

Pennsylvania/  
Southern New Jersey

# Small Business Solutions

Health, Dental, Vision, Pharmacy, Disability and Life  
For Businesses with 2 – 50 Eligible Employees



Turning Promise Into Practice®

**These managed care plans may not cover all of your health care or dental expenses. Read your contract carefully to determine which services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-800-323-9930 for medical coverage, or 1-877-238-6200 for dental coverage.**

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

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Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify, or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary, or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after enrollment) are not covered, and medical exceptions are not available for them.

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While this material is believed to be accurate as of the print date, it is subject to change. Plans are provided by: Aetna Health Inc., Corporate Health Insurance Company, Aetna Life Insurance Company or Aetna Dental Inc.

# Turning Promise INTO PRACTICE

**In the world of small business, there's nothing more critical to your company's success than the health and well-being of your employees.**

At Aetna\*, we are committed to putting the member at the center of everything we do — with a new generation of consumer-friendly health care and related benefit programs designed to give your employees the tools and information they need to lead healthier, more productive lives.

And for our valued employers, we are helping you to make the most of your health care dollars by offering quality plans with a wide range of affordable pricing options. Aetna's plans and programs offer quality and value, an expansive and stable provider network and efficient benefits administration.

Our portfolio of medical, dental, pharmacy, life and disability products is designed to help your employees stay healthy and productive through all stages of life. From the National Medical Excellence Program®, our transplant care and coordination program, to our disease management and vision programs, Aetna offers solutions for your small business.

## **Here's how we can help your company:**

### FOR THE SMALL BUSINESS DECISION MAKER:

- > An array of Medical, Dental, Life and Disability products.
- > Member cost-sharing measures, such as deductibles and coinsurance on certain managed care plans.
- > Disability, an important addition to your company's benefits package.

### FOR SMALL BUSINESS EMPLOYEES:

- > First Claim Resolution™ and First Call Resolution™ — for accurate resolution and payment of claims.
- > Aetna Navigator™ website, our hands-on Internet tool for accessing health information and education, ordering member ID cards, sending e-mail inquiries to Aetna and more.
- > Reminders mailed annually to members for cancer screenings and eye exams (varies by plan).

At Aetna, we're turning promise into practice every day. By forging more collaborative relationships with physicians and hospitals, our staff of respected medical directors and nurses is committed to improving the safety and overall value of health care to American consumers. We want to help eliminate inefficiencies in the health care system, leaving doctors and their staffs to do what they do best — care for patients.

We look forward to helping you and your employees access the quality of care, information and tools you need to take charge of your health care and lead healthier lives.

**Aetna. Turning promise into practice ... every day.**

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

# Choose Aetna Because ...

## Extensive Physician Network\*

Aetna's provider network is one of the largest in the nation:

- > PPO Network = 552,388 doctors and hospitals
- > HMO Network = 396,892 doctors and hospitals

Aetna also has a strong local presence, comprised of:

- > Nearly every hospital in the five-county Philadelphia area and Southern NJ
- > 27,706 total participating physicians and hospitals throughout Pennsylvania
- > 12,535 total participating physicians and hospitals throughout New Jersey

## Service Excellence

Aetna has invested in a customer support system for business owners and employees that is unmatched by our competitors.

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

- > Skilled service representatives are trained specifically in small business needs.
- > **Informed Health® Line** nurses provide live answers to your employees' health questions by phone.
- > **The Aetna Voice Advantage®** system enables employees to conduct many tasks by phone, such as checking claims, changing doctors and requesting ID cards.

Working with Aetna is easier and more efficient than ever.

- > 99.3% of Aetna's claims are processed accurately and quickly.
- > Aetna's renewal process is simple and convenient.
- > 90% of all referrals are electronically submitted to reduce hassle.

## The Power of Aetna Technology

Our user-friendly online tools help you and your employees make decisions and gather information from any Internet connection. Our website, [www.aetna.com](http://www.aetna.com), offers:

- > **Navigator**, which helps 5 million site visitors a year to:
  - View and update their member information
  - Access benefits information and history
  - Check claims' status
- > **DocFind**, which helps employees to:
  - Easily find, select and change physicians, dentists, hospitals and pharmacies
  - Locate providers in their area

> **InteliHealth**, which helps employees make more informed health decisions by providing:

- Wellness and disease information
- Explanations of medical terminology
- Drug and pharmaceutical databases

## Programs for Your Employees

Aetna offers several specialized programs to promote optimal health for your employees.

- > **Healthy Outlook Program®** helps employees better understand and manage chronic illnesses such as diabetes, asthma, heart failure disease and lower back pain
- > **Women's Health Programs** focus specifically on women's medical needs. These include:
  - Moms-to-Babies, that assists expectant mothers through a healthy pregnancy and delivery
  - Breast cancer case management and genetic testing
  - Menopause education
- > **Alternative Health Care Programs** reduce rates on alternative therapies such as vitamins, acupuncture, nutritional counseling and massage therapy.
- > **Vision One® Program** provides discounts of up to 50% on services at select optical centers, including discounts on LASIK surgery. The Vision One Exam and Eyeware program is available at many optical centers nationwide — including Sears, JCPenney, Target and participating Pearle Vision centers.
- > **Fitness Programs** offer discounts on membership rates at independent health clubs contracted with GlobalFit.

## Established Carrier

Aetna offers the security of a large, well-known carrier with:

- > **150 years** of experience providing insurance and financial products to small businesses
- > A strong financial position
- > Nationwide coverage\*\* — Aetna currently insures:
  - 13.9 million Health members
  - 11.9 million Dental members
  - 11.7 million Group Insurance members
- > A history of covering the most prominent companies:
  - 79% of Fortune 100 companies
  - 47% of Fortune 1000 companies

\*As of December 31, 2002.

\*\*As of September 20, 2002.

# Aetna Small Group PRODUCT OVERVIEW



## Aetna Primary Care™ Plan HMO

*Members access care through Primary Care Physicians.*

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

The Primary Care Plan HMO provides:

- > Extensive provider networks.
- > Low out-of-pocket costs.
- > No claim forms.
- > Member's PCP coordinates their covered health care services.
- > Fixed out-of-pocket costs for covered services.
- > No lifetime dollar maximums.
- > Referral is required for most specialist care.



## Aetna Primary Care™ Plan HMO — No Referrals

*Flexibility and no referrals needed for participating providers.*

With this plan, members may choose how they access covered benefits. Members can visit a Primary Care Physician and pay a lower copay or go directly to any participating physician and pay a higher copay. Members never need a referral when visiting a participating specialist for covered services.

The Primary Care Plan HMO — No Referrals provides:

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



## Aetna Choice™ Plan POS

*Freedom to select providers.*

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

The Aetna Choice Plan POS provides:

- > Flexibility to self-refer.
- > No annual or lifetime dollar maximums in network.
- > Extensive provider networks.
- > Member encouraged to choose a PCP from Aetna's network of participating providers.
- > Member visits PCP for routine care or for injury or illness; member pays applicable copay each time covered benefits are accessed within the network with PCP referral.
- > Member may visit any out-of-network licensed provider, without PCP referral for a covered benefit; member shares the cost of care through deductible/coinsurance.



## Aetna Choice™ Plan POS — No Referrals

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

Aetna Choice POS — No Referrals offers all the benefits of a point-of-service plan with two easy ways to access care when members need it. Best of all, members do not need referrals. This plan allows members to:

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



## Aetna Dental® Plans

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



## Aetna Life and Disability Plans

Aetna offers a wide range of flat dollar insurance options for basic employee term life insurance as well as disability benefit solutions. Aetna's affordable life insurance options enable members to establish financial protection for themselves and their families. Members can also benefit from Aetna's new packaged Life and Disability product. See page 17 for more details.



## Out-of-Area Employee Plan Open Choice® PPO Coverage

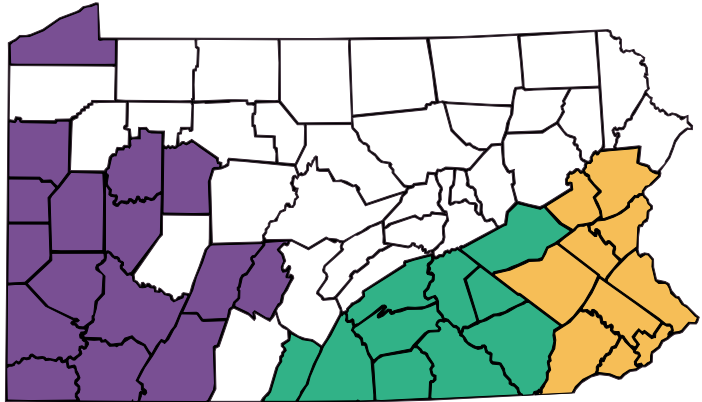
*Coverage available only for eligible employees who live outside of New Jersey and Pennsylvania.*

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

# Pennsylvania/Southern NJ PROVIDER NETWORKS

## Pennsylvania Network\* Map Key

All plans are available in the highlighted counties.



### Western

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

### Central

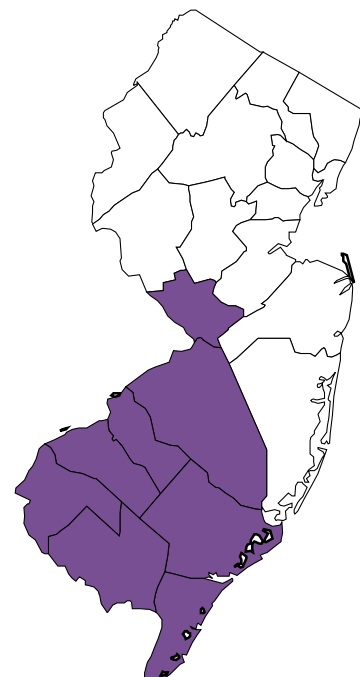
|            |            |
|------------|------------|
| Adams      | Lancaster  |
| Cumberland | Lebanon    |
| Dauphin    | Perry      |
| Franklin   | Schuylkill |
| Fulton     | York       |

### Southeastern

|          |              |
|----------|--------------|
| Berks    | Lehigh       |
| Bucks    | Monroe       |
| Carbon   | Montgomery   |
| Chester  | Northampton  |
| Delaware | Philadelphia |

## Southern New Jersey Network\* Map Key

All plans are available in the highlighted counties.



|            |            |        |
|------------|------------|--------|
| Atlantic   | Cape May   | Mercer |
| Burlington | Cumberland | Salem  |
| Camden     | Gloucester |        |

\*Network subject to change.

