleaning	100%	100%	100%	No charge
Child cleaning	100%	100%	100%	No charge
Sealants — per tooth	100%	100%	100%	\$10
Fluoride application — with cleaning	100%	100%	100%	No charge
Space maintainers	100%	100%	100%	\$100
Basic Services				
Amalgam filling — 2 surfaces	90%	80%	80%	\$32
Resin filling — 2 surfaces, anterior	90%	80%	80%	\$55
Oral Surgery				
Extraction — exposed root or erupted tooth	90%	80%	80%	\$30
Extraction of impacted tooth — soft tissue	90%	80%	80%	\$80
Major Services*				
Complete upper denture	60%	50%	50%	\$500
Crown — Porcelain with noble metal ¹	60%	50%	50%	\$513
Pontic — Porcelain with noble metal ¹	60%	50%	50%	\$488
Inlay — Metallic (3 or more surfaces)	60%	50%	50%	\$463
Oral Surgery				
Removal of impacted tooth — partially bony	60%	50%	80%	\$175
Endodontic Services				
Bicuspid root canal therapy	90%	50%	80%	\$195
Molar root canal therapy	60%	50%	80%	\$435
Periodontic Services				
Scaling and root planing — per quadrant	90%	50%	80%	\$65
Osseous surgery — per quadrant	60%	50%	80%	\$445
Orthodontic Services				
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply

See page 45 for footnotes.

Aetna Small Group Voluntary Dental Plans 3–9

	Voluntary Option 2	Option 3 Freedom-of-Choice — Monthly selection between the DMO and PPO Max	Voluntary Option 4
	DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40
			PPO Max Plan 100/80/50
Office Visit Copay	\$10	\$10	N/A
Annual Deductible per Member (does not apply to diagnostic and preventive services)	None	None	\$75; 3X Family Maximum
Annual Maximum Benefit	None	None	\$1,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing — single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
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%
Basic Services			
Amalgam fillings	80%	90%	70%
Resin fillings, anterior	80%	90%	70%
Oral Surgery			
Extraction — exposed root or erupted tooth	80%	90%	70%
Extraction of impacted tooth — soft tissue	80%	90%	70%
Major Services*			
Complete upper denture	50%	60%	40%
Partial upper denture (resin base)	50%	60%	40%
Crown — Porcelain with noble metal ¹	50%	60%	40%
Pontic — Porcelain with noble metal ¹	50%	60%	40%
Inlay — Metallic (3 or more surfaces)	50%	60%	40%
Oral Surgery			
Removal of impacted tooth — partially bony	50%	60%	40%
Endodontic Services			
Bicuspid root canal therapy	80%	90%	40%
Molar root canal therapy	50%	60%	40%
Periodontic Services			
Scaling and root planing — per quadrant	80%	90%	40%
Osseous surgery — per quadrant	50%	60%	40%
Orthodontic Services	Not covered	Not covered	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply

See page 45 for footnotes.

Aetna Small Group Voluntary Dental Plans 3–9

	Voluntary Option 5	Voluntary Option V7.1 Preventive Dental
	DMO Plan 41	Preventive/PPO Max 100/0/0
Office Visit Copay	\$10	N/A
Annual Deductible per Member (does not apply to diagnostic and preventive services)	None	N/A
Annual Maximum Benefit	None	Unlimited
Diagnostic Services		
Oral Exams		
Periodic oral exam	No charge	100%
Comprehensive oral exam	No charge	100%
Problem-focused oral exam	No charge	100%
X-rays		
Bitewing — single film	No charge	100%
Complete series	No charge	100%
Preventive Services		
Adult cleaning	No charge	100%
Child cleaning	No charge	100%
Sealants — per tooth	\$10	100%
Fluoride application — with cleaning	No charge	100%
Space maintainers	\$100	100%
Basic Services		
Amalgam fillings	\$32	Not covered
Resin fillings, anterior	\$55	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	\$30	Not covered
Extraction of impacted tooth — soft tissue	\$80	Not covered
Major Services*		
Complete upper denture	\$500	Not covered
Partial upper denture (resin base)	\$513	Not covered
Crown — Porcelain with noble metal ¹	\$488	Not covered
Pontic — Porcelain with noble metal ¹	\$488	Not covered
Inlay — Metallic (3 or more surfaces)	\$463	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	\$175	Not covered
Endodontic Services		
Bicuspid root canal therapy	\$195	Not covered
Molar root canal therapy	\$435	Not covered
Periodontic Services		
Scaling and root planing — per quadrant	\$65	Not covered
Osseous surgery — per quadrant	\$445	Not covered
Orthodontic Services		
Orthodontic Lifetime Maximum	Does not apply	Does not apply

See page 45 for footnotes.

Aetna Standard and Voluntary Dental Plans 10–50

	Option 1A DMO Fixed Copay 42	Option 2A DMO 100/80/50	Option 3A DMO Fixed Copay 64	Option 4A DMO 100/100/60	Option 5A DMO Fixed Copay 56
	Plan code 42	DMO Plan 100/80/50	Plan code 64	DMO Plan 100/100/60	Plan code 56
Office Visit Copay	\$5	\$5	\$5	\$5	\$5
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	None	None	None
Annual Maximum Benefit	None	None	None	None	None
Diagnostic Services					
Oral Exams					
Periodic oral exam	No charge	100%	No charge	100%	No charge
Comprehensive oral exam	No charge	100%	No charge	100%	No charge
Problem-focused oral exam	No charge	100%	No charge	100%	No charge
X-rays					
Bitewing - single film	No charge	100%	No charge	100%	No charge
Complete series	No charge	100%	No charge	100%	No charge
Preventive Services					
Adult cleaning	No charge	100%	No charge	100%	No charge
Child cleaning	No charge	100%	No charge	100%	No charge
Sealants - per tooth	\$10	100%	No charge	100%	No charge
Fluoride application - with cleaning	No charge	100%	No charge	100%	No charge
Space maintainers (Fixed)	\$100	100%	\$75	100%	No charge
Basic Services					
Amalgam filling - 2 surfaces	\$32	80%	\$12	100%	No charge
Resin filling - 2 surfaces, anterior	\$55	80%	\$21	100%	No charge
Endodontic Services					
Bicuspid root canal therapy	\$195	80%	\$109	100%	No charge
Periodontic Services					
Scaling & root planing - per quadrant	\$65	80%	\$51	100%	\$25
Oral Surgery					
Extraction - exposed root or erupted tooth	\$30	80%	\$11	100%	No charge
Extraction of impacted tooth - soft tissue	\$80	80%	\$46	100%	No charge
Major Services*					
Complete upper denture	\$500	50%	\$275	60%	\$185
Crown - Porcelain with noble metal ¹	\$488	50%	\$255	60%	\$150
Pontic - Porcelain with noble metal ¹	\$488	50%	\$255	60%	\$150
Inlay - Metallic (3 or more surfaces)	\$463	50%	\$195	60%	\$150
Oral Surgery					
Inlay - Metallic (3 or more surfaces)	175**	50%	\$58	60%	\$45
Endodontic Services					
Molar root canal therapy	435**	50%	\$280	60%	\$125
Periodontic Services					
Osseous surgery - per quadrant	\$445**	50%	\$300	60%	\$140
Orthodontic Services (optional)*	\$2,300 copay	\$2,300 copay	\$2,300 copay	\$2,300 copay	\$2,300 copay
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

See page 46 for footnotes.

