Aetna Avenue® — Your Destination for Small Business Solutions®

FLORIDA PLAN GUIDE

PLANS EFFECTIVE October 1, 2010
For businesses with 50 or fewer eligible employees

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We want you to know®

Aetna®

Health care is a journey …

AETNA AVENUE IS THE WAY

IN THIS GUIDE:

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

Small businesses need insurance benefits plans that fit their workplace. Aetna Avenue provides employers with a choice of insurance benefits solutions. We know that choice, ease and reputation are as valuable to employers as they are to employees.

Aetna offers a variety of plans for small business — from medical plans, to dental, life and disability plans.

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

CHOICE

For business owners and employees

At Aetna, we provide employers a choice of insurance benefits plans. Within these benefits programs, employers can choose specific plan designs that fit business and employee needs. Employees have access to a wide network of doctors and other health care providers ensuring that they have a choice in how they receive their health care.

Medical plans — supporting members on their health care journey

- Copay plans
- Consumer-directed health plans (CDHP)
- Split coinsurance plan
- Traditional plans

Dental, life and disability plans — providing valuable protection

- DMO®
- PPO
- PPO Max
- Freedom-of-Choice Plan Design option
- Preventive
- Basic term life insurance
- Disability plans
- Packaged life and disability plans

EASE

Allowing you to focus on your business

Employers want to focus on their customers and growing their business — not the insurance benefits program. Aetna makes sure that our plan designs are easy to set-up, administer, use and provide support to ensure your success.

Administration — making it work for your business

Aetna's plan designs automatically process health claim reimbursements, provide a password-protected website to keep track of accounts and are supported by knowledgeable service representatives. Our representatives are available to answer your questions and work with you when you need them.

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

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

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

- DocFind® to locate doctors in the neighborhood
- Track medical claims online
- Discount programs for eye, dental and other health care
- Personal Health Record providing a complete picture of health
- Simple Steps To A Healthier Life®, an online health and wellness program
- Temporary ID cards available for members to print as needed

Knowledgeable customer service — a valuable resource for members

- Ready to answer questions
- Online access 24 hours a day, 7 days a week
- E-mail access for answers to your questions

Aetna Health Connections℠ disease management — Our newly redesigned capabilities offer support for over 30 conditions as well as integrated care for members with multiple conditions. The program includes cutting-edge technology that helps improve patient safety, doctor communication and more.

REPUTATION

In business it's everything

Your reputation is important to your business. At Aetna, our reputation is just as important. With 150 years of experience, we value our name, products and services and focus on delivering the right solution for your small business — our reputation depends upon it.

Our account executives, underwriters and customer service representatives are committed to providing your small business the valuable service it deserves.

AETNA AVENUE'S COMMITMENT TO SMALL BUSINESS EMPLOYERS

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

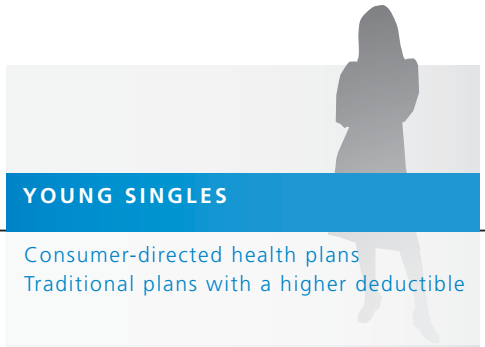
AETNA'S MARKET MAP

Guiding your small business health care journey

Aetna's market map is a resource for brokers and employers to help determine the right insurance benefits plan for their business. The market map asks specific questions related to the business and employee need in order to narrow the field of plan design choices. See pages 10-17 for details about all of our Florida insurance benefits plans.

DO YOU VALUE ...

Basic benefits for your employees Limiting the expense to your business Allowing employees to buy-up and share more of the cost	*You might be a ...* **Basic buyer**	**These plans fit ...** **Consumer-directed health plans** • 1915 • 1917 • 1916 • 1917S
Employee responsibility Consumerism's ability to make a difference Tools and resources to support consumerism Innovative plan design	*You might be a ...* **Value seeker**	**These plans fit ...** **Consumer-directed health plans** • 1935 • 1900 • 1936
Traditional benefits plans Limiting the financial impact on employees	*You might be a ...* **Traditionalist**	**These plans fit ...** **Traditional plans** • 1903 • 1913 • 1911 • 1921 • 1912 • 1922



YOUNG SINGLES

Consumer-directed health plans
Traditional plans with a higher deductible

YOUNG FAMILIES

Copay plans
Traditional plans
100% plans

ESTABLISHED FAMILIES

Consumer-directed health plans
Compass plan

EMPTY NESTERS

Consumer-directed health plans

HEALTH INSURANCE BENEFITS FOR EVERY STAGE OF LIFE

YOUNG SINGLES

Includes singles and couples without children

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

YOUNG FAMILIES

Includes married couples and single parents with young children and teens

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

ESTABLISHED FAMILIES

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

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

EMPTY NESTERS

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

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

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MEDICAL OVERVIEW

Provider network*

County	HMO/POS	MC
Alachua	•	•
Baker	•	•
Bay		
Bradford		•
Brevard	•	•
Broward	•	•
Charlotte	•	•
Citrus		•
Clay	•	•
Collier	•	•
Columbia		•
Duval	•	•
Escambia		•
Flagler	•	•
Gadsen		
Gilchrist		•
Gulf		
Hernando	•	•
Highlands		•
Hillsborough	•	•
Holmes		
Indian River		
Jefferson		
Lake	•	•
Lee	•	•
Leon	•	•

County	HMO/POS	MC
Levy		•
Manatee	•	•
Marion	•	•
Martin	•	•
Miami-Dade	•	•
Monroe		•
Nassau	•	•
Okaloosa		•
Okeechobee	•	•
Orange	•	•
Osceola	•	•
Palm Beach	•	•
Pasco	•	•
Pinellas	•	•
Polk	•	•
Putnam	•	•
Santa Rosa		•
Sarasota	•	•
Seminole	•	•
St. John's	•	•
St. Lucie	•	•
Suwannee		•
Union		•
Volusia	•	•
Wakulla		
Walton		•
Washington		

*Network subject to change.

WELLNESS ON US℠

Wellness for employees means a healthier business for employers. Our small business health benefits and insurance plans in Florida offer $0 copays for in-network eye exams on top of $0 copay for in-network preventive care. It's one more way for us to help employees get a step closer to better health.

Preventive Care Benefits:

Immunizations	$0 copay
Routine physicals	$0 copay
Child wellness visits	$0 copay
Routine mammogram	$0 copay
Routine OB/GYN visits	$0 copay

WHAT IS VALUEPICK?

*ValuePick*** is Aetna Small Group's suite of health benefits and insurance plans designed specifically for small businesses. ValuePick offers reduced minimum participation and employer contribution requirements.

ValuePick offers the following advantages:

Greater employee choice
Employers can offer up to 3 of the ValuePick plans.

Flexibility and affordability
When employers offer up to 3 of the ValuePick plans, the minimum participation and employer contribution requirements are reduced to make it easier to offer coverage. Employers who were previously unable to offer or afford coverage are now able to offer benefits to meet the needs of their employees.

Total freedom
Aetna is committed to providing solutions to help meet the needs of small businesses. Employers that have not offered health benefits coverage in the past can now offer quality coverage at affordable prices.

Easy administration
Setting up this program is simple:

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

	VALUEPICK
Target audience	Small businesses
Plan choices	Up to 3 of the ValuePick plans
Minimum participation	
4 or more enrolled employees **5 or more enrolled employees**	Dual Option available Triple Option available
Employer contribution	25% of the employee premium or $50 per employee
Employee participation	50%

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

Aetna Avenue

MEDICAL OVERVIEW

AETNA HMO PLAN

Members access care through primary care physicians

With this health benefits plan, members begin by selecting a primary care physician (PCP) from Aetna's network of participating providers. Members select a PCP who will coordinate their health care needs for covered benefits or services. Each covered member of the family may choose his or her own PCP.

- Member's PCP coordinates his or her covered health care services
- No claim forms
- Emergency care coverage anywhere, anytime, 24 hours a day
- Large provider networks

AETNA PRIMARY CARE® PLAN HMO OPEN ACCESS

Flexibility and no referrals needed for participating providers

With this health benefits plan, members may choose how they access covered benefits. Members can visit a primary care physician (PCP) 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 Aetna Primary Care plan HMO Open Access provides:

- No PCP selection required (members who prefer to have their family physician coordinate their care may designate a PCP if they choose)
- Flexibility — there's no referral needed from PCP to visit participating providers
- No claim forms
- Emergency care coverage anywhere, anytime, 24 hours a day
- Large provider networks

AETNA CHOICE® PLAN POS OPEN ACCESS

No need for referrals; freedom to select provider of choice

The Aetna Choice POS Open Access health benefits and health insurance plan offers all the health benefits of a point-of-service plan with two easy ways to access care when members need it. Members have the freedom to visit the participating doctor or hospital of their choice for covered services. Best of all, members seeking health care do not need referrals. This plan allows members to:

- No PCP selection required (members who prefer to have their family physician coordinate their care may designate a PCP if they choose)
- 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
- Large provider networks

MANAGED CHOICE® OPEN ACCESS PLAN

For those who want the advantages of a managed care insurance plan while giving employees flexibility to access any providers without a referral.

- No PCP selection required (members who prefer to have their family physician coordinate their care may designate a PCP if they choose)
- No referrals required
- Members can choose any provider from Aetna's extensive network for a covered service
- Members may visit any out-of-network recognized provider for a covered service
- For certain plans, members pay office visit copay each time member goes to a participating specialist or non-specialist physician
- Members share more of the cost of care through deductible and coinsurance

AETNA HIGH-DEDUCTIBLE PLANS (HSA COMPATIBLE)

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

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

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

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

A WAY TO MANAGE HEALTH AND HEALTH CARE EXPENSES

Administrative fees

FEE DESCRIPTION	FEE
HSA	
Initial Set-Up	$0
Monthly Fees	$0
POP*	
Initial Set-Up**	$150
Renewal	$75
HRA and FSA***	
Initial Set-Up*	
2-25 Employees	$350
26-50 Employees	$450
Renewal Fee	50% of the initial set-up fee
Monthly Fees†	$5.00 per participant
Additional Set-Up Fee for "stacked" plans (those electing an Aetna HRA and FSA simultaneously)	$150
Participation Fee for "stacked" participants	$9.75 per participant
Minimum Fees	
0-25 Employees	$10 per month minimum
26-50 Employees	$5 per month minimum
TRA	
Annual Fee	$350
Transit Monthly Fees	$4.25 per participant
Parking Monthly Fees	$3.15 per participant
COBRA	
Annual Fee 20-50 Employees	$50
Monthly Fee	$0.85 per employee

HEALTH SAVINGS ACCOUNT (HSA)

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

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

**Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for $75 fee. Non-discrimination testing only available for FSA and POP products.

***Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact Aetna for further information.

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

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

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

SECTION 125 CAFETERIA PLANS AND SECTION 132 TRANSIT REIMBURSEMENT ACCOUNTS

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

Premium Only Plans (POP)
Employees can pay for their portion of the group health insurance expenses on a pretax basis. First-year POP fees waived with the purchase of medical with 5-plus enrolled employees.

Flexible Savings Account (FSA)
FSAs give employees a chance to save for health expenses with pretax money. Health Care Spending Accounts allow employees to set aside pretax dollars to pay for out-of-pocket expenses as defined by the IRS. Dependent Care Spending Accounts allow participants to use pretax dollars to pay child or elder care expenses.