# Pennsylvania

| Aetna<br>Small Group<br>Medical Plans   | Value Plan Options                   |  |                                   |   |  |   |
|---|--------------------------------------|--|-----------------------------------|---|--|---|
|   | Aetna<br>Primary<br>Care Plan<br>HMO | Aetna<br>Primary Care<br>Plan HMO —<br>No<br>Referrals | Aetna<br>Choice Plan POS          |   | Aetna<br>Choice Plan POS —<br>No Referrals |   |
|   | 1                                    | 2  | 3                                 |   | 4  |   |
| <b>MEMBER BENEFITS</b>  | PCP<br>Coordinated                   | No Referral<br>Needed                                  | In-Network<br>Referred            | Out-of-<br>Network<br>No Referral<br>Needed | In-Network<br>No Referral<br>Needed        | Out-of-Network<br>No Referral<br>Needed |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | N/A                                  | N/A  | N/A                               | 60%   | N/A  | 60%                                     |
| Calendar Year Deductible<br>Individual/Family   | N/A                                  | N/A  | N/A                               | \$1,000/<br>\$3,000                         | N/A  | \$1,000/<br>\$3,000                     |
| Coinsurance Maximum<br>Individual/Family  | N/A                                  | N/A  | N/A                               | \$10,000/<br>\$30,000                       | N/A  | \$10,000/<br>\$30,000                   |
| Hospital Inpatient/Admit  | \$250 per<br>day, first<br>5 days    | \$250 per<br>day, first<br>5 days                      | \$250 per<br>day, first<br>5 days | 60%   | \$250 per<br>day, first<br>5 days          | 60%                                     |
| Primary Physician Office Visit  | \$20                                 | \$20   | \$20                              | 60%   | \$20                                       | 60%                                     |
| Specialist Office Visit   | \$40                                 | \$40   | \$40                              | 60%   | \$40                                       | 60%                                     |
| Chiropractic Care*  | \$40                                 | \$40   | \$40                              | 60%   | \$40                                       | 60%                                     |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$40                                 | \$40   | \$40                              | 60%   | \$40                                       | 60%                                     |
| Outpatient Surgery  | \$250                                | \$250  | \$250                             | 60%   | \$250                                      | 60%                                     |
| Emergency Room Copay<br>(Waived if admitted)  | \$100                                | \$100  | \$100                             | \$100                                       | \$100                                      | \$100                                   |
| Durable Medical Equipment<br>(In-network \$2,500 max per cal. yr.)<br>(Out-of-network \$5,000 max per cal. yr.) | 50%                                  | 50%  | 50%                               | 60%   | 50%  | 60%                                     |
| Mental Health Inpatient/Admit<br>(Limited to 30 days per calendar<br>year and 90 days per lifetime)             | \$250 per<br>day, up to<br>5 days    | \$250 per<br>day, up to<br>5 days                      | \$250 per<br>day, up to<br>5 days | 60%   | \$250 per<br>day, up to<br>5 days          | 60%                                     |
| Substance Abuse Inpatient/Admit<br>(Limited to 30 days per calendar year<br>and 90 days per lifetime)           | \$250 per<br>day, up to<br>5 days    | \$250 per<br>day, up to<br>5 days                      | \$250 per<br>day, up to<br>5 days | 60%   | \$250 per<br>day, up to<br>5 days          | 60%                                     |
| Lifetime Maximums (per member)  | N/A                                  | N/A  | N/A                               | \$500,000                                   | N/A  | \$500,000                               |
| <b>PHARMACY</b>   |                                      |  |                                   |   |  |   |
| Tier Copay<br>(30-day supply)   | \$15/\$20/\$35                       | \$15/\$20/\$35   | \$15/\$20/\$35                    | Not covered                                 | \$15/\$20/\$35                             | Not covered                             |
| Mail-Order Drug Copay<br>(90-day supply)  | 2x retail<br>copay                   | 2x retail<br>copay                                     | 2x retail<br>copay                | Not covered                                 | 2x retail<br>copay                         | Not covered                             |
| Contraceptives and Diabetic Supplies  | Included                             | Included   | Included                          | Not covered                                 | Included                                   | Not covered                             |
| <b>VISION</b>   |                                      |  |                                   |   |  |   |
| Routine Eye Exam  | \$40                                 | \$40   | \$40                              | Not covered                                 | \$40                                       | Not covered                             |
| Glasses & Contact Lens Reimbursement  | Not covered                          | Not covered  | Not covered                       | Not covered                                 | Not covered                                | Not covered                             |
| Vision One Discount Program   | Included                             | Included   | Included                          | Included                                    | Included                                   | Included                                |

\*PCP-coordinated and in-network: 20 visits per calendar year. Non-referred care and out-of-network: \$1,000 maximum per year. Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care. NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

| Aetna<br>Small Group<br>Medical Plans   | Standard Plan Options                |   |                                   |   |  |   |
|---|--------------------------------------|---|-----------------------------------|---|--|---|
|   | Aetna<br>Primary<br>Care Plan<br>HMO | Aetna<br>Primary<br>Care Plan<br>HMO —<br>No<br>Referrals | Aetna<br>Choice Plan POS          |   | Aetna<br>Choice Plan POS —<br>No Referrals |   |
|   | 5                                    | 6   | 7                                 |   | 8  |   |
| <b>MEMBER BENEFITS</b>  | PCP<br>Coordinated                   | No Referral<br>Needed                                     | In-Network<br>Referred            | Out-of-<br>Network<br>No Referral<br>Needed | In-Network<br>No Referral<br>Needed        | Out-of-<br>Network<br>No Referral<br>Needed |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | N/A                                  | N/A   | N/A                               | 70%   | N/A  | 70%   |
| Calendar Year Deductible<br>Individual/Family   | N/A                                  | N/A   | N/A                               | \$500/<br>\$1,500                           | N/A  | \$500/<br>\$1,500                           |
| Coinsurance Maximum<br>Individual/Family  | N/A                                  | N/A   | N/A                               | \$5,000/<br>\$15,000                        | N/A  | \$5,000/<br>\$15,000                        |
| Hospital Inpatient/Admit  | \$125 per<br>day, first<br>5 days    | \$125 per<br>day, first<br>5 days                         | \$125 per<br>day, first<br>5 days | 70%   | \$125 per<br>day, first<br>5 days          | 70%   |
| Primary Physician Office Visit  | \$15                                 | \$15  | \$15                              | 70%   | \$15                                       | 70%   |
| Specialist Office Visit   | \$30                                 | \$30  | \$30                              | 70%   | \$30                                       | 70%   |
| Chiropractic Care*  | \$30                                 | \$30  | \$30                              | 70%   | \$30                                       | 70%   |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$30                                 | \$30  | \$30                              | 70%   | \$30                                       | 70%   |
| Outpatient Surgery  | \$125                                | \$125   | \$125                             | 70%   | \$125                                      | 70%   |
| Emergency Room Copay<br>(Waived if admitted)  | \$100                                | \$100   | \$100                             | \$100                                       | \$100                                      | \$100                                       |
| Durable Medical Equipment<br>(In-network \$2,500 max per cal. yr.)<br>(Out-of-network \$5,000 max per cal. yr.) | 50%                                  | 50%   | 50%                               | 70%   | 50%  | 70%   |
| Mental Health Inpatient/Admit<br>(Limited to 30 days<br>per calendar year)                                      | \$125 per<br>day, up to<br>5 days    | \$125 per<br>day, up to<br>5 days                         | \$125 per<br>day, up to<br>5 days | 70%   | \$125 per<br>day, up to<br>5 days          | 70%   |
| Substance Abuse Inpatient/Admit<br>(Limited to 30 days per calendar year<br>and 90 days per lifetime)           | \$125 per<br>day, up to<br>5 days    | \$125 per<br>day, up to<br>5 days                         | \$125 per<br>day, up to<br>5 days | 70%   | \$125 per<br>day, up to<br>5 days          | 70%   |
| Lifetime Maximums (per member)  | N/A                                  | N/A   | N/A                               | \$1,000,000                                 | N/A  | \$1,000,000                                 |
| <b>PHARMACY</b>   |                                      |   |                                   |   |  |   |
| Tier Copay<br>(30-day supply)   | \$10/\$20/\$35                       | \$10/\$20/\$35  | \$10/\$20/\$35                    | Not covered                                 | \$10/\$20/\$35                             | Not covered                                 |
| Mail-Order Drug Copay<br>(90-day supply)  | 2x retail<br>copay                   | 2x retail<br>copay  | 2x retail<br>copay                | Not covered                                 | 2x retail<br>copay                         | Not covered                                 |
| Contraceptives and Diabetic Supplies  | Included                             | Included  | Included                          | Not covered                                 | Included                                   | Not covered                                 |
| <b>VISION</b>   |                                      |   |                                   |   |  |   |
| Routine Eye Exam  | \$30                                 | \$30  | \$30                              | Not covered                                 | \$30                                       | Not covered                                 |
| Glasses & Contact Lens Reimbursement  | \$70/<br>24 month<br>period          | \$70/<br>24 month<br>period                               | \$70/<br>24 month<br>period       | \$70/<br>24 month<br>period                 | \$70/<br>24 month<br>period                | \$70/<br>24 month<br>period                 |
| Vision One Discount Program   | Included                             | Included  | Included                          | Included                                    | Included                                   | Included                                    |