Aetna Standard and Voluntary Dental Plans 10–50

	Option 6A Freedom-of-Choice — PPO Max Low Monthly selection between the DMO and PPO Max		Option 7A Freedom-of-Choice — PPO Max High Monthly selection between the DMO and PPO Max		Option 8A Freedom-of-Choice — PPO Low 80th Monthly selection between the DMO and PPO	
	DMO Plan 100/90/60	PPO Max Plan 100/70/40	DMO Plan 100/100/60	PPO Max Plan 100/80/50	DMO Plan 100/100/60	PPO Plan 100/80/50
Office Visit Copay	\$5	None	\$5	None	\$5	None
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum
Annual Maximum Benefit	None	\$1,000	None	\$1,000	None	\$1,000
Diagnostic Services						
Oral Exams						
Periodic oral exam	100%	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%	100%
X-rays						
Bitewing - single film	100%	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%	100%
Preventive Services						
Adult cleaning	100%	100%	100%	100%	100%	100%
Child cleaning	100%	100%	100%	100%	100%	100%
Sealants - per tooth	100%	100%	100%	100%	100%	100%
Fluoride application - with cleaning	100%	100%	100%	100%	100%	100%
Space maintainers (Fixed)	100%	100%	100%	100%	100%	100%
Basic Services						
Amalgam filling - 2 surfaces	90%	70%	100%	80%	100%	80%
Resin filling - 2 surfaces, anterior	90%	70%	100%	80%	100%	80%
Endodontic Services						
Bicuspid root canal therapy	90%	70%	100%	80%	100%	80%
Periodontic Services						
Scaling & root planing - per quadrant	90%	70%	100%	80%	100%	80%
Oral Surgery						
Extraction - exposed root or erupted tooth	90%	70%	100%	80%	100%	80%
Extraction of impacted tooth - soft tissue	90%	70%	100%	80%	100%	80%
Major Services*						
Complete upper denture	60%	40%	60%	50%	60%	50%
Crown - Porcelain with noble metal ¹	60%	40%	60%	50%	60%	50%
Pontic - Porcelain with noble metal ¹	60%	40%	60%	50%	60%	50%
Inlay - Metallic (3 or more surfaces)	60%	40%	60%	50%	60%	50%
Oral Surgery						
Inlay - Metallic (3 or more surfaces)	60%	40%	60%	50%	60%	50%
Endodontic Services						
Molar root canal therapy	60%	40%	60%	50%	60%	50%
Periodontic Services						
Osseous surgery - per quadrant	60%	40%	60%	50%	60%	50%
Orthodontic Services (optional)*	\$2,300 copay	40%	\$2,300 copay	50%	\$2,300 copay	50%
Orthodontic Lifetime Maximum	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	\$1,000

See page 46 for footnotes.

Aetna Standard and Voluntary Dental Plans 10–50

	Option 9A Freedom-of-Choice — PPO 1000 80th Monthly selection between the DMO and PPO		Option 10A Freedom-of-Choice — PPO 2000 80th Monthly selection between the DMO and PPO		Option 11A PPO Max 1500
	Plan code 56	PPO Plan 100/80/50	DMO Plan 100/100/60	PPO Plan 100/80/50	PPO Max 1500 Plan 100/80/50
Office Visit Copay	\$5	None	\$5	None	None
Annual Deductible per Member (Does not apply to Diagnostic & Preventive Services)	None	\$50; 3X Family maximum	None	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	None	\$1,000	None	\$2,000	\$1,500
Diagnostic Services					
Oral Exams					
Periodic oral exam	No charge	100%	100%	100%	100%
Comprehensive oral exam	No charge	100%	100%	100%	100%
Problem-focused oral exam	No charge	100%	100%	100%	100%
X-rays					
Bitewing - single film	No charge	100%	100%	100%	100%
Complete series	No charge	100%	100%	100%	100%
Preventive Services					
Adult cleaning	No charge	100%	100%	100%	100%
Child cleaning	No charge	100%	100%	100%	100%
Sealants - per tooth	No charge	100%	100%	100%	100%
Fluoride application - with cleaning	No charge	100%	100%	100%	100%
Space maintainers (Fixed)	No charge	100%	100%	100%	100%
Basic Services					
Amalgam filling - 2 surfaces	No charge	80%	100%	80%	80%
Resin filling - 2 surfaces, anterior	No charge	80%	100%	80%	80%
Endodontic Services					
Bicuspid root canal therapy	No charge	80%	100%	80%	80%
Periodontic Services					
Scaling & root planing - per quadrant	\$25	80%	100%	80%	80%
Oral Surgery					
Extraction - exposed root or erupted tooth	No charge	80%	100%	80%	80%
Extraction of impacted tooth - soft tissue	No charge	80%	100%	80%	80%
Major Services*					
Complete upper denture	\$185	50%	60%	50%	50%
Crown - Porcelain with noble metal ¹	\$150	50%	60%	50%	50%
Pontic - Porcelain with noble metal ¹	\$150	50%	60%	50%	50%
Inlay - Metallic (3 or more surfaces)	\$150	50%	60%	50%	50%
Oral Surgery					
Inlay - Metallic (3 or more surfaces)	\$45	50%	60%	80%	50%
Endodontic Services					
Molar root canal therapy	\$125	50%	60%	80%	50%
Periodontic Services					
Osseous surgery - per quadrant	\$140	50%	60%	80%	50%
Orthodontic Services (optional)*	\$2,300 copay	50%	\$2,300 copay	50%	50%
Orthodontic Lifetime Maximum	Does not apply	\$1,000	Does not apply	\$1,000	\$1,000

See page 46 for footnotes.

Aetna Standard and Voluntary Dental Plans 10–50

	Option 12A PPO 1000 80th	Option 13A PPO 1500 80th	Option 14A PPO 2000 90th
	PPO 1000 Plan 100/80/50	PPO 1500 Plan 100/80/50	PPO 2000 Plan 100/80/50
Office Visit Copay	None	None	None
Annual Deductible per Member (Does not apply to Diagnostic & Preventive Services)	\$50; 3X Family maximum	\$50; 3X Family maximum	\$50; 3X Family maximum
Annual Maximum Benefit	\$1,000	\$1,500	\$2,000
Diagnostic Services			
Oral Exams			
Periodic oral exam	100%	100%	100%
Comprehensive oral exam	100%	100%	100%
Problem-focused oral exam	100%	100%	100%
X-rays			
Bitewing - single film	100%	100%	100%
Complete series	100%	100%	100%
Preventive Services			
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 (Fixed)	100%	100%	100%
Basic Services			
Amalgam filling - 2 surfaces	80%	80%	80%
Resin filling - 2 surfaces, anterior	80%	80%	80%
Endodontic Services			
Bicuspid root canal therapy	80%	80%	80%
Periodontic Services			
Scaling & root planing - per quadrant	80%	80%	80%
Oral Surgery			
Extraction - exposed root or erupted tooth	80%	80%	80%
Extraction of impacted tooth - soft tissue	80%	80%	80%
Major Services*			
Complete upper denture	50%	50%	50%
Crown - Porcelain with noble metal ¹	50%	50%	50%
Pontic - Porcelain with noble metal ¹	50%	50%	50%
Inlay - Metallic (3 or more surfaces)	50%	50%	50%
Oral Surgery			
Inlay - Metallic (3 or more surfaces)	80%	80%	80%
Endodontic Services			
Molar root canal therapy	80%	80%	80%
Periodontic Services			
Osseous surgery - per quadrant	80%	80%	80%
Orthodontic Services (optional)*	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,500

See page 46 for footnotes.

