

Small Business Solutions

Health, Dental, Vision,
Pharmacy, Disability and Life

FOR BUSINESSES WITH 2 – 50
ELIGIBLE EMPLOYEES

Pennsylvania and
Southern New Jersey

Choice.
Simplicity.
Affordability.



We want you to knowSM





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

Consumer-directed plans increase flexibility, control and choice for the employer and the employee. As a result, employees are empowered to control financial and health care decisions that impact their lives.

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

*Bill Roth, Senior Vice President
Aetna Small Business Solutions*

Aetna recognizes the challenges of rising health care costs and the demands of running a successful small business.

We are working with small businesses to establish innovative, realistic and practical ways to continue providing quality coverage at affordable prices.

Choice. Simplicity. Affordability.
With Aetna. It's Yours.

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

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

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

*Aetna refers to Aetna Health Inc., Aetna Life Insurance Company and/or Aetna Dental Inc.



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Choice. Simplicity. Affordability. With Aetna. It's Yours.



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

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

Choice

Aetna offers unique health plan designs with an extensive network for small employers in New Jersey and Pennsylvania. Employers can now empower employees by giving them a choice in their health care benefits and freedom that aligns with their individual lifestyles.

Simplicity

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

Affordability

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

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



Technology Solutions & Service Excellence

Aetna Navigator™ — The Power to Help Manage Your Health

Aetna Navigator™ provides a single location for the health and medical issues that matter most to your employees.

In one easy-to-use website, members can perform a variety of self-service functions and take advantage of a vast amount of health information from the Aetna IntelliHealthSM site, one of the most credible health sites available today, offered in association with Harvard Medical School and the University of Pennsylvania School of Dental Medicine.

Log on to www.aetna.com, click on the Navigator button, and check out some of Aetna Navigator's distinct features:

- Online member service functions that allow members to order ID cards and send e-mail inquiries to Member Services.
- Interactive "Cool Tools," including a medical dictionary, allergy and asthma quizzes, a pregnancy due-date calculator and a heart and breath odometer.
- A preventive care planner that includes recommendations for screenings and immunizations.

We will continue to add new features to Aetna Navigator, so log on often to see what's new.

DocFind®

Finding a participating doctor has never been easier with our DocFind® online provider directory. Members can search for participating physicians, dentists, hospitals, pharmacies and eyewear providers. DocFind® also allows members to search by zip code, miles willing to travel, city and state, or county and state. Narrow the search by specialty, hospital affiliation and/or languages spoken — all with a few clicks of a mouse. When members find the provider they want, we can also help them get there with a map and driving directions from Maps On Us®. Best of all, DocFind® is updated regularly and is available 24 hours a day, 7 days a week.

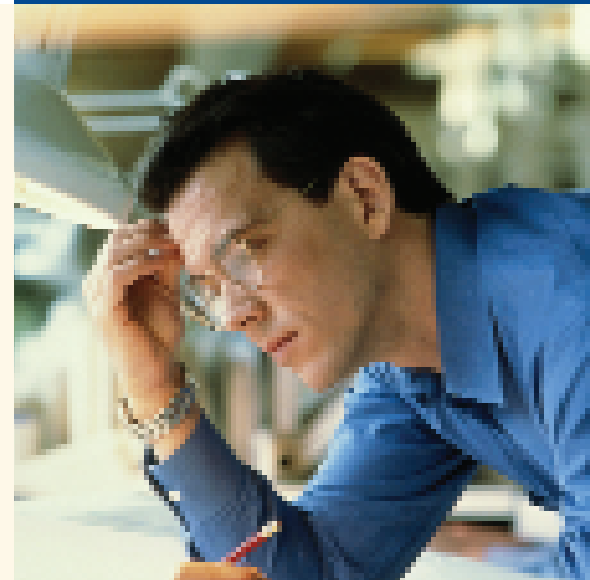
Aetna IntelliHealthSM

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

Informed Health® Line

Members can get the answers to health questions anytime ... day or night. The 24-hour, toll-free Informed Health Line is a team of registered nurses who can provide information on a variety of health issues. Informed Health Line nurses can only provide basic medical information; they cannot diagnose, prescribe or give medical advice. Specific questions should be addressed by a doctor.

With the power of Aetna's technology, you and your employees can find participating providers, research health conditions, and discover the many benefits available to our members. Through Aetna's website (www.aetna.com) members have access to health information resources and services designed to help them better manage their health.



Service Excellence

Aetna has invested in a customer support system for business owners and employees.

Our customer-friendly service is available to resolve questions 24 hours a day, 7 days a week.

- Skilled service representatives are trained specifically in small business needs.

Aetna Voice Advantage®

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

Working with Aetna is easier and more efficient than ever.

- Accurate and efficient claims processing.
- Hassle-free renewal process.

Special Programs



Check out our website at www.aetna.com today. With just a few clicks, you can receive additional product information, download brochures, and more.

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

Physician Network

Aetna's PPO provider network is one of the largest in the nation comprised of 552,388** doctors and hospitals. Aetna also has a strong local presence comprised of nearly every hospital in the five-county Philadelphia area and Southern NJ.

Fitness Program — members can enjoy special membership rates at participating health clubs contracted with GlobalFit and discounts on certain home exercise equipment. Plus, members may even try out the facility before joining.

Eyecare Savings Program

The Vision One™*** discount program gives your employees' special savings on eye exams (not covered under your base medical plan), contacts, frames, lenses and other eye care accessories. They'll have many locations to choose from, such as Sears Optical, JCPenney Optical, Target Optical, participating Pearle Vision Centers, and other participating vision professionals.

Your employees also receive:

- A contact lens mail-order replacement service through Contacts Direct.
- Up to 25 percent off the surgeon's fees for LASIK eye surgery.
- 20 percent discount off retail prices on vision-related items when purchased at a Cole Managed Vision provider.
- Access to Aetna Navigator, our online resource for checking claims status, ordering ID cards and locating eye care professionals quickly ... and easily.

Alternative Health Care Programs — reduced rates on alternative therapies for members including visits to acupuncturists, chiropractors, massage therapists and nutritional counselors. Plus, you can also save on over-the-counter vitamins and nutritional supplements through the Vitamin Advantage™ Program.

National Medical Excellence Program™ — when Aetna members face difficult or life-threatening situations, such as solid organ or tissue transplants, Aetna's National Medical Excellence (NME) program coordinates care and provides access to covered treatment for transplants and transplant related services through the Institutes of Excellence™ network. NME also coordinates specialized treatment needed by members with certain rare or complicated conditions and assists members who are admitted to a hospital for emergency medical care when they are traveling temporarily outside of the United States. Except for emergency medical care as described above, services

under this program must be preauthorized. A listing of the Institutes of Excellence facilities can be found in DocFind® at www.aetna.com.

Cancer Screening Programs — remind age-eligible HMO and POS members to schedule periodic cancer screenings. Reminders are for breast and cervical cancer screenings, as well as colorectal cancer screenings.

Healthy Outlook Program® — access to case management and resources for members with chronic illnesses such as asthma, diabetes, chronic heart failure and coronary artery disease.

Educational Programs — our educational programs help you follow a sensible nutrition plan and become more physically active. Members are also provided with educational materials that, in conjunction with care and advice from a physician, promote a healthy lifestyle and good health.

- **Women's Health Programs** focus specifically on women's medical needs. These include:
 - > Moms-to-Babies, which provides information to expectant mothers
 - > Breast cancer case management and genetic testing
 - > Menopause education

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

**Network Information Support data as of February 2004.

***Vision One is a registered trademark of Cole Managed Vision.

Product Overview



Aetna Primary Care® Plan HMO (Available in NJ and PA)

Members access care through Primary Care Physicians.

With this plan, members begin by selecting a Primary Care Physician (PCP) from Aetna's participating network of providers. A member selects a PCP who will coordinate their health care needs for covered benefits or services. Each covered member of the family may choose their own PCP.

The Primary Care Plan HMO provides:

- Extensive provider networks.
- Low out-of-pocket costs.
- No claim forms.
- Member's PCP coordinates their covered health care services.
- Fixed out-of-pocket costs for covered services.
- No lifetime dollar maximums.
- Referral is required for most services not administered by the PCP and inpatient hospital care.
- Direct access to some specialists, like OB/Gyn.

Aetna Primary Care® Plan HMO — No Referrals (Available in NJ and PA)

Flexibility and no referrals needed for participating providers.

With this plan, members may choose how they access covered benefits. Members can visit a Primary Care Physician and pay a lower copay or go directly to any participating

physician and pay a higher copay. Members never need a referral when visiting a participating specialist for covered services.

The Primary Care Plan HMO — No Referrals provides:

- Freedom to choose a participating specialist without a referral.
- Flexibility — there's no referral needed from PCP to visit participating providers.
- No claim forms.
- No lifetime dollar maximums.
- Extensive provider networks.

Aetna Choice® Plan POS (Available in NJ and PA)

Freedom to select providers.

This plan values the role of the Primary Care Physician to serve as the coordinator of the member's health care. Members seeking health care have the flexibility to access care in or out of the network. For this flexibility, self-referring members share more of the cost of care through a deductible and coinsurance.

The Aetna Choice Plan POS provides:

- Flexibility to self-refer.
- No lifetime dollar maximums in network.
- Extensive provider networks.
- Member encouraged to choose a PCP from Aetna's network of participating providers.
- Member visits PCP for routine care or for injury or illness; member pays

applicable copay each time covered benefits are accessed within the network with PCP referral.

- Member may visit any out-of-network licensed provider, without PCP referral for a covered benefit; member shares the cost of care through deductible/coinsurance.

Aetna Choice® Plan POS — No Referrals (Available in NJ and PA)

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

Aetna Choice POS — No Referrals offers all the benefits of a point-of-service plan with two easy ways to access care when members need it. Members have the freedom to visit the participating doctor or hospital of their choice for covered services. Best of all, members seeking health care do not need referrals. This plan allows members to:

- Select and visit their participating PCP and pay the plan's copayment for covered benefits.
- Go directly to any network physician from within Aetna's network of providers and pay the applicable specialist copayment for covered benefits.
- Go directly to any licensed out-of-network physician, subject to payment of a deductible and coinsurance.
- No lifetime dollar maximums in network.
- Extensive provider networks.



Aetna First Dollar Plan (Available in PA)

The First Dollar Plan is a high deductible PPO plan with a special benefit feature allowing a limited dollar amount of services prior to the deductible coming into play. Here's how it works: the First Dollar Plan offers the first \$500 individual/\$1,000 family in covered medical expenses (excludes RX) to be paid at 100% NOT subject to the deductible. Once the available first dollars funds are exhausted, a deductible must be met for all covered medical services (excludes Rx and certain state-mandated benefits). Once the deductible is satisfied, the member will then be responsible for the cost sharing amounts as indicated in the plan.

Aetna High Deductible PPO Plan (HSA Compatible) (Available in PA)

The Aetna PPO options that are compatible* with a third-party administered Health Savings Account (HSA) provide employers and their qualified employees with an affordable tax-advantaged** solution that allows them to better manage their qualified medical and dental expenses.

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

The Basic Hospital Plan (Available in PA)

The Basic Hospital Plan is ideal for small business owners that are primarily looking for affordability when selecting a coverage option. This high-deductible plan provides inpatient hospital coverage coupled with limited benefits for outpatient surgery, skilled nursing or home health care charges in lieu of hospitalization. The deductible on the Basic Hospital Plan applies to all covered expenses, except certain state-mandated benefits. Small business owners that have not offered coverage to their employees in the past, because of price, now have a plan option that provides basic affordable coverage.

NOTE: This plan provides limited benefits only and does not constitute a comprehensive health insurance plan. As such, it may not cover all the expenses associated with your health care needs.

Out-of-Region Employee Plan Open Choice® PPO Coverage

Coverage available only for eligible employees who live outside of Connecticut, Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia and Washington, D.C.

Open Choice gives members the freedom to choose any licensed physician or hospital whenever they need medical treatment. Whether the member is at home or away, members have access to covered services with no referrals. Members may pay less out-of-pocket when they visit an in-network physician than if they visit a provider not in the network.

Aetna Dental® Plans (Available in NJ and PA)

Small business decision makers can choose from a variety of plan design options that help you offer a dental plan that's just right for your employees. Aetna offers a range of dental benefits plans, including our Participating Provider Organization (PPO) and Dental Maintenance Organization (DMO®) plans. With our dental PPO plans, members have the option to use a participating network dentist or a licensed dentist who is not in our network. With our DMO plans, members select a participating primary care dentist who coordinates their dental care, including referrals to network specialists as needed. Both plans offer members access to broad networks of dentists.

