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

aetna®

Florida plan guide

Creating the right health benefits package starts with you and your employees

Plans effective January 1, 2015
For businesses with 1 – 100 eligible employees

www.aetna.com

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Choosing the right health plan

Every company has its own particular needs, driven in part by the health of its employees, by its commitment to health and wellness and, of course, by its financial resources.

We believe creating the right health benefits and insurance plan means combining these four options to meet a company's specific needs: **benefits, network, cost sharing, funding.**

Experience matters

We take the time to listen and learn about your needs. Our experience allows us to share knowledge and provide tools to help achieve the right balance of cost and coverage.

Our approach makes all the difference in the value you get from your plan, and in the satisfaction of your employees.

Today's health care environment demands a new set of solutions to meet new challenges. Together, we can create a healthy future for your company and your employees.

We want to make choosing the right benefits as easy as possible. So we've organized information in this easy-to-understand guide.

Information about your plan due to health care reform

Signed into law in March 2010, the Affordable Care Act is the most life-changing law since the passing of Medicare in the 1960s. We are committed to following the new health care law and to helping you understand its impact.

We have outlined below key changes that may impact your health care benefits.

Essential health benefits package

Aetna plans must offer standard coverage known as "essential health benefits." This includes all plans inside and outside of the health insurance exchanges. These benefits provide your employees with essential health benefits, and limit cost sharing.

Here are the broad categories of essential benefits that will be included in your employees' coverage:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric dental*
- Pediatric vision*

Out-of-pocket (OOP) maximum mandate

All cost sharing must apply toward the OOP maximum, including in-network medical, behavioral health and pharmacy cost sharing. This does not include premiums, non-network provider bills for amounts above the plan's "recognized" charge, or spending for noncovered services.

The out-of-pocket maximum must include:

- Copays
- Deductibles
- Coinsurance

Actuarial value (AV)/Minimum value (MV)

Aetna plans meet the AV requirements (metallic levels) for groups with 1 to 50 employees, as well as the MV requirements for groups with 51 to 100 employees.

Fees

These fees are included in your premium:

- **Health Insurer Fee —** Annual fee to offset premium subsidies and tax credit related expenses
- **Transitional Reinsurance Program Contribution —** Helps finance the cost of high-risk individuals in the individual market
- **Patient-Centered Outcomes Research Fee (also known as the Comparative Effectiveness Fee) —** Fee to fund clinical outcomes effectiveness research

Guaranteed issue

Guaranteed issue of health insurance coverage applies to individual, small group and large group markets. Guaranteed issue is available for:

- Group health plans/insurance coverage (insured only)
- Individual health insurance coverage (including medical conversion)
- Pharmacy (insured only)
- Behavioral health (insured only)**

Please note that guaranteed issue is not available for:

- Self-funded plans
- Standalone/separate dental or vision
- Hospital indemnity/Fixed indemnity
- Medicare and Medicare Supplement
- Medicaid
- Retiree-only plans
- Grandfathered plans
- Association/MEWA plans

Waiting period

Plans may not have any waiting periods longer than exactly 90 days from the date of hire.

*These services are limited to groups with 2 to 50 employees.

**Note: no standalone insured behavioral health.

Pediatric dental and vision services

We will cover these services in 2015 for small group (2 to 50) as required by the state's definition of essential health benefits. Large groups (51 to 100) do not have these benefits.

Pediatric dental

Plan name	HNOnly/HNOption/OAMC/PPO plans								Indemnity
	Plans with no network deductible		HSA-compatible plans		Plans where network deductible equals out-of-pocket maximum		All other plans		
	Network	Out of network	Network	Out of network	Network	Out of network	Network	Out of network	Out of network
Dental checkup	0%	30% after deductible	0% after deductible	30% after deductible	0%, deductible waived	30% after deductible	0%, deductible waived	30% after deductible	30% after deductible
Dental basic	30%	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	30% after deductible	50% after deductible	50% after deductible
Dental major	50%	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dental ortho	50%	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

Pediatric vision

Plan name	HNOnly/HNOption/OAMC/PPO plans								Indemnity
	Plans with no network deductible		HSA-compatible plans		Plans where network deductible equals out-of-pocket maximum		All other plans		
	Network	Out of network	Network	Out of network	Network	Out of network	Network	Out of network	Out of network
Vision exam	0%	Plan deductible/ coins	0%, deductible waived	Plan deductible/ coins	0%, deductible waived	Plan deductible/ coins	0%, deductible waived	Plan deductible/ coins	0% after deductible
Frames, lenses or contacts*	0%	Plan deductible/ coins	0% after deductible	Plan deductible/ coins	0%, deductible waived	Plan deductible/ coins	0%, deductible waived	Plan deductible/ coins	0% after deductible

*Coverage limited to preferred vision hardware

These plans do not cover all vision or dental expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent.

Choosing the right plan for your business

Our product portfolio includes a range of coverage and cost combinations. You'll find choices for different budgets and benefits strategies. And you'll see that we're more than medical. You can round out your benefits offering with dental as well as vision, life and disability plans.

Take a look at what's available.

Medical plans

- Health Network Only plans
- Health Network Option plans
- OAMC plans
- Savings Plus plans
- PPO plan
- Indemnity plan

Plan levels

There may be up to three levels of health plans. These levels are named using metals — bronze, silver and gold. Each level includes the same essential health benefits. But the levels differ in how much the health plan pays.

Health plan levels	Average amount the plan pays for covered services	Premium cost for employees
Bronze	60%	Lowest
Silver	70%	Lower
Gold	80%	Higher

Visit the health care reform section on **www.aetna.com** for more information. Or talk with your broker.

Tools to help your employees stay healthy, informed and productive

With Aetna health plans, your employees get online tools and helpful resources that let them make the most of their benefits. Our most popular tools include:

- **Secure member website.** Your employees get self-service tools, plus health plan and health information through their Aetna Navigator® website. Think of it as the key that unlocks the full value of their health benefits package. Encourage them to sign up at **www.aetna.com**.
- **Member Payment Estimator.** With an Aetna health plan, your employees can compare and estimate costs* for office visits, tests, surgeries and more. This means they can save money** — and avoid surprises. This online tool factors in their deductible, coinsurance and copays, plus contracted rates. They can see how much they have to pay and how much the plan will pay. They can log in to their Aetna Navigator member website to use the tool.
- **Online provider directory.** Finding doctors, specialists, hospitals and more in the Aetna network is easy with our DocFind® search tool. It's available at **www.aetna.com** and the Aetna Navigator member website.
- **My Life Values.** Your employees get 24/7 online services and support for managing their everyday personal and work matters.
- **iTriage.** This is a free mobile app that lets members research symptoms and diseases, find a medical provider and even book an appointment — all from the convenience of their mobile device. iTriage will guide them to network doctors, hospitals and facilities based on your company health plan. It can help direct your employees to the most appropriate, cost-effective care.

*Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate but before the claim for this service is submitted. Or, if the doctor or facility performs a different service at the time of your visit.

**In 2011, members who used Member Payment Estimator before receiving care saved an average of $170 out of pocket on 34 common procedures, according to the Member Payment Estimator Study, Aetna Informatics and Product Development, August 2012.

Dental plans

- Dental Maintenance Organization or DMO® plan
- PPO
- PPO Max
- Freedom-of-Choice plan design
- Dual-plan option
- Voluntary dental option

Dental plan extras

There's extra value built into our dental portfolio:

- **Dental-medical integration.** Our program encourages preventive dental care among employees who have diabetes or heart disease, or who are pregnant. This can lead to more of your employees taking steps to stay healthy.

Vision plans

- Aetna Vision℠ preferred plans

Vision plan extras

- **Choice and convenience and flexibility.** Members have the choice to go to any vision provider. Plus, for added convenience, members can easily schedule an eye exam online with some participating providers. Our plans help members fit vision care in to their lifestyle and our bundled plan options provide the administrative ease of having one bill, one renewal and one trusted company to work for you.
- **The value of a balanced network.** We offer a balanced network of independent eye care providers as well as in-network retail providers that include most preferred national optical retail chains offering flexible evening and weekend hours.
- **Discounts.** Aetna Vision Preferred plan offers additional savings on contact lenses, eyeglasses, prescription sunglasses, LASIK vision correction and more at most in-network locations. Availability varies by state.

Life and disability plans

- Basic life
- Supplemental life
- AD&D Ultra®
- Supplemental AD&D Ultra®
- Dependent life
- Short-term disability
- Long-term disability

Life and disability plan extras

- **Aetna Life Essentials℠.** Through our program, your employees get access to expert advice on legal and financial matters — at no added cost. Plus, they get discounts on health products and services, like fitness and vision care.*
- **Funeral planning and concierge service.** Through our collaboration with Everest, we offer our life members pre-planning and at-need services.
- **Aetna Return to Work Solutions℠ Program.** Our return to work solutions provide customers with the support and resources they need to help get valued employees back to work safely and as soon as possible.

*These services are discount programs, not insurance.

Choose from a wide range of health benefits and insurance options to fit your needs

About our benefits

Choose from numerous, integrated benefits options that can lead to improved employee engagement and health, while helping you manage your costs. This includes medical, pharmacy, dental, life, disability and vision. Plus, online tools that help employees use their benefits wisely and get help when they need it.

About our network

We have many full-network and tiered-network options to lower employer costs while still providing employees with access to quality care. Our doctor networks prioritize quality and efficiency to improve the health care experience and make it easy for individuals to get the care they need.

We make it easier for your employees, too. They get online tools for estimating costs and finding the right doctors and hospitals.

About our cost sharing

Some of our cost-sharing arrangements encourage employees to become more involved in their own health care and become better health care consumers. Employees with these plans receive more preventive care, have lower overall costs and use online tools more frequently.

About our funding options

We can show you how a combined network, cost sharing and benefits approach can help you manage your premium to meet your budget. We also offer a range of funding options — from traditional fully insured to enhanced self-insured solutions — that provide different levels of cost, plan control and information access. Please consult your sales representative for more information on our self-funded options for small group.

Cost sharing and premiums for every budget

Your focus is on lower costs. Increasingly, that means greater levels of employee cost sharing. With Aetna in your corner, you can map out a strategy based on your employee base and price point. And you can choose from the full spectrum of health plan types:

- Our fully insured portfolio, traditionally a mainstay for small businesses, provides plans with a range of robust coverage options.
- New self-funded options for small businesses may help you manage costs while simplifying administration and making monthly expenses more predictable.
- Our defined contribution offering combines an attractive benefits package with more controlled costs. As well as motivation for your employees to get more involved in their health care.
- Our consumer-directed health plans have long offered fully featured coverage, along with lower premiums and higher deductibles. Our research has found that members with these plans have lower overall health care costs, receive more preventive care and use online tools more frequently than members with traditional plans.

Stay on course with Aetna

Our Compass plans are a consumer-directed health benefits plan with a traditional concept. It allows employers to offer flexibility, control and choice for employees and their families. And it allows a way for employers to maximize the value of their health care budgets with affordable copays for preventive care, primary care and prescription drugs.

Health and wellness programs

Having a happier, healthier workforce is important to you. So is cost management. We've found that helping your employees get more involved in managing their health and well-being is a great way to meet these goals. Talk to your broker or Aetna representative to learn more about our programs.

Wellness on us

Wellness for employees means a healthier business for employers. As always, our health benefits and insurance plans offer $0 copays for in-network eye exams and $0 copay for in-network preventive care. It's one more way to help employees get a step closer to better health.

Preventive care benefits with no copay

- Immunizations
- Routine physicals
- Child wellness visits
- Routine mammogram
- Routine OB/GYN visits

No-cost health incentive credit

Members can earn $50 in just a few simple steps. Members earn a $50 credit toward their out-of-pocket expenses when they:*

- Complete or update their Simple Steps To A Healthier Life® health assessment, and
- Complete one online health program

If the employee's spouse is covered under the plan, he or she is also eligible for the same incentive credit. So a family could save $100 in out-of-pocket expenses each year. Incentive rewards will be credited toward the deductible and coinsurance amounts. This program is included at no additional cost on all plans except the copay HSA-compatible plans.

Wellness programs can make health and fitness part of everyday living

- Women's health and preventive health reminders
- Simple Steps To A Healthier Life program
- Informed Health® 24-hour nurse line**
- Aetna discount programs
- Personal health record

Women's preventive health benefits

These services are generally covered at no cost share, when provided in network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Generic formulary contraceptives and certain brand formulary contraceptives are covered without member copayment; certain religious organizations or religious employers may be exempt from offering contraceptive services

We make things easy for you

Health plan management and administration is our specialty, which makes it easier for you to manage your health benefits and insurance plans with:

- **eEnrollment.** Handle enrollments, terminations and other changes online, with less paperwork and greater efficiency.
- **eBilling.** Save time and simplify reconciliation and payment, anytime, anywhere, with our secure system. It lets you get, view and pay all your medical and dental bills online.

*Does not apply to plans without a deductible or HSA-compatible plans.

**While only a doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on thousands of health topics. Members should contact their doctor first with any questions or concerns about their health care needs.

Aetna medical overview

Medical coverage can be a deal-breaker in recruiting and keeping talented employees. Our medical plan portfolio was designed with the needs of businesses like yours in mind. You'll find flexible options, from traditional indemnity to consumer-directed plans. You can choose the plan design and benefits level that fits your budget and achieve the right balance of cost and coverage for your business.

Medical
overview

We offer the in-state portfolio (OAMC) and rating structure to out-of-state employees who live in an out-of-state network area. Out-of-state employees who do not live in an out-of-state network area will be eligible for an indemnity plan.

Product name	Product description	PCP required	Referrals required	DocFind network name
Health Network Only (HNOnly) – Open Access HMO	HNOnly is a health maintenance organization (HMO) that uses a network of participating providers. Each family member may select a primary care physician (PCP) participating in the Aetna network to provide routine and preventive care and help coordinate the member's total health care. Members never need a referral when visiting a participating specialist for covered services. Only services rendered by participating providers are covered, except for emergency care.	No	No	Aetna Health Network Only (Open Access)
Aetna Health Network Option℠ (HNOption)	Aetna Health Network Option℠ plan is a two-tiered product that allows members to access care in or out of network. Members have lower out-of-pocket costs when they use the in-network tier of the plan. They may pay more if they decide to go out of network. Members may go to their PCP or directly to a participating specialist without a referral. It is their choice, each time they seek care.	No	No	Aetna Health Network Option℠ (Open Access)
Aetna Open Access® Managed Choice® (OAMC)	Managed Choice members can access any recognized provider for covered services without a referral. Each time members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs.	No	No	Managed Choice® POS (Open Access)
PPO	Members can access any participating provider for covered services without a referral. When members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs. Members are able to receive emergency services at the in-network coinsurance/copay level.	No	No	Open Choice® PPO
Indemnity/ Traditional Choice® (TC)	This indemnity plan option is available for employees who live outside the plan's network service area. Members coordinate their own health care and may access any recognized provider for covered services without a referral.	No	No	N/A

Provider network*

County	Savings Plus	HNOnly/ HNOPT	OAMC/PPO
Alachua		•	•
Baker		•	•
Bay			•
Bradford		•	•
Brevard	•	•	•
Broward		•	•
Calhoun			•
Charlotte	•	•	•
Citrus		•	•
Clay		•	•
Collier		•	•
Columbia			•
Duval		•	•
Escambia			•
Flagler		•	•
Gadsden			•
Gilchrist			•
Gulf			•
Hardee			•
Hendry			•
Hernando		•	•
Highlands		•	•
Hillsborough	•	•	•
Holmes			•
Indian River			•
Jefferson			•
Lake		•	•
Lee		•	•
Leon		•	•
Levy			•

County	Savings Plus	HNOnly/ HNOPT	OAMC/PPO
Liberty			•
Manatee	•	•	•
Marion		•	•
Martin		•	•
Miami-Dade		•	•
Monroe			•
Nassau		•	•
Okaloosa			•
Okeechobee		•	•
Orange		•	•
Osceola		•	•
Palm Beach		•	•
Pasco	•	•	•
Pinellas	•	•	•
Polk		•	•
Putnam		•	•
Santa Rosa			•
Sarasota	•	•	•
Seminole		•	•
St. John's		•	•
St. Lucie		•	•
Sumter			•
Suwannee			•
Taylor			•
Union			•
Volusia		•	•
Wakulla			•
Walton			•
Washington			•

*Network subject to change.