Transit Reimbursement Account (TRA)
TRAs allow participants to use pretax dollars to pay transportation and parking expenses for the purpose of commuting to and from work.

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

COMPASS PLAN & COPAY PLANS

FLORIDA (2-50 Employees)	1900	1902	1903
Lifetime Maximum	Unlimited	Unlimited	Unlimited
IN-NETWORK SERVICES			
Coinsurance	90%/70%	N/A	N/A
Annual Deductible: Individual/Family	$1,000/$2,000	N/A	N/A
Type of Deductible	Embedded	N/A	N/A
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$3,000/$6,000	$3,000/$6,000	$5,000/$10,000
Preventive Care Services			
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	$0, ded waived	$0	$0
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	$0, ded waived	$0	$0
Physician Services			
Primary Care Physician Office visit	$25, ded waived	$20	$35
Specialist Office Visit	70%, ded applies	$50	$70
Outpatient Mental Health (20 visits per year)	70%, ded applies	$50	$70
Inpatient Services			
Hospital Inpatient	90% after $500/admit, ded applies	$500 copay per day, days 1-4	$1000 copay per day, days 1-3
Mental Health — Inpatient (30 days per year)	90% after $500/admit, ded applies	$500 copay per day, days 1-4	$1000 copay per day, days 1-3
Outpatient/Other Services			
Diagnostic Lab	70%, ded applies	$0	$0
Diagnostic X-ray	70%, ded applies	$50	$70
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	70%, ded applies	70%	$500
Outpatient Surgery	90% after $250, ded applies	$500	$1000
Emergency Room (Copay waived if admitted)	70%, ded applies	$200	$300
Urgent Care	70%, ded applies	$75	$150
Ambulance (emergency transport)	90%, ded applies	$200	$200
Outpatient Rehabilitative Therapy (30 visits per year)	70%, ded applies	$50	$70
Durable Medical Equipment ($2,000 maximum per year)	70%, ded applies	70%	70%
Pharmacy			
Retail Pharmacy Copay (Mail Order Drugs available at 2X copay for a 90 day supply)	$5/$40/$60/25%	$5/$40/$60/25%	$20/$50/$75/25%
OUT-OF-NETWORK (OON) SERVICES (POS/MC/PPO/Ind only — OON services do NOT apply to HMO plans)			
POS OA Lifetime Maximum (NOTE: MC/PPO OON Lifetime max combined with in-network lifetime maximum benefit)	Out-of-Network Benefits do not apply to plans limited to HMO options only	Unlimited	Out-of-Network Benefits do not apply to plans limited to HMO options only
Coinsurance		50%	
Annual Deductible: Individual/Family		$2,000/$4,000	
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)		$6,000/$12,000	
Emergency Room		Paid as In-Network	
Ambulance (emergency transport)			
All Other Services		50%, ded applies	
Retail Pharmacy (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)		N/C	
PLAN OPTIONS AVAILABLE			
HMO Gatekeeper Available			
HMO Open Access Available	Yes	Yes	Yes
POS Open Access Available		Yes	
MC Open Access/PPO/Indemnity Available (MC Open Access unless otherwise noted)			

For footnotes, see page 16.

TRADITIONAL DEDUCTIBLE & COINSURANCE PLANS

FLORIDA (2-50 Employees)	**1911**	**1912**	**1913**	**1914**
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
IN-NETWORK SERVICES				
Coinsurance	80%	80%	70%	70%
Annual Deductible: Individual/Family	$500/$1,000	$1,000/$2,000	$1,500/$3,000	$2,000/$4,000
Type of Deductible	Embedded	Embedded	Embedded	Embedded
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$4,000/$8,000	$3,000/$6,000	$3,000/$6,000	$5,000/$10,000
Wellness On Us[SM]				
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	$0, ded waived	$0, ded waived	$0, ded waived	$0, ded waived
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	$0, ded waived	$0, ded waived	$0, ded waived	$0, ded waived
Physician Services				
Primary Care Physician Office visit	$20, ded waived	$25, ded waived	$25, ded waived	$25, ded waived
Specialist Office Visit	$50, ded waived	$50, ded waived	$50, ded waived	$50, ded waived
Outpatient Mental Health (20 visits per year)	$50, ded waived	$50, ded waived	$50, ded waived	$50, ded waived
Inpatient Services				
Hospital Inpatient	80%, ded applies	80%, ded applies	70%, ded applies	70%, ded applies
Mental Health — Inpatient (30 days per year)	80%, ded applies	80%, ded applies	70%, ded applies	70%, ded applies
Outpatient/Other Services				
Diagnostic Lab	$0, ded waived	$0, ded waived	$0, ded waived	$0, ded waived
Diagnostic X-ray	$50, ded waived	$50, ded waived	$50, ded waived	$50, ded waived
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	80%, ded applies	80%, ded applies	70%, ded applies	70%, ded applies
Outpatient Surgery	80%, ded applies	80%, ded applies	70%, ded applies	70%, ded applies
Emergency Room (Copay waived if admitted)	$200, ded waived	$200, ded waived	$250, ded waived	$250, ded waived
Urgent Care	$75, ded waived	$75, ded waived	$75, ded waived	$75, ded waived
Ambulance (emergency transport)	80%, ded waived	80%, ded waived	70%, ded waived	70%, ded waived
Outpatient Rehabilitative Therapy (30 visits per year)	$50, ded applies	$50, ded applies	$50, ded applies	$50, ded applies
Durable Medical Equipment ($2,000 maximum per year)	80%, ded applies	80%, ded applies	70%, ded applies	70%, ded applies
Pharmacy				
Retail Pharmacy Copay (Mail Order Drugs available at 2X copay for a 90 day supply)	$5/$40/$60/25%	$10/$45/$65/25%	$10/$45/$65/25%	$10/$45/$65/25%
OUT-OF-NETWORK (OON) SERVICES (POS/MC/PPO/Ind only — OON services do NOT apply to HMO plans)				
POS OA Lifetime Maximum (NOTE: MC/PPO OON Lifetime max combined with in-network lifetime maximum benefit)	Unlimited	Unlimited	Unlimited	Out-of-Network Benefits do not apply to plans limited to HMO options only
Coinsurance	50%	50%	50%	
Annual Deductible: Individual/Family	$2,000/$4,000	$2,000/$4,000	$2,000/$4,000	
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$6,000/$12,000	$6,000/$12,000	$6,000/$12,000	
Emergency Room	Paid as In-Network	Paid as In-Network	Paid as In-Network	
Ambulance (emergency transport)				
All Other Services	50%, ded applies	50%, ded applies	50%, ded applies	
Retail Pharmacy (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	70% after Copay	70% after Copay	70% after Copay	
PLAN OPTIONS AVAILABLE				
HMO Gatekeeper Available				Yes
HMO Open Access Available	Yes	Yes	Yes	Yes
POS Open Access Available	Yes	Yes	Yes	
MC Open Access/PPO/Indemnity Available (MC Open Access unless otherwise noted)	Yes	Yes	Yes	

For footnotes, see page 16.

SIMPLY SAVINGS (Traditional deductible & coinsurance plans)

FLORIDA (2-50 Employees)	1915	1916	1917	1917S
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
IN-NETWORK SERVICES				
Coinsurance	50%	50%	100%	100%
Annual Deductible: Individual/Family	$2,000/$4,000	$3,000/$6,000	$10,000/$10,000	$10,000/$10,000
Type of Deductible	Embedded	Embedded	Embedded	Embedded
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$5,000/$10,000	$6,000/$12,000	$10,000/$10,000*	$10,000/$10,000*
Wellness On Us℠				
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	$0, ded waived	$0, ded waived	$0, ded waived	$0, ded waived
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	$0, ded waived	$0, ded waived	$0, ded waived	$0, ded waived
Physician Services				
Primary Care Physician Office visit	$25, ded waived	$35, ded waived	$35, ded waived	$35, ded waived
Specialist Office Visit	$50, ded waived	$70, ded waived	100%, ded applies	$70, ded waived
Outpatient Mental Health (20 visits per year)	$50, ded waived	$70, ded waived	100%, ded applies	100%, ded applies
Inpatient Services				
Hospital Inpatient	50%, ded applies	50%, ded applies	100%, ded applies	100%, ded applies
Mental Health — Inpatient (30 days per year)	50%, ded applies	50%, ded applies	100%, ded applies	100%, ded applies
Outpatient/Other Services				
Diagnostic Lab	$0, ded waived	$0, ded waived	100%, ded applies	100%, ded applies
Diagnostic X-ray	50%, ded waived	50%, ded waived	100%, ded applies	100%, ded applies
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	50%, ded applies	50%, ded applies	100%, ded applies	100%, ded applies
Outpatient Surgery	50%, ded applies	50%, ded applies	100%, ded applies	100%, ded applies
Emergency Room (Copay waived if admitted)	$250, ded waived	$250, ded waived	100%, ded applies	100%, ded applies
Urgent Care	$75, ded waived	$100, ded waived	100%, ded applies	100%, ded applies
Ambulance (emergency transport)	50%, ded waived	50%, ded applies	100%, ded applies	100%, ded applies
Outpatient Rehabilitative Therapy (30 visits per year)	$50, ded applies	50%, ded applies	100%, ded applies	100%, ded applies
Durable Medical Equipment ($2,000 maximum per year)	50%, ded applies	50%, ded applies	100%, ded applies	100%, ded applies
Pharmacy				
Retail Pharmacy Copay (Mail Order Drugs available at 2X copay for a 90 day supply)	$10/$45/$65/25%	$20/$50/$75/25%	$20/$50/$75/25%	$20/$50/$75/25%
OUT-OF-NETWORK (OON) SERVICES (POS/MC/PPO/Ind only — OON services do NOT apply to HMO plans)				
POS OA Lifetime Maximum (NOTE: MC/PPO OON Lifetime max combined with in-network lifetime maximum benefit)	Out-of-Network Benefits do not apply to plans limited to HMO options only	Out-of-Network Benefits do not apply to plans limited to HMO options only	Out-of-Network Benefits do not apply to plans limited to HMO options only	Out-of-Network Benefits do not apply to plans limited to HMO options only
Coinsurance				
Annual Deductible: Individual/Family				
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)				
Emergency Room				
Ambulance (emergency transport)				
All Other Services				
Retail Pharmacy (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)				
PLAN OPTIONS AVAILABLE				
HMO Gatekeeper Available				Yes
HMO Open Access Available	Yes	Yes	Yes	Yes
POS Open Access Available				
MC Open Access/PPO/Indemnity Available (MC Open Access unless otherwise noted)				

For footnotes, see page 16.