Aetna's unique Freedom-of-Choice plan design offers two plans in one. Your employee can choose between the Dental PPO and the DMO. They can switch between plans each month or stay with the plan they originally selected ... the choice is always theirs!

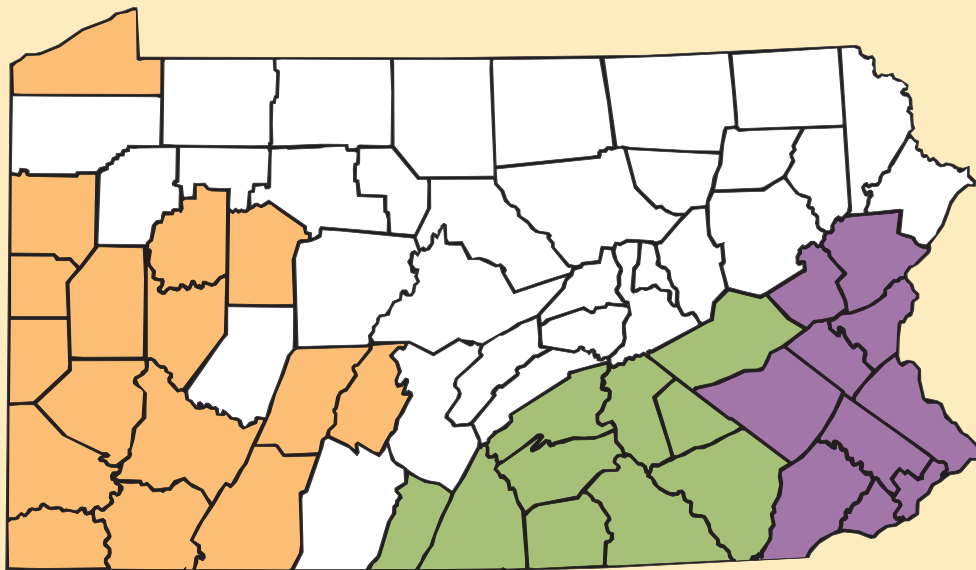
Aetna Life and Disability Plans (Available in NJ and PA)

Aetna offers a wide range of flat dollar insurance options for basic employee term life insurance as well as disability benefit solutions. Aetna's affordable life insurance options enable members to establish financial protection for themselves and their families. Members can also benefit from Aetna's packaged Life and Disability product. See page 20 for more details.

*Based on Treasury guidance available as of the print date.

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

Provider Network



PENNSYLVANIA NETWORK* MAP KEY

All plans are available in the following counties.

Southeastern

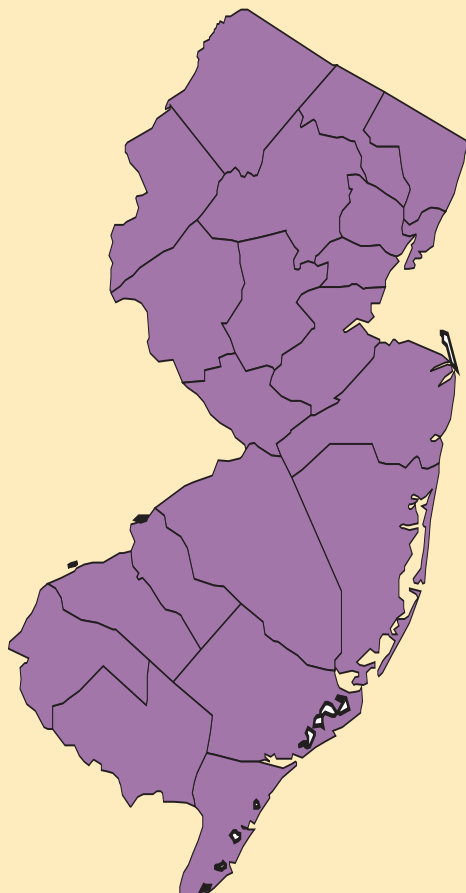
Berks	Lehigh
Bucks	Monroe
Carbon	Montgomery
Chester	Northampton
Delaware	Philadelphia

Central

Adams	Lancaster
Cumberland	Lebanon
Dauphin	Perry
Franklin	Schuylkill
Fulton	York

Western

Allegheny	Fayette
Armstrong	Greene
Beaver	Jefferson
Blair	Lawrence
Butler	Mercer
Cambria	Somerset
Clarion	Washington
Erie	Westmoreland



NEW JERSEY NETWORK* MAP KEY

All plans are available in all New Jersey counties.

*Network subject to change.

HMO PLAN OPTIONS

PLAN OPTIONS	PA HMO 1**	PA HMO 2**	PA HMO 3**
MEMBER BENEFITS	In-Network PCP Coordinated	In-Network PCP Coordinated	In-Network PCP Coordinated
Plan Coinsurance	N/A	N/A	N/A
Calendar Year Deductible	N/A	N/A	N/A
Calendar Year Out-of-Pocket Maximum (Certain payments do not apply)	\$1,500 per member \$3,000 family	\$1,500 per member \$3,000 family	\$1,500 per member \$3,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Primary Physician Office Visit	\$20 copay	\$15 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$30 copay	\$20 copay
Outpatient Services (Diagnostic/X-Ray/Lab)	\$40 copay	\$30 copay	\$20 copay
Chiropractic Services (20 visits per calendar year)	\$40 copay	\$30 copay	\$20 copay
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	\$40 copay	\$30 copay	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum)	50%	50%	50%
Inpatient Hospital	\$250 copay per day, 5 day copay maximum per admission	\$125 copay per day, 5 day copay maximum per admission	\$0 copay per admission
Outpatient Surgery	\$250 copay	\$125 copay	\$0 copay
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay	\$100 copay
Mental Health — Inpatient (Max. of 30 days per calendar year.)	\$250 copay per day, 5 day copay maximum per admission	\$125 copay per day, 5 day copay maximum per admission	\$0 copay per admission
Substance Abuse — Inpatient (Detox.: Unlimited days per calendar year; Rehab.: 30 days per calendar year; 90 days per lifetime.)	\$250 copay per day, 5 day copay maximum per admission	\$125 copay per day, 5 day copay maximum per admission	\$0 copay per admission
Routine Eye Exam	\$40 copay	\$30 copay	\$20 copay
Glasses and Contact Lens Reimbursement	Not Covered	\$70/24 month period	\$100/24 month period
Vision One Discount Program	Included	Included	Included
Prescription Drugs Retail: per 30-day supply Mail Order: two times retail copay, 31-90-day supply available	\$15/\$25/\$40	\$10/\$20/\$35	\$10/\$20
Contraceptives and Diabetic Supplies	Included	Included	Included
*Optional Features:	<ul style="list-style-type: none"> – No Referrals PA HMO No-Referral 1 – HMO Dental Rider (See Page 18) 	<ul style="list-style-type: none"> – No Referrals PA HMO No-Referral 2 – HMO Dental Rider (See Page 18) 	<ul style="list-style-type: none"> – No Referrals PA HMO No-Referral 3 – HMO Dental Rider (See Page 18)

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

COST-SHARING HMO PLAN OPTIONS

PLAN OPTIONS	PA Cost-Sharing HMO 1 ^{†*}	PA Cost-Sharing HMO 2 ^{†*}	PA Cost-Sharing HMO 3 ^{†*}
MEMBER BENEFITS	In-Network PCP Coordinated	In-Network PCP Coordinated	In-Network PCP Coordinated
Plan Coinsurance	60% after deductible	70% after deductible	80% after deductible
Calendar Year Deductible	\$2,000 per member \$6,000 family	\$1,000 per member \$3,000 family	\$500 per member \$1,500 family
Calendar Year Out-of-Pocket Maximum (Certain payments do not apply)	\$5,000 per member \$15,000 family	\$4,000 per member \$12,000 family	\$3,000 per member \$9,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Primary Physician Office Visit	\$20 copay	\$15 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$30 copay	\$20 copay
Outpatient Services (Diagnostic/X-Ray/Lab)	\$40 copay	\$30 copay	\$20 copay
Chiropractic Services (20 visits per calendar year)	\$40 copay	\$30 copay	\$20 copay
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	\$40 copay	\$30 copay	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum)	50%	50%	50%
Inpatient Hospital	60% after deductible	70% after deductible	80% after deductible
Outpatient Surgery	60% after deductible	70% after deductible	80% after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay	\$100 copay
Mental Health — Inpatient (Max. of 30 days per calendar year.)	60% after deductible	70% after deductible	80% after deductible
Substance Abuse — Inpatient (Detox.: Unlimited days per calendar year; Rehab.: 30 days per calendar year; 90 days per lifetime.)	60% after deductible	70% after deductible	80% after deductible
Routine Eye Exam	\$40 copay	\$30 copay	\$20 copay
Glasses and Contact Lens Reimbursement	Not Covered	\$70/24 month period	\$100/24 month period
Vision One Discount Program	Included	Included	Included
Prescription Drugs Retail: per 30-day supply Mail Order: two times retail copay, 31-90-day supply available	\$15/\$25/\$40	\$10/\$20/\$35	\$10/\$20
Contraceptives and Diabetic Supplies	Included	Included	Included
*Optional Features:	HMO Dental Rider (See Page 18)	HMO Dental Rider (See Page 18)	HMO Dental Rider (See Page 18)

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

POS PLAN OPTIONS

PLAN OPTIONS	PA POS 1†*		PA POS 2†*		PA POS 3†*	
MEMBER BENEFITS	In-Network PCP Coordinated	Out-of-Network No Referral Needed	In-Network PCP Coordinated	Out-of-Network No Referral Needed	In-Network PCP Coordinated	Out-of-Network No Referral Needed
Plan Coinsurance (Applies to most services)	N/A	60% after deductible	N/A	70% after deductible	N/A	80% after deductible
Calendar Year Deductible	N/A	\$1,000 per member \$3,000 family	N/A	\$500 per member \$1,500 family	N/A	\$300 per member \$900 family
Calendar Year Out-of-Pocket Maximum (Certain payments do not apply)	\$1,500 per member \$3,000 family	\$10,000 per member \$30,000 family	\$1,500 per member \$3,000 family	\$5,000 per member \$15,000 family	\$1,500 per member \$3,000 family	\$3,000 per member \$9,000 family
Lifetime Maximum Benefit	Unlimited	\$500,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Primary Physician Office Visit	\$20 copay	60% after deductible	\$15 copay	70% after deductible	\$10 copay	80% after deductible
Specialist Office Visit	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Outpatient Services (Diagnostic/X-Ray/Lab)	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Chiropractic Services (In-Network: 20 visits per calendar year. Non-Referred Care and Out-of-Network: \$1,000 Calendar Year Maximum)	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum)	50%	60% after deductible	50%	70% after deductible	50%	80% after deductible
Inpatient Hospital	\$250 copay per day, 5 day copay maximum per admission	60% after deductible	\$125 copay per day, 5 day copay maximum per admission	70% after deductible	\$0 copay per admission	80% after deductible
Outpatient Surgery	\$250 copay	60% after deductible	\$125 copay	70% after deductible	\$0 copay	80% after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Mental Health — Inpatient (Max. of 30 days per calendar year.)	\$250 copay per day, 5 day copay maximum per admission	60% after deductible	\$125 copay per day, 5 day copay maximum per admission	70% after deductible	\$0 copay per admission	80% after deductible
Substance Abuse — Inpatient (In-Network: Detox.: Unlimited days per calendar year; Rehab.: 30 days per calendar year; 90 days per lifetime. Out-of-Network: Detox: 7 days per admission, 4 admissions per lifetime; Rehab.: 30 days per calendar year; 90 days per lifetime.)	\$250 copay per day, 5 day copay maximum per admission	60% after deductible	\$125 copay per day, 5 day copay maximum per admission	70% after deductible	\$0 copay per admission	80% after deductible
Routine Eye Exam	\$40 copay	Not Covered	\$30 copay	Not Covered	\$20 copay	Not Covered
Glasses and Contact Lens Reimbursement	Not Covered	Not Covered	\$70/24 month period	Not Covered	\$100/24 month period	Not Covered
Vision One Discount Program	Included	Not Covered	Included	Not Covered	Included	Not Covered
Prescription Drugs Retail: per 30-day supply Mail Order: two times retail copay, 31-90-day supply available	\$15/\$25/\$40	Not Covered	\$10/\$20/\$35	Not Covered	\$10/\$20	Not Covered
Contraceptives and Diabetic Supplies	Included	Not Covered	Included	Not Covered	Included	Not Covered
*Optional Features:	– No Referrals PA POS No-Referral 1 – HMO Dental Rider (In-Network Benefits Only) (See Page 18)		– No Referrals PA POS No-Referral 2 – HMO Dental Rider (In-Network Benefits Only) (See Page 18)		– No Referrals PA POS No-Referral 3 – HMO Dental Rider (In-Network Benefits Only) (See Page 18)	