\*PCP-coordinated and in-network: 20 visits per calendar year. Non-referred care and out-of-network: \$1,000 maximum per year. Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care. NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

| Aetna<br>Small Group<br>Medical Plans   | Premier Plan Options                 |   |                              |   |  |   |
|---|--------------------------------------|---|------------------------------|---|--|---|
|   | Aetna<br>Primary<br>Care Plan<br>HMO | Aetna<br>Primary<br>Care Plan<br>HMO —<br>No<br>Referrals | Aetna<br>Choice Plan POS     |   | Aetna<br>Choice Plan POS —<br>No Referrals |   |
|   | 9                                    | 10  | 11                           |   | 12   |   |
| <b>MEMBER BENEFITS</b>  | PCP<br>Coordinated                   | No Referral<br>Needed                                     | In-Network<br>Referred       | Out-of-<br>Network<br>No Referral<br>Needed | In-Network<br>No Referral<br>Needed        | Out-of-<br>Network<br>No Referral<br>Needed |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | N/A                                  | N/A   | N/A                          | 80%   | N/A  | 80%   |
| Calendar Year Deductible<br>Individual/Family   | N/A                                  | N/A   | N/A                          | \$300/<br>\$900                             | N/A  | \$300/<br>\$900                             |
| Coinsurance Maximum<br>Individual/Family  | N/A                                  | N/A   | N/A                          | \$3,000/<br>\$9,000                         | N/A  | \$3,000/<br>\$9,000                         |
| Hospital Inpatient/Admit  | \$0                                  | \$0   | \$0                          | 80%   | \$0  | 80%   |
| Primary Physician Office Visit  | \$10                                 | \$10  | \$10                         | 80%   | \$10                                       | 80%   |
| Specialist Office Visit   | \$20                                 | \$20  | \$20                         | 80%   | \$20                                       | 80%   |
| Chiropractic Care*  | \$20                                 | \$20  | \$20                         | 80%   | \$20                                       | 80%   |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$20                                 | \$20  | \$20                         | 80%   | \$20                                       | 80%   |
| Outpatient Surgery  | \$0                                  | \$0   | \$0                          | 80%   | \$0  | 80%   |
| Emergency Room Copay<br>(Waived if admitted)  | \$100                                | \$100   | \$100                        | \$100                                       | \$100                                      | \$100                                       |
| Durable Medical Equipment<br>(In-network \$2,500 max per cal. yr.)<br>(Out-of-network \$5,000 max per cal. yr.) | 50%                                  | 50%   | 50%                          | 80%   | 50%  | 80%   |
| Mental Health Inpatient/Admit<br>(Limited to 30 days per calendar year)   | \$0                                  | \$0   | \$0                          | 80%   | \$0  | 80%   |
| Substance Abuse Inpatient/Admit<br>(Limited to 30 days per calendar year<br>and 90 days per lifetime)           | \$0                                  | \$0   | \$0                          | 80%   | \$0  | 80%   |
| Lifetime Maximums (per member)  | N/A                                  | N/A   | N/A                          | \$1,000,000                                 | N/A  | \$1,000,000                                 |
| <b>PHARMACY</b>   |                                      |   |                              |   |  |   |
| Tier Copay (30-day supply)  | \$10/\$20                            | \$10/\$20   | \$10/\$20                    | Not covered                                 | \$10/\$20                                  | Not covered                                 |
| Mail-Order Drug Copay<br>(90-day supply)  | 2x retail<br>copay                   | 2x retail<br>copay  | 2x retail<br>copay           | Not covered                                 | 2x retail<br>copay                         | Not covered                                 |
| Contraceptives and Diabetic Supplies  | Included                             | Included  | Included                     | Not covered                                 | Included                                   | Not covered                                 |
| <b>VISION</b>   |                                      |   |                              |   |  |   |
| Routine Eye Exam  | \$20                                 | \$20  | \$20                         | Not covered                                 | \$20                                       | Not covered                                 |
| Glasses & Contact Lens Reimbursement  | \$100/<br>24 month<br>period         | \$100/<br>24 month<br>period                              | \$100/<br>24 month<br>period | \$100/<br>24 month<br>period                | \$100/<br>24 month<br>period               | \$100/<br>24 month<br>period                |
| Vision One Discount Program   | Included                             | Included  | Included                     | Included                                    | Included                                   | Included                                    |

\*PCP-coordinated and in-network: 20 visits per calendar year. Non-referred care and out-of-network: \$1,000 maximum per year.  
Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.  
NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

# Pennsylvania

| Aetna<br>Small Group<br>Medical Plans   | New Cost-Sharing HMO Plans     |                                |                                |
|---|--------------------------------|--------------------------------|--------------------------------|
|   | Aetna Primary<br>Care Plan HMO | Aetna Primary<br>Care Plan HMO | Aetna Primary<br>Care Plan HMO |
|   | Value                          | Standard                       | Premier                        |
|   | 13                             | 14                             | 15                             |
| <b>MEMBER BENEFITS</b>  | PCP Coordinated                | PCP Coordinated                | PCP Coordinated                |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | 60%                            | 70%                            | 80%                            |
| Calendar Year Deductible<br>Individual/Family   | \$2,000/\$6,000                | \$1,000/\$3,000                | \$500/\$1,500                  |
| Out-of-Pocket Maximum<br>Individual/Family  | \$5,000/\$15,000               | \$4,000/\$12,000               | \$3,000/\$9,000                |
| Hospital Inpatient/Admit  | 60% after deductible           | 70% after deductible           | 80% after deductible           |
| Primary Physician Office Visit<br>Copay or Coinsurance  | \$20                           | \$15                           | \$10                           |
| Specialist Office Visit Copay   | \$40                           | \$30                           | \$20                           |
| Chiropractic Care<br>(20 Visits Maximum Per Calendar Year)  | \$40                           | \$30                           | \$20                           |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$40                           | \$30                           | \$20                           |
| Outpatient Surgery  | 60% after deductible           | 70% after deductible           | 80% after deductible           |
| Emergency Room Copay<br>(Waived if Admitted)  | \$100                          | \$100                          | \$100                          |
| Durable Medical Equipment<br>(\$2,500 Maximum Per Calendar Year)                                  | 50%                            | 50%                            | 50%                            |
| Mental Health Inpatient/Admit<br>(Limited to 30 days per cal. yr.)                                | 60% after deductible           | 70% after deductible           | 80% after deductible           |
| Substance Abuse Inpatient/Admit<br>(Limited to 30 days per cal. yr. and<br>90 days per lifetime.) | 60% after deductible           | 70% after deductible           | 80% after deductible           |
| Lifetime Maximums (per member)  | N/A                            | N/A                            | N/A                            |
| <b>PHARMACY</b>   |                                |                                |                                |
| Tier Retail Copay<br>(30-day supply)  | \$15/\$20/\$35                 | \$10/\$20/\$35                 | \$10/\$20                      |
| Retail or Mail-Order Drug Copay<br>(90-day supply)  | 2x retail copay                | 2x retail copay                | 2x retail copay                |
| Contraceptives and Diabetic Supplies  | Included                       | Included                       | Included                       |
| <b>VISION</b>   |                                |                                |                                |
| Routine Eye Exam  | \$40                           | \$30                           | \$20                           |
| Glasses & Contact Lens<br>Reimbursement   | Not included                   | \$70/24-month period           | \$100/24-month period          |
| Vision One Discount Program   | Included                       | Included                       | Included                       |

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

NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

# PPO/Traditional Choice Plans OUT OF REGION\*

| Aetna<br>Small Group<br>Medical Plans         | Out-of-Region* Plans   |                       |                        |                       |                        |                       |             |
|---|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|-------------|
|   | High<br>PPO \$250      |                       | Medium<br>PPO \$500    |                       | Low<br>PPO \$1,000     |                       | Traditional |
| MEMBER BENEFITS                               | In<br>Network          | Out of<br>Network     | In<br>Network          | Out of<br>Network     | In<br>Network          | Out of<br>Network     |             |
| Coinsurance                                   | 90%                    | 70%                   | 80%                    | 60%                   | 80%                    | 60%                   | 80%         |
| Out-of-Pocket Max<br>Individual               | \$1,000                | \$2,000               | \$2,000                | \$4,000               | \$2,500                | \$5,000               | \$2,000     |
| Family  | \$2,000                | \$4,000               | \$4,000                | \$8,000               | \$7,500                | \$15,000              | \$6,000     |
| Deductible per calendar year<br>Individual    | \$250                  | \$500                 | \$500                  | \$1,000               | \$1,000                | \$2,000               | \$500       |
| Family  | \$500                  | \$1,000               | \$1,000                | \$2,000               | \$3,000                | \$6,000               | \$1,500     |
| Office Visit                                  | \$15                   | 70%                   | \$20                   | 60%                   | \$25                   | 60%                   | 80%         |
| Specialist Visit                              | \$15                   | 70%                   | \$20                   | 60%                   | \$40                   | 60%                   | 80%         |
| Hospital Inpatient<br>Copay (per admission)   | \$0                    | \$500                 | \$100                  | \$500                 | \$250                  | \$500                 | \$250       |
| Pharmacy                                      | \$10/20/35             | \$10/20/35            | \$10/20/35             | \$10/20/35            | \$10/20/35             | \$10/20/35            | 80%         |
| Rx Coinsurance                                | 100% after<br>Rx copay | 80% after<br>Rx copay | 100% after<br>Rx copay | 80% after<br>Rx copay | 100% after<br>Rx copay | 80% after<br>Rx copay | 80%         |
| Rx Deductible per calendar year<br>Individual | \$100                  | \$100                 | \$100                  | \$100                 | \$100                  | \$100                 | N/A         |
| Family  | \$300                  | \$300                 | \$300                  | \$300                 | \$300                  | \$300                 |             |

\*Employees inside of regional rating are: Connecticut, Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, Washington, D.C., West Virginia.  
PPO not available in some states. Traditional plan offered in these states: Alabama, Hawaii, Idaho, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Utah, Vermont, Wisconsin, Wyoming.