100% PLANS

FLORIDA (2-50 Employees)	1921	1922	1923
Lifetime Maximum	Unlimited	Unlimited	Unlimited
IN-NETWORK SERVICES			
Coinsurance	100%	100%	100%
Annual Deductible: Individual/Family	$1,500/$4,500	$2,000/$6,000	$3,000/$9,000
Type of Deductible	3X	3X	3X
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$1,500/$4,500*	$2,000/$6,000*	$3,000/$9,000*
Wellness On Us℠			
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	$0, ded waived	$0, ded waived	$0, ded waived
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	$0, ded waived	$0, ded waived	$0, ded waived
Physician Services			
Primary Care Physician Office visit	$20, ded waived	$25, ded waived	$25, ded waived
Specialist Office Visit	$50, ded waived	$50, ded waived	$50, ded waived
Outpatient Mental Health (20 visits per year)	$50, ded waived	$50, ded waived	$50, ded waived
Inpatient Services			
Hospital Inpatient	100%, ded applies	100%, ded applies	100%, ded applies
Mental Health — Inpatient (30 days per year)	100%, ded applies	100%, ded applies	100%, ded applies
Outpatient/Other Services			
Diagnostic Lab	$0, ded waived	$0, ded waived	$0, ded waived
Diagnostic X-ray	$50, ded waived	$50, ded waived	$50, ded waived
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	100%, ded applies	100%, ded applies	100%, ded applies
Outpatient Surgery	100%, ded applies	100%, ded applies	100%, ded applies
Emergency Room (Copay waived if admitted)	$200, ded waived	$200, ded waived	$250, ded waived
Urgent Care	$75, ded waived	$75, ded waived	$100, ded waived
Ambulance (emergency transport)	100%, ded applies	100%, ded applies	100%, ded applies
Outpatient Rehabilitative Therapy (30 visits per year)	$50, ded waived	$50, ded waived	$50, ded waived
Durable Medical Equipment ($2,000 maximum per year)	100%, ded applies	100%, ded applies	100%, ded applies
Pharmacy			
Retail Pharmacy Copay (Mail Order Drugs available at 2X copay for a 90 day supply)	$5/$40/$60/25%	$10/$45/$65/25%	$10/$45/$65/25%
OUT-OF-NETWORK (OON) SERVICES (POS/MC/PPO/Ind only — OON services do NOT apply to HMO plans)			
POS OA Lifetime Maximum (NOTE: MC/PPO OON Lifetime max combined with in-network lifetime maximum benefit)	Unlimited	Unlimited	Out-of-Network Benefits do not apply to plans limited to HMO options only
Coinsurance	70%	70%	
Annual Deductible: Individual/Family	$2,000/$6,000	$3,000/$9,000	
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$5,000/$15,000*	$6,000/$18,000*	
Emergency Room	Paid as In-Network	Paid as In-Network	
Ambulance (emergency transport)			
All Other Services	70%, ded applies	70%, ded applies	
Retail Pharmacy (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	N/C	70% after Copay	
PLAN OPTIONS AVAILABLE			
HMO Gatekeeper Available			
HMO Open Access Available		Yes	Yes
POS Open Access Available	Yes	Yes	
MC Open Access/PPO/Indemnity Available (MC Open Access unless otherwise noted)		Yes	

For footnotes, see page 16.

HIGH-DEDUCTIBLE HEALTH PLANS

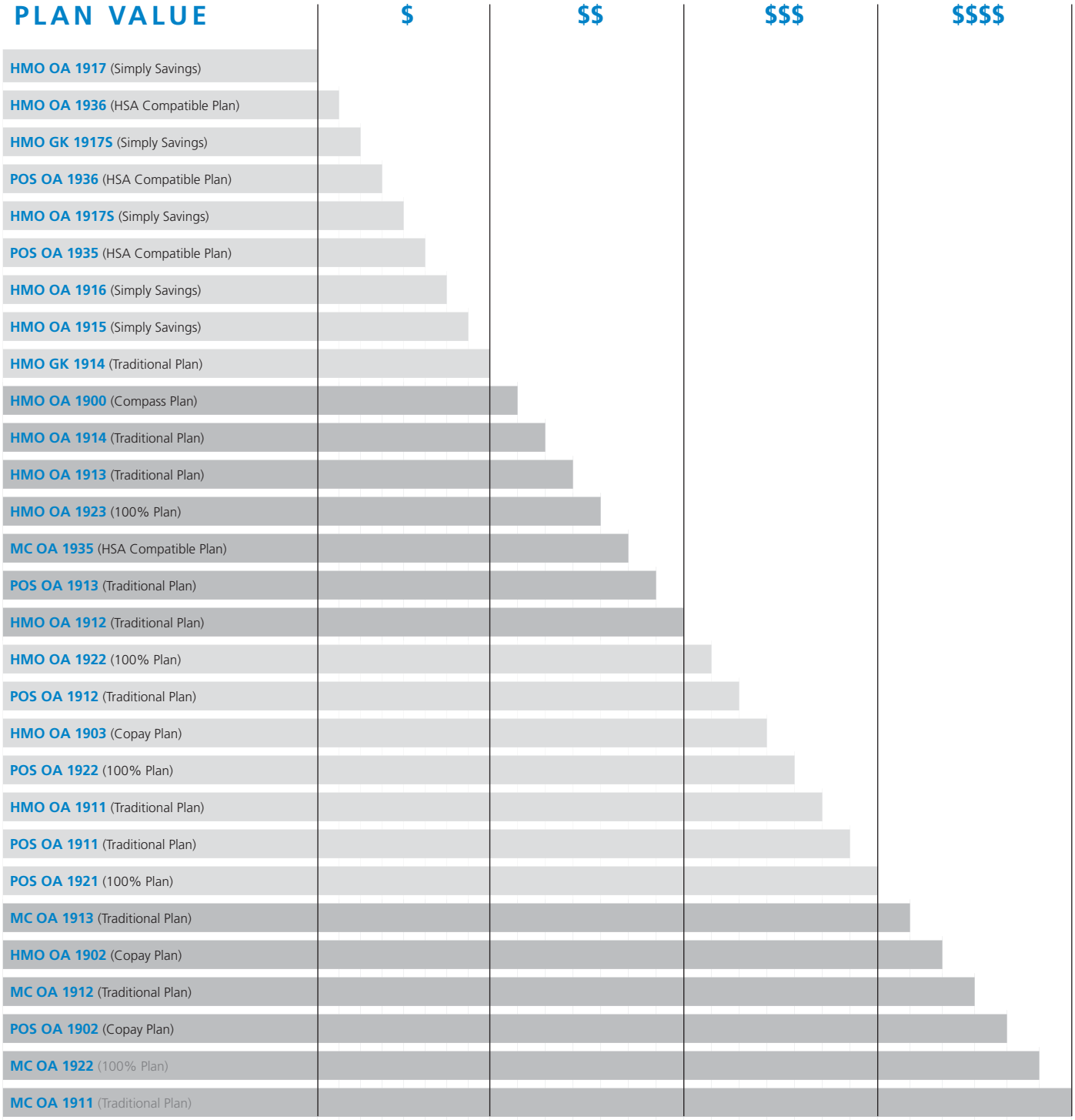
FLORIDA (2-50 Employees)	1935	1936
Lifetime Maximum	Unlimited	Unlimited
IN-NETWORK SERVICES		
Coinsurance	80%	100%
Annual Deductible: Individual/Family	$2,500/$5,000	$5,950/$11,900
Type of Deductible	Non-Embedded	Non-Embedded
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$5,000/$10,000*	$5,950/$11,900*
Wellness On Us℠		
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	$0, ded waived	$0, ded waived
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	$0, ded waived	$0, ded waived
Physician Services		
Primary Care Physician Office visit	80%, ded applies	100%, ded applies
Specialist Office Visit	80%, ded applies	100%, ded applies
Outpatient Mental Health (20 visits per year)	80%, ded applies	100%, ded applies
Inpatient Services		
Hospital Inpatient	80%, ded applies	100%, ded applies
Mental Health — Inpatient (30 days per year)	80%, ded applies	100%, ded applies
Outpatient/Other Services		
Diagnostic Lab	80%, ded applies	100%, ded applies
Diagnostic X-ray	80%, ded applies	100%, ded applies
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	80%, ded applies	100%, ded applies
Outpatient Surgery	80%, ded applies	100%, ded applies
Emergency Room (Copay waived if admitted)	80%, ded applies	100%, ded applies
Urgent Care	80%, ded applies	100%, ded applies
Ambulance (emergency transport)	80%, ded applies	100%, ded applies
Outpatient Rehabilitative Therapy (30 visits per year)	80%, ded applies	100%, ded applies
Durable Medical Equipment ($2,000 maximum per year)	80%, ded applies	100%, ded applies
Pharmacy		
Retail Pharmacy Copay (Mail Order Drugs available at 2X copay for a 90 day supply)	$5/$40/$60/25%, ded applies	Not Covered (Discount Card applies)
OUT-OF-NETWORK (OON) SERVICES (POS/MC/PPO/Ind only — OON services do NOT apply to HMO plans)		
POS OA Lifetime Maximum (NOTE: MC/PPO OON Lifetime max combined with in-network lifetime maximum benefit)	Unlimited	Unlimited
Coinsurance	50%	70%
Annual Deductible: Individual/Family	$3,000/$6,000	$7,000/$14,000
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$6,000/$12,000*	$10,000/$20,000*
Emergency Room	Paid as In-Network	Paid as In-Network
Ambulance (emergency transport)		
All Other Services	50%, ded applies	70%, ded applies
Retail Pharmacy (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	70% after Copay	N/C
PLAN OPTIONS AVAILABLE		
HMO Gatekeeper Available		
HMO Open Access Available		Yes
POS Open Access Available	Yes	Yes
MC Open Access/PPO/Indemnity Available (MC Open Access unless otherwise noted)	Yes	

For footnotes, see page 16.

INDEMNITY

FLORIDA (2-50 Employees)	**Indemnity Plan 2-10**
Lifetime Maximum	Unlimited
IN-NETWORK SERVICES	
Coinsurance	80%
Annual Deductible: Individual/Family	$1,000/$3,000
Type of Deductible	Embedded
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	$5,000/$10,000
Wellness On Us℠	
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services)	$0, ded waived
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	$0, ded waived
Physician Services	
Primary Care Physician Office visit	80%, ded applies
Specialist Office Visit	80%, ded applies
Outpatient Mental Health (20 visits per year)	80%, ded applies
Inpatient Services	
Hospital Inpatient	80%, ded applies
Mental Health — Inpatient (10 days per year)	80%, ded applies
Outpatient/Other Services	
Diagnostic Lab	80%, ded applies
Diagnostic X-ray	80%, ded applies
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	80%, ded applies
Outpatient Surgery	80%, ded applies
Emergency Room (Copay waived if admitted)	80%, ded applies
Urgent Care	80%, ded applies
Ambulance (emergency transport)	80%, ded applies
Outpatient Rehabilitative Therapy (20 visits per year)	80%, ded applies
Durable Medical Equipment	80%, ded applies
Pharmacy	
Retail Pharmacy Copay (Mail Order Drugs available at 2X copay for a 90 day supply)	80%
OUT-OF-NETWORK (OON) SERVICES (POS/MC/PPO/Ind only — OON services do NOT apply to HMO plans)	
POS OA Lifetime Maximum (NOTE: MC/PPO OON Lifetime max combined with in-network lifetime maximum benefit)	Same as In-Network Benefits
Coinsurance	
Annual Deductible: Individual/Family	
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	
Emergency Room	
Ambulance (emergency transport)	
All Other Services	
Retail Pharmacy (Note: OON Pharmacy is not a covered benefit on HMO/POS plans)	
PLAN OPTIONS AVAILABLE	
HMO Gatekeeper Available	
HMO Open Access Available	
POS Open Access Available	
MC Open Access/PPO/Indemnity Available (MC Open Access unless otherwise noted)	X (Indemnity)

For footnotes, see page 16.



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

NOTE: 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. For a summary list of Limitations and Exclusions, refer to pages 38-39.