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

CONSUMER DIRECTED — PPO HSA COMPATIBLE PLAN OPTIONS

PLAN OPTIONS	PA PPO HSA Compatible Plan 1 [†]		PA PPO HSA Compatible Plan 2 [†]		PA PPO HSA Compatible Plan 3 [†]	
MEMBER BENEFITS	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed
Plan Coinsurance (Applies to most services)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Calendar Year Deductible	\$3,000 per member/\$6,000 family (In-network and out-of-network combined.)		\$2,250 per member/\$4,500 family (In-network and out-of-network combined.)		\$2,250 per member/\$4,500 family (In-network and out-of-network combined.)	
Calendar Year Out-of-Pocket Maximum	\$5,000 per member/\$10,000 family (In-network and out-of-network combined.)		\$5,000 per member/\$10,000 family (In-network and out-of-network combined.)		\$5,000 per member/\$10,000 family (In-network and out-of-network combined.)	
Lifetime Maximum Benefit	\$5,000,000 (In-network and out-of-network combined.)		\$5,000,000 (In-network and out-of-network combined.)		\$5,000,000 (In-network and out-of-network combined.)	
Primary Physician Office Visit	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Specialist Office Visit	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Services (Diagnostic/X-Ray/Lab)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Chiropractic Services (Limited to 20 visits per Calendar Year. In-network and out-of-network combined.)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Routine Physical Exams — Adults (Age and frequency schedules apply.)	\$20 Copay (deductible waived)	60% (deductible waived)	\$10 Copay (deductible waived)	70% (deductible waived)	\$10 Copay (deductible waived)	70% (deductible waived)
Well Baby Exams (Age and frequency schedules apply.)	\$20 Copay (deductible waived)	60% (deductible waived)	\$10 Copay (deductible waived)	70% (deductible waived)	\$10 Copay (deductible waived)	70% (deductible waived)
Routine OB/GYN (Limited to one annual exam and pap smear. In-network and out-of-network combined.)	\$40 Copay (deductible waived)	60% (deductible waived)	\$20 Copay (deductible waived)	70% (deductible waived)	\$20 Copay (deductible waived)	70% (deductible waived)
Durable Medical Equipment (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Hospital	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Emergency Room (Waived if Admitted)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Mental Health — Inpatient (Limited to 30 Days per Calendar Year. In-network and out-of-network combined.)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Substance Abuse — Inpatient (Detox.: 7 Days per Admission, 4 Admissions per Lifetime. In-network and out-of-network combined. Rehab.: Limited to 30 Days per Calendar Year; 90 Days per Lifetime. In-network and out-of-network combined.)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Prescription Drugs Retail: per 30-day supply Mail Order: two times retail copay, 31-90-day supply available	\$15/\$25/\$40 after deductible. Integrated medical/pharmacy deductible.	\$15/\$25/\$40 plus 80% after deductible. Integrated medical/pharmacy deductible.	\$10/\$20/\$35 after deductible. Integrated medical/pharmacy deductible.	\$10/\$20/\$35 plus 80% after deductible. Integrated medical/pharmacy deductible.	\$10/\$20/\$35	\$10/\$20/\$35 plus 80%
Contraceptives and Diabetic Supplies	Included	Included	Included	Included	Included	Included
Other Provisions	All covered prescription drug and medical expenses, except preventive care services, maternity post partum home health visits and phenyl-free enteral formula, apply to the deductible. Deductible and member cost-sharing (i.e., copays or coinsurance) apply to the Out-of-Pocket Maximum.				All covered expenses, except preventive care services, phenyl-free enteral formula, maternity post partum home health visits and prescription drug benefits, apply to the deductible. Deductible and member cost-sharing, except prescription drug benefits, apply to the Out-of-Pocket Maximum.	

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

CONSUMER DIRECTED — PPO BASIC HOSPITAL AND FIRST DOLLAR PLAN OPTIONS

PLAN OPTIONS	PA PPO Basic Hospital Plan†		PA PPO First Dollar Plan†	
	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed
MEMBER BENEFITS				
Plan Coinsurance (Applies to most services)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Calendar Year Deductible	\$3,000 per member/\$6,000 family (In-network and out-of-network combined.)		\$1,500 per member/\$3,000 family (In-network and out-of-network combined.)	
Calendar Year Out-of-Pocket Maximum (Certain payments do not apply)	\$6,000 per member/\$12,000 family (In-network and out-of-network combined.)		\$4,000 per member/\$8,000 family (In-network and out-of-network combined.)	
Lifetime Maximum Benefit	\$5,000,000 (In-network and out-of-network combined.)		\$5,000,000 (In-network and out-of-network combined.)	
Primary Physician Office Visit	Not Covered	Not Covered	\$20 copay after deductible	60% after deductible
Specialist Office Visit	Not Covered	Not Covered	\$40 copay after deductible	60% after deductible
Outpatient Services (Diagnostic/X-Ray/Lab)	Not Covered	Not Covered	\$40 copay after deductible	60% after deductible
Outpatient Complex Imaging (CAT, MRI, MRA and PET Scans)	Not Covered	Not Covered	80% after deductible	60% after deductible
Chiropractic Services	Not Covered	Not Covered	\$40 copay after deductible Limited to 20 Visits per Calendar Year In-network and out-of-network combined.	60% after deductible
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. In-network and out-of-network combined.)	Not Covered	Not Covered	\$40 copay after deductible	60% after deductible
Durable Medical Equipment	Not Covered	Not Covered	50% after deductible \$2,500 Calendar Year Maximum In-network and out-of-network combined.	50% after deductible
Inpatient Hospital	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible for facility-based surgery; surgery in physician's office is not covered.	60% after deductible for facility-based surgery; surgery in physician's office is not covered.	80% after deductible	60% after deductible
Emergency Room (Waived if Admitted)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Mental Health — Inpatient (Limited to 30 Days per Calendar Year. In-network and out-of-network combined.)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Substance Abuse — Inpatient (Detox.: 7 Days per Admission, 4 Admissions per Lifetime. In-network and out-of-network combined. Rehab.: Limited to 30 Days per Calendar Year; 90 Days per Lifetime. In-network and out-of-network combined.)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Prescription Drugs Retail: per 30-day supply Mail Order: two times retail copay, 31-90-day supply available	Rx Discount Network Card	Not Covered	\$15/\$25/\$40	\$15/\$25/\$40 plus 80%
Contraceptives and Diabetic Supplies	Included	Not Covered	Included	Included
Other Provisions	First \$500 per member (\$1,000 Family) in benefits (excluding member cost-sharing for prescription drug benefits) for in-network and out-of-network benefits is paid at 100%, not subject to the deductible. After \$500 per member (\$1,000 Family) in benefits, the deductible applies for all covered services, except member cost-sharing for prescription drug benefits, childhood immunizations, routine gynecological exam/pap smear, maternity post partum home health visits and phenyl-free enteral formula. After the deductible is met, coinsurance and/or copay apply. There is no rollover feature.			

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

NEW JERSEY AETNA SMALL GROUP MEDICAL PLANS

HMO PLAN OPTIONS

Additional plans are available. Please contact your broker or Aetna.	NJ HMO 1 S [†]	NJ HMO 2 S [†]	NJ HMO 3 S [†]	NJ HMO 4 S [†]
MEMBER BENEFITS	In-Network PCP Coordinated	In-Network PCP Coordinated	In-Network PCP Coordinated	In-Network PCP Coordinated
Plan Coinsurance	N/A	N/A	N/A	N/A
Calendar Year Deductible	N/A	N/A	N/A	N/A
Calendar Year Out-of-Pocket Maximum	\$2,500 per member \$5,000 family	\$1,500 per member \$3,000 family	\$1,500 per member \$3,000 family	\$1,500 per member \$3,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Primary Physician Office Visit	\$30 copay	\$20 copay	\$15 copay	\$10 copay
Specialist Office Visit	\$50 copay	\$40 copay	\$30 copay	\$20 copay
Outpatient Services (Diagnostic/X-Ray/Lab)	\$50 copay	\$40 copay	\$30 copay	\$20 copay
Chiropractic Services (30 visits per calendar year)	\$50 copay	\$40 copay	\$30 copay	\$20 copay
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	\$50 copay	\$40 copay	\$30 copay	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum)	50%	50%	50%	50%
Inpatient Hospital	\$500 copay per day, 5 day copay maximum per admission	\$250 copay per day, 5 day copay maximum per admission	\$125 copay per day, 5 day copay maximum per admission	\$0 copay per admission
Outpatient Surgery	\$500 copay	\$250 copay	\$125 copay	\$0 copay
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Mental Health — Inpatient (Biologically Based: Treated the same as any other illness. Non-Biologically Based: Max. of 30 days per calendar year.)	\$500 copay per day, 5 day copay maximum per admission	\$250 copay per day, 5 day copay maximum per admission	\$125 copay per day, 5 day copay maximum per admission	\$0 copay per admission
Substance Abuse — Inpatient (Drug Abuse Detox.: Unlimited days per calendar year; Drug Abuse Rehab.: Max. of 30 days per calendar year; 90 days per lifetime. Alcohol Abuse is treated the same as any other illness.)	\$500 copay per day, 5 day copay maximum per admission	\$250 copay per day, 5 day copay maximum per admission	\$125 copay per day, 5 day copay maximum per admission	\$0 copay per admission
Routine Eye Exam	\$50 copay	\$40 copay	\$30 copay	\$20 copay
Glasses and Contact Lens Reimbursement	\$100/24 month period	\$100/24 month period	\$100/24 month period	\$100/24 month period
Vision One Discount Program	Included	Included	Included	Included
Prescription Drugs: 30-day supply Retail or Mail Order: 90-day supply, two times the 30-day supply	\$15/\$25/\$40	\$15/\$25/\$40	\$10/\$20/\$35	\$10/\$20
Contraceptives and Diabetic Supplies	Included	Included	Included	Included
Optional Features:	<ul style="list-style-type: none"> – No Referrals NJ HMO No-Referral 1S – Inpatient Hospital Copay Waiver ** – HMO Dental Rider (See Page 18) 	<ul style="list-style-type: none"> – No Referrals NJ HMO No-Referral 2S – Inpatient Hospital Copay Waiver ** – HMO Dental Rider (See Page 18) 	<ul style="list-style-type: none"> – No Referrals NJ HMO No-Referral 3S – HMO Dental Rider (See Page 18) 	<ul style="list-style-type: none"> – No Referrals NJ HMO No-Referral 4S – HMO Dental Rider (See Page 18)

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

**Inpatient Hospital Copay Waiver - When selected, the following services will be subject to \$0 copay: Inpatient Hospital (including maternity), Outpatient Surgery, Skilled Nursing Facility, Inpatient Hospice, Inpatient Substance Abuse Services, Inpatient Mental Health, Transplants.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