Footnotes

Aetna Small Group Dental plans 2–9

Note: For New Jersey groups with 25 or more eligible employees, the DMO in Plan Options 2 and 10 cannot be sold on a standalone basis to a customer with primary business location in New Jersey. It must be part of a Dual Option sale packaged with either one of the PPO plans in Plan Options 4–6 or 9.

¹There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Plan Option 10.

Fixed dollar copay amounts on the DMO in Options 2, 3, 8 and 10 are the member's responsibility.

*Coverage Waiting Period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in Plan Options 2, 3, 8 and 10 or the PPO in Plan Option 7.1.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Plan Options 2, 3, 8 and 10 and the PPO in Plan Option 5. All oral surgery, endodontic and periodontic services are covered as Basic Services on PPO in Plan Option 9.

Plan Options 3, 4 and 7.1; 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.

Out-of-network plan payments are limited by geographic area on Plan Options 5, 6 and 8 to the prevailing fees at the 80th percentile and the 90th percentile on Plan Option 9.

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 67.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna Voluntary Small Group Dental plans 3–9

New Jersey Note: For groups with primary business location in New Jersey, 25 or more eligible employees and who contribute to the cost of the dental plan; the DMO in Voluntary Options 2 and 5 cannot be sold on a standalone basis.

*Coverage Waiting Period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in Voluntary Plan Options 2, 3 and 5 or the PPO in Plan Option V7.1.

¹There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Voluntary Option 5.

Fixed dollar copay amounts on the DMO in Voluntary Options 2, 3 and 5 are the member's responsibility.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Voluntary Plan Options 2, 3 and 5.

Voluntary Plan Options 3, 4 and V7.1; 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.

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 67.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna Standard and Voluntary Dental Plans 10–50

*Coverage Waiting Period applies to Voluntary PPO & PPO Max plans: Must be enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to DMO or Standard plans.

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

¹There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures for the DMO in Plan Options 1A, 3A, 5A & 9A.

Fixed dollar copay amounts on the DMO including office visit and ortho copays, are member responsibility.

Note: For New Jersey groups with 25 or more eligible employees, the DMO in Plan Options 1A - 5A cannot be sold on a standalone basis to a customer with primary business location in New Jersey. It must be part of a Dual Option sale packaged with either one of the PPO plans in Plan Options 11A - 14A. For groups with less than 25 eligible employees, the DMO in Plan Options 1A - 5A can be offered with any of the PPO plans in Plan Options 11A - 14A in a Dual Option package.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in Plan Options 1A - 10A, and on the PPO in Plan Options 6A - 9A & 11A. All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Plan Option 13A. General Anesthesia along with all oral surgery, endodontic and periodontic services are covered as basic services on the PPO in Plan Options 10A, 12A & 14A.

Coverage for Implants is included as a Major Service on the PPO in Plan Option 10A & 14A.

Out-of-Network plan payments are limited by geographic area on the PPO in Plan Options 8A - 10A, 12A & 13A to the prevailing fees at the 80th percentile and the 90th percentile on Plan Option 14A.

Plan Options 6A, 7A & 11A; 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.

Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

Voluntary Plans: 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.

Orthodontic coverage is available for dependent children only.

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

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

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 67.

Life & Disability

Overview

Group life and disability is an affordable way to provide life insurance and disability benefits to employees that will help them establish financial protection for themselves and their families.

For groups of 2 to 50, Aetna Life Insurance Company (Aetna) Small Group packaged life and disability insurance 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 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 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. This employee-paid benefit enables employees to cover their spouses and dependent children.

Our fresh approach to life

With **Aetna Life EssentialsSM**, your employees have access to programs during their active lives to help promote healthy, fulfilling lifestyles. In addition, Aetna Life EssentialsSM 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 term life plans and in our packaged life and disability plans, and provides employees and their families with the same coverage as a typical accidental death and dismemberment plan — and then some. This includes extra benefits at no additional cost to you, such as coverage for education or child-care expenses that make this protection even more valuable.

Covered losses include:

- Death
- Dismemberment
- Loss of sight
- Loss of speech
- Loss of hearing
- Third-degree burns
- Paralysis
- Coma
- Total disability
- Exposure and disappearance

Extra benefits for the following:

- Passenger restraint use and airbag deployment*
- Education assistance for dependent child and/or spouse*
- Child-care benefit*
- Repatriation of mortal remains*

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 pages 67-68.

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

*Only available if insured loses life.

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
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	Original Life Amount reduces to 65% at age 65; 40% at age 70; 25% at age 75
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; 75% on contributory plans
Contribution Requirements	100% Employer Contribution	Minimum 50% Employer Contribution
AD&D Ultra®		
AD&D Ultra Schedule	Matches Life Benefit	Matches Life Benefit
AD&D Ultra Extra Benefits	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains.	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains.
Optional Dependent Term Life		
Spouse Amount	Not available	\$5,000
Child Amount	Not available	\$2,000

Packaged Life and Disability Plan Options

Basic Life Plan Design	Low Option	Medium Option	High Option
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed Issue			
2-9 Lives	\$10,000	\$20,000	\$20,000
10-50 Lives	\$10,000	\$20,000	\$50,000
Reduction Schedule	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75
Disability Provision	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60
Conversion	Included	Included	Included
Accelerated Death Benefit	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration
Dependent Life	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
AD&D Ultra[®]			
AD&D Ultra[®] Schedule	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
AD&D Ultra[®] Extra Benefits	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains.		
Disability Plan Design			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Offsets are Workers' Compensation, any State Disability Plan, and Primary and Family Social Security benefits.	
Elimination Period	30 days	30 days	30 days
Definition of Disability	Own Occupation: Earnings loss of 20% or more.	Own Occupation: Earnings loss of 20% or more.	First 24 months of benefits: Own Occupation: Earnings Loss of 20% or more; Any reasonable occupation thereafter: 40% earnings loss.
Benefit Duration	24 months	24 months	60 months
Pre-Existing Condition Limitation	3/12	3/12	3/12
Types of Disability	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
Separate Periods of Disability	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter
Mental Health/Substance Abuse	Duration same as all other conditions	Duration same as all other conditions	Duration same as all other conditions
Waiver of Premium	Included	Included	Included
Other Plan Provisions			
Eligibility	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees
Rate Guarantee	1 year	1 year	1 year
Rates PEPM	\$8.00	\$15.00	\$27.00

Underwriting guidelines

2–50

In the world of business, there is nothing more critical to accompany success than the health and well-being of employees.

This material is for informational purposes only and 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.