| <b>Aetna</b><br><b>Small Group</b><br><b>Medical Plans</b><br>Additional plans are available.<br>Please contact your broker or Aetna.   | Value Plan Options                   |   |                               |   |  |   |
|---|--------------------------------------|---|-------------------------------|---|--|---|
|   | Aetna<br>Primary<br>Care Plan<br>HMO | Aetna<br>Primary<br>Care Plan<br>HMO —<br>No<br>Referrals | Aetna<br>Choice Plan POS      |   | Aetna<br>Choice Plan POS —<br>No Referrals |   |
|   | 1                                    | 2   | 3                             |   | 4  |   |
| MEMBER BENEFITS   | PCP<br>Coordinated                   | No Referral<br>Needed                                     | In-Network<br>Referred        | Out-of-<br>Network<br>No Referral<br>Needed | In-Network<br>No Referral<br>Needed        | Out-of-<br>Network<br>No Referral<br>Needed |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | N/A                                  | N/A   | N/A                           | 60%   | N/A  | 60%   |
| Calendar Year Deductible<br>Individual/Family   | N/A                                  | N/A   | N/A                           | \$1,000/<br>\$3,000                         | N/A  | \$1,000/<br>\$3,000                         |
| Coinsurance Maximum<br>Individual/Family  | N/A                                  | N/A   | N/A                           | \$10,000/<br>\$30,000                       | N/A  | \$10,000/<br>\$30,000                       |
| Hospital Inpatient/Admit  | \$250 per day<br>up to 5 days        | \$250 per day<br>up to 5 days                             | \$250 per day<br>up to 5 days | 60%   | \$250 per day<br>up to 5 days              | 60%   |
| Primary Physician Office Visit  | \$20                                 | \$20  | \$20                          | 60%   | \$20                                       | 60%   |
| Specialist Office Visit Copay   | \$40                                 | \$40  | \$40                          | 60%   | \$40                                       | 60%   |
| Chiropractic Care<br>(30 Visits Maximum Per Calendar Year)  | \$40                                 | \$40  | \$40                          | 60%   | \$40                                       | 60%   |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$40                                 | \$40  | \$40                          | 60%   | \$40                                       | 60%   |
| Outpatient Surgery  | \$250                                | \$250   | \$250                         | 60%   | \$250                                      | 60%   |
| Emergency Room Copay<br>(Waived if Admitted)  | \$100                                | \$100   | \$100                         | \$100                                       | \$100                                      | \$100                                       |
| Durable Medical Equipment<br>(In-network —<br>\$2,500 Maximum Per Calendar Year)<br>(Out-of-network —<br>\$5,000 Maximum Per Calendar Year)   | 50%                                  | 50%   | 50%                           | 60%   | 50%  | 60%   |
| Mental Health Inpatient/Admit*<br>(Biologically based)  | \$250 per day<br>up to 5 days        | \$250 per day<br>up to 5 days                             | \$250 per day<br>up to 5 days | 60%   | \$250 per day<br>up to 5 days              | 60%   |
| Substance Abuse Inpatient/Admit<br>Rehab (For HMO Plans) —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max<br>Detox (For HMO Plans) — Unlimited<br>For Choice Plans** (In- and Out-of-Network)<br>Drug Abuse Detox —<br>30 Day Cal. Yr. Max<br>Drug Abuse Rehab —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max | \$250 per day<br>up to 5 days        | \$250 per day<br>up to 5 days                             | \$250 per day<br>up to 5 days | 60%   | \$250 per day<br>up to 5 days              | 60%   |
| Lifetime Maximums (per member)  | N/A                                  | N/A   | N/A                           | \$5,000,000                                 | N/A  | \$5,000,000                                 |
| <b>PHARMACY</b>   |                                      |   |                               |   |  |   |
| Tier Copay (30-day supply)  | \$15/\$20/\$35                       | \$15/\$20/\$35  | \$15/\$20/\$35                | Not covered                                 | \$15/\$20/\$35                             | Not covered                                 |
| Retail or Mail-Order Drug Copay<br>(90-day supply)  | 1x retail<br>copay                   | 1x retail<br>copay  | 1x retail<br>copay            | Not covered                                 | 1x retail<br>copay                         | Not covered                                 |
| Contraceptives and Diabetic Supplies  | Included                             | Included  | Included                      | Included                                    | Included                                   | Included                                    |
| <b>VISION</b>   |                                      |   |                               |   |  |   |
| Routine Eye Exam  | \$40                                 | \$40  | \$40                          | Not covered                                 | \$40                                       | Not covered                                 |
| Glasses & Contact Lens Reimbursement  | Not included                         | Not included  | Not included                  | Not included                                | Not included                               | Not included                                |
| Vision One Discount Program   | Included                             | Included  | Included                      | Included                                    | Included                                   | Included                                    |

\*For all plans, Mental Health (biologically based) is treated the same way as any other illness.

\*\*For Choice plans, Alcohol Abuse is treated the same way as any other illness.

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

NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

| <b>Aetna<br/>Small Group<br/>Medical Plans</b><br><br>Additional plans are available.<br>Please contact your broker or Aetna.   | <b>Standard Plan Options</b>                   |   |                                  |                                   |   |                                   |
|---|--|---|----------------------------------|-----------------------------------|---|-----------------------------------|
|   | <b>Aetna<br/>Primary<br/>Care Plan<br/>HMO</b> | <b>Aetna<br/>Primary<br/>Care Plan<br/>HMO —<br/>No<br/>Referrals</b> | <b>Aetna<br/>Choice Plan POS</b> |                                   | <b>Aetna<br/>Choice Plan POS —<br/>No Referrals</b> |                                   |
|   | <b>5</b>                                       | <b>6</b>  | <b>7</b>                         |                                   | <b>8</b>  |                                   |
| <b>MEMBER BENEFITS</b>  | PCP Coordinated                                | No Referral Needed  | In-Network Referred              | Out-of-Network No Referral Needed | In-Network No Referral Needed                       | Out-of-Network No Referral Needed |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | N/A  | N/A   | N/A                              | 70%                               | N/A   | 70%                               |
| Calendar Year Deductible<br>Individual/Family   | N/A  | N/A   | N/A                              | \$500/<br>\$1,500                 | N/A   | \$500/<br>\$1,500                 |
| Coinsurance Maximum<br>Individual/Family  | N/A  | N/A   | N/A                              | \$5,000/<br>\$15,000              | N/A   | \$5,000/<br>\$15,000              |
| Hospital Inpatient/Admit  | \$125 per day<br>up to 5 days                  | \$125 per day<br>up to 5 days   | \$125 per day<br>up to 5 days    | 70%                               | \$125 per day<br>up to 5 days                       | 70%                               |
| Primary Physician Office Visit  | \$15   | \$15  | \$15                             | 70%                               | \$15  | 70%                               |
| Specialist Office Visit Copay   | \$30   | \$30  | \$30                             | 70%                               | \$30  | 70%                               |
| Chiropractic Care<br>(30 Visits Maximum Per Calendar Year)  | \$30   | \$30  | \$30                             | 70%                               | \$30  | 70%                               |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$30   | \$30  | \$30                             | 70%                               | \$30  | 70%                               |
| Outpatient Surgery  | \$125  | \$125   | \$125                            | 70%                               | \$125   | 70%                               |
| Emergency Room Copay<br>(Waived if Admitted)  | \$100  | \$100   | \$100                            | \$100                             | \$100   | \$100                             |
| Durable Medical Equipment<br>(In-network —<br>\$2,500 Maximum Per Calendar Year)<br>(Out-of-network —<br>\$5,000 Maximum Per Calendar Year)   | 50%  | 50%   | 50%                              | 70%                               | 50%   | 70%                               |
| Mental Health Inpatient/Admit*<br>(Biologically based)  | \$125 per day<br>up to 5 days                  | \$125 per day<br>up to 5 days   | \$125 per day<br>up to 5 days    | 70%                               | \$125 per day<br>up to 5 days                       | 70%                               |
| Substance Abuse Inpatient/Admit<br>Rehab (For HMO Plans) —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max<br>Detox (For HMO Plans) — Unlimited<br>For Choice Plans** (In- and Out-of-Network)<br>Drug Abuse Detox —<br>30 Day Cal. Yr. Max<br>Drug Abuse Rehab —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max | \$125 per day<br>up to 5 days                  | \$125 per day<br>up to 5 days   | \$125 per day<br>up to 5 days    | 70%                               | \$125 per day<br>up to 5 days                       | 70%                               |
| Lifetime Maximums (per member)  | N/A  | N/A   | N/A                              | \$5,000,000                       | N/A   | \$5,000,000                       |
| <b>PHARMACY</b>   |  |   |                                  |                                   |   |                                   |
| Tier Copay (30-day supply)  | \$15/\$25                                      | \$15/\$25   | \$15/\$25                        | Not covered                       | \$15/\$25   | Not covered                       |
| Retail or Mail-Order Drug Copay<br>(90-day supply)  | 1x retail<br>copay                             | 1x retail<br>copay  | 1x retail<br>copay               | Not covered                       | 1x retail<br>copay                                  | Not covered                       |
| Contraceptives and Diabetic Supplies  | Included                                       | Included  | Included                         | Included                          | Included  | Included                          |
| <b>VISION</b>   |  |   |                                  |                                   |   |                                   |
| Routine Eye Exam  | \$30   | \$30  | \$30                             | Not covered                       | \$30  | Not covered                       |
| Glasses & Contact Lens Reimbursement  | Not included                                   | Not included  | Not included                     | Not included                      | Not included  | Not included                      |
| Vision One Discount Program   | Included                                       | Included  | Included                         | Included                          | Included  | Included                          |

\*For all plans, Mental Health (biologically based) is treated the same way as any other illness.

\*\*For Choice plans, Alcohol Abuse is treated the same way as any other illness.

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

NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

## Aetna Small Group Medical Plans

Additional plans are available.  
Please contact your broker or Aetna.