COST-SHARING HMO PLAN OPTIONS

Additional plans are available. Please contact your broker or Aetna.	NJ Cost-Sharing HMO 1 S [†]	NJ Cost-Sharing HMO 2 S [†]	NJ Cost-Sharing HMO 3 S [†]
MEMBER BENEFITS	In-Network PCP Coordinated	In-Network PCP Coordinated	In-Network PCP Coordinated
Plan Coinsurance	60% after deductible	70% after deductible	80% after deductible
Calendar Year Deductible	\$2,000 per member \$4,000 family	\$1,000 per member \$2,000 family	\$500 per member \$1,000 family
Calendar Year Out-of-Pocket Maximum	\$5,000 per member \$10,000 family	\$4,000 per member \$8,000 family	\$2,500 per member \$5,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Primary Physician Office Visit	\$20 copay	\$15 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$30 copay	\$20 copay
Outpatient Services (Diagnostic/X-Ray/Lab)	\$40 copay	\$30 copay	\$20 copay
Chiropractic Services (30 visits per calendar year)	\$40 copay	\$30 copay	\$20 copay
Outpatient Physical, Occupational, Speech Therapy (Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment.)	\$40 copay	\$30 copay	\$20 copay
Durable Medical Equipment (\$2,500 Calendar Year Maximum)	50%	50%	50%
Inpatient Hospital	60% after deductible	70% after deductible	80% after deductible
Outpatient Surgery	60% after deductible	70% after deductible	80% after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay	\$100 copay
Mental Health — Inpatient (Biologically Based: Treated the same as any other illness. Non-Biologically Based: Max. of 30 days per calendar year.)	60% after deductible	70% after deductible	80% after deductible
Substance Abuse — Inpatient (Drug Abuse Detox.: Unlimited days per calendar year; Drug Abuse Rehab.: Max. of 30 days per calendar year; 90 days per lifetime. Alcohol Abuse is treated the same as any other illness.)	60% after deductible	70% after deductible	80% after deductible
Routine Eye Exam	\$40 copay	\$30 copay	\$20 copay
Glasses and Contact Lens Reimbursement	\$100/24 month period	\$100/24 month period	\$100/24 month period
Vision One Discount Program	Included	Included	Included
Prescription Drugs: 30-day supply Retail or Mail Order: 90-day supply, two times the 30-day supply	\$15/\$25/\$40	\$10/\$20/\$35	\$10/\$20
Contraceptives and Diabetic Supplies	Included	Included	Included
Optional Features:	– HMO Dental Rider (See Page 18)	– HMO Dental Rider (See Page 18)	– HMO Dental Rider (See Page 18)

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

POS PLAN OPTIONS

Additional plans are available. Please contact your broker or Aetna.						
	NJ POS No-Referral 1 S**		NJ POS No-Referral 2 S**		NJ POS No-Referral 3 S**	
MEMBER BENEFITS	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed
Plan Coinsurance (Applies to most services)	N/A	60% after deductible	N/A	70% after deductible	N/A	80% after deductible
Calendar Year Deductible	N/A	\$1,000 per member \$2,000 family	N/A	\$500 per member \$1,000 family	N/A	\$300 per member \$600 family
Calendar Year Out-of-Pocket Maximum	\$1,500 per member \$3,000 family	\$10,000 per member \$20,000 family	\$1,500 per member \$3,000 family	\$5,000 per member \$10,000 family	\$1,500 per member \$3,000 family	\$3,000 per member \$6,000 family
Lifetime Maximum Benefit	Unlimited	\$5,000,000	Unlimited	\$5,000,000	Unlimited	\$5,000,000
Primary Physician Office Visit	\$20 copay	60% after deductible	\$15 copay	70% after deductible	\$10 copay	80% after deductible
Specialist Office Visit	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Outpatient Services (Diagnostic/X-Ray/Lab)	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Chiropractic Services (30 visits per calendar year. In-network and out-of-network combined.)	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Outpatient Physical, Occupational and Speech Therapy (In-Network: Treatment over a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment. Out-of-Network: Cognitive and speech therapy (combined) 30 visits per calendar year; occupational and physical therapy (combined) 30 visits per calendar year)	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$20 copay	80% after deductible
Durable Medical Equipment (\$2,500 Calendar Year Maximum. In-network and out-of-network combined.)	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Inpatient Hospital	\$250 copay per day, 5 day copay maximum per admission	60% after deductible	\$125 copay per day, 5 day copay maximum per admission	70% after deductible	\$0 copay per admission	80% after deductible
Outpatient Surgery	\$250 copay	60% after deductible	\$125 copay	70% after deductible	\$0 copay	80% after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Mental Health — Inpatient (Biologically Based: Treated the same as any other illness. Non-Biologically Based: Max. of 30 days per calendar year.)	\$250 copay per day, 5 day copay maximum per admission	60% after deductible	\$125 copay per day, 5 day copay maximum per admission	70% after deductible	\$0 copay per admission	80% after deductible
Substance Abuse – Inpatient (Drug Abuse Detox.: 30 days per calendar year. Drug Abuse Rehab.: Max. of 30 days per calendar year; 90 days per lifetime. Alcohol Abuse is treated the same as any other illness.)	\$250 copay per day, 5 day copay maximum per admission	60% after deductible	\$125 copay per day, 5 day copay maximum per admission	70% after deductible	\$0 copay per admission	80% after deductible
Routine Eye Exam	\$40 copay	Not Covered	\$30 copay	Not Covered	\$20 copay	Not Covered
Glasses and Contact Lens Reimbursement	\$100/24 month period	Not Covered	\$100/24 month period	Not Covered	\$100/24 month period	Not Covered
Vision One Discount Program	Included	Not Covered	Included	Not Covered	Included	Not Covered
Prescription Drugs: 30-day supply Retail or Mail Order: 90-day supply, two times the 30-day supply	\$15/\$25/\$40	Not Covered	\$10/\$20/\$35	Not Covered	\$10/\$20	Not Covered
Contraceptives and Diabetic Supplies	Included	Not Covered	Included	Not Covered	Included	Not Covered
*Optional Features:	– HMO Dental Rider (In-Network Benefits Only) (See Page 18)		– HMO Dental Rider (In-Network Benefits Only) (See Page 18)		– HMO Dental Rider (In-Network Benefits Only) (See Page 18)	

*This is a partial description of benefits available; for more information, refer to the specific plan design summary. The dollar amount copayments indicate what the member is required to pay and the percentage copayments indicate what Aetna is required to pay. Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

SMALL GROUP MANDATED PLAN OPTIONS

Additional plans are available. Please contact your broker or Aetna.	NJ HMO \$15 Plan†	NJ Indemnity Plan D†
MEMBER BENEFITS	In-Network PCP Coordinated	No Referral Needed
Plan Coinsurance (Applies to most services)	N/A	80% after deductible
Calendar Year Deductible	N/A	\$500 per member \$1,000 family
Calendar Year Out-of-Pocket Maximum	N/A	\$2,500 per member \$5,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited
Primary Physician Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$15 copay	80% after deductible
Outpatient Services (Diagnostic/X-Ray/Lab)	\$15 copay	80% after deductible
Chiropractic Services (30 visits per calendar year)	\$15 copay	80% after deductible
Outpatient Physical, Occupational, Speech Therapy (Cognitive and speech therapy (combined) 30 visits per calendar year; occupational and physical therapy (combined) 30 visits per calendar year.)	\$15 copay	80% after deductible
Durable Medical Equipment	\$0 copay	80% after deductible
Inpatient Hospital	\$150 copay per day, 5 day copay maximum per admission, \$1,500 calendar year maximum	80% after deductible
Outpatient Surgery	\$15 copay	80% after deductible
Emergency Room (Copay waived if admitted.)	\$100 copay	\$100 copay plus 80% after deductible
Mental Health — Inpatient (Biologically Based: Treated the same way as any other illness. Non-Biologically Based: Max. of 30 days per calendar year.)	\$150 copay per day, 5 day copay maximum per admission, \$1,500 calendar year maximum	80% after deductible
Substance Abuse — Inpatient (Max. of 30 days per calendar year. Alcohol abuse is treated the same as any other illness.)	\$150 copay per day, 5 day copay maximum per admission, \$1,500 calendar year maximum	80% after deductible
Routine Eye Exam	\$15 copay	80% after deductible
Glasses and Contact Lens Reimbursement	Not Included	Not Included
Vision One Discount Program	Included	Included
Prescription Drugs: 30-day supply Retail or Mail Order: 90-day supply, one times the 30-day supply	\$15/\$25/\$40	80% after deductible. Integrated medical/pharmacy deductible.
Contraceptives and Diabetic Supplies	Included	Included

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

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

OUT-OF-REGION PLAN OPTIONS

PLAN OPTIONS	High PPO \$250 ^{††}		Medium PPO \$500 ^{††}		Low PPO \$1,000 ^{††}		Traditional Choice ^{††}
MEMBER BENEFITS	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed	No Referral Needed
Plan Coinsurance (Applies to most services)	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Calendar Year Deductible	\$250 per member \$500 family	\$500 per member \$1,000 family	\$500 per member \$1,000 family	\$1,000 per member \$2,000 family	\$1,000 per member \$3,000 family	\$2,000 per member \$6,000 family	\$500 per member \$1,500 family
Coinsurance Maximum (Deductible and certain payments do not apply)	\$1,000 per member \$2,000 family	\$2,000 per member \$4,000 family	\$2,000 per member \$4,000 family	\$4,000 per member \$8,000 family	\$2,500 per member \$7,500 family	\$5,000 per member \$15,000 family	\$2,000 per member \$6,000 family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Physician Office Visit	\$15 copay (deductible waived)	70% after deductible	\$20 copay (deductible waived)	60% after deductible	\$25 copay (deductible waived)	60% after deductible	80% after deductible
Specialist Office Visit	\$15 copay (deductible waived)	70% after deductible	\$20 copay (deductible waived)	60% after deductible	\$40 copay (deductible waived)	60% after deductible	80% after deductible
Outpatient Services (Diagnostic/X-Ray/Lab)	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Chiropractic Services (\$1,000 Calendar Year Maximum. In-network and out-of-network combined.)	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Outpatient Physical, Occupational, Speech Therapy	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Inpatient Hospital	90% after deductible	\$500 copay per admission plus 70% after deductible	\$100 copay per admission plus 80% after deductible	\$500 copay per admission plus 60% after deductible	\$250 copay per admission plus 80% after deductible	\$500 copay per admission plus 60% after deductible	\$250 copay per admission plus 80% after deductible; \$250 copay per admission is applicable to the first three admissions per calendar year.
Outpatient Surgery	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Emergency Room (Copay waived if admitted.)	\$75 copay plus 90% (deductible waived)	\$75 copay plus 90% (deductible waived)	\$75 copay plus 80% (deductible waived)	\$75 copay plus 80% (deductible waived)	\$75 copay plus 80% (deductible waived)	\$75 copay plus 80% (deductible waived)	80% after deductible
Mental Health — Inpatient (Max. of 30 days per calendar year.)	90% after deductible	\$500 copay per admission plus 70% after deductible	\$100 copay per admission plus 80% after deductible	\$500 copay per admission plus 60% after deductible	\$250 copay per admission plus 80% after deductible	\$500 copay per admission plus 60% after deductible	\$250 copay per admission plus 80% after deductible
Substance Abuse — Inpatient (Max. of 30 days per calendar year.)	90% after deductible	\$500 copay per admission plus 70% after deductible	\$100 copay per admission plus 80% after deductible	\$500 copay per admission plus 60% after deductible	\$250 copay per admission plus 80% after deductible	\$500 copay per admission plus 60% after deductible	\$250 copay per admission plus 80% after deductible
Prescription Drugs Retail: per 30-day supply Mail Order: two times retail copay, 31-60-day supply available	\$10/\$20/\$35 after \$100 per member/ \$300 family deductible. Combined in-network and out-of-network deductible for all covered brand-name drugs.	\$10/\$20/\$35 plus 80% after \$100 per member/\$300 family deductible.	\$10/\$20/\$35 after \$100 per member/ \$300 family deductible. Combined in-network and out-of-network deductible for all covered brand-name drugs.	\$10/\$20/\$35 plus 80% after \$100 per member/\$300 family deductible.	\$10/\$20/\$35 after \$100 per member/ \$300 family deductible. Combined in-network and out-of-network deductible for all covered brand-name drugs.	\$10/\$20/\$35 plus 80% after \$100 per member/\$300 family deductible.	80% after deductible for all covered prescriptions. Integrated medical/pharmacy deductible.
Contraceptives and Diabetic Supplies	Included	Included	Included	Included	Included	Included	Included

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

^{††}Employees inside of the regional rating area are: Connecticut, Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia and Washington, D.C. where Aetna has a HMO network. PPO is not available in some states. Traditional plans is offered in these states: Alaska, Hawaii, Idaho, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Utah, Vermont, Wisconsin, Wyoming.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services, such as non-emergency hospital care.

NOTE: For a summary of Limitations and Exclusions, refer to page 31.