Census Data

- Census data must be provided on all eligible, including enrolled, waivers (with spousal waivers noted), COBRA-eligible and/or State Continuation employees. Include name, date of birth, date of hire, gender, dependent status, employee work location zip code and residence zip code.
 - Retirees are not eligible.
 - New Business rating will be based on final enrollment.
-

Case Submission Dates

- Groups with 2 to 50 eligible employees must have all completed paperwork into Aetna Underwriting 5 business days prior to the requested effective date for all groups. If material is not received by this date, the effective date will be moved to the next available effective date, with a potential rate impact.
 - Any cases received after the cut-off date will be considered on an exception basis only, as approved by the underwriting unit manager.
-

COBRA and/or State Continuation

- COBRA coverage will be extended in accordance with federal law.
 - COBRA employees not eligible for Life or Disability. State continuation employees not eligible for Life, Dental or Disability.
 - Eligible enrollees are required to be included on the census.
 - The qualifying event, length, start and end dates must be provided.
 - Employers with 20 or more employees full- and part-time are required to offer COBRA coverage.
 - Employers with fewer than 20 full-time employees are required to offer State Continuation.
 - Note: COBRA/State 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, COBRA/State Continuees can be included for coverage subject to normal underwriting guidelines.
-

Dependent Eligibility

- Eligible dependents include an employee's spouse, domestic partners and same-sex civil union partners.
- If both husband and wife/partner work for the same company, they may enroll together or separately.
- If an employee and dependent work for the same company, refer to Employee Eligibility section.
- Dependent children are eligible as defined in plan documents in accordance with applicable state and federal laws up to age 26, regardless of financial dependency, employment, eligibility of other coverage, student status, marital status, tax dependency or residency. This requirement applies to natural and adopted children, stepchildren and children subject to legal guardianship.
- Children can only be covered under one parent's plan when both parents work for the same company
- Grandchildren are eligible if court ordered. A copy of the court papers must be submitted.
- At the election of the employer, dependents beyond age 26 may remain on their parent's New Jersey fully insured medical plan through age 30, until their 31st birthday. To be eligible, the parents of the overage dependent must be actively covered under a New Jersey-issued group health contract. This does NOT apply to Small Groups situated in another state, regardless of where the employee resides. Eligible dependents must be the insured's child (by blood or by law) and must meet the following criteria:
 - Is younger than 31 years of age;
 - Is unmarried;
 - Has no dependents;
 - Is a resident of New Jersey OR is enrolled as a full-time student;
 - Is not provided coverage as a named subscriber, enrollee or covered person under any other health plan (cannot be entitled to Medicare);
 - Elects coverage before their 30th birthday;
 - The employee completes the New Jersey mandated form to enroll dependents up to the age of 31.
- For dependent life, dependents are eligible from 14 days up to their 19th birthday or 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 not required).
- Employees may select coverage for eligible dependents under the Dental plan, even if they selected Single coverage under the Medical plan. See Product specific Life/AD&D and Disability guidelines under Product Specifications.
- Individuals cannot be covered as an employee and a dependent under the same plan.

Dual and Triple Option (Medical Only)

- Dual option offerings available to groups of 2 to 50 eligible employees.
- Allow triple option offerings available to groups for 3 to 50 eligible employees.
- One person must enroll in each plan.
- The medical plans must be different. You cannot select the same medical plan but with a different Pharmacy option.
- Not allow calendar year and plan year deductible plans to be offered at the same time to the same group. If multiple HSA plans are offered within a group, they must all be calendar year or plan year plans.

Effective Date

- The effective date must be the 1st or the 15th of the month.
- The effective date requested by the employer may be up to 60 days in advance.

Electronic Funds Transfer (EFT)

- Payment for the first month's premium at new business can be processed via an Electronic Funds Transfer.
 - Once the group is issued customers can pay their monthly premiums online or by calling an automated phone number, **1-866-350-7644**, using their checking account and routing number. There is no extra charge for this service.
-

Employee Eligibility

- Eligible employees are defined as those employees who are permanent and work on a full-time basis with a normal work week of at least 25 hours, receive compensation, and who have met any authorized waiting period requirements. This includes the owner(s) of a business and their spouses/dependent(s) and corporate officers, a sole proprietor with one or more eligible employees.
- A small employer may elect to cover all independent contractors or none. There must be at least 2 eligible W2 employees working for the company.
- Employees in the waiting period are considered when determining the group size.
- If an employee and dependent work for the same company and elect to enroll as employee and dependent, applicable documentation to determined dependent's actual employee eligibility status must be provided as any other employee of the group (i.e., WR-30, Partnership document, W-2 and payroll stub).
- Union employees who have collectively bargained for their health plan are excluded as eligible employees for the purpose of health coverage.
- Employees not eligible for coverage include leased, part-time, temporary, seasonal or substitute employees, uncompensated employees, employees making less than equivalent minimum wage, volunteers, retirees younger than 65 years old, inactive owners, directors, shareholders, officers, outside consultants, managing members who are not active, investors or silent partners.
- For Life and Disability only: 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.
- An employee can waive medical coverage and still enroll for dental, life/AD&D and disability.

Employer Eligibility

- Any person, firm, corporation, partnership or political subdivision that is actively engaged in business that employed an average of at least **2** but not more than **50** eligible employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year, and the majority of employees are employed in NEW JERSEY. All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 (26 U.S.C.) shall be treated as one employer.
- Groups that do not meet the above definition of a small employer are not eligible for coverage.
- Medical Plans can be offered to groups of 2 to 50 eligible employees.
- Organizations must not be formed solely for the purpose of obtaining health coverage.
- Medical plans can be offered to sole proprietorships with one or more eligible employees, partnerships or corporations.
- 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 employer/employee relationship exists are not eligible.
- Dental and disability have ineligible industries which are listed separately on page 62. The Dental ineligible list does not apply when dental is sold in combination with medical.

Initial Premium

- The initial premium payment should be in the amount of the first month's premium and may be in the form of a check or electronic funds transfer (EFT).
 - If you use the EFT method, Aetna will withdraw the initial premium from the checking account when the group is approved. This is a one-time authorization for the first month's premium only. If you supply a copy of the check, once coverage is approved you will be advised where to mail the initial premium check.
 - The initial premium submission is not a binder check and does not bind Aetna to provide coverage.
 - The initial premium submission equal to one month's premium must accompany application.
 - If the request for coverage is denied due to business ineligibility, participation and/or contribution not met or other permissible reasons, or withdrawn, the initial premium submission will be returned to the employer.
 - If the initial premium submission is returned or declined for non-sufficient funds, coverage will be retroactively termed to the effective date.
-

Newly Formed Business (in operation less than 3 months) Newly formed businesses may be considered at the discretion of the underwriter if the following are provided:

Sole Proprietor A copy of the Business License (not a professional license).

Partnership or Limited Liability Partnership A copy of the partnership agreement.

Limited Liability Company A copy of the articles of organization and the operating agreement to include the signature page(s) of all officers.

Corporation A copy of the articles of incorporation that includes the signature page(s) of all officers (must be followed up with a copy of the statement of information within 30 days of filing with the state).