## Premier Plan Options

|   | Aetna<br>Primary<br>Care Plan<br>HMO | Aetna<br>Primary<br>Care Plan<br>HMO —<br>No<br>Referrals | Aetna<br>Choice Plan POS |   | Aetna<br>Choice Plan POS —<br>No Referrals |   |
|---|--------------------------------------|---|--------------------------|---|--|---|
|   | 9                                    | 10  | 11                       |   | 12   |   |
| MEMBER BENEFITS   | PCP<br>Coordinated                   | No Referral<br>Needed                                     | In-Network<br>Referred   | Out-of-<br>Network<br>No Referral<br>Needed | In-Network<br>No Referral<br>Needed        | Out-of-<br>Network<br>No Referral<br>Needed |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | N/A                                  | N/A   | N/A                      | 80%   | N/A  | 80%   |
| Calendar Year Deductible<br>Individual/Family   | N/A                                  | N/A   | N/A                      | \$300/<br>\$900                             | N/A  | \$300/<br>\$900                             |
| Coinsurance Maximum<br>Individual/Family  | N/A                                  | N/A   | N/A                      | \$3,000/<br>\$9,000                         | N/A  | \$3,000/<br>\$9,000                         |
| Hospital Inpatient/Admit  | \$0                                  | \$0   | \$0                      | 80%   | \$0  | 80%   |
| Primary Physician Office Visit  | \$10                                 | \$10  | \$10                     | 80%   | \$10                                       | 80%   |
| Specialist Office Visit Copay   | \$20                                 | \$20  | \$20                     | 80%   | \$20                                       | 80%   |
| Chiropractic Care<br>(30 Visits Maximum Per Calendar Year)  | \$20                                 | \$20  | \$20                     | 80%   | \$20                                       | 80%   |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$20                                 | \$20  | \$20                     | 80%   | \$20                                       | 80%   |
| Outpatient Surgery  | \$0                                  | \$0   | \$0                      | 80%   | \$0  | 80%   |
| Emergency Room Copay<br>(Waived if Admitted)  | \$100                                | \$100   | \$100                    | \$100                                       | \$100                                      | \$100                                       |
| Durable Medical Equipment<br>(In-network —<br>\$2,500 Maximum Per Calendar Year)<br>(Out-of-network —<br>\$5,000 Maximum Per Calendar Year)   | 50%                                  | 50%   | 50%                      | 80%   | 50%  | 80%   |
| Mental Health Inpatient/Admit*<br>(Biologically based)  | \$0                                  | \$0   | \$0                      | 80%   | \$0  | 80%   |
| Substance Abuse Inpatient/Admit<br>Rehab (For HMO Plans) —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max<br>Detox (For HMO Plans) — Unlimited<br>For Choice Plans** (In- and Out-of-Network)<br>Drug Abuse Detox —<br>30 Day Cal. Yr. Max<br>Drug Abuse Rehab —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max | \$0                                  | \$0   | \$0                      | 80%   | \$0  | 80%   |
| Lifetime Maximums (per member)  | N/A                                  | N/A   | N/A                      | \$5,000,000                                 | N/A  | \$5,000,000                                 |
| <b>PHARMACY</b>   |                                      |   |                          |   |  |   |
| Tier Copay (30-day supply)  | \$10/\$20                            | \$10/\$20   | \$10/\$20                | Not covered                                 | \$10/\$20                                  | Not covered                                 |
| Retail or Mail-Order Drug Copay<br>(90-day supply)  | 1x retail<br>copay                   | 1x retail<br>copay  | 1x retail<br>copay       | Not covered                                 | 1x retail<br>copay                         | Not covered                                 |
| Contraceptives and Diabetic Supplies  | Included                             | Included  | Included                 | Included                                    | Included                                   | Included                                    |
| <b>VISION</b>   |                                      |   |                          |   |  |   |
| Routine Eye Exam  | \$20                                 | \$20  | \$20                     | Not covered                                 | \$20                                       | Not covered                                 |
| Glasses & Contact Lens Reimbursement  | Not included                         | Not included  | Not included             | Not included                                | Not included                               | Not included                                |
| Vision One Discount Program   | Included                             | Included  | Included                 | Included                                    | Included                                   | Included                                    |

\*For all plans, Mental Health (biologically based) is treated the same way as any other illness.

\*\*For Choice plans, Alcohol Abuse is treated the same way as any other illness.

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

NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

| <b>Aetna<br/>Small Group<br/>Medical Plans</b><br><br>Additional plans are available.<br>Please contact your broker or Aetna.               | <b>New Cost-Sharing HMO Plans</b>      |  |  | <b>Small<br/>Employer<br/>Mandated<br/>Plan<br/>Option</b> |            |
|---|--|--|--|--|------------|
|   | <b>Aetna Primary<br/>Care Plan HMO</b> | <b>Aetna Primary<br/>Care Plan HMO</b> | <b>Aetna Primary<br/>Care Plan HMO</b> |  | <b>HMO</b> |
|   | <b>Value</b><br><b>13</b>              | <b>Standard</b><br><b>14</b>           | <b>Premier</b><br><b>15</b>            |  | <b>16</b>  |
| <b>MEMBER BENEFITS</b>  | PCP Coordinated                        | PCP Coordinated                        | PCP Coordinated                        | PCP Coordinated  |            |
| In-Network Coinsurance/<br>Out-of-Network Coinsurance   | 60%                                    | 70%                                    | 80%                                    | N/A  |            |
| Calendar Year Deductible<br>Individual/Family   | \$2,000/<br>\$4,000                    | \$1,000/<br>\$2,000                    | \$500/<br>\$1,000                      | N/A  |            |
| Coinsurance Maximum<br>Individual/Family  | \$5,000/<br>\$10,000                   | \$4,000/<br>\$8,000                    | \$2,500/<br>\$5,000                    | N/A  |            |
| Hospital Inpatient/Admit  | 60% after deductible                   | 70% after deductible                   | 80% after deductible                   | \$150 per day**<br>up to 5 days                            |            |
| Primary Physician Office Visit<br>Copay or Coinsurance  | \$20                                   | \$15                                   | \$10                                   | \$15   |            |
| Specialist Office Visit Copay   | \$40                                   | \$30                                   | \$20                                   | \$15   |            |
| Chiropractic Care<br>(30 Visits Maximum Per Calendar Year)  | \$40                                   | \$30                                   | \$20                                   | \$15   |            |
| Approved Outpatient Services<br>(Diagnostic/X-ray/Lab)  | \$40                                   | \$30                                   | \$20                                   | \$15   |            |
| Outpatient Surgery  | 60% after deductible                   | 70% after deductible                   | 80% after deductible                   | \$15   |            |
| Emergency Room Copay<br>(Waived if Admitted)  | \$100                                  | \$100                                  | \$100                                  | \$50   |            |
| Durable Medical Equipment<br>(In-network —<br>\$2,500 Maximum Per Calendar Year)<br>(Out-of-network —<br>\$5,000 Maximum Per Calendar Year) | 50%                                    | 50%                                    | 50%                                    | \$0  |            |
| Mental Health Inpatient/Admit*<br>(Biologically based)  | 60% after deductible                   | 70% after deductible                   | 80% after deductible                   | \$150 per day**<br>up to 5 days                            |            |
| Substance Abuse Inpatient/Admit<br>Rehab (For HMO Plans) —<br>30 Day Cal. Yr. Max/90 Day Lifetime Max<br>Detox (For HMO Plans) — Unlimited  | 60% after deductible                   | 70% after deductible                   | 80% after deductible                   | \$150 per day***<br>up to 5 days                           |            |
| Lifetime Maximums (per member)  | N/A                                    | N/A                                    | N/A                                    | N/A  |            |
| <b>PHARMACY</b>   |  |  |  |  |            |
| Tier Copay (30-day supply)  | \$15/\$20/\$35                         | \$15/\$25                              | \$10/\$20                              | \$10/\$20  |            |
| Retail or Mail-Order Drug Copay<br>(90-day supply)  | 1x retail<br>copay                     | 1x retail<br>copay                     | 1x retail<br>copay                     | 1x retail<br>copay   |            |
| Contraceptives and Diabetic Supplies  | Included                               | Included                               | Included                               | Included   |            |
| <b>VISION</b>   |  |  |  |  |            |
| Routine Eye Exam  | \$40                                   | \$30                                   | \$20                                   | \$15   |            |
| Glasses & Contact Lens Reimbursement  | Not included                           | Not included                           | Not included                           | Not included   |            |
| Vision One Discount Program   | Included                               | Included                               | Included                               | Included   |            |

\*For all plans, Mental Health (biologically based) is treated the same way as any other illness.

\*\*\$1,500 maximum per calendar year.

\*\*\*\$1,500 maximum per calendar year. Drug Abuse — 30-day maximum per calendar year. 90-day lifetime maximum not applicable to mandated plan option. Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care.

NOTE: For a summary list of Limitations and Exclusions, refer to page 25.

# Aetna Small Group Dental Plans

Available With an Aetna Medical Plan (2 – 50 eligibles)  
Available Standalone (10 – 50 eligibles)

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

Option 2 cannot be sold on a standalone basis to a customer with primary business location in Maryland or New Jersey. Must be part of a Dual Option sale packaged with either Options 4 or 5.

Options 3 & 4 PPO Non-Preferred Coverage limited to a maximum of the plan's payment which is based on the contracted maximum fee for participating providers in a particular geographic area.

\*For Major and Orthodontic Services must be an enrolled member of plan for 1 year before eligible (waived for DMO). Some Periodontic and Endodontic services are covered as Basic Services on the DMO.

\*\*Dollar amounts indicated are member responsibility.

\*\*\*Availability only to groups with 10 – 50 eligible employees.

Orthodontic coverage available to dependent children only.

For late entrants; Coverage limited to Preventive & Diagnostic services for first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).

Above list of covered services is representative. List of covered services will be Aetna Dental standard list and be fully described in plan booklet/certificate.

# Aetna Small Business LIFE & DISABILITY

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

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

Additionally, Aetna's **Legal Reference Program** is available to all employees and beneficiaries and offers them legal information and discounted legal services through Advisory Communications Systems, Inc. Members have access to more than 16,000 lawyers and 6,500 law firms.

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

## Group Life Insurance

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

- > **AD&D Ultra**® — AD&D Ultra is a breakthrough product that offers much more accidental coverage and financial security at the same cost as traditional AD&D coverage, and is automatically included in all employee term Life plans. AD&D Ultra features 13 benefits that set the standard for family-friendly accidental loss protection. Aetna calls it AD&D Ultra because it includes seven benefits: passenger restraint and airbag, education benefit for dependent child and/or spouse, child care benefit, repatriation of remains benefit, coma benefit, total disability benefit and 365-day covered loss period.\*
- > **Accelerated Death Benefit**, also called the "living benefit," provides an early payment to terminally ill employees or spouses. The payment equals up to 50% of the life insurance benefit with a minimum of \$5,000.

\*365-day covered loss does not apply to PA plans.