DENTAL PLAN OPTIONS

Available With an Aetna Medical Plan (2 – 50 eligibles) Available Standalone (10 – 50 eligibles)	Plan Option 1 Dental HMO — available only with HMO Medical Plan	Plan Option 2 DMO	Plan Option 3 Freedom-of-Choice — Monthly selection between the DMO and the PPO Max		Plan Option 4 PPO Max	Plan Option 5 Active PPO Plan	
MEMBER BENEFITS		DMO Plan 100/80/50	DMO Plan 100/90/60	PPO Max Plan 100/70/40	PPO Max Plan 100/80/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/40
Office Visit Copay	\$2**	\$5**	\$5**	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	None	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum	\$50; 3x Family Maximum
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	\$1,000	\$1,500	\$1,500	\$1,000
DIAGNOSTIC SERVICES							
Oral Exams							
Periodic oral exam	No Charge	100%	100%	100%	100%	100%	80%
Comprehensive oral exam	No Charge	100%	100%	100%	100%	100%	80%
Problem-focused oral exam	No Charge	100%	100%	100%	100%	100%	80%
X-rays							
Bitewing — single film	No Charge	100%	100%	100%	100%	100%	80%
Complete series	No Charge	100%	100%	100%	100%	100%	80%
PREVENTIVE SERVICES							
Adult cleaning	No Charge	100%	100%	100%	100%	100%	80%
Child cleaning	No Charge	100%	100%	100%	100%	100%	80%
Sealants — per tooth	Discounted Fee	100%	100%	100%	100%	100%	80%
Fluoride application — with cleaning	No Charge	100%	100%	100%	100%	100%	80%
Space maintainers	Discounted Fee	100%	100%	100%	100%	100%	80%
BASIC SERVICES							
Amalgam filling	No Charge	80%	90%	70%	80%	80%	60
Resin filling — 2 surfaces anterior	Discounted Fee	80%	90%	70%	80%	80%	60%
Oral Surgery							
Extraction — exposed root or erupted tooth	Discounted Fee	80%	90%	70%	80%	80%	60%
Extraction of impacted tooth — soft tissue	Discounted Fee	80%	90%	70%	80%	80%	60%
MAJOR SERVICES*							
Complete upper denture	Discounted Fee	50%	60%	40%	50%	50%	40%
Partial upper denture (resin base)	Discounted Fee	50%	60%	40%	50%	50%	40%
Crown — Porcelain with noble metal	Discounted Fee	50%	60%	40%	50%	50%	40%
Pontic — Porcelain with noble metal	Discounted Fee	50%	60%	40%	50%	50%	40%
Inlay — Metallic (3 or more surfaces)	Discounted Fee	50%	60%	40%	50%	50%	40%
Oral Surgery							
Removal of impacted tooth — partially bony	Discounted Fee	50%	60%	40%	50%	50%	40%
Endodontic Services							
Bicuspid root canal therapy	Discounted Fee	80%	90%	40%	50%	50%	40%
Molar root canal therapy	Discounted Fee	50%	60%	40%	50%	50%	40%
Periodontic Services							
Scaling & root planing — per quadrant	Discounted Fee	80%	90%	40%	50%	50%	40%
Osseous surgery — per quadrant	Discounted Fee	50%	60%	40%	50%	50%	40%
Orthodontic Services*	Discounted Fee	\$2,300 copay**	\$2,300 copay**	Not covered	Not covered	50%	40%
Orthodontic Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	\$1,000	\$1,000

Note: For New Jersey groups with 25 or more eligible employees, the DMO in Plan Option 2 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 or 5.

*Coverage Waiting Period: Must be a member of a plan covering Major Services for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the Basic Dental Rider in Plan Option 1 or DMO in Plan Options 2 & 3.

**Dollar amounts indicated are member responsibility.

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

The DMO in Plan Option 2 can be offered with either of the PPO plans in Plan Options 4 & 5 in a Dual Option package.

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

Plan Options 3 & 4; PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area. Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 31.

OUT-OF-REGION DENTAL PLAN OPTIONS

Available With an Aetna Medical Plan (2 – 50 Eligible Employees) Available Without Medical Plan (Dental Standalone) to Groups with 10 - 50 Eligible Employees	Low Option No Ortho	Low Option Ortho	Medium Option No Ortho	Medium Option Ortho
MEMBER BENEFITS	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum	\$50; 3X Family Maximum
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500	\$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%	80%	80%	80%
Resin filling — 2 surfaces anterior	80%	80%	80%	80%
Oral Surgery				
Extraction — exposed root or erupted tooth	80%	80%	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%	80%	80%
MAJOR SERVICES*				
Complete upper denture	50%	50%	50%	50%
Partial upper denture (resin base)	50%	50%	50%	50%
Crown — Porcelain with noble metal	50%	50%	50%	50%
Pontic — Porcelain with noble metal	50%	50%	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	50%	50%
Oral Surgery				
Removal of impacted tooth — partially bony	50%	50%	50%	50%
Endodontic Services				
Bicuspid root canal therapy	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%
Periodontic Services				
Scaling & root planing — per quadrant	50%	50%	50%	50%
Osseous surgery — per quadrant	50%	50%	50%	50%
Orthodontic Services*				
Orthodontic Lifetime Maximum	Does not apply	\$1,000	Does not apply	\$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services.
 Access to negotiated discounts; On all PPO Max plans, members are eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period.
 PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.
 Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.
 Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 31.
 For out-of-region employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, Wyoming.

Aetna Life and Disability

The streamlined Life and Disability package includes a range of flat dollar insurance options bundled together in one monthly per employee rate — resulting in a simplified quotation process. These products are easy to understand, and offer affordable benefits together with valuable services at no additional cost. Plan sponsors will also benefit from streamlined plan installation, administration and claims processing. Or, if a Life solution is all you're looking for, you may also just simply choose from our portfolio of Group Basic Term Life plans.

Additionally, Aetna's Legal Reference Program+ is available to all employees and beneficiaries and offers them legal information and discounted legal services through Advisory Communications Systems, Inc.

Aetna is one of the only carriers that can offer a benefits portfolio that includes health, dental, life and a specialized disability offering — one-stop shopping through a single carrier. Products that meet your company's bottom line. Benefits that meet the financial security needs of your employees.

Group Life Insurance

Basic Term Life is a low-cost, high-value addition to any benefits package. Small business Life plans also include:

- **AD&D Ultra®** — AD&D Ultra is a breakthrough product that offers much more accidental coverage and financial security at the same cost as traditional AD&D coverage, and is automatically included in all employee term Life plans. AD&D Ultra features 13 benefits that set the standard for family-friendly accidental loss protection. It includes several additional benefits: passenger restraint and airbag, education benefit for dependent child and/or spouse, child care benefit, repatriation of remains benefit, coma benefit, total disability benefit and 365-day covered loss period.*

- **Accelerated Death Benefit** — Also called the “living benefit,” provides an early payment to terminally ill employees or spouses. For New Jersey, payment equals up to 50% of the life insurance benefit with a minimum of \$5,000. For Pennsylvania, payment equals up to 50% of the life insurance benefit. Minimum benefit is 25% of the life insurance benefit with no minimum dollar requirement.
- **Premium Waiver Provision** — Employee coverage may stay in effect without premium payments up to age 65 if an employee is permanently and totally disabled while insured because of an illness or injury prior to age 60.
- **Guaranteed Issue** — Coverage is individually “guaranteed issue” up to \$50,000 for groups with 10 or more eligible employees, and \$15,000 for groups with 2 – 9 eligible employees.
- **Aetna Beneficiary Solutions™ Program+** — Families who have lost a loved one need more than a benefit payment. This is why Aetna has developed a full range of services designed to help beneficiaries and survivors make sound financial decisions for the future. These services include an interest-bearing account, customized investment programs with confidential, free financial counseling through Chase Investment Services Corp., as well as Aetna's Legal Reference Program for all beneficiaries.

Disability

Disability insurance is an affordable way to protect employees' income in the event of an injury or sickness. It provides a reasonable replacement of lost income for the employee, and helps reduce employer costs compared to the cost of carrying disabled employees on the payroll while also paying overtime to other employees or hiring replacements. This specially designed Disability product contains a variation of Long Term Disability benefits that — at a crucial time — helps employees transition from most employer-sponsored salary continuation programs to Social Security.

Aetna draws on its solid history and experience in the Group Disability market to offer Disability solutions for all types of employers. Aetna's Disability plan administration is easy and dependable:

Today's small business owners are looking for answers. Beyond medical coverage, Aetna offers specially designed group Life and Disability solutions to meet the unique business needs of small business owners. Aetna offers three options that allow employers to choose the plan they want to offer, at the price they want to pay.

- **Fast, accurate claim payments** from our dedicated disability benefit system that automates benefit calculations, claim histories and audit and security features.
- **Designated claim analysts** who serve as the employee's single point of contact to our team of claim and clinical professionals. Our nurse case managers and vocational rehabilitation specialists are available to work with employees facing complex clinical and functional challenges to help achieve a positive outcome for the employee and cost-effective claim management for you.
- We align clinical and claim management expertise with the nature and complexity of each claim to provide **the right touch at the right time™** for you and your ill or injured employees.

*365-day covered loss period applies to losses other than loss of life for Pennsylvania plans.

NOTE: For a summary list of AD&D Ultra and Disability Limitations and Exclusions, refer to page 32.

+For the Aetna Beneficiary Solutions Program, securities and investment advisory services are independently offered through Chase Investment Services Corp. (CISC). A member of NASD/SIPC and a subsidiary of J.P. Morgan Chase Bank, CISC is a full-service broker-dealer and Registered Investment Advisor. Aetna does not warrant or guarantee and makes no representations as to the quality of services offered by CISC. The Legal Reference Program is independently offered and administered by Advisory Communications Systems, Inc. (ACS). Aetna does not participate in attorney selection or review, and does not monitor ACS services, content or network. Aetna does not provide legal services and makes no representations or warranties as to the quality of the services of ACS or of any attorney in the ACS network.



LIFE AND DISABILITY BENEFITS

AETNA SMALL GROUP PACKAGED LIFE & DISABILITY PLAN OPTIONS

Packaged Life & Disability Benefits	Low Option	Medium Option	High Option
BASIC LIFE PLAN DESIGN			
Benefit	Flat \$10,000	Flat \$20,000	Flat \$50,000
Guaranteed Issue 2 – 9 Lives 10 – 50 Lives	\$10,000 \$10,000	\$15,000 \$20,000	\$15,000 \$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
Premium Waiver Provision	Premium Waiver 60	Premium Waiver 60	Premium Waiver 60
Accelerated Death Benefit	Up to 50% of Life Amount	Up to 50% of Life Amount	Up to 50% of Life Amount
Dependent Life	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000	Spouse \$5,000; Child \$2,000
AD&D Ultra	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
DISABILITY PLAN DESIGN			
Monthly Benefit	Flat \$500; No offsets	Flat \$1,000; Only offset Workers' Compensation, any state disability plan, and primary & family Social Security benefits Benefit if applicable	Flat \$1,000; Only offset Workers' Compensation, any state disability plan, and primary & family Social Security benefits Benefit if applicable
Elimination Period	30 days	30 days	30 days
Definition of Disability	Own occupation 20% Earnings Loss (80% Earnings Test)	Own occupation 20% Earnings Loss (80% Earnings Test)	Own occupation 1st 24 months of benefits, any reasonable occupation thereafter; 20% earnings loss during the own occupation period including the elimination period 40% earnings loss thereafter
Benefit Duration	24 months of benefits	24 months of benefits	60 months of benefits
Pre-Existing Condition Limitation	3/12	3/12	3/12
Types of Disability	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
Mental Health/Substance Abuse	24 months of benefits	24 months of benefits	24 months of benefits
Rates* (per employee per month)	\$8	\$15	\$27

*The above rates are valid for effective dates up to December 31, 2004 and are guaranteed for an assumed 12-month first-year policy period.



TERM LIFE BENEFITS

AETNA SMALL GROUP BASIC EMPLOYEE TERM LIFE PLAN OPTIONS

Term Life Benefits are also available separately from the packaged product.