- Each newly formed business must also provide:
- Proof of Employer Identification Number/federal Tax Identification Number; and
- Quarterly Wage and Tax statement. If not available, when will one be filed; and
- The most recent two consecutive weeks worth of payroll records which includes hours worked, taxes withheld, check number and wages earned; or
- A letter from the group or a CPA with the following information:
 - A list of all employees, to include owners, partners, officers (full time and part time)
 - Number of hours worked by each employee
 - Weekly salary for each employee
 - Date of hire for each employee
 - Whether payroll records have been established

PEO (Professional Employer Organization) • As long as the PEO provides payroll specific to our small group and we can determine it is a small group even though the small group may be reported under the PEO tax ID, the group may be considered subject to underwriting approval.

Plan Change Ancillary Additions • Requests to add or change ancillary benefits must be requested by the desired effective date.
• The future renewal date of the ancillary products will be the same as the medical plan renewal date.

Prior Aetna Coverage • Groups that have been terminated for non-payment by Aetna may require six months of premium with application and must pay all premiums still owed on the prior Aetna plan before the new plan will be issued.

Producers • Only appropriately licensed agents/producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products.
• License and appointment requirements vary by state and are based on the contract state of the small employer group being submitted.

Rates • 4 tiers required.
• Class Rated based on demographics.
• Rates are based on final enrollment based on information provided on enrollment forms.
• If any of the information Aetna receives is determined to be incomplete or incorrect, we reserve the right to adjust rates and/or rescind the offer.

Replacing Other Group Coverage • Provide a copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date.
• The employer should be told not to cancel any existing medical coverage until they have been notified of approval.

**Tax Information/
Documents**

GROUPS WITH 2 to 5 ENROLLING

Employees must provide a copy of the most recent Quarterly Wage and Tax Statement (QWTS) containing the names, salaries, etc., of all employees of the employer group.

- Newly hired employees should be written in on the Quarterly Wage & Tax Statement
- Employees who have terminated or work part-time must be noted accordingly on the QWTS.
- Reconciled QWTS must be signed and dated by the employer.
- If a QWTS is not available, explain why and provide a copy of payroll records.

GROUPS WITH 6+ ENROLLING Employees

- QWTS not required.
- Seasonal industries such as Lawn and Garden services, Concrete and Paving, Golf Courses, Farm Laborers, etc, must provide 4 consecutive quarters of wage and tax reports to verify consistent, continuous employment of eligible employees.
- 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.
- Sole proprietors, partners and corporate officers not listed on the QWTS need to complete Aetna's Small Group Proof of Eligibility Form (located at https://www.aetna.com/producers/small_group) and submit one of the following identified documents. This list is not all inclusive. The employer may provide any other documentation to establish eligibility.

Sole Proprietor

- Franchise
- Limited Liability Company (operating as a Sole Proprietor)
- IRS Form 1040, along with Schedule C (Form 1040)
- IRS Form 1040, along with Schedule SE (Form 1040)
- IRS Form 1040, along with Schedule F (Form 1040)
- IRS Form 1040, along with Schedule K1 (Form 1065)
- Any other documentation the owner would like to provide to determine eligibility

Partner

- Partnership
- Limited Liability Partnership
- IRS Form 1065 Schedule K-1
- IRS Form 1120 S Schedule K-1, along with Schedule E (Form 1040)
- Partnership agreement, if established within two years; eligible partners must be listed on agreement
- Any other documentation the owner would like to provide to determine eligibility

Corporate Officer

- Limited Liability Company (operating as C Corp)
- C-Corporation
- Personal Service Corporation
- S-Corporation
- IRS Form 1120 S Schedule K1, along with Schedule E (Form 1040)
- IRS Form 1120 W (C-Corp & Personal Service Corp)
- 1040 ES (Estimated Tax) (S-Corp)
- IRS Form 8832 (Entity classification as a corporation)
- W2
- Articles of Incorporation, if established within two years; corporate officers must be listed
- Any other documentation the owner would like to provide to determine eligibility

Two or more companies – Affiliated, Associated or Multiple Companies, Common Ownership

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:

- 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 and will not be eligible as a small group.
- There must be 50 or fewer eligible employees in the combined 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.

Example:

One owner has controlling interest of all companies to be included:

- Company 1 – Jim owns 75% and Jack owns 25%
- Company 2 – Jim owns 55% and Jack owns 45%

Both companies can be written as one group since Jim has controlling interest in both.

Waiting Period

- The employer decides whether or not to impose a waiting period.
 - The available waiting periods are 0, 1, 2, 3, 4, 5, 6 months.
 - We strongly recommend an effective date of the 1st or 15th of the policy month following the waiting period of 0, 1, 2, 3, 4, 5 (excludes 6 months) for new or rehired employees. If electing this option, please indicate on the employer application.
 - Changes to waiting period allowed on anniversary only.
-