You can choose from a variety of coverage options

ValuePick* is a suite of health benefits and insurance plans designed specifically for businesses. ValuePick offers reduced minimum participation and employer contribution requirements.

Greater employee choice

You can offer up to three of the ValuePick plans.

Flexible and affordable

When you offer up to three of the ValuePick plans, the minimum participation and employer contribution requirements are reduced to make it easier to offer coverage.

Total freedom

We are committed to providing solutions to help meet the needs of businesses. Employers who have not offered health benefits coverage in the past can now offer quality coverage at affordable prices.

Easy administration

Setting up this program is simple:

1. Choose up to three of the Value plans to offer on the employer application.
2. Decide how much to contribute.
3. Each employee chooses the plan that's right for him or her.

	ValuePick
Target audience	Groups 1 – 100 eligible employees
Plan choices	Up to three of the ValuePick plans
Participation	50 percent participation, with a minimum of four enrolled employees Triple option available
Employer contribution	25 percent of the employee premium or $50 per employee, whichever is less

Consumer Flex Choice makes it possible for an employer to tailor benefits to better meet the needs of their employees. Consumer Flex Choice allows you to offer employees as many medical plan designs as they would like (using the current portfolio). This means you are not limited to offering one, two or even three plan options. You can offer a variety of plan designs that meet your employee's specific health care needs.

Employers can manage costs

Employer contribution is based on the least expensive plan in the portfolio, regardless of the plans selected or how many plans are offered.

Employees can manage choice

Employees can select the benefits plan that meets their individual needs.

Most employers have employees and their families who want different things from their medical plans. For instance, some employees may fit the "basic buyer" profile, who want a medical plan where they share in more of the cost. Employees who are "value seekers" may want a plan with more investment options, such as an HSA-compatible plan. Still other employees may prefer a more traditional plan with fixed costs. With Consumer Flex Choice, you can manage costs and provide flexibility in choice for your employees.

Easy administration

Employer contribution:

50 percent of the employee-only cost of the lowest cost plan in the portfolio (even if the employer does not select that plan).

If the HNOnly plan is not available, contributions will be based on the Open Access Managed Choice employee-only cost.

Standard participation underwriting guidelines apply:

For noncontributory plans, 100 percent participation is required, excluding valid waivers.

For contributory plans, 70 percent of eligible employees, excluding valid waivers.

At least one employee must be enrolled in each plan offered.

*This applies if the employer is offering the ValuePick plans only. If the ValuePick plans are offered in conjunction with any of the non-ValuePick plans, the contribution and participation requirements will be the same as the standard requirements.

Let Aetna be your guide

With 160 years of experience, we can deliver the right solution for your business.

Aetna Savings Plus plans

The Aetna Savings Plus health benefits and insurance plans are helping Florida businesses access health services that fit their needs and their budgets. They give members access to an affordable network of health providers right in their own community.

These lower-priced plans generate savings through a concentric network of high-quality providers. They are ideal for businesses that think affordable health coverage for their employees is out of reach.

Building on a history of innovation

These plans are built around fair value, freedom and flexibility, so that businesses get what matters most to them: solutions that offer personal service at a fair price, in a way that allows them to focus their time and efforts on running their business.

Not only is Aetna Savings Plus the solution, but it includes these benefits:

- Benefits for doctor visits, hospital stays, preventive care and prescription drugs
- Aetna Navigator® secure member website
- Member Payment Estimator to help members understand costs before receiving services
- Online health assessment and programs to help members manage their health
- Programs that treat individuals, not conditions, to help members achieve better health

Savings Plus makes it easier to save

Same quality local care at a lower cost

The Aetna Savings Plus health benefits and insurance plans provide Florida members with the same type of coverage as other Aetna medical plans, but at a lower premium cost. Savings are generated through the use of the Aetna Savings Plus network, a quality network of local health care providers.

Flexible for you, choice for your employees

The Aetna Savings Plus health benefits insurance plans in Florida give businesses the flexibility and choice to best meet their needs. These plans use the Aetna HMO Savings Plus network.

It is a community-based network that is made up of local providers who understand community diversity, preferences and common medical conditions.

When members use the Savings Plus network, they realize maximum savings. Members can select a primary care physician (PCP) from the network of preferred participating providers to coordinate care for covered services.

All Savings Plus plans include coverage for doctor's office visits, hospital stays, preventive care, pharmacy and more. Each plan offers three levels of benefits to your employees.

Premiums and out-of-pocket expense levels vary. Select the plan that's right for you and your employees.

A smarter network strategy

The network is designed to reduce health care costs for employers and create savings opportunities for employees with quality, cost-effective doctors and hospitals. Employees also have access to online tools and services through a secure member website.

Fair Value	Everyone wants a good deal. Whether you're looking to cut costs as much as possible, or seeking long-term value and greater employee productivity.	• Network design = savings • Performance network • 100% preventive care • Unlimited lifetime maximums
Flexibility	Choice matters. Every business is different. And the people who make up those businesses have different health needs.	• Range of options • Multiple benefits levels • Use of physician or hospital
Freedom	Time spent investing with a health plan, should be time well spent. Whether you're managing the business, or an employee on the front line, we try to make it easier with intelligent solutions.	• Online enrollment and billing • Easy to navigate • Personal health record • Member Payment Estimator

Aetna HSA-compatible plans

Aetna HSA-compatible plans have a high deductible and feature a health savings account (HSA) to help members pay their share of the costs. HSA-compatible plans provide integrated medical and pharmacy benefits. Preventive care services are exempt from the deductible.

HSAs provide employers and their qualified employees with an affordable tax-advantaged solution that allows them to better manage their qualified medical and dental expenses.

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

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

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

Health savings account (HSA)

No set-up or administrative fees

The Aetna HealthFund HSA, when coupled with a HSA-compatible, high-deductible health benefits and health insurance plan, is a tax-advantaged savings account. Once enrolled, account contributions can be made by the employee and/or employer. The HSA can be used to pay for qualified expenses tax free.

HSA account

- Member owns the HSA
- Contributions are tax free
- Member chooses how and when to use HSA dollars
- Roll it over each year and let it grow
- Earns interest, tax free

Today or in the future

- Use now for qualified expenses with tax-free dollars
- Plan for future and retiree health-related costs

High-deductible health plan

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

COBRA administration

Aetna COBRA administration offers a full range of notification, documentation and record-keeping processes that can help employers manage the complex billing and notification processes required for COBRA compliance, while also helping to save them time and money.

Section 125 cafeteria plans and Section 132 transit reimbursement accounts

Employees can reduce their taxable income, and employers can pay less in payroll taxes. There are three ways to save:

Premium-only plans (POP)

Employees can pay for their portion of the group health insurance expenses on a pretax basis.*

Flexible savings account (FSA)

FSAs give employees a chance to save for health expenses with pretax money. Health care spending accounts allow employees to set aside pretax dollars to pay for out-of-pocket expenses as defined by the IRS. Dependent care spending accounts allow participants to use pretax dollars to pay child or elder care expenses.

Transit reimbursement account (TRA)

TRAs allow participants to use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work.

Administrative fees

Fee description	Fee**	
Premium-only plan (POP)		
Initial set-up* **	$190	
Renewal fee	$125	
Health reimbursement arrangement (HRA) and flexible spending account (FSA)†		
	Initial set-up	**Renewal fee**
2–25 employees	$360	$235
26–50 employees	$460	$285
51–100 employees	$560	$335
Monthly fees††	$5.45 per participant	
Additional set-up fee for "stacked" plans (those electing an Aetna HRA and FSA simultaneously)	$150	
Participation fee for "stacked" participants	$10.45 per participant	
Minimum fees		
0–25 employees	$25 per month minimum	
26–100 employees	$50 per month minimum	
COBRA services		
Annual fee		
20–50 employees	$165	
51–100 employees	$230	
Per employee per month		
20–50 employees	$0.95	
51–100 employees	$1.05	
Initial notice fee	$3.00 per notice (includes notices at time of implementation and during ongoing administration)	
Minimum fees		
20–50 employees	$25 per month minimum	
51–100 employees	$50 per month minimum	
Transit reimbursement account (TRA)		
Annual fee	$350	
Transit monthly fees	$4.25 per participant	
Parking monthly fees	$3.15 per participant	

*First-year POP fees are waived with the purchase of medical with five or more enrolled employees.

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

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

†Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact us for more information.

††For FSA, the debit card is available for an additional $1 per participant per month. Mailing reimbursement checks direct to employee homes is an additional $1 per participant per month.

Compass plans

A smarter way to navigate through the health care system

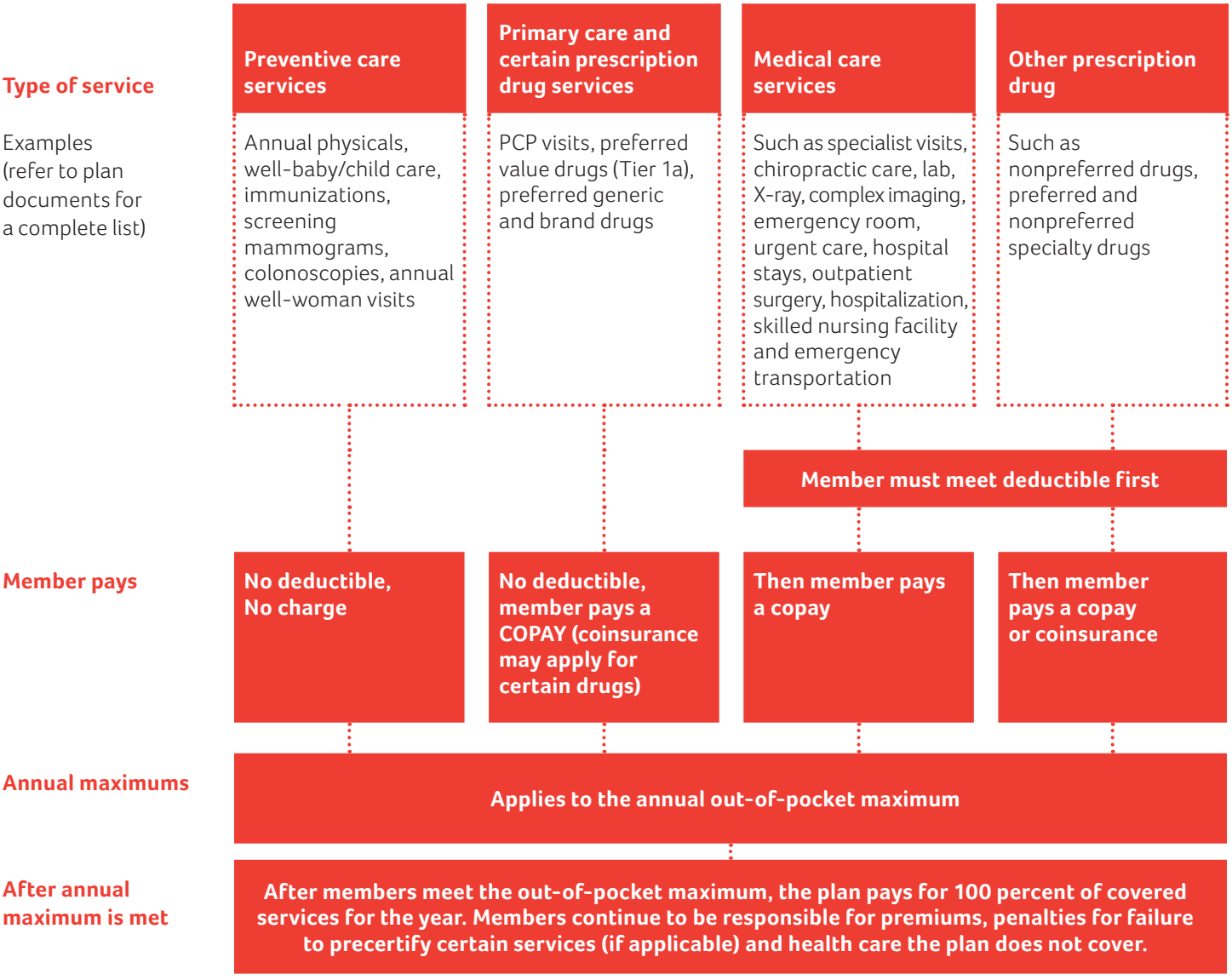
Aetna Compass plans are a consumer-directed health benefits and insurance plan with a traditional concept. By choosing the Aetna Compass plan, employers are able to offer flexibility, control and choice for employees and their families.

The Aetna Compass plans offer a way for employers to maximize the value of their health care budgets, while still providing affordable copays for preventive care, primary care and prescription drugs.

Compass plans are also supported by Aetna online tools to help members evaluate health care costs and manage their health care. Our secure Aetna Navigator® member website is a valuable online resource for personalized benefits and health information. The Aetna InteliHealth® website provides members with online health and wellness topics. Through our website **(www.aetna.com)** and mobile app, members have access to resources and services designed to help them better manage their health and stay on track.

In this new day of increased costs for everything, managing the costs of health care expenses can be intimidating for employers and employees. That's why we continue to look for ways to help members make informed decisions.