Term Life Benefits	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 — 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 50% of Life Amount	Up to 50% of Life Amount
Guaranteed Issue	\$15,000	\$50,000
Participation Requirements	100%	100% on noncontributory plans; 75% on contributory plans
Contribution Requirements	100% Employer Contribution	Minimum 50% Employer Contribution
AD&D ULTRA		
AD&D Schedule	Automatically Included; Same as Life plan	Automatically Included; Same as Life plan
Additional Benefits	Passenger Restraint & Airbag, Education (for dependent child and/or spouse), Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss (not applicable to loss of life for PA plans)	Passenger Restraint & Airbag, Education (for dependent child and/or spouse), Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss (not applicable to loss of life for PA plans)
OPTIONAL DEPENDENT TERM LIFE		
Spouse Amount	Not Available	\$5,000
Child Amount	Not Available	\$2,000

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Pennsylvania Medical Underwriting Guidelines

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

ELIGIBLE CASES	
Participation	<ul style="list-style-type: none"> ■ Groups with 2 to 19 eligible employees — 100% of the eligibles must participate, excluding those with existing spousal, governmental (Medicare, Medicaid, military) or union coverage. A minimum of two employees must enroll. Example: 19 employees, 3 covered under spouse $19 - 3 = 16 \times 100\% = 16$ must enroll ■ Groups with 20 to 50 eligible employees — 75% of the eligibles must participate, excluding those with qualifying existing spousal, governmental (Medicare, Medicaid, military) or union coverage. Example: 22 lives, 2 covered under spouse $22 - 2 = 20 \times 75\% = 15$ (rounded down) must enroll. ■ 100% participation is required for non-contributory plans. That means 100% of all employees must enroll. ■ Dependent participation is not required. ■ Any eligible employees waiving coverage must complete the waiver section of the Employee Application and provide proof of other coverage by providing a copy of the I.D. card. ■ Coverage can be denied based on inadequate participation.
Employer Contributions	Coverage can be denied if the employer contributes less than 50% of employee-only annual premium.
Employer Eligibility	<ul style="list-style-type: none"> ■ Medical plans can be offered to sole proprietorships, partnerships or corporations. ■ Organizations must not be formed solely for the purpose of obtaining health coverage. ■ Associations, Taft Hartley, Professional Employers Organizations (PEOs)/employee leasing firms and closed groups are not eligible.
Employee Eligibility	<ul style="list-style-type: none"> ■ Eligible employees are those employees who are permanent and work on a full-time basis with a normal workweek of at least 25 hours, and who have met any authorized waiting period requirements. ■ This includes a sole proprietor or partner of a partnership, if included as an employee in the health benefit plan of employer. ■ Coverage must be extended to all employees meeting the above conditions, unless they belong to a union class excluded as the result of a collective bargaining arrangement. ■ Employees who do not meet the definition of a permanent full-time employee will not be eligible (e.g., leased, part-time, temporary, seasonal or substitute employees). ■ Coverage is available for Medicare-eligible retirees and/or active Medicare-eligibles through Aetna Retiree Markets. Aetna Retiree Markets offers a variety of Medicare+ Choice products and plan designs for eligible customers. For coverage please send requests to Retiree Markets Sales Support at RMSupport@Aetna.com.
Dependent Eligibility	<ul style="list-style-type: none"> ■ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19, or 23 if full-time student). ■ Individuals cannot be covered as an employee and dependent under the same plan. Children eligible for coverage through both parents cannot be covered by both parents under the same plan. ■ Dependents must enroll in the same benefit option as the employee. ■ If both husband and wife work for the same company and apply under one contract, rates will be based on the oldest adult.
Commuters	For groups with 50% or less employees that work or reside outside of the regional rating area (PA,NJ,DE,MD, DC,VA,NY,CT), Aetna will quote an out-of-region plan for these employees. If more than 50% of the group's employees work or reside outside the Mid-Atlantic region, Aetna will decline to offer coverage for these employees.
Options Sales	It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligible employees.
Dual Product Option	<ul style="list-style-type: none"> ■ Dual option is when more than one Aetna plan is offered to members. ■ Groups with 2 – 50 eligibles may offer two Aetna products.
Excluded Class/Carve Outs	<ul style="list-style-type: none"> ■ Union employees are the only class of employees that may be excluded. ■ Management carve outs are not permitted.
Employer Financial Conditions	<ul style="list-style-type: none"> ■ Coverage will not be provided to groups that are not in sound financial condition. ■ Dun & Bradstreet reports may be reviewed for financial soundness. ■ Current carrier bill with billing summary will be required; bill must include an account summary showing the plan is paid to the current premium due date. ■ Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until (1) 12 months after the termination date; or (2) payment of two months of premium in advance of issuance of the health benefits plan.

CASE SUBMISSION	
Tax Information	<ul style="list-style-type: none"> ■ Must submit a copy of the most recent UC-2/Quarterly Wage and Tax Statement (Unemployment Compensation Tax Form), which must contain the names, salaries, etc. of all employees of the employer group. ■ If there are employees who have the same last name, provide a W-2 for each employee with the same last name and a UC-2 for all other employees. ■ Employees who have terminated or work part-time should be noted accordingly on the UC-2. ■ New hires that do not appear on the UC-2 need to submit payroll information reflecting federal and state tax information. ■ Owners, partners or corporate officers not listed on the UC-2 need to complete the Small Group Proof of Eligibility Form and submit the documents listed below. <p>If Sole Proprietor not on UC-2, submit:</p> <ul style="list-style-type: none"> > Filed Assumed Name Certificate (Fictitious Business Name or DBA) and > Certificate of Organization (for LLC) > One of the following: (1) IRS Form 1040C or 1040F, (2) IRS Form 1040 ES or (3) IRS Form 1040SE. <p>If Partner not on UC-2, submit:</p> <ul style="list-style-type: none"> > Filed Partnership Agreement > Assumed Name Certificate (Fictitious Business Name or DBA) and > Certificate of Organization (for LLP) > One of the following: (1) IRS Form 1065 (Schedule K-1) or (2) IRS Form 1040SE or (3) IRS Form 1040ES <p>If Corporate Officer not on UC-2, submit:</p> <ul style="list-style-type: none"> > Assumed Name Certificate (Fictitious Business Name or DBA) and > Articles of Incorporation (including name of officers, shareholders and directors) > One of the following: (1) C-Corp & Personal Services Corporation: IRS Form 1120, 1120A or 1120W or (2) S-Corp: IRS Forms 1120 S, Scheduled K-1 or 1040 ES
Newly Formed Business (that cannot provide requested Tax Information above)	<p>Must provide the following documentation for consideration:</p> <ul style="list-style-type: none"> ■ Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees and number of hours worked each week; ■ Tax I.D. Number; AND ■ Copy of new business license.
COBRA Eligible	<ul style="list-style-type: none"> ■ COBRA eligibles are included in the medical underwriting of the group. ■ Health information must be provided on COBRA individuals along with the rest of the group. ■ Date COBRA coverage began will be required at time of enrollment.
Medical Underwriting	A group with 2 – 50 eligible, including COBRA eligible, cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions.
Licensed, Appointed Producers	<ul style="list-style-type: none"> ■ Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products. ■ All quotes are subject to change based upon additional information that becomes available in the quoting process and during case submission/installation including any change in census.
Initial Premium Check	<ul style="list-style-type: none"> ■ An initial premium check equal to one month's premium must accompany application. This initial check is not a binder check. ■ If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, the initial premium check will be returned to the employer. ■ Checks must be on company check stock (personal checks not acceptable). ■ If the initial premium check is returned for non-sufficient funds coverage will be terminated retroactive to the effective date.
CASE INSTALLATION	
Effective Date	<ul style="list-style-type: none"> ■ The effective date will be the 1st or the 15th of the month. ■ The effective date requested by the employer may be up to 60 days in advance.
Cut Off Dates	Groups with 2 to 50 eligible must have all completed paperwork into Aetna Underwriting one (1) business day prior to the requested effective date. If not received by this date, the effective date will be moved to the next month.
Late Applicants	Late applicants will be postponed to the next open enrollment period.
Probationary Period	<ul style="list-style-type: none"> ■ It is the employer's decision whether or not to impose a probationary period. ■ This must be consistently applied within a class of employees. ■ If there is an option sale, the probationary period must match the other carrier's probationary period. <p>In all cases, the effective date for a new employee will coincide with the premium due date (i.e., the 1st or the 15th of the month).</p>
Replacing Other Group Coverage	<ul style="list-style-type: none"> ■ 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 he or she has been notified of approval.

New Jersey Medical Underwriting Guidelines

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

Carve Outs/Excluded Class	<ul style="list-style-type: none"> Union employees, as a class, may be excluded by an employer, as not being eligible for coverage. Carve Outs are permitted provided minimum participation and eligibility requirements are met.
Census Data — required to obtain a quote for all products	<ul style="list-style-type: none"> Census data must be provided on all eligible (and COBRA/State Continuation eligible) employees and includes name, age/date of birth, date of hire, gender, dependent status, and residence zip code. Retirees are not eligible. New Business rating will be based on <u>final</u> enrollment.
COBRA/State Continuance Eligible	<ul style="list-style-type: none"> COBRA/State Continuation eligible should be included on the census. COBRA/State Continuation qualifying event date is required at time of enrollment. Employers with 20 or more employees full & part-time are required to offer COBRA Coverage. Employers with less than 20 employees full & part-time are required to offer State Continuation.
Cut Off Dates	<ul style="list-style-type: none"> Groups with 2 to 50 eligible employees must have all <u>completed</u> paperwork into Aetna Underwriting 3 business day days prior to the requested effective date for all groups with Brokers located in Northern New Jersey and 1 business day prior to the requested effective date for all groups with Brokers located in Southern New Jersey. If not received by this date, the effective date will be moved to the first of the next month.
Dependent Eligibility	<ul style="list-style-type: none"> Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19 or 23 if fulltime student). Effective 7/10/04 at the option of the employer, Domestic Partners are considered eligible dependents with State filed verification of Domestic Partner status (i.e. copy of filed Certificate of Domestic Partnership). If an employee and dependent work for the same company, please refer to employee eligibility. Individuals cannot be covered as an employee and dependent under the same plan. Children eligible for coverage through both parents cannot be covered by both parents under the same plan. Dependents must enroll in same benefit options as the employee.
Dual Product Option	<ul style="list-style-type: none"> Dual product option is when more than one Aetna plan is offered to members in the same network or service area. We strongly recommend groups 2 – 19 eligibles offer 1 plan option.
Effective Date	<ul style="list-style-type: none"> The effective date will be the 1st or the 15th of the month. The effective date requested by the employer may be up to 60 days in advance.
Employer Contributions	<ul style="list-style-type: none"> Coverage can be denied if the employer contributes less than 10% of an employee's annual premium the annual cost of the health benefits plan.
Employee Eligibility	<ul style="list-style-type: none"> Eligible employees are those employees who are permanent and work on a full-time basis with a normal workweek of at least 25 hours, and who have met any authorized waiting period requirements. This includes a sole proprietor with one or more eligible employees, 1099 contractors or a partner of a partnership, if included as an employee under the health benefit plan of a small employer. Employees in the probationary period are considered when the 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 determine 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 who do not meet the definition of a permanent full-time employee will not be eligible, (e.g. Leased, part-time, temporary, seasonal or substitute employees)
Employer Eligibility	<ul style="list-style-type: none"> Medical plans can be offered to sole proprietorships with one or more eligible employees, partnerships or corporations. Organizations must not be formed solely for the purpose of obtaining health coverage. Associations, Taft Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms must be written individually and are not eligible to be combined for purposes of obtaining health coverage. A copy of the certificate of fictitious name should be provided. Submission of the most recent WR30/quarterly Wage and Tax Statement which must contain the names, salaries, etc. of all employees of the employer group. <ul style="list-style-type: none"> > If there are employees who have the same last name, provide a W-2 for each employee. > Employees who have terminated or work part-time should be noted accordingly on the WR-30. > Employee not listed on the WR-30 should have a payroll stub indicating Federal & State Tax with-holding. > If employee is sole proprietor, partner or corporate officers, the Proof of Eligibility form must be completed and submitted with the following:

	<p>Sole Proprietor Summit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ▪ Assumed Name Certificate (Fictitious Business Name or DBA) <u>AND</u> ▪ Filed Certificate of Organization (Only required for LLC) 	<p>Partner Summit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ▪ State Filed Partnership Agreement ▪ Filed Assumed Name Certificate (Fictitious Business Name or DBA); <u>AND</u> ▪ Filed Certificate of Organization (only required for LLP) 	<p>Corporate Officers Summit <u>all</u> applicable:</p> <ul style="list-style-type: none"> ▪ Filed Assumed Name Certificate (Fictitious Business Name or DBA) ▪ Articles of Incorporation (complete, including name of officers) <u>AND</u> ▪ Filed Certification of Qualification (if incorporated in a different state)
	<p>Must submit one of the following:</p> <ul style="list-style-type: none"> ▪ IRS Form 1040C or 1040F ▪ IRS Form 1040 SE ▪ IRS Form 1040 ES (estimated tax) 	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ IRS Form 1065 (Schedule K-1) ▪ IRS Form 1040 SE ▪ IRS Form 1040 ES (estimated tax) 	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ IRS Form 1120, 1120 A or 1120 W (C-Corp & Personal Service Corp) ▪ IRS Form 1120 S, K-1 or 1040 ES (S-Corp)
Employer Financial Conditions	<ul style="list-style-type: none"> ▪ Current carrier bill with billing summary if applicable will be required. Bill must include an account summary showing the Plan is paid to the current premium due date. ▪ Groups that have been terminated for non-payment by Aetna may require six (6) months of premium with application. 		
Initial Premium Check	<ul style="list-style-type: none"> ▪ The initial premium check is not a binder check and does not bind Aetna to provide coverage. ▪ An initial premium check equal to one month's premium must accompany application. ▪ If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, or other permissible reasons, the initial premium check will be returned to the employer. ▪ Checks must be on company check stock, (personal checks not acceptable). ▪ If the initial premium check is returned for non-sufficient funds coverage will be terminate retroactive to the effective date. 		
Late Applicants	<ul style="list-style-type: none"> ▪ Late applicants will be enrolled as of the date the individual requests coverage subject to 31 days from the date of receipt of the application. Pre-existing condition limitations will apply. (ex. Application signed 1/1 requesting 1/1 effective date, received by underwriting Aetna on 7/1, earliest effective date will be 6/1) 		
Newly Formed Business	<ul style="list-style-type: none"> ▪ Must provide the following documentation for consideration: <ul style="list-style-type: none"> > Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees, number of hours worked on a regular basis, indication of salary draw. > Tax I.D Number and > Copy of Business License. 		
Option Sales	<ul style="list-style-type: none"> ▪ It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligible employees. 		