Product Specifications

	Medical	Dental	Basic Life/AD&D, Packaged Life and Disability
Product Availability	<ul style="list-style-type: none"> • 2 to 50 eligible employees. • May be written standalone or with ancillary coverage as noted in the following columns. 	<p>2 eligible employees</p> <ul style="list-style-type: none"> • Standard dental plans available with medical. • Voluntary Dental Plans not available. <p>3 to 50 eligible employees</p> <ul style="list-style-type: none"> • Standard and Voluntary dental plans available with or without medical. • Standalone available • Standalone dental has ineligible Industries, which are listed separately under the SIC code section of the guidelines <p>Orthodontial coverage</p> <ul style="list-style-type: none"> • Ortho coverage is available to dependent children only for groups with 10 or more eligible employees with a minimum of 5 enrolled for Standard and Voluntary plans. 	<ul style="list-style-type: none"> • 2 to 9 eligible employees if sold with Medical. • 10 to 50 eligible employees if sold with Medical or Dental. • 26 to 50 eligible employees on a standalone basis. • Must meet the qualifications of a small business. • The same employer eligibility guidelines that apply to Medical will apply to Basic Term Life and Packaged Life/Disability coverage. • Employees may elect Basic Term Life or the Packaged Life/Disability coverage even if they do not elect medical coverage. Basic Term Life and Packaged Life/Disability cannot be offered as a dual option. <p>Disability</p> <ul style="list-style-type: none"> • 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. • Conversion options are not available. • Available to employees only; dependents are not eligible. • Employees may elect Disability coverage even if they do not elect Medical coverage.
Carve Out/ Excluded Class	<ul style="list-style-type: none"> • Employees covered under a union sponsored plan cannot be included as eligible employees. • Carve Outs are permitted provided minimum participation and eligibility requirements are met. 	<ul style="list-style-type: none"> • Not allowed. 	<ul style="list-style-type: none"> • Not applicable.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Packaged Life and Disability
Employer Contribution (monthly)	<ul style="list-style-type: none"> Coverage can be denied if the employer contributes less than 10% of the annual cost of the health benefits plan. 	<p>Standard plans</p> <ul style="list-style-type: none"> Employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee-only coverage. <p>Voluntary plans</p> <ul style="list-style-type: none"> 3 to 50 eligible employees (with medical or standalone) — employer contributes less than 25% of the total cost or less than 50% of the cost of employee only coverage, or can be 100% paid by the employee. <p>Standard and Voluntary</p> <ul style="list-style-type: none"> Coverage can be denied based on inadequate contributions. 	<ul style="list-style-type: none"> 2 to 9 eligible employees — 100% of the total cost of the Basic Term Life plan (excluding Optional Dependent Term). 10 to 50 eligible employees — at least 50% of the total cost of the plans (excluding Optional Dependent Term). Coverage can be denied based on inadequate contributions.
Late Applicants	<ul style="list-style-type: none"> An employee or dependent who enrolls for coverage more than 31 days from the date first eligible is considered a late enrollee. Applicants without a qualifying life event (that is, 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. After the initial enrollment period, an employee may still enroll (along with his or her dependents). There is no requirement to wait for an open enrollment period — but the employee and dependents may be considered late enrollees. Late enrollees become subject to a pre-existing condition limitation period (not to exceed 180 days) that might not have applied had the employee enrolled when coverage was initially offered. 	<ul style="list-style-type: none"> An employee or dependent may enroll at any time; however, coverage is limited to Preventive & Diagnostic services for the first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for orthodontics). Late Entrant provision does not apply to enrollees less than age 5. 	<ul style="list-style-type: none"> Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date. The applicant will be required to complete an individual health statement/questionnaire and provide 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, he/she must medically qualify for the entire \$50,000.
Live/Work Situs	<ul style="list-style-type: none"> Eligible employees who live or work in CT, DC, DE, MD, NJ, NY, PA and VA (the Situs region) will receive the same rates and benefits as the headquarters location. 	<ul style="list-style-type: none"> Eligible employees who live or work in CT, DC, DE, MD, NJ, NY, PA and VA (the Situs region) will receive the same rates and benefits as the headquarters location. 	<ul style="list-style-type: none"> Not applicable.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Packaged Life and Disability
Option Sales	<ul style="list-style-type: none"> Other Insurance offered by the same employer is not a valid waiver. 	<ul style="list-style-type: none"> All dental plans must be offered on a full-replacement basis. No other employer-sponsored dental plan can be offered. 	<ul style="list-style-type: none"> Must be written on a full or primary replacement basis.
Out-of-State/ Situs Employees	<ul style="list-style-type: none"> Any employee located in CT, DE, MD, NJ, NY, PA, VA or DC (situs area) but not residing in an Aetna Health Network Only (HNOOnly)/Health Network Option (HNOOption) and/or Open Access Elect Choice (OA EPO)/ Open Access Managed Choice (OA MC) network will be enrolled in an Indemnity benefit plan. Any active employee, who lives and works in a state other than within the group situs area (CT, DE, MD, NJ, NY, PA, VA and DC), is considered an out-of-state employee. Out-of-state employees must be enrolled in an OA EPO/OA MC/MC plan if available; otherwise, an Indemnity plan. Out-of-state employees residing in Louisiana are required to have a separate plan quoted and sold based on Louisiana rates and benefits. These employees are still underwritten as part of the group; however, the plans and rates for the LA members will not be based on where the Employer is located. This will require a Louisiana master application and employee application to be completed. 	<ul style="list-style-type: none"> Members who reside out of state (OOS) will receive the same plan as instate members (based on state rules and network availability). This applies to DMO, PPO and FOC Dental plans. If an OOS member resides in a state that does not allow the instate plan — those members will be placed into an available PPO or Indemnity Plan. 	<ul style="list-style-type: none"> Employees are eligible for Basic Term Life and Packaged Life/ Disability.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Packaged Life and Disability
Participation	<ul style="list-style-type: none"> Groups with 2 to 50 eligible employees - 75% of eligibles must enroll, rounding up, including those covered under a spouse's group health benefits plan, Medicare, NJ Family Care, or Medicaid. In calculating participation, individuals with these types of other coverages must be counted as participating. Example: 22 lives, 2 covered under spouse ($22 \times 75\% = 16.5 = 17$ must enroll, rounding up = 17 (to meet participation); $17 - 2$ (covered under spouse) = 15 must enroll) Dependent participation is not required. Employees waiving must complete the waiver section. Participation is calculated with employees who live or work in NJ, CT, NY, PA, DE, MD, VA and DC. Employees outside of these eight states are not included in the participation calculation. Other group coverage sponsored by the same employer will not count towards satisfying the 75 percent participation requirement. Coverage can be denied based on inadequate participation. 	<p>2 to 50 with medical or standalone (round to the nearest)</p> <ul style="list-style-type: none"> 2 to 3: 100% excluding valid waivers. 4 to 50 non-contributory: 100% excluding valid waivers. 4 to 50 contributory: 75% excluding valid waivers. Minimum of 2 and 50% of total eligible employees must enroll. <p>3 to 50 with medical or standalone (round to the nearest)</p> <ul style="list-style-type: none"> 3 to 50 non-contributory: 100% excluding valid waivers. 3 to 50 contributory: minimum 30% excluding valid waivers. If a group does not qualify for a standard plan and has 30% or more participation then group qualifies for voluntary. <p>Voluntary Dental plans (with medical or standalone)</p> <ul style="list-style-type: none"> 3 to 50 eligible employees — 30% participation excluding those with other qualifying existing dental coverage with a minimum of 3 enrolled. If a group does not qualify for a standard plan and has 30% or more participation then the group qualifies for voluntary. <p>Standard and Voluntary Dental</p> <ul style="list-style-type: none"> Employees may select coverage for eligible dependents under the dental plan even if they elected single coverage on the medical plan or vice versa. Coverage can be denied based on inadequate participation. 	<p>Contributory plans</p> <p>2 to 9 eligible employees —</p> <ul style="list-style-type: none"> 100% participation is required. <p>Example: 9 employees, 3 waiving Medical. All 9 must enroll for Life.</p> <p>10 to 50 eligible employees —</p> <ul style="list-style-type: none"> 75% must participate when the plan is at least partially contributory. 100% participation is required for all non-contributory plans. <p>Standalone Life</p> <ul style="list-style-type: none"> 26 to 50 eligible employees — 75% participation is required. <p>All</p> <ul style="list-style-type: none"> COBRA and state continues are not eligible. Retirees are not eligible. 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. Coverage can be denied based on inadequate participation.

Product Specifications

	Medical	Dental	Basic Life/AD&D, Packaged Life and Disability
Plan Change Group Level	<ul style="list-style-type: none"> Plan anniversary date only. 	<ul style="list-style-type: none"> Dental plans must be requested 5 days prior to the desired effective date. The future renewal date of the change will be the same as the medical plan anniversary date. 	<ul style="list-style-type: none"> Packaged Life/Disability must be requested 30 days prior to the desired effective date. Non-packaged plans are only available on the plan anniversary date. The future renewal date of the change will be the same as the medical plan anniversary date.
Plan Change Employee Level	<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). 	<ul style="list-style-type: none"> Freedom of Choice — May change from DMO to PPO voluntary to standard and vice versa at anytime but must be received in Aetna underwriting by the 15th to be effective the next month. 	<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).