How Compass works



Compass plans

Plan name	2000 Compass	3000 Compass	4000 Compass
Network benefits			
Deductible (calendar year)	$2,000/$4,000	$3,000/$6,000	$4,000/$8,000
Out-of-pocket limit (calendar year)	$5,250/$10,500	$6,000/$12,000	$6,500/$13,000
Deductible type	Embedded	Embedded	Embedded
Primary care physician (PCP) office visit	$25, deductible waived	$20, deductible waived	$20, deductible waived
Specialist office visit	$50 after deductible	$40 after deductible	$40 after deductible
Walk-in clinics	$25, deductible waived	$20, deductible waived	$20, deductible waived
Diagnostic testing: Lab	$0 after deductible	$0 after deductible	$0 after deductible
Diagnostic testing: X-ray	$50 after deductible	$50 after deductible	$0 after deductible
Imaging (CT/PET scans, MRIs)	$350 after deductible	$350 after deductible	$250 after deductible
Inpatient hospital facility	$1,500/admit after deductible	$1,500/admit after deductible	$500/admit after deductible
Outpatient surgery (freestanding)	$300 after deductible	$200 after deductible	$0 after deductible
Outpatient surgery (hospital)	$500 after deductible	$500 after deductible	$250 after deductible
Emergency room (copay waived if admitted)	$300 after deductible	$300 after deductible	$250 after deductible
Urgent care	$100, deductible waived	$100, deductible waived	$100, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	$25 after deductible	$25 after deductible	0% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	$25 after deductible	$25 after deductible	0% after deductible
Pharmacy			
Pharmacy deductible	Medical deductible applies, waived for T1a/T1/T2 drug	Medical deductible applies, waived for T1a/T1/T2 drug	Medical deductible applies, waived for T1a/T1/T2 drugs
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$10	$3/$10	$3/$10
Preferred brand drugs (Tier 2)	$50	$50	$40
Nonpreferred drugs (Tier 3)	$75	$75	$65
Preferred specialty drugs (Tier 4)	30% up to $300	30% up to $300	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500	50% up to $500	50% up to $500
Out-of-network benefits			
Deductible (calendar year)	$4,000/$8,000	$6,000/$12,000	Out-of-network benefits do not apply to HNOnly plans
Out-of-pocket limit (calendar year)	$15,750/$31,500	$18,000/$36,000	
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	
Emergency care	Paid as in network	Paid as in network	
Plans available			
Savings Plus plan 1–50 groups 51–100 groups	N/A	Silver Savings Plus HMO 3000 Compass Savings Plus HMO 3000 Compass	Silver Savings Plus HMO 4000 Compass Savings Plus HMO 4000 Compass
HNOnly plan 1–50 groups 51–100 groups	Silver HNOnly 2000 Compass HNOnly 2000 Compass	Silver HNOnly 3000 Compass HNOnly 3000 Compass	Silver HNOnly 4000 Compass HNOnly 4000 Compass
HNOption plan 1–50 groups 51–100 groups	N/A	N/A	N/A
OAMC plan 1–50 groups 51–100 groups	N/A OAMC 2000 Compass	Silver OAMC 3000 Compass OAMC 3000 Compass	N/A
PPO/Indemnity plan 1–50 groups 51–100 groups	N/A	N/A	N/A

Refer to page 29 for endnotes.

Traditional deductible & coinsurance plans

Plan name	500 80	1000 80	1500 80
Network benefits			
Deductible (calendar year)	$500/$1,000	$1,000/$2,000	$1,500/$3,000
Out-of-pocket limit (calendar year)	$4,000/$8,000	$3,500/$7,000	$4,000/$8,000
Deductible type	Embedded	Embedded	Embedded
Primary care physician (PCP) office visit	$25, deductible waived	$25, deductible waived	$25, deductible waived
Specialist office visit	$50, deductible waived	$50, deductible waived	$50, deductible waived
Walk-in clinics	$25, deductible waived	$25, deductible waived	$25, deductible waived
Diagnostic testing: Lab	$0, deductible waived	$0, deductible waived	$0, deductible waived
Diagnostic testing: X-ray	$50, deductible waived	$50, deductible waived	$50, deductible waived
Imaging (CT/PET scans, MRIs)	$300, deductible waived	$300, deductible waived	$300, deductible waived
Inpatient hospital facility	20% after deductible	20% after deductible	20% after deductible
Outpatient surgery (freestanding)	$300, deductible waived	$300, deductible waived	$300, deductible waived
Outpatient surgery (hospital)	$500 after deductible	$500 after deductible	$500 after deductible
Emergency room (copay waived if admitted)	$500, deductible waived	$300, deductible waived	$300, deductible waived
Urgent care	$75, deductible waived	$75, deductible waived	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	20% after deductible	20% after deductible	20% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	20% after deductible	20% after deductible	20% after deductible
Pharmacy			
Pharmacy deductible	None	None	None
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$10	$3/$10	$3/$10
Preferred brand drugs (Tier 2)	$50	$50	$50
Nonpreferred drugs (Tier 3)	$75	$75	$75
Preferred specialty drugs (Tier 4)	30% up to $300	30% up to $300	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500	50% up to $500	50% up to $500
Out-of-network benefits			
Deductible (calendar year)	$1,000/$2,000	$2,000/$4,000	Out-of-network benefits do not apply to HNOnly plans
Out-of-pocket limit (calendar year)	$12,000/$24,000	$10,500/$21,000	
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	
Emergency care	Paid as in network	Paid as in network	
Plans available			
Savings Plus plan 1–50 groups 51–100 groups	N/A	N/A	N/A
HNOnly plan 1–50 groups 51–100 groups	Gold HNOnly 500 80 HNOnly 500 80	Gold HNOnly 1000 80 HNOnly 1000 80	Gold HNOnly 1500 80 HNOnly 1500 80
HNOption plan 1–50 groups 51–100 groups	Gold HNOption 500 80 HNOption 500 80	Gold HNOption 1000 80 HNOption 1000 80	N/A
OAMC plan 1–50 groups 51–100 groups	Gold OAMC 500 80 OAMC 500 80	Gold OAMC 1000 80 OAMC 1000 80	N/A
PPO/Indemnity plan 1–50 groups 51–100 groups	N/A	N/A	N/A

Refer to page 29 for endnotes.

Traditional deductible & coinsurance plans

Plan name	2000 80	2500 80	3000 80	4000 80
Network benefits				
Deductible (calendar year)	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$4,000/$8,000
Out-of-pocket limit (calendar year)	$5,500/$11,000	$6,000/$12,000	$6,500/$13,000	$6,600/$13,200
Deductible type	Embedded	Embedded	Embedded	Embedded
Primary care physician (PCP) office visit	$30, deductible waived	$30, deductible waived	$30, deductible waived	$25, deductible waived
Specialist office visit	$60, deductible waived	$60, deductible waived	$60, deductible waived	$50, deductible waived
Walk-in clinics	$30, deductible waived	$30, deductible waived	$30, deductible waived	$25, deductible waived
Diagnostic testing: Lab	$30, deductible waived	$30, deductible waived	$25, deductible waived	$25, deductible waived
Diagnostic testing: X-ray	$50, deductible waived	$75, deductible waived	$50, deductible waived	$50, deductible waived
Imaging (CT/PET scans, MRIs)	$300, deductible waived	$300, deductible waived	$300, deductible waived	$300 after deductible
Inpatient hospital facility	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient surgery (freestanding)	$300, deductible waived	$300, deductible waived	$300, deductible waived	$500, deductible waived
Outpatient surgery (hospital)	$500 after deductible	$500 after deductible	$500 after deductible	20% after deductible
Emergency room (copay waived if admitted)	$500, deductible waived	$500, deductible waived	$500 after deductible	$500 after deductible
Urgent care	$75, deductible waived	$75, deductible waived	$75, deductible waived	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Pharmacy				
Pharmacy deductible	None	None	None	None
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$15	$3/$15	$3/$15	$3/$15
Preferred brand drugs (Tier 2)	$60	$50	$60	$60
Nonpreferred drugs (Tier 3)	$85	$75	$85	$85
Preferred specialty drugs (Tier 4)	30% up to $300	30% up to $300	30% up to $300	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500	50% up to $500	50% up to $500	50% up to $500
Out-of-network benefits				
Deductible (calendar year)	$4,000/$8,000	$5,000/$10,000	$6,000/$12,000	Out-of-network benefits do not apply to HNOnly plans
Out-of-pocket limit (calendar year)	$16,500/$33,000	$18,000/$36,000	$19,500/$39,000	
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	50% after deductible	
Emergency care	Paid as in network	Paid as in network	Paid as in network	
Plans available				
Savings Plus plan				
1–50 groups	Silver Savings Plus HMO 2000 80	N/A	Silver Savings Plus HMO 3000 80	N/A
51–100 groups	Savings Plus HMO 2000 80		Savings Plus HMO 3000 80	
HNOnly plan				
1–50 groups	Silver HNOnly 2000 80	Silver HNOnly 2500 80	Silver HNOnly 3000 80	Silver HNOnly 4000 80
51–100 groups	HNOnly 2000 80	HNOnly 2500 80	HNOnly 3000 80	HNOnly 4000 80
HNOption plan				
1–50 groups	Silver HNOption 2000 80	N/A	Silver HNOption 3000 80	N/A
51–100 groups	HNOption 2000 80		HNOption 3000 80	
OAMC plan				
1–50 groups	Silver OAMC 2000 80	Silver OAMC 2500 80	Silver OAMC 3000 80	N/A
51–100 groups	OAMC 2000 80	OAMC 2500 80	OAMC 3000 80	
PPO/Indemnity plan				N/A
1–50 groups	Silver PPO 2000 80	N/A	N/A	
51–100 groups	PPO 2000 80			

Refer to page 29 for endnotes.

100% plans

Plan name	2000 100	3000 100	4000 100
Network benefits			
Deductible (calendar year)	$2,000/$4,000	$3,000/$6,000	$4,000/$8,000
Out-of-pocket limit (calendar year)	$5,000/$10,000	$5,500/$11,000	$6,000/$12,000
Deductible type	Embedded	Embedded	Embedded
Primary care physician (PCP) office visit	$30, deductible waived	$30, deductible waived	$25, deductible waived
Specialist office visit	$60, deductible waived	$60, deductible waived	$70, deductible waived
Walk-in clinics	$30, deductible waived	$30, deductible waived	$25, deductible waived
Diagnostic testing: Lab	$30, deductible waived	$30, deductible waived	$0 after deductible
Diagnostic testing: X-ray	$125, deductible waived	$75, deductible waived	$0 after deductible
Imaging (CT/PET scans, MRIs)	$300, deductible waived	$350, deductible waived	$250 after deductible
Inpatient hospital facility	$300/admit after deductible	$350/admit after deductible	$250/admit after deductible
Outpatient surgery (freestanding)	$100, deductible waived	$150, deductible waived	$75, deductible waived
Outpatient surgery (hospital)	$200 after deductible	$250 after deductible	$150 after deductible
Emergency room (copay waived if admitted)	$400, deductible waived	$400, deductible waived	$250 after deductible
Urgent care	$75, deductible waived	$75, deductible waived	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	$60, deductible waived	$60, deductible waived	$25 after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	$60, deductible waived	$60, deductible waived	$25 after deductible
Pharmacy			
Pharmacy deductible	None	None	None
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$15	$3/$15	$3/$15
Preferred brand drugs (Tier 2)	$60	$60	$60
Nonpreferred drugs (Tier 3)	$85	$85	$85
Preferred specialty drugs (Tier 4)	30% up to $300	30% up to $300	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500	50% up to $500	50% up to $500
Out-of-network benefits			
Deductible (calendar year)	$4,000/$8,000	$6,000/$12,000	$8,000/$16,000
Out-of-pocket limit (calendar year)	$15,000/$30,000	$16,500/$33,000	$18,000/$36,000
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	50% after deductible
Emergency care	Paid as in network	Paid as in network	Paid as in network
Plans available			
Savings Plus plan 1–50 groups 51–100 groups	N/A	N/A	Silver Savings Plus HMO 4000 100 Savings Plus HMO 4000 100
HNOnly plan 1–50 groups 51–100 groups	Silver HNOnly 2000 100 HNOnly 2000 100	Silver HNOnly 3000 100 HNOnly 3000 100	Silver HNOnly 4000 100 HNOnly 4000 100
HNOption plan 1–50 groups 51–100 groups	Silver HNOption 2000 100 HNOption 2000 100	Silver HNOption 3000 100 HNOption 3000 100	N/A
OAMC plan 1–50 groups 51–100 groups	Silver OAMC 2000 100 OAMC 2000 100	Silver OAMC 3000 100 OAMC 3000 100	Silver OAMC 4000 100 OAMC 4000 100
PPO/Indemnity plan 1–50 groups 51–100 groups	N/A	N/A	N/A

Refer to page 29 for endnotes.

100% plans

Plan name	5000 100	6000 100	6600 100
Network benefits			
Deductible (calendar year)	$5,000/$10,000	$6,000/$12,000	$6,600/$13,200
Out-of-pocket limit (calendar year)	$6,600/$13,200	$6,000/$12,000	$6,600/$13,200
Deductible type	Embedded	Embedded	Embedded
Primary care physician (PCP) office visit	$40, deductible waived	$25, deductible waived	$25, deductible waived
Specialist office visit	$60 after deductible	$50, deductible waived	$75, deductible waived
Walk-in clinics	$40, deductible waived	$25, deductible waived	$25, deductible waived
Diagnostic testing: Lab	$0 after deductible	$0 after deductible	0% after deductible
Diagnostic testing: X-ray	$0 after deductible	$0 after deductible	0% after deductible
Imaging (CT/PET scans, MRIs)	$350 after deductible	0% after deductible	0% after deductible
Inpatient hospital facility	$750/admit after deductible	0% after deductible	0% after deductible
Outpatient surgery (freestanding)	$350 after deductible	0% after deductible	0% after deductible
Outpatient surgery (hospital)	$500 after deductible	0% after deductible	0% after deductible
Emergency room (copay waived if admitted)	$350 after deductible	0% after deductible	0% after deductible
Urgent care	$75, deductible waived	$75, deductible waived	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	0% after deductible	0% after deductible	0% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	0% after deductible	0% after deductible	0% after deductible
Pharmacy			
Pharmacy deductible	Medical deductible applies, waived for T1a/T1 drugs	None	Medical deductible applies, waived for T1a/T1 drugs
Preferred value/generic drugs (Tier 1a/Tier 1)	$5/$20	$3/$10	$5/$20
Preferred brand drugs (Tier 2)	$50 after deductible	$40	0% after deductible
Nonpreferred drugs (Tier 3)	$75 after deductible	$70	0% after deductible
Preferred specialty drugs (Tier 4)	30% up to $300 after deductible	30% up to $300	0% after deductible
Nonpreferred specialty drugs (Tier 5)	50% up to $500 after deductible	50% up to $500	0% after deductible
Out-of-network benefits			
Deductible (calendar year)	$10,000/$20,000	$12,000/$24,000	$13,200/$26,400
Out-of-pocket limit (calendar year)	$19,800/$39,600	$18,000/$36,000	$19,800/$39,600
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	50% after deductible
Emergency care	Paid as in network	Paid as in network	Paid as in network
Plans available			
Savings Plus plan 1–50 groups 51–100 groups	 Bronze Savings Plus HMO 5000 100 Savings Plus HMO 5000 100	 Silver Savings Plus HMO 6000 100 Savings Plus HMO 6000 100	 Bronze Savings Plus HMO 6600 100 Savings Plus HMO 6600 100
HNOnly plan 1–50 groups 51–100 groups	 Bronze HNOnly 5000 100 HNOnly 5000 100	 Silver HNOnly 6000 100 HNOnly 6000 100	 Bronze HNOnly 6600 100 HNOnly 6600 100
HNOption plan 1–50 groups 51–100 groups	 Bronze HNOption 5000 100 HNOption 5000 100	 Silver HNOption 6000 100 HNOption 6000 100	 N/A
OAMC plan 1–50 groups 51–100 groups	 Bronze OAMC 5000 100 OAMC 5000 100	 Silver OAMC 6000 100 OAMC 6000 100	 Bronze OAMC 6600 100 OAMC 6600 100
PPO/Indemnity plan 1–50 groups 51–100 groups	 N/A	 N/A	 N/A

Refer to page 29 for endnotes.