<p>Participation</p>	<ul style="list-style-type: none"> ▪ Groups with 2 to 50 eligible lives - 75% of eligibles must enroll including those covered under a spouse's health benefits plan, Medicare or another group health benefits plan. In calculating participation, individuals with these types of other coverages must be counted as participating. Example: 22 lives, 2 covered under spouse 22 x 75% = 16.5, rounded 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 and provide proof of other coverage by providing a copy of the their spouse's current I.D. card. ▪ Coverage can be denied based on inadequate participation.
<p>Probationary Period</p>	<ul style="list-style-type: none"> ▪ The employer decides whether or not to impose a probationary period. ▪ The available waiting periods are 0, 30, 60, 90, 120 or 180 days. ▪ We strongly recommend an effective date of the 1st or 15th of the policy month following the probationary period of 0, 30, 60, 90, 120 (excludes 180 days) for new or rehired employees. If electing this option, please indicate on the employer application. ▪ Changes to probationary period allowed on anniversary only.
<p>Producers</p>	<ul style="list-style-type: none"> ▪ Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products. ▪ All quotes are subject to change based upon additional information that becomes available in the quoting process and during the case submission/installation, including any change in census.
<p>Rate Tier Structure</p>	<ul style="list-style-type: none"> ▪ 4 tiers required. ▪ Class Rated based on demographics.
<p>Replacing other Group Coverage</p>	<ul style="list-style-type: none"> ▪ 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.
<p>Retiree Eligible</p>	<ul style="list-style-type: none"> ▪ Coverage is available for Medicare-eligible retirees and/or active Medicare-eligibles through Aetna Retiree Markets. Aetna Retiree Markets offers a variety of Medicare+ Choice products and plan designs for eligible customers. For coverage please send requests to Retiree Markets Sales Support at RMSupport@Aetna.com.
<p>Out-of-Region Employees</p>	<ul style="list-style-type: none"> ▪ Coverage available only for eligible employees who live outside of Connecticut, Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia and Washington, D.C. ▪ In order for Aetna to accommodate an out-of-region employee we must cover the active employees in the domiciled state. ▪ For groups with 50% or less employees that work or reside outside the states identified above, Aetna will quote an out-of-region plan for those employees. ▪ For groups with more than 50% of the group's employees outside the states identified above, Aetna may decline to offer coverage to those out-of-region employees.

Dental Underwriting Guidelines (PA and NJ)

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

Product Availability	<ul style="list-style-type: none"> ■ 2 to 9 Eligible Employees - all plans only if packaged with medical ■ 10 to 50 Eligible Employees - all plans available with or without medical (except Option 1 which is available only with HMO-based medical).
Product Availability Orthodontia	<ul style="list-style-type: none"> ■ Available to groups with 10 or more eligible employees, except Option 4 – PPO Max Plan. ■ Orthodontic coverage available to dependent children only.
Product Availability Basic Dental Rider	<ul style="list-style-type: none"> ■ Basic Dental HMO rider is only available with HMO-based Medical.
Option Sales	<ul style="list-style-type: none"> ■ All dental plans, except Option 1 – HMO Dental Rider, must be offered on a full-replacement basis. ■ No other employer sponsored dental plan can be offered.
Product Packaging	<ul style="list-style-type: none"> ■ Freedom of Choice (Option 3) can not be sold with any other option. It must be the only plan sold. ■ For NJ groups with 25+ eligible employees, DMO (option 2) can not be sold as the only dental plan. It must be sold alongside Options 4 and 5. ■ For PA groups and NJ groups with <25 eligible employees, DMO (option 2) can be either sold as the only dental option or can be packaged with Options 4 or 5.
Employer Contributions	<ul style="list-style-type: none"> ■ For Options 2 - 5, employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee only coverage.
Participation	<ul style="list-style-type: none"> ■ 2 to 3 Eligible Employees <ul style="list-style-type: none"> > 100% participation is required, excluding those with other qualifying existing dental coverage. > Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa. Example: 3 eligibles; 1 covered under spouse dental plan (3 minus 1 = 2 X 100% = 2 must enroll in Aetna dental plan) ■ 4 to 50 Eligible Employees <ul style="list-style-type: none"> > Non-contributory plans - 100% participation is required. All employees excluding those with other qualifying existing dental coverage must enroll. > Contributory plans - 75% participation is required, excluding those with other qualifying existing dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan. Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa. Example 1: 6 eligibles; 2 covered under spouse dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna dental plan) Example 2: 5 eligibles; 2 covered under spouse dental plan (5 minus 2 = 3 x 75% = 2.25; 3 must enroll in Aetna dental plan because 2 would not meet the 75% test or the 50% minimum test)
Out-of-Region Employees	For groups with 50% or less employees that work or reside out of the regional rating area (NJ, PA, DE, MD, DC, VA, NY, CT), Aetna will quote an out of region PPO Dental for these employees. If more than 50% of the group's employees work or reside outside this regional rating area, Aetna will decline to offer coverage for these employees.
Full Time Hours	Full-time hour guideline will agree with the Medical guideline for each state.
Retirees	<ul style="list-style-type: none"> ■ Not Eligible
Open Enrollment	<ul style="list-style-type: none"> ■ Open enrollments are prohibited for Options 2 – 5. ■ 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.
Late Entrants	<ul style="list-style-type: none"> ■ An employee or dependent who enrolls other than within 31 days of first becoming eligible is subject to the Late Entrant provision. ■ Coverage limited to Preventive & Diagnostic services for first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics). ■ Does not apply to enrollees less than age 5. ■ Does not apply to Option 1 – HMO Dental Rider.
Coverage Waiting Period	<ul style="list-style-type: none"> ■ For Major and Orthodontic Services must be an enrolled member of a plan that covers these services for 1 year before eligible. ■ There is no Coverage Waiting Period on the DMO or HMO Dental Rider.

Waiting Period Waiver	<ul style="list-style-type: none"> Waiting Period is waived separately for Major or Ortho for employees who were covered by the group's immediately preceding dental plan. To waive Waiting Period for Orthodontic services, the group's immediately proceeding group plan must have covered Orthodontic services. To waive Waiting Period for Major services, the group's immediately proceeding group plan must have covered Major services. Example: Prior Major coverage but no Ortho coverage. New plan has both Major and Ortho coverage. The waiting period is waived for major services but not for Ortho services. 																																																																		
Medical Underwriting	<ul style="list-style-type: none"> None 																																																																		
Excluded Class/Carve Out	<ul style="list-style-type: none"> Not allowed. 																																																																		
Adding Dental	<ul style="list-style-type: none"> Future renewal dates of the dental products will be the same as the Medical Plan renewal date. 																																																																		
Ineligible Industries	<ul style="list-style-type: none"> Ineligible industries for New Jersey where there is no rating by industry. 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. <table border="0" data-bbox="517 599 1289 1476"> <thead> <tr> <th data-bbox="517 599 635 626">SIC Range</th> <th data-bbox="760 599 930 626">SIC Description</th> </tr> </thead> <tbody> <tr><td>7319</td><td>Advertising, Misc</td></tr> <tr><td>7800-7999</td><td>Amusement, Recreation & Entertainment</td></tr> <tr><td>8400-8499</td><td>Museum/Art Galleries, Botanical Gardens</td></tr> <tr><td>8600-8699</td><td>Associations & trusts</td></tr> <tr><td>5511-5599</td><td>Auto dealerships</td></tr> <tr><td>7231-7241</td><td>Beauty & Barber Shops</td></tr> <tr><td>7331-7338</td><td>Direct Mailing, Secretarial Services</td></tr> <tr><td>7361-7363</td><td>Employment Agencies</td></tr> <tr><td>8700-8799</td><td>Engineering & Mgmt Services</td></tr> <tr><td>7000-7099</td><td>Hotels</td></tr> <tr><td>9721</td><td>International Affairs</td></tr> <tr><td>3911-3915</td><td>Jewelry Manufacturing</td></tr> <tr><td>8100-8199</td><td>Legal</td></tr> <tr><td>8000-8059</td><td>Medical Groups</td></tr> <tr><td>8071-8099</td><td>Medical Groups</td></tr> <tr><td>7389</td><td>Misc Business Services</td></tr> <tr><td>7379</td><td>Misc Computer Services</td></tr> <tr><td>7692-7699</td><td>Misc Repair</td></tr> <tr><td>8999</td><td>Misc Services</td></tr> <tr><td>5271</td><td>Mobile Home Dealers</td></tr> <tr><td>4111-4121</td><td>Passenger Transportation</td></tr> <tr><td>7221</td><td>Photo Studios</td></tr> <tr><td>7384</td><td>Photofinishing Labs</td></tr> <tr><td>6500-6799</td><td>Real Estate</td></tr> <tr><td>7251-7299</td><td>Repairs, Cleaning, Personal Services</td></tr> <tr><td>5800-5899</td><td>Restaurants</td></tr> <tr><td>8211-8299</td><td>Schools, Libraries, Education</td></tr> <tr><td>0761-0783</td><td>Seasonal Employees</td></tr> <tr><td>7381-7382</td><td>Security Systems, Armored Cars</td></tr> <tr><td>8800-8899</td><td>Service - Private Households</td></tr> <tr><td>8300-8499</td><td>Social Services; Museums, Art Galleries Botanical Gardens</td></tr> <tr><td>7631</td><td>Watch, Clock & Jewelry repair</td></tr> </tbody> </table>	SIC Range	SIC Description	7319	Advertising, Misc	7800-7999	Amusement, Recreation & Entertainment	8400-8499	Museum/Art Galleries, Botanical Gardens	8600-8699	Associations & trusts	5511-5599	Auto dealerships	7231-7241	Beauty & Barber Shops	7331-7338	Direct Mailing, Secretarial Services	7361-7363	Employment Agencies	8700-8799	Engineering & Mgmt Services	7000-7099	Hotels	9721	International Affairs	3911-3915	Jewelry Manufacturing	8100-8199	Legal	8000-8059	Medical Groups	8071-8099	Medical Groups	7389	Misc Business Services	7379	Misc Computer Services	7692-7699	Misc Repair	8999	Misc Services	5271	Mobile Home Dealers	4111-4121	Passenger Transportation	7221	Photo Studios	7384	Photofinishing Labs	6500-6799	Real Estate	7251-7299	Repairs, Cleaning, Personal Services	5800-5899	Restaurants	8211-8299	Schools, Libraries, Education	0761-0783	Seasonal Employees	7381-7382	Security Systems, Armored Cars	8800-8899	Service - Private Households	8300-8499	Social Services; Museums, Art Galleries Botanical Gardens	7631	Watch, Clock & Jewelry repair
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Underwriting Guidelines for Life/AD&D and Disability Only (PA & NJ)