Product Specifications

	Medical	Dental	Basic Life/AD&D, Packaged Life and Disability
Standard Industrial Classification Code (SIC)	<ul style="list-style-type: none"> Underwriting will use a variety of tools, including Dun & Bradstreet, to verify a group's industry code and classify the business correctly. All industries are eligible. 	<ul style="list-style-type: none"> Ineligible industry list applies only when Dental is sold standalone or packaged only with Group Insurance. This list does not apply when Dental is sold in combination with Medical. 	<ul style="list-style-type: none"> Basic Term Life Only — all industries are eligible Packaged Life/Disability only and/or Disability Only — the following industries are not eligible.
		<ul style="list-style-type: none"> 7933 Bowling Centers 8611 Business Associations 7911 Dance Studios, Schools 7361- Employment Agencies 7363 7999 Miscellaneous Amusement/Recreation 8699 Miscellaneous Membership Orgs 8999 Miscellaneous Services 7991 Physical Fitness Facilities 8811 Private Households 8621- Professional Membership Organizations, Labor Unions, Civic Social and Fraternal Orgs, Political Orgs 8651 7941- Professional Sports Clubs 7848 & Producers, Race Tracks 7992- Public Golf Courses, Amusements, Membership Sports & Recreation Clubs 7997 8661 Religious Organizations 7922- Theatrical Producers, 7929 Bands, Orchestras, Actors 	<ul style="list-style-type: none"> 3291- Asbestos Products 3292 7500- Automotive Repairs/ 7599 Services 8010- Doctors Offices Clinics 8043 2892- Explosives, Bombs 2899 & Pyrotechnics 3480- Fire Arms & Ammunition 3489 5921 Liquor Stores 8600- Membership 8699 Associations 1000- Mining 1499 7800- Motion Picture/ 7999 Amusement & Recreation 9999 Non-classified Establishments 3310- Primary Metal Industries 3329 6531 Real Estate - Agents 6211 Security Brokers 7381 Service - Detective Services 8800- Service - 8899 Private Household

Dental Only

Coverage Waiting Period

Standard 2 to 9 and Voluntary 3 to 100 eligible employees

- PPO and indemnity plans — For major and orthodontic services employees must be an enrolled member of the employer's plan for 1 year before becoming eligible.
- DMO - there is no waiting period.
- Discount plans do not qualify as previous coverage.
- Future hires - waiting period applies regardless if takeover for Voluntary 3 to 100 eligible employees.
- Virgin group (no prior coverage) — the waiting periods apply to employees at case inception as well as any future hires.
- Takeover/replacement cases (prior coverage) — you must provide a copy of the last billing statement and schedule of benefits in order to provide credit. If a group's prior coverage did not lapse more than 90 days prior, the waiting periods are waived. In order for the waiting period to be waived, the group must have had a dental plan in place that covered major (and ortho, if applicable) immediately preceding our takeover of the business.

Example:

Prior major coverage but no ortho coverage. Aetna plan has coverage for both major and ortho. The Waiting Period is waived for major services but not for ortho services.

Standard 10 to 100 eligible employees

- No waiting period
-

Open Enrollment

An open enrollment is a period when any employee can elect to join the dental plan without penalty, regardless if they previously declined coverage during the first 31 days of initial eligibility.

- Open enrollments are prohibited except for Standard plans with 10 to 100 eligible employees.
 - 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.
-

Product Packaging

Voluntary

- Dental Dual Option sales are not permitted. All Voluntary plans must be a single plan sold.
- All Voluntary plans require a minimum of 3 to enroll.
- Ortho can be child only or adult and child for 10 to 100 eligibles. Only 1 option may be selected, not both.
- Dual option not available for voluntary, preventive or consumer directed plans.

Standard

- DMO can be either sold standalone or packaged with any PPO Option as a Dual Option with a minimum of 2 enrolled.
 - PPO can be sold standalone or packaged with the DMO as a Dual Option with a minimum of 2 enrolled.
 - Freedom-of-Choice cannot be packaged with any other option. It must be the only plan sold.
 - Ortho can be child only or adult and child for 10 to 100 eligible employees with a minimum of 5 enrolled. Only 1 option may be selected, not both.
 - Triple option not available.
-

Reinstatement (applies to Voluntary Plans only)

- Members once enrolled who have previously terminated their coverage by discontinuing their contributions may not re-enroll for a period of 24 months. All coverage rules will apply from the new effective date including, but not limited to, the Coverage Waiting Period.
-

Life and Packaged Life & Disability Only

Continuity of Coverage (no loss/no gain)

- 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.

Job Classification (Position) Schedules

- Varying levels of coverage based on job classifications are available for groups with 10 or more lives.
- Up to 3 separate classes are allowed (with a minimum requirement of 3 employees in each class).
- Items such as probationary periods must be applied consistently within a class of employee.
- The benefit for the class with the richest benefit must not be greater than five (5) times the benefit of the class with the lowest benefit even if only 2 classes are offered. For example, a schedule may be structured as follows:

Position/Job Class	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

Evidence of Insurability (EOI)

Evidence of Insurability (evidence of good health) is required when one or more of the following conditions exist:

1. Life amounts are above the Guaranteed Standard Issue Limit.
2. Late Entrant — Coverage is not requested within 31 days of eligibility for contributory coverage.
3. New coverage is requested during the anniversary period.
4. Coverage is requested outside of the employer's anniversary period due to qualifying life event (that is, marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.)
5. Reinstatement or restoration of coverage is requested.
6. Dependent coverage option was initially refused by employee but requested later. The dependent would be considered a late entrant and subject to EOI, and may be declined for medical reasons.
7. Requesting Life or Disability at the individual level and they are a late enrollee even if enrolling on the case anniversary date. Late enrollees are not eligible for the Guarantee Issue Limit. 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.

Actively-at-Work

- Employees who are both disabled and away from work on the date their insurance would otherwise become effective will become insured on the date they return to active full-time work one full day.

Guaranteed Issue Coverage

- Aetna provides certain amounts of Life insurance to all timely entrants without requiring an employee to answer any Medical questions. These insurance amounts are called "Guaranteed Issue".
- Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability which means they must complete a Medical questionnaire and may be required to provide medical records.
- On-time enrollees who do not meet the requirements of Evidence of Insurability will receive the Guaranteed Issue Life amount.
- Late enrollees must qualify for the entire amount and are not guaranteed any coverage.

Life and Packaged Life & Disability Only

Medical Underwriting

New Business Medical Evaluation

- At new business time, any dependents enrolling for coverage are Guaranteed Issue and not subject to EOI.
- 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/questionnaire.

Guarantee Issue Amounts

Case Size	Basic Term Life Amount
2 to 9 eligible employees	\$20,000
10 to 25 eligible employees	\$75,000
26 to 50 eligible employees	\$100,000

- Only those employees who have an unacceptable medical condition will be reduced to the Guaranteed Issue amount. The rest of the employees will be issued the higher amount if they medically qualify.

Example:

- Applying for \$50,000
- 54-year-old male
- Heart attack 6 months ago, no surgery
- Reduced to \$20,000 life
- All other employees will be issued \$50,000

New Hire – On-time

- New hires wishing to obtain insurance amounts above the Guaranteed Issue amounts will be required to submit Evidence of Insurability (EOI), which means they must complete a medical questionnaire.
- If the employee has unacceptable medical conditions; the employee will be reduced to the Guaranteed Issue amount.

New Hire – Late Enrollee

- 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).
- Late enrollees must qualify for the entire amount and are not guaranteed any coverage.
- 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.