HSA-compatible plans

Plan name	2000 HSA	3000 HSA	5000 HSA
Network benefits			
Deductible (calendar year)	$2,000/$4,000	$3,000/$6,000	$5,000/$10,000
Out-of-pocket limit (calendar year)	$4,000/$8,000	$6,350/$12,700	$6,450/$12,900
Deductible type	Non-embedded	Non-embedded	Non-embedded
Primary care physician (PCP) office visit	20% after deductible	$30 after deductible	0% after deductible
Specialist office visit	20% after deductible	$60 after deductible	0% after deductible
Walk-in clinics	20% after deductible	$30 after deductible	0% after deductible
Diagnostic testing: Lab	20% after deductible	$30 after deductible	0% after deductible
Diagnostic testing: X-ray	20% after deductible	$125 after deductible	0% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	$300 after deductible	0% after deductible
Inpatient hospital facility	20% after deductible	$500/admit after deductible	0% after deductible
Outpatient surgery (freestanding)	20% after deductible	$500 after deductible	0% after deductible
Outpatient surgery (hospital)	20% after deductible	$500 after deductible	0% after deductible
Emergency room (copay waived if admitted)	20% after deductible	$300 after deductible	0% after deductible
Urgent care	20% after deductible	$75 after deductible	0% after deductible
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	20% after deductible	$30 after deductible	0% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	20% after deductible	$30 after deductible	0% after deductible
Pharmacy			
Pharmacy deductible	Medical deductible applies to all drugs	Medical deductible applies to all drugs	Medical deductible applies to all drugs
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$10	$3/$15	$3/$10
Preferred brand drugs (Tier 2)	$40	$50	$40
Nonpreferred drugs (Tier 3)	$65	$75	$65
Preferred specialty drugs (Tier 4)	30% up to $300	30% up to $300	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500	50% up to $500	50% up to $500
Out-of-network benefits			
Deductible (calendar year)	$4,000/$8,000	$6,000/$12,000	$10,000/$20,000
Out-of-pocket limit (calendar year)	$12,000/$24,000	$19,050/$38,100	$19,350/$38,700
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	50% after deductible
Emergency care	Paid as in network	Paid as in network	Paid as in network
Plans available			
Savings Plus plan 1–50 groups 51–100 groups	N/A	Bronze Savings Plus HMO 3000 HSA Savings Plus HMO 3000 HSA	N/A
HNOnly plan 1–50 groups 51–100 groups	Silver HNOnly 2000 80 HSA HNOnly 2000 80 HSA	Bronze HNOnly 3000 HSA HNOnly 3000 HSA	Bronze HNOnly 5000 100 HSA HNOnly 5000 100 HSA
HNOption plan 1–50 groups 51–100 groups	N/A	Bronze HNOption 3000 HSA HNOption 3000 HSA	N/A
OAMC plan 1–50 groups 51–100 groups	Silver OAMC 2000 80 HSA OAMC 2000 80 HSA	Bronze OAMC 3000 HSA OAMC 3000 HSA	Bronze OAMC 5000 100 HSA OAMC 5000 100 HSA
PPO/Indemnity plan 1–50 groups 51–100 groups	N/A	N/A	N/A

Refer to page 29 for endnotes.

Advantage plans

Plan name	1500 70T	2250 70T	3500 70T
Network benefits			
Deductible (calendar year)	$1,500/$3,000	$2,250/$4,500	$3,500/$7,000
Out-of-pocket limit (calendar year)	$5,500/$11,000	$6,000/$12,000	$6,350/$12,700
Deductible type	Embedded	Embedded	Embedded
Primary care physician (PCP) office visit	$30, deductible waived	$35, deductible waived	$40, deductible waived
Specialist office visit	$60, deductible waived	$60, deductible waived	$60, deductible waived
Walk-in clinics	$30, deductible waived	$35, deductible waived	$40, deductible waived
Diagnostic testing: Lab	$30, deductible waived	$30, deductible waived	$0, deductible waived
Diagnostic testing: X-ray	$125, deductible waived	$125, deductible waived	$125, deductible waived
Imaging (CT/PET scans, MRIs)	30% after deductible	30% after deductible	30% after deductible
Inpatient hospital facility	$1,000/admit +30% after deductible	$1,000/admit +30% after deductible	$1,000/admit +30% after deductible
Outpatient surgery (freestanding)	$500, deductible waived	$500, deductible waived	$500, deductible waived
Outpatient surgery (hospital)	$500 + 30% after deductible	$500 + 30% after deductible	$500 + 30% after deductible
Emergency room (copay waived if admitted)	$400, deductible waived	$400, deductible waived	$400, deductible waived
Urgent care	$75, deductible waived	$75, deductible waived	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	30% after deductible	30% after deductible	30% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	30% after deductible	30% after deductible	30% after deductible
Pharmacy			
Pharmacy deductible	None	None	None
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$15	$3/$15	$3/$15
Preferred brand drugs (Tier 2)	$60	$60	$60
Nonpreferred drugs (Tier 3)	$85	$85	$85
Preferred specialty drugs (Tier 4)	30% up to $300	30% up to $300	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500	50% up to $500	50% up to $500
Out-of-network benefits			
Deductible (calendar year)	$3,000/$6,000	$4,500/$9,000	Out-of-network benefits do not apply to HNOnly plans
Out-of-pocket limit (calendar year)	$16,500/$33,000	$18,000/$36,000	
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible	50% after deductible	
Emergency care	Paid as in network	Paid as in network	
Plans available			
Savings Plus HMO plan 1–50 groups 51–100 groups	N/A	Silver Savings Plus HMO 2250 70T Savings Plus HMO 2250 70T	N/A
HNOnly plan 1–50 groups 51–100 groups	Silver HNOnly 1500 70T HNOnly 1500 70T	Silver HNOnly 2250 70T HNOnly 2250 70T	Silver HNOnly 3500 70T HNOnly 3500 70T
HNOption plan 1–50 groups 51–100 groups	Silver HNOption 1500 70T HNOption 1500 70T	Silver HNOption 2250 70T HNOption 2250 70T	N/A
OAMC plan 1–50 groups 51–100 groups	N/A	Silver OAMC 2250 70T OAMC 2250 70T	N/A
PPO/Indemnity plan 1–50 groups 51–100 groups	N/A	N/A	N/A

Refer to page 29 for endnotes.

Advantage plans

Plan name	4000 70T
Network benefits	
Deductible (calendar year)	$4,000/$8,000
Out-of-pocket limit (calendar year)	$6,600/$13,200
Deductible type	Embedded
Primary care physician (PCP) office visit	$40, deductible waived
Specialist office visit	$60, deductible waived
Walk-in clinics	$40, deductible waived
Diagnostic testing: Lab	$0, deductible waived
Diagnostic testing: X-ray	$125, deductible waived
Imaging (CT/PET scans, MRIs)	30% after deductible
Inpatient hospital facility	$1,000/admit +30% after deductible
Outpatient surgery (freestanding)	$300, deductible waived
Outpatient surgery (hospital)	$500 + 30% after deductible
Emergency room (copay waived if admitted)	$500, deductible waived
Urgent care	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	30% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	30% after deductible
Pharmacy	
Pharmacy deductible	Medical deductible applies, waived for T1a/T1/T2 drugs
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$10
Preferred brand drugs (Tier 2)	$50
Nonpreferred drugs (Tier 3)	$75 after deductible
Preferred specialty drugs (Tier 4)	30% up to $300 after deductible
Nonpreferred specialty drugs (Tier 5)	50% up to $500 after deductible
Out-of-network benefits	
Deductible (calendar year)	$8,000/$16,000
Out-of-pocket limit (calendar year)	$19,800/$39,600
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible
Emergency care	Paid as in network
Plans available	
Savings Plus HMO plan	
1 – 50 groups	Silver Savings Plus HMO 4000 70T
51 – 100 groups	Savings Plus HMO 4000 70T
HNOnly plan	
1 – 50 groups	Silver HNOnly 4000 70T
51 – 100 groups	HNOnly 4000 70T
HNOption plan	
1 – 50 groups	Silver HNOption 4000 70T
51 – 100 groups	HNOption 4000 70T
OAMC plan	
1 – 50 groups	Silver OAMC 4000 70T
51 – 100 groups	OAMC 4000 70T
PPO/Indemnity plan	
1 – 50 groups	N/A
51 – 100 groups	

Refer to page 29 for endnotes.

Value 50 plan

Plan name	3750 50%
Network benefits	
Deductible (calendar year)	$3,750/$7,500
Out-of-pocket limit (calendar year)	$6,600/$13,200
Deductible type	Embedded
Primary care physician (PCP) office visit	$50, deductible waived
Specialist office visit	50% after deductible
Walk-in clinics	$50, deductible waived
Diagnostic testing: Lab	50% after deductible
Diagnostic testing: X-ray	50% after deductible
Imaging (CT/PET scans, MRIs)	50% after deductible
Inpatient hospital facility	50% after deductible
Outpatient surgery (freestanding)	50% after deductible
Outpatient surgery (hospital)	50% after deductible
Emergency room (copay waived if admitted)	50% after deductible
Urgent care	$75, deductible waived
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	50% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	50% after deductible
Pharmacy	
Pharmacy deductible	Medical deductible applies, waived for T1a/T1 drug
Preferred value/generic drugs (Tier 1a/Tier 1)	$5/$25
Preferred brand drugs (Tier 2)	$65 after deductible
Nonpreferred drugs (Tier 3)	$100 after deductible
Preferred specialty drugs (Tier 4)	30% up to $300 after deductible
Nonpreferred specialty drugs (Tier 5)	50% up to $500 after deductible
Out-of-network benefits	
Deductible (calendar year)	$7,500/$15,000
Out-of-pocket limit (calendar year)	$19,800/$39,600
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible
Emergency care	Paid as in network
Plans Available	
Savings Plus plan	
1–50 groups	Bronze Savings Plus HMO 3750 50
51–100 groups	Savings Plus HMO 3750 50
HNOnly plan	
1–50 groups	Bronze HNOnly 3750 50
51–100 groups	HNOnly 3750 50
HNOption plan	
1–50 groups	N/A
51–100 groups	
OAMC plan	
1–50 groups	Bronze OAMC 3750 50
51–100 groups	OAMC 3750 50
PPO/Indemnity plan	
1–50 groups	N/A
51–100 groups	

Copay plan

Plan name	Copay 25/50
Network benefits	
Deductible (calendar year)	$0/$0
Out-of-pocket limit (calendar year)	$6,600/$13,200
Deductible type	Embedded
Primary care physician (PCP) office visit	$25
Specialist office visit	$50
Walk-in clinics	$25
Diagnostic testing: Lab	$25
Diagnostic testing: X-ray	$150
Imaging (CT/PET scans, MRIs)	$300
Inpatient hospital facility	$750/d, days 1-3
Outpatient surgery (freestanding)	$200
Outpatient surgery (hospital)	$400
Emergency room (copay waived if admitted)	$300
Urgent care	$75
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	$50
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	$50
Pharmacy	
Pharmacy deductible	None
Preferred value/generic drugs (Tier 1a/Tier 1)	$5/$10
Preferred brand drugs (Tier 2)	$50
Nonpreferred drugs (Tier 3)	$75
Preferred specialty drugs (Tier 4)	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500
Out-of-network benefits	
Deductible (calendar year)	$3,000/$6,000
Out-of-pocket limit (calendar year)	$19,800/$39,600
Coinsurance (HNOption, OAMC, PPO plans)	50% after deductible
Emergency care	Paid as in network
Plans available	
Savings Plus plan 1–50 groups 51–100 groups	 Gold Savings Plus HMO Copay 25/50 Savings Plus HMO Copay 25/50
HNOnly plan 1–50 groups 51–100 groups	 Gold HNOnly Copay 25/50 HNOnly Copay 25/50
HNOption plan 1–50 groups 51–100 groups	 Gold HNOption Copay 25/50 HNOption Copay 25/50
OAMC plan 1–50 groups 51–100 groups	 N/A
PPO/Indemnity plan 1–50 groups 51–100 groups	 N/A

Refer to page 29 for endnotes.

Indemnity plan

Plan name	2000 80
Deductible (calendar year)	$2,000/$4,000
Out-of-pocket limit (calendar year)	$4,500/$9,000
Deductible type	Embedded
Primary care physician (PCP) office visit	20% after deductible
Specialist office visit	20% after deductible
Walk-in clinics	20% after deductible
Diagnostic testing: Lab	20% after deductible
Diagnostic testing: X-ray	20% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible
Inpatient hospital facility	20% after deductible
Outpatient surgery (freestanding)	20% after deductible
Outpatient surgery (hospital)	20% after deductible
Emergency room (copay waived if admitted)	20% after deductible
Urgent care	20% after deductible
Rehabilitation services (PT/OT/ST) (35 visits PT/OT/ST combined per calendar year)	20% after deductible
Chiropractic services (35 visits per calendar year combined with PT/OT/ST)	20% after deductible
Pharmacy	
Pharmacy deductible	None
Preferred value/generic drugs (Tier 1a/Tier 1)	$3/$15
Preferred brand drugs (Tier 2)	$50
Nonpreferred drugs (Tier 3)	$75
Preferred specialty drugs (Tier 4)	30% up to $300
Nonpreferred specialty drugs (Tier 5)	50% up to $500
Plans available	
Savings Plus HMO plan 1 – 50 groups 51 – 100 groups	 N/A
HNOnly plan 1 – 50 groups 51 – 100 groups	 N/A
HNOption plan 1 – 50 groups 51 – 100 groups	 N/A
OAMC plan 1 – 50 groups 51 – 100 groups	 N/A
PPO/Indemnity plan 1 – 50 groups 51 – 100 groups	 Silver Indemnity 2000 80 Indemnity 2000 80

Refer to page 29 for endnotes.

Endnotes

Deductibles, copays and coinsurance apply to the out-of-pocket maximum (OOP). After the out-of-pocket maximum is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

Embedded: No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.

Non-embedded: The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.

Chiropractic/subluxation services and physical/occupational/speech therapy have a combined limit of 35 visits per calendar year. For groups with 1 to 50 employees, both rehabilitative and habilitative therapy is covered, for groups with 51+ employees, only rehabilitative services are covered.

Skilled nursing is limited to 60 visits per calendar year.

Home health care is limited to 60 visits per calendar year.

Prescription drugs: Mandatory generic with dispensed as written (DAW) override applies. If available, a generic drug will be dispensed unless the doctor prescribes as DAW. If the member otherwise requests brand when generic is available, the member pays the applicable copay, plus the difference between the generic price and the brand price. The cost difference between the generic and brand does not count toward the out-of-pocket limit. Not all drugs are covered. It is important to look at the Preferred Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

Nonpreferred drugs include nonpreferred generic and brand drugs.

How we pay out-of-network expenses.

We cover the cost of services based on whether doctors are "in network" or "out of network."

Members may choose a provider (doctor or hospital) in our network. They may choose to visit an out-of-network provider. When members choose a doctor who is out of network, the Aetna health plan may pay some of that doctor's bill. Most of the time, members will pay a lot more money out of pocket if they choose to use an out-of-network doctor or hospital.