- > **Aetna Beneficiary Solutions™ Program**— Families who have lost a loved one need more than a benefit payment. This is why Aetna has developed a full range of services designed to help beneficiaries and survivors make sound financial decisions for the future. These services include an interest-bearing checking account, customized investment programs with confidential, free financial counseling through Chase Investment Services Corp., as well as Aetna's Legal Reference Program for all beneficiaries.
- > **Premium Waiver Provision** — Employee coverage may stay in effect without premium payments up to age 65 if an employee is permanently and totally disabled while insured because of an illness or injury prior to age 60.
- > **Guaranteed Issue** — Coverage is individually "guaranteed issue" up to \$50,000 for groups with 10 or more eligible employees, and \$15,000 for groups with 2 – 9 eligible employees.

## Disability

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

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

- > **Streamlined, consistent claim decisions** with our online claim adjudication tool.
- > **Fast, accurate claim payments** from our dedicated disability benefit system that automates benefit calculations, claim histories and audit and security features.
- > **Designated claim analysts** who serve as the employee's single point of contact to our team of claim and clinical professionals. If your employee is facing a complex medical situation, our nurses and physicians are available to help achieve a favorable outcome for the employee and cost-effective claim management for you.
- > We align clinical and claim management expertise with the nature and complexity of each claim to provide **the right touch at the right time™** for you and your ill or injured employees.

| Packaged Life & Disability Benefits              | Aetna Small Group Packaged Life & Disability Plan Options                              |  |  |
|--|--|--|--|
|  | Low Option   | Medium Option  | High Option  |
| <b>BASIC LIFE PLAN DESIGN</b>                    |  |  |  |
| Benefit  | Flat \$10,000  | Flat \$20,000  | Flat \$50,000  |
| Guaranteed Issue<br>2 – 9 Lives<br>10 – 50 Lives | \$10,000<br>\$10,000   | Evidence of Insurability Required<br>\$20,000  | Evidence of Insurability Required<br>\$50,000  |
| Reduction Schedule                               | Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75 | Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75 | Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75   |
| Disability Provision                             | Premium Waiver 60  | Premium Waiver 60  | Premium Waiver 60  |
| Accelerated Death Benefit                        | Up to 50% of face amount   | Up to 50% of face amount   | Up to 50% of face amount   |
| Dependent Life                                   | Spouse \$5,000; Child \$2,000  | Spouse \$5,000; Child \$2,000  | Spouse \$5,000; Child \$2,000  |
| AD&D Ultra                                       | Matches Basic Life Benefit   | Matches Basic Life Benefit   | Matches Basic Life Benefit   |
| <b>DISABILITY PLAN DESIGN</b>                    |  |  |  |
| Monthly Benefit                                  | Flat \$500;<br>No offsets  | Flat \$1,000;<br>Only offset Workers' Compensation and Statutory Benefit if applicable | Flat \$1,000;<br>Only offset Workers' Compensation and Statutory Benefit if applicable   |
| Elimination Period                               | 30 days  | 30 days  | 30 days  |
| Definition of Disability                         | Own occupation<br>20% Earnings Loss<br>(80% Earnings Test)                             | Own occupation<br>20% Earnings Loss<br>(80% Earnings Test)                             | Own occupation 1st 24 months of benefits, any reasonable occupation thereafter; 20% earnings loss during the own occupation period including the elimination period 40% earnings loss thereafter |
| Benefit Duration                                 | 24 months of benefits  | 24 months of benefits  | 60 months of benefits  |
| Pre-Existing Condition Limitation                | 3/12   | 3/12   | 3/12   |
| Types of Disability                              | Occupational & Non-Occupational  | Occupational & Non-Occupational  | Occupational & Non-Occupational  |
| Mental Health/Substance Abuse                    | 24 months of benefits  | 24 months of benefits  | 24 months of benefits  |
| Rates (per employee per month)                   | \$8  | \$15   | \$27   |

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

| Term Life Benefits                  | Aetna Small Group Basic Employee Term Life Plan Options   |  |
|-------------------------------------|---|--|
|                                     | 2 – 9 Employees   | 10 – 50 Employees  |
| Basic Life Schedule                 | Flat \$10,000, \$15,000, \$20,000, \$50,000   | Flat \$10,000, \$15,000, \$20,000, \$50,000, \$75,000, \$100,000, \$125,000  |
| Class Schedules                     | Not Available   | Up to 3 classes — the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class |
| Premium Waiver Provision            | Premium Waiver 60   | Premium Waiver 60  |
| Age Reduction Schedule              | Original Life Amount Reduces to 65% at age 65, 40% at age 70, 25% at age 75                                     | Original Life Amount Reduces to 65% at age 65, 40% at age 70, 25% at age 75  |
| Accelerated Death Benefit           | Up to 50% of Life Amount  | Up to 50% of Life Amount   |
| Guaranteed Issue                    | \$15,000  | \$50,000   |
| Participation Requirements          | 100%  | 100% on noncontributory plans; 75% on contributory plans   |
| Contribution Requirements           | 100% Employer Contribution  | Minimum 50% Employer Contribution  |
| <b>AD&amp;D ULTRA</b>               |   |  |
| AD&D Schedule                       | Automatically Included; Same as Life plan   | Automatically Included; Same as Life plan  |
| Riders                              | Passenger Restraint & Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss | Passenger Restraint & Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss              |
| <b>OPTIONAL DEPENDENT TERM LIFE</b> |   |  |
| Spouse Amount                       | Not Available   | \$5,000  |
| Child Amount                        | Not Available   | \$2,000  |

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

# PENNSYLVANIA UNDERWRITING GUIDELINES

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

## Medical Guidelines Eligible Cases

### Participation

- > Groups with 2 to 19 eligible employees — 100% of the eligibles must participate, excluding those with existing spousal, governmental (Medicare, Medicaid, military) or union coverage. A minimum of two employees must enroll.

**Example:** 19 employees, 3 covered under spouse  
 $19 - 3 = 16 \times 100\% = 16$  must enroll

- > Groups with 20 to 50 eligible lives — 75% of the eligibles must participate, excluding those with qualifying existing spousal, governmental (Medicare, Medicaid, military) or union coverage.  
**Example:** 22 lives, 2 covered under spouse  
 $22 - 2 = 20 \times 75\% = 15$   
(rounded down) must enroll.
- > 100% participation is required for non-contributory plans. That means 100% of all employees must enroll.
- > Dependent participation is not required.
- > Any eligible employees waiving coverage must complete the waiver section of the Employee Application and provide proof of other coverage by providing a copy of the I.D. card.
- > Coverage can be denied based on inadequate participation.

### Employer Contributions

Coverage can be denied if the employer contributes less than 50% of employee-only annual premium.

### Employer Eligibility

- > Medical plans can be offered to sole proprietorships, partnerships or corporations.
- > Organizations must not be formed solely for the purpose of obtaining health coverage.
- > Associations, Taft Hartley, Professional Employers Organizations (PEOs)/employee leasing firms and closed groups are not eligible.

### Employee Eligibility

- > Eligible employees are those employees who are permanent and work on a full-time basis with a normal workweek of at least 25 hours, and who have met any authorized waiting period requirements.
- > This includes a sole proprietor or partner of a partnership, if included as an employee in the health benefit plan of employer.
- > Coverage must be extended to all employees meeting the above conditions, unless they belong to a union class excluded as the result of a collective bargaining arrangement.
- > Employees who do not meet the definition of a permanent full-time employee will not be eligible (e.g., leased, part-time, temporary, seasonal or substitute employees).
- > Retiree coverage is not available.

### Dependent Eligibility

- > Eligible dependents include an employee's spouse and unmarried children up to the limiting age of the plan (age 19 or 23 if full-time student).
- > Individuals cannot be covered as an employee and dependent under the same plan. Children eligible for coverage through both parents cannot be covered by both parents under the same plan.
- > Dependents must enroll in the same benefit option as the employee.
- > If both husband and wife work for the same company and apply under one contract, rates will be based on the oldest adult.

### Commuters

For groups with 50% or less employees that work or reside outside of the Mid-Atlantic region (PA, NJ, DE, MD, DC, VA, WV), Aetna will quote an out-of-area PPO for these employees. If more than 50% of the group's employees work or reside outside the Mid-Atlantic region, Aetna will decline to offer coverage for these employees.

### Options Sales

It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligible employees.

### Dual Product Option

- > Dual option is when more than one Aetna plan is offered to members.
- > Groups with 2 – 50 eligibles may offer two Aetna products.

### Excluded Class/Carve Outs

- > Union employees are the only class of employees that may be excluded.
- > Management carve outs are not permitted.

### Employer Financial Conditions

- > Coverage will not be provided to groups that are not in sound financial condition.
- > Dun & Bradstreet reports may be reviewed for financial soundness.
- > Current carrier bill with billing summary will be required; bill must include an account summary showing the plan is paid to the current premium due date.
- > Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until (1) 12 months after the termination date; or (2) payment of two months of premium in advance of issuance of the health benefits plan.

## Medical Guidelines Case Submission

### Tax Information

- > Must submit a copy of the most recent UC-2/ Quarterly Wage and Tax Statement (Unemployment Compensation Tax Form) which must contain the names, salaries, etc. of all employees of the employer group.
- > If there are employees who have the same last name, provide a W-2 for each employee with the same last name and a UC-2 for all other employees.
- > Employees who have terminated or work part-time should be noted accordingly on the UC-2.
- > New hires that do not appear on the UC-2 need to submit payroll information reflecting federal and state tax information.
- > Owners, partners or corporate officers not listed on the UC-2 need to complete the Small Group Proof of Eligibility Form and submit the documents listed below.

#### ***If Sole Proprietor not on UC-2, submit:***

- State Business License with SIC code OR
- Fictitious Business Name Filing AND
- 1040 Schedule C or F

#### ***If Partner not on UC-2, submit:***

- Partnership Agreement
- State Business License with SIC code AND
- Form 1065 and Schedule K-1

#### ***If Corporate Officer not on UC-2, submit:***

- Statement by Domestic Stock Corporation
- Articles of Incorporation
- Certification of Qualification (if incorporated in a different state)

### Newly Formed Business (that cannot provide requested Tax Information above)

Must provide the following documentation for consideration:

- > Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees and number of hours worked each week;
- > Tax I.D. Number; AND
- > Copy of new business license.