You may choose providers in our network (physicians and facilities) or may visit an out-of-network provider. Typically, you will pay substantially more money out of your own pocket if you choose to use an out-of-network doctor or hospital. The out-of-network provider will be paid based on Aetna's "recognized charge." This is not the same as the billed charge from the doctor. Aetna pays a percentage of the recognized charge, as defined in your plan. The recognized charge for out-of-network hospitals, doctors and other out-of-network health care providers is a percentage (100 percent or above) of the rate that Medicare pays them.

You may have to pay the difference between the out-of-network provider's billed charge and Aetna's recognized charge, plus any coinsurance and deductibles due under the plan. Note that any amount the doctor or hospital bills you above Aetna's recognized charge does not count toward your deductible or out-of-pocket maximums. This benefit applies when you choose to get care out of network. When you have no choice in the doctors you see (for example, an emergency room visit after a car accident), your deductible and coinsurance for the in-network level of benefits will be applied, and you should contact Aetna if your doctor asks you to pay more. Generally, you are not responsible for any outstanding balance billed by your doctors in an emergency situation.

Aetna Avenue

DENTAL OVERVIEW

AETNA DENTAL® PLANS

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

The Mouth Matters℠

Research shows that more than 90 percent of all medical illnesses are detectable in the mouth and that 75 percent of people over the age of 35 have periodontal (gum) disease.[1] Untreated oral diseases can have a big impact on the quality of life. This means that a dentist may be the first health care provider to diagnose a health problem!

Aetna Dental/Medical Integration℠ program, available at no additional charge to plan sponsors that have both medical and dental coverages with Aetna, focuses on those who are pregnant or have diabetes, coronary artery disease (heart disease) or cerebrovascular disease (stroke) and have not had a recent dental visit. We proactively educate those at-risk members about the impact oral health care can have on their condition. Our member outreach has been proven to successfully motivate those at-risk members who do not normally seek dental care to visit the dentist.[2] Once at the dentist, these at-risk members will receive enhanced dental benefits including an extra cleaning and full coverage for certain periodontal services.

The Dental Maintenance Organization (DMO®)

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

Preferred Provider Organization (PPO) plan

Members can choose a dentist who participates in the network or choose a licensed dentist who does not. Participating dentists have agreed to offer our members services at a negotiated rate and will not balance-bill members.*

PPO Max plan

While the PPO dental insurance plan uses the PPO network, when members use out-of-network dentists the service will be covered based on the PPO fee schedule, rather than the reasonable and customary charge. The member will share in more of the costs and may be balance-billed. This plan offers members a quality dental insurance plan with a significantly lower premium that encourages in-network usage.

Freedom-of-Choice plan design option

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

Dual Option plan

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

Voluntary Dental option

The Voluntary Dental option provides a solution to meet the individual needs of members in the face of rising health care costs. Administration is easy, and members benefit from low group rates and the convenience of payroll deductions. Employers choose how the plan is funded. It can be entirely member-paid or employers can contribute up to 50 percent.

[1]The professional entity, Academy of General Dentistry, 2007.

[2]"Dental/medical integration, Improved oral health can lead to a better overall health" *Smart Business Chicago* (1/07).

*Discounts for non-covered services may not be available in all states.

DMI may not be available in all states.

STANDARD DENTAL PLANS

Available With an Aetna Medical Plan to Groups with 2-50 Eligible Employees Available Without Medical Plan to Groups with 3-50 Eligible Employees	**Option 1** DMO	**Option 2** Freedom-of-Choice — Monthly selection between DMO and PPO Max		**Option 3** Freedom-of-Choice — Monthly selection between DMO and PPO	
	DMO Plan Copay Plan 64	DMO Plan Copay Plan 64	PPO Max Plan 100/70/40	DMO Plan 100/90/60	PPO Plan 100/70/40
Office Visit Copay	$5	$5	N/A	$5	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	$50; 3X Family Maximum	None	$50; 3X Family Maximum
Annual Maximum Benefit	Unlimited	Unlimited	$1,000	Unlimited	$1,000
DIAGNOSTIC SERVICES					
Oral Exams					
Periodic oral exam	No Charge	No Charge	100%	100%	100%
Comprehensive oral exam	No Charge	No Charge	100%	100%	100%
Problem-focused oral exam	No Charge	No Charge	100%	100%	100%
X-rays					
Bitewing — single film	No Charge	No Charge	100%	100%	100%
Complete series	No Charge	No Charge	100%	100%	100%
PREVENTIVE SERVICES					
Adult Cleaning	No Charge	No Charge	100%	100%	100%
Child Cleaning	No Charge	No Charge	100%	100%	100%
Sealants — per tooth	No Charge	No Charge	100%	100%	100%
Fluoride application — with cleaning	No Charge	No Charge	100%	100%	100%
Space maintainers — fixed	$75	$75	100%	100%	100%
BASIC SERVICES					
Amalgam filling — 2 surfaces permanent	$12	$12	70%	90%	70%
Resin filling — 2 surfaces, anterior	$21	$21	70%	90%	70%
Oral Surgery					
Extraction — exposed root or erupted tooth	$11	$11	70%	90%	70%
Extraction of impacted tooth — soft tissue	$46	$46	70%	90%	70%
***MAJOR SERVICES**					
Complete upper denture	$275	$275	40%	60%	40%
Partial upper denture	$275	$275	40%	60%	40%
Crown — Porcelain with noble metal**	$255	$255	40%	60%	40%
Pontic — Porcelain with noble metal**	$255	$255	40%	60%	40%
Inlay — Metallic (3 or more surfaces)	$195	$195	40%	60%	40%
Oral Surgery					
Removal of impacted tooth — partially bony	$58	$58	40%	60%	40%
Endodontic Services					
Bicuspid root canal therapy	$109	$109	40%	90%	40%
Molar root canal therapy	$280	$280	40%	60%	40%
Periodontic Services					
Scaling & root planing — per quadrant	$51	$51	40%	90%	40%
Osseous surgery — per quadrant	$300	$300	40%	60%	40%
***ORTHODONTIC SERVICES**	$2,300 copay	$2,300 copay	Not covered	$2,300 copay	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Plan Options 1, 2 & 3. There is no Waiting Period for any covered service on the DMO.

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

Access to negotiated discounts: On the PPO plans in Plan Options 2-6, members may be eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period. Discounts are not insurance.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Options 1, 2 & 3 and on the PPO in Option 6.

Plan Options 2 & 4; PPO Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Plan Option 1 DMO cannot be sold standalone as full-replacement coverage. It must be combined with any one of the PPO plans in Plan Options 4, 5 or 6 in a Dual Option offering.

Options 1 & 2 DMO Copay Plan 64 amounts listed are the total patient responsibility for the services indicated. The $5 Office Visit Copay is additional.

Orthodontic coverage is available only to groups with 10 or more eligibles and for Dependent Children Only in Plan Options 1, 2, 3 & 5 and for Children and adults in Plan option 6.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 39.

STANDARD DENTAL PLANS

Available With an Aetna Medical Plan to Groups with 2-50 Eligible Employees Available Without Medical Plan to Groups with 3-50 Eligible Employees	**Option 4** PPO Max	**Option 5** Active PPO Plan		**Option 6** Passive PPO
	PPO Max Plan 100/80/50	Preferred Plan 100/80/50	Non-Preferred Plan 80/60/40	PPO Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	$50; 3X Family Maximum	$50; 3X Family Maximum	$50; 3X Family Maximum	$50; 3X Family Maximum
Annual Maximum Benefit	$1,500	$1,500	$1,000	$2,000
DIAGNOSTIC SERVICES				
Oral Exams				
Periodic oral exam	100%	100%	80%	100%
Comprehensive oral exam	100%	100%	80%	100%
Problem-focused oral exam	100%	100%	80%	100%
X-rays				
Bitewing — single film	100%	100%	80%	100%
Complete series	100%	100%	80%	100%
PREVENTIVE SERVICES				
Adult Cleaning	100%	100%	80%	100%
Child Cleaning	100%	100%	80%	100%
Sealants — per tooth	100%	100%	80%	100%
Fluoride application — with cleaning	100%	100%	80%	100%
Space maintainers — fixed	100%	100%	80%	100%
BASIC SERVICES				
Amalgam filling — 2 surfaces permanent	80%	80%	60%	80%
Resin filling — 2 surfaces, anterior	80%	80%	60%	80%
Oral Surgery				
Extraction — exposed root or erupted tooth	80%	80%	60%	80%
Extraction of impacted tooth — soft tissue	80%	80%	60%	80%
***MAJOR SERVICES**				
Complete upper denture	50%	50%	40%	50%
Partial upper denture	50%	50%	40%	50%
Crown — Porcelain with noble metal**	50%	50%	40%	50%
Pontic — Porcelain with noble metal**	50%	50%	40%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	40%	50%
Oral Surgery				
Removal of impacted tooth — partially bony	50%	50%	40%	50%
Endodontic Services				
Bicuspid root canal therapy	50%	50%	40%	80%
Molar root canal therapy	50%	50%	40%	50%
Periodontic Services				
Scaling & root planing — per quadrant	50%	50%	40%	80%
Osseous surgery — per quadrant	50%	50%	40%	50%
***ORTHODONTIC SERVICES**	Not covered	50%	40%	50%
Orthodontic Lifetime Maximum	Does not apply	$1,000	$1,000	$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Plan Options 1, 2 & 3. There is no Waiting Period for any covered service on the DMO.

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

Access to negotiated discounts: On the PPO plans in Plan Options 2-6, members may be eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period. Discounts are not insurance.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Options 1, 2 & 3 and on the PPO in Option 6.

Plan Options 2 & 4; PPO Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Plan Option 1 DMO cannot be sold standalone as full-replacement coverage. It must be combined with any one of the PPO plans in Plan Options 4, 5 or 6 in a Dual Option offering.

Options 1 & 2 DMO Copay Plan 64 amounts listed are the total patient responsibility for the services indicated. The $5 Office Visit Copay is additional.

Orthodontic coverage is available only to groups with 10 or more eligibles and for Dependent Children Only in Plan Options 1, 2, 3 & 5 and for Children and adults in Plan option 6.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 39.