When members choose out-of-network care, the plan limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. Those amounts are:

Professional services: 90% of Medicare

Facility services: 90% of Medicare

Out-of-network doctors set their own rates. It may be higher — sometimes much higher — than what the Aetna plan "recognizes." A doctor may bill for the dollar amount that the plan doesn't "recognize." Members must also pay any copayments, coinsurance and deductibles under the plan. No dollar amount above the "recognized charge" counts toward the deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit **www.aetna.com**. Type "how Aetna pays" in the search box.

Members can avoid these extra costs by getting care from our broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. Existing members may sign on to their Aetna Navigator member site.

This applies when members choose to get care out of network. When they have no choice (usually, for emergency services), some of our plans pay the bill as if they received care in network. For those plans, members pay cost sharing and deductibles based on the in-network level of benefits. Members do not have to pay anything else. Other plans pay the bill differently. And, under those plans, members may be responsible for more than the in-network cost sharing. The additional amounts could be very large. Encourage members to review the plan or contact us to find out more about how the plan pays for emergency services.

Note: For a summary list of limitations and exclusions, refer to page 57. Please refer to our Producer World® website at **www.aetna.com** for specific summary of benefits and coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.

Florida 1 – 100 plans

Plan		Family	$	$$	$$$	$$$$
Bronze	5000 100	100% plan				
Bronze	6600 100	100% plan				
Bronze	5000 100	HSA compatible				
Bronze	3750 50	Value 50				
Bronze	3000	HSA compatible				
Silver	4000 Compass	Compass				
Silver	4000 70T	Traditional value				
Silver	3000 Compass	Compass				
Silver	6000 100	100% plan				
Silver	4000 100	100% plan				
Silver	3500 70T	Traditional value				
Silver	4000 80	Traditional deductible & Coinsurance plans				
Silver	2250 70T	Traditional value				
Silver	3000 80	Traditional deductible & Coinsurance plans				
Silver	2000 Compass	Compass				
Silver	1500 70T	Traditional value				
Silver	2000 80	HSA compatible				
Silver	2500 80	Traditional deductible & Coinsurance plans				
Silver	2000 80	Traditional deductible & Coinsurance plans				
Silver	3000 100	100% plan				
Gold	1500 80	Traditional deductible & coinsurance plans				
Gold	1000 80	Traditional deductible & coinsurance plans				
Gold	500 80	Traditional deductible & coinsurance plans				
Gold	25/50	Copay plan				

Aetna dental plans

Dental coverage is sure to put a smile on your employees' faces. Our affordable plan design options make it possible for you to add this valuable benefit to your package.

Dental overview

The Mouth Matters℠

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

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

The Dental Maintenance Organization (DMO®)

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

Preferred Provider Organization (PPO) plan

Members can choose a dentist who participates in the network or choose a licensed dentist who does not. Participating dentists have agreed to offer our members covered services at a negotiated rate and will not bill members for amounts above the plan's "recognized" charge.

PPO Max plan

The PPO Max dental insurance plan uses the PPO network. When members use out-of-network dentists, the service will be covered based on the PPO fee schedule rather than the usual and prevailing charge. The member will share in more of the costs and non-network dentists may bill the member for amounts above the PPO fee schedule. This plan offers members quality dental insurance coverage with a significantly lower premium that encourages in-network usage.

Freedom-of-Choice plan design option

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

Dual option plan

In the dual option plan design, the DMO must be packaged with any one of the PPO plans. Employees may choose between the DMO and PPO offerings at annual enrollment.

Voluntary dental option

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

[1] **MayoClinic.com**. "Oral health: A window to your overall health." **www.mayoclinic.com/health/dental/DE00001**. February 5, 2011. Accessed July 2014.

*DMI may not be available in all states.

Aetna dental plans 2 – 9

	Option 1 DMO	Option 2 Freedom of Choice — Monthly selection between DMO and PPO Max		Option 3 Freedom of Choice — Monthly selection between DMO and PPO	
	DMO plan Copay plan 64	DMO plan Copay plan 64	PPO Max plan 100/70/40	DMO plan 100/90/60	PPO plan 100/70/40
Office visit copay	$5	$5	N/A	$5	N/A
Annual deductible per member (does not apply to diagnostic & preventive services)	None	None	$50; 3X family maximum	None	$50; 3X family maximum
Annual maximum benefit	Unlimited	Unlimited	$1,000	Unlimited	$1,000
Diagnostic services					
Oral exams					
Periodic oral exam	No charge	No charge	100%	100%	100%
Comprehensive oral exam	No charge	No charge	100%	100%	100%
Problem-focused oral exam	No charge	No charge	100%	100%	100%
X-rays					
Bitewing – single film	No charge	No charge	100%	100%	100%
Complete series	No charge	No charge	100%	100%	100%
Preventive services					
Adult cleaning	No charge	No charge	100%	100%	100%
Child cleaning	No charge	No charge	100%	100%	100%
Sealants – per tooth	No charge	No charge	100%	100%	100%
Fluoride application – child only	No charge	No charge	100%	100%	100%
Space maintainers – fixed	$75	$75	100%	100%	100%
Basic services					
Amalgam filling – 2 surfaces permanent	$12	$12	70%	90%	70%
Resin filling – 2 surfaces, anterior	$21	$21	70%	90%	70%
Oral surgery					
Extraction – exposed root or erupted tooth	$11	$11	70%	90%	70%
Extraction of impacted tooth – soft tissue	$46	$46	70%	90%	70%
Major services*					
Complete upper denture	$275	$275	40%	60%	40%
Partial upper denture – resin base	$275	$275	40%	60%	40%
Crown – porcelain with noble metal**	$255	$255	40%	60%	40%
Pontic – porcelain with noble metal**	$255	$255	40%	60%	40%
Inlay – metallic (3 or more surfaces)	$195	$195	40%	60%	40%
Oral surgery					
Removal of impacted tooth – partially bony	$58	$58	40%	60%	40%
Endodontic services					
Bicuspid root canal therapy	$109	$109	40%	90%	40%
Molar root canal therapy	$280	$280	40%	60%	40%
Periodontic services					
Scaling & root planing – per quadrant	$51	$51	40%	90%	40%
Osseous surgery – per quadrant	$300	$300	40%	60%	40%
Orthodontic services	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

Refer to page 36 for footnotes.

D

Aetna dental plans 2 – 9

	Option 4 PPO Max	Option 5 Active PPO Plan		Option 6 Passive PPO	Option 7 DMO Copay 53
	PPO Max plan 100/80/50	Preferred plan 100/80/50	Nonpreferred plan 80/60/40	PPO plan 100/80/50	plan code 53
Office visit copay	N/A	N/A	N/A	N/A	$5
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	None
Annual maximum benefit	$1,500	$1,500	$1,000	$2,000	None
Diagnostic services					
Oral exams					
Periodic oral exam	100%	100%	80%	100%	No charge
Comprehensive oral exam	100%	100%	80%	100%	No charge
Problem-focused oral exam	100%	100%	80%	100%	No charge
X-rays					
Bitewing – single film	100%	100%	80%	100%	No charge
Complete series	100%	100%	80%	100%	No charge
Preventive services					
Adult cleaning	100%	100%	80%	100%	$8
Child cleaning	100%	100%	80%	100%	$7
Sealants – per tooth	100%	100%	80%	100%	$8
Fluoride application – child only	100%	100%	80%	100%	No charge
Space maintainers – fixed	100%	100%	80%	100%	$65
Basic services					
Amalgam filling – 2 surfaces permanent	80%	80%	60%	80%	$24
Resin filling – 2 surfaces, anterior	80%	80%	60%	80%	$35
Oral surgery					
Extraction – exposed root or erupted tooth	80%	80%	60%	80%	$15
Extraction of impacted tooth – soft tissue	80%	80%	60%	80%	$60
Major services*					
Complete upper denture	50%	50%	40%	50%	$300
Partial upper denture – resin base	50%	50%	40%	50%	$300
Crown – porcelain with noble metal**	50%	50%	40%	50%	$260
Pontic – porcelain with noble metal**	50%	50%	40%	50%	$260
Inlay – metallic (3 or more surfaces)	50%	50%	40%	50%	$220
Oral surgery					
Removal of impacted tooth – partially bony	50%	50%	40%	50%	$72
Endodontic services					
Bicuspid root canal therapy	50%	50%	40%	80%	$140
Molar root canal therapy	50%	50%	40%	50%	$260
Periodontic services					
Scaling & root planing – per quadrant	50%	50%	40%	80%	$50
Osseous surgery – per quadrant	50%	50%	40%	50%	$325
Orthodontic services	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

Option 7 is effective April 1, 2015.

Refer to page 36 for footnotes.

Aetna dental plans 2 – 9

	Option 8 DMO Copay 54	Option 9 DMO Copay SFL
	plan code 54	plan code SFL
Office visit copay	$5	$5
Annual deductible per member (does not apply to diagnostic & preventive services)	None	None
Annual maximum benefit	None	None
Diagnostic services		
Oral exams		
Periodic oral exam	No charge	No charge
Comprehensive oral exam	No charge	No charge
Problem-focused oral exam	No charge	No charge
X-rays		
Bitewing – single film	No charge	No charge
Complete series	No charge	No charge
Preventive services		
Adult cleaning	No charge	No charge
Child cleaning	No charge	No charge
Sealants – per tooth	No charge	No charge
Fluoride application – child only	No charge	No charge
Space maintainers – fixed	$60	No charge
Basic services		
Amalgam filling – 2 surfaces permanent	$12	No charge
Resin filling – 2 surfaces, anterior	$21	No charge
Oral surgery		
Extraction – exposed root or erupted tooth	$11	No charge
Extraction of impacted tooth – soft tissue	$46	No charge
Major services*		
Complete upper denture	$275	$390
Partial upper denture – resin base	$275	$390
Crown – porcelain with noble metal**	$210	$250
Pontic – porcelain with noble metal**	$210	$250
Inlay – metallic (3 or more surfaces)	$180	$250
Oral surgery		
Removal of impacted tooth – partially bony	$58	$65
Endodontic services		
Bicuspid root canal therapy	$85	$152
Molar root canal therapy	$240	$205
Periodontic services		
Scaling & root planing – per quadrant	$45	$50
Osseous surgery – per quadrant	$300	$300
Orthodontic services	Not covered	Not covered
Orthodontic lifetime maximum	Does not apply	Does not apply

Options 8 and 9 are effective April 1, 2015.
Refer to page 36 for footnotes.

D

Dental plans for 2–9
Footnotes

*Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service. Does not apply to the DMO in plan options 1–3 & 7–9. There is no waiting period for any covered service on the DMO.

**There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures on the DMO in DMO options 1, 2 & 7–9.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in options 1–3 & 7–9 and on the PPO in option 6.

Plan Options 2 & 4; PPO nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Plan options 1 & 7-9 DMO cannot be sold standalone as full-replacement coverage. It must be combined with any one of the PPO plans in plan options 4, 5 or 6 in a dual option offering.

Options 1–3 & 7–9 DMO copay amounts listed are the total patient responsibility. The five dollar office visit copay is additional.

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

Above list of covered services is representative. For a summary list of limitations and exclusions, refer to page 58.

Aetna voluntary dental plans 3 – 9

	Option 1 DMO	Option 2 Freedom of Choice — Monthly selection between DMO and PPO Max		Option 3 Freedom of Choice — Monthly selection between DMO and PPO	
	DMO plan copay plan 64	DMO plan copay Plan 64	PPO Max plan 100/70/40	DMO plan 100/90/60	PPO plan 100/70/40
Office visit copay	$10	$10	N/A	$10	N/A
Annual deductible per member (does not apply to diagnostic & preventive services)	None	None	$75; 3X family maximum	None	$75; 3X family maximum
Annual maximum benefit	Unlimited	Unlimited	$1,000	Unlimited	$1,000
Diagnostic services					
Oral exams					
Periodic oral exam	No charge	No charge	100%	100%	100%
Comprehensive oral exam	No charge	No charge	100%	100%	100%
Problem-focused oral exam	No charge	No charge	100%	100%	100%
X-rays					
Bitewing – single film	No charge	No charge	100%	100%	100%
Complete series	No charge	No charge	100%	100%	100%
Preventive services					
Adult cleaning	No charge	No charge	100%	100%	100%
Child cleaning	No charge	No charge	100%	100%	100%
Sealants – per tooth	No charge	No charge	100%	100%	100%
Fluoride application – child only	No charge	No charge	100%	100%	100%
Space maintainers – fixed	$75	$75	100%	100%	100%
Basic services					
Amalgam filling – 2 surfaces permanent	$12	$12	70%	90%	70%
Resin filling – 2 surfaces, anterior	$21	$21	70%	90%	70%
Oral surgery					
Extraction – exposed root or erupted tooth	$11	$11	70%	90%	70%
Extraction of impacted tooth – soft tissue	$46	$46	70%	90%	70%
Major services*					
Complete upper denture	$275	$275	40%	60%	40%
Partial upper denture	$275	$275	40%	60%	40%
Crown – porcelain with noble metal	$255	$255	40%	60%	40%
Pontic – porcelain with noble metal	$255	$255	40%	60%	40%
Inlay – metallic (3 or more surfaces)	$195	$195	40%	60%	40%
Oral surgery					
Removal of impacted tooth – partially bony	$58	$58	40%	60%	40%
Endodontic services					
Bicuspid root canal therapy	$109	$109	40%	90%	40%
Molar root canal therapy	$280	$280	40%	60%	40%
Periodontic services					
Scaling & root planing – per quadrant	$51	$51	40%	90%	40%
Osseous surgery – per quadrant	$300	$300	40%	60%	40%
Orthodontic services	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

Refer to page 39 for footnotes.

D

Aetna voluntary dental plans 3 – 9

	Option 4 PPO Max	Option 5 DMO Copay 53	Option 6 DMO Copay 54	Option 7 DMO Copay SFL
	PPO Max plan 100/80/50	Plan code 53	Plan code 54	Plan code SFL
Office visit copay	N/A	$10	$10	$10
Annual deductible per member (does not apply to diagnostic & preventive services)	$75; 3X family maximum	None	None	None
Annual maximum benefit	$1,500	None	None	None
Diagnostic services				
Oral exams				
Periodic oral exam	100%	No charge	No charge	No charge
Comprehensive oral exam	100%	No charge	No charge	No charge
Problem-focused oral exam	100%	No charge	No charge	No charge
X-rays				
Bitewing – single film	100%	No charge	No charge	No charge
Complete series	100%	No charge	No charge	No charge
Preventive services				
Adult cleaning	100%	$8	No charge	No charge
Child cleaning	100%	$7	No charge	No charge
Sealants – per tooth	100%	$8	No charge	No charge
Fluoride application – child only	100%	No charge	No charge	No charge
Space maintainers – fixed	100%	$65	$60	No charge
Basic services				
Amalgam filling – 2 surfaces permanent	80%	$24	$12	No charge
Resin filling – 2 surfaces, anterior	80%	$35	$21	No charge
Oral surgery				
Extraction – exposed root or erupted tooth	80%	$15	$11	No charge
Extraction of impacted tooth – soft tissue	80%	$60	$46	No charge
Major services*				
Complete upper denture	50%	$300	$275	$390
Partial upper denture	50%	$300	$275	$390
Crown – porcelain with noble metal	50%	$260	$210	$250
Pontic – porcelain with noble metal	50%	$260	$210	$250
Inlay – metallic (3 or more surfaces)	50%	$220	$180	$250
Oral surgery				
Removal of impacted tooth – partially bony	50%	$72	$58	$65
Endodontic services				
Bicuspid root canal therapy	50%	$140	$85	$152
Molar root canal therapy	50%	$260	$240	$205
Periodontic services				
Scaling & root planing – per quadrant	50%	$50	$45	$50
Osseous surgery – per quadrant	50%	$325	$300	$300
Orthodontic services	Not covered	Not covered	Not covered	Not covered
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply

Options 5, 6 and 7 are effective April 1, 2015.