### COBRA Eligible

- > COBRA eligibles are included in the medical underwriting of the group.
- > Health information must be provided on COBRA individuals along with the rest of the group.
- > Date COBRA coverage began will be required at time of enrollment.

### Medical Underwriting

A group with 2 – 50 eligible, including COBRA eligible, cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions.

### Licensed, Appointed Producers

- > Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products.
- > All quotes are subject to change based upon additional information that becomes available in the quoting process and during case submission/installation including any change in census.

### Initial Premium Check

- > An initial premium check equal to one month's premium must accompany application. This initial check is not a binder check.
- > If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, the initial premium check will be returned to the employer.
- > Checks must be on company check stock (personal checks not acceptable).

## Medical Guidelines Case Installation

### Effective Date

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

### Cut Off Dates

Groups with 2 to 50 eligible must have all completed paperwork into Aetna Underwriting one (1) business day prior to the requested effective date. If not received by this date, the effective date will be moved to the next month.

### Late Applicants

Late applicants will be postponed to the next open enrollment period.

### Probationary Period

- > It is the employer's decision whether or not to impose a probationary period.
- > This must be consistently applied within a class of employees.
- > If there is a dual product offering, the probationary period must match the other carrier's probationary period. In all cases, the effective date for a new employee will coincide with the premium due date, (i.e., the 1st or the 15th of the month).

### Replacing Other Group Coverage

- > A copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date.
- > The employer should be told not to cancel any existing medical coverage until he or she has been notified of approval.

## Life and Disability Products

- > Groups must meet the same participation and employer contribution guidelines above for the life products. In addition, for a group with 2 – 9 eligible lives, the employer must contribute 100% of the employee-only annual life premium. If a term life product is non-contributing, 100% must participate.
- > Employees will always be issued the Guaranteed Issue amount. Employees wishing to obtain insurance amounts above the Guaranteed Issue amount will be required to submit Evidence of Insurability (EOI) which means they must complete medical questions on the application.

### Life & STD Ineligible Industries

| SIC Range   | SIC Description                             |
|-------------|---|
| 1000 – 1499 | Mining                                      |
| 2892 – 2899 | Explosives, Bombs & Pyrotechnics            |
| 3291 – 3292 | Asbestos Products                           |
| 3310 – 3329 | Primary Metal Industries                    |
| 3480 – 3489 | Fire Arms & Ammunition                      |
| 5500 – 5599 | Wholesale Trade/Retail Trade of Automobiles |
| 5921        | Liquor Stores                               |
| 6211        | Security Brokers                            |
| 6531        | Real Estate — Agents                        |
| 7381        | Service — Detective Services                |
| 7500 – 7599 | Automotive Repairs & Services               |
| 7800 – 7999 | Motion Picture/Amusement & Recreation       |
| 8010 – 8043 | Offices & Clinics of Medical Doctors        |
| 8600 – 8699 | Membership Associations                     |
| 8631        | Service — Labor Unions                      |
| 8661        | Service — Religious Organizations           |
| 8800 – 8899 | Service — Private Households                |
| 9999        | Nonclassified Establishments                |

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**Note:** State and Federal Legislation/Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules. Exceptions to Underwriting Rules require approval of Head Regional Underwriter except where Chief Underwriter approval is indicated.

# NEW JERSEY UNDERWRITING GUIDELINES

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

## Medical Guidelines

### Carve Outs/Excluded Class

Union employees, as a class, may be excluded by an employer as not being eligible for coverage.

### COBRA Eligible

Date COBRA coverage began and COBRA qualifying event date will be required at time of enrollment.

### Cut Off Dates

Groups with 2 to 50 eligibles must have all completed paperwork into Aetna Underwriting one (1) business day prior to the requested effective date. If not received by this date, the effective date will be moved to the next month.

### Dependent Eligibility

- > Eligible dependents include an employee's legal spouse and unmarried children up to the limiting age of the plan (age 19, or 23 if fulltime student).
- > Domestic Partners are not considered eligible dependents.
- > Individuals cannot be covered as an employee and dependent under the same plan. Children eligible for coverage through both parents cannot be covered by both parents under the same plan.
- > Dependents must enroll in the same benefit option as the employee.

### Dual Product Option

- > Dual product option is when more than one Aetna plan is offered to members in the same network or service area.
- > We strongly recommend groups offer no more than two plan options.

### Effective Date

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

### Employer Contributions

Coverage can be denied if the employer contributes less than 10% of an employee's annual premium.

### Employee Eligibility

- > Eligible employees are those employees who are permanent and work on a full-time basis with a normal work week of at least 25 hours, and who have met any authorized waiting period requirements.
- > This includes a sole proprietor with two or more eligible employees, 1099 Contractors or a partner of a partnership if included as an employee under the health benefit plan of a small employer.
- > Employees who do not meet the definition of a permanent full-time employee will not be eligible (e.g., leased, part-time, temporary, seasonal or substitute employees).

- > NJ Small Group reform excludes union employees who are covered by a collective bargaining agreement, so these employees will be excluded as eligible employees for the purposes of health coverage.

### Employer Eligibility

- > Medical plans can be offered to sole proprietorships with two or more employees, partnerships or corporations.
- > Organizations must not be formed solely for the purpose of obtaining health coverage.
- > Associations, Taft Hartley groups, Professional Employers Organizations (PEOs)/employee leasing firms must be written individually and are not eligible to be combined for purposes of obtaining health coverage. A copy of the certificate of fictitious name should be provided.
- > Submission of the most recent WR-30/Quarterly Wage and Tax Statement, which must contain the names, salaries, etc., of all employees of the employer group.
  - If there are employees who have the same last name, provide a W-2 for each employee with the same last name and a WR-30 for all other employees.
  - Employees who have terminated or work part-time should be noted accordingly on the WR-30.
  - New hires that do not appear on the WR-30 need to submit payroll data reflecting federal and state tax information.
- > Owners, partners and/or corporate officers not listed on the WR-30 need to complete the Small Group Proof of Eligibility Form and submit the documents listed below.

#### *If Sole Proprietor not on WR-30, submit:*

- State Business License
- Assumed Name Certificate (Registration of Alternate Name Form) AND
- 1040 Schedule C or F

#### *If Partner not on WR-30, submit:*

- Partnership Agreement
- State Business License AND
- Form 1065 and Schedule K-1

#### *If Corporate Officer not on WR-30, submit:*

- Statement of Domestic Stock Corporation OR
- Articles of Incorporation AND
- Certification of Qualification (if incorporated in a different state)

### Employer Financial Conditions

- > Coverage will not be provided to groups that are not in sound financial condition.
- > Dun & Bradstreet reports may be reviewed for financial soundness.
- > Current carrier bill with billing summary will be required. Bill must include an account summary showing the plan is paid to the current premium due date.

- > Groups that have been terminated for non-payment of premiums or fraud will (1) not be eligible to reapply until 12 months after the date of termination or (2) will be required to pay up to 6 months of premiums in advance of the issuance of a health benefits plan.

### Initial Premium Check

- > The initial premium check is not a binder check and does not bind Aetna to provide coverage.
- > An initial premium check equal to one month's premium must accompany the application.
- > If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, the initial premium check will be returned to the employer.
- > Checks must be on company check stock. (Personal checks not acceptable.)

### Late Applicants

Late applicants will be enrolled as of the date the individual requests coverage, however, the effective date will not be back-dated more than 31 days from the date Aetna receives the application. Pre-existing condition limitations will apply. (For example, for an Application signed 1/1 requesting 1/1 effective date, received by Underwriting on 7/1, earliest effective date will be 6/1.)

### Newly Formed Business

Must provide the following documentation for consideration:

- > Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees and number of hours worked each week; and
- > Tax I.D. Number; and
- > Copy of business license.

### Option Sales

It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligible employees.

### Participation

- > Groups with 2 to 50 eligible employees — 75% of eligibles must enroll excluding those covered under a spouse's health benefits plan, Medicare or another group health benefits plan.  
**Example:** 22 employees, 2 covered under spouse  
 $22 \times 75\% = 16.5$ , rounded down = 16  
 $16 - 2$  (covered under spouse) = 14 must enroll
- > Dependent participation is not required.
- > Employees waiving due to individual, governmental (Medicare, Medicaid or Military) or spousal coverage must complete the waiver section and provide proof of other coverage by providing a copy of the spouse's I.D. card.
- > Coverage can be denied based on inadequate participation.

### Probationary Period

- > It is the employer's decision whether to impose a probationary period, for a maximum of six months.
- > This must be consistently applied within a class of employees.
- > If there is a dual product offering, the probationary period must match the other carrier's probationary period.
- > In all cases, the effective date for a new employee will coincide with the premium due date (i.e., the 1st or the 15th of the month).

### Producers

- > Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products.
- > All quotes are subject to change based upon additional information that becomes available in the quoting process and during the case submission/installation, including any change in census.

### Rate Tier Structure

- > Four (4) tiers preferred.
- > Class Rated based on demographics.

### Replacing Other Group Coverage

- > A copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date.
- > The employer should be told not to cancel any existing medical coverage until they have been notified of approval.

### Retiree Eligibles

Retiree coverage is not available.

### Service Areas/Commuters

- > Any active employee, who lives in a state other than where the company is domiciled, is considered a commuter. In order for Aetna to accommodate commuters we must cover the active employees in the domiciled state.
- > For groups with 50% or less employees that work or reside outside the region (NJ, PA, DE, NY, CT, MD, VA, DC, WV). Aetna will quote an out-of-area plan for these employees.
- > For groups with more than 50% of the group's employees outside the region (NJ, PA, DE, NY, CT, MD, VA, DC, WV). Aetna may decline to offer coverage to these out-of-area employees.

## Life and Disability Products\*

- > For groups with 2 – 9 eligible employees:
  - 100% of eligible employees must participate.
  - Employers must contribute 100% of the cost of life and disability products.
- > For groups with 10 – 50 eligible employees:
  - At least 75% of eligible employees must participate. (If a term life product is non-contributory, 100% must participate.)
  - Employers must contribute 50% of the cost of life and disability products.
- > Employees will always be issued the Guaranteed Issue amount. Employees wishing to obtain insurance amounts above the Guaranteed Issue amount will be required to submit Evidence of Insurability (EOI), which means they must complete a medical questionnaire.