VOLUNTARY DENTAL PLANS

Available With an Aetna Medical Plan to Groups with 3-50 Eligible Employees Available Without Medical Plan to Groups with 3-50 Eligible Employees	**Option 1** DMO	**Option 2** Freedom-of-Choice — Monthly selection between DMO and PPO Max		**Option 3** Freedom-of-Choice — Monthly selection between DMO and PPO		**Option 4** PPO Max
	DMO Plan Copay Plan 64	DMO Plan Copay Plan 64	PPO Max Plan 100/70/40	DMO Plan w100/90/60	PPO Plan 100/70/40	PPO Max Plan 100/80/50
Office Visit Copay	$10	$10	N/A	$10	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	None	None	$75; 3X Family Maximum	None	$75; 3X Family Maximum	$75; 3X Family Maximum
Annual Maximum Benefit	Unlimited	Unlimited	$1,000	Unlimited	$1,000	$1,500
DIAGNOSTIC SERVICES						
Oral Exams						
Periodic oral exam	No Charge	No Charge	100%	100%	100%	100%
Comprehensive oral exam	No Charge	No Charge	100%	100%	100%	100%
Problem-focused oral exam	No Charge	No Charge	100%	100%	100%	100%
X-rays						
Bitewing — single film	No Charge	No Charge	100%	100%	100%	100%
Complete series	No Charge	No Charge	100%	100%	100%	100%
PREVENTIVE SERVICES						
Adult Cleaning	No Charge	No Charge	100%	100%	100%	100%
Child Cleaning	No Charge	No Charge	100%	100%	100%	100%
Sealants — per tooth	No Charge	No Charge	100%	100%	100%	100%
Fluoride application — with cleaning	No Charge	No Charge	100%	100%	100%	100%
Space maintainers — fixed	$75	$75	100%	100%	100%	100%
BASIC SERVICES						
Amalgam filling — 2 surfaces permanent	$12	$12	70%	90%	70%	80%
Resin filling — 2 surfaces, anterior	$21	$21	70%	90%	70%	80%
Oral Surgery						
Extraction — exposed root or erupted tooth	$11	$11	70%	90%	70%	80%
Extraction of impacted tooth — soft tissue	$46	$46	70%	90%	70%	80%
***MAJOR SERVICES**						
Complete upper denture	$275	$275	40%	60%	40%	50%
Partial upper denture	$275	$275	40%	60%	40%	50%
Crown — Porcelain with noble metal**	$255	$255	40%	60%	40%	50%
Pontic — Porcelain with noble metal**	$255	$255	40%	60%	40%	50%
Inlay — Metallic (3 or more surfaces)	$195	$195	40%	60%	40%	50%
Oral Surgery						
Removal of impacted tooth — partially bony	$58	$58	40%	60%	40%	50%
Endodontic Services						
Bicuspid root canal therapy	$109	$109	40%	90%	40%	50%
Molar root canal therapy	$280	$280	40%	60%	40%	50%
Periodontic Services						
Scaling & root planing — per quadrant	$51	$51	40%	90%	40%	50%
Osseous surgery — per quadrant	$300	$300	40%	60%	40%	50%
***ORTHODONTIC SERVICES**	$2,400 copay	$2,400 copay	Not covered	$2,400 copay	Not covered	Not covered
Orthodontic Lifetime Maximum	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply	Does not apply

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services. Does not apply to the DMO in Plan Options 1, 2 & 3. There is no Waiting Period for any covered service on the DMO.

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

Access to negotiated discounts: On the PPO plans in Plan Options 2-4, members may be eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period. Discounts are not insurance.

Most Oral Surgery, Endodontic and Periodontic services are covered as Basic Services on the DMO in Options 1, 2 & 3.

Plan Options 2 & 4; PPO Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Plan Option 1 DMO cannot be sold standalone as full-replacement coverage. It must be combined with the PPO plan, Option 4 in a Dual Option offering.

Options 1 & 2 DMO Copay Plan 64 amounts listed are the total patient responsibility for the services indicated. The $10 Office Visit Copay is additional.

Orthodontic coverage is available only to groups with 10 or more eligibles and for Dependent Children Only in Plan Options 1, 2, & 3.

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

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 39.

Standalone Dental has ineligible industries which are listed separately under the SIC code section of the Underwriting Guidelines Refer to page 34.

OUT-OF-STATE PPO DENTAL PLANS

	Low Option No Ortho	Low Option Ortho	Medium Option No Ortho	Medium Option Ortho	High Option No Ortho	High Option Ortho
	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	$50; 3X Family Maximum	$50; 3X Family Maximum	$50; 3X Family Maximum	$50; 3X Family Maximum	$50; 3X Family Maximum	$50; 3X Family Maximum
Annual Maximum Benefit	$1,000	$1,000	$1,500	$1,500	$2,000	$2,000
DIAGNOSTIC SERVICES						
Oral Exams						
Periodic oral exam	100%	100%	100%	100%	100%	100%
Comprehensive oral exam	100%	100%	100%	100%	100%	100%
Problem-focused oral exam	100%	100%	100%	100%	100%	100%
X-rays						
Bitewing —single film	100%	100%	100%	100%	100%	100%
Complete series	100%	100%	100%	100%	100%	100%
PREVENTIVE SERVICES						
Adult Cleaning	100%	100%	100%	100%	100%	100%
Child Cleaning	100%	100%	100%	100%	100%	100%
Sealants — per tooth	100%	100%	100%	100%	100%	100%
Fluoride application — with cleaning	100%	100%	100%	100%	100%	100%
Space maintainers — fixed	100%	100%	100%	100%	100%	100%
BASIC SERVICES						
Amalgam filling — 2 surfaces permanent	80%	80%	80%	80%	80%	80%
Resin filling — 2 surfaces, anterior	80%	80%	80%	80%	80%	80%
Oral Surgery						
Extraction — exposed root or erupted tooth	80%	80%	80%	80%	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%	80%	80%	80%	80%
***MAJOR SERVICES**						
Complete upper denture	50%	50%	50%	50%	50%	50%
Partial upper denture	50%	50%	50%	50%	50%	50%
Crown — Porcelain with noble metal	50%	50%	50%	50%	50%	50%
Pontic — Porcelain with noble metal	50%	50%	50%	50%	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%	50%	50%	50%	50%
Oral Surgery						
Removal of impacted tooth — partially bony	50%	50%	50%	50%	50%	50%
Endodontic Services						
Bicuspid root canal therapy	50%	50%	50%	50%	50%	50%
Molar root canal therapy	50%	50%	50%	50%	50%	50%
Periodontic Services						
Scaling & root planing — per quadrant	50%	50%	50%	50%	50%	50%
Osseous surgery — per quadrant	50%	50%	50%	50%	50%	50%
***ORTHODONTIC SERVICES**	Not covered	50%	Not covered	50%	Not covered	50%
Orthodontic Lifetime Maximum	Does not apply	$1,000	Does not apply	$1,000	Does not apply	$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services.

Access to negotiated discounts: On all PPO Max plans, members may be eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period. Discounts are not insurance.

PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 39.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Massachusetts, Montana, North Carolina, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, Wyoming.

OUT-OF-STATE PPO VOLUNTARY DENTAL PLANS

	Option 1 No Ortho	Option 1 Ortho
	PPO Max Plan 100/80/50	PPO Max Plan 100/80/50
Office Visit Copay	N/A	N/A
Annual Deductible per Member (does not apply to Diagnostic & Preventive Services)	$75; 3X Family Maximum	$75; 3X Family Maximum
Annual Maximum Benefit	$1,000	$1,000
DIAGNOSTIC SERVICES		
Oral Exams		
Periodic oral exam	100%	100%
Comprehensive oral exam	100%	100%
Problem-focused oral exam	100%	100%
X-rays		
Bitewing — single film	100%	100%
Complete series	100%	100%
PREVENTIVE SERVICES		
Adult Cleaning	100%	100%
Child Cleaning	100%	100%
Sealants — per tooth	100%	100%
Fluoride application — with cleaning	100%	100%
Space maintainers — fixed	100%	100%
BASIC SERVICES		
Amalgam filling — 2 surfaces permanent	80%	80%
Resin filling — 2 surfaces, anterior	80%	80%
Oral Surgery		
Extraction — exposed root or erupted tooth	80%	80%
Extraction of impacted tooth — soft tissue	80%	80%
***MAJOR SERVICES**		
Complete upper denture	50%	50%
Partial upper denture	50%	50%
Crown — Porcelain with noble metal	50%	50%
Pontic — Porcelain with noble metal	50%	50%
Inlay — Metallic (3 or more surfaces)	50%	50%
Oral Surgery		
Removal of impacted tooth — partially bony	50%	50%
Endodontic Services		
Bicuspid root canal therapy	50%	50%
Molar root canal therapy	50%	50%
Periodontic Services		
Scaling & root planing — per quadrant	50%	50%
Osseous surgery — per quadrant	50%	50%
***ORTHODONTIC SERVICES**	Not covered	50%
Orthodontic Lifetime Maximum	Does not apply	$1,000

*Coverage Waiting Period: Must be an enrolled member of the Plan for 12 months before becoming eligible for coverage of any Major Service including Orthodontic Services.

Access to negotiated discounts: On all PPO Max plans, members may be eligible to receive non-covered services at the PPO negotiated rate when visiting a participating PPO dentist at any time, including during the Coverage Waiting Period. Discounts are not insurance.

PPO Max Non-Preferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Orthodontic coverage is available only to groups with 10 or more eligibles and for dependent children only.

Above list of covered services is representative. Full list with limitations as determined by Aetna appears on the plan booklet/certificate. For a summary list of Limitations and Exclusions, refer to page 39.

For out-of-state employees in all states except: Arkansas, Alaska, Hawaii, Idaho, Maine, Massachusetts, Montana, North Carolina, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, Wyoming.

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

Aetna Avenue

LIFE AND DISABILITY OVERVIEW

Aetna Life Insurance Company (Aetna) Small Group packaged life and disability insurance plans include a range of flat-dollar insurance options bundled together in one monthly per-employee rate. These products are easy to understand and offer affordable benefits to help your employees protect their families in the event of illness, injury or death. You'll benefit from streamlined plan installation, administration and claims processing, and all of the benefits of our standalone life and disability products for small groups. Or, simply choose from our portfolio of group basic term life and disability insurance plans.

LIFE INSURANCE

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

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

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

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

Giving you (and your employees) what you want

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

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

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

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

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

Our fresh approach to life

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

AD&D ULTRA®

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

Benefits include:

- Death
- Dismemberment
- Loss of Sight
- Loss of Speech
- Loss of Hearing
- Third Degree Burns
- Paralysis
- Exposure and Disappearance
- Passenger Restraint and Airbag
- Education Benefit for Dependent Child and/or Spouse
- Child Care Benefit
- Coma Benefit
- Repatriation of Remains Benefit
- Total Disability Benefit

DISABILITY INSURANCE

Finding disability services for you and your employees isn't difficult. Many companies offer them. The challenge is finding the right plan … one that will meet the distinct needs of your business. Aetna understands this.

Our comprehensive approach to disability helps give us a clear understanding of what you and your employees need … and then helps meet those needs. You'll get the right resources, the right support and the right care for your employees at the right time:

- Our clinically based disability model ensures claims and duration guidelines are fact-based with objective benchmarks.
- We offer a holistic approach that takes the whole person into account.
- We give you 24-hour access to claim information.
- We provide return-to-work programs to help ensure employees are back to work as soon as it's medically safe to do so.
- We employ vocational rehabilitation and ergonomic specialists who can help restore employees back to health and productive employment.

INTEGRATED HEALTH AND DISABILITY

With our Integrated Health and Disability program, we can link medical and disability data to help anticipate concerns, take action and get your employees back to work sooner:

- Predictive modeling identifies medical members most likely to experience a disability, potentially preventing a disability from occurring or minimizing the impact for better outcomes.
- HIPAA-compliant so medical and disability staff can share clinical information and work jointly with the employee to help address medical and disability issues.
- Referrals between health case managers and their disability counterparts help ensure better consistency and integration.
- The Integrated Health and Disability program is available at no additional cost when a member has both medical and disability coverage from Aetna.

For a summary list of Limitations and Exclusions, refer to page 41.

Life and Disability products are underwritten or administered by Aetna Life Insurance Company.