Refer to page 39 for footnotes.

Dental plans for 3 – 9
Footnotes

*Coverage waiting period: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service including orthodontic services. Does not apply to the DMO in plan options 1 – 3 & 5 7. There is no waiting period for any covered service on the DMO.

Most oral surgery, endodontic and periodontic services are covered as basic services on the DMO in options 1 – 3 & 5 – 7.

Plan options 2 & 4; PPO nonpreferred (out-of-network) coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Plan options 1 & 5 – 7 DMO cannot be sold standalone as full-replacement coverage. It must be combined with the PPO plan, option 4 in a dual option offering.

Options 1 – 3 & 5 – 7 DMO copay amounts listed are the total patient responsibility for the services indicated. The ten dollar office visit copay is additional.

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

If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the coverage waiting period.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of limitations and exclusions, refer to page 58.

D

Aetna contributory and voluntary dental plan selections 10 – 100

	Option 1A DMO Copay 51	Option 1B DMO Copay 53	Option 1C DMO Copay 54	Option 1D DMO Copay SFL	Option 1E DMO Copay SFI
	DMO plan copay Plan 51	Option 1B Plan code 53	DMO plan 100/100/60 Plan code 54	PPO Max plan 100/70/40 Plan code SFL	Plan code SFi w/implants
Office visit copay	$5	$5	$5	$5	$5
Annual deductible per member (does not apply to diagnostic & preventive services)	None	None	None	None	None
Annual maximum benefit	Unlimited	None	None	None	None
Diagnostic services					
Oral exams					
Periodic oral exam	No charge	No charge	No charge	No charge	No charge
Comprehensive oral exam	No charge	No charge	No charge	No charge	No charge
Problem-focused oral exam	No charge	No charge	No charge	No charge	No charge
X-rays					
Bitewing – single film	No charge	No charge	No charge	No charge	No charge
Complete series	No charge	No charge	No charge	No charge	No charge
Preventive services					
Adult cleaning	$12	$8	No charge	No charge	No charge
Child cleaning	$10	$7	No charge	No charge	No charge
Sealants – per tooth	$10	$8	No charge	No charge	No charge
Fluoride application – child only	No charge	No charge	No charge	No charge	No charge
Space maintainers – fixed	$100	$65	$60	No charge	No charge
Basic services					
Amalgam filling – 2 surfaces permanent	$32	$24	$12	No charge	No charge
Resin filling – 2 surfaces, anterior	$55	$35	$21	No charge	No charge
Endodontic services					
Bicuspid root canal therapy	$195	$140	$85	$152	$152
Periodontic services					
Scaling & root planing – per quadrant	$65	$50	$45	$50	$50
Oral surgery					
Extraction - exposed root or erupted tooth	$30	$15	$11	No charge	No charge
Extraction of impacted tooth – soft tissue	$80	$60	$46	No charge	No charge
Major services*					
Complete upper denture	$350	$300	$275	$390	$390
Partial upper denture – resin base	$375	$300	$275	$390	$390
Crown – porcelain with noble metal**	$325	$260	$210	$250	$250
Pontic – porcelain with noble metal**	$325	$260	$210	$250	$250
Inlay – metallic (3 or more surfaces)	$275	$220	$180	$250	$250
Oral surgery					
Removal of impacted tooth – partially bony	$100	$72	$58	$65	$65
Endodontic services					
Molar root canal therapy	$295	$260	$240	$205	$205
Periodontic services					
Osseous surgery – per quadrant	$340	$325	$300	$300	$300
Orthodontic services* (optional)	$2300 copay	$2300 copay	$2300 copay	$2300 copay	$2300 copay
Orthodontic lifetime maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

Options 1B, 1C, 1D and 1E are effective April 1, 2015.

Refer to page 44 for footnotes.

Aetna contributory and voluntary dental plan selections 10–100

	Option 2A DMO Copay 65	Option 3A Freedom of Choice — Monthly selection between DMO and PPO Max		Option 4A Freedom of Choice — Monthly selection between DMO and PPO Max	
	DMO 65	DMO plan 100/100/60	PPO Max plan	DMO plan	PPO plan
Office visit copay	$5	$5	N/A	$5	N/A
Annual deductible per member (does not apply to diagnostic & preventive services)	None	None	$50; 3X family maximum	None	$50; 3X family maximum
Annual maximum benefit	Unlimited	Unlimited	$1,000	Unlimited	$1,000
Diagnostic services					
Oral exams					
Periodic oral exam	No charge	100%	100%	100%	100%
Comprehensive oral exam	No charge	100%	100%	100%	100%
Problem-focused oral exam	No charge	100%	100%	100%	100%
X-rays					
Bitewing – single film	No charge	100%	100%	100%	100%
Complete series	No charge	100%	100%	100%	100%
Preventive services					
Adult cleaning	No charge	100%	100%	100%	100%
Child cleaning	No charge	100%	100%	100%	100%
Sealants – per tooth	No charge	100%	100%	100%	100%
Fluoride application	No charge	100%	100%	100%	100%
Space maintainers – fixed	No charge	100%	100%	100%	100%
Basic services					
Amalgam filling – 2 surfaces permanent	No charge	100%	70%	90%	70%
Resin filling – 2 surfaces, anterior	No charge	100%	70%	90%	70%
Endodontic services					
Bicuspid root canal therapy	$70	100%	70%	90%	70%
Periodontic services					
Scaling & root planing – per quadrant	$50	100%	70%	90%	70%
Oral surgery					
Extraction - exposed root or erupted tooth	No charge	100%	70%	90%	70%
Extraction of impacted tooth – soft tissue	No charge	100%	70%	90%	70%
Major services*					
Complete upper denture	$275	60%	40%	60%	40%
Partial upper denture – resin base	$275	60%	40%	60%	40%
Crown – porcelain with noble metal**	$225	60%	40%	60%	40%
Pontic – porcelain with noble metal**	$225	60%	40%	60%	40%
Inlay – metallic (3 or more surfaces)	$190	60%	40%	60%	40%
Oral surgery					
Removal of impacted tooth – partially bony	$45	60%	40%	60%	70%
Endodontic services					
Molar root canal therapy	$175	60%	40%	60%	70%
Periodontic services					
Osseous surgery – per quadrant	$250	60%	40%	60%	70%
Orthodontic services* (optional)	$2300 copay	$2300 copay	50%	$2300 copay	50%
Orthodontic lifetime maximum	Does not apply	Does not apply	$1,000	Does not apply	$1,000

Refer to page 44 for footnotes.

D

Aetna contributory and voluntary dental plan selections 10–100

	Option 5A PPO Max Low	Option 6A PPO Max High	Option 6B PPO Max High Plus	Option 7A Active PPO Max	
	PPO Max plan 80/70/40	PPO Max plan 100/80/50	PPO Max plan 100/80/50	Preferred plan 100/80/50	Nonpreferred plan 80/60/40
Office visit copay	N/A	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	$50; 3X family maximum
Annual maximum benefit	$1,000	$1,500	$1,500	$1,500	$1,000
Diagnostic services					
Oral exams					
Periodic oral exam	80%	100%	100%	100%	80%
Comprehensive oral exam	80%	100%	100%	100%	80%
Problem-focused oral exam	80%	100%	100%	100%	80%
X-rays					
Bitewing – single film	80%	100%	100%	100%	80%
Complete series	80%	100%	100%	100%	80%
Preventive services					
Adult cleaning	80%	100%	100%	100%	80%
Child cleaning	80%	100%	100%	100%	80%
Sealants – per tooth	80%	100%	100%	100%	80%
Fluoride application	80%	100%	100%	100%	80%
Space maintainers – fixed	80%	100%	100%	100%	80%
Basic services					
Amalgam filling – 2 surfaces permanent	70%	80%	80%	80%	60%
Resin filling – 2 surfaces, anterior	70%	80%	80%	80%	60%
Endodontic services					
Bicuspid root canal therapy	70%	80%	80%	80%	60%
Periodontic services					
Scaling & root planing – per quadrant	70%	80%	80%	80%	60%
Oral surgery					
Extraction - exposed root or erupted tooth	70%	80%	80%	80%	60%
Extraction of impacted tooth – soft tissue	70%	80%	80%	80%	60%
Major services*					
Complete upper denture	40%	50%	50%	50%	40%
Partial upper denture – resin base	40%	50%	50%	50%	40%
Crown – porcelain with noble metal**	40%	50%	50%	50%	40%
Pontic – porcelain with noble metal**	40%	50%	50%	50%	40%
Inlay – metallic (3 or more surfaces)	40%	50%	50%	50%	40%
Oral surgery					
Removal of impacted tooth – partially bony	40%	80%	80%	50%	40%
Endodontic services					
Molar root canal therapy	40%	80%	80%	50%	40%
Periodontic services					
Osseous surgery – per quadrant	40%	80%	80%	50%	40%
Orthodontic services* (optional)	40%	50%	50%	50%	50%
Orthodontic lifetime maximum	$1,000	$1,000	$1,000	$1,000	$1,000

Refer to page 44 for footnotes.

Aetna contributory and voluntary dental plan selections 10–100

	Option 7B Active PPO Max Plus		Option 8A PPO 1000	Option 9A PPO 1500	Option 10A PPO 2000
	Preferred plan 100/80/50	Nonpreferred plan 80/60/40"	PPO plan 100/80/50	PPO plan 100/80/50	PPO plan 100/80/50
Office visit copay	N/A	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	$50; 3X family maximum
Annual maximum benefit	$1,500	$1,000	$1,000	$1,500	$2,000
Diagnostic services					
Oral exams					
Periodic oral exam	100%	80%	100%	100%	100%
Comprehensive oral exam	100%	80%	100%	100%	100%
Problem-focused oral exam	100%	80%	100%	100%	100%
X-rays					
Bitewing – single film	100%	80%	100%	100%	100%
Complete series	100%	80%	100%	100%	100%
Preventive services					
Adult cleaning	100%	80%	100%	100%	100%
Child cleaning	100%	80%	100%	100%	100%
Sealants – per tooth	100%	80%	100%	100%	100%
Fluoride application	100%	80%	100%	100%	100%
Space maintainers – fixed	100%	80%	100%	100%	100%
Basic services					
Amalgam filling – 2 surfaces permanent	80%	60%	80%	80%	80%
Resin filling – 2 surfaces, anterior	80%	60%	80%	80%	80%
Endodontic services					
Bicuspid root canal therapy	80%	60%	80%	80%	80%
Periodontic services					
Scaling & root planing – per quadrant	80%	60%	80%	80%	80%
Oral surgery					
Extraction - exposed root or erupted tooth	80%	60%	80%	80%	80%
Extraction of impacted tooth – soft tissue	80%	60%	80%	80%	80%
Major services*					
Complete upper denture	50%	40%	50%	50%	50%
Partial upper denture – resin base	50%	40%	50%	50%	50%
Crown – porcelain with noble metal**	50%	40%	50%	50%	50%
Pontic – porcelain with noble metal**	50%	40%	50%	50%	50%
Inlay – metallic (3 or more surfaces)	50%	40%	50%	50%	50%
Oral surgery					
Removal of impacted tooth – partially bony	50%	40%	50%	80%	80%
Endodontic services					
Molar root canal therapy	50%	40%	50%	80%	80%
Periodontic services					
Osseous surgery – per quadrant	50%	40%	50%	80%	80%
Orthodontic services* (optional)	50%	50%	50%	50%	50%
Orthodontic lifetime maximum	$1,000	$1,000	$1,000	$1,000	$1,500

Refer to page 44 for footnotes.

D

Dental plans for 10 – 100
Footnotes

*Coverage waiting period applies to PPO and PPO max voluntary plans: Must be an enrolled member of the plan for 12 months before becoming eligible for coverage of any major service including orthodontic services. There is no waiting period for any covered service on the contributory (nonvoluntary) plan options or on the DMO voluntary plan options.

**There will be an additional patient charge for the actual cost for gold/high noble metal for these procedures on the DMO in plan options 1A - 1E & 2A.

All oral surgery, endodontic and periodontic services are covered as basic services on the PPO in options 4A, 6A, 6B & 9A. General anesthesia along with all oral surgery, endodontic and periodontic services are covered as basic on plan option 10A.

Plan options 3A, 5A – 7A, 6B & 7B; PPO max nonpreferred (out-of-network) coverage is limited to a maximum of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Out-of-network plan payments are limited by geographic area on the PPO in plan options 4A, 8A – 10A to the prevailing fees at the 80th percentile.

Plan options 1A – 1E & 2A: DMO cannot be sold standalone as full-replacement coverage. It must be combined with any one of the PPO plans in plan options 5A – 10A, 6B & 7B in a dual option offering.

PPO option 5A can be combined in a dual option offering with any one of the following PPO plan options: 6A, 6B, 8A – 10A.

Plan option 1E includes coverage for implants.

Plan options 6B and 7B – The calendar year maximum does not apply to preventive services.

Fixed dollar amounts including office visit and ortho copays on the DMO in plan options 1A – 1E & 2A – 4A are member responsibility.

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

Orthodontic coverage is available for dependent children Only on plan options 1A – 1E, 2A – 8A & 6B – 7B, and adult and child in plan options 9A and 10A (you must choose the plan with orthodontic coverage).

Voluntary plans: If there is a lapse in coverage, members may not re-enroll in the plan for a period of two years from the date of termination. If they are eligible for coverage at that time, they may re-enroll, subject to all provisions of the plan, including, but not limited to, the coverage waiting period.

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 58.

Aetna vision plans

Value you can see — our Premier, Plus and Basic Aetna Vision[SM] Preferred plans were designed to provide affordable premiums, network choice and low member out-of-pocket expense.

Vision
overview

See why Aetna Vision Preferred is the right choice for you and your employees

- Members can go where they want and buy what they want with in- and out-of-network benefits included for most services
- Offer as a voluntary benefit with affordable premiums and no extra cost to your bottom line
- Pretax advantages for both you and your employees
- Administrative ease when you have multiple benefits with Aetna — one bill, one renewal, one trusted company to work with
- Award-winning live customer service and self-service tools available seven days a week
- Low member out-of-pocket expense
- Value, choice and convenience — members can choose any frame available including value-priced frames to high-quality designer frames with no confusing frame towers or formularies
- Discounts on additional eyeglass purchases and noncovered items including LASIK surgery*
- Informational welcome packet is sent to each enrolled subscriber and includes member ID card, benefit summary and nearest provider locations to the member's home ZIP code

Keep an eye on your employee's health

We are committed to vision wellness, patient education and the associated preventive care.