### \*Ineligible Life Industries

(Companies in these industries are not eligible for Aetna Life/Disability products)

| SIC Range   | SIC Description                             |
|-------------|---|
| 1000 – 1499 | Mining                                      |
| 2892 – 2899 | Explosives, Bombs & Pyrotechnics            |
| 3291 – 3292 | Asbestos Products                           |
| 3310 – 3329 | Primary Metal Industries                    |
| 3480 – 3489 | Fire Arms & Ammunition                      |
| 5500 – 5599 | Wholesale Trade/Retail Trade of Automobiles |
| 5921        | Liquor Stores                               |
| 6211        | Security Brokers                            |
| 6531        | Real Estate — Agents                        |
| 7381        | Service — Detective Services                |
| 7500 – 7599 | Automotive Repairs & Services               |
| 7800 – 7999 | Motion Picture/Amusement & Recreation*      |
| 8010 – 8043 | Offices & Clinics of Medical Doctors        |
| 8600 – 8699 | Membership Associations*                    |
| 8631        | Service — Labor Unions                      |
| 8661        | Service — Religious Organizations*          |
| 8800 – 8899 | Service — Private Households*               |
| 9999        | Nonclassified Establishments                |

**Note:** State and Federal Legislation/Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules. Exceptions to Underwriting Rules require approval of Head Regional Underwriter except where Chief Underwriter approval is indicated.

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# DENTAL UNDERWRITING GUIDELINES

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

## Product Availability

- > 2 – 9 Eligible Employees; All Plans **only** if packaged with Medical.
- > 10 – 50 Eligible Employees; All Plans, except Option 1, available with or without Medical.

## Product Availability — Orthodontia

- > Included for groups with 10 or more eligible employees, except Option 4 — PPO Max Plan.
- > Orthodontic coverage available to dependent children only.

## Option Sales

- > All dental plans, except Option 1 — HMO Dental rider, must be offered on a full-replacement basis.
- > No other employer sponsored dental plan can be offered.

## Product Packaging

- > Freedom-of-Choice plan design (Option 3) cannot be sold with any other dental option. It must be the only plan sold.
- > For Maryland-headquartered groups and all New Jersey subscribers, DMO (Option 2) can never be sold as the only dental plan. It must always be sold alongside Options 4 and 5.
- > Except in Maryland and New Jersey, DMO (Option 2) can be either sold as the only dental option or can be packaged with Options 4 or 5.

## Employer Contributions

For options 2 – 5, employers must contribute at least 25% of the total cost of the plan or 50% of the cost of employee-only coverage.

## Participation

- > 2 – 3 Eligible Employees
  - 100% participation is required, excluding those with other qualifying existing dental coverage. Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa.

**Example:** 3 eligibles; 1 covered under spouse dental plan (3 minus 1 = 2 x 100% = 2 must enroll in Aetna dental plan)

- > 4 – 50 Eligible Employees
  - 75% participation is required, excluding those with other qualifying existing dental coverage. A minimum of 50% of total eligible employees must enroll in the dental plan. Employees may select coverage for eligible dependents under the dental plan even if they selected single coverage on the medical plan or vice versa.



**Examples:** 6 eligibles; 2 covered under spouse dental plan (6 minus 2 = 4 x 75% = 3 must enroll in Aetna dental plan)

5 eligibles; 2 covered under spouse dental plan (5 minus 2 = 3 x 75% = 2.25; 3 must enroll in Aetna dental plan because 2 would not meet the 75% test or the 50% minimum test)

### Employees Outside DMO Service Area

If employees reside in a state with a DMO, but live outside the service area, these employees can be offered Options 4 or 5.

### Out-of-Region Employees

Out-of-Region (NJ, PA, DE, MD, DC, VA, WV) employees can only be offered Options 4 or 5. Maximum out-of-region employee percentage (and/or number of employees) will agree with the Medical guideline for each state. (See "Commuters" or "Service Area/ Commuters" in Medical Guidelines.)

### Full Time Hours

Full-time hour guideline will agree with the Medical guideline for each state.

### Retirees

Not eligible.

### Open Enrollment

Open enrollments are prohibited for Options 2 – 5.

### Late Entrants

- > An employee or dependent who enrolls other than within 31 days of first becoming eligible is subject to the Late Entrant provision.
- > Coverage limited to Preventive & Diagnostic services for first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).
- > Does not apply to Option 1, HMO Dental rider.

### Waiting Period

For Major and Orthodontic Services must be an enrolled member of plan for 1 year before eligible (not applicable to Options 1 & 2, HMO Dental rider and DMO).

### Waiting Period Waiver

Waiting Period is waived separately for Major or Ortho for employees who were covered by the group's immediately preceding dental plan. To waive Waiting Period for Ortho, immediately preceding group plan must have included Ortho coverage.

### Medical Underwriting

None.

### Ineligible Dental Industries for Options 2 – 5

(Companies in these industries are not eligible for Aetna Dental products) **Ineligible industries for states where there is no rating by industry — DE, MD, NJ.**

| SIC Range   | SIC Description                       |
|-------------|---------------------------------------|
| 7319        | Advertising, Misc                     |
| 7800 – 7999 | Amusement, Recreation & Entertainment |
| 8600 – 8699 | Associations & Trusts                 |
| 5511 – 5599 | Auto Dealerships                      |
| 7231 – 7241 | Beauty & Barber Shops                 |
| 8300 – 8499 | Community Service Orgs                |
| 7331 – 7338 | Direct Mailing, Secretarial Services  |
| 7361 – 7363 | Employment Agencies                   |
| 8700 – 8799 | Engineering & Mgmt Services           |
| 8300 – 8499 | Govt Funded Groups                    |
| 7000 – 7099 | Hotels                                |
| 9721        | International Affairs                 |
| 3911 – 3915 | Jewelry Manufacturing                 |
| 8100 – 8199 | Legal                                 |
| 8000 – 8059 | Medical Groups                        |
| 8071 – 8099 | Medical Groups                        |
| 7389        | Misc Business Services                |
| 7379        | Misc Computer Services                |
| 7692 – 7699 | Misc Repair                           |
| 8999        | Misc Services                         |
| 5271        | Mobile Home Dealers                   |
| 4111 – 4121 | Passenger Transportation              |
| 7221        | Photo Studios                         |
| 7384        | Photofinishing Labs                   |
| 6500 – 6799 | Real Estate                           |
| 7251 – 7299 | Repairs, Cleaning, Personal Services  |
| 5800 – 5899 | Restaurants                           |
| 8211 – 8299 | Schools, Libraries, Education         |
| 0761 – 0783 | Seasonal Employees                    |
| 7381 – 7382 | Security Systems, Armored Cars        |
| 8800 – 8899 | Service — Private Households          |
| 7631        | Watch, Clock & Jewelry Repair         |

**Ineligible industries for states where there is a rating by industry — DC, PA, VA.**

|             |  |
|-------------|--|
| 7933        | Bowling Centers  |
| 8611        | Business Associations  |
| 7911        | Dance Studios, Schools   |
| 7361 – 7363 | Employment Agencies  |
| 7999        | Misc. Amusement and Recreation   |
| 8699        | Misc Membership Organizations  |
| 8999        | Misc Services  |
| 7991        | Physical Fitness Facilities  |
| 8811        | Private Households   |
| 7941 – 7948 | Professional Sports Clubs & Producers, Race Tracks   |
| 8621 – 8651 | Professional Membership Organizations, Labor Unions, Civic Social & Fraternal Organizations, Political Organizations |
| 7992 – 7997 | Public Golf Courses, Amusements, Membership Sports & Recreation Clubs  |
| 8661        | Religious Organizations  |
| 7922 – 7929 | Theatrical Producers, Bands, Orchestras, Actors  |

# Medical LIMITATIONS AND EXCLUSIONS

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

## Aetna HMO and Choice Plans

Services and supplies that are generally not covered include, but are not limited to:

- > Cosmetic surgery.
- > Special-duty nursing, unless medically necessary and preauthorized by Aetna.
- > Custodial care.
- > Blood and blood byproducts.
- > Dental care and dental X-rays.
- > Experimental and investigational procedures.
- > Immunizations for travel or work.
- > Hearing aids.
- > Orthotics.
- > Long-term rehabilitation therapy.
- > Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or prescription drugs.
- > Home births.
- > Implantable drugs and certain injectable drugs, including injectable infertility drugs.
- > Reversal of voluntary sterilization.
- > 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.
- > Donor egg retrieval.
- > Radial keratotomy or related procedures.
- > Therapy or rehabilitation other than those listed as covered.
- > Nonmedically necessary services or supplies.
- > All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.

# Dental LIMITATIONS AND EXCLUSIONS

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

- > Dental services or supplies that are primarily used to alter, improve or enhance appearance.
- > Experimental services, supplies or procedures.
- > Treatment of any jaw joint disorder, such as temporomandibular joint disorder.
- > Replacement of lost or stolen appliances and certain damaged appliances.

- > Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved.
- > All other limitations and exclusions in your plan documents.

# AD&D Ultra LIMITATIONS AND EXCLUSIONS

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

- > A bodily or mental infirmity.
- > A disease, ptomaine or bacterial infection.\*
- > Medical or surgical treatment.\*
- > Suicide or attempted suicide (while sane or insane).
- > An intentionally self-inflicted injury.
- > A war or any act of war (declared or not declared).
- > Voluntary inhalation of poisonous gases.
- > Commission of or attempt to commit a criminal act.
- > A covered person's being intoxicated or being under the influence of any narcotics unless administered or consumed on the advice of a physician.
- > Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- > Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo).

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

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

# Disability LIMITATIONS AND EXCLUSIONS

No benefits are payable if the disability:

- > Is due to intentionally self-inflicted injury (while sane or insane).
- > Results from your committing, or attempting to commit, a criminal act.
- > For residents of PA: Is due to participation in an insurrection or rebellion.
- > For residents of NJ: Is due to insurrection, rebellion or taking part in a riot or civil commotion.
- > Is not a non-occupational disease.
- > Is not a non-occupational injury.

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

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

For more information about Aetna's Small Business Solutions, please contact the Mid-Atlantic Small Group Sales Support Center at 1-877-28-AETNA.



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