TERM LIFE PLAN OPTIONS

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

Available With an Aetna Medical Plan to Groups with 2-50 Eligible Employees
Available With an Aetna Dental Plan to Groups with 10-50 Eligible Employees
Available Standalone (Without Medical or Dental Plans) to Groups with 10-50 Eligible Employees

DISABILITY PLAN OPTIONS

SHORT TERM BENEFITS	Plan Option 1	Plan Option 2
Plan Amount	Choice of flat $100 increments to a maximum of $500 weekly	Choice of flat $100 increments to a maximum of $500 weekly
Benefits Start — Accident	1 Day	8 Days
Benefits Start — Illness	8 Days	8 Days
Maximum Benefit Period	26 Weeks	26 Weeks
Maternity Benefit	Maternity treated same as any other disability but is subject to pre-existing. If pregnant before the effective date, the pregnancy is not covered unless she has prior creditable coverage.	Maternity treated same as any other disability but is subject to pre-existing. If pregnant before the effective date, the pregnancy is not covered unless she has prior creditable coverage.
Pre-Existing Conditions Rule	3/12	3/12
Actively at Work Rule	Applies	Applies
Other Income Offset Integration	N/A	N/A
Other Income Offset Integration	Earnings Loss of 20% or more	Earnings Loss of 20% or more
Definition of Disability	Earnings Loss of 20% or more	Earnings Loss of 20% or more
Class Schedules	Up to 3 classes (with a minimum requirement of 3 employees in each class) available for groups of 10 or more employees. The benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class even if only two classes are offered.	

Available With an Aetna Medical Plan to Groups with 2-50 Eligible Employees
Available With an Aetna Dental Plan to Groups with 10-50 Eligible Employees
Available Standalone (Without Medical or Dental Plans) to Groups with 10-50 Eligible Employees

PACKAGED LIFE AND DISABILITY PLAN OPTIONS

Basic Life Plan Design	Low Option	Low Option 2	Medium Option	Medium Option 2	High Option
Benefit	Flat $10,000	Flat $15,000	Flat $20,000	Flat $25,000	Flat $50,000
Guaranteed Issue **2-9 Lives** **10-50 Lives**	 $10,000 $10,000	 $15,000 $15,000	 $20,000 $20,000	 $20,000 $25,000	 $20,000 $50,000
Reduction Schedule	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	Employee's Original Life Amount Reduces to 65% at age 65; 40% at age 70; 25% at age 75	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	Premium Waiver 60	Premium Waiver 60
Conversion	Included	Included	Included	Included	Included
Accelerated Death Benefit	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration	Up to 75% of benefit; 24 month acceleration
Dependent Life	Spouse $5,000; Child $2,000	Spouse $5,000; Child $2,000	Spouse $5,000; Child $2,000	Spouse $5,000; Child $2,000	Spouse $5,000; Child $2,000
AD&D ULTRA					
AD&D Ultra®	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit	Matches Basic Life Benefit
AD&D Ultra® Additional Features	Seat Belt/Airbag, Education, Child Care, Repatriation, Coma, Total Disability, 365-Day Covered Loss				
DISABILITY PLAN DESIGN					
Monthly Benefit	Flat $500; No offsets	Flat $1,000; Offsets are Workers' Compensation, any State Disability Plan and Primary and Family Social Security benefits.			
Elimination Period	30 days	30 days	30 days	30 days	30 days
Definition of Disability	Own Occupation: Earnings loss of 20% or more.	Own Occupation: Earnings loss of 20% or more.	Own Occupation: Earnings loss of 20% or more.	Own Occupation: Earnings loss of 20% or more.	First 24 months of benefits: Own Occupation Earnings Loss of 20% or more; Any reasonable occupation thereafter: 40% earnings loss.
Benefit Duration	24 months	24 months	24 months	24 months	60 months
Pre-Existing Condition Limitation	3/12	3/12	3/12	3/12	3/12
Types of Disability	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational	Occupational & Non-Occupational
Separate Periods of Disability	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter	15 days during elimination period 6 months thereafter
Mental Health/ Substance Abuse	24 months	24 months	24 months	24 months	24 months
Waiver of Premium	Included	Included	Included	Included	Included
Other Plan Provisions					
Employer Contribution	2-9 Lives — 100% employer paid 10+ Lives — 50-100% employer paid	2-9 Lives — 100% employer paid 10+ Lives — 50-100% employer paid	2-9 Lives — 100% employer paid 10+ Lives — 50-100% employer paid	2-9 Lives — 100% employer paid 10+ Lives — 50-100% employer paid	2-9 Lives — 100% employer paid 10+ Lives — 50-100% employer paid
Minimum Participation	2-9 Lives — 100% 10+ Lives — 75%	2-9 Lives — 100% 10+ Lives — 75%	2-9 Lives — 100% 10+ Lives — 75%	2-9 Lives — 100% 10+ Lives — 75%	2-9 Lives — 100% 10+ Lives — 75%
Eligibility	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees	Active Full Time Employees
Class Schedules	2-9 Lives: Not Available; 10-50 Lives: Up to 3 classes (with a minimum requirement of 3 employees in each class) — the benefit amount of the highest class cannot be more than 5 times the benefit amount of the lowest class even if only two classes are offered.				
Rate Guarantee	1 year	1 year	1 year	1 year	1 year
Rates PEPM	$8.00	$10.00	$15.00	$16.00	$27.00

Available With an Aetna Medical Plan to Groups with 2-50 Eligible Employees
Available With an Aetna Dental Plan to Groups with 10-50 Eligible Employees
Available Standalone (Without Medical or Dental Plans) to Groups with 10-50 Eligible Employees

Life and Disability products are underwritten or administered by Aetna Life Insurance Company.

Aetna Avenue

SMALL GROUP UNDERWRITING GUIDELINES

For businesses with 50 or fewer eligible employees, Florida

This material is intended for brokers and agents and is for informational purposes only. It is not intended to be all inclusive. Other policies and guidelines may apply.

Note: State and Federal Legislation/ Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules. Exceptions to Underwriting Rules require approval of the Regional Underwriting Manager except where Head Underwriter approval is indicated. This information is the property of Aetna and its affiliates ("Aetna"), and may only be used or transmitted with respect to Aetna products and procedures, as specifically authorized by Aetna, in writing.

CENSUS DATA

- Census data must be provided on all eligibles, including COBRA eligible employees. Include name, age/date of birth, date of hire, gender, dependent status, and residence zip code (when multi-site/multi-state).
- Retirees are eligible in accordance with the Medicare-Retiree Underwriting guidelines.
- COBRA/Continuation eligibles should be included on the census and noted as COBRA/Continuation.

CASE SUBMISSION DATES

- Groups with 3 or fewer enrolled must have all completed paperwork into Aetna Underwriting 60 calendar days prior to the requested effective date. If not received by this date, the effective date will be moved to the next available effective date.
- Groups with 4 or more enrolled must have all completed paperwork into Aetna Underwriting 5 business days prior to the requested effective date. If not received by this date, the effective date will be moved to the next available effective date.

DEPENDENT ELIGIBILITY

- Eligible dependents include an employee's spouse. If both husband and wife work for the same company they may enroll together or separately.
- Dependent children, as defined in plan documents in accordance with state and federal law, are eligible for medical and dental coverage up to age 26.
- At the election of an employer offering group medical coverage or the subscriber, a dependent child between the ages of 26 and 30 may request to continue medical coverage as a dependent on his or her parent's group coverage even after the child reaches the limiting age under the terms of the policy if he or she: is not yet 30 years of age; is unmarried; has no dependents of his or her own; is a resident of FL, or if not a resident of FL, is a full-time or part-time student; is not eligible for Medicare; and is not actually covered under another group, blanket or individual health plan.
- Domestic Partners are not eligible dependents.
- Dependents must enroll in the same benefit option as the employee.
- Individuals cannot be covered as an employee and as a dependent under the same plan.
- Children eligible for coverage through both parents cannot be covered by both parents under the same plan.
- Dependents are not eligible for AD&D or Disability coverage.
- For dependent life, dependents are eligible from 14 days of age up to their 19th birthday, or to up to their 23rd birthday, if a full or part-time student at an accredited institution of higher education.
- For Medical and Dental, dependents must enroll in the same benefits as the employee (participation not required).
- Employees may select coverage for eligible dependents under the Dental plan even if they selected Single coverage under the Medical Plan. See product-specific Life/ AD&D and Disability guidelines under Product Availability below.

DUAL OPTION/TRIPLE OPTION

- Allows employers to offer more than one Aetna medical plan to employees.
- Dual Option - The group must have 5 or more eligible employees and may offer any combination of two plans.
- Triple Option - The group must have 5 enrolled employees and may offer any combination of three plans.
- One person must enroll in each of the plans when a dual or triple option plan is offered.
- ValuePick - Refer to the ValuePick information available on page 5.
- Dental, Life and Disability products must be offered on a full or primary replacement basis. No other employer-sponsored plans may be offered.

EFFECTIVE DATE

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

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. An employer may not set eligibility rules that would require an employee to work more than 25 hours a week to obtain small group coverage. As long as the employee meets the 25 hour per week standard, they are considered full-time for purposes of coverage and vice versa.
- This includes a self-employed individual, a sole proprietor, a partner of a partnership, or an independent contractor, if they are actively engaged on a full-time basis in the small employer's business and included as employees under a health care plan contract of a small employer.
- Part-time, temporary, or substitute employees are not eligible.
- 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. While they must be included in the count in determining whether or not the group is a small employer, the employer may carve out union employees as an excluded class.
- Employees are eligible to enroll in the dental plan even if they do not select medical coverage. Likewise, employees may enroll in the medical plan even if they do not elect dental.

Retirees

- Retiree coverage is not available except for any county, municipality, community college or district school board which requires the provision of coverage to retirees and their dependents.
- Medicare-Retiree coverage is available for Medicare-eligible retirees and/or active Medicare eligibles in accordance with the Medicare-Retiree Underwriting Guidelines.
- Retirees are not eligible for Life or Disability coverage.
- Medicare-eligible retirees who are enrolled in an Aetna Medicare Plan are eligible to enroll in Dental; refer to Medicare-Retiree Underwriting guidelines for details.

COBRA/mini-COBRA continuees

- COBRA eligible enrollees are required to be included on the census for medical and dental (not eligible for Life or Disability).
- Mini-COBRA eligible enrollees are required to be included on the census for medical (not eligible for Life, Disability or Dental).
- Health questions must be answered.
- COBRA/mini-COBRA qualifying event, length, start and end date must be provided.
- Mini-COBRA continues are not eligible for Life, Disability or Dental.
- Note: COBRA/mini-COBRA continuees are not to be included for purposes of counting employees to determine the size of the group. Once the size of the group has been determined and it is determined that the law is applicable to the group, COBRA/mini-COBRA continuees can be included for coverage, subject to normal underwriting guidelines.

EMPLOYER ELIGIBILITY

- Any person, sole proprietor, self-employed individual, independent contractor, firm, corporation, partnership or association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year. A sole proprietor, an independent contractor, or a self-employed individual is considered a small employer only if all of the conditions and criteria established in this section are met.
- Medical plans can be offered to sole proprietors, partnerships or corporations.
- Organizations must not be formed solely for the purpose of obtaining health coverage.
- Taft Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms and closed groups are not eligible.
- Dental and Disability have ineligible industries which are listed separately. The Dental ineligible industry list does not apply when dental is sold in combination with medical.