Encouraging employees to get vision care can help lower unnecessary costs and improve overall health. During a routine eye exam, all aspects of vision are checked, including the eye's structure and how well the eyes work together. Annual eye exams allow eye care providers to monitor the health of the eyes and track changes that can occur from year to year. Besides measuring vision, eye exams help find early signs of certain chronic health conditions including diabetes, high blood pressure, high cholesterol and eye disease.[1]

Discover the freedom to see any licensed vision office or retailer

Nearly 60 percent of eyewear dollars in the United States are spent at optical retailers.[2] With Aetna Vision Preferred, you and your employees will have access to one of the largest national networks with over 65,000 vision office and retailers, featuring most desired national retailers,[3] including LensCrafters®, Pearle Vision®, Sears® Optical , Target Optical® and JCPenney Optical. Most have evening and weekend hours, including Sundays and are located in or near shopping centers for added convenience. Can't find your provider in our network? No problem. We reimburse for most services from out-of-network vision care providers, so members are covered no matter who they see for routine eye care.

Low member out-of-pocket costs

Aetna Vision Preferred offers savings in or out of network for routine eye exams, contact lenses and eyeglasses, including prescription sunglasses and designer frames.

Sample out-of-pocket costs for a member**

	Retail price	Out-of-pocket costs with Aetna Vision Preferred	Savings with Aetna Vision Preferred
Exam	$114.00	$10.00	$104.00
Frames	$124.41	$0	$124.41
Lenses	$83.00	$10.00	$73.00
Total	$321.41	$20.00	$301.41

*Discounts may not be available in all states.

**Results will vary for different plan designs. Example does not include premiums.

[1] **Allaboutvision.com/eye-exam/importance.htm**, April 2012. Accessed July 2014.

[2] Jobson Vision Watch, Vision Council Member Benefits Report, June 2011.

[3] Jobson Consumer Perceptions of Managed Vision Care Report 2011.

Aetna Vision Preferred – Premier plan

	In network	Out of network
	In-network amount represents member copay, plan allowance or fixed discounted fee. Out-of-network amount represents the maximum reimbursement amount.	
Exam – coverage allowed for one eye exam every rolling 12 months		
Routine eye exam	$10 copay	$25 reimbursement
Standard contact lens fit/follow	$40 discounted fee	Not covered
Premium contact lens fit/follow	10% off retail	Not covered
Frames – coverage allowed for one eyeglass frame every rolling 12 or 24 months (rates vary by frame frequency)		
Any frame available at location	$130 plan allowance	$65 reimbursement
Lens – coverage allowed for one pair of prescription eyeglass lenses every rolling 12 months (in lieu of contact lenses per benefit period)		
Single vision lenses	$10 copay	$20 reimbursement
Bifocal vision lenses	$10 copay	$40 reimbursement
Trifocal vision lenses	$10 copay	$65 reimbursement
Lenticular vision lenses	$10 copay	$65 reimbursement
Standard progressive lenses	$75 copay	$40 reimbursement
Premium progressive lenses	20% discount off retail minus $120 allowance plus $75 copay = member out of pocket	$40 reimbursement
UV treatment	$15 discounted fee	Not covered
Tint (solid and gradient)	$15 discounted fee	Not covered
Standard plastic scratch coating	$15 discounted fee	Not covered
Standard polycarbonate lenses – child to age 19	$40 discounted fee	Not covered
Standard polycarbonate lenses – adult	$40 discounted fee	Not covered
Standard anti-reflective coating	$45 discounted fee	Not covered
Contacts – coverage for one order of contact lenses every rolling 12 months (in lieu of eyeglass lenses per benefit period)		
Conventional contact lenses	$115 plan allowance	$80 reimbursement
Disposable contact lenses	$115 plan allowance	$80 reimbursement
Medically necessary contact lenses	$0 copay	$200 reimbursement

Discounts

Available at in-network locations

- 15 percent off balance over the plan allowance on conventional contact lenses
- 20 percent off balance over the plan allowance on frames
- Up to 40 percent off additional pairs of eyeglasses or prescription sunglasses
- 15 percent discount off retail or 5 percent discount off the promotional price for LASIK vision correction or PRK from U.S. Laser Network only. Call **1-800-422-6600**
- 20 percent off noncovered items, including photochromic/transition and polarized lenses
- Receive significant savings after lens benefit has been exhausted by ordering replacement contact lenses online at **www.aetnavision.com**

Discounts may not be available in all states.

Aetna Vision Preferred – Plus plan

	In network	Out of network
	In-network amount represents member copay, plan allowance or fixed discounted fee. Out-of-network amount represents the maximum reimbursement amount.	
Exam – coverage allowed for one eye exam every rolling 12 months		
Routine eye exam	$10 copay	$25 reimbursement
Standard contact lens fit/follow	$40 discounted fee	Not covered
Premium contact lens fit/follow	10% off retail	Not covered
Frames – coverage allowed for one eyeglass frame every rolling 12 or 24 months (rates vary by frame frequency)		
Any frame available at location	$130 plan allowance	$65 reimbursement
Lens – coverage allowed for one pair of prescription eyeglass lenses every rolling 12 months (in lieu of contact lenses per benefit period)		
Single vision lenses	$25 copay	$10 reimbursement
Bifocal vision lenses	$25 copay	$25 reimbursement
Trifocal vision lenses	$25 copay	$55 reimbursement
Lenticular vision lenses	$25 copay	$55 reimbursement
Standard progressive lenses	$90 copay	$25 reimbursement
Premium progressive lenses	20% discount off retail minus $120 allowance plus $90 copay = member out of pocket	$25 reimbursement
UV treatment	$15 discounted fee	Not covered
Tint (solid and gradient)	$15 discounted fee	Not covered
Standard plastic scratch coating	$0 copay	$15 reimbursement
Standard polycarbonate lenses – child to age 19	$0 copay	$35 reimbursement
Standard polycarbonate lenses – adult	$40 discounted fee	Not covered
Standard anti-reflective coating	$45 discounted fee	Not covered
Contacts – coverage for one order of contact lenses every rolling 12 months (in lieu of eyeglass lenses per benefit period)		
Conventional contact lenses	$130 plan allowance	$90 reimbursement
Disposable contact lenses	$130 plan allowance	$90 reimbursement
Medically necessary contact lenses	$0 copay	$200 reimbursement

Discounts

Available at in-network locations

- 15 percent off balance over the plan allowance on conventional contact lenses
- 20 percent off balance over the plan allowance on frames
- Up to 40 percent off additional pairs of eyeglasses or prescription sunglasses
- 15 percent discount off retail or 5 percent discount off the promotional price for LASIK vision correction or PRK from U.S. Laser Network only. Call **1-800-422-6600**
- 20 percent off noncovered items, including photochromic/transition and polarized lenses
- Receive significant savings after lens benefit has been exhausted by ordering replacement contact lenses online at **www.aetnavision.com**

Discounts may not be available in all states.

Aetna Vision Preferred – Basic plan

	In network	Out of network
	In-network amount represents member copay, plan allowance or fixed discounted fee. Out-of-network amount represents the maximum reimbursement amount.	
Exam – coverage allowed for one eye exam every rolling 12 months		
Routine eye exam	$20 copay	$20 reimbursement
Standard contact lens fit/follow	$40 discounted fee	Not covered
Premium contact lens fit/follow	10% off retail	Not covered
Frames – coverage allowed for one eyeglass frame every rolling 12 or 24 months (rates vary by frame frequency)		
Any frame available at location	$100 plan allowance	$50
Lens – coverage allowed for one pair of prescription eyeglass lenses every rolling 12 months (in lieu of contact lenses per benefit period)		
Single vision lenses	$20 copay	$15 reimbursement
Bifocal vision lenses	$20 copay	$30 reimbursement
Trifocal vision lenses	$20 copay	$60 reimbursement
Lenticular vision lenses	$20 copay	$60 reimbursement
Standard progressive lenses	$85 copay	$30 reimbursement
Premium progressive lenses	20% discount off retail minus $120 allowance plus $85 copay = member out of pocket	$30 reimbursement
UV treatment	$15 discounted fee	Not covered
Tint (solid and gradient)	$15 discounted fee	Not covered
Standard plastic scratch coating	$15 discounted fee	Not covered
Standard polycarbonate lenses – child to age 19	$40 discounted fee	Not covered
Standard polycarbonate lenses – adult	$40 discounted fee	Not covered
Standard anti-reflective coating	$45 discounted fee	Not covered
Contacts – coverage for one order of contact lenses every rolling 12 months (in lieu of eyeglass lenses per benefit period)		
Conventional contact lenses	$105 plan allowance	$75 reimbursement
Disposable contact lenses	$105 plan allowance	$75 reimbursement
Medically necessary contact lenses	$0 copay	$200 reimbursement

Discounts

Available at in-network locations

- 15 percent off balance over the plan allowance on conventional contact lenses
- 20 percent off balance over the plan allowance on frames
- Up to 40 percent off additional pairs of eyeglasses or prescription sunglasses
- 15 percent discount off retail or 5 percent discount off the promotional price for LASIK vision correction or PRK from U.S. Laser Network only. Call **1-800-422-6600**
- 20 percent off noncovered items, including photochromic/transition and polarized lenses
- Receive significant savings after lens benefit has been exhausted by ordering replacement contact lenses online at **www.aetnavision.com**

Discounts may not be available in all states.

Aetna life & disability

With Aetna as your insurer, you can round out your employee benefits package with even more coverage. Our group life and disability is an affordable way to offer your employees — and their families — the extra financial protection of life insurance and disability benefits.

Life & disability
overview

For groups of 2 to 50, Aetna Life Insurance Company (Aetna) offers several options for Small Group life and disability insurance plans. All are easy to understand and offer affordable benefits to help your employees protect their families in the event of illness, injury or death. You'll benefit from streamlined plan installation, administration and claims processing.

- Life
- Short-term disability
- Long-term disability (10–50 only)
- Life and disability packaged plans

For groups of 51 and above, we offer a robust portfolio of life and disability products with flexible plan features. Please consult your sales representative for a plan designed to meet your group's needs:

- Basic life
- Supplemental life
- AD&D Ultra®
- Supplemental AD&D Ultra®
- Dependent life
- Short-term disability
- Long-term disability

Life insurance

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

- Flexibility
- Added value
- Cost efficiency
- Experienced support

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

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

Giving you (and your employees) what you want

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

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

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

Premium waiver provision — Employee coverage may stay in effect up to the amended normal Social Security retirement age without premium payments (unless they retire sooner), if an employee becomes permanently and totally disabled while insured due to an illness or injury before age 60.

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

Our fresh approach to life

With **Aetna Life Essentials**, your employees have access to programs during their active lives to help promote healthy, fulfilling lifestyles. In addition, Aetna Life Essentials provides for critical caring and support resources for often-overlooked needs during the end of one's life. And we also include value for beneficiaries and their loved ones well beyond the financial support from a death benefit.

L&D

AD&D Ultra®

AD&D Ultra is standardly included with our small group term life plans and in our packaged life and disability plans, and provides employees and their families with the same coverage as a typical accidental death and personal loss plan — and then some. This includes extra benefits at no additional cost to you, such as coverage for education or child-care expenses that make this protection even more valuable.

Covered losses include:

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

Extra benefits for the following:

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

Disability insurance

Did you know the ability to earn an income is the most important financial resource for an individual? Yet, few take steps to help protect this important resource from the threat of a disability.

No one wants to think about it, but injury or illness can happen at any time. It can impact both your business and your employees' financial well-being. Your business can lose the productivity of valued employees. Your employees can lose their paycheck.

That is why disability insurance is so important. It provides protection for your business and your employees.

We understand disability

We have experienced and caring professionals who understand the challenges of disability. We realize how important it is for your employees to be able to work. That is why we are dedicated to providing solutions.

Here are a few ways our disability plans protect you and your employees:

- Consultative support from your account team is based on the unique needs of your business
- Our embedded **Behavioral Health Unit** (BHU) has compassionate licensed therapists and psychiatric nurses who recognize the complexities of behavioral health conditions. They work with your employees and their health care providers to overcome barriers blocking successful return to work
- Master's level **Vocational Rehabilitation Consultants** offer a coordinated productivity approach centered on the employee's abilities to aid your employee's transition back to the workforce

More choices for interaction

Our best-in-class technology offers more choices for you and your employees to interact with us. Whether you choose mail, phone, e-mail, mobile application or our convenient WorkAbility® Absence Management System online portal, information is available on your schedule, not ours.

For a summary list of limitations and exclusions, refer to pages 58–59.

*Only available if insured loses life.

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

Life: 2–9 Standard QRS, 10–50 Simplified and 51–100 Simplified Expanded plans

Life benefits	2–9 lives	10–50 lives	51–100 lives
Benefit amount	Flat dollar amounts: $10,000, $15,000, $20,000 or $50,000	Flat dollar amounts: $10,000, $15,000, $20,000, $25,000, $30,000, $50,000, $75,000, $100,000, $125,000, $150,000, $175,000, $200,000 OR 1 or 2X basic annual earning (BAE) (rounded to next higher $1,000)	Flat dollar amounts: $10,000 to $300,000 ($10,000 or $25,000 increments) OR 1, 1.5 or 2X basic annual earnings (BAE) (rounded to next higher $1,000)
Minimum/Maximum amounts	$10,000/$50,000	Flat dollar amounts: 10,000/$200,000 Salary-based amounts: $10,000/$200,000	Flat dollar amounts: $10,000/$300,000 Salary-based amounts: $10,000/$500,000
Guaranteed issue	$20,000	$200,000	Flat dollar amount: $300,000; Salary-based amount: $500,000
Participation requirement	100%	100% employer pays all, 50% employee contributes	100% employer pays all, 75% employee contributes
Contribution requirement	100% employer paid	50%–100% employer paid	50%–100% employer paid
Eligible/minimum hours	Active employees/20 hrs./wk.	Active employees/20 hrs./wk.	Active employees/20 hrs./wk.
Rate structure	Age-graded rates	Contributory: Age graded Noncontributory: Composite	Composite
Rate guarantee	2 years	2 years	2–3 years
Age reduction schedule	65% at age 65, 40% at age 70, 25% at age 75	**Option 1:** 65% at age 65, 40% at age 70, 25% at age 75 **Option 2:** 65% at age 70, 40% at age 75, 25% at age 80 **Option 3:** 50% at age 70 **Option 4:** 65% at age 65, 50% at age 70	**Option 1:** 65% at age 65, 40% at age 70, 25% at age 75 **Option 2:** 65% at age 70, 40% at age 75, 25% at age 80 **Option 3:** 50% at age 70 **Option 4:** 65% at age 65, 50% at age 70 **Option 5:** Match current plan
Waiver of premium	Premium waiver 60	Premium waiver 60	Premium waiver 60
Funding	Prospective	Prospective	Prospective
Conversion	Included	Included	Included
Portability	Not included	Not included	**Option 1:** Included except MN **Option 2:** Not included
Value added services	Aetna Life Essentials Beneficiary Solutions Everest Funeral Services	Aetna Life Essentials Beneficiary Solutions Everest Funeral Services	Aetna Life Essentials Beneficiary Solutions Everest Funeral Services
Accelerated death benefit	Up to 75% of life benefit	Up to 75% of life benefit amount	Up to 75% of life benefit amount
AD&D Ultra amount	Matches life benefit amount	Matches life benefit amount	Matches life benefit amount
Optional spouse life	Not available	Flat dollar amount: $25,000	Increments of $10,000 to a maximum of $100,000 (not to exceed 100% of employee supplemental amount)
Optional child life	Not available	Flat dollar amount: $10,000 (child covered birth to age 26)	Increments of $2,000 to $10,000 to a maximum of $10,000
Spouse/Child life rate structure	Not available	Spouse: Per $1,000 – Age graded; Child: Per $1,000, per family unit	Spouse: Per $1,000 – age graded Child: Composite rate
Spouse/Child life guarantee issue	Not available	Spouse: $25,000 Child: $10,000	Spouse: $30,000 Child: $10,000
Spouse/Child AD&D	Not available	Spouse: 50% employee amount (40% if child included) Child: 15% employee amount (10% if spouse included)	Spouse: 50% employee amount (40% if child included) Child: 15% employee amount (10% if spouse included)
Supplemental life	Not available	Up to $400,000 (increments $10,000 or $25,000) OR 1–5 X basic annual earnings (BAE) rounded to next $1000	Up to $500,000 (increments $10,000 or $25,000) OR 1–5 X basic annual earnings (BAE) rounded to next $1000
Supplemental AD&D	Not available	Matches supplemental life benefit; Automatically included in supplemental life rate	Matches supplemental life benefit; Automatically included in supplemental life rate
Class schedules	Only one class allowed	Up to 3 classes (minimum 3 employees in each class)	Up to 3 classes (minimum 3 employees in each class)

Life and disability products are underwritten or administered by Aetna Life Insurance Company (Aetna).