Limitations & exclusions

Medical

These plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.
- Custodial care.
- Dental care or treatment, including appliances and dental implants, except as otherwise stated in the contract.
- Donor egg retrieval.
- Experimental or Investigational treatments, procedures, hospitalizations, drugs, biological products or medical devices, except as otherwise stated in the contract.
- Eye surgery, such as radial keratotomy or lasik surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring).
- Immunizations for travel or work.
- Non-medically necessary services or supplies.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling.
- Services or supplies furnished in connection with any procedures to enhance fertility which involve harvesting, storage and/or manipulation of eggs and sperm. This includes, but is not limited to the following:
 - Procedures: in vitro fertilization; embryo transfer; embryo freezing; and Gamete Intrafallopian Transfer (GIFT) and Zygote Intrafallopian Transfer (ZIFT), donor sperm, surrogate motherhood; and
 - Prescription drugs not eligible under the prescription drugs section of the contract.
- Services or supplies related to Cosmetic Surgery except as otherwise stated in the Policy; complications of Cosmetic Surgery; drugs prescribed for cosmetic purposes.
- For OA EPO and OA MC Plans (does not apply to SEH plans): Weight control services, including surgical procedures, medical treatment, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications, food or food supplements, except as provided for in the Food Products for Inherited Metabolic Disease provision, 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 co-morbid conditions.

Pre-Existing Conditions Exclusion Provision

The following provisions only apply to small employers of at least two but not more than five eligible employees. These provisions also apply to “late enrollees” for any small employer. However, this provision does not apply to late enrollees if 10 or more late enrollees request enrollment during any 30 day enrollment period. The “Pre-Existing Conditions” provision does not apply to a dependent who is an adopted child or who is a child placed for adoption or to a newborn child if the employee enrolls the dependent and agrees to make the required payments within 30 days after the dependent’s eligibility date. Pre-existing condition exclusion provisions are waived for any individual under the age of 19.

A Pre-Existing Condition is an illness or injury which manifests itself in the six months before a member’s enrollment date, and for which medical advice, diagnosis, care or treatment was recommended or received during the six months immediately preceding the enrollment date.

We do not pay benefits for charges for Pre-Existing Conditions for 180 days measured from the enrollment date. This 180 day period may be reduced by the length of time the member was covered under any creditable coverage if, without application of any waiting period, the creditable coverage was continuous to a date not more than 90 days prior to becoming a member.

This limitation does not affect benefits for other unrelated conditions or pregnancy, or birth defects in a covered dependent child. Genetic information will not be treated as a Pre-Existing Condition in the absence of a diagnosis of the condition related to that information. Aetna waives this limitation for a member’s Pre-Existing Condition if the condition was payable under creditable coverage which covered the member right before the member’s coverage under the Aetna plan started.

If a new member was covered under creditable coverage prior to enrollment under the Aetna plan and the creditable coverage was continuous to a date not more than 90 days prior to the enrollment date under the Aetna plan, we will provide credit as follows. We give credit for the time the member was covered under the creditable coverage without regard to the specific benefits included in the creditable coverage. We count the days the member was covered under creditable coverage, except that days that occur before any lapse in coverage of more than 90 days are not counted. We apply these days to reduce the duration of the Pre-Existing Condition limitation. The person must sign and complete his or her enrollment form within 30 days of the date the employee’s active full-time service begins. We do not cover any charges actually incurred before the person’s coverage starts. If the small employer has included an eligibility waiting period, an employee must still meet it, before becoming covered.

In order to reduce or possibly eliminate the exclusion period based on creditable coverage, please provide Aetna with a copy of any Certificates of Creditable Coverage. Please contact Aetna Member Services at **1-866-529-2517** for HNOly/HMO/HNOption/POS products or **1-888-80-AETNA (1-888-802-3862)** for OA EPO/OA MC/MC/Indemnity products if assistance is needed in obtaining a Certificate of Creditable Coverage from prior carriers or with any questions on the information noted above.

Dental, AD&D Ultra, and Disability

The Dental, AD&D Ultra and Disability plans include limitations, exclusions and charges or services that these plans do not cover. For a complete listing of all limitations and exclusions or charges and services that are not covered, please refer to your Aetna group plan documents. Limitations, exclusions and charges or services may vary by state or group size.

Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to the plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance.
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost, missing or stolen appliances and certain damaged appliances.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.
- Specific service limitations:
 - DMO plans: oral exams (4 per year).
 - PPO plans: oral exams (2 routine and 2 problem-focused per year).
 - All plans:
 - Bitewing X-rays (1 set per year)
 - Complete series X-rays (1 set every 3 years)
 - Cleanings (2 per year)
 - Fluoride (1 per year; children under 16)
 - Sealants (1 treatment per tooth, every 3 years on permanent molars; children under 16)
 - Scaling and root planing (4 quadrants every 2 years)
 - Osseous surgery (1 per quadrant every 3 years)
- All other limitations and exclusions in the plan documents.

Employee and Dependent Life Insurance:

The plan may not pay a benefit for deaths caused by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the effective date of the person's coverage. If death occurs after two years of the effective date but within two years of the date that any increase in coverage becomes effective, no death benefit will be payable for any such increased amount.

AD&D Ultra

Not all events which may be ruled accidental are covered by this plan. No benefits are payable for a loss caused or contributed to by:

- 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.)
- Bodily or mental infirmity.
- Commission of or attempting to commit a criminal act.
- Illness, ptomaine or bacterial infection.*
- Inhalation of poisonous gases.
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Ligature strangulation resulting from auto-erotic asphyxiation.
- Intentionally self-inflicted injury.
- Medical or surgical treatment.*
- 3rd degree burns resulting from sunburn.
- Use of alcohol.
- Use of drugs, except as prescribed by a physician.
- Use of intoxicants.
- Use of alcohol or intoxicants or drugs while operating any form of a motor vehicle whether or not registered for land, air or water use. A motor vehicle accident will be deemed to be caused by the use of alcohol, intoxicants or drugs if it is determined that at the time of the accident you or your covered dependent were:
 - Operating the motor vehicle while under the influence of alcohol is a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter; or
 - Operating the motor vehicle while under the influence of an intoxicant or illegal drug; or
 - Operating the motor vehicle while under the influence of a prescription drug in excess of the amount prescribed by the physician; or
 - Operating the motor vehicle while under the influence of an over the counter medication taken in an amount above the dosage instructions.
- Suicide or attempted suicide (while sane or insane).
- War or any act of war (declared or not declared).

Disability

Disability coverage also does not cover any disability that:

- Is due to an occupational illness or occupational injury except in the case of sole proprietors or partners who cannot be covered by workers' compensation.
- Is due to insurrection, rebellion, or taking part in a riot or civil commotion.
- Is due to intentionally self-inflicted injury (while sane or insane).
- Is due to war or any act of war (declared or not declared).
- Results from your commission of, or attempting to commit a criminal act.
- Results from a motor vehicle accident caused by operating the vehicle while you are under the influence of alcohol. A motor vehicle accident will be deemed to be caused by the use of alcohol if it is determined that at the time of the accident you were operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter.
- Disability coverage does not cover any disability on any day that you are confined in a penal or correctional institution for conviction of a criminal act or other public offense. You will not be considered 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 the coverage effective date

* These do not apply if the loss is caused by:

- An infection which results directly from the injury.
- Surgery needed because of the injury.

The injury must not be one which is excluded by the terms of this section.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/Dental benefits, health/dental insurance, life and disability insurance plans/policies contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features and availability may vary by location and group size. 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. Investment services are independently offered through HealthEquity, Inc. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. 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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