TAX DOCUMENTATION

- The employer must submit a copy of the most recent 941 and payroll summary (Employer's Quarterly Federal Tax Return) or UCT-6 (Unemployment Compensation Tax) that must contain the names, salaries, etc., of all employees of the employer group.
  - Employees who have terminated or work part-time should be noted accordingly on this form. The underwriter may request the employer to initial and date any handwritten comments or notations to the enrollment documentation.
  - For any employee(s) not listed on this form, the employer must provide a copy of the first and last payroll stub for each such employee along with a letter verifying the number of hours worked.
- Churches must provide Form 941, including a copy of the payroll records, with employee names, wages and hours, which must match the totals on Form 941.
- Non-profit groups may provide payroll documents as long as they also submit the appropriate form detailing their non-profit status.
- Proprietors, Partners or Officers of the business who do not appear on the quarterly statement must submit one of the following:
  - C-Corporation — W2
  - S-Corporation — IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)
  - Partnership — IRS Form 1065 Schedule K-1; or IRS Form 1120 S Schedule K-1 along with Schedule E (Form 1040)
  - Limited Liability Company (LLC) — May file as either C Corporation or Partnership
  - Sole Proprietor — IRS Schedule SE and Schedule C filed with Form 1040; or IRS Form 1040 Schedule F or K-1

INITIAL PREMIUM PAYMENT

- The initial premium payment should be in the amount of the first month's premium.
- The initial premium payment is not a binder check.
- If the request for coverage is withdrawn or denied due to business ineligibility, participation and/or contributions not met, the premium will be returned to the employer.

NEWLY FORMED BUSINESS (IN OPERATION LESS THAN 3 MONTHS)

- The following documentation must be provided for consideration:
- Business License (not a professional license). If not available, provide a copy of the Partnership Agreement or Articles of Organization, or Articles of Incorporation; and
- Employer Identification Number/Federal Tax ID Number; and
- The most recent two consecutive weeks' worth of payroll records which include hours worked, taxes withheld and wages earned; or
- A letter from Certified Public Accountant listing the names of all employees (full and part-time), the number of hours worked each week, dates of hire, and weekly salary. Have payroll records been established? If not, when? Will a quarterly wage and tax statement be filed? If so, when?

PLAN CHANGE ANCILLARY ADDITIONS

- Packaged Life/Disability must be requested 30 days prior to the desired effective date.
- Dental plans must be requested 30 days prior to the desired effective date.
- The future renewal date of the ancillary products will be the same as the medical plan renewal date.
- Electronic funds transfer option is available for the initial premium payment.
- Non-packaged plans are only available upon renewal.

REPLACING OTHER GROUP COVERAGE

- Provide a copy of the current billing statement that includes the account summary.
- The employer should be told not to cancel any existing medical coverage until they have been notified of approval from the Aetna Underwriting unit.

TWO OR MORE COMPANIES

- Single employer groups with multiple Employer Tax ID Numbers may be considered together as long as:
- There are 50 or fewer employees in the combined employer groups.
- One owner controls the majority of each separate business. For example:
  - Business 1 — John owns 75% and Mike owns 25%
  - Business 2 — John owns 55% and Mike owns 45%
  - Both businesses can be written as one group since John has controlling interest in both companies.
- Businesses with equal controlling interest may be considered if the owners of the company designate one individual to act on behalf of all the groups.
- A copy of current 1120 S (Schedule K-1 Form) must be provided; and
- A copy of most recent Quarterly Wage and Tax Statement for all companies must be provided; and
- The two or more groups may have different Standard Industrial Classification Codes (SIC), however, rates will be based on the SIC code for the group with the majority of employees.

WAITING PERIOD

- At initial submission of the group, the benefit waiting period may be waived upon the employer's request. This should be checked on the Employer Application.
- A single benefit waiting period is allowed for future employees.
- The benefit waiting period may be 0 months, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, or 1 year.
- A change to the benefit waiting period may only be made on the case anniversary date.
- For new hires, the eligibility date will be the first day of the policy month following the waiting period.

PRODUCT SPECIFICATIONS

	Medical	Dental	Life/AD&D and Packaged Life & Disability	Disability
Product Availability	▪ 2 to 50 eligibles ▪ May be written standalone or with ancillary coverages as noted in the following columns. ▪ Only non-occupational injuries and disease will be covered.	▪ 2 eligible employees – Standard - all plans if packaged with Medical – Voluntary - not available ▪ 3 to 50 eligible employees ▪ Standard and Voluntary plans are available ▪ Standalone available ▪ Orthodontic coverage is available for groups of 10 or more eligible employees with a minimum of 5 enrolled employees for both standard and voluntary plans. ▪ Standalone Dental has ineligible Industries which are listed separately under the SIC code section of the guidelines.	▪ 2-9 eligibles If packaged with medical ▪ 10-50 eligibles If packaged with medical or dental. ▪ 10-50 eligible employees on a standalone basis Packaged Life and Disability ▪ 2-50 eligible employees if packaged with medical ▪ 10-50 eligible employees on a standalone basis. Life and Packaged Life ▪ A plan sponsor cannot purchase both Life and Packaged Life and Disability plans	▪ 2-9 eligible If packaged with medical ▪ 10-50 eligibles If packaged with medical or dental ▪ 10-50 eligibles on a standalone basis. ▪ Groups are ineligible for coverage if 60% or more of eligible employees or 60% or more of eligible payroll are for employees over 50 years old. ▪ A plan sponsor cannot purchase both Disability and Packaged Life and Disability plans. ▪ Available to employees only. ▪ Employees may elect Disability coverage even if they do not elect medical coverage.
Excluded Class/Carve Outs	▪ Union employees are the only class of employees that may be excluded. However, union employees are included in the total count of eligible employees in determining the case size. ▪ Management carve outs are not permitted.	▪ Union Employees	▪ Union Employees	▪ Union Employees
Employer Contribution	▪ 2-3 eligibles, 100% employer contribution of employee only cost ▪ 4 to 50 eligibles 50% of the employee only cost or 50% of the total cost of the plan ▪ ValuePick Plans For groups of 4 or more enrolled employees 25% of the employee premium or $50 per employee, whichever is less. ▪ Coverage can be denied based on inadequate contributions.	Standard Dental ▪ 2-3 eligibles, 100% employer contribution of employee only cost ▪ 4 to 50 eligibles, 25% of the total cost of the plan or 50% of the cost of employee only coverage. Voluntary Dental ▪ Employer contribution of less than 50% of the cost of the employee only coverage. ▪ Employee-Pay-All plans are permitted. Standard and Voluntary ▪ Coverage can be denied based on inadequate contributions.	▪ 2 to 9 eligibles 100% of the total cost ▪ 10 to 50 eligibles 50% of the total cost (excluding Optional Dependent Term Life) ▪ Coverage can be denied based on inadequate contributions.	▪ 2 to 9 eligibles 100% of the total cost ▪ 10 to 50 eligibles 50% of total cost of the plan ▪ Coverage can be denied based on inadequate contributions.
Out-of-state employees (residing outside of Florida)	▪ Out-of-state employees must be enrolled in a MC/PPO plan if available, otherwise an indemnity plan.	▪ Employees must be enrolled in an Out-of-State PPO Dental plan if available, otherwise an indemnity Dental plan.	▪ Not Applicable	▪ Not Applicable

PRODUCT SPECIFICATIONS

	Medical	Dental	Life/AD&D and Packaged Life & Disability	Disability
Participation	▪ 2 to 3 eligibles — 100% of eligibles must enroll, excluding valid waivers.* ▪ 4 to 50 eligibles, 70% eligibles must enroll, excluding valid waivers. Round to the nearest whole number. Example: 12 minus 3 valid waivers = 9 9 x 70% = 6.30 = 6 must enroll For non-contributory plans, 100% participation is required, excluding valid waivers.* ▪ ValuePick Plans — 4 or more enrolled; participation is 50% of the eligible employees excluding valid waivers. ▪ All employees waiving coverage must complete the waiver section and provide proof of other coverage by submitting the name and group number of the carrier. ▪ Dependent participation is not required. ▪ Coverage can be denied based on inadequate participation.	▪ Standard – 2 to 3 eligible employees 100% participation is required, excluding those with other qualifying existing dental coverage. – 4 to 50 eligible employees 70% 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. – For non-contributory plans, 100% participation is required, excluding valid waivers.* ▪ Voluntary 3 to 50 eligible employees 25% participation, excluding those with other qualifying existing dental coverage or a minimum of 3 enrollees (5 enrollees for orthodontia coverage) whichever is greater is required. ▪ Standalone Dental: 70% participation is required excluding those with other qualifying dental coverage. A minimum of 50% of total eligible employees must enroll in the Dental plan Voluntary and Standalone ▪ Employees may select coverage for eligible dependents under the dental plan even if they elected single coverage on the medical plan or vice versa. ▪ Coverage can be denied based on inadequate participation.	▪ For non-contributory plans, 100% participation is required. ▪ 2 to 9 eligibles 100% participation is required. ▪ 10 to 50 eligibles 70% participation is required. ▪ COBRA continuees are not eligible for Life. ▪ Employees may elect Life or Packaged Life/Disability even if they do not elect medical coverage and the group must meet the required participation percentage. If not, then Life or Packaged Life/Disability will be declined for the group. Example: 9 employees 3 waiving medical 9 must enroll for Life or Packaged Life/Disability ▪ Standalone Life: 10 to 50 eligibles - 70% participation is required. ▪ Coverage can be denied based on inadequate participation.	▪ For non-contributory plans, 100% participation is required. ▪ For contributory plans 2 to 9 employees 100% participation is required ▪ 10 to 50 employees 70% participation is required ▪ COBRA continuees are not eligible for Disability. ▪ Employees may elect Disability coverage even if they do not elect medical coverage and the group must meet the required participation percentage. If not, then Disability will be declined for the group. Example: 9 employees 3 waiving medical 9 must enroll for Disability ▪ Standalone Disability: 10 to 50 eligibles - 70% participation is required ▪ Coverage can be denied based on inadequate participation.
Medical Underwriting	▪ A group that is wholly domiciled within the state with 1 to 50 eligibles, including COBRA and mini-COBRA eligibles cannot be denied based on medical conditions; however, rates may be adjusted for known medical conditions. ▪ Employees residing outside the state will not be denied based on medical conditions; however, may have rates adjusted to the maximum allowed in that state.	▪ Not applicable.	▪ All timely entrants will be issued the Guaranteed Issue amount unless reinstatement or restoration of coverage is requested. ▪ Employees wishing to obtain insurance amounts above the Guaranteed Issue amounts listed below will be required to submit Evidence of Insurability (EOI) which means they must complete an individual health statement and may have to submit to medical evidence.	▪ All timely entrants will be issued the Guaranteed Issue amount unless reinstatement or restoration of coverage is requested and/or they are late entrants.

*Valid waivers include spousal/parental group coverage, Medicare/Medicaid, Champus/ChampVA, Military coverage, Retiree coverage, or Association coverage (for doctors/lawyers covered under an association who want to cover their employees). Individual coverage and Limited Liability plans do not constitute valid waivers.