Product Availability	<ul style="list-style-type: none"> ▪ 2 to 50 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 Life and Disability coverage. ▪ Life and Disability are bundled with Medical at the employer level, not the employee level. Therefore, a subscriber within a given group can waive Medical coverage and still enroll for Life/AD&D and/or Disability. 																																
Employee Eligibility	<ul style="list-style-type: none"> ▪ Permanent full-time employees who work the minimum hours required for Medical coverage as mandated by the state are eligible for insurance on the effective date of the plan, provided they are actively at work on that date. ▪ 1099 contractors, stockholders, partners or other outside consultants, who are not active, permanent full-time employees are not eligible. ▪ Coverage must be extended to all employees meeting the above conditions, unless they belong to a class excluded as a result of conditions pertaining to their employment, e.g. union status or job class. ▪ Retirees are not eligible for Life or Disability coverage. ▪ 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 Life/AD&D and Disability. 																																
Dependent Eligibility	<ul style="list-style-type: none"> ▪ Dependent children are covered from 14 days up to age 19 or up to 23 if in school. ▪ Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan. ▪ Individuals cannot be covered as an employee and dependent under the same plan, nor may children eligible for coverage through both parents be covered by both under the same plan. ▪ Dependents are not eligible for AD&D Ultra™ or Disability. 																																
Job Classification (Position) Schedules	<ul style="list-style-type: none"> ▪ Varying levels of coverage based on job classifications are available for groups with 10 or more lives. Up to 3 separate classes are allowed. ▪ 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. For example, a schedule may be structured as follows: <table border="1" data-bbox="465 959 1420 1074"> <thead> <tr> <th>Position/Job Class</th> <th>Basic Term Life Amount</th> <th>Packaged Life/Disability</th> </tr> </thead> <tbody> <tr> <td>Executive</td> <td>\$100,000</td> <td>High Option</td> </tr> <tr> <td>Managers/Supervisors</td> <td>\$50,000</td> <td>High Option</td> </tr> <tr> <td>All Other Employees</td> <td>\$25,000</td> <td>Medium Option</td> </tr> </tbody> </table>	Position/Job Class	Basic Term Life Amount	Packaged Life/Disability	Executive	\$100,000	High Option	Managers/Supervisors	\$50,000	High Option	All Other Employees	\$25,000	Medium Option																				
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Guaranteed Issue Coverage	<ul style="list-style-type: none"> ▪ Aetna provides certain amounts of Life insurance to all timely entrants without requiring an employee to answer any Medical questions. These insurance amounts are called "Guaranteed Issue." ▪ Employees wishing to obtain increased insurance amounts will be required to submit Evidence of Insurability which means they must complete a Medical questionnaire and may be required to submit to a Medical exam. 																																
Evidence of Insurability (EOI)	<p>EOI is required when one or more of the following conditions exist:</p> <ol style="list-style-type: none"> 1) Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit. 2) Life or Disability coverage is not requested within 31 days of eligibility for contributory coverage. 3) New Life or Disability coverage is requested during the anniversary period. 4) Coverage is requested outside of the employer's anniversary period due to qualifying Life event (i.e. marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.). 5) Reinstatement or restoration of coverage is requested. 																																
Continuity of Coverage (No Loss/No Gain)	<ul style="list-style-type: none"> ▪ The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers. ▪ If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable. 																																
Employer Contribution	<ul style="list-style-type: none"> ▪ 2 to 9 eligible employees – 100% of the total cost of the basic 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). 																																
Participation	<ul style="list-style-type: none"> ▪ Employees may elect Life or Disability insurance even if they do not elect Medical coverage and the group must meet the required participation percentage. If not, then Life/Disability will be declined for the group. ▪ 2 to 9 eligible employees 100% participation is required Example: 9 employees, 3 waiving Medical. All 9 must enroll for Life. ▪ 10 to 50 eligible employees > 75% must participate when the plan is at least partially contributory. > 100% participation is required for all non-contributory plans. 																																
Industries	<ul style="list-style-type: none"> ▪ Life Only – all industries are eligible ▪ Disability – the following industries are not eligible for the Packaged Life and Disability plan: <table border="1" data-bbox="465 1947 1524 2167"> <tbody> <tr> <td>1000-1499</td> <td>Mining</td> <td>7381</td> <td>Service - Detective Services</td> </tr> <tr> <td>2892-2899</td> <td>Explosives, Bombs & Pyrotechnics</td> <td>7500-7599</td> <td>Automotive Repairs/Services</td> </tr> <tr> <td>3291-3292</td> <td>Asbestos Products</td> <td>7800-7999</td> <td>Motion Picture/Amusement & Recreation</td> </tr> <tr> <td>3310-3329</td> <td>Primary Metal Industries</td> <td></td> <td></td> </tr> <tr> <td>3480-3489</td> <td>Fire Arms & Ammunition</td> <td>8010-8043</td> <td>Doctors Offices/Clinics</td> </tr> <tr> <td>5921</td> <td>Liquor Stores</td> <td>8600-8699</td> <td>Membership Associations</td> </tr> <tr> <td>6211</td> <td>Security Brokers</td> <td>8800-8899</td> <td>Service-Private Households</td> </tr> <tr> <td>6531</td> <td>Real Estate – Agents</td> <td>9999</td> <td>Non-classified Establishments</td> </tr> </tbody> </table>	1000-1499	Mining	7381	Service - Detective Services	2892-2899	Explosives, Bombs & Pyrotechnics	7500-7599	Automotive Repairs/Services	3291-3292	Asbestos Products	7800-7999	Motion Picture/Amusement & Recreation	3310-3329	Primary Metal Industries			3480-3489	Fire Arms & Ammunition	8010-8043	Doctors Offices/Clinics	5921	Liquor Stores	8600-8699	Membership Associations	6211	Security Brokers	8800-8899	Service-Private Households	6531	Real Estate – Agents	9999	Non-classified Establishments
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Limitations and Exclusions

Medical Limitations and Exclusions

PA HMO/POS Plans

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are *generally not covered*. **However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.**

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.
- Cosmetic surgery.
- Custodial care.
- Dental care and dental x-rays.
- Donor egg retrieval.
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial).
- Hearing aids.
- Home births.
- Immunizations for travel or work.
- Implantable drugs and certain injectable drugs, including injectable infertility drugs.
- Infertility services including artificial insemination and advanced reproductive technologies such as IVE, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents.

- Nonmedically necessary services or supplies.
- Orthotics.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered in the plan documents.

PA PPO and PA/NJ Out-of-Region Plans

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are *generally not covered*. **However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.**

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents;
- Charges related to any eye surgery mainly to correct refractive errors;
- Cosmetic surgery, including breast reduction;
- Custodial care;
- Dental care and X-rays;
- Donor egg retrieval;
- Experimental and investigational procedures;
- Hearing aids;
- Immunizations for travel or work;
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVE, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents;
- For PA PPO Plans: Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 365 days after the member's enrollment date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 90 days prior to the enrollment date. The pre-existing condition limitation period will

be reduced by the number of days of prior creditable coverage the member has as of the enrollment date.

- For Out-of-Region Plans: Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 365 days after the insured's enrollment date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 180 days prior to the enrollment date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage the member has as of the enrollment date.

- Nonmedically necessary services or supplies;
- Orthotics;
- Over-the-counter medications and supplies;
- Reversal of sterilization;
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs.
- Special duty nursing.

NJ HMO/POS Plans

This plan does not cover all health care expenses and includes 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.
- Cosmetic surgery.
- Custodial care.
- Dental care and dental x-rays, except as otherwise stated in the contract.
- Donor egg retrieval.

- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial).
- Hearing aids.
- Immunizations for travel or work.
- 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: a) procedures: in vitro fertilization; embryo transfer; embryo freezing; and Gamete intrafallopian Transfer (GIFT) and Zygote Intrafallopian Transfer (ZIFT), donor sperm, surrogate motherhood; and b) prescription drugs not eligible under the prescription drugs section of the contract.
- Medical expenses for a pre-existing condition are not covered (full postponement rule) for the first 180 days after the member's enrollment date. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 180 days prior to the enrollment date. The pre-existing condition limitation period will be reduced by the number of days of prior creditable coverage the member has as of the enrollment date. Pre-existing condition provisions only apply to contracts issued to employers of at least two but not more than five eligible employees as well as late enrollees regardless of group size.
- Nonmedically necessary services or supplies.
- Orthotics.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling.

Dental Limitations and Exclusions

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 plan documents.

- Dental services or supplies that are primarily used to alter, improve or enhance appearance.

- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- Replacement of lost, missing or stolen appliances and certain damaged appliances.
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.

Specific service limitations

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

AD&D Ultra Limitations and Exclusions

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

- A bodily or mental infirmity.
- A disease, ptomaine or bacterial infection.*
- Medical or surgical treatment.*
- Suicide or attempted suicide (while sane or insane).
- An intentionally self-inflicted injury.
- A war or any act of war (declared or not declared).
- Voluntary inhalation of poisonous gases.
- For Residents of PA: Commission of or attempt to commit a criminal act.
- For Residents of NJ: Commission of or attempt to commit a felony provided that the covered person is convicted of the felony.
- For Residents of PA: Use of alcohol, intoxicants or drugs, except as prescribed by a physician and an accident in which your blood level as operator of a motor vehicle meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred shall be deemed to be caused by the use of alcohol.

- For Residents of NJ: A covered person's intoxication or being under the influence of any narcotics unless administered or consumed on the advice of a physician.
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo).

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

- An infection that results directly from the injury, or surgery needed because of the injury. The injury must not be one that is excluded by the terms of the contract.

Disability Limitations and Exclusions

No benefits are payable if the disability:

- Is due to intentionally self-inflicted injury (while sane or insane).
- For residents of PA: Results from your committing or attempting to commit, a criminal act.
- For residents of NJ: Results from your committing, or attempting to commit, a felony.
- For residents of PA: Is due to participation in an insurrection or rebellion.
- For residents of NJ: Is due to insurrection, rebellion or taking part in a riot or civil commotion.
- Is due to war or any act of war (declared or not declared)
- Results from an automobile accident caused by you while you are intoxicated. ("Intoxicated" means: the blood alcohol level of the driver of the automobile meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred.)

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

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

For more information about any of these plans, or to receive a quote, please contact your broker of Small Group Sales Support Center at 1-877-28-AETNA.

“Aetna” is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Corporate Health Insurance Company, Aetna Life Insurance Company and/or Aetna Dental Inc.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care or dental services and, therefore, cannot guarantee any results or outcomes. Consult the plan documents (Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. With the exception of Aetna Rx Home Delivery, participating providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Aetna assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information supplied by Aetna IntelliHealthSM. Information supplied by Aetna IntelliHealth is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Informed Health[®] Line nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed to your doctor. Alternative health care programs, Vision One[®] and the fitness program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. If your plan covers outpatient prescription drugs, your plan may include a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step-therapy, please refer to Aetna's website at www.aetna.com, or the Aetna Medication Formulary Guide. Many drugs, including many of those listed on the formulary, are subject to rebate arrangements between Aetna and the manufacturer of the drugs. Rebates received by Aetna from drug manufacturers are not reflected in the cost paid by a member for a prescription drug. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage. Closed formularies and step therapy do not apply to New Jersey plan options.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

For the Aetna Beneficiary Solutions Program, securities and investment advisory services are independently offered through Chase Investment Services Corp. (CISC). A member of NASD/SIPC and a subsidiary of J.P. Morgan Chase Bank, CISC is a full-services broker-dealer and Registered Investment Advisor. Aetna does not warrant or guarantee and makes no representations as to the quality of services offered by CISC. The Legal Reference Program is independently offered and administered by Advisory Communications Systems, Inc. (ACS). Aetna does not participate in attorney selection or review, and does not monitor ACS services, content or network. Aetna does not warrant or guarantee, or make any representation as to the quality of the services of ACS or of any attorney in the ACS network. Aetna does not credential or otherwise make any representations as to the quality or appropriateness of long-term care providers offering discounts to Aetna members.

Plans are provided by Aetna Health Inc., Corporate Health Insurance Company, Aetna Life Insurance Company or Aetna Dental Inc.

While this material is believed to be accurate as of the print date, it is subject to change.

We
want
you to
know

Aetna Small Business Solutions



Our commitment to small business is a lot like yours.

At Aetna, we've made small business a big priority. We even have a dedicated division that focuses on developing affordable products and services specifically for the needs of small business. And with more than a thousand employees dedicated exclusively to small business service, your needs will be met. You can choose from a wide range of coverage options that include Health, Pharmacy, Dental, Disability and Group Life. And getting all your benefits and billing from one source makes administration easier. To find out more about small business plans that meet your needs, call your broker, Aetna representative, or visit us today at aetna.com.

We want you to knowSM



Health
Dental
Pharmacy
Disability
Long-Term Care
Life