L&D

Short-term Disability*: 2 – 9 Standard QRS, 10 – 50 Simplified and 51 – 100 Simplified Expanded plans

Short-term disability benefits	2 – 9 lives	10 – 50 lives	51 – 100 lives
Weekly benefit	$100 – $500 flat amount in $100 increments	50% or 60% of earnings	50%, 60% or 66⅔% of earnings
Elimination period - injury/illness	1/8 or 8/8	1/8, 8/8 or 15/15	1/8, 8/8, 15/15, 30/30
Maximum benefit	$500	$500, $750, $1000, $1500 or $2000	To a maximum of $2,000 must qualify based on average of top 3 salaries
Maximum benefit period	26 weeks	13 weeks or 26 weeks	9 weeks, 11 weeks, 13 weeks, 26 weeks or 52 weeks
Maternity benefit	Maternity is treated same as illness but subject to pre-existing condition exclusion. If pregnant before plan effective date, pregnancy is not covered unless employee has prior credible coverage	Maternity is treated same as illness	Maternity is treated same as illness
Types of disability covered	Non-occupational	Non-occupational	Non-occupational
Pre-existing condition rule	3/12	3/12 for late applicants and voluntary plans	3/12 for late applicants and voluntary plans
Actively-at-work rule	Applies	Applies	Applies
Other income offset integration	None	Full offsets, including family SSDI	Full offsets, including family SSDI
Definition of disability	Own occupation, 20% earnings loss	Own occupation, 20% earnings loss	Own occupation, 20% earnings loss
Separate periods of disability	15 days	15 days	15 days
Funding	Prospective	Prospective	Prospective
Minimum participation requirement	100%	Contributory: 50% Noncontributory: 100%	Voluntary (100% employee paid): 25% or 20 lives 100% employer paid: 100%
Contribution requirement	100% employer paid	Contributory: 50% – 99% employer paid Noncontributory: 100% employer paid	Voluntary: 100% employee paid Noncontributory: 100% employer paid
Eligible/Minimum hours	Active employees/20 hrs./wk.	Active employees/20 hrs./wk.	Active employees/20 hrs./wk.
Rate structure	Age-graded rates	Age-graded rates	Voluntary: Age-graded rates (60% participation will receive composite rate) Noncontributory: Composite rate
Rate guarantee	2 years	2 years	2 years
Class schedules	Only one class allowed	Up to 3 classes (with a minimum requirement of 3 employees in each class) available for groups of 10 or more employees	Up to 3 classes (with a minimum requirement of 3 employees in each class) available for groups of 10 or more employees

*For 2 to 50 lives: Short Term Disability is not available in CA, NJ, NY, HI or RI. These states have mandated state cash disability plans.
For 51 to 100 lives: In states with mandated state cash disability plans, the STD will either supplement the state cash plan or the state cash plan will be an offset to the STD plan. CA, HI, NJ, NY and RI have mandated state cash disability plans.

Long-term Disability: 10–50 Simplified and 51–100 Simplified Expanded plans

Long-term disability benefits	10–50 lives	51–100 lives
Monthly benefit	50% or 60% of earnings	50%, 60% or 66 ⅔% of earnings
Elimination period - injury and illness	30 days, 90 days or 180 days	90 days or 180 days
Maximum benefit	$2,000, $3,500, $5,000, $6,000 or $8,000	Up to $10,000 (must qualify based on average of top three salaries)
Maximum benefit period	2 years or 5 years	2 years, 5 years or 1983 amended Social Security normal retirement age (SSNRA)
Maternity benefit	Maternity is treated same as illness	Maternity is treated same as illness
Types of disability covered	Occupational and non-occupational	Occupational and non-occupational
Pre-existing condition rule	3/12 for new coverage and increases in coverage	3/12 for new coverage and increases in coverage
Actively-at-work rule	Applies	Applies
Other income offset integration	Full offsets, including family SSDI	Full offsets, including family SSDI
Definition of disability	Own occupation for 24 months 80%; After 24 months, any reasonable occupation 60%	Own occupation for 24 months 80%; After 24 months, any reasonable occupation 60%
Separate periods of disability	30-day EP: 15 days during EP, 3 months after 90-day EP: 15 days during EP, 3 months after 180-day EP: 15 days during EP, 6 months after	90-day EP: 15 days during EP, 3 months after 180-day EP: 15 days during EP, 6 months after
Work Incentive Benefit Adjustment	Proportional loss after 12 months	Proportional loss after 12 months
Limitations – mental/nervous and drug/alcohol	24 months of benefits per disability; 90-day extension if hospital confined	24 months of benefits per disability; 90-day extension if hospital confined
Waiver of premium	Included	Included
Vocational rehabilitation* and incentive	Mandatory*; 10%	Mandatory*; 10%
Survivor benefit	Included – 3 months	Included – 3 months
Conversion	Not included	Not included
Funding	Prospective	Prospective
Minimum participation requirement	Contributory: 50% Noncontributory: 100%	Voluntary: Greater of 25% or 20 lives Noncontributory: 100%
Contribution requirement	Contributory: 50%–99% employer paid Noncontributory: 100% employer paid	Voluntary: 100% employee paid Noncontributory: 100% employer paid
Eligible/Minimum hours	Active employees/20 hrs./wk.	Active employees/20 hrs./wk.
Rate structure	Age-graded rates	Voluntary: Age-graded rates (60% participation will receive composite rate) Noncontributory: Composite rate
Rate guarantee	2 years	2–3 years
Class schedules	Up to 3 classes (with a minimum requirement of 3 employees in each class) available for groups of 10 or more employees	Up to 3 classes (with a minimum requirement of 3 employees in each class) available for groups of 10 or more employees

*Mandatory vocational rehabilitation is prohibited in CA and NJ. CT prohibits mandatory vocational rehabilitation if the plan is contributory or voluntary.

Life and disability products are underwritten or administered by Aetna Life Insurance Company (Aetna).

L&D

Packaged Life and Disability*: 2–9 and 10–50 QRS Standard plans

Life plans	Low option	Low option 2	Medium option	Medium option 2	High option
Benefit	Flat $10,000	Flat $15,000	Flat $20,000	Flat $25,000	Flat $50,000
Guaranteed issue					
2–9 lives	$10,000	$15,000	$20,000	$20,000	$20,000
10–50 lives	$10,000	$15,000	$20,000	$25,000	$50,000
Reduction schedule	Employee's original life amount reduces to 65% at age 65; 40% at age 70; 25% at age 75				
Premium waiver	Premium waiver 60	Premium waiver 60	Premium waiver 60	Premium waiver 60	Premium waiver 60
Conversion	Included	Included	Included	Included	Included
Accelerated death benefit	Up to 75% of benefit; 24-month acceleration	Up to 75% of benefit; 24-month acceleration	Up to 75% of benefit; 24-month acceleration	Up to 75% of benefit; 24-month acceleration	Up to 75% of benefit; 24-month acceleration
Dependent life	Spouse $5,000 Child $2,000	Spouse $5,000 Child $2,000	Spouse $5,000 Child $2,000	Spouse $5,000 Child $2,000	Spouse $5,000 Child $2,000
AD&D Ultra					
AD&D ultra schedule	Matches basic life benefit	Matches basic life benefit	Matches basic life benefit	Matches basic life benefit	Matches basic life benefit
AD&D ultra extra benefits	Passenger restraint use and airbag deployment, education benefit for your child and/or spouse, child care and repatriation of mortal remains.				
Disability plan design					
Monthly benefit	Flat $500 No offsets	Flat $1,000; offsets are workers' compensation, any state disability plan and primary and family Social Security benefits.			
Elimination period	30 days	30 days	30 days	30 days	30 days
Definition of disability	Own occupation; earnings loss of 20% or more	Own occupation; earnings loss of 20% or more	Own occupation; earnings loss of 20% or more	Own occupation; earnings loss of 20% or more	First 24 months of benefits: own occupation; earnings loss of 20% or more; any reasonable occupation thereafter; 40% earnings loss
Benefit duration	24 months	24 months	24 months	24 months	60 months
Pre-existing condition limitation	3/12	3/12	3/12	3/12	3/12
Types of disability	Occupational & non-occupational	Occupational & non-occupational	Occupational & non-occupational	Occupational & non-occupational	Occupational & non-occupational
Separate periods of disability	15 days during elimination period; six months thereafter				
Mental health/ substance abuse	Duration same as all other conditions	Duration same as all other conditions	Duration same as all other conditions	Duration same as all other conditions	Duration same as all other conditions
Waiver of premium	Included	Included	Included	Included	Included
Other plan provisions					
Eligibility	Active full-time employees	Active full-time employees	Active full-time employees	Active full-time employees	Active full-time employees
Employer contribution	2–9 lives: 100% employer paid 10–50 lives: 50–100% employer paid	2–9 lives: 100% employer paid 10–50 lives: 50–100% employer paid	2–9 lives: 100% employer paid 10–50 lives: 50–100% employer paid	2–9 lives: 100% employer paid 10–50 lives: 50-100% employer paid	2–9 lives: 100% employer paid 10–50 lives: 50–100% employer paid
Minimum participation	2–9 lives: 100% 10–50 lives: 75%	2–9 lives: 100% 10–50 lives: 75%	2–9 lives: 100% 10–50 lives: 75%	2–9 lives: 100% 10–50 lives: 75%	2–9 lives: 100% 10–50 lives: 75%
Class schedules	2–9 lives: not available 10–50 lives: Up to three classes (with a minimum requirement of three employees in each class) — the benefit amount of the highest class can not be more than five times the benefit amount of the lowest class even if only two classes are offered.				
Rate guarantee	One year	One year	One year	One year	One year
Rates PEPM	$8.00	$10.00	$15.00	$16.00	$27.00

*For 2 to 50 lives: packaged life and disability plans are not available in CA, NJ, NY, HI or RI. These states have mandated state cash disability plans.

Life and disability products are underwritten or administered by Aetna Life Insurance Company (Aetna).

Limitations and exclusions

Medical

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

Exclusions for 1 to 50 Plans

- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays (adult)
- Donor egg retrieval
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Refractions or vision hardware (adult)
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

Exclusions for 51 to 100 Plans

- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Habilitative services
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Refractions or vision hardware
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

Dental, AD&D Ultra and Disability

The following is a partial list of services and supplies that are generally not covered. However, the plan documents may contain exceptions to the list based on the plan design purchased. Limitations and exclusions may vary by state or group size.

Dental

Not every dental care service or supply is covered by the plan, even if prescribed, recommended, or approved by your physician or dentist. The plan covers only those services and supplies that are medically necessary. Charges for the following services or supplies are limited or may be excluded:

- 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 we define as not necessary for the diagnosis, care or treatment of a condition involved
- Specific service limitations:
  - DMO plans: Oral exams (four per year)
  - PPO plans: Oral exams (two routine and two problem-focused per year)
  - All plans:
    - Bitewing X-rays (one set per year)
    - Complete series X-rays (one set every three years)
    - Cleanings (two per year)
    - Fluoride (one per year; children under 16)
    - Sealants (one treatment per tooth, every three years on permanent molars; children under 16)
    - Scaling and root planing (four quadrants every two years)
    - Osseous surgery (one per quadrant every three years)
- All other limitations and exclusions in your plan documents

AD&D Ultra®

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

- Air or space travel, unless a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo)
- Bodily or mental infirmity
- Commission of or attempt to commit a criminal act
- Illness, ptomaine or bacterial infection*
- Inhalation of poisonous gases
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release
- Ligature strangulation resulting from auto-erotic asphyxiation
- Intentionally self-inflicted injury
- Medical or surgical treatment*
- Third-degree burns resulting from sunburn
- Use of alcohol
- Use of drugs, except as prescribed by a physician
- Use of intoxicants
- Use of alcohol or intoxicants or drugs while operating any form of a motor vehicle whether or not registered for land, air or water use. A motor vehicle accident will be deemed to be caused by the use of alcohol, intoxicants or drugs if it is determined that at the time of the accident the member covered dependent was:
  - Operating the motor vehicle while under the influence of alcohol at a level that meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter; or
  - Operating the motor vehicle while under the influence of an intoxicant or illegal drug; or
  - Operating the motor vehicle while under the influence of a prescription drug in excess of the amount prescribed by the physician; or
  - Operating the motor vehicle while under the influence of an over-the-counter medication taken in an amount above the dosage instructions
- Suicide or attempted suicide (while sane or insane)
- War or any act of war (declared or not declared)

*These do not apply if the loss is caused by:
- An infection that results directly from the injury
- Surgery needed because of the injury

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

Disability

Disability coverage does not cover any disability that:

- Is due to an occupational illness or occupational injury except in the case of sole proprietors or partners who cannot be covered by workers' compensation
- Is due to insurrection, rebellion, or taking part in a riot or civil commotion
- Is due to intentionally self-inflicted injury (while sane or insane)
- Is due to war or any act of war (declared or not declared)
- Results from the commission of, or attempt to commit a criminal act
- Results from a motor vehicle accident caused by operating the vehicle while the member is under the influence of alcohol. A motor vehicle accident will be deemed to be caused by the use of alcohol if it is determined that at the time of the accident the member was operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred.) If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter

Disability coverage does not cover any disability on any day that the member is confined in a penal or correctional institution for conviction of a criminal act or other public offense. The member will not be considered to be disabled, and no benefits will be payable.

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

Employee and Dependent Life Insurance

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

Vision

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (nonprescription) lenses and/or contact lenses; Nonprescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefits plan providing vision coverage; Certain brand-name vision materials in which the manufacturer imposes a no-discount policy; or services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefits plans.

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health/Dental benefits, health/dental insurance and life and disability insurance plans/policies contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and life services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features may vary, may be unavailable in some states, and are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are part of the delivery system or physician group. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

www.aetna.com

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