PRODUCT SPECIFICATIONS

<table>
<tr><th></th><th>Medical</th><th>Dental</th><th>Life/AD&D and Packaged Life & Disability</th><th>Disability</th></tr>
<tr><td>Late Applicants</td><td colspan="4">▪ An employee or dependent who enrolls for coverage more than 31 days from the date first eligible or 31 days of the qualifying event is considered a late enrollee. Applicants without a qualifying life event (i.e. marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.) are subject to the Late Entrant guidelines as noted below.
▪ Voluntary cancellation of coverage is NOT a qualifying event. For example, if a spouse is covered through his/her employer and voluntarily cancels the coverage, it is not a qualifying event to be added to the other spouse's plan. The spouse who cancelled the coverage must wait until the next plan anniversary date to be eligible to be added.
▪ Life late enrollee example: Group has $50,000 life with $20,000 guarantee issue limit. Late enrollee enrolling for $50,000 would not automatically get the $20,000. Since the applicant is late they must medically qualify for the entire $50,000.</td></tr>
<tr><td></td><td>▪ Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date.</td><td>▪ An employee or dependent may enroll at any time, however, coverage is limited to Preventive & Diagnostic services for the first 12 months. No coverage for most Basic and Major Services for first 12 months (24 months for Orthodontics).
▪ Late Entrant provision does not apply to enrollees less than age 5.</td><td>▪ Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date.
▪ The applicant will be required to complete an individual health statement/questionnaire and provide EOI.</td><td>▪ Late applicants will be deferred to the next plan anniversary date of the group and may reapply for coverage 30 days prior to the anniversary date.
▪ The applicant will be required to complete an individual health statement/questionnaire and provide Evidence of Insurability (EOI).</td></tr>
<tr><td>Standard Industrial Classification Code (SIC)</td><td>▪ All industries are eligible
▪ The employer should provide the SIC code (four digit number) or NAIC state code 6 digit code) filed with the state on the business tax return and/or the Workers' Compensation form.</td><td>▪ The following industries are not eligible when Dental is sold standalone or packaged only with Life.
▪ This list does not apply when Dental is sold in combination with Medical.
<table><tr><th>SIC Range</th><th>SIC Description</th></tr><tr><td>0761-0783</td><td>Seasonal Employees</td></tr><tr><td>3911-3915</td><td>Jewelry Manufacturing</td></tr><tr><td>4111-4121</td><td>Passenger Transportation</td></tr><tr><td>5271</td><td>Mobile Home Dealers</td></tr><tr><td>5511-5599</td><td>Auto Dealerships</td></tr><tr><td>5800-5899</td><td>Restaurants</td></tr><tr><td>6500-6799</td><td>Real Estate</td></tr><tr><td>7000-7099</td><td>Hotels</td></tr><tr><td>7221</td><td>Photo Studios</td></tr><tr><td>7231-7241</td><td>Beauty & Barber Shops</td></tr><tr><td>7251-7299</td><td>Repairs, Cleaning, & Personal Services</td></tr><tr><td>7319</td><td>Advertising, Miscellaneous</td></tr><tr><td>7331-7338</td><td>Direct Mailing, Secretarial Services</td></tr><tr><td>7361-7363</td><td>Employment Agencies</td></tr><tr><td>7379</td><td>Miscellaneous Computer Services</td></tr><tr><td>7381-7382</td><td>Security Systems, Armored Cars</td></tr><tr><td>7384</td><td>Photofinishing Labs</td></tr><tr><td>7389</td><td>Miscellaneous Business Services</td></tr><tr><td>7631</td><td>Watch, Clock & Jewelry Repair</td></tr><tr><td>7692-7699</td><td>Miscellaneous Repair</td></tr><tr><td>7800-7999</td><td>Amusement, Recreation & Entertainment</td></tr><tr><td>8000-8059</td><td>Medical Groups</td></tr><tr><td>8071-8099</td><td>Medical Groups</td></tr><tr><td>8100-8199</td><td>Legal</td></tr><tr><td>8211-8299</td><td>Schools, Libraries, Education</td></tr><tr><td>8300-8499</td><td>Social Services — Museums, Art Galleries, Botanical Gardens</td></tr><tr><td>8400-8499</td><td>Museum/Art Galleries, Botanical Gardens</td></tr><tr><td>8600-8699</td><td>Associations & Trusts</td></tr><tr><td>8700-8799</td><td>Engineering & Mgmt Services</td></tr><tr><td>8800-8899</td><td>Service — Private Households</td></tr><tr><td>8999</td><td>Miscellaneous Services</td></tr><tr><td>9721</td><td>International Affairs</td></tr></table></td><td>▪ Basic Term Life
All industries are eligible
▪ Packaged Life and Disability
The following industries are not eligible:
<table><tr><th>SIC Range</th><th>SIC Description</th></tr><tr><td>1000-1499</td><td>Mining</td></tr><tr><td>2892-2899</td><td>Explosives, Bombs & Pyrotechnics</td></tr><tr><td>3291-3292</td><td>Asbestos Products</td></tr><tr><td>3310-3329</td><td>Primary Metal Industries</td></tr><tr><td>3480-3489</td><td>Fire Arms/Ammunition</td></tr><tr><td>5921</td><td>Liquor Store</td></tr><tr><td>6211</td><td>Security Brokers</td></tr><tr><td>6531</td><td>Real Estate — Agents</td></tr><tr><td>7381</td><td>Detective Services</td></tr><tr><td>7500-7599</td><td>Automotive Repair Services</td></tr><tr><td>7800-7999</td><td>Motion Picture/ Amusement & Recreation</td></tr><tr><td>8010-8043</td><td>Doctors Offices/Clinics</td></tr><tr><td>8600-8699</td><td>Membership Associations</td></tr><tr><td>8800-8899</td><td>Private Households</td></tr><tr><td>9999</td><td>Non-classified Establishments</td></tr></table></td><td>▪ See Life column for the industries are not eligible</td></tr>
</table>

DENTAL ONLY

COVERAGE WAITING PERIOD

- For Major and Orthodontic Services employees must be an enrolled member of the employer's plan for 1 year before eligible (not applicable to DMO).
- Virgin group (no prior coverage) — the waiting periods apply to employees at case inception as well as any future hires.
- Takeover/Replacement cases (prior coverage) — If a group's prior coverage did not lapse more than 90 days prior, the waiting periods are waived. In order for the waiting period to be waived, the group must have had a dental plan in place that covered Major (and Ortho, if applicable) immediately preceding our takeover of the business.

  Example:
  Prior Major coverage but no Ortho coverage. Aetna plan has coverage for both Major and Ortho. The Waiting Period is waived for Major services but not for Ortho services

PRODUCT PACKAGING

- DMO cannot be sold as standalone and must be packaged with any PPO option as Dual Option.
- PPO plans can be sold standalone or packaged with DMO as a Dual Option or Freedom-of-Choice.
- Freedom-of-Choice cannot be packaged with any other option. It must be the only sold plan.

REINSTATEMENT

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

OPEN ENROLLMENT

- Not allowed.
- An employee or dependent can enroll at any time but is subject to the Dental Late Entrant provision if enrollment occurs other than within 31 days of first becoming eligible unless a qualifying life event has occurred or the enrollee is less than age 5.

OPTION SALES

- Option sales alongside another Dental carrier are not allowed.
- All Dental plans must be sold on a full replacement basis.

LIFE AND DISABILITY ONLY

JOB CLASSIFICATION (POSITION) SCHEDULES

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

Position/Job Class	Basic Term Life Amount	Disability	Packaged Life/Disability
Executives	$50,000	Flat $500 (8/8)	High
Managers, Supervisors	$20,000	Flat $300 (8/8)	Medium
All other employees	$10,000	Flat $200 (8/8)	Low

GUARANTEE ISSUE COVERAGE

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

ACTIVELY-AT-WORK

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

CONTINUITY OF COVERAGE (NO LOSS/NO GAIN)

- The employee will not lose coverage due to a change in carriers. This protects employees who are not actively at work during a change in insurance carriers.
- If an employee is not actively at work, Aetna will waive the actively-at-work requirement and provide coverage, except no benefits are payable if the prior plan is liable.

EVIDENCE OF INSURABILITY (EOI)

- EOI is required when one or more of the following conditions exist:

1) Life insurance coverage amounts requested are above the Guaranteed Standard Issue Limit.
2) Coverage is not requested within 31 days of eligibility for contributory coverage.
3) New coverage is requested during the anniversary period.
4) Coverage is requested outside of the employer's anniversary period due to qualifying life event (i.e., marriage, divorce, newborn child, adoption, loss of spousal coverage, etc.)
5) Reinstatement or restoration of coverage is requested.

LIMITATIONS AND EXCLUSIONS

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

MEDICAL

HMO, HMO Open Access and Choice POS Open Access

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

All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.

- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval*
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs
- Vision examinations and refractions
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents

Managed Choice and Indemnity

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

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

Medical limitations and exclusions

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays
- Donor egg retrieval*
- Experimental and investigational procedures
- Hearing aids
- Immunizations for travel or work
- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies, such as, IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents

- Nonmedically necessary services or supplies
- Vision examinations and refractions
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

All Plans Pre-existing Conditions Exclusion Provisions

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

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

If you had prior creditable coverage within 63 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 63 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 63-day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing exclusion.

In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any Certificates of Creditable Coverage you have. Please contact your Aetna Member Services representative at 1-800-80-AETNA if you need assistance in obtaining a Certificate of Creditable Coverage from your prior carriers or if you have any questions on the information noted above.

The pre-existing conditions exclusion does not apply to pregnancy nor to an individual under the age of 19. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment; the pre-existing exclusion will be applied from the individual's effective date of coverage.

DENTAL

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

- Dental services or supplies that are primarily used to alter, improve or enhance appearance
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost, missing or stolen appliances and certain damaged appliances
- Those services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- Late entrants: Members who do not enroll within the first 31 days of becoming eligible may be subject to a late entrant penalty
- Waiting period: The waiting period may be waived in certain situations

Specific service limitations

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

AD&D ULTRA

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

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

DISABILITY

No benefits are payable if the disability:

- Is due to intentionally self-inflicted injury (while sane or insane)
- Results from you committing, or attempting to commit a criminal act
- Is due to war or any act of war (declared or not declared)
- Is due to insurrection, rebellion or taking part in a riot or civil commotion
- Is not a non-occupational disease (STD only)
- Is not a non-occupational injury (STD only)
- Results from driving an automobile while intoxicated ("Intoxicated" means: the blood alcohol level of the driver of the automobile meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred)

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

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

*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.

ENROLLMENT CHECKLIST

Send all enrollment materials to:

Email:
SENBUnderwriting@Aetna.com
Fax: 1-866-902-0397

Overnight delivery:
Aetna Small Group Underwriting
F602
841 Prudential Drive
Jacksonville, FL 32207

For questions, call:
1-888-422-2128

For Presale Quote Requests
Email: SESG@aetna.com
Fax: 1-800-704-1260

For Medical presale quote requests
Email: SEPrescreen@aetna.com
Fax: 1-888-648-5015

Name of Business: _____

Plan Name: _____

Agent/Broker Name: _____

We want to process your request as quickly as possible. You can help by submitting all the necessary paperwork listed below:

- ❑ Employer/Company Application
- ❑ Employee Enrollment Applications/Waivers
- ❑ Workers compensation declaration page
- ❑ Initial Premium payment payable to Aetna Health Management LLC or Electronic fund transfer (eligible for initial premium payment only)
- ❑ Copy of initial quote and census or quote ID
- ❑ Copy of medical prescreen evaluation (if applicable)
- ❑ Copy of current group billing statement that includes the account summary
- ❑ Last quarterly wage and tax statement; or payroll records

Any missing information will result in the effective date being moved forward to the next available date.

This checklist may not be all inclusive. Refer to the underwriting guidelines.

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

Groups with 3 or fewer must have all completed paperwork into Aetna Underwriting 60 calendar days prior to the requested effective date. If not received by this date, the effective date will be moved to the next available effective date.

Groups with 4 or more enrolled must have all completed paperwork to Aetna Underwriting 5 business days prior to the requested effective date. If not received by this date, the effective date will be moved to the next available effective date.

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

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